



OSPITAL NG PARAÑAQUE



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ANCILLARY DIVISION APPROVAL MATRIX

Policy Title:
POLICY ON POINT OF CARE TESTING

Section / Department

LABORATORY SECTION

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Prepared By:

Julito Santos RMT
Chief Medical Technologist

Eric Mirandilla MD.
Pathologist

Reviewed By:

Redentor P. Alquiroz, M.D.
Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE
Hospital Administrator

Approved by:

Jefferson R. Pagsisihan, MD, MHM
Hospital Director

I. Background

Point of Care Testing (POCT) was introduced in the Philippines about two decades ago; it has been promoted both within and outside the hospital.

Pursuant to the Department of Health (DOH) Administrative Order No. 2007-0027, "Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines", Section VI A.6 states that "a POCT, conducted in a hospital, is required to be under the management and supervision of the licensed clinical laboratory of the respective hospital."

II. Purpose

POCT permits testing to be performed at or near the patients' location and is a supplement to, not a replacement for, the main laboratory services. Technological advances have made it feasible for other paramedical staff to perform the testing, but clinical laboratory professionals are essential to direct or oversee the overall program. As a whole, the responsibility for the supervision of testing by non-laboratory personnel should remain within the main laboratory.



III. Definition of POCT

POCT is a laboratory testing at or near the site of patient care rather than in the clinical laboratory; it includes testing at the bedside, outpatient sites, within or outside the hospital or clinics, or at home.

IV. Objective POCT

Aims to improve the time from the order of the test by the attending physician to the submission of the result to the physician (Turn-around-time or TAT).

More clinically significant is the Therapeutic TAT, i.e., the time from initiation of consultation to the time the appropriate critical treatment is given, especially for critical conditions, such as a myocardial infarction or hypoglycemia in diabetic patients.

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V. Benefits of POCT



According to studies, when the Therapeutic TAT is shortened, the survival rate of critical patients is improved. Also, the immediate submission of the biochemical status of the patient leads to rapid progress in the management of the patient, earlier discharge either from the hospital or Emergency Room and a shorter length of stay, all contributing to less hospital expenses and a more efficient use of hospital resources. POCT may be used for screening and triaging of critical patients, preliminary diagnostic testing for emergency treatment and monitoring of status of patients under treatment (diabetics under insulin).

VI. Organization of POCT

1. POCT shall be under the supervision of the Laboratory Section.
2. The Laboratory shall designate a POCT Coordinator who is a senior member of the medical technologist staff. He/she shall have the following functions:
 - a) Recommends and maintains procedures that will ensure the quality of the results of POCT
 - b) Supervises the selection and maintenance of instruments, methods of testing, training of operators and quality control.
3. A Committee on POCT shall be formed composed of representatives from the Laboratory Section, clinical departments, Nursing Service and appropriate administrative departments/units. The Committee will recommend policies based on the guidelines adopted.

VII. Selection of POCT Test

1. The Committee on POCT shall select and recommend the tests that will done in the hospital based on the following criteria:
 - 1.1. Clinical indications for the performance of such tests at the bedside;
 - 1.2. Availability of such POCT tests from reliable suppliers;

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- 1.3. Substantially reduces Therapeutic TAT;
- 1.4. Cost-effectiveness of such a POCT test.

2. The POCT tests can be located in the following areas of the hospital:

- 2.1. Critical Nursing Units – ICU, CCU, ER, Burn Unit, OR, Delivery Room, Recovery Room, etc.
- 2.2. General Nursing Units - for monitoring of diabetes etc
- 2.3. Outpatient clinics and other units where POCT would be useful.



VIII. Selection of POCT Device/Instrument

1. After the identification of POCT tests to be performed have been agreed upon, the brand/model of device/instrument shall be selected according to the following minimum criteria:
 - o From a reliable supplier/distributor preferably with a good track record of service;
 - o Gives comparable results as main laboratory method;
 - o State of the art quality assurance features, including automatic calibration;
 - o Portable and user-friendly (minimal steps to perform test);
 - o Maintenance-free except for routine cleaning;
 - o May be connected to a computer for data management and quality control.
2. After selection of the model, the device/instrument delivered should be calibrated and then verified as to their actual performance in terms of reproducibility and accuracy (comparable to the main laboratory methods).
3. When the POCT device/instrument is not functioning well or the control sample is out of control range, the instrument should be referred to the Laboratory Section for resolution.

IX. Qualification and Training of Operators

The following personnel may operate the POCT device/instrument:

1. Medical Technologists or Physicians;
2. Nurses or other paramedical personnel;
3. Other hospital personnel may be allowed to operate the POCT device/instrument provided that:
 - o Properly trained;
 - o Supervised by the staff of the Laboratory Section;
 - o

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Performs quality control tests daily and submits results to the laboratory; o Knows when to repeat tests when problems arise and when to refer problematic results to the Laboratory Section for resolution; o Competency is checked periodically.

X. Supervision of Operators of POCT

The POCT Coordinator from the Laboratory Section shall be responsible for the supervision of the operators of POCT devices/instruments. He/she shall conduct the following:

- Reviews of Quality Control results periodically (daily to weekly, depending on the number of tests) Checks the competency of the operators periodically.
- ensures that all the operators are properly trained.

XI. Recording and Reporting of POCT Results

1. POCT results are recorded in: o Reports attached to the Patient's Chart; o Monitoring sheets (diabetic/blood glucose or other parameters); o Logbooks or electronic databases
2. Reports of POCT results should be signed by the POCT operator with the name of Head of the Laboratory or the POCT Coordinator.

XII. Quality Control

1. Tests on Quality Control solutions should be run by the POCT operator at least once each day the POCT devices/instruments are used or as recommended by the manufacturer.
2. The results are recorded in a Quality Control chart, either manually or electronically. The POCT Coordinator reviews the Quality Control results daily or periodically. Quality checks are done and the trends analyzed.
3. When the results of the control samples are outside the control range, the results are referred to the Laboratory Section for resolution.