

100% Connectivity in Point of Care Testing is Achievable

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Disclaimer

- * Duke Health Point of Care Testing Program uses the Alere RALS® Web3 interface. Disclosed because several screen captures are included in the presentation. Not intended as a commercial endorsement.
- * Former member of the Alere RALS® Advisory Board (2013 to 2015).

Beginning your journey.... ask yourself?

- * What are your connectivity goals?
- * What is your current state?
- * What is your 5-year growth plan?
- * What is your 10-year growth plan?
- * What Health Information System are you using?
- * What Laboratory Information System are you using?

What are your connectivity goals?

- * Operator/End User management?
- * Flow of patient's results from the instrument to the patient's Electric Medical Record (EMR)?
- * Quality Management? (QC review, reports, etc.)
- * Improved documentation of Compliance?
- * Instrument management?
- * Interface all instruments?
- * What about Manual Test results?

What is your current state?

- * What is your current state?
 - * What types of instruments do you have?
 - * How many of each?
 - * What are your connectivity options ?
 - * Ports
 - * Computers
 - * Wireless
 - * How many locations?
 - * How many operators/end users?
 - * Do you want to report your manual testing results?
 - * Are there connectivity solutions limitations with any of instruments?

What are your growth expectations?

- * Are you expecting to add new locations?
- * Are you expecting to add multiple facilities?
- * Additional instrument options?
- * Change instruments?
- * Adding non-waived testing?
- * POCT Staffing?

Information solutions

- * Are there any limitations connecting to your Laboratory (LIS) or Hospital Information Systems (HIS)?
- * Are there limitations with the POCT middleware connecting to your current instruments or LIS/HIS systems?
- * Can operator/end users competency information be pulled from your current employee training system?

Research the Options:

See what middleware solutions are out there. This field is constantly changing.

- * What options do each have to meet your goals?
- * Do you want a very flexible or rigid system?
- * How robust of a system do you need?
- * Cost
 - * What is the upfront cost?
 - * What is the cost to maintain?
 - * What is the cost to add modules or instruments?
- * What type of support does the vendor offer?
- * Do they customize or one size fits all?

Manual Test Results

- * Some glucose meters offer the option of entering these results.
- * Some middleware solutions offer modules to enter your results.

Both options have good and bad points. You need to decide which is the best option for your program/hospital. Could be a combination of both.

Gather Key Players

You will need support and “buy in” from key players. This is a journey and will take several different groups to make it a smooth process. Invite or include individual or a representatives from:

- Laboratory Medical Director
- POCT Director
- POCT Lead
- LIS and HIS
- Finance
- Procurement
- Compliance

Narrow your options...

Visit like institutions using your top two choices.

- * How long have they had the system?
- * How do they use the system?
- * Does it meet their needs?
- * Ask what they like about the system and what they don't?
- * What would they change about the system?
- * How often does the system go down?

Preplan before you build...

Once your system is built, you might not be able to easily change it. Build for the future.....

- Floor vs unit?
- Do your instruments move between units? Assign to general location or units?
- Do your Operators float to different units? Assign to general location or unit?
- Do you want to name your instruments or use serial numbers?
- Manage Operator/End User competency in the system or outside the system?
- Make sure each location/unit has the required ports or wireless access and electrical outlets needed. If not who will pay for it?

Test Environment

- * Build your Test Environment to match exactly what you want your Live environment to look like.
- * Look at:
 - Result ranges
 - Evaluation criteria
 - Comments
 - Reagent lock out
 - Operator lock out
 - QC lock out
- * Run tests on every instrument type to test: result ranges, comments, settings, evaluation criteria, location vs meter assignment, patient's not at that location at the test date/time, patient IDs when not valid.

Now try to beat the system.

Go Live

Rome wasn't built in a day, start small.

- * Pick one instrument/test and a few locations to bring up.
- * Once you determine everything is working as it should, things are stable, and you are comfortable add more locations.
- * Then add other testing/instruments.

As you add tests/instruments you will know your system and may be comfortable adding all of those remaining at once. You set the pace...

Advantages to POCT Connectivity

- Entire Care Team has rapid and ready access to POC results via the Electronic Medical Record to make informed care decisions.
- Automated billing.
- Facilitates maintenance of Operator database and certifications/competency.
- Allows central control/oversight of QC, device maintenance/configuration/upgrades, troubleshooting device and interface errors.
- Enhances productivity of the POC Staff.

