

Implementing Effective Governance for Point-of-Care Ultrasound



Point-of-care ultrasound (POCUS) has become a crucial diagnostic tool across diverse healthcare environments, offering real-time clinical insights at the bedside. Its expanding usage necessitates robust governance structures to ensure standardised implementation, operational efficiency and regulatory compliance. A recent article published in the *Journal of Imaging Informatics in Medicine* examines essential governance strategies, focusing on programme oversight, clinical governance, technology management and financial considerations for sustainable POCUS integration.

Programme Governance: Establishing Clear Objectives and Oversight

Programme governance serves as the foundation for a successful POCUS strategy, ensuring alignment with institutional goals while maintaining accountability. A dedicated governance committee should supervise the strategic direction, resource allocation and stakeholder collaboration. Key responsibilities include setting policies on documentation, credentialing, infection control and quality assurance while maintaining adherence to institutional and regulatory frameworks.

Key objectives involve defining standard operating procedures, establishing consistent training protocols and developing success metrics such as training completion rates and diagnostic accuracy. Stakeholder representation from clinical departments, IT, quality assurance and billing is essential for comprehensive oversight. The committee should also promote interdisciplinary collaboration by sharing resources such as simulation labs and educational tools.

Clinical Governance: Ensuring Standardised Practice and Quality Control

Clinical governance ensures POCUS's safe and effective use by standardising training, credentialing and quality assurance measures. Since POCUS practices differ across specialities, the governance model must be flexible while ensuring standardised documentation and image retention processes. This includes determining whether order-based workflows or encounter-based imaging workflows (EBIW) are more suitable for each clinical setting.

A clinical governance committee should establish credentialing protocols aligned with speciality-specific guidelines, ensuring practitioners demonstrate competence through professional practice evaluations. Quality assurance measures, such as regular image reviews and ongoing training, should be implemented to uphold high standards. Clinical champions within departments can further support new users by offering mentorship and ensuring compliance with institutional practices.

Technology Governance: Managing Integration and Security

Technology governance ensures the seamless integration of POCUS devices and systems into the healthcare IT infrastructure while maintaining security and compliance standards. Effective technology management involves overseeing ultrasound device connectivity with electronic health records (EHR), picture archiving and communication systems (PACS) and vendor-neutral archives (VNA).

The governance framework should address device procurement, maintenance and lifecycle management. Selecting a POCUS manager system—middleware software that centralises image storage and reporting—can streamline operational efficiency. Core features such as standard-based integration, EHR compatibility and role-based access control are essential. In contrast, enhanced features like AI-assisted reporting and multi-site management can further optimise performance.

Security is paramount, especially with the increasing mobility of POCUS devices. Effective safeguards should include role-based access control,

encryption and mobile device management tools to protect patient data. Additionally, the rise of clinician-owned devices necessitates clear policies to ensure regulatory compliance and secure data management.

Financial Governance: Balancing Costs and Return on Investment

Financial governance involves overseeing the costs associated with implementing and maintaining a POCUS programme while ensuring measurable returns on investment (ROI). Key financial considerations include equipment procurement, staff training, software licensing, maintenance and consumable supplies such as ultrasound gel and infection control materials.

A financial governance committee should assess both direct costs, such as device procurement and licensing fees, and indirect costs, such as staff training and quality assurance. A phased rollout can help manage initial investment while allowing gradual system-wide expansion. To offset costs, healthcare systems can optimise billing compliance processes for POCUS charges. However, the rise of clinician-owned devices may impact the ability to apply technical charges, requiring strategic procurement planning.

Long-term sustainability can be achieved by balancing cost management with clinical benefits. Metrics such as reduced diagnostic errors, fewer procedural complications and enhanced patient throughput can further validate the financial impact of POCUS adoption.

A comprehensive governance structure for POCUS is vital for ensuring clinical excellence, operational efficiency and regulatory compliance within healthcare systems. By addressing programme, clinical, technology and financial governance components, institutions can optimise POCUS utilisation, enhance patient care and achieve long-term sustainability. Standardised policies, interdisciplinary collaboration and continuous quality improvement are key to supporting the ongoing success of POCUS programmes in diverse healthcare environments.

Source: [Journal of Imaging Informatics in Medicine](#)

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