



Revised (R) / Reconfirmed (RC) Dates
June 2015 (rc), October 2022 (rc)

POLICY

Point of Care Testing (POCT) is testing of samples taken from a patient and performed at or near the bedside, with the result leading to possible change in the care of that patient. It uses medical devices that can give rapid results for tests with an intent to facilitate health care decisions with reduced delay. To secure the intended outcome for the patient and risk management for the hospital, POCT must be subject to a management system that ensures the intended quality.

Scope

POCT performed at Campbellford Memorial 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.

The Board of Directors, the governing body of the hospital is accountable for ensuring that appropriate measures are in place to provide quality POCT as a component of clinical governance. Clinical governance is defined as a framework through which organizations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

On behalf of the Board of Directors, the Medical Advisory Committee (MAC) shall determine the POCT systems to be available in the hospital based on clinical need, with input from administration, nursing, laboratory and other health professionals. The MAC delegates any supervisory responsibilities to the Laboratory Medical Director.

The Laboratory Medical Director is responsible for:

1. The evaluation and selection POCT devices and systems.
2. Approving the implementation of POCT devices or systems.
3. Ensuring Quality 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. Appointing the POCT Advisory Management Group.
8. Delegating the responsibility for point-of-care testing to the Laboratory Manager.

The hospital administration is responsible to the Board of Directors for the quality management of POCT.

The POCT Advisory Management Group is responsible for all activities concerning the management of POCT throughout the hospital. This group delegates to the Laboratory Manager to develop, document, implement and maintain an activity within its mandate on its behalf.

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, Point of Care Advisory Management Group

References

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

