
LAB – ANCILLARY (POINT OF CARE) TESTING

1. PURPOSE:

To establish the policies, procedures and requirements for performing and maintaining the Ancillary Testing program in compliance with Joint Commission standards, College of American Pathologist (CAP) standards and the Department of Veterans Health Administration Handbook 1106.01

2. POLICY:

All Laboratory testing done by VA personnel outside the main lab at the VA Black Hills Health Care System (VABHHCS) shall be regulated according to the requirements as set up by the Lab Director and Ancillary Testing Coordinator based on accreditation agency regulations and VA regulations. Ancillary testing is defined as any laboratory test performed on any human specimen outside the physical facilities of the clinical laboratory and used as a diagnostic or monitoring procedure. All ancillary test sites must be inspected and accredited by CAP or Joint Commission. Quality management records must be maintained to include records of the personnel proficiency, certification /competency, quality control and quality improvement. Only approved ancillary tests are to be performed. All ancillary tests must be validated against the current laboratory methodology for each test. All ancillary testing procedures must be approved by the Laboratory Medical Director, negotiated by the Chief of Diagnostics Services; and implemented by the site Ancillary Testing Coordinator (ATC).

3. RESPONSIBILITIES:

A. The Medical Lab Director

(1) Approves or disapproves testing sites or tests according to guidelines set up by the Ancillary Testing Committee, with input from the responsible Laboratory Manager.

(2) Ensures CAP and Joint Commission compliance of the Lab Ancillary Testing (Point of Care) Program with the Ancillary Testing Coordinator and Lab manager.

B. Laboratory Manager

(1) Facilitates communication between service lines that perform ancillary testing.

(2) Reports any Ancillary Testing Concerns to the Chief of Diagnostics at the guidance of the Laboratory Manager.

C. Ancillary Testing Coordinator:

(1) Acts as a technical oversight supervisor for all ancillary test sites.

(2) Monitors and keeps records for quality assurance (QA), quality control (QC), equipment maintenance and user training competency evaluations. Implements the ancillary Continuous Quality Improvement (CQI) plan and reports for all sites.

(3) Participates in the evaluation and selection of test methodologies appropriate for clinical use to ensure correlation of test values are within recommended limits. Performs or implements test reporting processes to meet the standards of Veterans Health Information Systems and Technology Architecture (VistA).

(4) Inspects all hospital or community based clinic sites for accreditation compliance.

(5) Serves as a resource person for patients, providers, nurses, chronic disease program coordinator(s) and pharmacy.

D. Nursing Services

(1) Evaluates and assists patients with home glucose testing.

(2) Identifies, analyzes, and resolves problems and refers patients to their providers when indicated.

E. Authorized Testing personnel must show:

(1) Successful completion of training and proficiency testing.

(2) Successful performance of QC and maintenance on the instrument.

(3) The ability to safely identify patients before testing is performed.

(4) Compliance in testing only when order is written by staff provider.

(5) All ancillary test results will be entered, either manually or electronically, into VistA/ Computerized Patient Record System (CPRS) for permanent records.

(6) Evidence that he/she calls all critical results to the attending provider at the time of discovery and documented per policy COS-74.

5. REFERENCES:

A. College of American Pathologists, Commission of Laboratory Accreditation, Checklist for Point of Care Testing, 2016

B. CLSI POCT 12 A3: Point of Care Blood Glucose Testing in Acute and Chronic Care Facilities Approved Guidelines, Second Edition January 2013.

C. CLSI POCT 4 ED3:3016 Essential Tools for Implementation and Management of a Point of Care Testing Program.

D. VHA Handbook 1106.01, Pathology and Laboratory Medicine Services Procedures January 2016.

E. Manufacturer's guidelines.

6. RESCISSION: DIAG-02 March 2013

7. DATE OF COMPLETE REISSUANCE: October 2019

8. FOLLOW-UP RESPONSIBILITY: Laboratory Manager



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