2017-04-23 Anesthesia SIG Face to Face Meeting

Date

2017-04-23 to 2017-04-24

GoToMeeting Details

Anesthesia SIG
Sun, Apr 23, 2017 9:00 AM - 5:00 PM BST

https://global.gotomeeting.com/join/327260245

Anesthesia SIG Monday
Mon, Apr 24, 2017 1:30 PM - 5:30 PM BST

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Attendees (Sunday)

- Patrick McCormick
- Andrew Norton
- Andrew Marchant
- James Palmer
- Monica Harry
- user-d48df
- Heather Sherman (AQI)

Apologies

- Mark Ansermino
- Maria Hendrickson
- user-a3ac8
- Suzanne Santamaria
- user-801ee
- John Walsh
- Zac Whitewood-Moores (Sunday)
- Engin Ahmed
- Martin Hurrell (Monday pm)

Attendees (Monday)

- Patrick McCormick
- Andrew Norton
- Andrew Marchant
- Monica Harry
- Toni Morrison
- Bruce Goldberg
- Ian Green
- Maria Hendrickson

Sunday Morning Agenda

Item	Description	Owner	Notes
1	Welcome	Patrick McCormick	Introduction for James Palmer
2	Approval of minutes from last meeting	Patrick McCormick	Reviewed minutes
3	Matters arising from the Minutes	Patrick McCormick	Discussed history of outcome definitions and mapping

4	Introduction to Anesthesia SIG: history, objectives, current activity Future as a VCG	Andrew Norton Patrick McCormick	DDTF page at APSF IOTA page at APSF AN gave a summary of the development of coding systems including development of Read, CTV3, SNOMED and SNOMED CT and the history of the Anesthesia SIG from the time of the DDTF (Data Dictionary Task Force) - see links above. Discussion agreed that SNOMED CT remains the best way to move forward with structured recording of anesthesia data, especially complications and morbidity in anesthesia, but a renewed effort is needed at least in the UK to engage with the Royal College and Association of Anaesthetists - possibly these bodies should nominate representatives to the Anesthesia SIG RCOA National Audit Projects - UK-wide initiative to capture rates of awareness, airway management complications, and other issues Future as a VCG. The group did not anticipate major changes in current ways of working but needs increased emphasis on seeking support of anesthesia related items on SNOMED International workplans. Current meeting schedule to continue. Issues to be raised and clarified at HPCG meeting on Tuesday 25th April
	< *coffee break* >		

5	Awareness under Anesthesia	James Palmer	Outlined coding issue with awareness under anesthesia in ICD 10 (could only be added as a subcode of T85) arising from the NAP 5 audit project in the UK (awareness under anesthesia). Has reviewed existing SNOMED CT concepts and in discussion with UK terminology centre has considered possibilities of examining observable values for agent concentrations in patients in whom awareness is recorded.
			
			Concepts to consider adding:
			
			• Minimum alveolar concentration (MAC)
			• End-tidal Minimum alveolar concentration (etMAC)
			• Age-adjusted Minimum alveolar concentration (aaMAC)
			• Age-adjusted End-tidal Minimum alveolar concentration (aaetMAC)
			
			Synonyms of "Awareness under anesthesia" to remove (since they conflict with child term)
			
			• GA - Depth of anaesthesia
			• GA - Depth of anesthesia
			
			Proposed child for "Awareness under general anesthesia":
			
			• Accidental awareness under general anesthesia (AAGA)
			  ◦ Accidental awareness under general anesthesia during induction and/or intubation
			  ◦ Accidental awareness under general anesthesia during maintenance of anesthesia
			
			Currently has "398204001 | Bispectral index (assessment scale) " - however this is a trademarked term.
			
			• Depth of anesthesia (observable entity)
			
			Retire:
			
			• Light anesthesia (finding)

6	Adoption of SNOMED CT in Anesthesia	Andrew Norton	Following discussion under item 4, James Martin and Andrew Norton would seek to engage with Councils of the Royal College and Association of Anaesthetists to seek support for further adoption of SNOMED CT in UK Anaesthesia. Many US Anesthesia Information Management Systems currently installed or in implementation (eg EPIC) will support the use of SNOMED CT, but there is often a considerable amount of local configuration required
7	Anesthesia machine / workstation failure	Andrew Norton	Need to add two terms: ◦ Anesthesia machine failure ◦ Anesthesia workstation failure It was noted that much of the world uses basic anesthesia machines (ie a gas and volatile agent delivery system) rather than the sophisticated integrated workstations prevalent in more developed nations.

