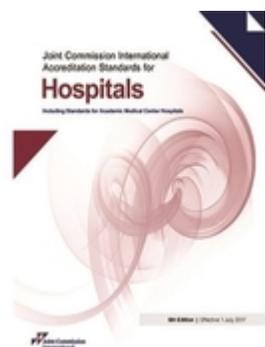


March 2018



6th Edition In-Depth: Point-of-Care Testing

Each month we highlight a section of the new 6th edition hospital standards. This series of articles provides a closer look at areas of concern for JCI-accredited hospitals and any health care organization focused on patient safety and quality improvement.

Standard AOP.5.1.1: A qualified individual is responsible for the oversight and supervision of the point-of-care testing program.

▲ The College of American Pathologists (CAP) defines POCT as “testing that is performed near or at the site of a patient with the result leading to a possible change in the care of the patient.” POCT is usually performed by non-laboratory trained individuals such as nurses, physicians, nursing assistants, and anesthesia assistants, among others. The primary advantage to POCT is the faster turn-around time for results. An additional advantage is that these tests often require less sample volume than tests performed in the laboratory.

The increased availability and use of POCT is being influenced by many factors, such as industry trends to move towards patient-centered care and health care decentralization; the increasing prevalence of infectious diseases, a growing incidence of lifestyle diseases such as diabetes, heart disease, and hypertension; as well as advances in technologies. The use of POCT can increase the efficiency of services and improve outcomes for patients. However, the variability of the testing environment and conditions as well as the competency of staff performing the tests may have an impact on the quality and accuracy of POCT results. To ensure that POCT is performed safely and correctly, hospitals must have a clearly defined and well-structured approach to POCT.

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Joint Commission International Accreditation Standards for Hospitals, 6th edition

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