

## LETTER TO THE EDITOR

# Point of Care Testing (POCT)'s Blind Spot: It's the Structural Framework, not Speed

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Point-of-care testing (POCT) is now an essential component in many healthcare settings, including emergency rooms, ICUs, and even community clinics because it gives fast results and help doctors make quicker decisions. By bringing diagnostics closer to the patient, POCT has transformed how care is delivered, especially in acute or time-sensitive cases. But even though POCT has several benefits, it is often not utilized to its full potential. The core issue lies not in the technology itself, but in how it is managed and implemented. POCT should not be handled in a haphazard or casual way. It requires integration within a structured, coordinated system supported by defined leadership.

Studies consistently report operational gaps in many POCT programs, such as inadequate device tracking, insufficient staff training, and a lack of standardized quality control process [1,2]. These problems initially might not seem serious, but can significantly impact both patient care and overall hospital efficiency. Without proper oversight, test errors can go unnoticed, results may be misinterpreted, and opportunities for timely intervention may be missed. Research highlights that incorporating designated coordinators, routine audits, and robust data monitoring can substantially enhance the reliability and clinical value of POCT services [3].

A 2019 study profiled POCT coordinators and emphasized the importance of clearly defined roles, such as supervisors, managers, and device handlers, in ensuring accountability and smooth operation of POCT services

**Table 1. Comparison of structured vs. unstructured POCT systems and identified gaps.**

Aspect	Structured POCT	Unstructured POCT	Gaps Identified
Leadership & roles	defined roles: coordinators, supervisors [4]	no clear accountability	lack of POCT leadership
Quality & Oversight	audits, QC protocols, error tracking [3,5]	no error monitoring/QC	inconsistent quality control
Training & Devices	ongoing training, device logs [1,2]	outdated training, untracked devices	poor staff readiness; calibration issue
Workflow & Communication	integrated lab-clinical workflows [5,6]	fragmented communication	miscommunication delays care
Cost & Accessibility	cost-effectiveness, low- and middle- income countries adaptable [7-10]	resource waste, unreliable access	high cost, limited reach in low-resource settings

[4]. Concerns that increased structure may reduce flexibility or introduce administrative burden are unfounded. But structure does not mean rigidity - it means reliability and better outcomes. For instance, hospitals with POCT coordinators tend to have fewer errors, better protocol compliance, and smoother communication across departments [5,6].

There is also a significant financial side. A well-run POCT service helps prevent overuse and unnecessary spending. It ensures that resources are utilized properly and that testing is only done when needed. For instance, In Canada, HIV screening done through pharmacy-based POCT not only made testing more accessible in the community but was also found to be more cost-effective over time. Similar findings emerged from South Africa and parts of Asia where structured POCT programs proved to be cost-saving and clinically effective, especially in places with limited resources [7,8].

Recent evaluations emphasize that oversight, team coordination, workflow integration and data management all play critical roles in determining the success of a POCT program. Studies have shown that when POCT is implemented with clear operational oversight, it leads to more consistent outcomes, reduced turnaround times, and improved user confidence [9]. Moreover, the broader impact of POCT on healthcare delivery becomes more visible when managed within a structured system. In remote and resource-limited settings, structured POCT for cardiometabolic diseases has been linked to reduced diagnostic delays and improved continuity of care, highlighting both its clinical and systemic value [10].

The gaps along with contrasts between structured and unstructured POCT, highlighting their operational and clinical implications are summarized in Table 1. Ultimately, speed alone does not guarantee better outcomes. POCT delivers its true value only when it is integrated into a thoughtfully structured and coordinated system. The people, processes, and structure behind every test matter just as much as the test itself.

#### Declaration of Interest:

None declared.

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