



Practical Harmonisation – common sense is possible

Prepared for: IHIC 2009 by

Heather Grain ADIP MRA, RMRA, GDIP IS, MHI, FACHI

Llewelyn Grain Informatics

Academic Fellow Austin Health

Chair Standards Australia IT14 – Health Informatics

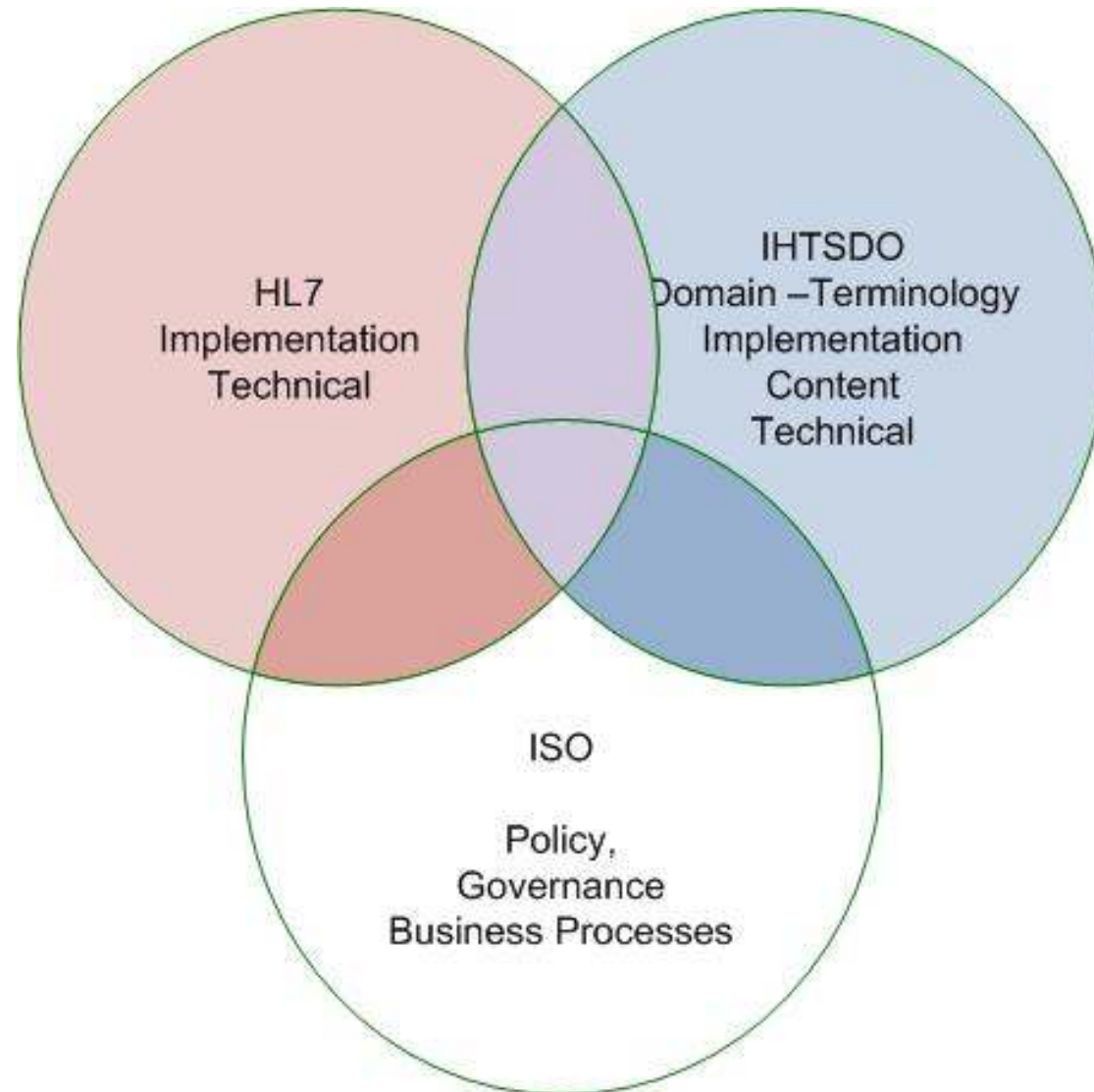


[Why and Why not!]

