

# Why are We Tasting Urine Anyway?

Southwest Regional POC Group  
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# Learning Objectives

1. Understand the unique contributions of POCT vs main laboratory testing.
2. Understand the role of POCT in laboratory services.
3. Understand peers' perspectives on the challenges of supervising POCT.
4. Understand peers' perspectives on their needs from POCT medical directors.
5. Understand the challenges of POCT from a medical director's perspective.
6. Understand the unmet potential of POCT.

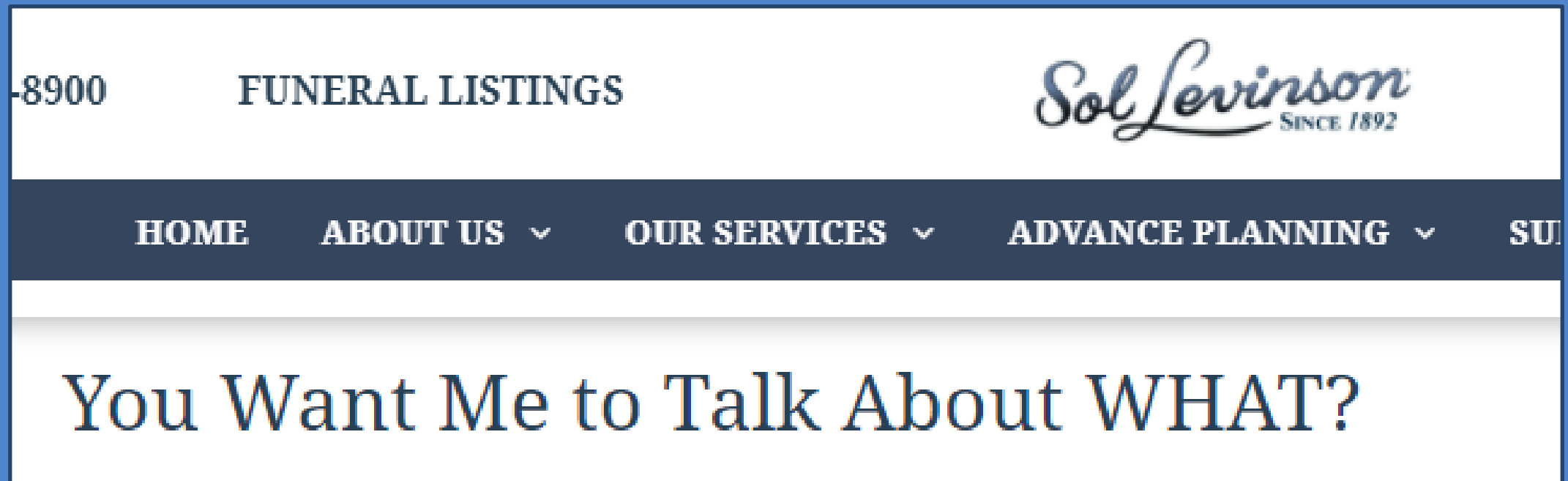


# Roadmap

- “You want me to talk about WHAT?”
- “We will sell no wine before its time.”
- “A real hospital needs a real lab.”
- “The first shall be last, and the last first.”
- “Why do we have to have all these kids?”
- “The greatest gift you can give someone...”
- “To sleep, perchance to dream.”
- “I have a dream!”
- “We’re all in this together.”



# “You want me to talk about WHAT?”





# Charlie Bismark's Request

“Talk about the challenges of being the medical director for POCT or, if that doesn't sound appealing to you, any topic that you would like to talk about for 1 hour.”



“We will sell no wine before its time.”





