Benchmarking Institutional Support for Point-of-Care Testing Programs: Scale, Staffing, and Operational Challenges

Article:
Min Yu, Nam K Tran, Julie L V Shaw, Nicholas E Larkey, Nicole V Tolan, Andrew Szczembara, Leslie J Donato, Robert D Maynard, Adil I Khan.
Benchmarking Institutional Support for Point-of-Care Testing Programs: Scale, Staffing, and Operational Challenges.
J Appl Lab Med 2026; 11(5): 1243–54. https://doi.org/10.1093/jalm/jfag101

Guest: Dr. Min Yu is the Director of Clinical Chemistry, Point-of-Care Testing (POCT), and Special Testing at Women & Infants Hospital and Kent Hospital, part of the Care New England Health System. She is also a faculty member at the Warren Alpert Medical School of Brown University.

Randye Kaye: Hello and welcome to this edition of *JALM* Talk from *The Journal of Applied Laboratory Medicine*, a publication of the Association for Diagnostics & Laboratory Medicine. I'm your host, Randye Kaye.

Over the past decade, point-of-care testing (POCT) has expanded substantially in both the number of sites performing POCT as well as increases in program scale. This growth includes broader test menus, diverse platforms, and larger numbers of testing personnel. This expansion in scope has been accompanied by increasing operational demands.

Despite the critical role of POCT in clinical care, comprehensive benchmarking data on how institutions structure and support their POCT programs for growth and increased operational demands remain limited. To address this information gap, a cross-sectional survey was developed by the ADLM Point-of-Care Testing Division to assess institutional support for POCT programs, including institutional characteristics, program scope, staffing, operational practices, governance structures, and perceived challenges.

The September 2026 issue of *JALM* features a special report that presents the findings of this survey. Today, we're joined by the special report's corresponding author, Dr. Min Yu.

Dr. Min Yu is the Director of Clinical Chemistry, Point-of-Care Testing (POCT), and Special Testing at Women & Infants Hospital and Kent Hospital, part of the Care New England Health System. She is also a faculty member in the Department of Pathology and Laboratory Medicine at the Warren Alpert Medical School of Brown University.

Dr. Yu has more than a decade of leadership experience in clinical chemistry and POCT, with previous leadership appointments at the University of Kentucky and Beth Israel Deaconess Medical Center, affiliated with Harvard Medical School. Welcome, Dr. Yu.

This is one of the first studies to benchmark POCT program support across institutions. What motivated you to conduct this survey?

Min Yu: From my own experience, the need for benchmarking has been very practical. If you are running a point-of-care program and you need another coordinator, better middleware, or additional infrastructure, at some point you have to make that case to hospital leadership.

And the very reasonable question is, why do you need this? What are the programs like yours doing? Well, for point-of-care, that's not always an easy question to answer. We are responsible for the program, but the testing itself is happening throughout the hospital, outside the lab, often by thousands of nurses, respiratory therapists, or other clinical staff.

But the value of point-of-care is also distributed. It may be fast treatment in the emergency department or quicker decision in the operating room, or simply having a result available at the bedside when it's needed. Those are real benefits, but they don't necessarily translate into a clear financial metric attributed back to the point-of-care program.

So, that makes it difficult to advocate for the staffing and infrastructure needed to support the program. So, what do many of us do? We call our colleagues and ask, "How many coordinators do you have? How many sites are you supporting? Are we understaffed or is this typical?"

So, those conversations are very helpful, but they only give us a few individual points of comparison. That was really the motivation for this study. We wanted to move those conversations beyond the individual experience, and put some actual data behind them.

So, the goal wasn't to say that every program should have a certain number of people, but to give point-of-care leaders a meaningful reference point when they sit down with their institutions and talk about what it takes to support these programs safely and effectively.

Randye Kaye: All right. Thank you. Well, POCT has become an essential part of modern healthcare, and yet benchmarking studies have been surprisingly scarce. Why has benchmarking been so difficult in this field?

Min Yu: I think one of the biggest reasons is that point-of-care programs are incredibly heterogeneous, and we've never really had a simple way to define their workload or size. So, some oversee only inpatient testing, while others include

outpatient clinics, emergency departments, physician offices, or community sites.

