

**SNOMED**  
International

Delivering  
**SNOMED CT**

# SNOMED CT for Clinicians

## Clinical Engagement

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Ian Green - Customer Relations Lead (Europe) &  
Global Clinical Engagement Lead

[snomedexpo.org](https://snomedexpo.org)



[@snomedct](https://twitter.com/snomedct)



[linkedin.com/company/ihtsdo/](https://linkedin.com/company/ihtsdo/)



## SNOMED CT Improves Clinical Care

### Real world examples

- General infection control
- MRSA monitoring
- Smoking status
- Learning disabilities
- COPD management

SNOMED CT  
Improves Clinical Care

# General Infection Control

## Problem

- Unable to identify at-risk patients
- Unable to ensure at-risk patients are protected
- High risk of infection transmission leading to longer stays

## Solution

- Infections quickly identified in EHR
- Daily reports of active infections - patients and locations
- Infection control team ensure infectious patients moved

## Improvements

- Real-time insights actioned by infection control team
- Standardization of infection control across hospital
- 40% reduction in patients inappropriately in open ward

## Problem

- Unable to report on MRSA screening status of inpatients
- Unable to take timely action for unscreened patients
- Increased risk of transmission leading to longer stays

## Solution [ SNOMED CT ]

- Daily reports on SNOMED CT lab data
- List all unscreened inpatients 24 hours after admission
- Infection control team requests urgent screening

## Improvements [ Barts Health, London, UK ]

- Real-time insights actioned by infection control team
- MRSA screening status of all inpatients assessed daily
- Standardization of infection control across hospital trust



SNOMED CT  
Improves Clinical Care  
MRSA Monitoring

## SNOMED CT Improves Clinical Care Smoking Status

### Problem

- Unable to identify smoking status of inpatients in real-time
- Cessation services showed consistently poor performance
- Unable to achieve improvements required by program

### Solution [ SNOMED CT ]

- Weekly report by public health team
- Lists detailed smoking status for current inpatients
- Direct feedback given to poorly performing wards

### Improvements [ Barts Health, London, UK ]

- Insights actioned by public health team in real-time
- Improvements in recording - 5% to 50% in 6 months
- Higher rates of referral to smoking cessation services

## Problem

- **Unable** to identify inpatients with learning disabilities
- **Unable** to identify patients at risk of admission
- **Variability** in care and length of stay

## Solution [ SNOMED CT ]

- **Learning disabilities recorded** in EHR
- **Daily report** of current patients and their location
- **Daily report** of patients discharged from ED yesterday

## Improvements [ Barts Health, London, UK ]

- **Insights actioned** by learning disability team in real-time
- **Reduction in time** from admission to LD team involvement
- **Focused** admission prevention efforts

**SNOMED CT**  
**Improves Clinical Care**

**Learning  
Disability**

## SNOMED CT Improves Clinical Care

# COPD Management

## Problem

- High prevalence and top 3 reason for readmission
- Unable to collate data for national rolling clinical audit
- Loss of £1.8m in national funding

## Solution [ SNOMED CT ]

- Audit report created using EHR data
- COPD patients at high risk of readmission flagged in EHR
- Daily report focuses readmission prevention activities

