

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 QEII Emergency Department**

Date: **July 26, 2011**

Participants: **Nancy Connor; Suhil Abu-Zaid; Minerva Bowser**

Requirement	Query	Reply
Training/Education/Competencies <ul style="list-style-type: none"> • 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 periodically thereafter. • The organization documents performance evaluation results in personal files of health care professionals delivering POCT 	Initial training	Lab will train the Nurse Educator
	On-going training	Nurse Educator or delegate
	Training guidelines and checklist	Developed by lab and reviewed by educator
	Annual competencies	Will occur. Format to be determined. LMS desired format
	Who will maintain documentation for training and competencies	Paper documentation will be retained by Unit Manager. If LMS used an electronic record will be used and maintained by Nurse Educator.
Inventory <ul style="list-style-type: none"> • 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	Ward Aid
	Stock supplies	Ward Aid
	Record lot numbers of kit	Ward Aid- using checklist developed by lab
	Record opened date for each kit	Ward Aid- using checklist developed by lab
	Record unacceptable supplies	Ward Aid- using checklist developed by lab
Resources Health care professionals delivering POCT have access to a resource person	Contact for inventory issues	Ward Aid- using checklist developed by lab
	Contact for training issues	Nurse Educator
	Contact for quality issues	Laboratory at 865-8310

Standard Operating Procedure (SOP) <ul style="list-style-type: none"> • 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	Developed by lab and reviewed by educator
	Document control and review	Laboratory Paragigm
	Document access	Capital Health intranet Manuals- Pending recommendations from POCT Working Interdisciplinary Committee. The location may change
	Compliance with procedure	Monitored by Nurse Educator
Quality Assurance <ul style="list-style-type: none"> • 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, 	Record of adverse events	Recorded through PSR system
	Test request format	Documented through EDIS on CDHA Emergency Requisition form. In accordance with CC 85-019 Laboratory Testing Guidelines
	Consent format	
	Patient identification	
	Process for External controls CAP Surveys and POC Laboratory comparisons	
	Process to Audit Usage/ Cost effectiveness	

<p>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</p> <ul style="list-style-type: none"> • 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 		
<ul style="list-style-type: none"> • 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. 	<p>How will the results be recorded? (Record document name and printing form number if applicable)</p>	<p>Recorded on CDHA Emergency Requisition form</p>
<p>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 shall be retained. 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:</p> <ul style="list-style-type: none"> – sample collection; – I its 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. 		

