

Managing point-of-care COVID-19 testing quality through accreditation

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Background and overview of the accreditation programme

The Diagnostic Accreditation Program (DAP), a program of the College of Physicians and Surgeons of British Columbia (BC), has the mandate and authority, derived from the College Bylaws, under the Health Professions Act, that every diagnostic facility must be accredited before it can render a diagnostic service. This includes both public and private facilities regardless of the source of funding (public or private pay).

The DAP includes programmes for accreditation of diagnostic imaging, pulmonary function, polysomnography, neurodiagnostic and laboratory medicine, including point-of-care testing (POCT).



WHO / Natalie Naccache. Source: WHO Photo Library

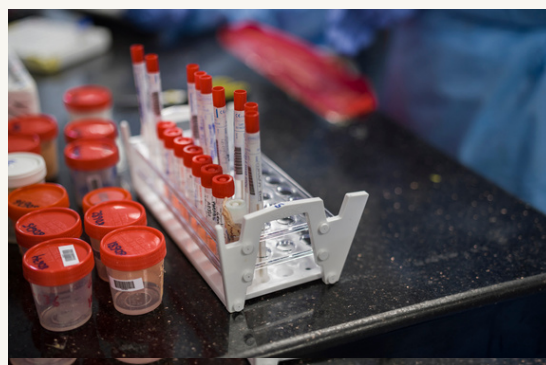
How was accreditation used to improve the quality of health services?

In June 2020, BC's Provincial Health Officer (PHO) issued a public health order stating that any site, laboratory or company charging for symptomatic or asymptomatic POCT COVID-19 testing was required to receive full independent accreditation through the DAP. The public health order ensured that all COVID-19 testing facilities, whether public or private, were compliant with DAP Laboratory Medicine Accreditation Standards before patient collection and testing could begin, thereby supporting the mandatory reporting of COVID-19 results to the Public Health Office.

The DAP Laboratory Medicine Accreditation Standards are set by the College of the Physicians and Surgeons of British Columbia Diagnostic Accreditation Program. They are evidence-based, outcome-focused mandatory requirements and best practices that are aligned with the principles of quality of care. The accreditation standards are developed through a collaborative, consultative and consensus-building process involving health professionals and organizations, academics, experts, consumers, health authorities, colleges and the Ministry of Health*. The standards are available [here](#).

Throughout the pandemic, the DAP supported the accreditation of 144 facilities, of which 95 were accredited for POCT. Although resource intensive, this mandate provided the DAP with a unique opportunity to collect information on the development of POCT programmes. Unlike public laboratories, which rely on guidance from laboratory teams to support the development of essential quality assurance programmes, the COVID-19 POCT facilities were developed independently by clinicians, without oversight or guidance from laboratory professionals.

During the period from 1 December 2020, and 31 December 2022, when 144 initial assessments were conducted, the DAP identified 4684 nonconformances. An evaluation of the trends in the data highlighted recurring themes across the facilities. These themes reflect the known challenges with POCT and the operation of programmes by non-laboratory professionals. Due to a lack of awareness among the facilities with which the DAP interacted, a significant number of nonconformances were identified to be associated with method verification, reagent management, quality control management, proficiency testing management, report management, document management, and staff training.



WHO / Blink Media - Nana Kofi Acquah
Source: WHO Photo Library

Public facilities had their accreditation fees covered by the government. Private facilities (both publicly and privately funded) must pay their own accreditation fees.

**Diagnostic Accreditation Program - Accreditation standards for initial assessment: Laboratory Medicine. 2023 - Diagnostic Accreditation Program and the College of Physicians and Surgeons of British Columbia – Vancouver, Canada*

What were the results of this activity?

By providing education and guidance through accreditation activities, the DAP was able to support the standardization of care and implementation of processes that align with best practice in a significant number of facilities that would not otherwise have done so due to lack of awareness and desire.

What were the key challenges involved?

How were these challenges overcome?

The key challenges associated with this initiative are primarily related to awareness. The DAP encountered a large number of facilities that were not aware of laboratory medicine best practices and had no other means to support a clear understanding of what was expected of them for delivering a safe, high-quality point of care COVID-19 testing. Through the execution of educational activities, provision of guidance documents and conduction of pre-assessment activities, onsite assessment and post assessment activities, the DAP was able to assist facilities in gaining a better understanding of what the best practices are, and more importantly, in developing systems to ensure compliance with the best practices.



WHO / Blink Media - Gilliane Soupe. Source: WHO Photo Library

Key learning points



EDUCATIONAL MATERIAL IS ESSENTIAL TO SUPPORT AWARENESS OF THE INTENT OF THE STANDARDS AND HOW TO DEMONSTRATE COMPLIANCE.

CONSISTENCY BETWEEN ASSESSORS AND ACROSS ASSESSMENT ACTIVITIES IS IMPORTANT TO FOSTER CLEAR UNDERSTANDING OF WHAT IS EXPECTED OF FACILITIES.



CLEAR COMMUNICATION OF ACCREDITATION EXPECTATIONS AND CONSEQUENCES TO SUPPORT FACILITY UNDERSTANDING AND COMPLIANCE WITH THE PROCESS.

Related links:

<https://www.cpsbc.ca/accredited-facilities/dap/laboratory-medicine/covid-facilities-accreditation>