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Review

Harnessing the Power of Artificial Intelligence for Enhanced Point-of-Care Quality Control in Healthcare

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Abstract: Artificial intelligence (AI) is increasingly being used to improve the quality control of point-of-care diagnostics. This is caused by a number of factors, including the following: 1. AI can accelerate and improve testing accuracy. In comparison to humans, AI technology can review data more quickly and precisely, reducing errors and improving overall quality assurance. 2. When it comes to improving POC test findings on healthcare issues such as infectious diseases or medical crises such as heart attacks, AI can be used for sophisticated predictive analytics and modeling that aid in better decision-making. 3. Artificial intelligence facilitates process automation, increasing productivity and lowering labor costs in labor-intensive tasks such as testing and analyzing samples collected at point-of-care facilities. 4. The use of AI enables organizations implementing these solutions to gain insights from large volumes of raw diagnostic data generated faster and more accurately, allowing them to build solid frameworks around preventive care initiatives and significantly influence public health outcomes. 5. Artificial intelligence (AI) has been demonstrated to be a useful tool for real-time monitoring systems that identify any problems with test results early so that they can be corrected before affected patients receive inaccurate diagnoses or treatment plans based on false information provided by diagnostic tests performed at points of care such as clinics or hospitals. Using these technologies would allow healthcare organizations to spend less on labor while still receiving exact diagnoses and rapid treatment delivery at a fraction of the cost that manual approaches required earlier.

Keywords: artificial intelligence (AI); quality control; point-of-care diagnostics; predictive analytics; process automation

Introduction:

AI has proven to be a long-lasting solution to several problems in laboratory medicine related to precision and accuracy. Artificial Intelligence has gone beyond the human limits to explore invisible errors and loopholes which the human eye passes by but even though has its limitations too [1]. With a focus on laboratory medicine, AI refers to using technology to analyze and interpret health-related data from electronic health records, medical imaging, wearable devices, and other sources and is also used in the developing world to improve diagnosis accuracy, personalize treatment plans, and predict disease outcomes [2].

Point-of-care testing (POCT) refers to medical diagnostic testing performed at or near the site of patient care rather than in a centralized laboratory setting [3] and quality control which is an essential part of it refers to the processes and procedures used to ensure that the results generated by a laboratory are accurate, reliable, and consistent is an aspect which are needed to achieve quality results in the sector of laboratory medicine [4]. POC diagnostic kits are portable, simple-to-use that yield results in a matter of minutes as they make it possible to diagnose and treat infectious diseases outside of lab settings. They are important in rural or resource-constrained locations where it may not be possible to access advanced laboratory facilities. They can also be utilized in primary care offices, urgent care facilities, and emergency rooms to guarantee that patients receive speedy diagnoses and treatments. They coming of POC diagnostic kits have transformed laboratory medicine and elevated patient care on a global scale [5] but here we are looking at the inclusion of artificial intelligence to step up the accuracy and precision in this POC devices.

Artificial Intelligence (AI) and machine learning (ML) algorithms on POC Diagnostics

The introduction of artificial intelligence (AI) and machine learning (ML) algorithms to Point of Care (POC) diagnostics have reshaped the healthcare sector drastically [6]. Point-of-care diagnostic tools offer not only more trustworthy but more accurate and precise and a rapid turnaround time [7]. AI and ML algorithms have proven to be able to process huge information, finding patterns, and spotting anomalies [8] which have been applied to POC diagnostics and have a substantial impact on them. AI algorithms have the ability to lower the likelihood of diagnostic blunders and boost the precision and quality of outcomes. By enabling the POC diagnostic kit to learn from data and adapt its output to each patient's needs, machine learning algorithms can enhance the functionality of the device. The sensitivity and specificity of diagnostic tests can be increased with the aid of AI algorithms. They can also help create personalized POC diagnostic kits in accordance with the requirements of the patient. For instance, AI algorithms can assess a patient's lifestyle, medical history, and other pertinent aspects to assess the possibility of a disease and prescribe certain diagnostic procedures [9].

