

Standardizing Point of Care Testing and Harmonizing Workflows Between Hospitals and Ambulatory Locations

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Disclosures

- Nonfinancial: Board of Directors- COLA Resources, Inc; President, KEYPOCC Keystone Point of Care Coordinators
- Financial – Honorarium/Author: AAFP POL Insight 2015A
- Financial – Honorarium/Speaker: AACC; KEYPOCC; Whitehat Communications
- Financial – Advisory Committee: BioFire; ASM

Objectives

At the end of the session, participants will be able to:

- Establish open communication and identify key players in standardization of point of care tests
- Discuss tools and strategies for multidisciplinary collaboration
- Identify POCT clinical considerations and managerial challenges



Point of Care Coordinators





List of Current POCT

Interfaced Devices:

- ✓ ACT-LR,
ACT Plus
- ✓ Creatinine
- ✓ INR
- ✓ Hgb
- ✓ Urinalysis
- ✓ HBA1c
- ✓ Glucose,
whole blood
- ✓ O2
Saturation
- ✓ Blood Gases

- ✓ pH
- ✓ Strep A
- ✓ Rapid HIV 1/2
Antibody
- ✓ Rapid HCV
- ✓ Urine Drug
Screen
- ✓ PPM
- ✓ Tear
Osmolality
- ✓ Fecal Occult
Blood
- ✓ Specific
Gravity
- ✓ Urine HCG

Point of Care Testing

JHM operates six academic and community hospitals

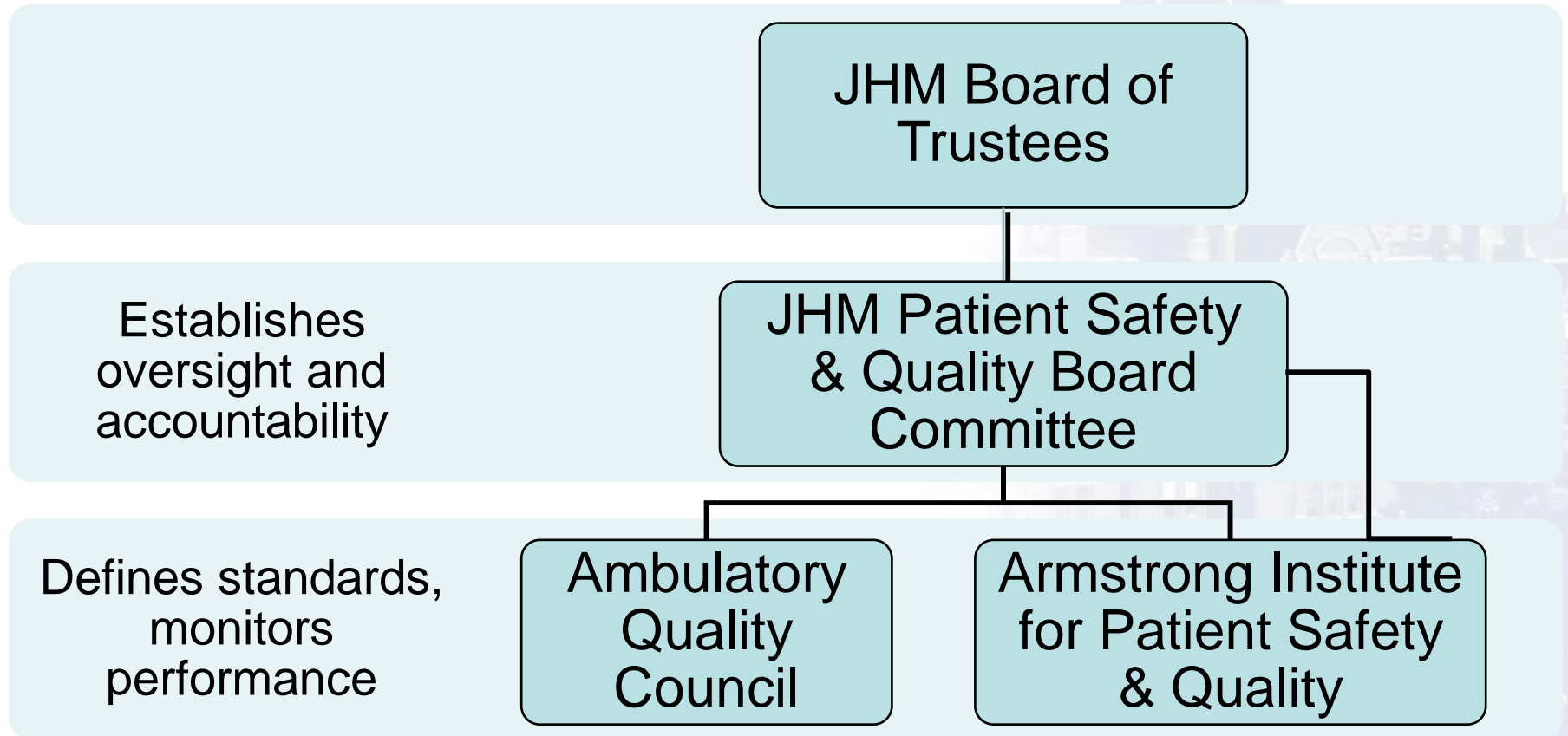
Hospital	Beds	Glucose Operators	POCT TYPES
Johns Hospital	1,059	4,313	26
Bayview	545	1,300	19
Howard County	267	1,466	3
Sibley	318	800	9
Suburban	229	1,343	9

