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**Appendix 1: Point of Care Coordinator Survey**

The purpose of this research study is to understand how point-of-care testing (POCT) is managed and to identify the challenges in POCT testing. We are conducting this study because little is known currently about the organization of POCT testing and the role of point-of-care specialists.   
    
This is a web-based survey. I would like to thank you for clicking on the link to complete this questionnaire. Although we would appreciate your participation, you are under no obligation to participate and you may withdraw at any time during the course of the questionnaire. Should you withdraw, no data will be retained.   
    
We will only report aggregate data. No individual data will be reported. Individual data will be available only to the principal investigator (Robert Schmidt) and the data analyst managing data collection.   
    
If you have any questions, complaints, or if you feel you have been harmed by this research, please contact Robert L. Schmidt, Department of Pathology, University of Utah, 801-583-2787 ext. 5088, robert.schmidt@hsc.utah.edu.   
    
Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints, or concerns that you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.     
    
It should take less than 15 minutes to complete the survey. Participation in this study is voluntary. You may choose not to finish the questionnaire or omit any question you prefer not to answer.   
    
By completing this questionnaire, you are providing your consent to participate.   
    
Thank you for your participation. Your responses will provide valuable information regarding the management of POCT and the role of POCC.   
    
Please click below to indicate that you have read the above text and then click "Next" to begin the survey.

* I have read the above text and would like to participate in the survey (1)

Q1 Are you currently working in a healthcare or laboratory setting?

* Yes (1)
* No (2)

Skip To: End of Survey If Q1 = 2

Display This Question:

If Q1 = 1

Q2 Does your job involve managing point-of-care tests?

* Yes (1)
* No (2)

Skip To: End of Survey If Q2 = 2

Q3 Which type of setting describes your organization? Please select all that apply.

* Academic (1)
* Government (2)
* Private (3)
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 Does your organization currently provide inpatient care, outpatient care, or both?

* Inpatient (1)
* Outpatient (2)
* Both (3)

Q5 What is the overall bed size of your organization (including satellite locations, if any)?

* No staffed beds (1)
* 1 to 50 staffed beds (2)
* 51 to 100 staffed beds (3)
* 101 to 200 staffed beds (4)
* 201 to 300 staffed beds (5)
* 301 to 500 staffed beds (6)
* More than 500 staffed beds (7)
* Don’t know (8)

Q6 For the next question, please consider multiple locations to be defined as separate facilities at different physical locations. Clinics or departments within the same facility would not be considered multiple locations.  
  
  
Do you oversee point-of-care testing at multiple locations?

* Yes (1)
* No (2)

Display This Question:

If Q6 = 1

Q7 How many locations do you currently oversee or manage?

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Q8 Which accreditation agencies does your organization use? Please select all that apply.

* College of American Pathologists (CAP) (1)
* Commission of Office Laboratory Accreditation (COLA) (2)
* The Joint Commission (TJC) (3)
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None (5)

Q9 Which levels of complexity in point-of-care testing do you manage? Please select all that apply.

* Waived (1)
* PPM (2)
* Moderate (3)
* High (4)

Q10 Approximately how many point-of-care specialists, including yourself, are employed in your organization? (Please enter “DK” if you do not know.)

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Q11 A point-of-care test is defined as a single point-of-care platform or system used to get any range or array of results (e.g., an iSTAT is considered a single test, regardless of the amount of different cartridges used). Approximately how many point-of-care tests do you currently manage?

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Q12 Which point-of-care interface does your organization use? Please select all that apply.

* Alere RALS (1)
* Abbott Pweb (2)
* Roche COBAS (3)
* Sysmex WAM (4)
* TELCORE QML (5)
* Other (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do not use middleware (7)

Display This Question:

If Q12 != 7

Q13 Of the point-of-care tests you manage, how many tests are interfaced with a middleware or interface?

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Q14 A point-of-care user is defined as a trained professional (e.g., nurse, technician, etc.) who administers the point-of-care test.  
  
  
Approximately how many point-of-care users do you currently consult with and/or manage?

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Q15 The next set of questions will ask you to rate your level of agreement regarding various aspects about your job. Please rate each statement on a scale of 1 to 5, where 1 means “strongly disagree” and 5 means “strongly agree.”

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|  | 5/Strongly agree (5) | 4/Agree (4) | 3/Neither agree nor disagree (3) | 2/Disagree (2) | 1/Strongly disagree (1) |
| I am clear about what my job expectations are in my organization. (1) |  |  |  |  |  |
| My manager or supervisor understands my job and what I do for the organization. (2) |  |  |  |  |  |
| My job description accurately reflects what I do on a daily basis. (3) |  |  |  |  |  |
| I am given clear instructions and objectives by my manager or supervisor. (4) |  |  |  |  |  |
| My job makes effective use of my skills and abilities. (5) |  |  |  |  |  |

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Q16 Continuing from the previous question, the next set of statements will also ask you to rate your level of agreement regarding various aspects about your job. Please rate each statement on a scale of 1 to 5, where 1 means “strongly disagree” and 5 means “strongly agree.”