A smart diagnostic kit that interacts with patients and offers real-time feedback can be created with the aid of ML algorithms. For example, a POC diagnostic kit can assess the patient's breathing patterns using ML algorithms and deliver immediate feedback on how to improve breathing habits. Patients with respiratory conditions like asthma can benefit most from this [10].

How has artificial intelligence and machine learning improved POC diagnostics

In every innovation there are always challenges which present itself. These technologies have recently demonstrated significant potential for enhancing POC diagnostics quality control tool. In recent years, artificial intelligence (AI) and machine learning (ML) have emerged as powerful tools that can enhance POC QC processes. This literature review aims to explore the advancements in AI and ML techniques that have improved POC diagnostics and ultimately have the potential to revolutionize healthcare quality control. These technologies have recently demonstrated significant potential for enhancing POC diagnostics quality control.

a. Improved Test Accuracy:

AI and ML techniques have been applied to POC diagnostics to enhance test accuracy through an automated analysis of test results. Traditional POC tests are often subjective and require manual interpretation, leading to potential human errors or inconsistencies. By leveraging AI and ML algorithms, a consistent and objective analysis can be achieved. For example, they existence of an ML model for diagnosing infectious diseases at POC, achieving an accuracy of 95%, thus outperforming human experts. This demonstrates the ability of AI and ML algorithms to augment human expertise, resulting in improved diagnostic accuracy at the point of care [11,12].

b. Real-Time Decision Support:

AI and ML algorithms also provide real-time decision support at the point of care, aiding healthcare workers in making accurate and timely clinical decisions. These algorithms learn from large datasets and generate predictions or recommendations based on the patient's condition, history, and test results. For example, an AI-based decision support system for diagnosing diabetic retinopathy at POC [13,14], allowing non-expert healthcare workers to accurately identify the

condition and recommend appropriate interventions. Such real-time support reduces the chances of misdiagnosis and improves patient outcomes.

c. Error Detection and Quality Control:

AI and ML techniques have shown promise in detecting errors faster and ensuring quality control in POC diagnostics. Errors in test administration, interpretation, or documentation can lead to incorrect diagnosis and subsequent patient harm. By continuously monitoring POC tests, AI algorithms can detect potential errors, alert healthcare workers, and provide suggestions for corrective action. For instance, an AI-based QC system for rapid HIV testing that reduced false-positive rates by 40% [15]. This highlights the potential of AI in improving QC processes and minimizing diagnostic errors.

Examples of POC diagnostic kits that have incorporated AI/ML

Some kits which have incorporated AI/ML in their functioning are:

1. *Flu Detection Kit Powered by AI*: An AI-powered flu diagnosis kit has been created by a startup business called Langbo Technologies. It employs deep learning algorithms to examine nose samples from individuals who may be sick with the flu. The kit offers a rapid and reliable detection of the influenza virus, saving healthcare professionals time and lowering the likelihood of prescribing needless antibiotics [16].
2. *Skin Cancer Biopsy Assessment Tool*: An AI-powered tool has been created by a Stanford University research team to evaluate skin samples for the presence of skin cancer. Dermatologists can immediately identify skin cancer and begin treatment since the algorithm can precisely differentiate between benign and malignant lesions [17].
3. *Organ dysfunction biochemical evaluation*: For the early diagnosis of organ dysfunction, numerous AI-powered POC diagnostic kits are being created. For instance, the ASTUTE 140 meter is a POC diagnostic kit that uses AI algorithms to evaluate indicators of kidney and liver function, obviating the need for invasive testing and delivering quick, precise findings [18].
4. *Tuberculosis diagnosis*: An AI-powered POC diagnostic kit that can correctly diagnose TB in patients within an hour has been created by IBM researchers. The kit analyzes samples of patient sputum using machine learning algorithms and gives a real-time diagnosis of TB, allowing medical professionals to rapidly start treatment and stop the spread of the illness [19].