Johns Hopkins Community Physicians – 39+ sites, 400+ providers, 1,600 glucose operators, 15 POCT types (primary and specialty care)

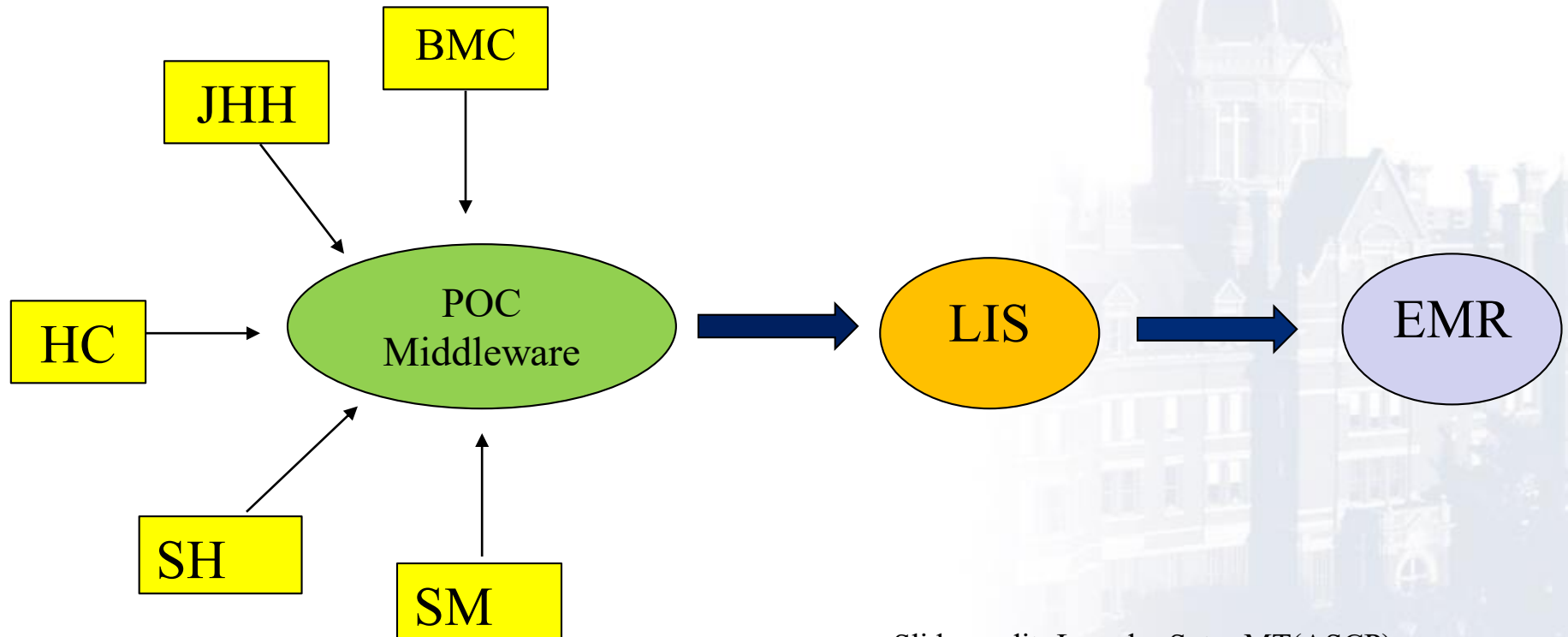
POCT Structure

- Single Medical Director of JHM POCT
- JHM Manager
- Local Lab Director and POCC at each Hospital
- Except JHCP: Single Medical Director and Two POCC's

Quality Structure Across JHM



Enterprise Interface Infrastructure Present



Slide credit: Leandra Soto, MT(ASCP)

Integrating the System

- Whose procedures do we use
- Whose POCT devices?
- Whose workflows are the Best Practices?
- Where do we start?



