Reaching Your Point-of-Care Potential – Learn Best Practices for Your POC Process
Webinar Questions and Answers
April 28, 2021

	Questions	Answers
1	Why is it important to have a good Quality Control (QC) protocol for Point of Care (POC) machines?	Quality Control is paramount to a good test result. To ensure high quality lab results for the patients, a strong QC program for POC devices should be the same as the central lab.
2	What is the appropriate work flow for critical results to be monitored through POCT office since the testing is done near the patient?	This is often hard to document especially if not interfaced. Work with your team to determine the owners for the points of documentation in the logs, including who received the result in addition to when a result is called from central lab.
3	What are the most important and useful POC tests?	There is no single answer. It depends on the institution and clinical need. It is important to meet with the clinicians requesting POC testing to find out what tests they want; how the results will be used in the course of care; who will be doing the testing; who will be reporting and billing the results; etc. Sometimes a POC test request is better served by a central lab.
4	What are the differences between a waived and non-waived device?	As defined by CLIA, waived tests are simple tests with a low risk for an incorrect result. Nonwaived testing is the term used to refer collectively to moderate and high complexity testing. Laboratories or sites that perform these tests need to have a CLIA certificate, be inspected, and must meet the CLIA quality standards. Please reference this link from the US CDC regarding CLIA device definitions (https://www.cdc.gov/clia/test-complexities.html).
5	As POCT grows up and gets more complex - moving more to genetics - what should be the quality control?	Currently, there are not any approved POC genetic instruments. There are infectious disease molecular instruments and the quality control requirements would be two levels of QC per day.
6	How should a laboratory manage turnaround time (TAT) report sign-out delays? Is there any percentage of delayed cases that is acceptable?	Your facility would need to have defined TAT and a quality management process that includes the actions taken when TAT are not met.
7	What are the minimum quality assurance requirements for glucometers used for patients?	For waived meters, the manufacturer instructions for QC must be followed. For non-waived meters, two levels of QC per day would be required.

	Questions	Answers
8	Can all 6 elements for moderate or high complexity testing be done online? Which of the 6 points in competency I need to do personally and not online?	Images may be used to satisfy elements 1 (direct observations test performance) and 5 (employee analysis of proficiency testing (PT) or blind sample), but you must use the images in person with the employee, not remotely. CMS does not accept Skype, FaceTime, or video observations as an acceptable method for competency assessment. The regulations require direct observation.
9	Our method of obtaining blood gas/ glucose results in our hospital is through the I-stat machine and standard glucometers. After these results are gathered from these devices, nursing staff members have to manually enter the results into CHCS a lab/data base. This is extremely time consuming and increases risk for incorrectly entering the results into Chcs or forgotten in the height of a turbulent patient admission. Is there some way that the lifestyle glucometers and Abbott I-stat machines can talk to Chcs to transfer results electronically?	In order to prevent errors, it would be best to be able to have your instrument connected to the LIS. Please see the next question and answer. If you are unable to have connectivity, you must have processes in place to reduce the chance of errors. (This is per CAP checklist COM.04050 Error Detection and Correction.)
10	How do you bring POCT devices that have no connectivity with IT server or Lab information System in service within a CAP-accredited lab?	Instrument connectivity is an important consideration when purchasing new equipment. Many instrument manufacturers do have a way to connect to an existing LIS or middleware. Please contact your specific instrument manufacturer.
11	What components should be reviewed when performing a comprehensive review of new POCT equipment?	Multiple components are involved. It is helpful to include preanalytical elements (such as expectations of the clinicians and their workflow) and postanalytical elements (such as communication of results to the patient's provider).
12	Is it acceptable to refer to the QC instructions listed in the technical procedure in the new IQCP?	No, while information from manufacturers is helpful, there are multiple steps involved in IQCP, and their material alone would be insufficient prior to implementation of that device.
13	How often should we do Risk assessment as a part of IQCP?	Risk assessment should be done prior to implementation and anytime when something major changes, such as personnel turnover, adding new instruments, adding new testing on an existing instrument or moving the testing to a new location, area, or department. It is part of quality assessment to include the personnel, device, and where the device is.

	Questions	Answers
14	Is it mandatory to be POC certified? Are there any POCT certificate courses from CAP (online)?	It is not mandatory to be POC certified. While the CAP does not offer an online certification course for POC, other societies do (eg, AACC) and can be helpful especially for someone new to that position.
15	Which is the best frequency for assessment of the people doing the point of care testing, example nurses?	Waived competency should be assessed at least annually. Non-waived competency should be accessed: -During the first year at least semiannually -Annually thereafter -Retraining and reassessment of competency must also occur when problems are identified with an individual's performance.
16	Our hospital is CAP accredited, and we have separate RT departments where we are only checking their validation and cap survey results. It is not a part of our accreditation, is that acceptable?	When the POC departments are included in your CAP accreditation, the medical laboratory director is responsible for the testing that takes place in those areas. If you choose not to have CAP cover them, this area will then fall under you hospital accreditation body.
17	As a POCT coordinator, what are the necessary qualifications?	The CAP does not have any specific qualifications for a POC coordinator. Depending upon the expected duties of the POCT coordinator, if they are performing any CLIA duties such as competency assessments, then they would need to qualify as a Technical Consultant. Facilities may also have guidelines in place that should be followed.
18	A new staff nurse joins. If I do initial training today say 1 May; so competency should be after how many months for waived and non waived?	The intent of the requirement is to competency assess newly hired employees performing non-waived testing twice during their first year of independent patient testing. The semiannual competency assessment should occur approximately six months after initial training was completed and the newly hired employee has begun independent non-waived patient testing and again by 1 May the following year. For waived testing, it would be due within 12 months of them starting independent testing.
19	Do you recommend assessment of training outcome, or is a competency assessment sufficient after the training is conducted?	Training and competency assessment are two different items. Training evaluation occurs before personnel begin testing and is often documented in the form of a detailed checklist. Initial training is a process to provide and develop the knowledge and skills to perform testing (ensure personnel are familiar with applicable procedures, what specimens are acceptable for testing, how to maintain instrumentation, perform and trouble shoot unacceptable QC, how to result patient results, handle critical results, etc.).

	Questions	Answers
20	If we use urine dipstick solely to aid in urine interpretation but not direct patient testing (to check the integrity of a urine specimen) for a specific testing if the urine collection is done properly for 24-hr urine total protein, do we still need to run quality control daily?	This type of testing would be in the main lab. Since this is being used as a reflex test to check the validity of the sample (accept or reject) it is an important step in sample collection and QC would be required.
21	Cross check would be challenging for blood gas machine where sample is highly affected by environment	Quality cross check products can be used as part of your quality management program. CAP Quality Cross Check AQQ and AQIQ programs for blood gas provide three vials of each specimen; so, there is in an unopened vial for each instrument.