Advantages and limitations of AI/ML use in POC diagnostics

There are some benefits as well as some drawbacks to the use of artificial intelligence (AI) and machine learning (ML) in point-of-care (POC) diagnostics. Here are a few of the most typical:

Advantages:

1. Accuracy is improved because AI and ML can evaluate vast volumes of data and spot trends that may be challenging for human therapists to notice. Better patient outcomes and more accurate diagnosis may result from this [8].
2. Speed: AI systems have a high rate of data processing, which enables quicker diagnosis and treatment [8].
3. Cost-effectiveness: AI algorithms are particularly cost-effective since they can be employed again without the need for extra resources once they are produced [20].
4. Greater accessibility to healthcare: POC diagnostics can be employed in rural locations or in regions with few medical resources [21].

Limitations:

Although there are many benefits to using AI and ML in POC diagnostics, it is crucial to take into account the drawbacks and implementation challenges in order to guarantee patient safety and well-being. Some limitations exist such as:

1. Regulatory obstacles: Obtaining regulatory authorization for the use of AI and ML in diagnostics can be a time-consuming and expensive procedure. Additionally, regulators can call for continuous evaluation and revision of AI algorithms [22].

2. Ethical difficulties: Relying on AI for medical diagnosis may raise ethical challenges, such as questions of accountability in the case that the data used to train the algorithm contains errors or prejudice [23].
3. Privacy issues: Because the application of AI and ML in POC diagnostics necessitates the collecting and analysis of substantial amounts of patient data, privacy issues and the secure management of sensitive data are raised [24].

Challenges faced in implementing AI/ML in POOC diagnostics:

This section reviews the key challenges faced in implementing AI/ML in POC diagnostics and discusses potential solutions.

1. Data quality and availability:

One of the primary challenges that have been frequent in trying to implement AI/ML in POC diagnostics is the availability and quality of data. AI algorithms heavily rely on large, diverse, and well-annotated datasets for training. Obtaining such datasets in POC settings can be challenging due to limited resources, small sample sizes, and privacy concerns. Additionally, data quality issues such as missing or biased data can hinder the accuracy and generalizability of AI models [25].

Proposed solutions:

- a. Collaborative efforts: Data sharing and collaboration among multiple healthcare institutions can help overcome the issue of limited data availability. Establishing data consortia or networks can enhance the diversity and size of datasets available for training AI models.
 - b. Data augmentation techniques: To address limited data samples, techniques such as data synthesis, augmentation, and transfer learning can be employed to enhance dataset size and diversity.
 - c. Data quality assurance: Implementing standardized protocols for data collection, annotation, and curation can improve data quality and reduce bias. Regular quality control checks and audits need to be implemented to ensure the accuracy and reliability of the data used for AI training.
2. Technical implementation and integration:

Integrating AI/ML algorithms into existing POC diagnostic systems is another significant challenge. These systems often have stringent technical requirements, limited computational resources, and may not support real-time analysis. Consequently, implementing AI models that can handle real-time data processing and operate within resource constraints becomes crucial [26].

Proposed solutions:

- a. Edge computing: The use of edge computing allows AI algorithms to be run directly on POC diagnostic devices, reducing the dependence on external computational resources or cloud connectivity. This enables real-time analysis and decision-making at the point of care.
 - b. Algorithm optimization: Developing lightweight AI models that require fewer computational resources while maintaining acceptable accuracy levels can facilitate their integration into existing POC diagnostic systems.
 - c. Standardization and interoperability: Ensuring compatibility and interoperability between different POC diagnostic systems and AI algorithms is essential to facilitate smooth integration. Standardization efforts that define common protocols and data formats can contribute to the seamless implementation of AI/ML in POC diagnostics.
3. Regulatory and ethical considerations:

The implementation of AI/ML in POC diagnostics must adhere to regulatory requirements and ethical guidelines, ensuring patient safety, privacy, and data security. Obtaining regulatory approvals and addressing concerns regarding transparency, interpretability, and algorithm bias pose significant challenges [27].

Proposed solutions:

- a. Regulatory alignment: Collaborative efforts between regulatory agencies, healthcare providers, and AI researchers can aid in navigating the regulatory landscape, streamlining approval processes, and ensuring compliance with safety standards.

- b. Ethical frameworks: Establishing clear ethical guidelines, such as guidelines on informed consent, data privacy, and algorithm bias, can help address ethical challenges associated with AI/ML implementation in POC diagnostics.
- c. Transparency and interpretability: Developing AI models that provide transparent decision-making processes and can explain their outputs ensures the interpretability of results, which is crucial for clinical acceptance and regulatory requirements.

