# Use of SNOMED CT in a Clinical Decision Support System for Critical Care

Maria Hendrickson, RN-BC, MSN, MSCS

Steve Kelleher, RN, BSCS





Describe how SNOMED CT can be used to normalize clinical data from disparate systems for a clinical decision support system (CDSS).

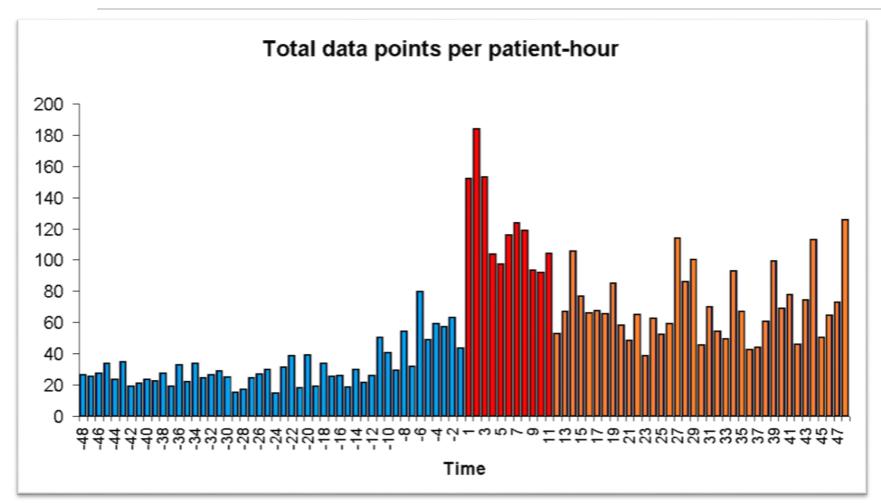
Describe how SNOMED CT can be used for intra-system communication in a CDSS.

#### What is Clinical Decision Support?

**Clinical decision support** (CDS) provides clinicians, staff, patients or other individuals with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and health care. The Office of the National Coordinator for Health Information Technology (ONC). Clinical Decision Support (CDS). Retrieved September 28, 2017, from URL <u>https://www.healthit.gov/policy-researchers-</u> implementers/clinical-decision-support-cds

**Clinical Decision Support** is a process for enhancing health-related decisions and actions with pertinent, organized clinical knowledge and patient information to improve health and healthcare delivery. Osheroff JA et al. (2012). *Improving outcomes with clinical decision support: an implementer's guide (2<sup>nd</sup> Edition)*. Chicago: Healthcare Information and Management Systems Society Press

#### The Challenge: Data Volume in the ICU



Microbiology, labs, medications, chest X-ray, Nurses flow sheet, Clinical notes (history and impression/plan) – Vitals Signs excluded!

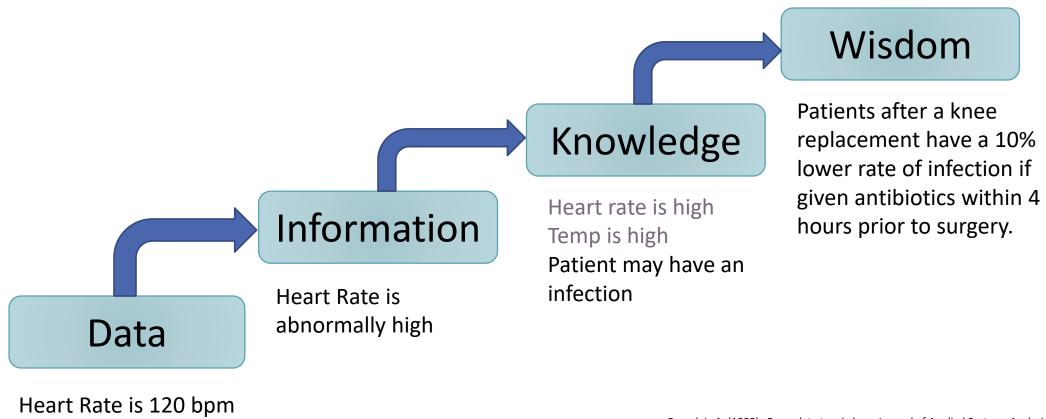
An average of **1348** points of data are collected each day per patient, with the quantity of data increasing 26% over 5 years. <sup>[1]</sup>

Day 1 represents the first day of ICU admission

Herasevich V, Litell J, Pickering B. Electronic medical records and mHealth anytime, anywhere. *Biomed Instrum Technol*. 2012 Fall;Suppl:45-8. doi: 10.2345/0899-8205-46.s2.45. PubMed PMID: 23039776.