Sunday Afternoon Agenda

Item	Description	Owner	Notes
1	Welcome	Patrick McCormick	
4	Hypothermia in anesthesia with ref. to planned /unplanned procedures	Monica Harry Andrew Norton	Following issues raised at SIG meeting 28th March 2017

2	Anesthesia Quality Institute Outcome (AQI) terms Review progress, discussion of new concepts	Patrick McCormick Andrew Norton	**Acute Kidney Injury:** • Comorbidity concept "Acute Renal Impairment (disorder)" 236423003 • Also see "Acute Non-traumatic Kidney Injury" and unreleased concept 726541005 (Acute Kidney Injury due to Trauma) • Has "acute kidney injury" been renamed to "acute renal failure"? PMID 18084974. • Monica Harry to look into who to contact re new renal terms in SNOMED (likely from European Renal Society work) • Andrew Norton to email Monica to confirm change above Possible best match: Postoperative renal failure (disorder) ○ However, this concept doesn't have same parents as the above concepts, which should be fixed **Case Cancelled:** • Three new concepts with definitions will be requested **Injury to Artery during Central Line Placement Procedure:** (bruce to test that) • Will look into new concept specific to central lines and arteries. May have difficulty because we are generic for central line vessel and generic for injury vessel. Are AQI definitions used outside US? Some in Canada, possibly in NZ. New concept: Infection following percutaneous neuraxial procedure • Superficial soft tissue infection following percutaneous neuraxial procedure • Epidural abscess following percutaneous neuraxial procedure • Meningitis following percutaneous neuraxial procedure • Sepsis following percutaneous neuraxial procedure Infection associated with percutaneous peripheral nerve procedure Superficial soft tissue infection associated with percutaneous peripheral nerve procedure Deep tissue infection associated with percutaneous peripheral nerve procedure Sepsis associated with percutaneous peripheral nerve procedure Procedure site indirect: peripheral nerve structure Pathological process: superficial ST infection, deep T infection, sepsis Associated Morphology: abscess, septicemia, ? Associated process: peripheral nerve procedure IV infiltration vs extravasation. (Local UK slang: "Tissued") Consider adding "intravenous infiltration" as a disorder. Perioperative Visual Loss: Will look into new concept Consider new concept: "Peripheral neurological deficit associated with percutaneous peripheral nerve procedure" **POCD** New concept "Postoperative cognitive dysfunction" - no longer be synonym of postoperative delirium "Emergence delirium" should get new concept because it is transient, not the same as postoperative delirium **PDNV** Create new concept "Post-discharge nausea or vomiting" as child PONV Includes inpatients and outpatients Consider "Neuraxial hematoma associated with percutaneous neuraxial procedure" Will look into new concept for unticipated transfusion Unplanned conversion to general anesthesia

Monday Afternoon Agenda

Item	Description	Owner	Notes
1	Welcome	Patrick McCormick	

2	Issues from recent terminology requests	Monica Harry	ECG: anterior and posterior hemiblock - some issues with general structure of pattern findings. Hopefully classifier would model as ECG; presence findings. Screen shots from Protege model would be helpful.
			
			Issues discussed around higher levels of nerve block anesthesia and classification. Direct substance is anaesthetic - in view of
			
			• "Absence of EKG finding" is child of "EKG finding", should be remodeled
			  ◦ Patrick suggested concept be done away with, but Bruce mentioned that some EMRs require postiive /negative response for each finding, and AndrewM noted that many people likely expect this concept to be present
			• Local anesthesic procedure hierarchy restructuring
			  ◦ "Nerve block anesthesia" has child "Local anesthetic nerve block" - while this seems to be a synonym, problem is which substance is attached to concept, "local anesthetic" or "anesthetic"? The "anesthetic" substance includes general anesthetic agents as well as local anesthetics.
			  ◦ AndrewN: we attempted to rebuild nerve block hierarchy with CAP, not much progress made
			• Patient positioning
			  ◦ mostly resolved, will email group with questions
			• (Return of the) Gum elastic bougie
			  ◦ Denied request to make bougie synonym of introducer, will refer requestor back to Endotracheal tube introducers final.docx

3	Update on drug and substance remodelling	Toni Morrison	Drug Project Presentation to follow One problem: how to handle numeric values within SNOMED (e.g. how to code "60 mg"?) - Created new concepts in Number hierarchy; this will allow transformation to concrete domains. 
	<coffee break>		

4	Modelling complications associated with devices	Bruce Goldberg	New concepts modeled with new temporal attributes: • Peri-operative complication • Intraoperative complication (Postoperative complication already existed) **Device Complications** (presentation to follow) Proposing that Complication Associated With Device hierarchy will go away, concepts to be moved to Complication of Device or elsewhere Infection of central venous catheter (disorder) SCTID: 408866006 vs Central venous catheter associated bloodstream infection (disorder) SCTID: 473441009 Consider remodeling or offering new terms for common findings that occur in the postoperative or intraoperative.
5	VCG's and clinical engagement	Ian Green	Presentation on informal structure of VCG's moderated through pages on Confluence. Users would need to be logged on to participate in discussion, but the structure is informal with no chairs, formal agenda, regular meeting structure as it was felt that an enlarged formal "SIG" model is not sustainable for IHTSDO Representation to IHTSDO would be through a clinical coordination froup but no specific membership from the VCG. However CCG would be responsible for championing a VCG project and securing the appropriate resources. Members of the group raised concern about the lack of structure that could be detrimental to efforts to engage clinicians who would need some rationale to seek funding, allocate time and resource and justify participation (professionally and regulation - eg appraisal)
6	Modelling of assessment scales	Andrew Norton	Andrew Norton raised questions about modelling guidance for assessment scales and components. Monica and Toni noted that many scales are proprietary and would require expensive licensing. However there are a number of open source scales that would be useful to include and guidance on modelling would be helpful
7	Close	Patrick McCormick	