

Building a Point-of-Care Ultrasound Programme: Five Guiding Principles



A recent analysis, published in JACR, outlines five guiding principles aimed at assisting imaging leaders in establishing point-of-care ultrasound programmes within their institutions.

Point-of-care ultrasound programmes present numerous challenges as they rapidly expand in adoption and applications beyond the traditional realm of diagnostic radiology departments.

By implementing a clearly defined framework, improvements in patient safety and the quality of care can be achieved while addressing some of the associated challenges. These challenges include placing technology in the hands of inexperienced providers, as well as concerns regarding maintenance, support, proper usage, data security, and potential turf battles.

Stanford Health Care has successfully developed an enterprise-wide Point-of-Care Ultrasound (POCUS) programme. The programme is structured around a model comprising physicians and a programme manager who collaborates closely with hospital-based operational teams.

Authors from the study outlined five POCUS principles to adopt including:

Prioritising safety: the primary motivation for establishing a framework and governance committee for a point-of-care ultrasound (POCUS) programme is to ensure high-quality and safe patient care. As POCUS usage expands, it becomes imperative to implement oversight and controls across programme supervision, training, credentialing, billing, electronic medical record/image archival workflows, quality assurance and control, as well as equipment procurement and management.

POCUS a privilege: All providers conducting POCUS exams should undergo training and obtain credentials from the hospital before using the technology.

Communication and transparency: Leaders are tasked with fostering an efficient and collaborative learning environment and keeping department heads informed about POCUS programme guidelines. Best practices are shared during POCUS governance committee meetings.

Effective record keeping: It is imperative to document clinical POCUS studies and make them retrievable within the patient's medical record.

Central management: Despite the fact that individual medical departments handle purchases through proper processes, biomedical engineering should centrally manage and track equipment.

Source: [Journal of the American College of Radiology](#)

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