

AACC Critical and Point-of-Care Testing Division Point-of-Care Coordinator of the Year Award

APPLICATION FORM

Name of Nominator: _____
 Position/title: _____
 Institution: _____
 Address: _____
 Phone number : _____ fax number: _____ e-mail address: _____

Name of Nominee: _____
 Position/title: _____
 Institution: _____
 Address: _____
 Phone number : _____ fax number: _____ e-mail address: _____

Institution Information:

Size of Institution: # beds _____ # hospital admissions _____ # ER visits _____

Ancillary Sites: # OP visits per year _____ Number of POCT Licenses _____

POCT Program:

Which of the following Point of Care tests are performed in your facility?
 Give the name of the device, number in use and an estimate of the annual volume of testing.
 Please list by letter code, the type of sites where POCT is performed. Indicate the number of sites of POCT.

- | | |
|---|-------------------------------------|
| A. Hospital Adult Medical Units _____ | E. Affiliated Clinic Settings _____ |
| B. Hospital Pediatric Medical Units _____ | F. Physician Offices _____ |
| C. Hospital/ OP Surgical Units _____ | G. Nursing Homes _____ |
| D. Hospital Intensive Care Units _____ | H. Other _____ |

	Name of Instrument	# Instruments in use	# Sites	Type of sites	Volume/yr
<input type="checkbox"/> Blood Glucose Monitoring	_____	_____	_____	_____	_____
<input type="checkbox"/> Activated Clotting Time	_____	_____	_____	_____	_____
<input type="checkbox"/> Urine Dipstick	_____	_____	_____	_____	_____
<input type="checkbox"/> Coagulation (PT/PTT)	_____	_____	_____	_____	_____
<input type="checkbox"/> Hemocult	_____	_____	_____	_____	_____
<input type="checkbox"/> Gastrocult	_____	_____	_____	_____	_____
<input type="checkbox"/> H. pylori	_____	_____	_____	_____	_____
<input type="checkbox"/> Cardiac Markers	_____	_____	_____	_____	_____
<input type="checkbox"/> Drug Screening	_____	_____	_____	_____	_____
<input type="checkbox"/> Arterial Blood Gases	_____	_____	_____	_____	_____
<input type="checkbox"/> Electrolytes	_____	_____	_____	_____	_____
<input type="checkbox"/> PPM's	_____	_____	_____	_____	_____
<input type="checkbox"/> Others (please list)	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____

CLIA accreditation agency: JCAHO _____ CAP _____ COLA _____ NY State _____

Other accreditation agency: _____

Date of last re-accreditation: _____

For US programs does the POCT Program have a CLIA license separate from the Clinical Laboratory? Yes ___ No ___

For non-US programs is the POCT Program under the control of the Clinical Laboratory? Yes ___ No ___

Total number of testing operators _____ Number of Lab FTE's dedicated to POCT _____

What area is responsible for Operator Training? Lab _____ Nursing _____ Other _____

What area is responsible for annual competency review/evaluation? Lab ____ Nursing ____ Other _____

CV: Please attach a current CV of the nominee that includes education, certifications, job experience, and membership in professional societies. It should also include POCT related publications, presentations, and lectures given, as well as POCT continuing education the nominee has obtained within the past 3 years. Lectures and CE must be submitted in tabular format. DO NOT send copies of programs, CE certificates, or lecture outlines.

Nominee's POCT Responsibilities: As each POCT program is different, so are the responsibilities and duties of those who work in this area. Please check off which duties the nominee is responsible for as it pertains to POCT. List any additional duties at the end of the list.

What percentage of time does the Nominee spend in POCT? (# of hours or % FTE) _____

How many years has the nominee worked in a POCT-related job (any level) ? _____

How many years has the nominee been the primary person responsible for POCT (coordinator)? _____

Number of personnel (or FTE's) does the nominee directly manage? _____

What is the most recent year that the nominee has been responsible for a successful laboratory inspection? _____

Description of POCT Duties: Provide a brief description of your POCT duties and/or list specific POCT duties you are responsible for. Possible duties might include:

Quality Assurance:

- QC program design
- Quality control review & action: daily, weekly, monthly
- Coordinate proficiency testing performance
- Review of proficiency testing results and corrective action documentation

Training and Competency

- Performs operator training/competency
- Oversees training program
- Policy and procedure writing
- Review of policies and procedures

Device Evaluation and selection

- Involved in device/method selection
- Coordination of device selection process
- Instrument validation
- Instrument maintenance/troubleshooting
- Implementation of device on units
- Correlating different instruments at different sites performing the same test.

Computerization/ result reporting/ billing issues

- Performs patient result processing (Reporting/Billing)
- Oversees patient results reporting & billing

General management:

- Member of a POCT Committee within facility
 - Chairperson of POCT committee
 - Other (please list):
 - _____
 - _____
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OPTIONAL: Please include an Organizational Chart, if available, that indicates the nominee's position and line of reporting.
