



## Policy Statement on Point of Care Testing (POCT)

Point of care testing (POCT) involves collecting specimens and performing analyses near the patient. Patient safety and quality assurance are best addressed by virtue of a multi-disciplinary governance system.

Point of care testing is performed in the following “near-patient” areas:

- **Within hospitals;** in emergency units, in acute departments, e.g. anaesthesia and intensive care units, other hospital departments and outpatients’ departments.
- **Outside hospitals;** in institutions, in nursing and care units, in community treatment centres, at clinics in primary health care, in physician’s offices and in patients’ homes.
- As part of the ambulance services or other mobile facilities.
- Patients’ self-testing.

Point of care testing has an important role to play in the delivery of an efficient healthcare service because of its ability to provide a rapid test result, in a timely manner, close to the patient. This may lead to increased clinical effectiveness and improved outcome for patients.

It is important that where POCT is delivered there is a clearly defined and well structured approach and robust clinical governance framework, in order to ensure that it is performed in a safe and effective manner.

All POCT should comply with the requirements of the International Organization for Standardization (ISO)

ISO 22870 Point-of-care testing (POCT) – Requirements for quality and competence.

ISO 15189 Medical laboratories – Particular requirements for quality and competence.

ISO 15190 Medical laboratories – Requirements for safety.

Biomedical Scientists have the necessary expertise and competence to take a lead role in ensuring safe and effective governance of POCT. This includes the responsibility for areas such as selection and validation of equipment, education and training of users, internal and external quality assurance, maintenance, record keeping of quality and patient data, incident reporting, risk management and clinical audit, advice and interpretation.

It is important to bear in mind that patients depend on accurate and reliable results from POCT devices to allow for effective diagnosis and monitoring of treatment. Operator competence is essential for optimal POCT performance.

**Potential advantages of POCT include:**

- Improved turn-around time.
- Enhanced clinical management.
- Better patient compliance with results of analytical tests.
- Savings in cost and time for patients.

**Potential disadvantages of POCT include:**

- Inappropriate testing leading to increased costs with no benefits to the patient.
- Inaccurate results, leading to less than optimal health outcomes for the patient with additional testing and treatment.
- Possible health damages to the patient.
- Possible increased consultation and waiting times.
- Analytical results from POCT possibly not being reported as part of the patient chart or electronic health record (EHR)

**Questions to consider before introducing POCT in Health Care**

- Is the use of POCT providing a faster result to effect clinical treatment?
- Is it good patient safety to perform POCT?
- Is the effectiveness of POCT at least as good as for the same clinical laboratory analysis?
- Is it the same or more cost-effective to perform POCT compared with clinical laboratory analysis?
- How will POCT be financed?
- Are there differences between POCT environments, such as rural or urban settings, and target populations?
- How will laws and regulations apply to implementation of POCT?
- Possible microbiological, chemical and environmental hazards.

**Glossary and abbreviations**

Several terms and abbreviations are used to describe Point of care testing:

Point of care testing – POCT

Near-patient testing – NPT

Bedside testing – BT

Patient self testing – PST