Campbellford Memorial Hospital Board of Directors Policy Manual	Subject: **POINT OF CARE TESTING** Policy # 4-050 Approved by: Board of Directors Issue Date: Nov 2008
Revised (R) / Reconfirmed (RC) Dates June 2015 (rc), October 2022 (rc), March 2025 (r)	

POLICY

The Board is accountable to ensure a management system is in place to provide Point of Care Testing (POCT) based on high standards of quality care and continuous improvement.

Point of Care Testing (POCT) is defined as testing samples taken from a patient at the point of care. It uses designated medical devices that can give rapid test results for tests with an intent to facilitate health care decisions with reduced delay.

PURPOSE

This policy establishes the scope of POCT performed at the Hospital and details responsibilities for establishment, supervision and review in the POCT management system.

PROCEDURE

Scope

POCT performed at the Hospital that meets the above definition, and is covered within the scope of this policy includes:

Glucose testing – by hand held glucose meters.

Excluded from the scope of this policy are:

1. Transcutaneous measuring devices.
2. Monitoring devices that generate continuous/near continuous monitoring data.

Responsibilities

The Medical Advisory Committee (MAC) will determine the POCT devices and systems used in the Hospital based on clinical need, fiscal justification and human resource considerations with input from administration, nursing, laboratory and other health professionals. The MAC will delegate any supervisory responsibilities to the Laboratory Medical Director.

The Laboratory Medical Director is responsible for:

1. Evaluating and selecting POCT devices and systems.
2. Approving the implementation of POCT devices and systems.
3. Ensuring Quality management system objectives for POCT.
4. Establishing processes and procedures, documentation and resources specific to POCT.
5. Ensuring verification, validation and monitoring of POCT activities.
6. Ensuring maintenance of records of POCT processes and procedures.
7. Withdrawing or discontinuing a device or patient testing in the event of serious proficiency problems.
8. Attending the POCT Advisory Management Group through the Pharmacy and Therapeutics Committee.
9. Delegating the responsibility for POCT to the Laboratory POCT Technologist.

RELATED POLICIES AND PROCEDURES

1. QM-1101-A Point of Care Testing Policy
2. QM-1101-B Point of Care Testing Process
3. Terms of Reference, Pharmacy and Therapeutics Committee

References

Ministry of Health and Long Term Care, *Point-Of-Care Testing Policy and Guidelines for Hospitals with a Licensed Laboratory*, April 2007, Toronto.

International Organization for Standardization (ISO) 15189:2022 Medical Laboratories – Requirements for Quality and Competence.

CLSI Selection Criteria for Point of Care Testing Devices POCT 09-A Clinical and Laboratory Standards Institute 2010.

CLSI Point of Care Blood Glucose Testing in Acute and Chronic Care Facilities POCT 12-A3 Clinical Laboratory Standards Institute 2013.