[1] Manor-Shulman O, Beyene J, Frndova H, Parshuram CS. Quantifying the volume of documented clinical information in critical illness. J Crit Care 2008; 23(2): 245-250.

#### **DIKW Hierarchy**



in this adult patient

Russel, L. A. (1989). From data to wisdom, *Journal of Applied Systems Analysis*,16 Zeleny, M. (1987). Management support systems: towards integrated knowledge management." *Human Systems Management*, 7

# One Solution to the Challenge: A CDSS

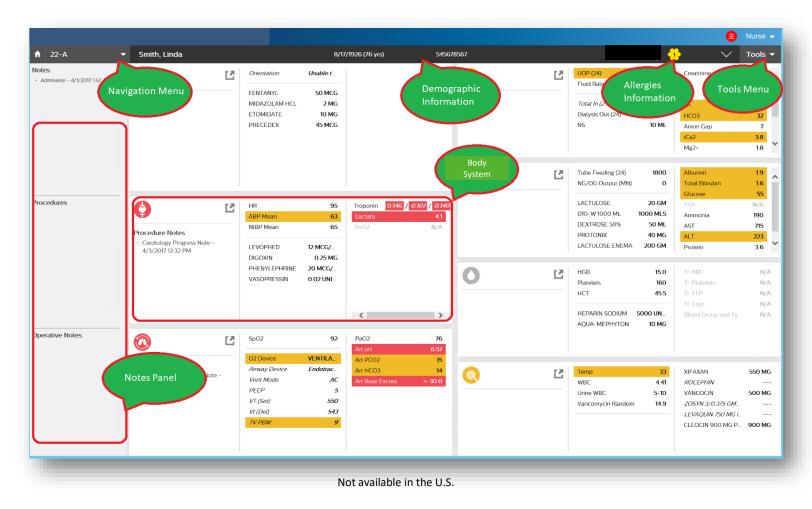
#### **Care Unit View**

		😦 Nurse 🗸
♀ General         > CSICU ▼           17-A         18-A           Koot         V/vian           5456/5431         Age: 84         LOS: 1 days           २०००         ♦         ♦         ♦	19-A       20-A         Perry       Li         Mary       Jia         545675931       Age: 72       LOS: 1 days         545676933       Age: 42       LOS: 1 days	Find a patient     Q       21-A     Patorski       David     X       545678231     Age 33     LOS 1 days       Q     ↓     ▲     Q
16-A Michael Paul 545674431 Age: 43 LOS: 1 days		22-A Smith Linda 545678567 Age: 76 LOS: 1 days
<sup>15-A</sup> Geary	22-A	
Kevin 545679162 Age:57 LOS:1 days 🧇 🖤 🔥 € 📩 🌢 ô	Smith	×
14-A Smith Lynda 546679980 Age: 66 LOS: 1 days	Linda	
🧇 🌘 💽 🤳 🌢 🍭	545678567 Age: 76	LOS: 1 day
Not available in the U.S.	🧠 🛉 🕐 🕃	

