

TITLE: Point of Care Testing (POCT) Training Guidelines

Policy: Guidelines established for Practice Managers, Clinical leaders, or Supervisors to follow when there is a staff member at that site/unit in need of training for Point of Care Testing.

Purpose: To ensure consistent and comprehensive training of all staff members who will be performing Point of Care Testing.

Responsibilities:

- **Unit Manager / Clinical Leader / Practice Manager / Supervisor**

The unit manager will contact the Point-of-Care Specialist (POCS) in the Laboratory. A date and time will be determined when the staff member can meet with the Point-of-Care Specialist or designee (a staff member currently working on the unit/site who has shown competency in performing the test) for an initial training session.

- **Point of Care Specialist**

Initial Training Session:

1. The POCS or designee will review the current applicable testing procedure(s).
2. The POCS or designee will discuss or demonstrate the use of quality control.
3. The POCS or designee will discuss the corrective action taken when a quality control sample is unacceptable.
4. The POCS or designee will discuss or demonstrate patient testing.
5. The POCS or designee will discuss the appropriate action taken when a patient test result is in question.
6. Competency and proficiency requirements will be explained.
7. Training documentation paperwork will be given to the staff member. This may include a quiz, competency form, and form for patient specimen correlations. Depending on the test procedure being trained, this paperwork may be completed at the time of training, or the staff member may need to take the paperwork to an

alternate site in order to perform patient correlations.

Competency Assessment and Documentation:

The POCS or designee will document competency of the staff member's ability to perform all aspects of the test by completing the training / competency documentation forms when training is complete. These completed forms will be forwarded to the POCS.

Document Review and Staff Notification:

Upon receiving the training / competency forms, the POCS will review all documentation for completeness.

If competency has been documented, a GroupWise message will be sent to the staff member and their manager stating that they are now able to perform this testing on their unit /site. This staff member notification may occur at the time of completion of training.

The completed training /competency forms will be sent to Nursing Education Services or the applicable outside practice to be placed in the staff members file.

The POCS will document in the POC competency database:

- Staff member name
- Staff member location
- Testing that may be performed
- Date of training / competency
- Date for competency renewal

REFERENCES

“Training and Competency Assessment; Approved Guideline- Third Edition”, Clinical Laboratory Standards Institute GP21-A3, 2009.

DISTRIBUTION

Standard WT.03.01.01, The Joint Commission Standards/ EP for Hospitals.

RESPONSIBLE

Patient Care Units, CHMG Practices, FHC, Laboratory Patient Service Centers, Emergency, OR, AMU, PACU, ACC, Cath Lab, Specials Radiology, CVOR, DSC, Nursery, WHC, WIUCC, OccHealth, Respiratory Care

DEPARTMENT/UNIT

Point of Care Testing, Concord Hospital Laboratory, Concord NH 03301

HISTORICAL APPROVAL

Initiated by: Colleen Raiche, POCT Specialist Date:9/25/98
Adopted (date): _____ Supersedes: 9-98
Reviewed (date): SEC 2/09/ AL 7-10/ AL 02-11/ AL 02-12
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