Challenges to Achieving POCT Connectivity

- * Institution Must Implement Electronic Medical Record (EMR)
- * Required Capital Investment in POC Connectivity Middleware and Support
- * Development of Business Associates and Data Security Agreements between Institution and Vendor
- * Available Institutional IT Resource(s) and Coordination Among POC Staff, Institutional and Vendor IT Resources to Develop a Plan, Maintain Momentum and Reach Project Milestones on Schedule (Assigned Project Manager)

Lessons Learned

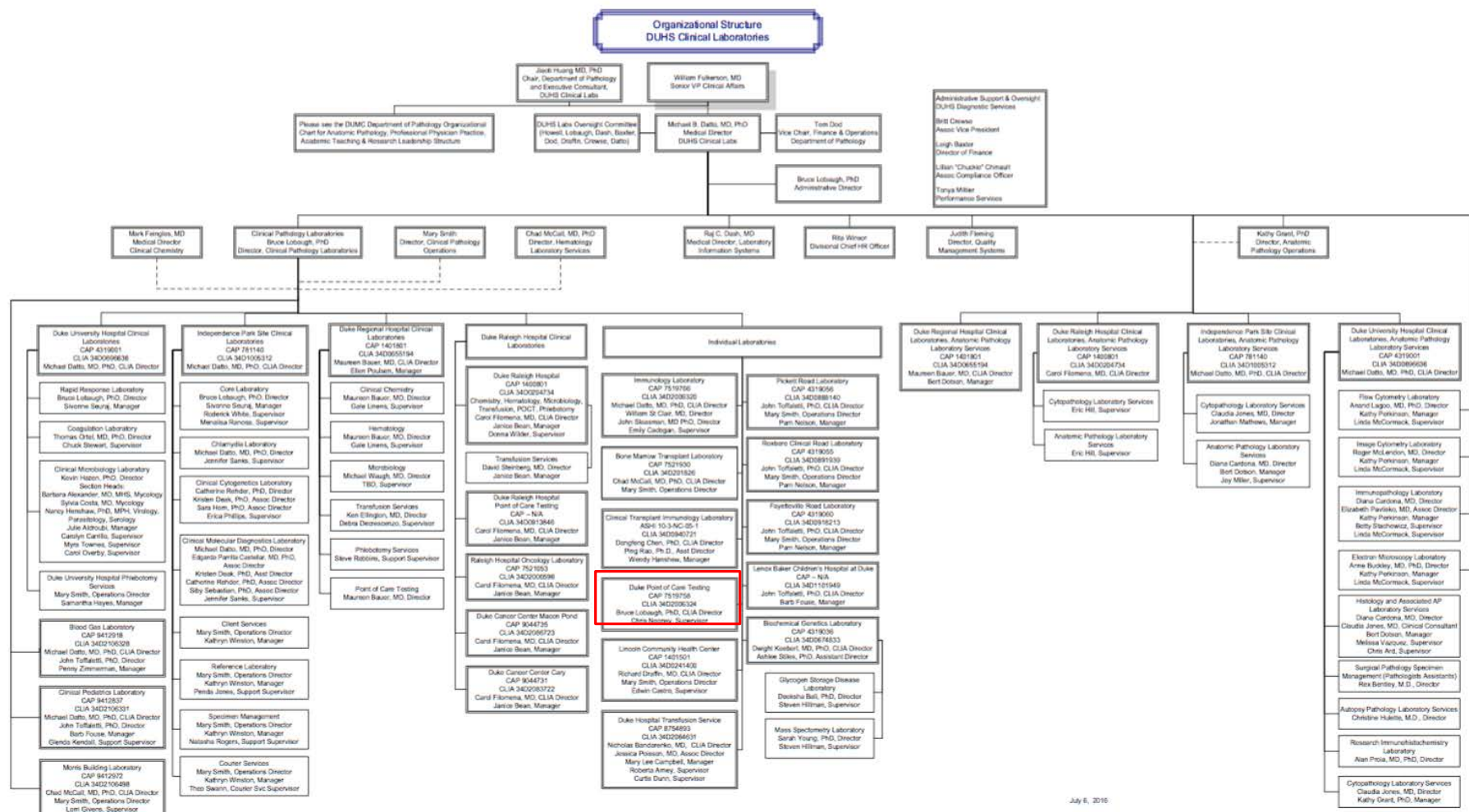
- * *“There will be bumps in the road.”*
- * *“You can’t prepare for everything.”*
- * *“This is a journey, not a race.”*
- * *“Celebrate your victories.”*
- * *“No single middleware solution will be perfect, select based on your priorities.”*

