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PURPOSE:

This policy will guide all involved healthcare personnel in the delivery of this service, the primordial purpose of which is to provide a rapid test result, in a timely manner and close to the patient, which will lead to increased clinical effectiveness, reduction of length of stay, patient convenience and improved patient care management and outcome for patients.

LEVEL:

Pathologists, Medical Technologists, Nurses, Physicians, Patients, and Biomedical Personnel


DEFINITION OF TERMS:

Point of Care Testing (Decentralized Testing)- it is a form of testing in which the analysis is performed where healthcare is provided close to or near the patient.

ISO 22890 defines **Point of care testing** as a testing that is performed near or at the site of a patient with the result leading to possible change in the care of patient.


It is also defined as a quality-assured pathology service using analytical devices (including test kits and analyzers such as blood gas and critical care analyzers and meters for glucose, urinalysis and other metabolites) provided near to the patient rather than in the traditional environment of a clinical laboratory.

Point of Care Devices-medical devices and testing kits which are considered in vitro diagnostics used by healthcare professionals to obtain results rapidly near or at the site of a patient. It is hand-held or with a small footprint fitting on a table top can be positioned near the patient.


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POLICY:

1. Point-of-Care Testing shall be considered an adjunct to testing performed in patient care areas/units of the hospital, near to the patient and the supervision of which is under the scope of practice of the Laboratory Department.
2. The Head of the Laboratory oversees the operation of the Clinical Laboratory, and has the administrative and technical supervision of the activities including the mobile clinical laboratories (CL), remote collection activities and point-of-care testing (POCT).
3. Point-of-Care Testing shall be done but not limited to: Emergency Room/Units, Intensive Care Units, Operating Rooms, Outpatient Units, Specialty Centers and all wards, and Interventional Units.
4. All point-of-care testing regardless of the site shall follow the procedure established by the Point-of- Care Committee/Team, created for such purpose.
5. The POCT Committee/Team shall be composed of:
 - 5.1. (1) POCT Coordinator
 - 5.2. (1) Nursing Director/Chief Nurse
 - 5.3. (1) Representative from other patient care units like RTS Supervisor
 - 5.4. (1) Head of the Biomed Engineering
 - 5.5. Medical Technologists.
 - 5.6. (1) Information Technology Department personnel
6. The POCT Committee shall be headed by the POCT Coordinator, a Senior Staff from the Clinical Laboratory, who shall have the following functions:
 - 6.1. Recommends procedures that will ensure the quality of results of POCT in consultation with the Pathologist.
 - 6.2. Ensures that POCT machines/devices and kits are properly maintained.
 - 6.3. Supervises the trained and certified healthcare personnel or POCT Operators of POCT devices/machines.


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- 6.4. Ensures that the POCT Operators have appropriate trainings and checks the competency of the operators regularly.
 - 6.5. Ensures that quality control (QC) is implemented and reviews POCT QC results periodically.
7. The POCT Operator, who is a trained and certified healthcare personnel shall have the following functions, but not limited to:
 - 7.1. Ensure accurate results of POCT.
 - 7.2. Ensure that POCT machines/devices and kits are properly maintained and stored.
 - 7.3. Run tests on quality control at least once each day or as recommended by the manufacturer.
 - 7.4. Initially, implements quality assurance program or contact the Main Laboratory for assistance, when a POCT machine/device is not properly functioning or the control sample is in out of control range.
 - 7.5. Reports to the supervising POCT Coordinator any untoward incidents or problems concerning POCT.
 8. The Point-of-Care Committee/Team meetings shall be kept to a minimum number and cover only topics that need to be addressed by the whole committee.
 9. Implementation of a POCT Program shall include, but not limited to, as need arises:
 - 9.1. Method evaluation
 - 9.2. Planning, including the decision of what devices and reagents to use.
 - 9.3. Employee training and certification
 - 9.4. Staff competency evaluation
 - 9.5. Result reporting protocol
 - 9.6. Quality Monitoring and Assurance Program
 - 9.7. Feed backing mechanism

