

TITLE: Performance Improvement Plan For Point-of-Care Testing

Policy: All Point-of-Care testing activities will be maintained in compliance with quality standards, as defined by CAP, CLIA 88 and The Joint Commission.

Purpose: To establish guidelines to ensure compliance of a test site or individual, in quality control, patient testing, competency assessment and proficiency testing.

Procedure:

In the event that an individual or entire test site has inadequately accomplished the duty of performing quality control, patient testing, competency assessment, or proficiency testing to the standards described by the College of American Pathologists, Clinical Laboratory Improvement Act 1988 and the Point-of-Care Testing General Policy; the following protocol will apply. Failure to comply with the regulations set by these institutions may result in the loss of the Point-of-Care Testing and Main Laboratory authorization to perform a particular test.

Performance on Point-of-Care Testing shall become part of the employee's ongoing performance evaluation based on the standards defined in the POCT Training Guidelines policy.

1. If at any time, after initial training has been completed, an individual or test site has not met the standards in any area mentioned, the Point-of-Care Specialist will contact the individual and the unit director/designee.
2. The specific problem will be described and a performance improvement plan will be reviewed and implemented by the POCT specialist and unit director/designee.
3. A review period of 3 months will be established. The unit director/designee will ensure the implementation of the performance improvement plan and ongoing compliance.
4. If during the 3 month review period there is any reoccurrence, the Point-of-Care Specialist will contact the individual in writing, explaining the activity that has not met program standards.
5. The unit director/designee will be notified and will work closely with the Point-of-Care Specialist on a plan to ensure the individual becomes re-certified by the Point-of-Care Specialist in the area of difficulty, i.e. patient testing, quality control testing, participation in proficiency testing, competency assessment.
6. If after re-certification the individual is unable to perform in any or all of the areas mentioned, the privilege to perform the Point-of-Care Test at Concord Hospital will be suspended.
7. Reinstatement of the individual to perform the Point-of-Care Test will be reviewed on an individual basis at the discretion of the Point-of-Care Specialist and unit director/designee.

REFERENCES

College of American Pathologists Inspection Checklist, Point-of-Care Testing Section:30, Edition 1998.1
Point-of-Care Testing General Policy, 3/27/98, Point-of-Care Testing Quality Control Program, 2/2000
Point of Care Testing, Concord Hospital Laboratory, Concord NH 03301
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DEPARTMENT/UNIT HISTORICAL APPROVAL