Vendors

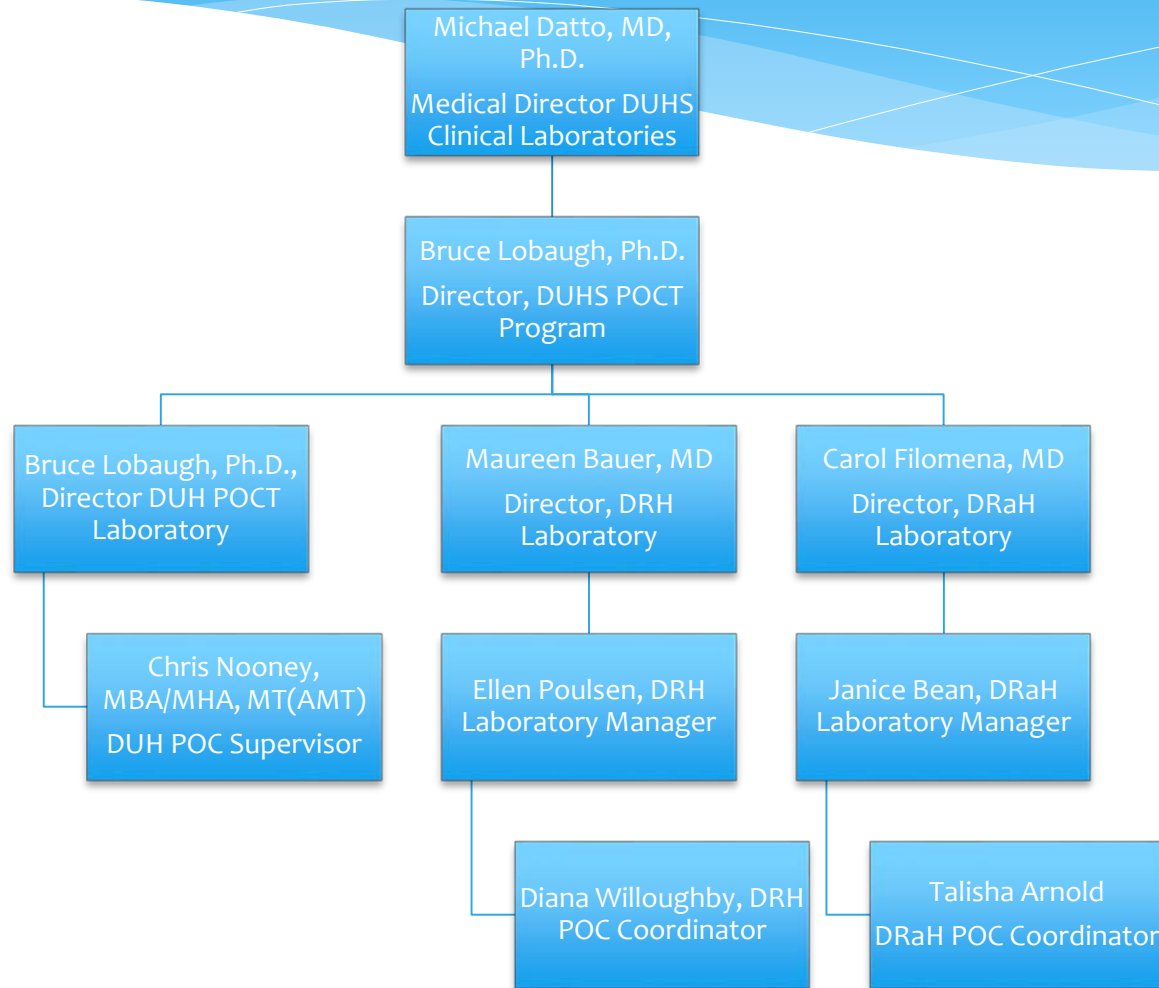
- * Must haves:
 - * Compatibility with all middleware programs.
 - * Bi-directional connectivity.
 - * Operator lockout controlled at the middleware.
 - * Reagent lockout controlled at the middleware.
 - * Quality Control lockout.
- * If special software needed, should be compatible with all middleware programs. (Sit quietly in the background).