Programs also differ in the number of operators, complexity of their test menus, governance structures, and information systems. For example, two institutions might have a similar number of devices, but one may have relatively standardized testing within one hospital.

While the others support thousands of operators across inpatient units, outpatient clinics, and with multiple testing platforms, the workload and oversight can be completely different. So, I think the challenge hasn't been a lack of interest in benchmarking; it's been figuring out what we should actually benchmark.

So, I think we are now at a point where the field has matured, and there is a shared recognition that we need those comparisons, not just to understand how programs differ, but ultimately to understand what it takes to support them effectively.

Randye Kaye: Well, your survey found that staffing was the most commonly reported challenge. Is this really a staffing problem, or does it reflect something larger about how POCT programs have evolved?

Min Yu: I think staffing is a real problem, but it's also the most visible symptom of something larger. Staffing was the most commonly reported challenge in our survey. About 71% of respondents identified it, but what was interesting is that this wasn't just a problem among the largest programs. Staffing concerns were reported across programs of different sizes.

I think this reflects how much point-of-care has changed. It's becoming a fundamentally different type of laboratory service. We are no longer managing individual devices. We are managing a distributed laboratory enterprise.

And as we touched on earlier, the workload goes far beyond simply counting devices or testing sites. You are supporting thousands of operators, multiple testing platforms, training and competency, connectivity and informatics, as well as quality, and regulatory oversight. Most of that complexity isn't captured by traditional staffing measures.

So, I think the field needs to move toward workload models that account for operational complexity rather than simply counting devices sites, all coordinators. That's probably the next important steps after establishing benchmark data like this.

Randye Kaye: Thank you. I know staffing is a problem in many, many professions at this point. How do you hope laboratories will use these benchmark data?

Min Yu: And this really comes back to why we started this project in the first place. To provide objective data for conversations that point-of-care leaders are having all the time, when someone asks, "Why do we need another coordinator?" We now have quantitative benchmarks to help inform those discussions, rather than relying solely on personal experience.

But I don't think those data should be used to define a universal staffing ratio. The goal isn't to say if you have this many devices or sites, you need these many coordinators. As we've discussed, point-of-care programs are much more complex than that.

But instead, laboratories can use those benchmarks to understand where their program size relative to others, and ask whether their staffing and infrastructure have kept pace with the scope and the complexity of the program. I also hope laboratories look beyond staffing alone. Sustainable point-of-care programs depend on governance, informatics, and collaboration across multiple departments.

Ultimately, I hope benchmarking can shift the discussion from "How many people do we have?" to "Do we have infrastructure and support necessary to provide safe, high-quality point-of-care?" That to me is the bigger message.

Randye Kaye: All right. Thank you. Now you've already answered this question a little bit, but if you want to elaborate, what's next? Where should POCT benchmarking go from here?

Min Yu: I think this publication is really the beginning rather than the end. This study gives us an initial picture of how point-of-care programs are structured and supported. The next step is to move beyond describing what programs look like, and start asking what actually works.

For example, what staffing model work best? How should the program complexity be incorporated into workload and staffing model? And are certain governance structures associated with better quality and operational outcomes?

Those are questions we couldn't answer with this initial survey, but now that we have a baseline, I think they are the logical next step. I also think benchmarking needs to become an ongoing effort rather than a one-time survey.

Point-of-care continues to evolve, particularly as healthcare moves toward more decentralized diagnostics. So, our

benchmarks need to evolve with it. Ultimately, I would love to see our field develop more evidence-based approaches, not only for how point-of-care testing is performed, but also for how point-of-care programs are structured, staffed, and supported.

I would really like to thank all 93 institutions that contributed to this study. Their willingness to openly share their experience made this benchmarking effort possible. My hope is that this paper starts a broader conversation.

If this study encourages laboratories to compare experiences, share data, and work together toward evidence-based staffing and the governance models, then I think it will have accomplished something far beyond a single publication. I think that's the next chapter for our field.

Randye Kaye: All right. Thank you so much, and thank you for joining us today.

Min Yu: Well, thank you for having me.

Randye Kaye: That was Dr. Min Yu discussing the *JALM* special report, "Benchmarking Institutional Support for Point-of-Care Testing Programs: Scale, Staffing, and Operational Challenges." Thanks for tuning in to this episode of *JALM* Talk. See you next time, and don't forget to submit something for us to talk about.