

2020-10-07 Anesthesia CRG Session - SNOMED for Clinicians Meeting

Invitees:

Andrew Norton Andrew Marchant Steven Dain Patrick McCormick Martin Hurrell Maria Hendrickson Terri Monk Monica Harry Ian Green Jane Millar Maria Hendrickson Zac Whitewood-Moores Farzaneh Ashrafi Ian Green Ellen Torres Jeremy Rogers Toni Morrison Steven Dain

Present:

Andrew Norton Andrew Marchant Steven Dain Patrick McCormick Martin Hurrell Maria Hendrickson Terri Monk user-b7840 Patrick McCormick

Guests:

Vikas O'Reilly-Shah, Ingrid Mertens, Sander Mertens, Norman Jones, Mark Banoub.

Anesthesia Clinical Reference Group

Time: Oct 7, 2020 15:30-17:00 UTC / 16:30 - 18:00 UK / 11:30-13:00 ET

Join from PC, Mac, Linux, iOS or Android:
[https://snomed.zoom.us/j/99693144583?](https://snomed.zoom.us/j/99693144583?pwd=bXR5Qk1INWE5cTZoOGhucVc1ZXhwZz09)
[pwd=bXR5Qk1INWE5cTZoOGhucVc1ZXhwZz09](https://snomed.zoom.us/j/99693144583?pwd=bXR5Qk1INWE5cTZoOGhucVc1ZXhwZz09)
 Password: 677144

Or Telephone:

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 Password: 677144

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Item	Description	Owner	Notes
1	Introductions and Apologies	Andrew Norton	Apologies: Monica Harry Guest attendees were welcomed.
2	Notes of meeting held on 28 September 2020		Deferred until 24th November
3	Matters arising from the previous meeting notes		
4	Anesthesia CRG - history, purpose, current and recent activities	Andrew Norton	<p>Anesthesia CRG.pptx</p> <p>Andrew Norton summarised development of medical terminologies, with a focus on Anaesthesia and the development of bodies such as the APSF, their Data Dictionary Task Force, IOTA, IHTSDO and SNOMED. The importance of record keeping as a contributor to safety systems and research was noted - these activities are underpinned by high-quality classification systems. The area of interest of the Anesthesia CRG reflects the breadth of anaesthesia - including pain medicine, critical care and perioperative medicine. We works with colleagues within SNOMED (Nursing) and outside it (HL7, ISO, Government bodies).</p> <p>Current areas of focus include work on inclusion of ISO 19223 and representation of clinical scales such as the Glasgow Coma Scale (GCS). The group has contributed to representation of terms relating to COVID-19, and review of existing terms relating to fluid therapy..</p> <p>Work contributed by the group is submitted for inclusion in SNOMED.</p> <p>New members are welcome to join the group.</p>

5	HL7 Anesthesia SIG and relevance to SNOMED CT	Martin Hurrell	<p>MH SNOMED CRG Presentation - Final</p> <p>Martin Hurrell described recent work of the HL7 Anesthesia Working Group (WG). HL7 is established in common use and develops standards for the exchange of electronic health information.</p> <p>The Anesthesia WG is currently focusing on a model (Domain Analysis Model, DAM) to describe the concepts, events and conduct of anesthesia, using a semantic model so that meaning of data can be preserved between models/ systems/ sites/ countries. The DAM will be the basis of a FHIR implementation guide, so that the terms developed may be incorporated in future systems.</p> <p>The group works with the Anesthesia CRG, such as reviewing existing terms and "binding" these to elements of the DAM. It also works with individual experts, specialist societies, ISO (esp the 19223 group), ASA EMIT and SCATA. Other groups include the ASA, AAGBI, NHS Scotland and the American VA.</p> <p>The model is built following analysis of specimen cases/ storyboards. The content of these is analysed and expressed in formal structural terms. Entities (people, devices, medications, etc.) and Acts (administration, measurement, etc.) are fundamental building blocks. Sufficient detailed description is considered to enable representation of the realities encountered in clinical practice.</p> <p>The Anesthesia WG and the Devices WG are due to merge in the near future, as the areas have significant overlap.</p>
6	Questions and discussion	All	<p>Steven Dain led discussion of the HL7 DAM ventilation modes. A number of modes (18) are listed as examples and are identified as commonly used and practical, but the theoretical number of possible combinations would be unmanageable. Norman Jones noted that these are categorised into 4 useful groups in the HL7 document, and suggested that this would be a useful structure to follow. Review of SNOMED ventilation modes to be updated and consistent with these is worthwhile.</p> <p>Ongoing work will include review of ventilatory adjuncts (e.g. ACAP), respiratory terminology and definition of respiratory equipment and physiology terminology (e.g. Endotracheal Tube, compliance). SNOMED will need comprehensive review for completion of definitions for existing terms.</p>
7	Current progress of modelling assessment scales		<p>Modelling of assessment scales such as GCS is an ongoing interest of the group. The Clinical Frailty Score was discussed by Andrew Norton, noting the generic difficulty of representing a system which has sub-scores (e.g. GCS has 3 component scales). We do not yet have agreed editorial policy as to whether clinical descriptions equating to component subscores should be represented in SNOMED CT terminology or whether this should purely be a function of an application implementation, presenting on screen guidance to the user, but the SNOMED CT use limited to the relevant subscore observable entity code with the appropriate value recorded and used for further processing and score calculation.</p> <p>See the CRG discussion page on Glasgow Coma Score.</p>
8	ISO 19223 - progress with modeling of SNOMED terms	Andrew Norton Steven Dain	<p>See discussion item 6. The group has not yet finalised the approach to whether pre-coordinated modes or discrete request submissions for ventilation patterns and breath types would be the optimum approach. To be considered further by Steven Dain, Andrew Norton and Norman Jones. Views of other members of the Anesthesia CRG would be welcomed</p>
9	Date of next meeting- Tuesday 24th November 2020		