Duke Health's Journey to 100% Connectivity

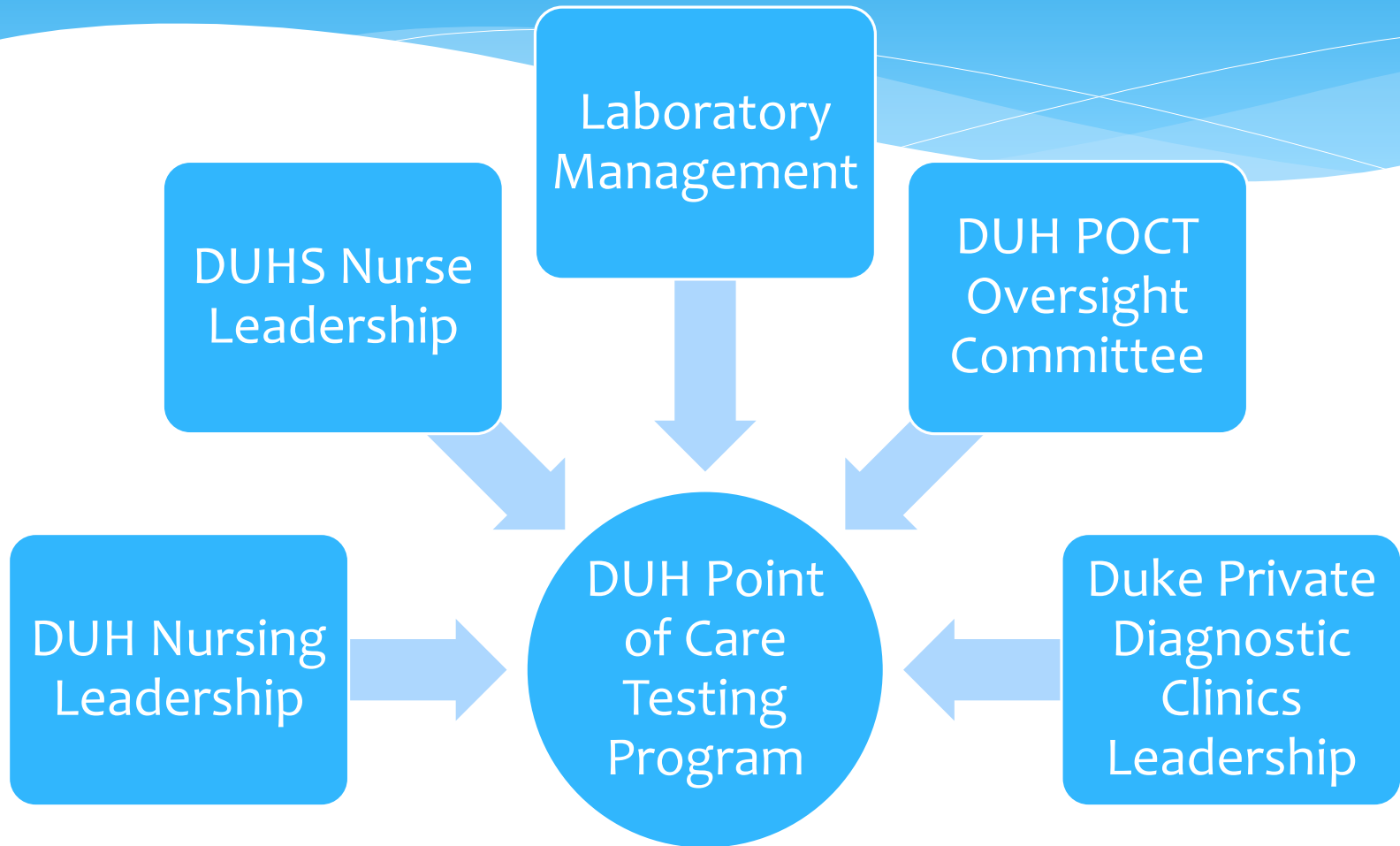
DUHS Clinical Laboratories Organization



DUHS Point of Care Testing Program



DUH Point of Care Testing Program





Flash back to August 1999

DUH POC Testing Program had Oversight At:

- * Duke University Hospital (DUH)
- * Duke Clinics (Hospital-based Clinics)
- * Duke Children's Hospital
- * Duke Private Diagnostic Clinics (PDC)

Our connectivity solution: downloading glucose meters only to a computer in the laboratory. Only glucose results reporting to EMR.

No more “sneaker net”..

*Total of 50 locations (10 of which were offsite) and 102 instruments
mostly glucose meters and 6 orderable tests*

2- FTEs, 1- 0.7 and 1-0.5



June 2004

DUH POC Testing Program had Oversight at:

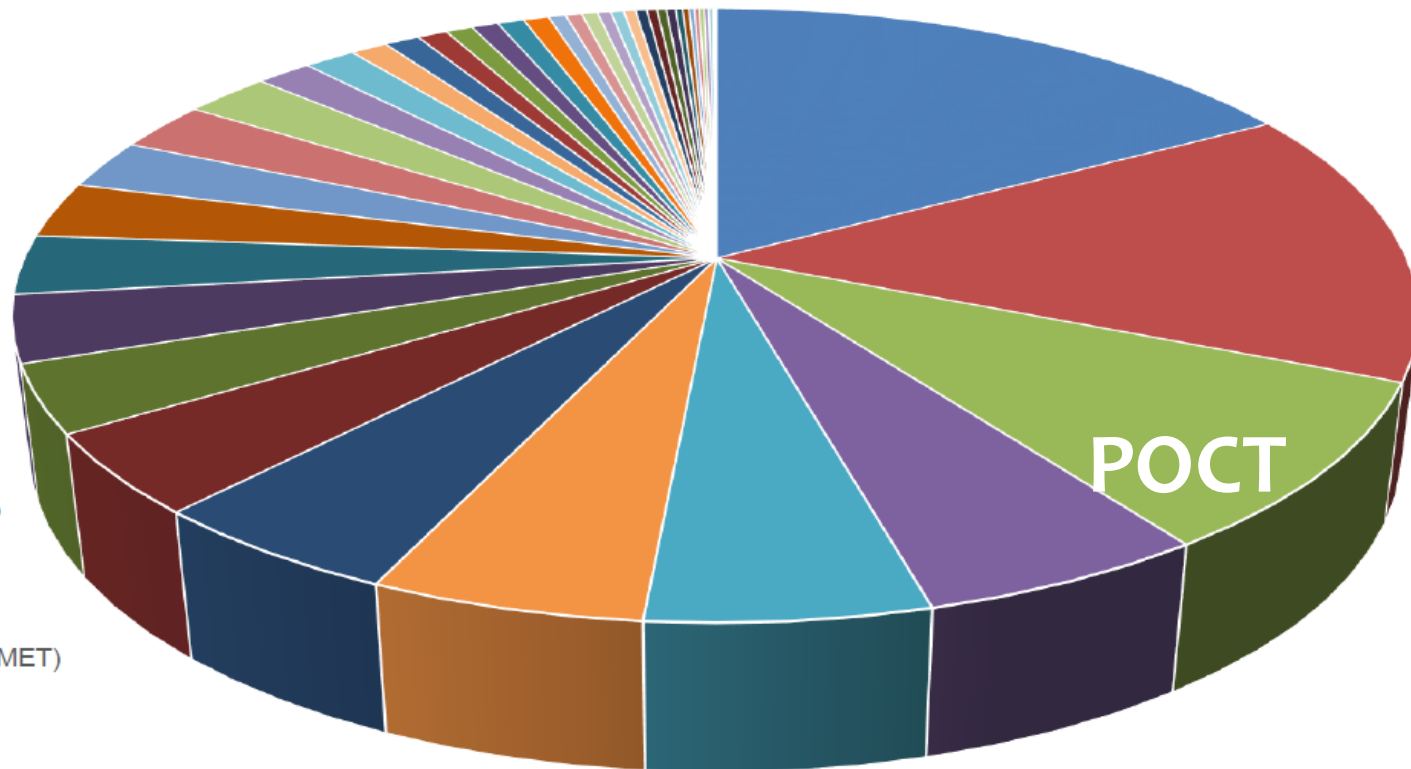
- * Duke University Hospital (DUH)
- * Duke Clinics (Hospital-based Clinics)
- * Duke Children's Hospital
- * Duke Private Diagnostic Clinics (PDC)

Two Instrument types connected and reporting to EMR. Point of Care Testing middleware was now loaded on a server located with the Laboratory Information System (LIS).

*Total of 91 locations (23 of which were offsite) and 137 instruments mostly glucose meters and 6 orderable tests
3 FTEs and 1-0.5*

FY2016 DUH POCT Had the 3rd highest test volume for DUHS Clinical Labs

- Franklin - Core Laboratory
- DUH - Rapid Response Lab
- DUH - Point of Care Testing
- DRH - Chemistry
- DRaH - Laboratory
- DUH - Microbiology
- DUH - Clinical Pediatric
- DUH - Blood Gas Lab
- DUH - Clinical Immunology
- DUH - Coagulation
- DUH - Central Lab Support Services
- Franklin - External Ref Lab
- DUH - Duke Outpatient Clinical Lab
- DRH - Point of Care Testing
- DUH - Duke Outpatient Phlebotomy
- Franklin Surgical Pathology
- DRaH Point of Care Testing
- Flow Cytometry Lab
- DRH - Lab Support
- Immunopathology Lab
- DUH - BMT Clinical Lab
- DUH - Chlamydia Lab
- DRH Blood Bank
- DRH - Microbiology
- DRaH Blood Bank
- DUH - Pediatric Central Collection
- Franklin Cytology
- DRH - Lincoln
- Franklin - Molecular Diagnostics Lab
- DUH - CTIL Laboratory
- DRaH Phlebotomy
- DRaH - Pathology
- Franklin - Cytogenetics
- DRAH DCI Macon Pond - Labs
- Biochemical Genetics Laboratory (PMET)
- DRaH External Reference
- DUH - Picket Rd Clinical Lab
- Image Cytometry Lab
- DUH - Roxboro Rd Clinical Lab
- DUH - Fayetteville Rd Clinical Lab
- DRAH DCI Cary - Labs
- DRaH Cytology Laboratory
- DRH External Reference
- DRH Surgical Pathology
- DUH - Em Lab
- DUH - Pickens Family Med Lab





March 2016

DUH POC Testing Program had Oversight at:

- * Duke University Hospital (DUH)
- * Duke Cancer Center
- * Duke Clinics (Hospital-based Clinics)
- * Duke Children's Hospital and Health Center
- * Duke Medicine Pavilion
- * Duke Private Diagnostic Clinics (PDC)
- * Home Care & Hospice

All Instrument types connected and reporting to EMR. Just starting the process of interfacing the manual test through the meters and middleware module.

*Total of 150 locations (40 of which were offsite), spanning 4 counties
19 different orderable tests and 485 instruments.*

4 FTEs



DUH POCT Program Today

Oversight for POC Testing at:

- * Duke University Hospital (DUH)
- * Duke Cancer Center
- * Duke Clinics (Hospital-based Clinics)
- * Duke Children's Hospital and Health Center
- * Duke Medicine Pavilion
- * Duke Private Diagnostic Clinics (PDC & CPDC)
- * Home Care & Hospice

All Instrument types connected, all manual testing entered through either glucose meter or middleware module and reporting to EMR.



