

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:

- a. Written quiz
- b. Direct observation
- c. Monitoring QC performance
- d. Performance of a test on a blind specimen

Acceptable methods to document competency for non-waived testing:

- a. Direct observation of patient testing
- b. Monitoring, recording, and reporting of test results
- c. Review of quality control and/or proficiency tests
- d. Direct observation of performance of instrument maintenance
- e. Testing previously analyzed specimens, internal blind testing samples
- f. 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
- Run 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)