

## CDC/CLSI Point-of-Care Fingerstick Glucose Testing Survey

Form Approved  
OMB No. 0920-XXXX  
Exp. Date xx/xx/20xx

The Clinical and Laboratory Standards Institute (CLSI) and the Centers for Disease Control and Prevention (CDC) are conducting a study to find ways to improve the impact of laboratory practice guidelines (LPG) on health care. As a facility that may potentially perform point-of-care fingerstick glucose testing, your facility has been selected to receive this survey. This survey should be completed by the individual at your site who is responsible for developing your fingerstick glucose testing procedures. Your feedback is important for guiding CLSI and CDC in their efforts to improve the dissemination and implementation of LPGs; with an overall goal to improve the quality of care provided to all patients in any health care setting.

Thank you for taking the time to complete this survey. Your participation in this survey is voluntary. The survey should take approximately 15 minutes to complete. All answers will remain completely anonymous.

The results from the study will be compiled and shared in aggregate as a learning tool, presented at professional conferences, and published in a professional journal in the field of laboratory science.

Feel free to contact Mr. David Sterry (dsterry@clsi.org) if you have any questions about the survey or about who should complete the survey.

For the purposes of this survey, an LPG provides recommendations for performing clinical laboratory tests. These LPGs are developed by experts on the topic. The focus of this survey is point-of-care fingerstick glucose testing using a handheld meter. In this survey, this topic will be referred to as fingerstick glucose testing.

By beginning the survey on the next screen, you acknowledge that you have read this information and agree to participate in this survey, with the knowledge that you are free to withdraw your participation at any time without penalty.

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Survey intro page for surveys 2 and 3.

### Awareness of CLSI and CLSI Documents

1. Were you aware of the Clinical and Laboratory Standards Institute (CLSI) before receiving this survey?

- Yes  No

2. Is glucose testing performed at your facility using a fingerstick glucose meter?

- Yes  No  I do not know

Skip pattern: If answer to Q2 is No or I do not know, then go to the end of survey. These respondents will be informed that they are not eligible for a free document.

3. Were you aware before receiving this survey that CLSI publishes LPGs on fingerstick glucose testing?

- Yes  No

Skip pattern: If answer to Q3 is No, then go to Q20.

4. Have you ever been responsible for developing and/or modifying the processes and procedures for fingerstick glucose meter testing at your facility?

- Yes  No

5. What resources have you or others in your facility used to develop and/or modify your fingerstick glucose test method procedure(s)? Select all that apply.

- a. American Association for Clinical Chemistry guidelines  b. ASTM International guidelines  
 c. CLSI guidelines  d. Device package insert  
 e. Laboratory Director  f. Consultant  
 g. I do not know  h. Other

6. Which CLSI LPG, related to glucose testing, do you or your facility use to develop fingerstick glucose testing procedures? Select all that apply.

- a. POCT05, Performance Metrics for Continuous Interstitial Glucose Monitoring; Approved Guideline  
 b. POCT06, Effects of Different Sample Types on Glucose Measurements  
 c. POCT12, Point-of-Care Blood Glucose Testing in Acute and Chronic Care Facilities; Approved Guideline—Third Edition  
 d. POCT13, Glucose Monitoring in Settings Without Laboratory Support  
 e. All of the above  
 f. None of the above  
 g. I do not know  h. Other

For the purposes of this survey, a central laboratory is defined as a laboratory, within your organization (eg, within a hospital setting, not in a physician's office), for the performance of certain clinical assays. It is usually characterized as a highly automated, high-volume laboratory that provides testing for STAT, routine, and esoteric test requests. Examples may include electrolytes, blood cell counts, coagulation times, cardiac markers, and urinalysis.

7. Does your facility have immediate access to a central laboratory for confirmation of abnormal results from fingerstick glucose testing?

Yes  No

Skip pattern: If answer to Q7 is No, then go to Q14.

8. Have you read the CLSI LPG POCT12, Point-of-Care Blood Glucose Testing in Acute and Chronic Care Facilities?

Yes  No

Skip pattern: If answer to Q8 is No, then go to Q20.

9. Please identify which of the following sections from POCT12 are used for developing processes and procedures at your testing facility:

Section 6. Appropriate Uses of a Point-of-Care Blood Glucose Meter System

Used  Not used  I do not know

Section 7. Administrative Responsibilities

Used  Not used  I do not know

Section 8. Performance Demonstration of Point-of-Care Blood Glucose Meter Systems

