

## Measurable Elements of AOP.03.01

1. The clinical laboratory, and other laboratory services throughout the hospital, are under the direction and oversight of one or more qualified individuals. (See also GLD.06.00, ME 1)
2. Responsibilities of the qualified laboratory leader include the following:
  - Developing, implementing, and maintaining policies and procedures
  - Administrative oversight of laboratory services
  - Maintaining any necessary quality control programs
  - Developing and implementing a staffing program
  - Recommending outside sources of laboratory services
  - Monitoring and reviewing all laboratory services
3. All laboratory staff have the required qualifications to perform and interpret tests.
4. A laboratory staffing program is implemented so staff can perform tests promptly and provide staffing during all hours of operation and during emergencies.
5. Laboratory supervisory staff are identified and have the proper qualifications and experience for the role.

## Standard AOP.03.02

The hospital has defined requirements for the oversight and supervision of the point-of-care testing program.

### Intent of AOP.03.02

The hospital must have a clearly defined and well-structured approach to point-of-care testing to ensure that it is performed safely and correctly and that the results generated are accurate and reliable.

*Point-of-care testing (POCT)* is testing performed at sites outside the traditional laboratory environment, usually at or near where care is delivered to the patient.

The individual responsible for laboratory services or other qualified designee is responsible for the oversight and supervision of POCT.

The hospital develops a program for POCT that includes the following:

- Selecting tests to be performed
- Identifying staff who perform the test(s)
- Establishing a protocol for reporting abnormal test results
- Determining a process for reporting critical results
- Defining a process to include representatives of clinical staff in developing and evaluating the POCT program

Staff performing POCT require training for each test being performed. Staff must complete a competency evaluation for each test to confirm that they know how to perform the test and to ensure that results are accurate. Staff performing POCT understand the process to report abnormal and critical results.

Quality control tests and their documentation are required to be performed according to manufacturers' guidelines. All staff performing POCT adhere to quality control procedures and know what actions to take if a quality control sample is out of the test range specified by the manufacturer. The results of the quality control testing and any corrective actions are documented.

POCT is monitored and evaluated to ensure that the program is meeting the needs of patients and health care providers.

Point-of-care tests include those performed and interpreted at or near the patient. Examples of point-of-care tests include the following:

- POCT blood glucose tests
- POCT blood gas tests

- Pregnancy test
- Urinalysis
- Fecal occult tests
- Rapid infection tests, including strep and COVID

POCT does not include tests that are performed at or near the patient but are processed or interpreted in another location.

Quality control testing occurs based on manufacturers' guidelines. Examples of when quality control testing occurs include the following:

- Once daily
- Once per week
- Between new batches of test kits

POCT evaluation may be accomplished by one or more of the following methods:

- Developing and monitoring quality improvement measures
- Interviewing patients or conducting surveys
- Reviewing quality control and proficiency test results
- Reviewing utilization reports.

### **Measurable Elements of AOP.03.02**

1. The person responsible for managing the laboratory services, or a designee, provides oversight and supervision of the POCT program.
2. Staff performing POCT have the required qualifications and training and are competent to perform POCT.
3. ⑩ The POCT program includes a defined process for reporting abnormal test results, including reporting critical results. (*See also* IPSG.02.00, ME 1)
4. ⑩ The POCT program includes requirements for quality control performance and documentation.
5. ⑩ The POCT program is monitored, evaluated, and included in quality improvement activities.

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### **Standard AOP.03.03**

Laboratory results are reported within time frames defined by hospital policy.

#### **Intent of AOP.03.03**

Timely result reporting is vital to the prompt assessment and diagnosis of patients.

The hospital defines the time frame for reporting laboratory test results. Results are reported within a time frame based on patient needs, services offered, and clinical staff needs. Emergent or stat tests and after-hours and weekend testing needs are included.

The hospital monitors whether results are reported within the time frame. Results from stat tests are given special attention in the quality measurement process. If the results are not reported in accordance with the hospital's time frame, the hospital identifies barriers to meeting this goal and implements corrective actions.

In addition, when laboratory services are by contract with an outside organization, the reports are also timely, as set forth by hospital policy or the contract.