#### A CDSS system

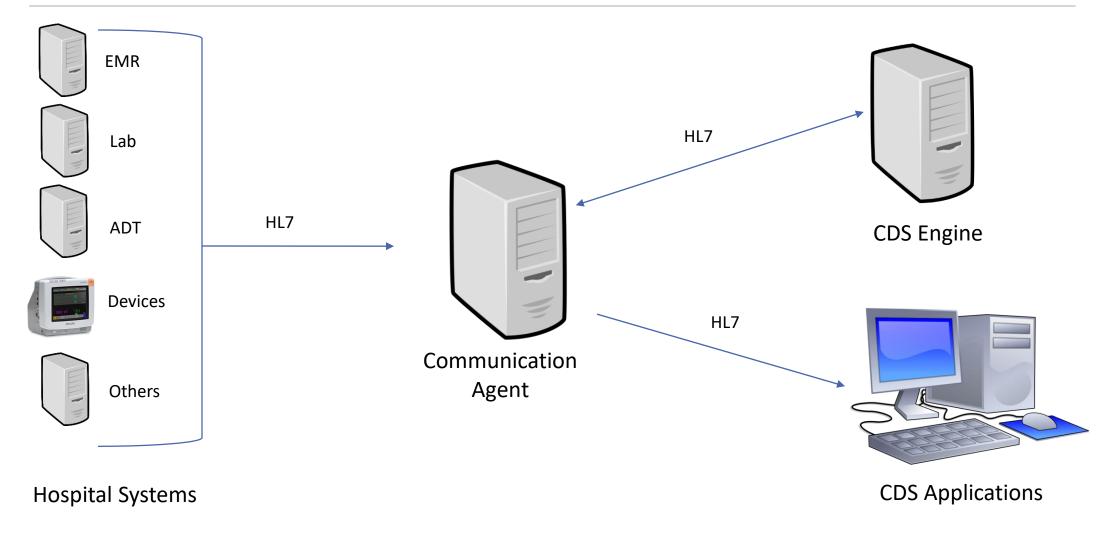
- Critical care adults
- Purpose is to transform patient data into knowledge and information
- Design based upon usability and clinician data usage studies
- Supported by research grants from the USA government
- Focus of research at 3 hospitals
- Shows positive results
- Is now commercially available

#### Individual Patient View



- Presents high-value relevant patient information on a single screen
- Provides more in-depth medical history and physiologic data organized by organ system and with visual cues indicating status

# CDSS Topology



October 19-20, 2017: SNOMED CT Expo 2017

Use of SNOMED CT in a CDSS for Critical Care M. Hendrickson, S. Kelle

# IT Systems to Communication Agent

- HL7 Messages to Communication Agent
  - ADT HL7 messages such as the A01, A08, A02, etc. to admit, transfer, discharge patient
  - ORU messages from EMR, devices, and labs for patient observations
  - MTM messages for documents and test reports
- IT systems data is identified by the sending system using the senders desired terminology such as LOINC
- Only those data elements pertinent to the CDS algorithms and to the application are captured

# Role of Communication Agent in Inbound

- Transform inbound data into HL7 messages understood by the CDS engine
  - Transform inbound HL7 messages to ORU messages
  - Translates ADT messages as needed
- **Translates** inbound identifiers into SNOMED CT concepts
  - Maps any inbound identifiers to SNOMED CT using a mapping file for a fixed set of identifiers
  - Maps inbound drugs to key drug therapeutic category, based upon American Hospital Formulary Service (AHFS)
- •De-Identifies patient data sent to the CDS engine
  - In preparation to place the CDS engine in the cloud if desired by customers. Research program was cloud based
- •Exports HL7 messages as ORU and ADT to the CDS Engine

