

# 2020-07-28 Anesthesia CRG Meeting

## Attendees:

Andrew Norton Andrew Marchant Monica Harry Ian Green Jane Millar  
Steven Dain Maria Hendrickson

## Invitees

Zac Whitewood-Moores Farzaneh Ashrafi Ian Green Ellen Torres Maria  
Hendrickson Jeremy Rogers Toni Morrison Martin Hurrell Steven  
Dain

## Anesthesia Clinical Reference Group

Time: Jul 28, 2020 03:00 PM ET / 20:00 UK

Join from PC, Mac, Linux, iOS or Android:  
[https://snomed.zoom.us/j/94718807824?](https://snomed.zoom.us/j/94718807824?pwd=SjJaVUZlbkNoSm5YaWp3a0I3TVdrQT09)  
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Item	Description	Owner	Notes
1	Introductions and Apologies	Andrew Norton	Apologies: Patrick McCormick Martin Hurrell Toni Morrison
2	Notes of meeting held on 7th April 2020		a correct record of the meeting
3	Matters arising from the previous meeting notes	Jeremy Rogers Zac Whitewood-Moores Martin Hurrell	Terminology for COVID-19 in Intensive Care  Tracheal Oedema was discussed. There seems a need for a relatively general term following experience with COVID. Such a term could be associated with the presumed cause, e.g. "Tracheal Oedema due to COVID-19". Monica Harry suggests we propose the most clinically useful term.  Description of leakage tests ("cuff leak tests") for endotracheal tubes and tracheostomy tubes was discussed, including the existence of qualitative and quantitative tests. A suitably referenced description should be submitted.  Progress with HL7 Domain Analysis model for intraoperative anesthesia : This has become an "informative standard" in HL7 having passed the ballot stage.
4	ISO 19223 Lung ventilators and related equipment - vocabulary and semantics	Steven Dain user-619d4	Proposals were discussed for SNOMED CT content update and alignment with ISO11073. <ul style="list-style-type: none"><li>• Inflation types</li><li>• Ventilation patterns</li><li>• Modes</li><li>• adjuncts</li><li>• Review of existing terminology - obsolete and inaccurate terms</li><li>• Inclusion of definitions</li><li>• Alignment to SNOMED work plans</li></ul> ISO documents are still in development, and a need to reconcile them with SNOMED terms is recognised. Ventilator mode description is seen to be complex, and some terms will appear "wordy" but this may be unavoidable.  Perhaps each mode of ventilation should be considered as a procedure in its own right, or perhaps an umbrella procedure of "ventilation" with qualifiers to describe modes as they changed. Group discussion concluded that regimes /therapies may be the logical home for ventilator mode descriptions. There was agreement that trial modelling of the area would be a useful approach to see which was most practical.  The issue of copyright when aligning standards was discussed. Jane Millar asked whether Steven Dain would speak to the ISO hierarchy and investigate whether ISO had any concerns about aligning our standards.  When ISO terms are complete, historical SNOMED terms will require review and revision. Changes in SNOMED terminology will probably not be beneficial beforehand as they may soon need revision afterwards.
5	Observations vs Clinical findings	Monica Harry Steven Dain	Summary of recent discussions (attached). The discussions have informed an ongoing submission.  Observable entities. LOINC terms remain under discussion. It is hoped that a working agreement will soon lead to fewer working restrictions. It may be worth reviewing pending requests to stress the multi-national nature of our group - if two or more nations make a request this may expedite their processing.  Amendments to SNOMED editorial guidance due to be published on 31 July

6	Assessment scale modelling		<p>Revisit guidance for modelling assessment scales, especially in relation to clinical descriptions that represent or define a point in an assessment scale</p> <p>Cormack and Lehane scoring in airway assessment was discussed, as were Mallampati and GCS scoring. If definitions are widely understood, it may not be necessary to expand on them, although an explanatory note to help users understand the definitions could conceivably be helpful. It was noted that for a more complex scale such as GCS, many people can remember the clinical definition of the top and bottom points of the scales but often need aide memoires or reference to the intermediate scale points. C&amp;L grades and associated descriptions exist in SNOMED but are not linked to the codes for the C&amp;L grade. Ian Green noted that the copyright to many scales has been purchased by the UK Government during NHS Connecting for Health, so some scales may freely be used. Monica Harry suggested that in the case of C&amp;L grading, if the clinical descriptions are linked as synonyms no further remodelling would be needed. Perhaps a similar approach will help with description of other scales.</p> <p>Copyright issues were noted - permission is needed from the copyright holders when using external scales.</p>
7	SNOMED updates	Monica Harry Ian Green	<p>Elaine Wooler has been appointed as a Senior Terminologist, and a new Terminologist post has been advertised.</p> <p>Jane Millar invited the group to encourage any interested people to learn more about the work of SNOMED.</p> <p>Ian Green encouraged the group to attend/ invite others to the programme of Clinical Webinars. The October SNOMED meeting will be "virtual". There will be a session on Wed 7th October for clinicians, and parallel meetings of the CRGs, with a plenary session to follow. The Anaesthesia CRG is invited to participate. Registration for this year's (free, online) meeting is running with a high number (3x normal) of registrants. CRGs are encouraged and will be supported in making their meetings interesting and accessible for other participants at the meeting - please discuss this with Ian and Jane.</p>
8	Any other business		
9	Next Meeting - Tuesday 28th September 2020		<p>Agreed as useful to retain this date as preparation for an Anesthesia CRG session at the virtual October meeting. The plan and agenda for October will need to be drafted in advance of this date - Ian and Jane to notify deadlines.</p>



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