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to run through a container of strips, or even less on a busy nursing unit. Documenting when a container has been opened understandably is not in the forefront of a nurse’s mind, concerned as he or she is with patient care duties and knowing that the container will be finished in a few days anyway. It is an easy task to forgo. However, if we were to have an inspection in the time an unlabeled strip container was in use, we would be at risk for a citation, jeopardizing POCT at the facility. Furthermore, sloppiness in this seemingly incidental aspect of care could give the inspectors the impression of similar carelessness in other areas. Hence it is an important window into quality assurance for the entire hospital.

When I arrived at TUH 10 years ago, our compliance with glucose strip labeling was poor. POC coordinators (POCC) would verbally remind nurse managers or nurses of the need to improve in this regard, but this was more of a ritual and follow-up was not actively pursued. We employed several approaches to improve compliance. First, we measured noncompliance data so that we could track our progress. We grouped the data by floors according to nurse director and emailed our analysis to them so that each nurse director could see how his or her floor was doing in comparison to peers (See Figure 1). Delivering this information to the nurse directors was vital, since nurse managers report to the directors—not POCCs or anyone in laboratory administration.

To ensure noncompliance was being followed up on, I met regularly with nurse directors. In addition, we circulated to the nurse directors an inspection checklist that included questions that came up in prior inspections (See Box, left). This approach, anchored in our regular interactions and feedback with the nursing leadership, changed compliance over a 10-year period from an average of 37% to 98%. We have successfully employed this model for other POCT, and in all cases close teamwork with the nursing leadership made the difference. Their success is our success and vice versa.

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Analysis of Glucose Meter Strip Labeling Compliance

The 6 West unit had a 93% compliance rate with appropriately labeling the date a glucose meter strip box was opened, its date of expiration, and the nurse initialing these notations.

1, compliant; 0, noncompliant.

Inspection Preparation Checklist

Inspectors will ask nurses about point-of-care tests performed on each floor. Nurses will need to:
1. Perform each test according to procedure.
2. Know the name of the instrument they use for testing.
3. Have read and know:
   • Storage conditions
   • Specimen requirements
   • Temperature (operation and storage)
   • How to interpret results
   • How long strips and controls are valid after opening
   • Timing requirements for results

Questions From Our Last Inspection

• What should happen following a critical high (or critical low) glucose result?
• How do nurses know when a glucose meter quality control has been performed?
• Walk the inspector through the steps in performing a whole blood glucose test with a glucose meter.
• How does a nurse identify a patient?
• How are glucose results charted and critical results followed up on?
• Do patient charts have reference ranges?
• Is a manual available or a knowledgeable person accessible to help troubleshoot the instrument/procedure?
• What do you use to clean glucose meters?