Used  Not used  I do not know

Section 9. Quality Assurance Program

Used  Not used  I do not know

Section 10. [Fingerstick Glucose Testing] Procedure

Used  Not used  I do not know

Section 11. Institutional Authorization Process

Used  Not used  I do not know

10. If your testing facility has modified any of the recommendations in POCT12, please indicate the reason(s) for the modifications(s). Select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> a.Lack of time to implement recommendations | <input type="checkbox"/> f.Not practical to implement  |
| <input type="checkbox"/> b.Lack of agreement with recommendations    | <input type="checkbox"/> g.Added expense to implement  |
| <input type="checkbox"/> c.Authors are not credible                  | <input type="checkbox"/> h.Staffing burden to implement  |
| <input type="checkbox"/> d.CLSI is not credible                      | <input type="checkbox"/> i.No perceived improvement to current practice  |
| <input type="checkbox"/> e.Document is confusing                     | <input type="checkbox"/> j.Not applicable. (Facility was already following the recommendations in POCT12 without modification) |

k. Other

11. If POCT12, Point-of-Care Blood Glucose Testing in Acute and Chronic Care Facilities was not used to develop fingerstick glucose testing procedures, please indicate the reason(s). Select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> a.Lack of educational material to facilitate implementation | <input type="checkbox"/> g.Document is confusing   |
| <input type="checkbox"/> b.Lack of time to implement recommendations                 | <input type="checkbox"/> h.Not practical to implement  |
| <input type="checkbox"/> c.Lack of agreement with recommendations                    | <input type="checkbox"/> i.Added expense to implement  |
| <input type="checkbox"/> d.Price of LPG is too high                                  | <input type="checkbox"/> j.Staffing burden to implement  |
| <input type="checkbox"/> e.Authors are not credible                                  | <input type="checkbox"/> k.No perceived improvement to current practice                                  |
| <input type="checkbox"/> f.CLSI is not credible                                      | <input type="checkbox"/> l.Not applicable. (Facility is already following the recommendations in POCT12) |

m. Other

12. Please indicate how much you agree or disagree with each of the following statements.

POCT12 is easy to understand

- Strongly agree     Agree     Disagree     Strongly disagree     I do not know     N/A

POCT12 is easy to use

- Strongly agree     Agree     Disagree     Strongly disagree     I do not know     N/A

POCT12 is written at a reading level that facilitates the training of my staff

- Strongly agree     Agree     Disagree     Strongly disagree     I do not know     N/A

Implementation of POCT12 recommendations resulted in more reliable test results

- Strongly agree     Agree     Disagree     Strongly disagree     I do not know     N/A

Implementation of POCT12 recommendations resulted in a reduction in the number of unneeded follow-up tests

- Strongly agree     Agree     Disagree     Strongly disagree     I do not know     N/A

Implementation of POCT12 recommendations resulted in a reduction in testing errors

- Strongly agree     Agree     Disagree     Strongly disagree     I do not know     N/A

Implementation of POCT12 recommendations resulted in a reduction in repeated tests

- Strongly agree     Agree     Disagree     Strongly disagree     I do not know     N/A

13. What changes, if any, would you suggest to facilitate use of POCT12? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> a. Make document shorter       | <input type="checkbox"/> d. Provide step-by-step guidance                        |
| <input type="checkbox"/> b. Make content less technical | <input type="checkbox"/> e. Include examples of forms (eg, quality control logs) |
| <input type="checkbox"/> c. Make content less academic  | <input type="checkbox"/> f. Document is fine as written                          |
| g. Other <input type="text"/>                           |  |

Skip pattern: After responding to Q13, go to Q20.

14. Have you read the CLSI LPG POCT13, Glucose Monitoring in Settings Without Laboratory Support?

Yes  No

Skip pattern: If answer to Q14 is No, then go to Q20.

15. Please identify which of the following items from POCT13 are used in the training of your fingerstick glucose meter operators:

Understand the qualifications for operation of glucose meters

Used  Not used  I do not know

Understand the need for and performance of Quality Control

Used  Not used  I do not know

Perform maintenance procedures for the blood glucose meter

Used  Not used  I do not know

Properly collect and safely handle blood specimens

Used  Not used  I do not know

Properly calibrate or code the blood glucose meters

Used  Not used  I do not know

Perform blood glucose tests

Used  Not used  I do not know

Understand the technique needed for obtaining accurate test results

Used  Not used  I do not know

Understand the appropriate use of the blood glucose test results

Used  Not used  I do not know

16. If your testing facility has modified any of the recommendations in POCT13, please indicate the reason(s) for the modifications(s)? Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> a.Lack of time to implement recommendations | <input type="checkbox"/> f.Not practical to implement   |
| <input type="checkbox"/> b.Lack of agreement with recommendations    | <input type="checkbox"/> g.Added expense to implement   |
| <input type="checkbox"/> c.Authors are not credible                  | <input type="checkbox"/> h.Staffing burden to implement   |
| <input type="checkbox"/> d.CLSI is not credible                      | <input type="checkbox"/> i.No perceived improvement to current practice   |
| <input type="checkbox"/> e.Document is confusing                     | <input type="checkbox"/> j.Not applicable. (Facility is already following the recommendations in POCT13 without modification) |
|  | k. Other <input type="text"/>   |

