

# **Task Force on Point-of-Care Testing (TF-PoCT):**

## **Tackling the Current Issues and Planning for Future Ones**

**Adil I. Khan MSc PhD**

# Composition of TF-PoCT

- Rosy Tirimacco (Australia)
- Adil Khan (Canada)
- Jerry Kost (USA)
- Pascal Pernet (France)
- Trevor Allison (Corp Rep/Siemens)
- Deborah Francis (Corp Rep/Abbott)
- Anne Skurup (Corp Rep/Radiometer)

# Composition of TF-PoCT

## List of Corresponding Members, nominated by National Societies

Name	Full Member Society
• Rajiv Erasmus	South African Association of Clinical Biochemistry (SAACB)
• Joan Pearson	Association for Clinical Biochemistry (ACB)
• Diler Aslan	Turkish Biochemical Society (TBS)
• Ellis Jacobs	American Association for Clinical Chemistry (AACC)
• Sverre Sandberg	European Federation of Clinical Chemistry & Laboratory Medicine (EFLM)

## List of Corresponding Members, nominated by Corporate Members

Name	Corporate Member
• Evan Ntrivalas	NOVA BIOMEDICAL
• Giovanni Russi	INSTRUMENTATION LABORATORY
• Charles Howard Delany	ROCHE DIAGNOSTICS

# Creation of TF-PoCT

- In 2012 The PoCT task force was commissioned at the IFCC meeting in Kuala Lumpur, Malaysia to bring together healthcare professionals interested in the safe quality use of PoCT.
- This includes health professionals starting out on their PoCT journey as well as those running PoCT but wanting to ensure they have an appropriate quality framework implemented.

# Achilles' Heel of PoCT

- PoCT is a rapidly expanding field
- Does not require designated laboratory space
  - Makes it an attractive type of laboratory testing
- **SIMPLICITY** is the PoCT's Achilles' Heel
- Usually performed by non-lab staff
- Unaware of the
  - Pre-analytical
  - Analytical
  - Post-analytical

} Factors affecting tests results
- PoC Coordinators help educate and ensure compliance

# Terms of Reference

- To promote quality in the *use, performance, interpretation* and *reporting* of PoCT across the full spectrum of clinical chemistry and laboratory medicine
- To create a forum for high level discussion on a wide range of PoCT related topics
- To provide international leadership for developing the clinical practice of PoCT in Laboratory Medicine

# Current focus areas:

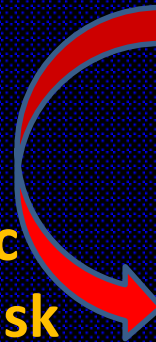
1. Implementing an appropriate PoCT quality framework
2. Dissemination of information on PoCT
3. How much quality testing should be performed for PoCT tests
4. Integrating PoCT into clinical practice

# Addressing the 4 Focus Areas

- To achieve the 4 focus areas we have held two international PoCT satellite meetings
- Both supported by industry



**IFCC Cardiac  
Biomarker Task  
Force**



**Mexican Association of Clinical  
Laboratory Sciences & the  
Federación Nacional de Químicos  
Clínicos (CONAQUIC).**



You are here: [Frontpage](#) » Search Results

## Search Results

### Search Results

Your search for **POCT** matches 174 pages. Showing results 1 to 10

#### Quality Specifications for Glucose **POCT** (WG-GPOCT)

. Sandberg Member SE I. Watson Member UK Terms of Reference To investigate the quality specifications required for glucose **PoCT** meters as glucose testing is used in a wide range of health care settings including: Hospitals - Adult: A&E, medical wards, intensive care

**Cancun**

#### IFCC **PoCT** International Symposium

16 - 17 November 2015 - Cancun, Mexico P R O G R A M M E Monday 16th November Moderators: Rosy Tirimacco & Rosa Sierra-Amor - Welcome/Update on **PoCT** within IFCC Rosy Tirimacco How can **PoCT** assist Cardiovascular Services in Mexico Gustavo F Mendez Machado **PoCT**

#### Thinking of Introducing **PoCT** – Things to Consider

The IFCC Task Force publication "Thinking of Introducing **PoCT** - Things to Consider" reviews the main areas for **PoCT**: organization and management, selection of a suitable analyser, staff training and competency, role of the **PoCT** Coordinator, traceability of measurement

**PoCT Resources**

#### Istanbul IFCC-**POCT** Satellite Meeting Presentations

**Istanbul**

. PHILIP TIDEMAN - **PoCT** Troponin Improving Patient Outcomes in Rural and Remote Settings 13. SVERRE SANDBERG - Should HbA1C measured by **POC** instruments be used for diagnosis of diabetes?