- Harmonisation
 - Reduces duplication and conflict
 - Improves quality
 - Reduces and shares the load
- Why not
 - We aren't used to it
 - We have to work out how to do it
 - We have to trust those we don't know



Understanding our place in the world (with apologies)





[Two examples]

- SDOs working together
 - Standards Knowledge Management Tool

- Standards in the continuum
 - Local implementation – the continuum and payback of standards



[SKMT



- Standards Knowledge Management Tool
- Shared, open resource
 - Glossary
 - Document Register



[Shared work item]

- To be able to find existing and current work - international, national
- To assist standards development and maintenance
 - Reduce duplication
 - Reduce effort
 - Improve outcomes
- Visible harmonisation



[Metadata - documents]

- work items/publications/products
 - Purpose, scope
 - Name – parts / components
 - ‘owner’
 - Status
 - Link to document or associated resources
 - Terms / definitions included
 - Users
 - Feedback



[Metadata – terms/definitions]

- Term
- Definition
 - Context
 - Example
 - Source
 - Relationships (synonyms, see also, acronym etc)
 - Status



[To be developed]

- Ontology to support access and coordination
- Extend to cover the Standards continuum beyond documents
- Gap and Overlap analysis



[Process]

- Loading existing (ISO, CEN done, HL7, CDISC, IHTSDO – ongoing)
- Harmonisation of terms
- Managing future



[The event example]

What is an event?

What documents discuss this concept?

- http://www.cred.ca/skmt_glossary



[Harmonisation supports the continuum]

- Implementation requires input to and from all of the standards development bodies for health informatics



[Continuum of Standards]

- From international (SDO's)
- To national decisions on usage requirements
- To State/Provincial governance
- To local systems - implementation



[Emergency Department Clinical Decision Support]

- Collecting, recording, reporting and using reason for attendance data in emergency department
- Collecting in text
 - Easy, fast, known, specific, contain more than one thing.
- Automated conversion with confirmation
 - SNOMED-CT
 - ICD-10



[Standards Continuum]

- IHTSDO

- establishing content, and semantics for representing concepts

- HL7

- message and versioning control - Common terminology service specifications

- National Term Content established

- using ISO governance guidelines as well as input from HL7 core principles and CTS, terminology and coding standards.



[Standards continuum]

- State specifying fields for data collection
 - mappable to openEHR, using ISO governance guidelines and HL7 core principles and CTS
- Local delivery mechanism
 - using HL7 CTS, openEHR, ISO guidelines on decision support



[Local Delivery]

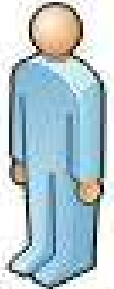
- Using natural language
 - Not to mine the data but to collect data
 - Recognise the nature of free text already used



