Current State Refresher - Why Now why Not sooner

● 25 years of fixes
● Incomplete or Erroneous prior to SNOMED CT
● Incomplete or Erroneous SNOMED RT
● Unpoliced content submissions and no Submission policies
● Evolution of Editorial Guidelines - weak to strong
● 10 years ago they were classifying once a day and make all the changes run the classification and repeat change corrections
● Focus was on adding content
● Why NOW
  ○ Technology and processing power is enabling these changes to happen now and keep overall impacts lower
  ○ Batch volumes analysis & Template construction are enabling a more efficient and through approach
SNOMED CT hierarchies

The distribution of active concepts in SNOMED CT among all first level hierarchies.

- Clinical finding (finding) 33%
- Procedure (procedure) 17%
- Organism (organism) 11%
- Substance (substance) 8%
- Physical object (physical object) 5%
- Qualifier value (qualifier value) 5%
- Observable entity (observable entity) 3%
- Event (event) 3%
- Environment or geographical location 3%
- Social context (social context) 2%
- Situation with explicit context 1%
- SNOMED CT Model Component (model component) 1%
- Staging and scales (staging and scales) 1%
- Special concept (special concept) 1%
- Record artifact (record artifact) 1%
- Physical force (physical force) 1%

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QI Scope - 3+ year plan - First Level Hierarchies

**In Scope**

Clinical Findings.............33%

**2019 or later**

- Procedures...................17%
- Body Structure..............11%
- Substance....................08%
- Pharmaceutical..............05%
- Observable Entity...........03%
- Specimen.....................02%
- Situations...................02%

Approx 90% Coverage

**Out of Scope**

- Physical Object.............01%
- Qualifier Value..............01%
- Social Context...............01%
- Events........................01%
- Environment..................01%
- SNOMED CT Model.............01%
- Staging and Scales.........01%
- Special Concept.............01%
- Record Artifact..............01%
- Physical Force...............01%
- Organism.....................10%

Approx 10%
**Quality Initiative Project**

- **Pilot phase** has completed successfully, the focus of the work was on 46866001 |Fracture of lower limb (disorder)| completed successfully.

- Clinical findings chosen as the area to address first as it is the most broad covering over 33% and most used, of SNOMED CT [https://dailybuild.ihtsdotools.org/qa/](https://dailybuild.ihtsdotools.org/qa/)

- Allocated resources are 10.5 working days per week, there are approximately 600 days of work left, therefore the project is predicted to take another year from the time of reporting.
Clinical Findings Progress

❖ In Scope
➢ 83,117 concepts - 37,400 Concepts Reviewed & Structurally Corrected
➢ 13,332 in progress, 36,385 to be planned to close off Clinical Findings

❖ Constraints
➢ Once we correct one area it subsequently corrects or identifies other areas,
➢ Pattern 5 involving role group and crossovers has decreased by over 400, issues in other sub-hierarchies outside of Clinical Findings, have been corrected

❖ Future template implementation points -
➢ the CRS tool/ content developers in National Extensions, etc.
➢ Organisms & Genomics etc. will adopt this process the QI process

❖ Status of Templates development and deployment: In progress: 20, For review: 7, Ready for implementation: 21 and Active in SCA tool: 4
Quality Project Impacts

Positive

- SLA - 1468 requests - 1,158 .....79% Completed ...slightly below 90% SLA metric however high in terms of stoppage for only clinical relevant changes policy. 600 outside of these number moved to QI project
- Mapping - 1400 completed last release - 1300 to date this release - No major impact to date
- New Concepts Added - Jan 2019 Current - 3169 - Maintaining avg new additions
- Patterns - Role Group Crossovers - being reduced as a by product of the work Need to add numbers here as well

Negative

- Tracking Work Efforts - Creates added burden on staff to document
- Resource movement and progress - Could be doing more, difficult to switch knowledge areas where needed - mitigating with new resource contract with 3M etc. to avoid internal resource burnout as well.
Quality Scope Not Just Clinical Findings

Drugs - Incorporating the QI processes - Thousands now conforming to International model. National concept model is nearing completion

Substance - Concept model in progress and incorporating the QI processes - Implemented to date

- Substance concepts were improved in the areas of case sensitivity and alignment to the International Nonproprietary Name - INN (~2000)
- The "Is modification" attribute has been implemented for substance concepts (~100s). For many of these concepts, missing structural parents have been added (~100)
- New Substance concepts (primarily required for medicinal products), new Disposition Groupers and new Structural groupers have been added (>100). New Disposition Groupers were modelled and fully defined

New Initiatives - Organisms & Genomics etc. will adopt this process the QI process

Anatomy - Revision of IS A relationships between Structure concepts & approx 12k Changes in anatomy hierarchy to be reviewed and implemented either in the production or the new model.

Description Logic implemented - SCT Logical Profile specification and SCT OWL guide have been published in July 2018 release. Majority of functionality is supported in tooling
Quality Improvement versus Quality Initiative Project

Quality is a day to day activity and other areas where we have put emphasis on policing Quality

**CRS** - Guidelines and templates, criteria of acceptance to reduce error and increase quality submissions

**Clinical Groups** - Are always a ref points for potential advisory on clinical modeling

**Editorial Guide** - Completely revamped for ease of use and clearer content for editing etc.

**Release Notes** - Completely revamped

**Early visisability** - Notices implemented