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10. The Point-of-Care Testing Program shall be monitored and evaluated periodically in order to assure that the program is meeting the needs of its stakeholders like patients and healthcare teams.
11. Point-of-Care testing menu shall be reviewed periodically by the POCT Committee/Team for clinical need and effectiveness.
12. It is the responsibility of the Main Clinical Laboratory to ensure the quality of all point-of-care testing that falls under its jurisdiction, regardless where testing is performed, in accordance to standards and guidelines set forth by the licensing and regulatory bodies, such as DOH and other authorized government agencies.
13. Only trained and certified healthcare personnel or POCT Operators shall perform point-of-care laboratory testing, who shall follow the standard operating procedures, protocols and guidelines when using the devices, and who should understand the contraindications and/ or its limitations.
14. Only authorized POCT devices shall be used for all POCT testing in the hospital, performed by trained and certified healthcare personnel.
15. Preventative maintenance of all POCT devices shall be performed and documented in accordance with manufacturer's instructions and regulatory standards to ensure result validity.
16. Patient self-testing using the patient's POCT meter (e.g glucose meter) and other unauthorized POCT devices are **not allowed** while under the care of DPOTMH.
17. Proper request and charging for POCT procedures shall be duly made by the requesting patient care areas. Accountability rests upon the person-in-charge to the patient to ensure proper request and charging. Applicable sanctions shall be apply for failure to observe the same.

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18. All POCT test results shall be properly documented, filed and reported in accordance to hospital standards.
19. Turn-Around Time for POCT test results shall be properly observed.
20. Safety and Infection Control Standard precautions must be followed accordingly for collecting and handling blood and other specimens.
21. Proper waste management shall also be observed.

DOCUMENTATION:


New Policy

DISSEMINATION:


Policies and Procedures Manual
Hospital Communicator

REFERENCES:

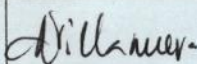
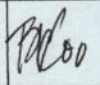
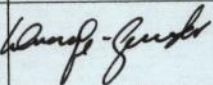

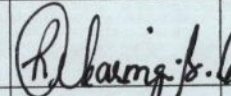
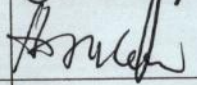
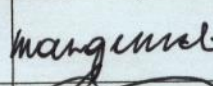
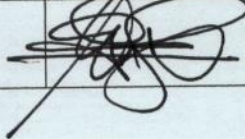
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2. Misiano DR, Meyerhoff ME Collison ME. Current and future directions in the technology relating to bedside testing of critically ill patients. Chest , 2018; 2019 (5 suppl): 204S-214S
3. Schallom L. Point of care testing in critical care. Crit Care Nurse Clin North Am, 2019
4. Prince CP. Point of care testing. BMJ 2021; 322:1285-8


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5. Kost KJ Guidelines for point of care testing. Improving patient outcomes. Clin Lab Med 2021; 21:285-303.
6. ISO 15189:2012 Medical laboratories – Requirements for quality and competence
7. ISO 22870:2006 Point-of-care testing (POCT) – Requirements for quality and competence.

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Recommending Approval:	ROSARIO D. ABARING, RN, MN, PhD, FPCHA Ancillary Division Officer		4-4-2022
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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		4/6/22

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PURPOSE:

To ensure that point-of-care laboratory testing is high quality and cost-effective, in order to contribute to optimal patient care.

