

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY – POINT OF CARE POLICY MANUAL**

Point of Care Tests QC/QM Program

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Effective Date: May 23, 2006

Policy No: POC 0003.1

Cross Referenced:

Origin: Point of Care Tests

Reviewed Date: 6/10; 11/11;5/12;6/13; 6/15

Authority: Laboratory Director

Revised Date: June 7, 2010; 6/30/15

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SCOPE: Laboratory

PURPOSE: A good quality management system is important to ensure the reliability and quality of the test result which is part of good patient care. This program applies to all Point of Care tests currently being done in HRMC.

POLICY:

Pre-analytic:

1. Use of the medical record and/or FIN numbers to identify the patient.
2. For the ER: In the event of an extreme emergency and a patient has not been registered into the system, follow these steps to get into the glucose or IStat meters:
 - A. Take one of the Point of Care Result Forms in the IStat or Accucheck drawer.
 - B. Scan the lower right barcode(just like the armband).
 - C. Fill in the Fin #, results, date/time & Operator ID.
 - D. Fax to the lab 6805.
 - E. Shred when fax is successful. The coordinator will then merge this result (in RALS Management system and CDS IStat) with the downloaded report and sign off on the sheet.
3. Only certified clinicians are allowed to do any of the POC tests and re-certify six month on the first year and annually thereafter.
4. Some clinicians will be required to do color blind test through Employee Health.
5. Wait 3-5 minutes after a stool sample has been smeared in the hemocult card to avoid false negative.
6. Urine cups and pregnancy kit must be labeled with a patient's registration label before performing the test.
7. Use only the dropper that's provided with the pregnancy kit.
8. Use only the polyester swab for the Amnisure test. Do not perform test when there's a bloody discharge. Do not perform test if K-Y jelly is used; wait for 6 hrs.
9. Draw only the green top tube with lithium heparin for the IStat test. Tubes must be mixed well.
10. Waste 10ml before using the sample for the ACT in Hemochron meter. Use only plain syringe.

Analytic:

11. Wipe off the first drop of blood to eliminate the interference of the alcohol and tissue fluid.
12. Repeat a test that has resulted in the following manner:
 - A. < 40mg/dl (for newborns) <60mg/dl and/or >400mg/dl, "HI" and "LO" for Accucheck test
 - B. Sample too large or too small" for ACT test.
 - C. >1.5mg/dl or < 60 GFR for the creatinine test.
 - D. Any ***** results in the IStat meter.
13. Use the proper corrective action code.
14. Follow department SOP when critical result has been verified and called to the physician.
15. Use only the provided timer (individual's watch is not allowed) for pregnancy and Amnisure tests. Proper read time is crucial on these tests.

Post-Analytic:

16. Results must be entered into Cerner.

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17. Read result for pregnancy at exactly 3 minutes. Read the control window first to validate the kit before reporting patient result.
 18. Read result for hemocult test within 60 seconds. Control bar must be valid before reporting patient's result.
 19. Read result for Amnisure no < 5 mins and no > 10 mins. Read the control window first to validate the kit before reporting patient result.

QUALITY CONTROL MANAGEMENT:

1. Quality Control levels 1 and 2 for Accucheck meter and Clinitek Status Plus Connect must be run once every 24 hrs. Lock out time for 3N,3S,ICU, PCU, SDS, PACU, CC, and WHC are 0300. EMR has no immediate lock out time. Controls must be run after running two stats after the hour of 3 am. Lock out time for OB is at 1930. Ranges for both levels of QC must pass in order to have an option to run a patient test.
2. Correlation with the main laboratory equipment is done once every six months. Split sample analysis is being used – random specimens are drawn on a particular day and analyzed first in the Accucheck Inform II, Clinitek Status Plus and IStat meters and then in the main laboratory equipments (Dimension RxL Max and Bayer Clinitek 500).
3. Levy-Jennings QC charts are reviewed once a week and/or once a month by the POC Coordinator for any trends and shifts that may reflect instrument problem.
4. Use the Code chip that comes with the vial every time a new box is opened regardless of the strip lot number. This brings awareness to the operator when a new lot of strips is put to use.
5. Do not use the controls and/or strips or cartridges for the Accucheck meters, Clinitek Status, ACT meter, and IStat meters beyond their expiration date.
6. EQC on Hemochron Signature Elite for ACT tests must pass before patient testing.
7. If any liquid or electronic quality control did not pass, no patient testing can be done on the meter/s. Notify the POCC from the lab.
8. Urine pregnancy and Amnisure kits and Amniotest swabs are not to be dispensed until two levels of QC have been run for the lot specific.
9. Lot to Lot reagent testing will be performed on the IStat, Hemochron and Accucheck meters for the new lot reagents.