#### Task Force on Point of Care Testing (TF-**POCT**)

. Francis Corp. Rep./Abbott UK 1st 2015 04 - 2017 12 A. Skurup Corp. Rep./Radiometer DK 2nd 2015 01 - 2017 12 Terms of

# Istanbul Meeting - 2014

## Quality

- PoCT progress in Turkey
- Quality Requirements
- Selecting PoCT instruments
- QC – lab vs PoCT (differences)

## Industry presentations

## Clinical

- PoCT Troponin to improve outcomes (rural)
- PoCT during Disasters
- Telehealth Monitoring
- HbA1c
- Impact of Lean processing & bedside testing on ED metrics

### SPONSORS

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biomedical



**SIEMENS**

**ABAXIS**

 **Abbott**  
Point of Care

**RADIOMETER** 

**SEKISUI**

# Cancun, Mexico Meeting -2015

## Quality

- PoCT in Mexico
- Avoiding Pre-analytical errors in Blood Gases
- Lab. Preparation for Ebola
- Principles of QC

## Industry presentations

## Clinical

- Use of PoCT in Cardiovascular Services in Mexico
- Renal Disease
- Troponins – case studies
- Glucose meters in cardiovascular surgery
- PoCT Natriuretic peptides
- Acute Kidney Injury
- Molecular PoCT
- Diabetes



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## Thinking of Introducing PoCT – Things to Consider

Published: Thursday, March 27, 2014

The IFCC Task Force publication "Thinking of Introducing PoCT - Things to Consider" reviews the main areas for PoCT: organization and management, selection of a suitable analyser, staff training and competency, role of the PoCT Coordinator, traceability of measurement, quality testing recommendations, PoCT QC and EQA programmes, pre-analytical error, sample collection, connectivity, and safety and waste disposal. A useful resources section complete the document.

Visit the [POCT Resources](#) page to download the guide.

# Think of Introducing PoCT

- Organization and management
- Selection of a suitable analyser
- Staff training and competency
- Role of the PoCT Coordinator
- Quality testing recommendations
- PoCT QC and EQA programmes
- Pre-analytical error
- Sample collection
- Connectivity
- Safety and waste disposal

# Responded to requests

- The group has responded to requests from countries requesting PoCT support
- Planned PoCT satellite meetings
  - Cancun meeting in response to a Mexican Clinician requesting assistance



