Point of Care Testing (POCT) Implementation Record

The implementation team will collaboratively complete the following checklist to ensure:

- ✓ The right support in place by defining the roles and responsibilities of all employees participating in the delivery of the POCT program
- ✓ People are competent
- ✓ Comply with good practice.
- ✓ POCT program is safe and effective

Program: **Pregnancy Testing ESMH Emergency Department**
Date: **April 25, 2012**
Participants: **Christel Fleet; Darlene Lace**

REQUIREMENT	QUERY	REPLY
Training/Education/Competencies • The organization orients and trains all health care professionals delivering POCT on the standard operating procedures (SOPs). • The organization evaluates the performance of health care professionals delivering POCT annually. Competence includes both knowledge and skills. Knowledge and skills may include the ability to demonstrate an understanding of the appropriate use of equipment and reagents, including quality controls; as well as knowledge of the pre and post analytical aspects such as positive client identification, sample collection, clinical utility and limitations; and reporting results to the client. The competency of each person to perform assigned tasks shall be assessed following training and annually thereafter. • The organization documents performance evaluation results in personal files of health care professionals delivering POCT	Initial training	**Lab trains nurse educator** (or designate)
	On-going training	**Nurse educator** (or designate)
	Training guidelines and checklist	**Created collaboratively** with nursing and laboratory
	Annual competencies	Aware of **accreditation requirement.**
	Who will maintain documentation for training and competencies	**Health Service Manager**
Inventory • Will maintain inventory. A record shall be kept of materials and reagents purchased for POCT that allows an audit trail with regard to any particular test performed • Records must include the lot number; manufacturer, the expiry dates and the date opened • A record shall be kept of inappropriate, non compliant, deteriorated, and substandard supplies. Identified supplies will be removed.	Order supplies	Lab and Nursing
	Stock supplies	Due to low usage and to ensure kits do not expire prior to use, supplies will be **received in lab**. **Emerg will obtain packages as required** with a maximum of 10 packages to be kept in Emerg.
	Record lot numbers of kit	Recorded on ***QuPid Plus QA Log***
	Record opened date for each kit	
	Record unacceptable supplies	
Resources Health care professionals delivering POCT have access to a resource person	Contact for inventory issues	**Lab**
	Contact for training issues	**Nurse educator** (or designate)
	Contact for quality issues	**Collaborative** with nursing and laboratory.

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Standard Operating Procedure (SOP) • The organization has SOPs for each point-of-care test it performs. • Each SOP contains the purpose and limitations of the test; step-by-step instructions on how to properly complete the test and use the corresponding instruments; reference ranges for the results, including critical values; criteria for accepting and rejecting samples; quality control procedures; and literature references • Health care professionals consistently follow the POCT standard operating procedures (SOPs). • The organization places the SOPs in areas where health care professionals delivering POCT can easily access them.store, handle, clean, and disinfect POCT equipment. preventing and addressing nonconformities are outlined in the SOPs • SOP's will be reviewed	Develops SOP	**Collaborative** with nursing and laboratory.
	Document control and review	Document control maintained through **Paradigm**.
	Document access	After authorization documents will be made available on **Capital Health intranet**.
	Compliance with procedure	**Nurse educator** (or designate)
Quality Assurance • Record a near-miss or adverse event • Internal or external audits, and other situations as defined in the organization's policies Reevaluation of cost effectiveness • For each point-of-care test, the health care professional delivering POCT must receive a written or electronic request from a clinician • The organization informs clinicians in writing of point-of-care tests that were not completed due to inappropriate samples or technical difficulties • Uses a standard POCT request form for gathering all necessary information about the client, samples, and tests requested. Provides the client with complete and accurate information about the test. • Obtains informed consent and maintain patient privacy. and disposing of waste in physical areas separate from the waiting and admitting or reception areas. • Use at least two client identifiers before completing the test • Will the sample be moved to an area away from the • The organization follows a documented process for testing all new POCT supplies, reagents and media. • The organization periodically verifies that the POCT equipment currently being used is working properly • The organization has a protocol for addressing POCT adverse events The organization regularly monitors and improves the quality of POCT. They identify the criteria to monitor, measure and analyze these processes.a requirement. Special attention should be paid to the elimination of mistakes in the process of handling samples, requests, examinations, reports, etc. Action taken on nonconforming QC results shall be documented.Compare and correlate their quality control results with a central lab that	Record of adverse events	Recorded on ***QuPid Plus QA Log*** **PSR**- when available.
	Test request format	**Documented through EDIS on** CDHA Emergency Requisition form. In accordance with Diagnostic Test Requesting, Reporting of results and Follow-up (CC85-017))
	Consent format	Capital Health Policy **Consent To Treatment (**CH 70-045)
	Patient identification	Capital Health Policy **Patient Identification and Same Name Alert** (CH 70 -040)
	Process for External controls CAP Surveys and POC Laboratory comparisons	CAP surveys will be received in **lab. Every 10th sample** (approximately monthly) will be **duplicated** in laboratory.
	Process to Audit Usage/ Cost effectiveness	**Collaborative** with nursing and laboratory. Lab will monitor packages sent to Emerg. When total equals one kit, Emerg will cover cost.

REQUIREMENT	QUERY	REPLY
• Verifies that they follow the policies and procedures at all times • Shall recommend that any POCT device or system be withdrawn from service if critical requirements are not met or safety becomes an issue • Reevaluation of cost effectiveness	Utilization	Testing will be performed at **any time lab is closed**
• **Record of results** • Health care professionals delivering POCT securely store client information in paper or electronic form. The health care professional delivering POCT, documents the date and time of the test, the individual carrying out the test and the results of the test on the result form • Verbally reports POCT results to clinicians must later be documented in a written format and identified as POCT results. • The organization clearly distinguishes the POCT results from clinician's notes or results from other sources or labs. • Files the POCT report in the client record.	How will the results be recorded? (Record document name and printing form number if applicable)	**Recorded in** Nursing notes **on** CDHA Emergency face sheet.

Included as an FYI for educators

Training must include- shall maintain an appropriate theoretical and practical training programme for all POCT personnel. Records of training/attestation and of retraining and re-attestation. The knowledge/skill requirements include the ability to demonstrate an understanding of the appropriate use of the device, the theory of the measurement system and appreciation of the preanalytical aspects of the analysis, including:

- sample collection;
- clinical utility and limitations;
- expertise in the analytical procedure; accepting or rejecting POCT samples.
- reagent storage;
- quality control and quality assurance;
- technical limitations of the device;
- response to results that fall outside of predefined limits;
- infection control practices;
- correct documentation and maintenance of the results.