# Example of Customer Mapping

SNOMED CT	Name	иом	Inbound Identifiers
			L14 (Basic Metabolic Panel), "Potassium^POTASSIUM"
			L10407 (Comprehensive Metabolic Panel), "Potassium^POTASSIUM"
59573005	Potassium measurement (procedure)	mmol/L	L174 (Potassium), "Potassium^POTASSIUM"
			L1190 (Urine, Urea Nitrogen), "Urine, Urea Nitrogen^UREA NITROGEN UR"
			L14 (Basic Metabolic Panel), "Urea Nitrogen^UREA NITROGEN"
			L10407 (Comprehensive Metabolic Panel), "Urea Nitrogen^UREA NITROGEN"
			L191 (Urea Nitrogen), "Urea Nitrogen^UREA NITROGEN"
			L10257 (Pre and Post Dialysis BUN with Kt/V Ratio), "Pre-Dialysis Urea Nitrogen^Pre-Dialysis
			BUN"
			L10257 (Pre and Post Dialysis BUN with Kt/V Ratio), "Post-Dialysis Urea Nitrogen^Post-Dialysis
105011006	Blood urea nitrogen measurement (procedure)	mg/dL	BUN"
			L10431 (Venous, Blood Gas, Comprehensive), "Venous, Sodium^Sodium, Venous"
			L10401 (Venous, Blood Gas, Electrolytes and Metabolites), "Venous, Sodium-Sodium, Venous"
			L14 (Basic Metabolic Panel), "Sodium^SODIUM"
			L10407 (Comprehensive Metabolic Panel), "Sodium^SODIUM"
			L181 (Sodium), "Sodium^SODIUM"
			L10429 (Capillary, Blood Gas, Comprehensive), "Capillary, Sodium^Cap Sodium"
			L10291 (Capillary, Blood Gas, Electrolytes and Metabolites), "Capillary, Sodium^Cap Sodium"
			L10427 (Arterial, Blood Gas, Comprehensive), "Arterial, Sodium^SODIUM-BLOOD GAS"
25197003	Sodium measurement (procedure)	mmol/L	L128 (Arterial, Blood Gas, Electrolytes and Metabolites), "Arterial, Sodium^SODIUM-BLOOD GAS"

Contents of file is used to configure the mapping in the communication agent

#### ORU message from Agent to CDS Engine

MSH|^~\&||||20150726000524||

ORU^R01|HP0726000525998-7-842|P|2.3|||||8859/1||Monitor

PID|||B3B604A7AD4E4A2E8D7EF321FE4B7B44^^^MR||284CD224E2FA4475AC93395BDB28E 665

PV1|||1^9^9^1

OBR|2|||364075005^Heart rate (observable entity)^SNM||20150726000524

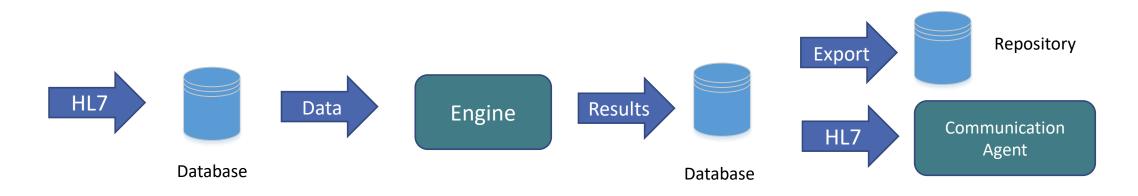
OBX11NM1364075005^Heart rate (observable entity)^SNM1010711111F

OBX|3|ST|118170007^Source^SNM||Monitor

# CDS Engine

•Accepts the inbound patient data and stores it into the database.

- •Inbound data is mapped to CDS engine data dictionary using SNOMED CT.
- •Executes clinical algorithms on that data and generates results, stored in the database
- •Results data dictionary items are tagged with SNOMED CT
- •Results are exported via HL7 as ORU messages with SNOMED CT
- •Inbound data and results are copied into in a data repository with SNOMED CT