## Improvements [ Barts Health, London, UK ]

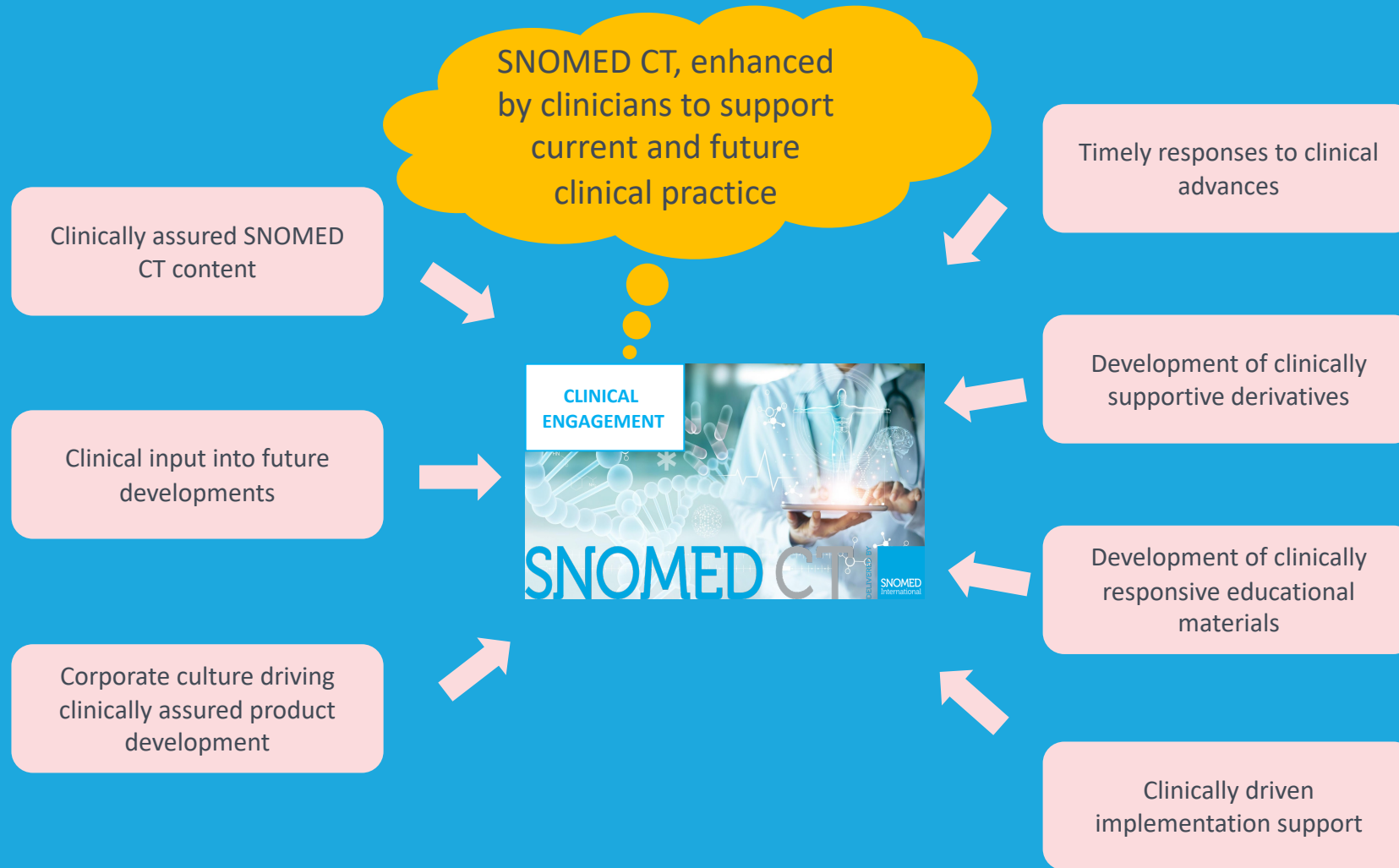
- Proactive approach to readmission prevention
- Facilitates participation in national clinical audits & funding
- Standardization of COPD care across hospital trust