POCT Devices

- Single device and single analyte
- Single device with multiple analytes
- There is no such thing as one size fits all for POCT

Workflows

- Testing personnel and use of EMR/EHR
- How does the POCT get entered into the EMR/EHR?
- i.e., Tear Osmolality
- Single IT platforms = harmonize POCC duties and responsibilities

Best Practices

- Steps to standardizing and harmonizing procedures, workflows and processes
- Now what? How to keep in touch and how to run this as one big complicated program?

Team Meetings

- First Friday
- Third Friday
- Quarterly (Mandatory)
- All JH POCC are invited (including All Children's)
- Conference Line Open
- In Person Optional

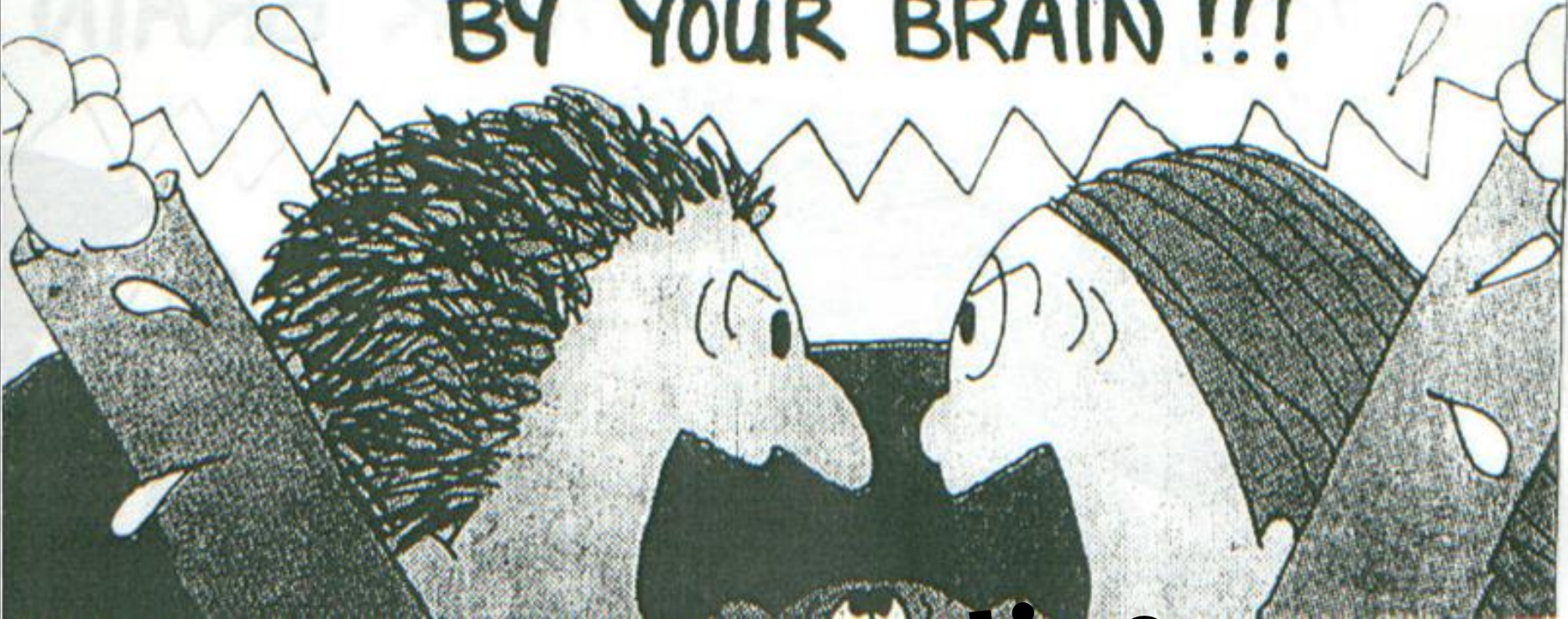
Develop a QA Plan

- Quality Controls
- Proficiency Testing
- Audits/Rounds
- Troubleshooting
- Documentation
- Follow Up
- Training and Competency
- Annual Review
- Risk Analysis

Have You Considered?

- A QA Plan for Waived Testing
- A QA Plan for Non-Waived Testing
- A QA Plan for Imaging Sites who perform Creatinine Testing
 - Single source for ambulatory sites
 - Easier for CLIA LD to understand
 - Inspector Loved It!!

MY WORDS CAME OUT FINE!
THEY WERE PROCESSED INCORRECTLY
BY YOUR BRAIN !!!

