Clinical Safety and SNOMED Implementation

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Clinical Safety Review

- 2011 Informal Meeting of Clinical Safety Experts identify a series of Issues to be addressed
- 2012 JGPITC letter to UKTC
- 2012-2013 Working Group of JGPITC members/UKTC experts address issues
- Dec 2013 JGPITC/UKTC joint report on safe implementation requirements

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Clinical Safety Issues

- Mapping Tables
- Synonyms and Preferred Terms
- Maintaining the Integrity of SNOMED CT over time
- Medicines
- Subsets, alternative hierarchies and interoperability
- Namespaces and ‘local codes’
- Pre/post Coordination

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Mapping Tables

- Risk: Incorrect Mapping Tables result in:
  - Flawed Data Migration
  - Flawed Code Transfers (GP2GP)
- Mitigation
  - Assure Mapping Tables (Done)
  - Preserve Original Text after Migration
  - Preserve Original Code in Record and send with SNOMED code (GP2GP)

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Synonyms and Preferred Terms

- Risk: Not all Synonyms are True Synonyms – potential safety issue if Synonyms are expressed as Preferred Terms
- Mitigation:
  - All systems should support both
  - Systems should store description-ids
  - Systems should preserve received description-ids not translate them into concept-ids

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Integrity over Time

- Risk: Inactive Terms may be lost from record/reports/decision support
- Mitigation:
  - All inactive terms are preserved with both their description-ids and concept-ids
  - Reporting mechanisms should utilise the UKTC Query Table (which finds inactive terms)

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Medicines

- Risk: Different suppliers use different causative agent lists for allergies which are not necessarily mapped to dm+d
- Mitigation: That suppliers adopt the currently ongoing work based on GP2GP for implementation of an allergy archetype and common causative agent list

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Subsets and Alternative Hierarchies

- Risk: If Suppliers implement different SNOMED subsets terms transferred that are not recognised may be ignored or degraded
- Mitigation: SNOMED enabled systems must accept any received SNOMED term and make it available to the user and in reports

Namespaces and Local Codes

- Risk: If codes within a proprietary namespace are transmitted they may not be processed correctly by systems not within that namespace
- Mitigation: When namespace codes are transmitted they should be identified with their own OID and not the SNOMED OID

Postcoordination

- Risk: Uncontrolled postcoordination will result in non-interoperable clinical information with potential safety consequences
- Mitigation
  - Initial implementations should be precoordinated only
  - Postcoordination in messages should be by prior agreement
  - Postcoordination on systems should only occur after interoperabilty issues have been resolved

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