

# SNOMED International Quality Initiative

MF Update Aug 2018

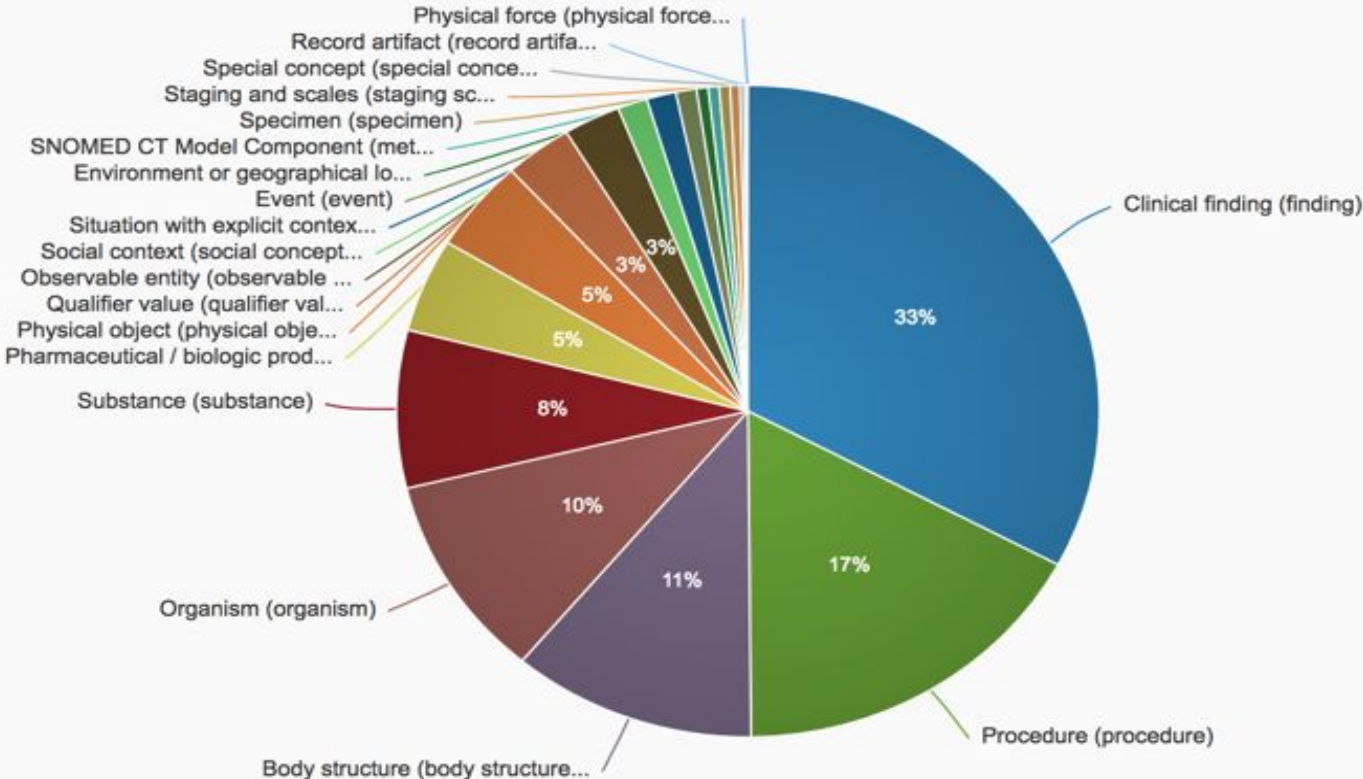


# Current State Refresher - Why Now why Not sooner

- 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.



# 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%

- 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/>
- 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

