



Quirindi ED patients to benefit from pathology point of care program

Quirindi Community Hospital has introduced a new point of care testing program that will give ED patients faster access to pathology results and improve overall care.

NSW Health Pathology is leading the state-wide effort to introduce the managed point of care testing (PoCT) scheme in public hospital emergency departments that don't have access to 24-hour pathology laboratories on-site.

The aim is to provide ED teams, particularly in regional and rural areas, with access to on-the-spot results for certain types of pathology tests so they can deliver more timely care for patients.

The Hunter New England Local Health District is the latest to adopt the program and worked with Pathology North (one of five NSW Health Pathology Networks) to introduce 31 devices across 28 emergency departments.

Quirindi Community Hospital introduced two new devices. The hand-held PoCT devices provide on-site analysis for blood gases, lactate, haemoglobin, troponin, chemistries and electrolytes and INR/PT (blood coagulation tests) – some of the most common pathology tests emergency department teams rely on.

Damion Brown, Quirindi Health Service Manager said that until recently Quirindi

Community Hospital had to send pathology samples off-site for analysis.

“By having reliable point of care devices within the ED, we can get faster results for certain pathology tests, which means we can make quicker clinical decisions and improve time to treatment,” Damion said.

“We can also save travel time for some patients and that's something they really appreciate.”

Dr Stephen Braye, Director for Pathology North (the NSW Health Pathology network that services the Hunter New England LHD) said point of care testing contributes to better health care by significantly reducing turnaround time for some types of pathology tests.

“Point of care testing has advanced to a stage that we can now bring some parts of the laboratory to the patient,” he explained.

“The technology complements the work of our traditional laboratories which continue to perform more detailed analysis and more technically advanced tests,” he explained.

Dr Braye said clinical teams will be able to have confidence in the PoCT results as the hand-held devices will be managed to the same quality

standards as other NSW Health Pathology laboratory instruments.

The state-wide PoCT

pathology rollout has been funded through a \$5million grant from the COAG's National Partnerships Agreement Emergency Department capital program.

In addition to providing PoCT devices for small EDs, the program also includes: training for ED staff to ensure the devices are used properly, technical support and ongoing monitoring for devices and software that will enable results to be electronically transmitted to pathology laboratory information systems and ultimately to a patient's electronic medical records.

NSW Health Pathology aims to provide new devices to roughly 110 emergency departments by the end of September 2014 and integrate existing devices in EDs into the managed PoCT service.

Michael DiRienzo, Chief Executive for Hunter New England Local Health District, said some of ED's in the district already use some type of point of care device but the devices are different, offer a different range of tests and aren't networked.

“The managed PoCT strategy will increase reliability, consistency and accuracy of tests across the district,” Mr DiRienzo said.

“It's a great opportunity to use technology to support better healthcare across

our rural and regional communities and we're excited to be working with NSW Health Pathology and Pathology North to support better care for patients in our region.”



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Quirindi Health Service Manager Damion Brown with Quirindi Community Hospital's new hand-held Point of Care Testing devices.