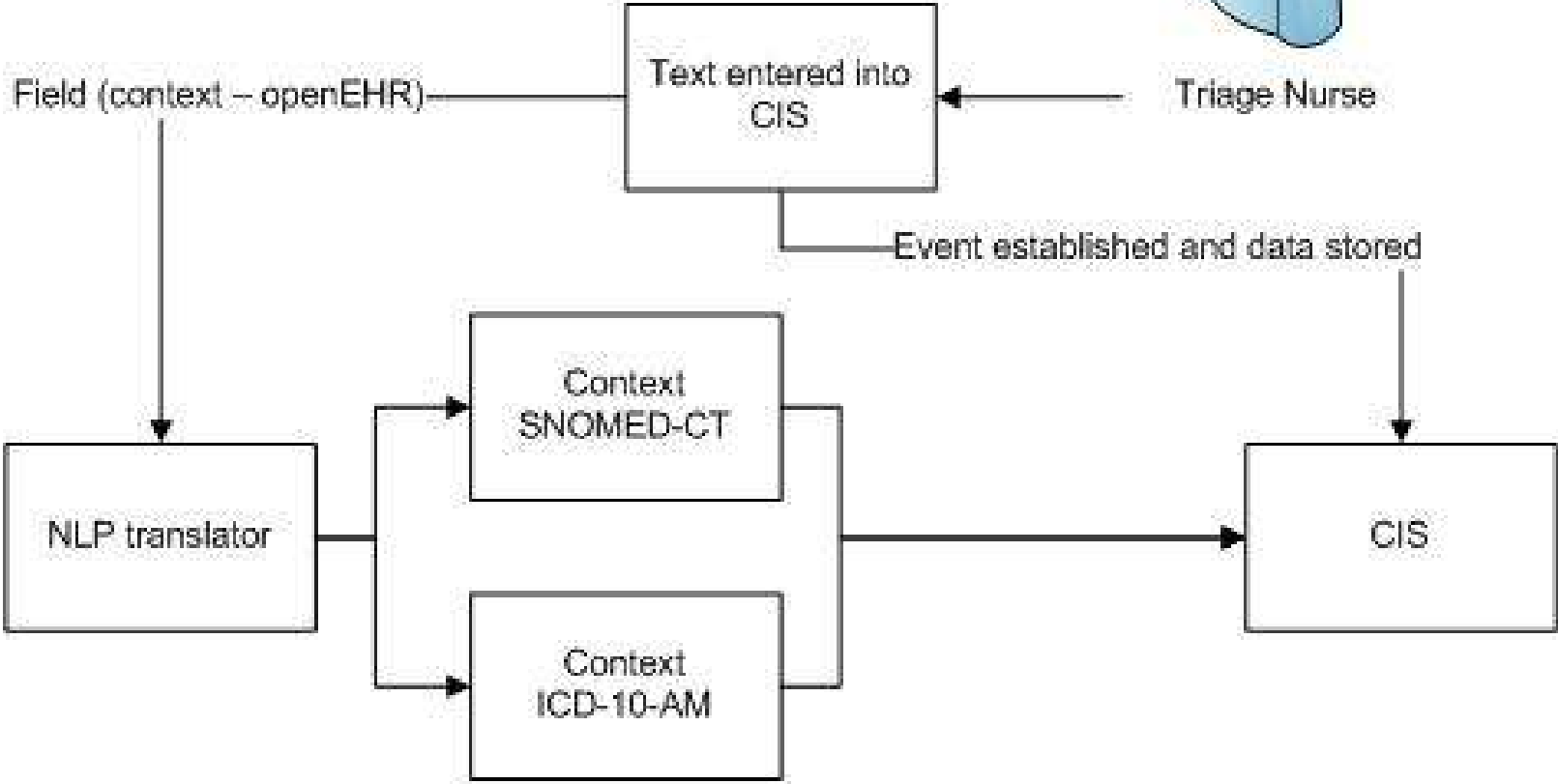
[Objective]

- Using standard content, structure and messages to test a simple clinical deliverable
 - Fast, accurate clinical data collection to support decision making and reporting through a single process

Process



Patient





[Example of result]

Context: Triage (test)

Text: fall head inj

Disorder: Injury of head (disorder) – 82271004

Procedure:

Cause: Fall (event) - 1912002

Activity:

ICD10-AM:

Reason for visit: S099 - Unspecified injury of head

Cause of Injury W19 – Unspecified fall



[Think across the continuum]

- To provide harmony





Stakeholders Call

- Harmonised standards for the continuum
- No one SDO has to do it all!
- Leverage the total standards communities potential



[Thank You

