

ICNP to SNOMED CT (Diagnoses) Equivalency Table Release Notes - July 2017

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The equivalency table is also available for download from the ICN website: <http://www.icn.ch/what-we-do/icnp-download/>

Users of the table must comply with the licensing agreements of both ICN and SNOMED International.

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1 Introduction

The International Classification of Nursing Practice (ICNP) to SNOMED CT nursing diagnoses (problems) equivalency table is a product of an ongoing programme of work carried out under a pre-existing collaboration agreement between the International Council of Nurses (ICN) and the International Health Terminology Standards Organisation (IHTSDO). The work commenced in May 2014 and the first joint release of the candidate baseline equivalency table took place in April 2015, for review and feedback.

2 Background

The overarching aim of the collaboration agreement, first established in 2010 and updated in September 2014, was to advance terminology harmonisation and foster interoperability in health information systems. Joint work would build on previous efforts, culminating in joint publication of:

- a) An equivalence table between the International Classification for Nursing Practice (ICNP®) and SNOMED Clinical Terms (SNOMED CT®) for nursing diagnoses
- b) An equivalence table between ICNP and SNOMED CT for nursing interventions.

The initial effort centred on nursing diagnoses, specifically problems – the focus of this release document. Other related work includes the identification of SNOMED CT equivalencies for ICNP nursing interventions and in the future ICNP positive nursing diagnoses (i.e. goals or expected outcomes).

3 Motivation

The ICNP, a product of the ICN, is a terminology that enables nurses to describe and report their practice in a systematic way. The resulting information is used to support care and effective decision-making, and to inform nursing education and health policy. SNOMED CT is the most comprehensive and precise clinical health terminology product in the world, owned and distributed around the world by The International Health Terminology Standards Development Organisation (IHTSDO). The equivalency table is intended for use by nurses, and other interested professional groups. Robust systems and processes within ICN and IHTSDO assure the integrity of both terminologies.

As ICNP is intended for use by and for nurses, ICN has been able to focus attention on the development of ICNP specifically for nursing practice. This has resulted in a rich and comprehensive resource that nurses can use to describe and report in detail the things that they assess (diagnoses e.g. nausea) and the things that they do (interventions e.g. counseling). The potential benefits of a consistent approach to capturing nursing data are far-reaching. However, nurses do not practice in isolation, they practice alongside many other disciplines. One of the potential risks of a specific nursing-focus is that nursing will be somehow disconnected from a larger health information landscape.

The table of equivalents provides a vehicle for transforming ICNP-encoded data into SNOMED CT (e.g. an ICNP concept in a local system can be transformed via the table to the equivalent SNOMED CT concept for use in a multidisciplinary record). By providing a robust pathway from ICNP to SNOMED CT, the table of equivalents helps to ensure that users of ICNP can continue to use their preferred terminology while remaining a central part of the bigger picture and wider implementation of SNOMED CT globally.

4 Design

Decisions concerning source concepts, target concepts and validity of equivalencies were made by consensus of all parties (ICN, IHTSDO and the IHTSDO Nursing Special Interest Group (SIG)). In addition, the Nursing SIG has provided international validation of the content included in the set prior to publication.

4.1 Versions

The version of ICNP used is the May 2017 release.

The version of SNOMED CT used is the July 2017 International Release.

4.2 Source

The source is a subset of 852 ICNP diagnostic concepts.

4.3 Target

All target concepts are drawn from SNOMED CT Clinical Findings and Situation. As part of the work, new concepts were identified as relevant and needed within SNOMED CT. These were modeled as Clinical Findings.

4.4 Direction

The direction is from the ICNP classification to SNOMED CT International Release.

4.5 Cardinality

The cardinality for all equivalencies in the table is one-to-one.

5 Content

The ICNP to SNOMED CT nursing diagnoses (problems) equivalency table covers just one semantic type – nursing diagnoses (problems) – with equivalent ICNP and SNOMED CT concepts for each problem. The table comprises 531 active equivalencies, representing a subset of ICNP and a subset of SNOMED CT – equivalencies have not been identified for all ICNP diagnoses, or for all SNOMED CT Clinical Findings.

5.1 Changes for the July 2017 release

As a result of changes made to the May 2017 release of ICNP, there were 43 new ICNP codes for diagnoses which were added to the table.

Of the 43, 16 needed new SCT concepts as no match was found in the January release. So these 16 were added to SNOMED CT.

The following members have been added to the equivalency table:

ICNP Code	SCT code
10047127	733826000
10047232	733739009
10047428	733827009
10047444	733818008
10047459	733816007
10050043	733740006
10050070	733817003
10050441	733903006
10050439	733904000
10047025	329676006
10050027	733819000
10047136	733741005
10047209	16320008
10047266	733744002

10047348	733742003
10047437	733820006

The 27 codes below were requested by ICN for addition to the table and were found to have a match already existing in SCT. The following members have therefore also been added to the equivalency table:

ICNP Code	SCT Code
10047018	229665008
10050456	160685001
10047311	370994008
10047115	301364008
10047245	102834005
10047492	716186003
10050062	162028008
10047297	161922009
10047191	424100000
10047094	162031009
10047353	31342001
10047170	387603000
10047221	68978004
10047369	251359002
10047158	414285001
10047056	17029006
10047250	162089003
10047060	247444006
10047395	85949006
10047162	371597004
10047073	16386004
10047002	2073000
10047143	49727002
10047189	12479006
10047213	438772002
10047041	68345001
10047087	61372001

6 Obtaining the equivalency table

The equivalency table was released in April 2015 as a technology preview/candidate baseline and has subsequently been maintained according to the release schedules of ICNP and SNOMED CT. The baseline release of the equivalency table was released after July 2015, following agreement between ICN and IHTSDO.

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The equivalency table is available for download from the ICNP website:
<http://www.icn.ch/what-we-do/icnp-download/>

Users of the table should comply with licensing arrangements for both ICNP and SNOMED CT.

7 Feedback

Feedback should be sent jointly to info@snomed.org and aamherdt@uwm.edu. Feedback should include any issues relating to implementation, suggestions for future content inclusion or general comments regarding the subset.

8 Technical Notes

RF2 package format

The RF2 package convention dictates that it contains all relevant files, regardless of whether or not there is content to be included in each particular release. Therefore, the package contains a mixture of files which contain both header rows and content data, and also files that are intentionally left blank (including only a header record). The reason that these files are not removed from the package is to draw a clear distinction between:

1. ...files that have been deprecated (and therefore removed from the package completely), due to the content no longer being relevant to RF2 in this or future releases, and
2. ...files that just happen to contain no data in this particular release (and are therefore included in the package but left blank, with only a header record), but are still relevant to RF2, and could therefore potentially contain data in future releases.

This allows users to easily distinguish between files that have purposefully been removed or not, as otherwise if files in option 2 above were left out of the package it could be interpreted as an error, rather than an intentional lack of content in that release.