CORE CONCEPT

# Point-of-Care Testing (POCT) Programme Management Course: Devices, Operators, QC and Connectivity

30 August – 3 September 2027
Amsterdam - Zuidas business district hotel

**Point-of-Care Testing (POCT) Programme Management Course: Devices, Operators, QC and Connectivity**

**Ref:** 1958_29092 **Date:** 30 August – 3 September 2027 **Location:** Amsterdam - Zuidas business district hotel **Fees:** 23500 SAR

## Introduction:

Point-of-care testing POCT programme management, covering devices, operators, QC and connectivity, is a 1-week course for POCT coordinators, laboratory managers and nursing leaders that ends with a POCT Programme Governance Plan for a case organisation. Organisations run glucose meters, blood gas analysers and rapid test cassettes on wards and in clinics where untrained users, skipped controls and unlinked results put patients at risk. Nominees already oversee bedside testing or the staff who perform it, and the course is taught as a case study on device, operator and result data. CoreConcept Training Center delivers this point-of-care testing programme management course.

## Course Objectives:

- Assess the scope, test menu and testing locations of a decentralised testing service against ISO 22870 requirements as carried into ISO 15189
- Establish a POCT committee, policy and testing-site approval process that assigns laboratory, nursing and clinical responsibilities
- Evaluate and select bedside devices using clinical needs, method comparison against the central laboratory and whole-life operating cost
- Run operator training, certification, recertification and device lockout so that only authorised staff release patient results
- Control quality control, external quality assessment and reagent and strip management across glucose, blood gas, coagulation and rapid infectious disease testing
- Govern middleware connectivity, result transfer to the electronic health record and programme audit, and assemble a POCT Programme Governance Plan

## Target Audience:

- POCT coordination staff responsible for device fleets, operator lists and quality records across wards and clinics
- Laboratory management staff accountable for the quality of testing performed outside the central laboratory
- Nursing and ward leadership responsible for the staff who perform bedside glucose, urine and rapid tests
- Emergency, critical care and theatre leads who rely on blood gas and coagulation results for immediate decisions
- Clinical informatics staff who manage device interfaces, middleware and result posting to patient records

## Course Outline:

### Day 1: Point-of-Care Testing Landscape, Risks and Current-State Assessment

- POCT Definition, Test Menu and Testing Locations Map
- Clinical Drivers for Bedside Results and Turnaround Benefits
- Typical POCT Failure Modes From Untrained Users to Lost Results
- Device Fleet Inventory and Operator Population Baseline Survey
- Current-State Gap Assessment Against ISO 22870 POCT Requirements

### Day 2: ISO 22870 Governance, POCT Committee and Programme Policy

- ISO 22870 Requirements Within the ISO 15189 Quality System
- POCT Committee Terms of Reference, Membership and Escalation Routes
- POCT Policy Content for Test Approval and Site Authorisation
- RACI Matrix for Laboratory, Nursing, Pharmacy and Clinical Engineering Roles
- Standard Operating Procedure Set for Each Approved Bedside Test

### Day 3: Device Selection, Operator Competency and Daily Quality Control

- Clinical Needs Assessment Before Requesting a New Bedside Test
- Method Comparison Study Against Central Laboratory Analysers
- Whole-Life Cost Model for Meters, Strips, Cartridges and Service
- Operator Training Curriculum, Certification Quiz and Observed Practice
- Liquid and Electronic QC Schedules With QC Lockout Rules

### Day 4: EQA, Connectivity, Result Governance and Problem Cases

- External Quality Assessment Enrolment and Unsatisfactory Result Follow-Up
- CLSI POCT01 Connectivity Between Devices, Middleware and LIS
- HL7 Result Messages Posting Bedside Values to the Health Record
- Operator Lockout, Shared Password Misuse and Recertification Expiry Cases
- Glucose Meter Interference, Haematocrit Effects and Critical Value Handling

### Day 5: Case Study Building the POCT Programme Governance Plan

- Case Hospital and Clinic Network Device and Operator Data Review
- Case Device Selection Decision Using Method Comparison Results
- Case Middleware Audit of Unlinked and Unauthorised Results
- POCT Audit Schedule and Quality Indicator Dashboard Design
- POCT Programme Governance Plan Completion and Peer Review

## Skills You Will Gain:

- Decentralised Testing Governance
- POCT Committee Facilitation
- Bedside Device Evaluation
- Method Comparison Analysis
- Operator Certification Management
- QC Lockout Configuration
- Middleware Result Reconciliation
- POCT Audit Planning

## Why Attend This Course:

- Present a POCT Programme Governance Plan for a case organisation to the laboratory director, the nursing director and the POCT committee for approval
- Decide which bedside tests to approve, which device to buy and which testing sites to authorise using method comparison and cost evidence
- Prevent results from uncertified operators, skipped controls and readings that never reach the patient record from affecting treatment
- Hand over operator training packs, QC lockout settings and audit checklists to ward link staff and laboratory colleagues

## Conclusion:

Once back at work, the participant gives the POCT Programme Governance Plan to the laboratory director, the nursing director and the POCT committee, who use it to approve the test menu, testing sites, device choices, operator certification rules and connectivity settings. Ward leaders apply its training and lockout rules, while informatics staff apply its result transfer checks. After the first quarterly audit under the plan, the committee should review operator certification rates, QC and EQA performance, unlinked results and device downtime, then revise the plan.

## Frequently Asked Questions FAQ:

### What should participants know before a point-of-care testing programme management course?

Participants should already oversee bedside testing, the devices used or the staff who run them. Bringing an anonymised device list, operator list, QC record or recent EQA report from their own organisation helps them apply the case work to real data.

## How does point-of-care testing programme management differ from a medical laboratory quality course?

It governs testing performed outside the laboratory by non-laboratory staff: committees, device choice, operator certification, lockout and connectivity. Central laboratory courses address specimen reception, analyser runs and result authorisation by laboratory scientists, which this course touches only where bedside results are compared with them.

## Why does point-of-care testing programme management rely on operator lockout?

Lockout stops an uncertified operator, or an operator who has missed required controls, from releasing a patient result. With hundreds of operators across many sites, device-enforced rules are the practical way to keep training and QC requirements in force every shift.

## What do participants take back from the point-of-care testing programme management course?

Participants take back a POCT Programme Governance Plan for a case organisation, with committee terms of reference, a test approval policy, a device evaluation template, an operator certification scheme, QC and lockout settings, a connectivity checklist and an audit schedule.