SCOPE:


Applicable to all Nursing Units and Laboratory Department of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Medical Technologist, Laboratory Supervisors/Managers, Biomedical Personnel, Information Technology Personnel, Pathologist, Nurses

PROCEDURE:

1. The nurse encodes the physician's order for random blood sugar, arterial blood gas, and other POCT testing.
2. The Medical Technologist renders the test request of the patients and verifies the same at the requesting patient care area.
3. Primarily the Medical Technologists are responsible to carry out the POCT testing; however, in dire emergencies and the Medical Technologists cannot respond right away for equally valid reasons, the trained and certified healthcare personnel like nurses and resident-on-duty can immediately perform the POCT.
4. The Medical Technologist or the certified POCT healthcare personnel/ operator verify the name of the patient using the 2-patient identifiers before doing the procedure/s.
5. Performing the ordered procedure/s should conform to the standard operating procedure/s of the said test/s.
6. Immediately the result/s should be encoded, generated and included in the chart of the patient by the certified POCT personnel. Protocol in results encoding, generating, relaying, filing and releasing shall apply.

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REFERENCES:

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2. Misiano DR, Meyerhoff ME Collison ME. Current and future directions in the technology relating to bedside testing of critically ill patients. Chest , 2018; 2019 (5 suppl): 204S-214S
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KEY TASKS	PERSON RESPONSIBLE
1. Encodes the physician's order for random blood sugar, arterial blood gas, and other POCT testing.	Staff Nurse
2. Renders the test request of the patients and verifies the same at the requesting patient care area.	Medical Technologist
3. Verify the name of the patient using the 2-patient identifiers before doing the procedure/s.	Medical Technologist or the certified POCT healthcare personnel/operator
4. Encodes and generates immediately the result/s and include in the chart of the patient.	Certified POCT personnel

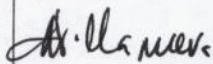
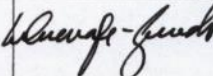

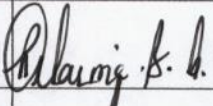
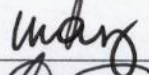
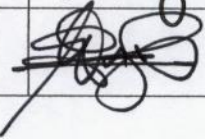


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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		11/11/22

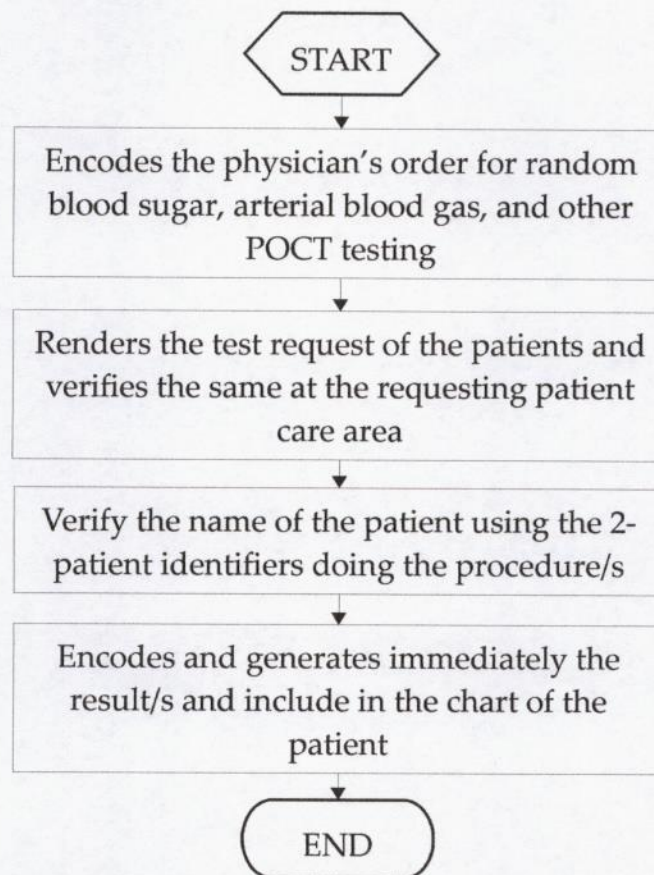



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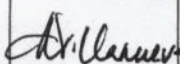
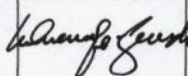

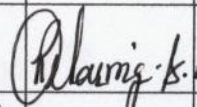
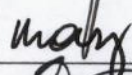
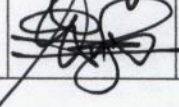
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