# Improves with Age





# Justin Timberlake





# Rashida Jones



# Matthew Lewis



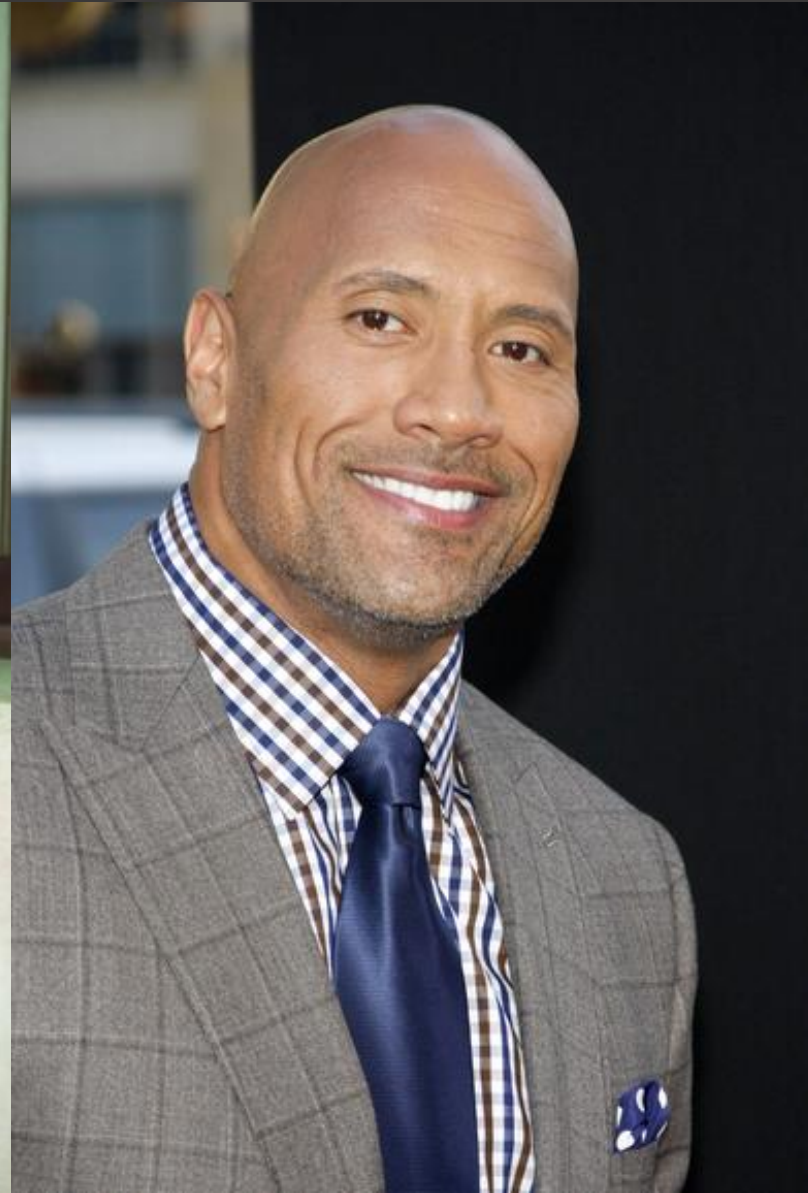


# January Jones





# Dwayne “The Rock” Johnson

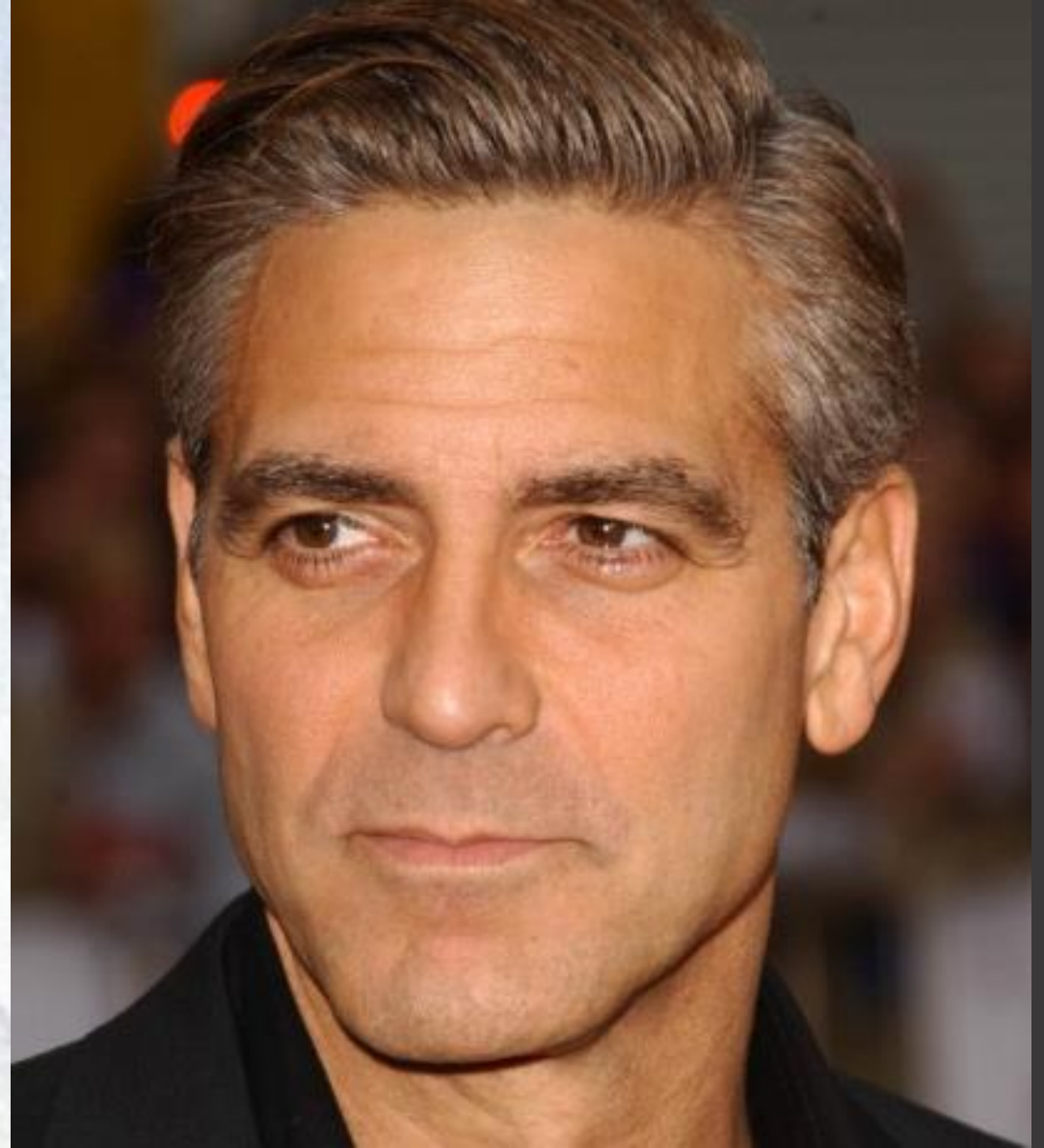


# Taylor Swift





# George Clooney





# Doesn't Improve with Age





# Doesn't Improve with Age



# Point-of-Care Testing

- No intrinsic value of time delay
- Short time to action
- Portability
- Simple logistics
- Small specimen volume





**“The first shall be last, and the last first.”**



# Original Tests

- Point of care!
- Why taste urine?





“A real hospital needs a real lab.”





# What is a “real” lab?

- In-house assays
- Reference tests
- POCT
- (Specimen collection)



# “Enhanced POC Model”

- Downsized main lab to CBC analyzer
- Increased POCT menu in presurgical areas
- Transported morning draws to Central Lab one mile away
- Substantial savings
- Improved service metrics
- Greater satisfaction





“Why do we have to have all these kids?”



# If you could change anything in the POCT universe, what would it be?

- Better POCT devices and assays
- Better software, connectivity, and IT support
- Better regulatory situation
- Better understanding of POCT by laboratory peers and leaders
- Better testing personnel





# Better testing personnel

- POCT performed by clinical laboratory scientists rather than nurses and other clinical personnel
- Greater knowledge among nurses about expected accuracy and concordance of POCT versus main lab tests
- Testing personnel understand WHY they are required to follow certain procedures and processes

*My greatest*  
**WISH**  
is that some day  
...



## Better testing personnel (2)

- Greater understanding between nursing and lab, including understanding that nurses are trying to be intermediaries between patients, physicians, visitors, etc., while providing clinical care and that they rely on the lab for quick, accurate results they can act on

*My greatest*  
**WISH**  
is that some day  
...