DUH POCT Program Today (contd.)

- * 179 locations (65 offsite locations) spanning 5 counties
- * Currently supporting 29 different orderable tests
 - * Moderately Complex testing
 - * Waived testing
- * Responsible for 629 instruments (10 separate devices)
- * >8,000 certified operators
- * 610,546 Units of service as of 3rd Quarter FY2017; 0.01 Worked Hour/Unit of Service (WHUOS)
- * Utilize manual test entry through Nova glucose meter and RALS ® MTE module
- * Accredited by:
 - * DUH hospital-based locations : College of American Pathologists (CAP)
 - * PDC's/CPDC's: Joint Commission (TJC)

Test	DUHS	UNC	Mayo	Hopkins	MGH	UPMC
WB Glucose	Nova StatStrip	X	X	X	X	X
Dipstick Urinalysis	Clinitek Status/ Bayer Multistick 10	X	X	X	X	X
Fecal Occult Blood/Gastric Occult Blood	Hemoccult/Hemaprompt/Gastrocullt	X		X	X	X
pH/Nitrazine	Paper	X	X	X		X
Urine hCG	Quidel One Step	X	X	X	X	X
BMP	Abbott i-Stat					
Blood Gases/Co-Oximetry	Abbott i-Stat/GEM/AVOXimeter	X	X		X	
Lactate	Abbott i-Stat/GEM	X			X	
Electrolytes	Abbott i-Stat		X			
Ionized Calcium	Abbott i-Stat/GEM	X				
Creatinine	Abbott i-Stat	X		X	X	X
Glycohemoglobin A1c	Siemens Vantage	X		X	X	X
Activated Clotting Time	Hemochron / Abbott i-Stat	X		X	X	
PT/INR	Roche CoaguChek	X	X	X	X	
Urine Specific Gravity	Refractometer					
H pyori	CLOtest	X				
Rapid Strep	Binax Now	X		X	X	
Hemoglobin	HemoCue	X	X	X	X	X
PPM	Fern Test, Wet Prep, KOH Prep	X				
Cholesterol, HDL	Cholestech		X			X
HIV 1/2	OraQuick	X		X	X	X
Tear Fluid Osmolarity	TearLab			X		
Rapid Flu	Alerei				X	
Breath Alcohol			X			
Heparin Assay			X			
Mononucleosis	Henry Schein's One Step Mono Pro +		X			

DUH POCT Achieves Full Connectivity to Maestro EHR via Alere RALS® Web3 - September 2015

Alere RALS System Duke University Hospital - NOONEY CHRIS Settings Help Logout

Status Results Devices Consumables Operators Locations Tasks Administration www.RALS.com

Summary Download Points Service Viewers

In the last: 24 Hours Device Type: All Devices Institution: All Institutions Apply

Applications

- MIG
- Evaluator
- i-STAT Interface
- LIS Interface
- ADT Interface
- Operator Recertification

DB Copy History

Start: 03:00:00

All Devices

- Nova StatStrip® GLU
- Clinitek Status
- i-STAT® 1
- Roche Coagulation
- DCA Vantage
- HemoCue Hb 201 DM
- Signature Elite
- AVOX 1000E
- Urine Refractometer
- Pregnancy
- Fecal Occult
- Gastric Occult
- Rapid Strep
- pH Hydriion
- pH Nitrazine
- Rapid Urease
- Visual UA
- Mono
- GEM Premier 4000
- GEM Premier 3000

06/20/2017, 08:13:02

Completed 06/20/2017

Patient Results

Evaluate	62
Failed	45
Upload Pending	11
Upload Completed	3343
Do Not Upload	66

Devices

Downloaded	709
Not Downloaded	134

Alere RALS® System Version 5.12 Build 23.18.0293

Last Refreshed: 06/20/2017, 08:13:07

Manual Test Entry

Alere RALS System

Results

Enter Manual Result

Institution Duke University Hospital

Location DUH-POCT

Manual Test

- ▲ Fecal Occult
 - DUH Fecal Occult
- ▲ Gastric Occult
 - DUH Gastric Occult
- ▲ pH Hydriion
 - DUH pH other fluids
 - DUH pH urine
- ▲ pH Nitrazine
 - DUH Aminotic Fluid
- ▲ Pregnancy
 - DUH Urine hCG
- ▲ Rapid Strep
 - DUH Rapid Strep
- ▲ Rapid Urease
 - DUH H. pylori
- ▲ Urine Refractometer
 - DUH Specific Gravity
- ▲ Visual UA
 - DUH Visual UA

Sample Type

- Patient →
- QC - Negative →
- QC - Positive →

Manual Test Entry

Patient Result Entry: Because we validate each box and place a tracking label on the box, we can drill down to the exact box being used for testing. The Box ID is entered in the Kit Lot field.