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|  | 5/Strongly agree (5) | 4/Agree (4) | 3/Neither agree nor disagree (3) | 2/Disagree (2) | 1/Strongly disagree (1) |
| I am usually able to complete all of my necessary tasks during a normal workday. (1) |  |  |  |  |  |
| Point-of-care testing is an important part of patient care. (2) |  |  |  |  |  |
| The point-of-care users I manage consider my feedback regarding point-of-care testing to be important. (3) |  |  |  |  |  |
| I could add more tasks to my daily workload. (4) |  |  |  |  |  |
| My feedback is taken seriously when I approach a point-of-care user’s manager or supervisor regarding point of care compliance. (5) |  |  |  |  |  |

Q17 How are new point-of-care users trained initially? Please select all that apply.

* Demonstration or observation by myself (1)
* Demonstration or observation by others (2)
* Online training (3)
* Vendor training (4)
* Other (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No training is done (6)
* Don’t know (7)

Q18 Competency assessment is used to ensure that personnel are fulfilling their duties as required by federal regulation. For your organization, how is competency assessed? Please select all that apply.

* Demonstration or observation by myself (1)
* Demonstration or observation by others (2)
* Online assessment (3)
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No assessment is done (5)
* Don’t know (6)

Display This Question:

If Q18 != 5

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Q19 In your opinion, how successful was your organization in completing a competency assessment (or similar) in the last year?

* Extremely successful (6)
* Somewhat successful (5)
* Neither successful nor unsuccessful (4)
* Somewhat unsuccessful (3)
* Extremely unsuccessful (2)
* Did not complete assessment (1)
* Don’t know (0)

Q20 Do you personally perform instrument validations?

* Yes (1)
* No (2)

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Q21 Who is the key decision maker in assessing a request for a new point-of-care test?

* Point-of-care coordinator or representative (1)
* Point-of-care director (2)
* Point-of-care committee (3)
* Laboratory department or director (4)
* Hospital or clinic administrator (5)
* Other (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know (7)

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Q22 Do you consider your budget adequate for point-of-care testing?

* Yes (1)
* No (2)
* Don't know (0)

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Q23 Do you feel you have adequate staffing to manage point-of-care testing effectively?

* Yes (1)
* No (2)
* Don’t know (0)

Q24 Do you have any other job responsibilities in addition to point-of-care testing?

* Yes (1)
* No (2)

Display This Question:

If Q24 = 1

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Q25 In general, how much time do you spend on other tasks not related to point-of-care testing?

* 76-100% of my time (4)
* 51-75% of my time (3)
* 26-50% of my time (2)
* 1-25% of my time (1)

Display This Question:

If Q12 != 7

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Q26 How satisfied are you with your point-of-care middleware vendor?

* Extremely satisfied (5)
* Somewhat satisfied (4)
* Neither satisfied nor unsatisfied (3)
* Somewhat unsatisfied (2)
* Very unsatisfied (1)

Display This Question:

If Q26 = 1

Or Q26 = 2

Q27 What aspects of your point-of-care middleware are you not satisfied with? Please select all that apply.

* Device integration (1)
* Device compatibility (2)
* User interface (3)
* Vendor support (4)
* Pricing (5)
* Other (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know (7)

Display This Question:

If Q12 != 7

Q28 Who manages the majority of instrument interfacing within your middleware?

* Point-of-care coordinator or representative (1)
* Hospital or laboratory IT department (2)
* Other hospital or laboratory staff (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable (5)
* Don’t know (6)

Q29 How would you rate the level of training you received in regards to the IT systems you use?

* Excellent (7)
* Good (6)
* Average (5)
* Poor (4)
* Very poor (3)
* Did not receive training (2)
* Not applicable (1)

Q30 The last few questions ask about your education and work history.  
  
  
What is your job title?

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Q31 Is this a supervisory role?

* Yes (1)
* No (2)

Q32 What is the highest level of education you have completed?

* High school diploma or equivalent (1)
* Some college (2)
* Associate’s degree (3)
* Bachelor’s degree (4)
* Master’s degree (5)
* Doctorate degree (e.g., PhD, MD, EdD) (6)

Display This Question:

If Q32 = 3

Or Q32 = 4

Or Q32 = 5

Or Q32 = 6

Q33 Do you possess any other additional certifications? Please select all that apply.

* MLT (1)
* MT (2)
* CLS (3)
* RN (4)
* Other (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above (6)

Q34 How many years of experience do you have with point-of-care testing?

* Less than 1 year (1)
* 1 year to less than 2 years (2)
* 2 years to less than 4 years (3)
* 4 years to less than 6 years (4)
* 6 years to less than 10 years (5)
* 10 years to 15 years (6)
* More than 15 years (7)

Q35 Is this your first position in a healthcare setting?

* Yes (1)
* No (2)

Q36 What is your base salary (excluding benefits)?

* Less than $40,000 (1)
* $40,000‒$49,999 (2)
* $50,000‒$59,999 (3)
* $60,000‒$69,999 (4)
* $70,000‒$79,999 (5)
* $80,000‒$99,999 (6)
* More than $100,000 (7)
* Prefer not to say (8)

Q37 To which gender identity do you most identify?

* Female (1)
* Male (2)
* Transgender female (3)
* Transgender male (4)
* Do not identify as female, male, or transgender (5)
* Not listed (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say (7)

Q38 What is your age?

* 18‒24 years old (1)
* 25‒34 years old (2)
* 35‒44 years old (3)
* 45‒54 years old (4)
* 55‒64 years old (5)
* 65 years old or older (6)
* Prefer not to say (7)