# Better understanding of POCT by laboratory peers and leaders

- Lab managers with a positive attitude toward POCT
- Broader understanding of what we do
- Recognition of the time it takes to do POCT supervision well
- Respect for the complexity of POCT work
- More buy-in and assistance from laboratory staff, for example, in helping with troubleshooting, quality control, etc.

*My greatest*  
**WISH**  
is that some day

...



# Better regulatory situation

- CLIA waived status for all POCT devices and assays
- Single competency assessment for multiple CLIA numbers
- QC lockout and user lockout for all POCT devices and assays
- Ability to scan records and keep them in one place
- Regulations specific to POCT and not lumped with general laboratory regulations

*My greatest*  
**WISH**  
is that some day

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# Better regulatory situation (2)

- Not be held responsible for everything the nurses forget to do such as take temperatures, label bottles with open expiration date, etc.

*My greatest*  
**WISH**  
is that some day  
...



# Better software, connectivity, and IT support

- Universal connectivity of POCT devices without IT involvement at each location (at least provide IT training for POCT coordinators)
- Software upgrades for the analyzers and middleware that are quick, easy, less frequent, and truly value added
- Middleware upgrades that don't require downtime, don't tax our overworked IT department, and are no more frequent than semiannual

*My greatest*  
**WISH**  
is that some day

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# Better software, connectivity, and IT support (2)

- Perfect middleware that connects and manages all instruments and competencies automatically with no or very little manipulation
- Remote updates, maintenance, and configuration of POCT device software

*My greatest*  
**WISH**  
is that some day

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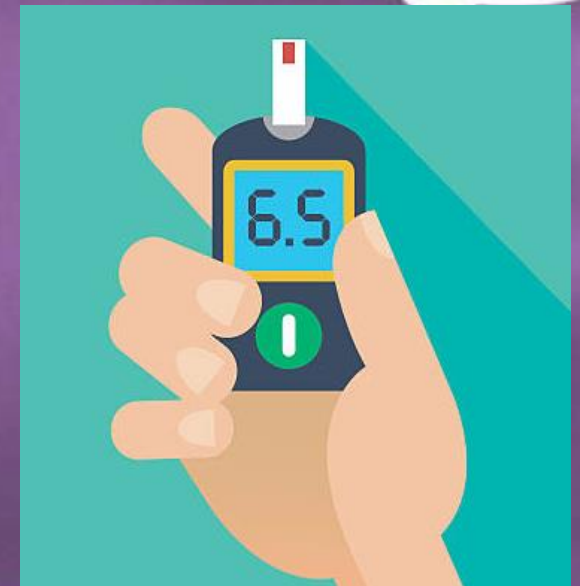


# Better POCT devices and assays

- Multiple POCT platforms for each analyte to create competition, ultimately leading to better instruments and assays
- Better evolution of POCT devices and assays, with up-to-date technology
- Less frequent uploading of value assignment sheets for some POC devices
- More accurate POCT devices and assays