The screenshot shows the Alere RALS System interface. The main window is titled "Enter Manual Result". On the left, there is a sidebar with "Manual Test" options, including "Fecal Occult" (selected), "Gastric Occult", "pH Hydrion", "pH Nitrazine", "Pregnancy", "Rapid Strep", "Rapid Urease", "Urine Refractometer", and "Visual UA". The "Fecal Occult" section is expanded, showing "DUH Fecal Occult" as the selected test. The "Sample Type" is set to "Patient". The "Institution" is "Duke University Hospital" and the "Location" is "DUH-POCT".

The "Enter Manual Result (Fecal Occult - DUH Fecal Occult/Patient)" dialog box is open, showing the following fields:

- Operator: MTE DEMO
- Patient ID: [Empty field]
- Collection Date/Time: 10/12/2016 15:00
- Test Date/Time: 10/12/2016 15:00
- Specimen Type: Stool Sample
- Card Lot#: [Empty field]
- Developer Lot#: [Empty field]
- Comments: [Empty text area]

On the right side of the dialog, there is a table with the following columns: Name, Value, and Units.

Name	Value	Units
Fecal Occult	[Dropdown menu]	
Positive Control	[Dropdown menu]	
Negative Control	[Dropdown menu]	
Kit Lot	[Empty field]	

At the bottom right of the dialog, there are "Submit" and "Cancel" buttons.

Manual Test Entry

Flagged results are marked, triggering a double check by the operator entering results

Alere RALS System

Results

Enter Manual Result

Institution: Duke University Hospital
Location: DUH-POCT

Manual Test

- Fecal Occult
 - DUH Fecal Occult**
- Gastric Occult
 - DUH Gastric Occult
- pH Hydron
 - DUH pH other fluids
 - DUH pH urine
- pH Nitrazine
 - DUH Aminotic Fluid
- Pregnancy
 - DUH Urine hCG
- Rapid Strep
 - DUH Rapid Strep
- Rapid Urease
 - DUH H. pylori
- Urine Refractometer
 - DUH Specific Gravity
- Visual UA
 - DUH Visual UA

Sample Type

- Patient
- QC - Negative
- QC - Positive

Enter Manual Result (Fecal Occult - DUH Fecal Occult/Patient)

Operator: MTE DEMO

Patient ID: 000000001

Patient Not Found

Collection Date/Time: 10/12/2016 15:00

Test Date/Time: 10/12/2016 15:00

Specimen Type: Stool Sample

Card Lot#: 50241

Developer Lot#: 61813S

Comments:

Name	Value	Units
Fecal Occult	Negative	
Positive Control		Required Entry
Negative Control		
Kit Lot	Negative	
	Positive	

Submit Cancel

Managing Operators

Alere RALS System Duke University Hospital - LOBAUGH BRUCE (POCT) Settings Help Logout

Status Results Devices Consumables Operators Locations Tasks Administration www.RALS.com

Operators **Certifications** Role Management Recertification Recertification Summary