## IFCC PoCT International Symposium

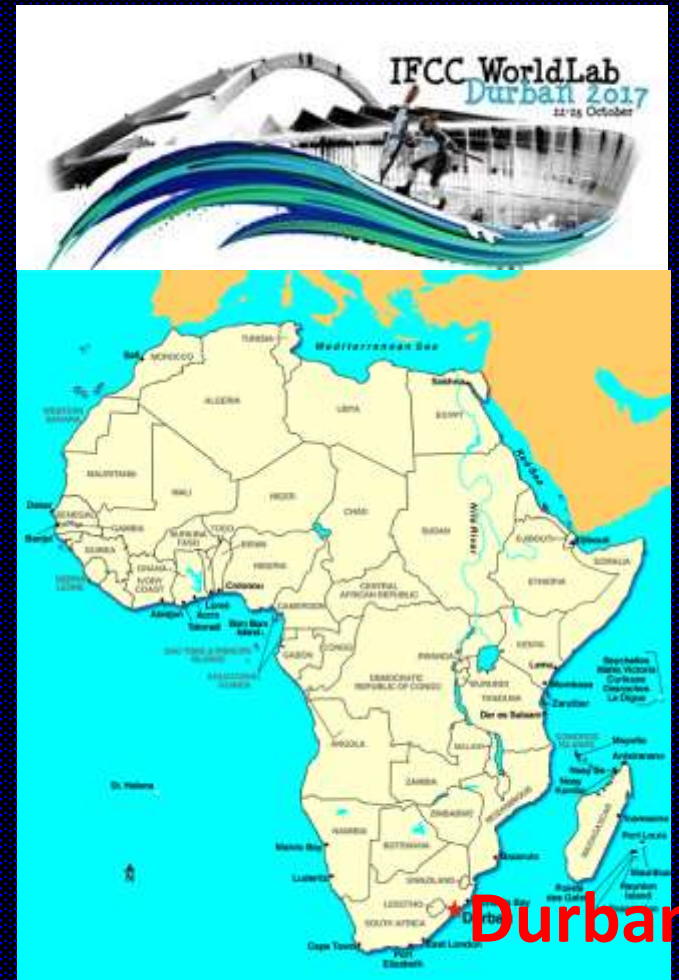
16 - 17 November 2015  
Cancun, Mexico



# Responding to Requests

- A PoCT satellite meeting is planned for IFCC Worldlab 2017 in Durban, South Africa
- It will focus on the needs of the region in particular infectious diseases, which will also be relevant to other IFCC countries

## Worldlab 2017 Durban



Working Group set up by the TF-PoCT



# How should Glucose Meters be Evaluated in Critical Care (WG-GMECC)

<b>Name</b>	<b>Position</b>	<b>Country</b>
C. Bowman	Chair	US
E. Bigot-Corbel	Member	FR
S. Cunningham	Member	IE
E. Guillen Barua	Member	PY
P. Lupp	Member	DE
T. Malati	Member	IN
D. Sacks	Member	US
R. Slingerland	Member	NL
B. Solnica	Member	PL
P. St.Louis	Member	CA
R. White	Member	AU
F. Vanstapel	Member	BE
E. Ntrivalas	Corp. Rep./Nova Biomedical	UK
M. Mulder	Corp. Rep./Roche	DE
D. Bruns	Advisor	
B. Clarke	Advisor	

# How should Glucose Meters be Evaluated in Critical Care (WG-GMECC)

## List of Corresponding Members, nominated by National Societies

Name	Full Member Society
• Daniel Nicolás Bustos	Confederación Unificada Bioquímica de la Republica Argentina (CUBRA)
• Martin Rocliffe	Australasian Association of Clinical Biochemists
• Ivana Barsic	Croatian Society of Medical Biochemistry and & Laboratory Medicine
• Drahomíra Springer	Czech Society of Clinical Biochemistry (CSKB)
• Agnes Ivanov	Estonian Society of Laboratory Medicine
• Netta Schwarz	Israel Society for Clinical Laboratory Science

# Terms of Reference for WG-GMECC

1. Evaluate the clinical practice of using blood glucose meters for critically ill patients.
2. Determine the requirements a glucose meter needs to fulfill in order to be used for critically ill patients.
3. Propose what internal and external quality control systems should be present.
4. Evaluate which, if any, of the present instruments in the market fulfill these criteria.
5. Provide recommendations for training and competency of users in critical care areas.
6. Ensure recommendations align with other stakeholders.

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6. Ensure recommendations align with other stakeholders.

# A sub-group was designated to work on Terms 1 & 2

- Lead by:
  - Dr. Cynthia Bowman (Baystate Health System, USA)
  - Dr. Sean Cunningham (Dublin, Ireland)
- Assisted by:
  - Dr. David Bruns (University of Virginia, USA)
  - Dr. Mitch Scott (Washington University, USA)
  - Dr. Brad Karon (Mayo Medical Labs, USA)
  - Dr. James Nichols (Vanderbilt University, USA)
  - Dr. Bill Clarke (Johns Hopkins University, USA)
  - Dr. Dieter Mesotten (Leuven, Belgium)

# June 2015 IFCC Paris Meeting

- A first draft of the was reviewed during the June IFCC meeting in Paris
- After review the work will be published



# Future Plans

- Over the next 2 years the task force is planning to:
  - Disseminate education on blood gases
  - Establish recommendations on how PoCT troponin should be used
  - Continue education on PoCT quality requirements
  - Produce a special issue on PoCT in a scientific journal based on the satellite meeting in Durban

(eJIFCC has agreed to publish the proceedings from the IFCC WorldLab 2017 Meeting in Durban)

# Future Directions

- The task force would like to know:
  - What you as an IFCC member would like the TF to focus on.
  - What topics would benefit you the most?
- E-mail:
- [adil.khan@temple.edu](mailto:adil.khan@temple.edu)
- [rosy.tirimacco@health.sa.gov.au](mailto:rosy.tirimacco@health.sa.gov.au)



