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

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• Nonfinancial: Board of Directors- COLA Resources, Inc; President, KEYPOCC Keystone Point of Care Coordinators

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• 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
## List of Current POCT

<table>
<thead>
<tr>
<th>Interfaced Devices:</th>
<th>✓ pH</th>
<th>✓ Urine HCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ ACT-LR, ACT Plus</td>
<td>✓ Strep A</td>
<td></td>
</tr>
<tr>
<td>✓ Creatinine</td>
<td>✓ Rapid HIV 1/2 Antibody</td>
<td></td>
</tr>
<tr>
<td>✓ INR</td>
<td>✓ Rapid HCV</td>
<td></td>
</tr>
<tr>
<td>✓ Hgb</td>
<td>✓ Urine Drug Screen</td>
<td></td>
</tr>
<tr>
<td>✓ Urinalysis</td>
<td>✓ PPM</td>
<td></td>
</tr>
<tr>
<td>✓ HBA1c</td>
<td>✓ Tear Osmolality</td>
<td></td>
</tr>
<tr>
<td>✓ Glucose, whole blood</td>
<td>✓ Fecal Occult Blood</td>
<td></td>
</tr>
<tr>
<td>✓ O2 Saturation</td>
<td>✓ Specific Gravity</td>
<td></td>
</tr>
<tr>
<td>✓ Blood Gases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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- Tear Osmolality
- Fecal Occult Blood
- Specific Gravity
- Urine HCG
## Point of Care Testing

JHM operates six academic and community hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Beds</th>
<th>Glucose Operators</th>
<th>POCT TYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johns Hospital</td>
<td>1,059</td>
<td>4,313</td>
<td>26</td>
</tr>
<tr>
<td>Bayview</td>
<td>545</td>
<td>1,300</td>
<td>19</td>
</tr>
<tr>
<td>Howard County</td>
<td>267</td>
<td>1,466</td>
<td>3</td>
</tr>
<tr>
<td>Sibley</td>
<td>318</td>
<td>800</td>
<td>9</td>
</tr>
<tr>
<td>Suburban</td>
<td>229</td>
<td>1,343</td>
<td>9</td>
</tr>
</tbody>
</table>

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

JHM Board of Trustees

Establishes oversight and accountability

JHM Patient Safety & Quality Board Committee

Defines standards, monitors performance

Ambulatory Quality Council

Armstrong Institute for Patient Safety & Quality
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 Cycle

Sender

Feedback

Message

Receiver

Channel
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?
• 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?

- Support Team
- POCC
- Patient
- Providers
- Clinical Team
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)
References


• Mihane, Stephanie. Lab’s Role in Patient-Centered Care. Advance/Laboratory. February 2015. 39-40

Questions

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