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

Form Approved
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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. Upon completing the survey, we will request your email address so that we may send you a link to select a single complimentary electronic copy of a CLSI guideline related to fingerstick glucose testing (a $130 value). Your email address will not be linked with data from your survey nor stored in a CLSI or CDC database. Participants who are unfamiliar with the CLSI fingerstick glucose testing documents may be asked to retake this survey in approximately three to six months, after they have had the opportunity to evaluate the complimentary CLSI guideline for use in their facility.

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.

Survey intro page for first survey.

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.

- [ ] a.Lack of time to implement recommendations
- [ ] b.Lack of agreement with recommendations
- [ ] c.Authors are not credible
- [ ] d.CLSI is not credible
- [ ] e.Document is confusing
- [ ] f.Not practical to implement
- [ ] g.Added expense to implement
- [ ] h.Staffing burden to implement
- [ ] i.No perceived improvement to current practice
- [ ] 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.

- [ ] a.Lack of educational material to facilitate implementation
- [ ] b.Lack of time to implement recommendations
- [ ] c.Lack of agreement with recommendations
- [ ] d.Price of LPG is too high
- [ ] e.Authors are not credible
- [ ] f.CLSI is not credible
- [ ] g.Document is confusing
- [ ] h.Not practical to implement
- [ ] i.Added expense to implement
- [ ] j.Staffing burden to implement
- [ ] k.No perceived improvement to current practice
- [ ] 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.

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

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

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.

- [ ] a.Lack of time to implement recommendations
- [ ] b.Lack of agreement with recommendations
- [ ] c.Authors are not credible
- [ ] d.CLSI is not credible
- [ ] e.Document is confusing
- [ ] f.Not practical to implement
- [ ] g.Added expense to implement
- [ ] h.Staffing burden to implement
- [ ] i.No perceived improvement to current practice
- [ ] j.Not applicable. (Facility is already following the recommendations in POCT13 without modification)

k. Other

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.

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

m. Other

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
- [ ] b.Make content less technical
- [ ] c.Make content less academic
- [ ] d.Provide step-by-step guidance
- [ ] e.Include examples of forms (eg, quality control logs)
- [ ] 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
- [ ] b.Advertisement in a monthly periodical
- [ ] c.Email notification from a health care professions organization
- [ ] d.Announcement in CLSI e-News
- [ ] e.Email notification from CLSI
- [ ] f.Postcard notification
- [ ] g.Press release

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
- [ ] b.Nursing staff
- [ ] c.Director
- [ ] d.Not applicable

e. Other

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

- [ ] a.I decide
- [ ] b.My manager decides
- [ ] c.A review committee decides
- [ ] d.My director decides

e. Other

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

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

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). Please provide your e-mail address in the space below in order for you to receive your free electronic copy of CLSI document POCT12, Point-of-Care Blood Glucose Testing in Acute and Chronic Care Facilities; Approved Guideline—Third Edition or CLSI document POCT13, Glucose Monitoring in Settings Without Laboratory Support. We will contact you again in three to six months to obtain feedback on the guideline you selected.

Please provide your email address to receive your free CLSI document.

Respondents who answer No or I do not know to Question 2 will see the following text:

Thank you for taking the time to begin the survey. Unfortunately, since you do not perform glucose testing at your facility, you are not eligible for the free CLSI document.

Closing page for first survey.