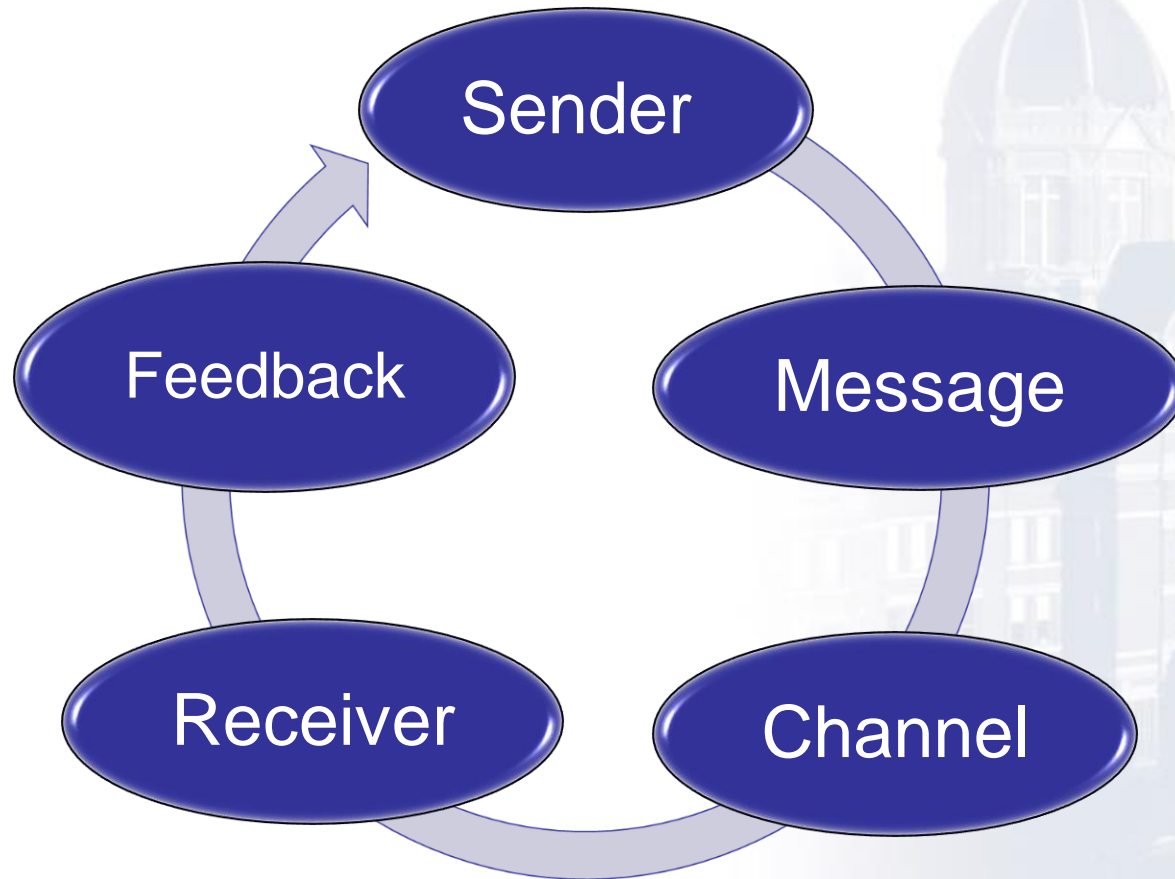


Communication

Communication

Communication

Communication Cycle



More Communication Options

- Quarterly Flyers Published by Nurse Educations
- Screen Savers on Computers Across Hospital Campus
- Attending Daily Team Huddles and Staff Meetings

Less Is More

- Nurse Educators can help POCC's learn how to trim down their message in order to have meaningful exchange of information
 - Nurses and clinical care teams techniques
 - Balancing clinical demands with laboratory regulation demands

