TERMS OF REFERENCE FOR THE POINT-OF-CARE TESTING COMMITTEE

BC Cancer Agency – Vancouver Cancer Centre

1.0 Purpose:

The purpose of the Point-Of-Care Testing (POCT) Committee is to ensure that implementation of both new POCT Programs and operation of existing POCT Programs, meet accreditation standards set by the Diagnostic Accreditation Program (DAP) of British Columbia.

The POCT Committee (Committee) provides support, advises, and reports to the Medical Director of the Department of Pathology and Laboratory Medicine, who holds authority and responsibility for POCT for the institution.

2.0 Definitions

Point-of-Care Testing refers to laboratory testing performed outside the laboratory by non-laboratory personnel. The term includes qualitative and quantitative tests.

3.0 Composition and Operations

A. Membership

The Committee is chaired by the Medical Director of the Department of Pathology and Laboratory Medicine, or designate. Other members of the Committee shall be appointed by the applicable Department or Service Heads. Additional healthcare professionals (specific subject experts from Lower Mainland Lab group) may be included as required.

Full committee membership:

Department of Pathology and Laboratory Medicine:

- Medical Director (1), or designate (Chair)
- Laboratory Operations Manager (1)
- Site Supervisor/POCT Coordinator (1)
- POCT delegate - optional

Clinical Area Designate: Representative covering -

- Ambulatory Care (AMB) and Fairmont Building (1)
- BCCA VCC 5th (ACU) floor Inpatient units and VCC 6th floor (ACCU) (1)
- PET (1)
- Radiation Recovery Suite (1)
- Surgical Day Care (1)
- Sr. Practice Leader, Nurse Reg Ops, Provincial Oncology Nursing (1) – optional
- Nurse Educators – optional

This is a controlled document for BCCA use only. Any printed copies are uncontrolled unless specified. Please refer to Lab QMS.

LIS administrative representative (as required):

- IMIT/LIS (or designate)

B. POCT Quality Site Coordinator "POCT Site Coordinator"

- The POCT Site Coordinator will have a dual reporting responsibility to the Laboratory Medical Director for POCT and the Lab Operations Manager and will be CSMLS Certified.
- The POCT Site Coordinator will implement the POCT QA program by:
    - Ensuring an appropriate level of understanding of quality control and quality assurance relative to the scope of methodology in use at the BC Cancer Site.
    - Ensuring the ongoing compliance for quality control, quality assurance, education and competency of POCT.
    - Working with the Medical Director to ensure timely review and approval of all relevant quality documentation including QC records, training and competency status and any issues requiring tracking or corrective actions.
    - Reporting regular updates to the Lab QIC committee and other quality committees as deemed appropriate by the Medical Director.
- The POCT Site Coordinator will:
    - Assist clinical users with supplies ordering (eg Proficiency testing (PT) and Quality Control (QC) material) and resolving technical difficulties with POCT equipment.
    - Implement validation/verification of new/loaner equipment.
    - Conduct audits on end-users performing point of care testing.
    - Creating/updating documents in LabQMS as appropriate
    - Perform monthly quality reports

C. Meetings

The Committee shall meet biannually at the call of the Chair. Additional meetings may be called to handle urgent issues or POCT requests. A conference room will be reserved for each meeting.

D. Conduct of Business

The minimum representation that is required to form quorum is:

Medical Director or designate
Clinical Area designate
Administrative designate

1) If minimum representation is not met, discussions and decisions may be conducted by email.

2) The goal is to achieve consensus and provide recommendations to the Medical Director, Department of Pathology and Laboratory Medicine.

This is a controlled document for BCCA use only. Any printed copies are uncontrolled unless specified. Please refer to Lab QMS.

3) In the event meeting attendees cannot achieve consensus, the Chair of committee in consultation with BC Cancer Vancouver Centre Regional Quality Committee the will be the final arbiter.

E. Reporting

The Committee reports to the BC Cancer Vancouver Centre Regional Quality Committee (Regional Quality Committee).

Minutes will be taken and distributed to members of the Committee, the Regional Quality Committee, and the Medical Director, Department of Pathology and Laboratory Medicine.

F. Evaluation

The Terms of Reference will be reviewed and updated annually. Changes to the Terms of Reference must be approved by the Medical Director of the Department of Pathology and Laboratory Medicine.

4.0 Scope of responsibilities of POCT Committee and its members

A. Provides recommendations and advice on the POCT Policies and Procedures to the Medical Director of the Department of Pathology and Laboratory Medicine for decision-making and for reporting to Regional Quality Committee.
B. Develops, reviews, and amends POCT Policies and Procedures in the context of "A"
    a. Based on the management review, appropriate changes to POCT policies, processes or procedures are made by the laboratory medical director or designate, the POCT quality manager and the multidisciplinary POCT management group.
C. Endorses and communicates policy, processes, procedures and evaluation of POCT Programs.
D. Provides health-care providers across the institution with a venue to apply for new POCT Programs.
E. Assesses applications for new POCT Programs and makes decisions or recommendations about priority and implementation using criteria contained in the POCT Policies and Procedures.
F. Ensures stakeholders have adequate opportunity to be engaged in the approval of POCT Programs.
G. Coordinates and communicates with key stakeholders regarding the resources required for new POCT Programs.
H. Supports processes to ensure POCT Programs are safe, effective, and efficient, and meet accreditation standards set by the DAP.
I. Stays current in relevant advances and changes in POCT technology, healthcare practices and regulatory standards and applies this knowledge to POCT Policies and Procedures.

This is a controlled document for BCCA use only. Any printed copies are uncontrolled unless specified. Please refer to Lab QMS.

J. Performs ongoing review of the effectiveness of POCT Policies and Procedures and Programs.

This is a controlled document for BCCA use only. Any printed copies are uncontrolled unless specified. Please refer to Lab QMS.