# CDS Algorithms

•A fixed set of algorithms as defined by the research program

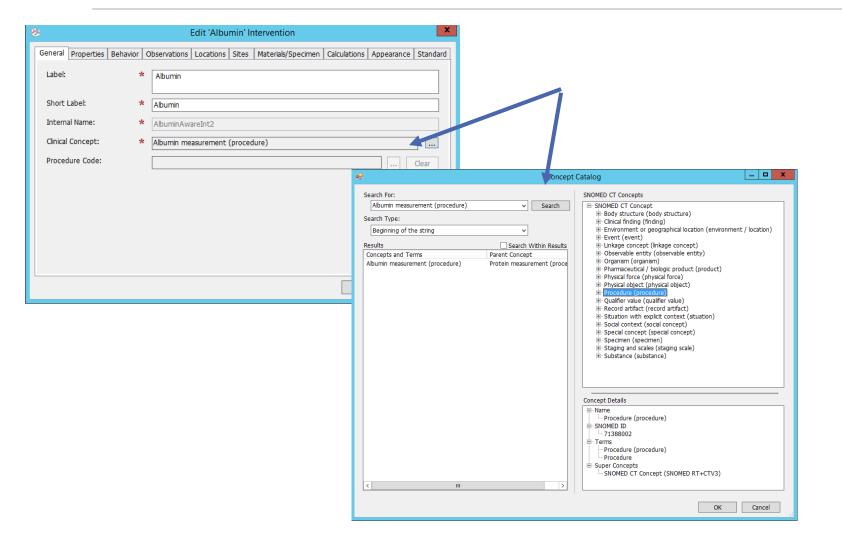
•Algorithms do the following in general

- Assigns parameter to body system
- Identifies whether the data is normal, abnormal, or critical based upon clinical algorithms
- Identifies whether the data is current, old, very old, or obsolete
- Totals fluids intakes
- Identifies the statuses of a body systems as normal, abnormal, or critical
- Identifies whether the patient is on key therapies like vasopressor drugs or respiratory ventilation
- •Algorithm Source
  - Algorithms are based upon clinical research for adult critical care patients in multiple US hospitals
  - Identify issues important to survival and recovery

# Mapping SNOMED CT Inbound in Engine

	۵	HL7 Interfaces	x
	Interface       Lab Results         General       Laboratory       Microbiology       Pathology         Intervention Mappings       Microbiology       Pathology         Intervention Mappings       Acetaminophen: 46093004; Systemized Nomenciat       Image: Systemized Nomenciat         AbnormalFlag: 280415008; Systemized Nomenciat       Image: Systemized Nomenciat       Image: Systemized Nomenciat         AlburninMsmt: 26758005; Systemized Nomenciat       Systemized Nomenciat       Image: Systemized Nomenciat         AlburninMsmt: 26758005; Systemized Nomenciat       Systemized Nomenciat       Image: Systemized Nomenciat         AlburninStratus: 261420005; Systemized Nomenciat       Systemized Nomenciat       Image: Systemized Nomenciat         Alt (SGPT): 250636007; Systemized Nomenciat       Systemized Nomenciat       Image: Systemized Nomenciat         Anmonia: 59960001; Systemized Nomenciat       Aning: Systemized Nomenciat       Aning: Systemized Nomenciat         Anino Gap: 25469001; Systemized Nomenciat       Aning: Systemized Nomenciat       Image: AptT: 42525009; Systemized Nomenciat	Field       Property:     *       OBX Result ID:     *       26758005       OBX Code System       System:     *       System:     *       Other:     *	Patient data is mapped to data dictionary interventions for storing into the CDS Engine database using SNOMED CT.
	Arterial HCO3: 88645003; Systemized Nome Arterial pCO2: 250564007; Systemized Nom v		SNOMED CT
SNOMED CT	Add Edit Delete	New Apply Reset	
		OK Cancel	

#### Results Data Dictionary use of SNOMED CT



All outbound data is identified with SNOMED CT

Configuration Editors allow one to assign SNOMED CT concepts to resulting interventions and attributes for outbound

# Example of an Outbound HL7 Message

MSH | ^~\& | System.CIS.PatientResult.BL^PAPAppSvr1^DNS | Philips.CIS.CVC | | 20150825181014 | |

PID|||04Aug\_29^^^System.CIS.ADT^MR||9E0B829A514C4CB48B7E0A8B012F6127

PV1||I|1\_3^1\_3\_7\_7

OBR|1|||26758005^Albumin^SNM|||20150825180600|||||2.7 20150825220600 Albumin 2.7 25 Aug 2015 18:06####20150825180600 CALC LAB |||||||||||

OBX|5|ST|278195005^BodySystem^SNM||GI|||N|||F|||20150825180500||^Services^D

OBX|6|ST|**371234007**^ColorRGB^SNM||rgb(255,255,0)|||N|||F|||20150825180600||^Services^D

