Point of Care Testing Program

The performance of a Point of Care test is virtually always more expensive than a comparable central laboratory test. Any savings usually occur outside the central laboratory at other points across the health care network and are, therefore, often difficult to predict and quantify. For that reason all costs of POC tests to the institution will be the responsibility of the service utilizing the results.


Request for Testing

Complete fields 1-9 of this form. Submit to:
POC Laboratory, MIBH Clinical Laboratory

1. Requesting Site: __________________________ Application Date: _____________

2. Contact Person: _________________ Phone:___________ Fax: _____________

3. Test Requested: _________________________ Manufacturer:__________________
   o Is this a currently FDA approved and available POC test?          Y          N
   o Is this a new Provider Performed Microscopy (PPM) test?        Y          N

4. Type of Specimen:
   o Blood (fingerstick)
   o Blood (venipuncture)
   o Urine
   o Other, specify _______________________________________________________________

5. Reason for Doing this Test:
   o Clinic location does not have a Bassett Healthcare Network Clinical Laboratory.
   o Clinical Laboratory does not offer test.
   o Clinical Laboratory cannot meet needs. Explain :__________________________________
      ____________________________________________________________________________
   o Other, explain: ______________________________________________________________
      ____________________________________________________________________________

6. Test Priority- Please answer the following:
   o Does your clinic/unit care for High Risk Patients?               Y            N
   o Is this test critical for medication adjustment/treatment?          Y          N
   o Will your clinic perform 20 or more tests per week?               Y            N
   o Is this test currently included in the POCT program?               Y          N
   o Estimated number of tests per week of use: ____________________
   o Expected days of use per year: __________
7. Funding:
   o Is a Capital Purchase (> $500) needed to do this test?    Y  N
   o If yes, has capital equipment funds been approved?    Y  N

8. Staffing - Who will be doing the testing:
   o List the type of staff: ____________________________________________________________
   o Determine the number of RN/LPN/MA/MAA/CNA staff: ____________________________________________________________

9. List other proponents who support this request: (Managers/Providers/Administrators)
   ____________________________________________________________
   ____________________________________________________________

LABORATORY USE ONLY:

CLIA Complexity for requested test:      ___Waived         ___Moderate        ___High          ___ PPM

1. Start up costs:
   Cost to acquire NYS Permit, if needed          $________
   Cost of Method Validation and Correlation     $________
   Electronic QC validation, if applicable       $________
   Initial Training and Competency Assessment    $________

2. Cost of doing test at this site:
   Cost per test (cartridge, dipstick)           $________
   Equipment (analyzer or meter), # of devices if >1. $________
   Reagents (Kits, Strips, Maintenance supplies) $________
   Quality Control - Liquid controls             $________
   Electronic QC device                         $________
   Connectivity- drops, data ports, downloader, bar code scanner, interfaces $________
   Device Printer                               $________

3. Maintenance: cost of analyzer/device maintenance, if applicable $________
   Specify who will be responsible for performing maintenance: ____________________________
   Cost of service contract or software support agreements: ____________________________

4. Cost of Proficiency (plus annual registration fee) and/or Competency Testing: __________
   ________________________________________________________________________________

5. Billing Information:
   CPT identified for proposed testing: ____________________________
   Expected Medicare reimbursement per reportable test:______________

6. Cost per test in Clinical Laboratory: _____________________________________________
   POC test/ Clinical lab test cost difference justification: ____________________________
7. Comments: _______________________________________________________________________

________________________________________________________________________________

8. Approval: ______________________ Denial: __________________________

POC Committee Review: __________________________________________________________

________________________________________________________________________________ Date __________

Signatures:

POC Testing Medical Director: ___________________________ Date: ______________

Clinical Director: ___________________________________________ Date: ____________

**Bassett Healthcare Network - Point of Care Testing Program Definitions:**

**Competency Assessment** - The validation of operator adherence to test procedures. Competency assessment may be achieved via direct observation and additionally as least one of the following: analysis of blind samples, check off lists, and/or written knowledge assessments.

**Point-of Care Tests (POCT)** - The analytical patient testing activities provided within the institution but performed outside the physical facilities of the clinical laboratories.

**Proficiency Testing** - Analysis of blind samples performed by randomly selected operators for the purpose of validating test systems. Proficiency testing may be used as a competency assessment element for the selected operators.

**Quality Monitor System (QMS)** - Activities and process intended to provide maximum confidence that the quality of patient care will satisfy stated or implied requirements/needs through specimen integrity and accurate test results.

**Quality Control (QC)** - Analysis of samples with known responses for the purposes of validating the proper performance of the test system.