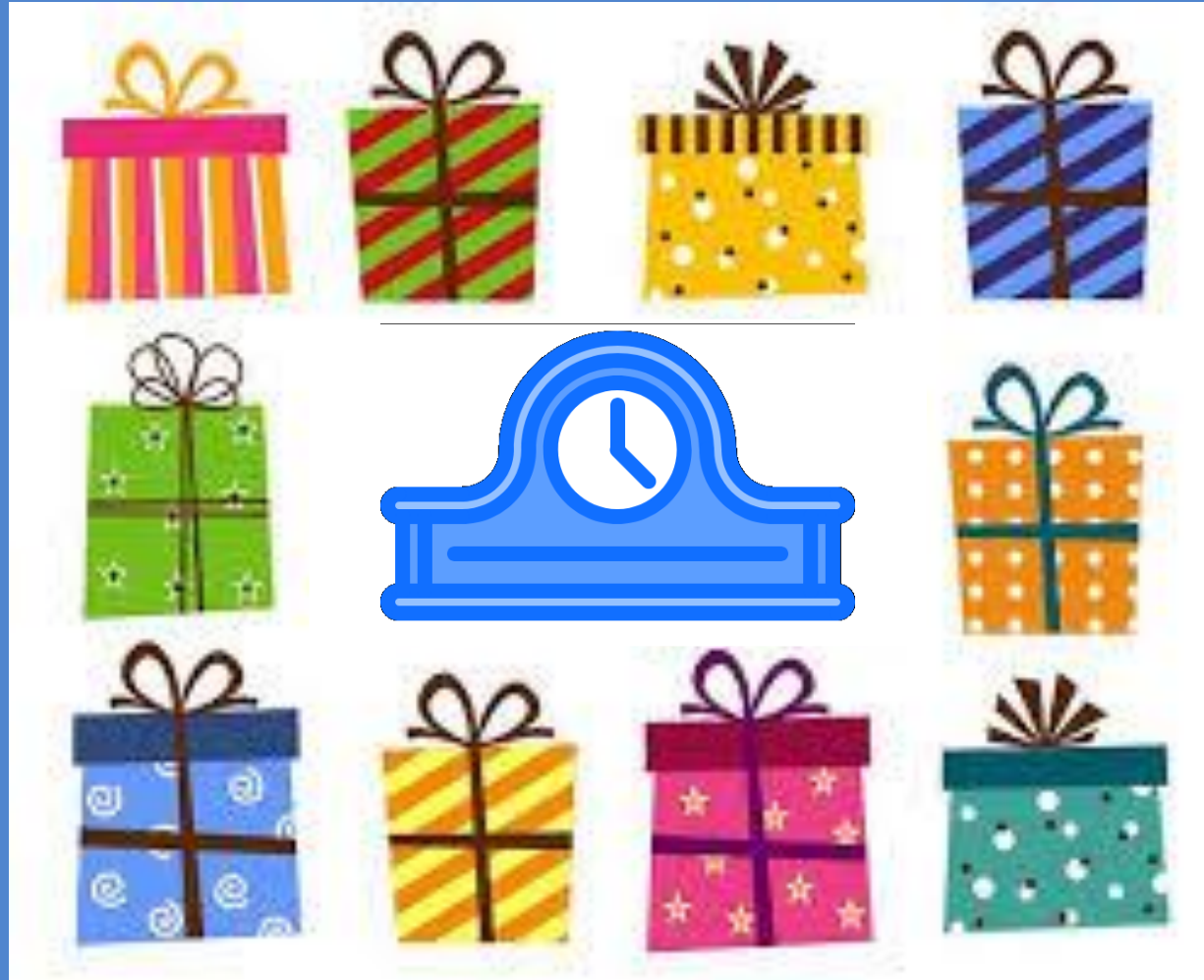
*My greatest*  
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...





“The greatest gift you can give someone...”



# What are five things you want or need from your POCT medical director?

- Time and attention
- Responsiveness
- Provider interactions
- Communication
- Knowledge
- Encouragement, trust, and support



# Time and attention

- Time
- TIME
- Access/time
- Regular meetings to discuss things to be signed, problems that arose, upcoming projects, etc.
- Be reachable and approachable
- Interest in the program
- Be more actively involved





# Responsiveness

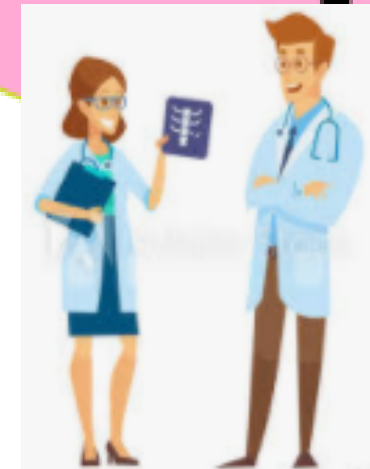
- Quick TAT of signed documents
- Answer questions in a timely manner
- Sign and return documents in a timely manner
- Clear, timely, and specific feedback when things aren't going well
- Support regarding deficiencies: I send him an email concerning deficiencies but he then turns it over to the office manager to handle



# Provider interactions

- Be actively involved in getting providers to be compliant
- Be the link between lab and medical staff
- Willingness to meet with managers, administrators, or physicians for compliance issues or personnel issues
- Have our backs when there is an angry provider complaining about an issue
- More support for determining whether new POCT is actually beneficial and cost effective or just a convenience

