Point of Care Testing (POCT) Checklist for Site Compliance

(Omission from this list does not preclude requirement for completion)

A. Site Director

1. Leadership
   - Is familiar with relevant JC standards as they apply to the site
   - Ensures a system is in place to document orders or protocols for testing patients
   - Annually reviews site specific protocols and procedures
   - Ensures the sites are enrolled in a proficiency-testing program and documents results review, if required
   - Recommends, approves and implements remedial action plans when necessary

2. Orientation, Training, and Education
   - Provides initial orientation to staff
   - Ensures that staff can describe their roles and responsibilities relative to safety.

B. Site Coordinators

1. Assessing Competence
   - Provides initial training, orientation and competency to staff for each POC test they perform
   - Ensures that during the first year (new hire or new operator to test method), each staff member’s competence is evaluated and documented at six months for non-waived tests
   - Each staff member’s competency is evaluated and documented on an annual basis within 365 days of the initial training
     Acceptable methods to document competency for waived testing:
     - Written quiz
     - Direct observation
     - Monitoring QC performance
     - Performance of a test on a blind specimen
     Acceptable methods to document competency for non-waived testing:
     - Direct observation of patient testing
     - Monitoring, recording, and reporting of test results
     - Review of quality control and/or proficiency tests
     - Direct observation of performance of instrument maintenance
     - Testing previously analyzed specimens, internal blind testing samples
     - Problem-solving skills as appropriate to the job

2. Documentation
   - Ensures that current test and quality control procedures are available for each test performed and that site specific protocols are reviewed and signed by the Site Director annually
   - Investigates and takes remedial action for deficiencies identified through quality control measures
   - Retains all the records for 4 years per MA DPH

3. Reagents
   - Ensures that the reagents are stored at required temperature as suggested by manufacturer
   - Ensures that the reagents are dated and initialed when first opened.
   - Ensures that any expired reagents or cartridges are discarded
   - Ensures that the temperature log sheets are reviewed and corrective action documented as needed

4. Proficiency testing
   - Tests proficiency samples as requested by POCT program and ensures that documents are signed by site director and maintained (non-waived sites only)

5. Running QC
   - Ensures that appropriate levels and frequency of QC performed, specific to the instrument in use
   - Ensures that appropriate levels and frequency of electronic quality control is performed, as required
   - Ensures that appropriate levels and frequency of QC performed for non instrument-based testing.

C. Operators

   - Read and become knowledgeable with all testing policies/procedures performed at the site
   - Runs the liquid QC for the appropriate analyzers at the expected frequency
   - Verify the reagents or cartridges for in date prior to use and discard any expired ones
   - Maintain the inventory adequately and store the inventory according to the manufacturer requirement
   - Ensure that any reagents or controls with expiration dates that change upon opening are dated
   - Ensure that the analyzers are downloaded and results transmitted after each patient and QC test performed
   - If a transmission error occurs, notify the POCT Coordinators or the site coordinator within 24 hours for resolution
   - Check two patient identifiers when scanning barcode for patient ID to ensure correct patient
   - Perform the proficiency testing (for non-waived testing)

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