The Australian Pathology Units and Terminology Standards and Guidelines

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Audience
People interested in standardisation of code-sets: particularly LOINC, SNOMED CT and UCUM

Objectives
To provide international awareness of the Australian efforts to standardise terminology and units in Pathology
To elaborate on some of the difficulties in producing LOINC and SNOMED CT subsets.

Abstract
1) The Australian Pathology Units and Terminology Standards and Guidelines (APUTS) project addressed the following aims:
   a. produce a revised standard for the use of units in pathology indicating preferred units for display and a mechanism for their representation in electronic messaging.
   b. produce Australian pathology terminology sub-sets (or reference sets) of pathology terminology for requesting and reporting pathology by discipline.
   c. standardise report terminology for common chemistry items and a fully specified terminology for the reporting of common chemistry items used in decision support.
   d. review the protocols for structured cancer reporting to ensure terminology is available, consistent and ultimately able to be used in electronic decision support.

2) The initial work for this standard and its associated documents was developed by some 80 pathologists, other clinicians, scientists and informaticians as part of the RCPA Pathology Units and Standardisation Project from April 2011 to November 2012.

3) To support the aims of the project:
   a. UCUM was selected as the terminology to be used for units of measure
   b. SNOMED CT was selected as the terminology to be used for pathology requesting (HL7 orders).
   c. LOINC was selected as the terminology for reporting lab observations (test terms).
   d. SNOMED CT was selected as the terminology of choice for coded results (e.g microorganisms)
   e. Preferred terms (test names) were defined for a number of common tests used in electronic reporting of lab results.

4) This presentation will address a number of issues arising during the project, including:
   a. How to identify lab tests that should not be combined where the source labs are different.
   b. Issues with reporting and display of units in HL7 messages
   c. How to address an area where content is lacking (cancer reporting protocols)

References