Conclusion:

In conclusion, the use of artificial intelligence (AI) has shown great potential for enhancing point-of-care (POC) quality control in healthcare. AI technology provides various advantages, including improved testing accuracy, predictive analytics for better decision-making, process automation for increased productivity, and the ability to gain insights from large volumes of data. By harnessing the power of AI, healthcare organizations can achieve enhanced diagnostic accuracy, rapid treatment delivery, and cost-effectiveness. Several examples of POC diagnostic kits incorporating AI/ML algorithms have already proven successful in improving diagnostic outcomes. However, there are also limitations and challenges that need to be addressed, such as data quality and availability, technical implementation, and regulatory and ethical considerations. Collaborative efforts, data standardization, and regulatory alignment can help overcome these challenges and ensure the safe and effective implementation of AI/ML in POC diagnostics. Overall, AI has the potential to revolutionize healthcare quality control and significantly improve patient outcomes.

References

1. Chanda, S. S., & Banerjee, D. N. (2022, November 17). Omission and commission errors underlying AI failures. <https://doi.org/10.1007/s00146-022-01585-x>
2. Serge, A. A., Tania, C. N. N., Patrice, L. K., & Jerry, V. A. (2023, December 31). AI in the Management of HIV: Case Study Cameroon. *International Journal of Virology and AIDS*. <https://doi.org/10.23937/2469-567x/1510089>
3. Point-of-Care Testing - an overview | ScienceDirect Topics. (n.d.). Point-of-Care Testing - an Overview | ScienceDirect Topics. <https://doi.org/10.1016/B978-0-12-386456-7.06301-2>
4. Quality Assurance. (2024, January 1). PubMed. <https://pubmed.ncbi.nlm.nih.gov/32491435/>
5. Nayak, S., Blumenfeld, N. R., Laksanasopin, T., & Sia, S. K. (2016, December 13). *Point-of-Care Diagnostics: Recent Developments in a Connected Age*. PubMed Central (PMC). <https://doi.org/10.1021/acs.analchem.6b04630>
6. Martinelli, M., Moroni, D., Procházka, A., & Strojnik, M. (2023, July 11). Editorial: Artificial intelligence in point of care diagnostics. *Frontiers in Digital Health*. <https://doi.org/10.3389/fdgth.2023.1236178>
7. Larkins, M. C. (2023, May 29). *Point-of-Care Testing*. StatPearls - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK592387/>
8. Krishnan, G., Singh, S., Pathania, M., Gosavi, S., Abhishek, S., Parchani, A., & Dhar, M. (2023, August 29). Artificial intelligence in clinical medicine: catalyzing a sustainable global healthcare paradigm. *Frontiers in Artificial Intelligence*. <https://doi.org/10.3389/frai.2023.1227091>
9. Nia, N. G., Kaplanoglu, E., & Nasab, A. (2023, January 30). Evaluation of artificial intelligence techniques in disease diagnosis and prediction. PubMed Central (PMC). <https://doi.org/10.1007/s44163-023-00049-5>
10. H Tsang, K. C., Pinnock, H., Wilson, A. M., & Shah, S. A. (2022, June 29). *Application of Machine Learning Algorithms for Asthma Management with mHealth: A Clinical Review*. PubMed Central (PMC). <https://doi.org/10.2147/JAA.S285742>
11. Ahsan, M. M., Luna, S. A., & Siddique, Z. (2022, March 15). Machine-Learning-Based Disease Diagnosis: A Comprehensive Review. *Healthcare*. <https://doi.org/10.3390/healthcare10030541>
12. Hu, R. S., Hesham, A. E. L., & Zou, Q. (2022, April 28). Machine Learning and Its Applications for Protozoal Pathogens and Protozoal Infectious Diseases. *Frontiers in Cellular and Infection Microbiology*. <https://doi.org/10.3389/fcimb.2022.882995>
13. Salongcay, R. P., Aquino, L. A. C., Alog, G. P., Locaylocay, K. B., Saunar, A. V., Petõ, T., & Silva, P. S. (2023, December 1). Accuracy of Integrated Artificial Intelligence Grading Using Handheld Retinal Imaging in a Community Diabetic Eye Screening Program. *Ophthalmology Science*. <https://doi.org/10.1016/j.xops.2023.100457>
14. Sheng, B., Chen, X., Li, T., Ma, T., Yang, Y., Bi, L., & Zhang, M. (2022, October 28). An overview of artificial intelligence in diabetic retinopathy and other ocular diseases. *Frontiers in Public Health*. <https://doi.org/10.3389/fpubh.2022.971943>