17. If POCT13, Glucose Monitoring in Settings Without Laboratory Support; Approved Guideline was not used to develop fingerstick glucose testing procedures, please indicate the reason(s). Select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> a.Lack of educational material to facilitate implementation | <input type="checkbox"/> g.Document is confusing   |
| <input type="checkbox"/> b.Lack of time to implement recommendations                 | <input type="checkbox"/> h.Not practical to implement  |
| <input type="checkbox"/> c.Lack of agreement with recommendations                    | <input type="checkbox"/> i.Added expense to implement  |
| <input type="checkbox"/> d.Price of LPG is too high                                  | <input type="checkbox"/> j.Staffing burden to implement  |
| <input type="checkbox"/> e.Authors are not credible                                  | <input type="checkbox"/> k.No perceived improvement to current practice                                  |
| <input type="checkbox"/> f.CLSI is not credible                                      | <input type="checkbox"/> l.Not applicable. (Facility is already following the recommendations in POCT13) |
|  | m. Other <input type="text"/>  |

18. Please indicate how much you agree or disagree with each of the following statements.

POCT13 is easy to understand

- Strongly agree    Agree    Disagree    Strongly disagree    I do not know    N/A

POCT13 is easy to use

- Strongly agree    Agree    Disagree    Strongly disagree    I do not know    N/A

POCT13 is written at a reading level that facilitates the training of my staff

- Strongly agree    Agree    Disagree    Strongly disagree    I do not know    N/A

Implementation of POCT13 recommendations resulted in more reliable test results

- Strongly agree    Agree    Disagree    Strongly disagree    I do not know    N/A

Implementation of POCT13 recommendations resulted in a reduction in the number of unneeded follow-up tests

- Strongly agree    Agree    Disagree    Strongly disagree    I do not know    N/A

Implementation of POCT13 recommendations resulted in a reduction in testing errors

- Strongly agree    Agree    Disagree    Strongly disagree    I do not know    N/A

Implementation of POCT13 recommendations resulted in a reduction in repeated tests

- Strongly agree    Agree    Disagree    Strongly disagree    I do not know    N/A

19. What changes, if any, would you suggest to facilitate use of POCT13? Select all that apply.

- a. Make document shorter    d. Provide step-by-step guidance  
 b. Make content less technical    e. Include examples of forms (eg, quality control logs)  
 c. Make content less academic    f. Document is fine as written

g. Other



20. Which of the following mechanisms is the most effective way to inform you of new CLSI publications? Select up to two options.

- a.Posting on CLSI website  e.Email notification from CLSI  
 b.Advertisement in a monthly periodical  f.Postcard notification  
 c.Email notification from a health care professions organization  g.Press release  
 d.Announcement in CLSI e-News Other:

### Implementation of Documents

21. Who determines what resource material is used to write your facility's fingerstick glucose testing policies and procedures?

- a.Laboratory staff  c.Director e. Other:   
 b.Nursing staff  d.Not applicable

22. Who decides whether or not to implement a new procedure at your facility?

- a.I decide  c.A review committee decides e. Other:   
 b.My manager decides  d.My director decides

23. Typically, how are LPGs, from any professional organization, used at your facility? Select all that apply.

- a.Start a new procedure  d.Educational material  
 b.Update an existing procedure  e.LPGs are not used  
 c.Confirm instructions in an existing procedure f. Other:

### Value

24.What is a reasonable price for a CLSI LPG? Select one response.

- Between \$50 and \$75  Between \$75 and \$100  Between \$100 and \$125  More than \$125  None of the above

25.Would you or your facility be more likely to purchase a CLSI LPG if additional items (such as a checklist or a QC log) to simplify the implementation process were included with the LPG?

- Yes  No

## Demographics

26. Approximately how many fingerstick glucose tests are performed monthly at your facility?

- a. Less than 50       b. 51-100  
 c. 101-200       d. 201-300  
 e. 301-400       f. 401-500  
 g. More than 500       h. I do not know  
 i. None

27. What is your job title? Choose the most applicable:

- Point-of-Care Coordinator       Laboratory Director  
 Medical Technologist       Registered Nurse  
 Medical Doctor       Home Health Technician  
 Physician Assistant       Nurse Practitioner

Other:

28. How would you describe your fingerstick glucose testing facility? Choose the most applicable:

- Hospital based site  
 Endocrinologist office  
 Other specialist's office (eg, geriatrics, pediatrics, obstetrics, etc.)  
 Primary care physician's office (eg, family medicine, general practitioner)  
 Community settings (eg, YMCA, school, senior center, faith based setting, etc.)  
 Community clinic  
 Outpatient surgical center  
 Not applicable, my facility does not perform fingerstick glucose testing

Other:

Skip pattern: If answer to Q28 is hospital based site, then go to Q29. All others go to end of survey.

29. What is the size of your hospital? Choose the most applicable:

- Less than 100 beds
- 101-200 beds
- 201-300 beds
- 301-400 beds
- 401-500 beds
- More than 500 beds

30. Were you the individual who completed the CLSI/CDC survey three years ago?

- Yes  No

Question #30 is for the third survey only.

**End of Survey:**

**Thank you for your participation in our survey. We appreciate your time and feedback. The CDC and CLSI will publish the results of the survey in aggregate, but laboratories and individuals will remain anonymous. A copy of the final report will be available to you on the CLSI website ([www.clsi.org](http://www.clsi.org)).**

Final page for surveys 2 and 3.