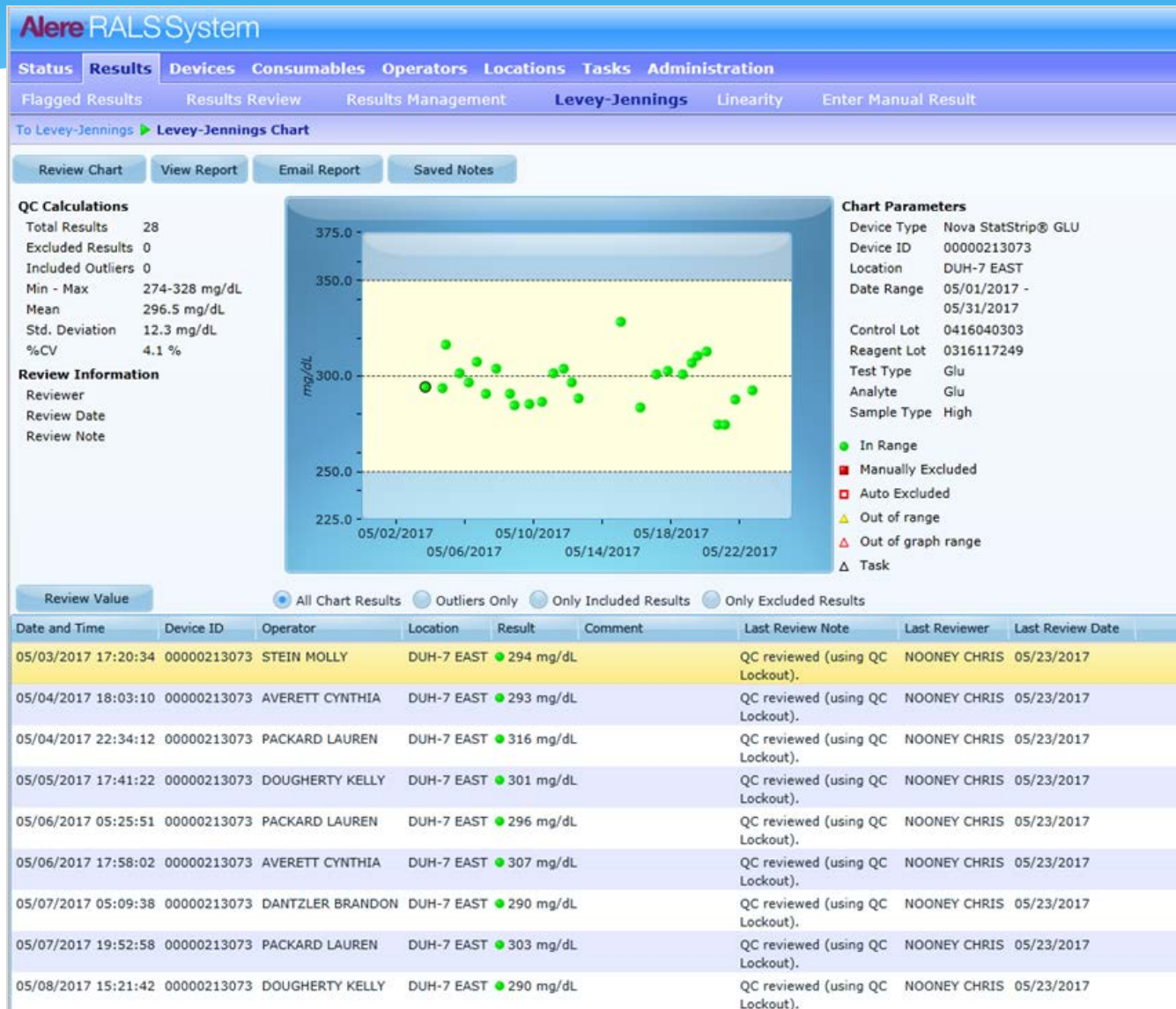
Device Type: All Device Types ☐ Expired Certifications
 Home Location: All Locations ☐ Certifications Expiring Within: 10/14/2016 15 To 10/14/2016 15
 Assigned Location: All Locations ☒ Active Certifications

Apply Add Edit Delete Edit Operator Recert History

Name	Operator ID	Device Type	Initial Certification	Last Certification	Expiration Date	Home Location	Institution
	0641378	Clinitek Status	03/01/2016	03/01/2016	12/01/2016	DUH-1E	Duke University Hos
	0641378	Nova StatStrip® GLU	12/29/2014	02/19/2016	12/01/2016	DUH-1E	Duke University Hos
	0392143	Roche Coagulation	06/10/2015	02/02/2016	12/01/2016	DUH-1E	Duke University Hos
	0690225	Roche Coagulation	07/08/2015	12/22/2015	12/01/2016	DUH-1E	Duke University Hos
	0630472	Roche Coagulation	11/04/2015	11/04/2015	12/01/2016	DUH-1E	Duke University Hos
	0685583	Roche Coagulation	01/06/2016	01/06/2016	12/01/2016	DUH-1E	Duke University Hos
	0685110	Roche Coagulation	03/08/2016	03/08/2016	12/01/2016	DUH-1E	Duke University Hos
	0664128	Roche Coagulation	09/02/2016	09/02/2016	12/01/2016	DUH-1E	Duke University Hos
	0111572	Nova StatStrip® GLU	08/22/2014	08/28/2015	12/01/2016	DUH-1G	Duke University Hos
	0101898	Nova StatStrip® GLU	10/31/2014	11/10/2015	12/01/2016	DUH-1G	Duke University Hos
	0512727	Clinitek Status	12/15/2015	12/15/2015	12/01/2016	DUH-1G	Duke University Hos
	0512727	Nova StatStrip® GLU	10/31/2014	11/20/2015	12/01/2016	DUH-1G	Duke University Hos
	0547079	Clinitek Status	12/16/2015	12/16/2015	12/01/2016	DUH-1G	Duke University Hos
	0547079	Nova StatStrip® GLU	08/07/2014	08/27/2015	12/01/2016	DUH-1G	Duke University Hos
	0467326	Nova StatStrip® GLU	10/31/2014	11/10/2015	12/01/2016	DUH-1G	Duke University Hos

Page Size 20 Total Records: 13032 Page 6 of 652

Levey-Jennings



Linearity Charts



Conclusion

- * Connectivity benefits patients by ensuring the entire medical team can rapidly and readily access test data generated at the point-of-care to render informed decisions.
- * Connectivity facilitates quality oversight of even large, complex programs by a relatively small number of knowledgeable and dedicated technologists.
- * Achieving a high degree of connectivity requires commitment and coordination of significant financial, technical and IT resources, but the potential rewards can justify the effort.