Clinical Safety and SNOMED Implementation

30/10/2015
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
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
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)
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
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)
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
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 interoperability issues have been resolved