OBX|15|ST|26758005^Result^SNM||2.7|||N|||F|||20150825180600||^Services^D

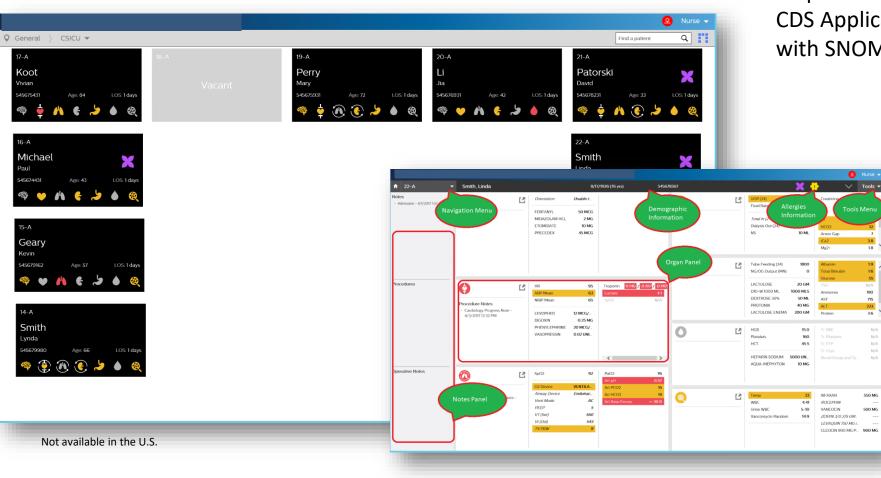
#### Communication Agent to Application

- **Re-identifies** the patient in the HL7 messages by adding medical record numbers, bed number, etc.
- Attaches information that was removed during anonymization
- **Sends** ADT and ORU messages to the CDS Application. All data is identified with SNOMED CT concepts in ORU messages.

# CDS Application

- Admits, discharges, and transfers the patients based upon the HL7 ADT messages
- Displays patient information based upon the ORU messages from the CDS engine including
  - Intake and Output totals for current day and as trend over days
  - Patient parameters with their severity status, their age, their most recent value, and their values as a trend over days
  - The status of body systems as normal, abnormal, and critical as icons on the multi-patient view and the single patient view
  - Pertinent diagnostic reports and clinical notes along with their age
  - Key and recent therapies, medications, and procedures, pertinent to critical care

#### **CDS** Application



All patient data is stored in the CDS Application database tagged with SNOMED CT concepts

# In Summary

- The incoming data from hospital systems are mapped to a fixed set of defined SNOMED CT concepts.
- The data, tagged with SNOMED CT concepts, are processed through CDS algorithms by the CDS engine.
- The data is sent to the Applications as HL7 messages with SNOMED CT concepts to be displayed in the applications
- SNOMED CT can be used to normalize diverse inbound patient data and supports the exchange of that data among the components of the CDSS.
- •SNOMED CT covers all of the concepts required for the data and the outbound results of the algorithms for these specific algorithms for critical care adult patients

# References for more information

Herasevich, V., Gajic, O., and Pickering, B (2013, March 3-7). Information Technology Can Reduce Time Spent on Data Gathering Activities in the ICU. Poster presentation at HIMSS 2013 Physicians Symposium, New Orleans, LA

Manor-Shulman, O., Beyene, J., Frndova, H., & Parshuram, C. S. (2008). Quantifying the volume of documented clinical information in critical illness. *Journal of Critical Care*, 23(2), 245-250.

Olchanski, N., Dziadzko, M.A., Tiong, I.C. et al. (2017) Can a novel ICU data display positively affect patient outcomes and save lives? *J Med Syst* 41: 171. https://doi.org/10.1007/s10916-017-0810-8

Pickering, B. W., Herasevich, V., Ahmed, A., & Gajic, O. (2010). Novel representation of clinical information in the ICU: developing user interfaces which reduce information overload. *Appl Clin Inform*, 1(2), 116-131.



# Questions?

Feel free to contact me with questions at

Maria.Hendrickson@Philips.com

October 19-20, 2017: SNOMED CT Expo 2017

Use of SNOMED CT in a CDSS for Critical Care M. Hendrickson, S. Kellehe