

Name of Policy: <u>Point-of-Care Testing</u> Policy Number: 3364-100-53-03 Department: Hospital Administration Medical Staff Approving Officer: Chief Executive Officer Responsible Agent: Chief of Staff Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: 05/01/2023 Initial Effective Date: 10/11/2000
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

All Point of Care Testing (“POCT”) procedures must be performed following compliance standards required by The Joint Commission, CAP and CLIA. All sites failing to comply will not be permitted to conduct Point of Care patient testing.

(B) Purpose of Policy

To assure that all laboratory testing performed at the point of care (outside the organization’s central laboratory) conforms to good laboratory practice standards and complies with federal and other regulatory requirements.

(C) Procedure

1. All departments or clinics performing POCT must report the testing to the Point of Care Testing Supervisor/Coordinator.
 - The POCT Laboratory Director has the responsibility of overseeing the POCT program at the University of Toledo Medical Center.
 - Requests for new tests/laboratory equipment should be directed to the POCT Laboratory Director.
 - ✓ A request form, obtained from the Laboratory POCT Coordinator/Supervisor, should be filled out and submitted to the Coordinator/Supervisor for Director review.
 - The unit managers/directors where POCT is performed are responsible for the day-to-day oversight of the performance of POCT and the reporting of POCT results.
 - The Laboratory POCT Coordinator/Supervisor will provide a centralized coordination of point of care tests. The responsibilities will include: evaluation of instruments, implementation of test methods, training/coordination of training, evaluation of quality control results, establishing procedures, coordination of proficiency testing, competency evaluations and quality assurance.
 - Testing personnel must be accountable for the following activities: performing and documenting quality control as appropriate, maintaining annual competency in testing methods, performing and documenting test results according to protocol, and proper follow-up activities for abnormal and critical results.
 - ✓ Failure of personnel to comply with the accrediting agency standards and POCT procedures/policies may result in progressive disciplinary action, up to and including termination.

2. All testing procedures for **POCT** must be reviewed according to regulatory standards.
 - ◆ All testing procedures/policies will be approved by the Laboratory POCT Director prior to being placed into use.
 - ◆ All testing procedures will be according to manufacturer’s guidelines.
 - ◆ All testing procedures will contain the elements of performance as required by the appropriate regulatory agency. Testing is divided into 3 categories by the Clinical Laboratory Improvement Amendments (CLIA): Waived, Provider Performed Microscopy (PPM), and Nonwaived. Waived testing and PPM will be accredited through The Joint Commission and non-waived testing will be accredited through the College of American Pathologists (CAP).

3. All required proficiency testing, documentation of compliance (logs, maintenance records, quality control testing, etc.) must be reported to the Department of Pathology monthly, or as requested by the Department as required by the appropriate regulatory agency.
4. All POCT activities must be in compliance with all safety requirements as identified by the organization.
5. Failure to comply with the accrediting agency standards and POCT procedures/policies may result in withdrawal of POCT testing from the non-compliant unit.

(D) Definitions

Point of Care Testing: Analytical testing performed at sites in the organization but physically located outside the organization's central laboratory. Examples include, but are not limited to, bedside testing and on-unit testing such as occult-blood testing and glucose meter testing.

<p>Approved by:</p> <p>/s/ _____ Richard P. Swaine Chief Executive Officer - UTMC Date</p> <p>/s/ _____ Andrew Casabianca, MD, DMD Chief of Staff Date</p> <p><i>Review/Revision Completed By:</i> HAS Administrative Lab Director Medical Staff</p>	<p>Review/Revision Date: 1/14/2004 3/14/2007 9/29/2010 10/1/2013 3/1/2017 4/1/2020 5/1/2023</p> <p>Next Review Date: 5/1/2026</p>
<p>Policies Superseded by This Policy: 7-53-03</p>	