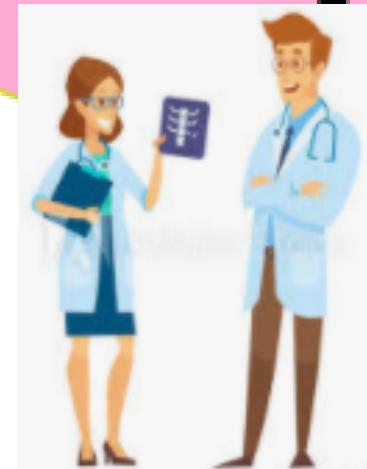
I  
need  
help



## Provider interactions (2)

- Hold deficient departments accountable
- Say no to “crazy” or inappropriate POC requests
- Not a pushover; able to tell physicians or departments no when they want new testing that isn’t necessary
- Really weigh if a point of care test is necessary at a certain department or clinic and defend his/her decision to hospital leadership and providers (and not just give in to providers’ wants)

I  
need  
help





# Communication

- Communication, communication, communication
- Inform providers of changes in testing or other pertinent information
- Keep POCT coordinators in the loop about hospital scuttlebutt about POCT
- Consult with me before promising POCT
- Communication of all lab/hospital issues that arise
- An annual “State of POCT” meeting would be helpful



# Knowledge

- An understanding on how POCT is different from main laboratory testing
- At least basic understanding of various platforms, limitations, and uses of POC
- Medical knowledge to help with troubleshooting and with equipment choices
- Understanding of the current and changing regulations and how they can apply and/or be worked around
- Know when they don't know the answer, but know how to find the answer



# Encouragement, trust, support

- Give encouragement - it is always nice to know that you are appreciated directly
- Great working relationship
- Sounding board
- Trust that I know what I'm doing
- Have my back on the hospital side and the laboratory side
- Help other department directors know what POCT needs from their teams
- Give recognition such as “A freaking great job well done” and some chocolate





“To sleep, perchance to dream.”



# What keeps me up at night?

- Ongoing qualification as lab director is contingent on work of others
- Not knowing what I don't know about what's going on
- Being responsible for decisions about POCT
- Having inadequate time for POCT
- Inadequate hospital and laboratory support for POCT



# Lab director qualification is contingent on others

- CLIA compliance
- CAP accreditation
- Proficiency testing, especially interlaboratory communication





# Not knowing what I don't know about what's going on

- Things are not always as they appear
- Unauthorized POCT
- Vendors who bypass lab and pitch POCT directly to providers
- Unfinished supervisory work



# Not knowing what I don't know about what's going on (2)



# Being responsible for decision about POCT

- Determining whether POCT is valuable or superfluous in a particular setting
- Difficulty documenting value of POCT





# Inadequate time for POCT

- Bottleneck in POCT QA
- Bottleneck in POCT projects
- Difficulty staying abreast of new developments in POCT
- Inadequate support for POCT coordinators



# Inadequate institutional support for POCT

- Hospital
- Laboratory
- Insufficient number of POCT coordinators
- Inadequate IT prioritization
- Increasing demand
- Increasing complexity



# “I have a dream!”





# Unfulfilled potential of POCT

- Lab testing is the best value in healthcare
- Could be even more valuable if it were more immediate
- POCT could be so much better
  - Better menu
  - Better instruments & assays
  - Better connectivity
  - Better integration
- Compared to what POCT could be, we are still testing by tasting urine, figuratively speaking



# Bringing on the dream

- Continuing thinking about what you need today and in the future
- Tell manufacturers what you need and how they can help
- If you are entrepreneurial-minded, consider how you can contribute to the advancement of POCT
- If you have input into selection of POCT instruments, assays, and systems, advocate for those that are better



# “We’re all in this together.”





# We're all in this together

- POCT is important
- POCT involves a lot of people
- Everyone involved in POCT is important
- POCT coordinators/supervisors are the glue that holds all the pieces together
- Medical directors have a role
- Understanding each other's needs helps us be more effective



# Recap

- “You want me to talk about WHAT?”
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