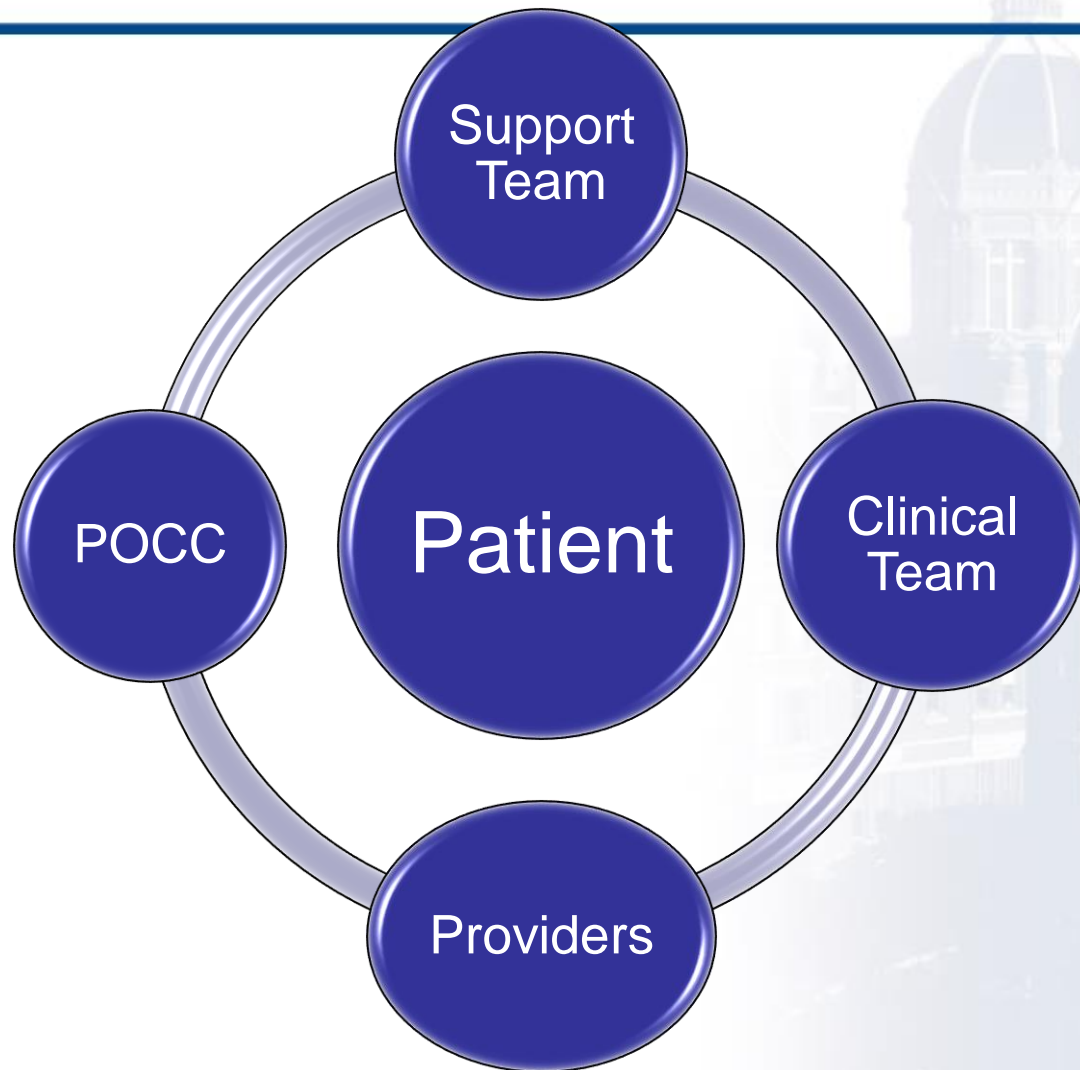
Empathy In Communication

- Understanding someone else's perspective
 - How does it impact the nurse or tech if they have to troubleshoot QC on a meter when a patient is crashing and needs an urgent glucose result?

Empathy In Communication

- Let the nurse or tech state their point of view
 - While meeting regulatory requirements, you may still work with clinical teams to meet their needs
- Take the time to check regularly that the message is still meaningful

What is Your Role?



Patient Centered Medical Care

Supporting the clinical team helps them to better care for patients and their support team

- Decrease unnecessary stress
- Decrease downtime
- Decrease user errors

Unit/Site Audits

- Some units are visited twice per week
- Moderate complex testing daily/weekly
- Waived testing once per month
- Opportunities for improvement easily identified and addressed with frequent site/unit visits

****Looking for electronic solution**

Have You Considered?

- Monthly meeting with lab vendors such as Quest, Lab Corp and Johns Hopkins Medical Lab
- Monthly meetings with testing personnel, unit managers and trainers
- Meeting with Nurse Administration for high level topics
- Daily huddles on units/floors

Vendor Support/Training

- Utilizing Vendor Reps for support in training
- Vendor reps are brought into sites to perform on site training with our competency checklist
- Vendor reps have a great report with sites and reach out several times a year for support

Future Goals

- Electronic Audit/Rounding Tool
 - Real time grading and feedback on tablets
- Networking Events for all POCC's
- No New POCT Devices Without Interface Capabilities
- Managing Non-laboratory Devices Through Middleware (i.e., transcutaneous bili)

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Questions

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