■ INTERNATIONAL HEALTH TERMINOLOGY
STANDARDS DEVELOPMENT ORGANISATION

Nationwide standardization of patient information in clinical building blocks for patients' transfer, quality management and other applications: standardization aspects

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Audience
All those who are interested in better information, and re-usable information

Objectives
To show an approach that in the long run will lead to better information quality in healthcare

Abstract
The 8 university medical centers (UMCs) in the Netherlands collaborate with the national institute for IT in healthcare (Nictiz) in a rather ambitious program that aims to improve the consistency and wide usability of the information as documented in the clinical process. This program aims first of all at defining and implementing standards for the unambiguous and one-time registration. The second challenge the program picks up is the documentation process itself, in the clinical environment, which will require serious effort in finding the right tools and user interfaces, and to motivate the people involved. The third challenge, finally, will be the use of these clinical data, first of all in the care process within the institutions, but also in transfers of patients to other institutions, clinical research, quality of care management, financial management, etc.

This presentation will describe the basics of the information standards used here, and especially the place SNOMED CT has in that, for the content coding. The structure of the Continuity of Care Record (CCR) standard, with its 17 chapters, has been the inspiration and the starting point. Within this high-level structure so-called Clinical Building Blocks (CBBs) have been defined. These building blocks are defined totally independent of the future use, so it is the assumption that the CBBs can be used for all usage purposes listed above. A first set of 37 blocks was delivered in March 2013, in close collaboration with the clinical community from the UMCs. Since then, more than 80 requests for change have been accommodated. These CBBs all belong to the core set, representing the generic information that is assumed to be essential in every patient transfer. A further project is enriching and extending this set for nursing information. Yet another project is looking at the disease-specific enhancements and extensions that will be needed to go beyond the core-set. Head and Neck tumors are the object of investigation here. The clinical building blocks were built based upon the ISO standard for structuring Detailed Clinical Models (DCMs), but a 'light' version was taken that does not use all the sections of the DCM standard. For the content filling within the CBBs SNOMED CT is the standard of choice. But also LOINC is used (especially for laboratory data), the G-Standard (the Dutch national medication standard), and in some occasions even free text is allowed. The main driver has been the implement-ability on the short term, the program has decided to go step by step, with usable and used intermediate results. Information on this process, the content of the CBBs, and especially the value of SNOMED CT will be given.

References
1. http://www.nictiz.nl/gog/en