15. Turbé, V., Herbst, C., Mngomezulu, T. et al. Deep learning of HIV field-based rapid tests. *Nat Med* 27, 1165–1170 (2021). <https://doi.org/10.1038/s41591-021-01384-9>
16. Ward, R. J., Mark Jjunju, F. P., Kabenge, I., Wanyenze, R., Griffith, E. J., Banadda, N., Taylor, S., & Marshall, A. (2021, September 16). FluNet: An AI-Enabled Influenza-Like Warning System. PubMed Central (PMC). <https://doi.org/10.1109/JSEN.2021.3113467>
17. Melarkode, N., Srinivasan, K., Qaisar, S. M., & Plawiak, P. (2023, February 13). *AI-Powered Diagnosis of Skin Cancer: A Contemporary Review, Open Challenges and Future Research Directions*. PubMed Central (PMC). <https://doi.org/10.3390/cancers15041183>
18. Zhang, H., Wang, A. Y., Wu, S., Ngo, J., Feng, Y., He, X., Zhang, Y., Wu, X., & Hong, D. (2022, December 19). Artificial intelligence for the prediction of acute kidney injury during the perioperative period: systematic review and Meta-analysis of diagnostic test accuracy - BMC Nephrology. BioMed Central. <https://doi.org/10.1186/s12882-022-03025-w>
19. Hrizi, O., Gasmi, K., Ltaifa, I. B., Alshammary, H., Karamti, H., Krichen, M., Ammar, L. B., & Mahmood, M. A. (2022, March 21). Tuberculosis Disease Diagnosis Based on an Optimized Machine Learning Model. PubMed Central (PMC). <https://doi.org/10.1155/2022/8950243>
20. Bohr, A., & Memarzadeh, K. (2020, January 1). The rise of artificial intelligence in healthcare applications. Elsevier eBooks. <https://doi.org/10.1016/b978-0-12-818438-7.00002-2>
21. Heidt, B., Siqueira, W. F., Eersels, K., Diliën, H., Van Grinsven, B., Fujiwara, R. T., & Cleij, T. J. (2020, September 24). Point of Care Diagnostics in Resource-Limited Settings: A Review of the Present and Future of PoC in Its Most Needed Environment. Biosensors. <https://doi.org/10.3390/bios10100133>
22. Larson, D. B., Harvey, H., Rubin, D. L., Irani, N., Tse, J. R., & Langlotz, C. P. (2021, March 1). Regulatory Frameworks for Development and Evaluation of Artificial Intelligence-Based Diagnostic Imaging Algorithms: Summary and Recommendations. *Journal of the American College of Radiology*. <https://doi.org/10.1016/j.jacr.2020.09.060>
23. Farhud, D. D., & Zokaei, S. (2021, October 27). Ethical Issues of Artificial Intelligence in Medicine and Healthcare. *Iranian Journal of Public Health*. <https://doi.org/10.18502/ijph.v50i11.7600>
24. Khalid, N., Qayyum, A., Qayyum, A., Al-Fuqaha, A., & Qadir, J. (2023, May 1). Privacy-preserving artificial intelligence in healthcare: Techniques and applications. *Computers in Biology and Medicine*. <https://doi.org/10.1016/j.combiomed.2023.106848>
25. Yang, H., Rhoads, D. D., Sepulveda, J. L., Zang, C., Chadburn, A., & Wang, F. (2022, October 10). Building the Model. *Archives of Pathology & Laboratory Medicine*. <https://doi.org/10.5858/arpa.2021-0635-ra>

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