

- 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. ☐ The POCT program includes a defined process for reporting abnormal test results, including reporting critical results. (*See also* IPSG.02.00, ME 1)
4. ☐ The POCT program includes requirements for quality control performance and documentation.
5. ☐ The POCT program is monitored, evaluated, and included in quality improvement activities.

## 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.

### Measurable Elements of AOP.03.03

1. ① The hospital has a written policy that establishes the expected report time for routine and stat test results.
2. The hospital monitors whether stat tests are reported within the expected time frame.
3. The hospital monitors whether routine laboratory results are reported within the expected time frame.
4. When laboratory results are not reported within the expected time frame, the hospital takes corrective action.

### Standard AOP.03.04

All laboratory testing equipment is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.

#### Intent of AOP.03.04

The proper maintenance and calibration of laboratory equipment is essential to ensuring accuracy of test results.

Laboratory staff ensure that all equipment, including medical devices used for point-of-care testing, function properly. The laboratory implements a program to manage equipment. Testing, maintenance, and calibration frequency are completed according to the manufacturer's guidelines or more frequently based on the laboratory's use of the equipment and documented history of service.

The program to manage laboratory equipment includes the following:

- Selecting and acquiring laboratory equipment and medical equipment
- Identifying and taking inventory of laboratory equipment and medical equipment
- Assessing laboratory equipment use through inspection, testing, calibration, and maintenance
- Monitoring and acting on laboratory equipment hazard notices, recalls, reportable incidents, problems, and failures
- Documenting the management program

### Measurable Elements of AOP.03.04

1. ① The laboratory manages laboratory equipment with a written process for how equipment is selected and acquired.
2. ① There is an inventory of all laboratory equipment. (*See also* FMS.07.00, ME 2)
3. ① Laboratory equipment is inspected and tested when new and according to manufacturers' guidelines; the inspections are documented.
4. ① Laboratory equipment is calibrated and maintained according to manufacturers' guidelines, and the calibration and maintenance are documented.
5. The hospital monitors and acts on laboratory equipment hazard notices, recalls, reportable incidents, problems, and failures. (*See also* FMS.07.01, ME 1)

### Standard AOP.03.05

Essential reagents and supplies are available, and all reagents are evaluated to ensure accuracy and precision of results.

#### Intent of AOP.03.05

Reagents are a necessary component of laboratory testing, so the hospital creates a policy to ensure that essential reagents are available and meet their purpose for laboratory tests. The hospital has identified reagents and supplies necessary to provide laboratory services to its patients. There is a process to order or secure essential reagents and supplies.