# CLINICAL ENGAGEMENT





# SNOMED International with clinical engagement





# Clinical Groups

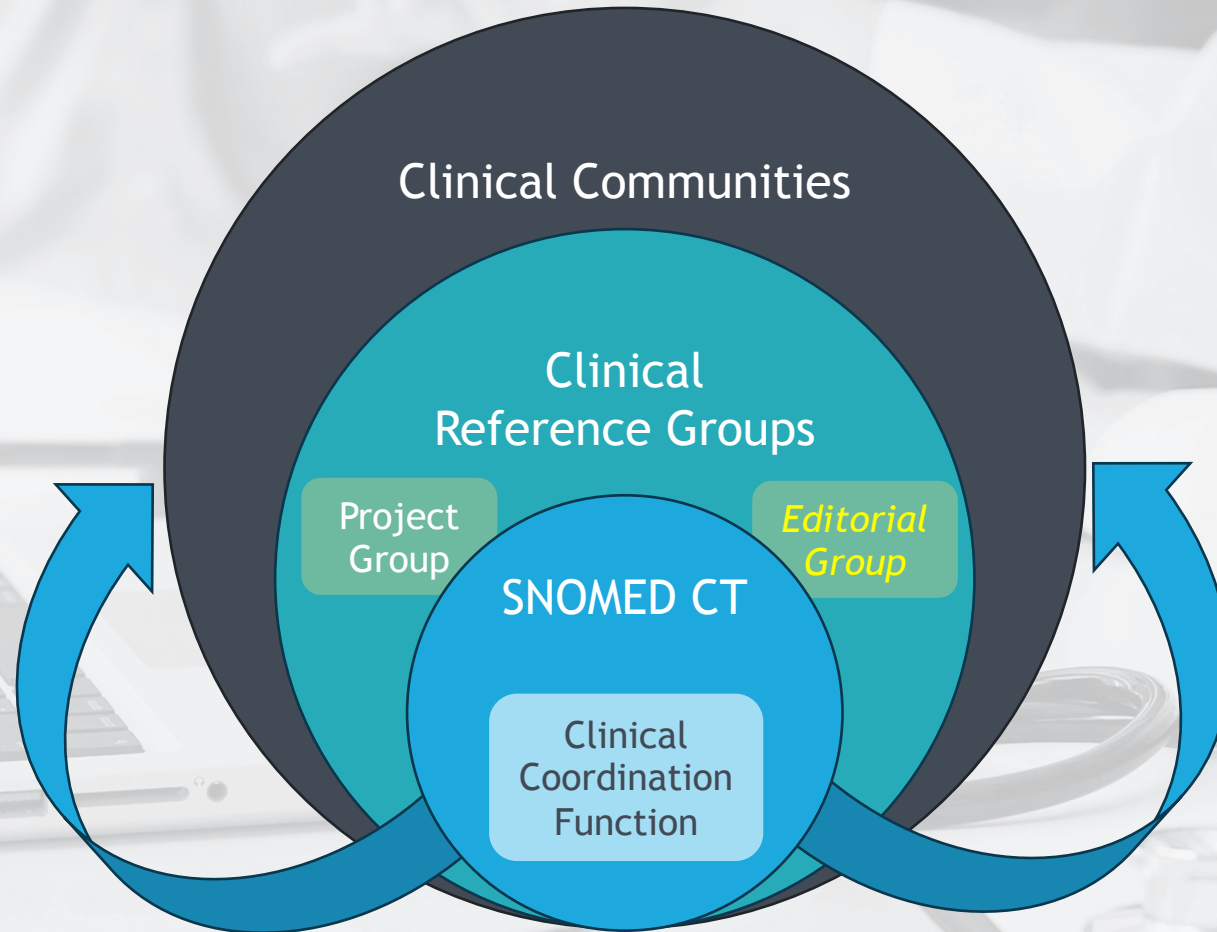
## SNOMED International

- Clinical Reference Groups
- Project Groups
- Editorial groups (as required)

## Member led clinical activity

- **Members** may have their own clinical engagement activities (*Varies from country to country*)
- **Focus** can be different between countries (*For example, content or implementation focus*)
- **Check** with individual national release centres (NRCs)  
*Contact details for individual Members:*  
<http://snomed.org/members>

# Clinical Reference Groups



# Clinical Reference Groups (CRGs)

- Enable topic focused discussions between clinicians
- Provides a platform for clinicians to discuss issues and experience relating to SNOMED CT implementation
- Dedicated web sites to support discussion
  - Open and transparent*
  - (does not require an account to access)*
- Open to all, input not limited to just clinicians from the clinical specialty
- Task and finish project groups (and Editorial groups) are linked to the CRGs

”

KEY: We all have experiences, and we can all learn from each other

- **Facilitate** multi-disciplinary topic discussion and working across professions
- **Access** to expertise from all clinical domains
- **International** focus
- **A mechanism** for different levels of engagement
- **Access** to discussions in other groups
- **Early identification** of global changes to healthcare delivery

## Clinical Reference Groups

### What is the Expectation?

# Clinical Reference Groups

## How to get involved...

**SNOMED CT**  
The global  
language of  
healthcare

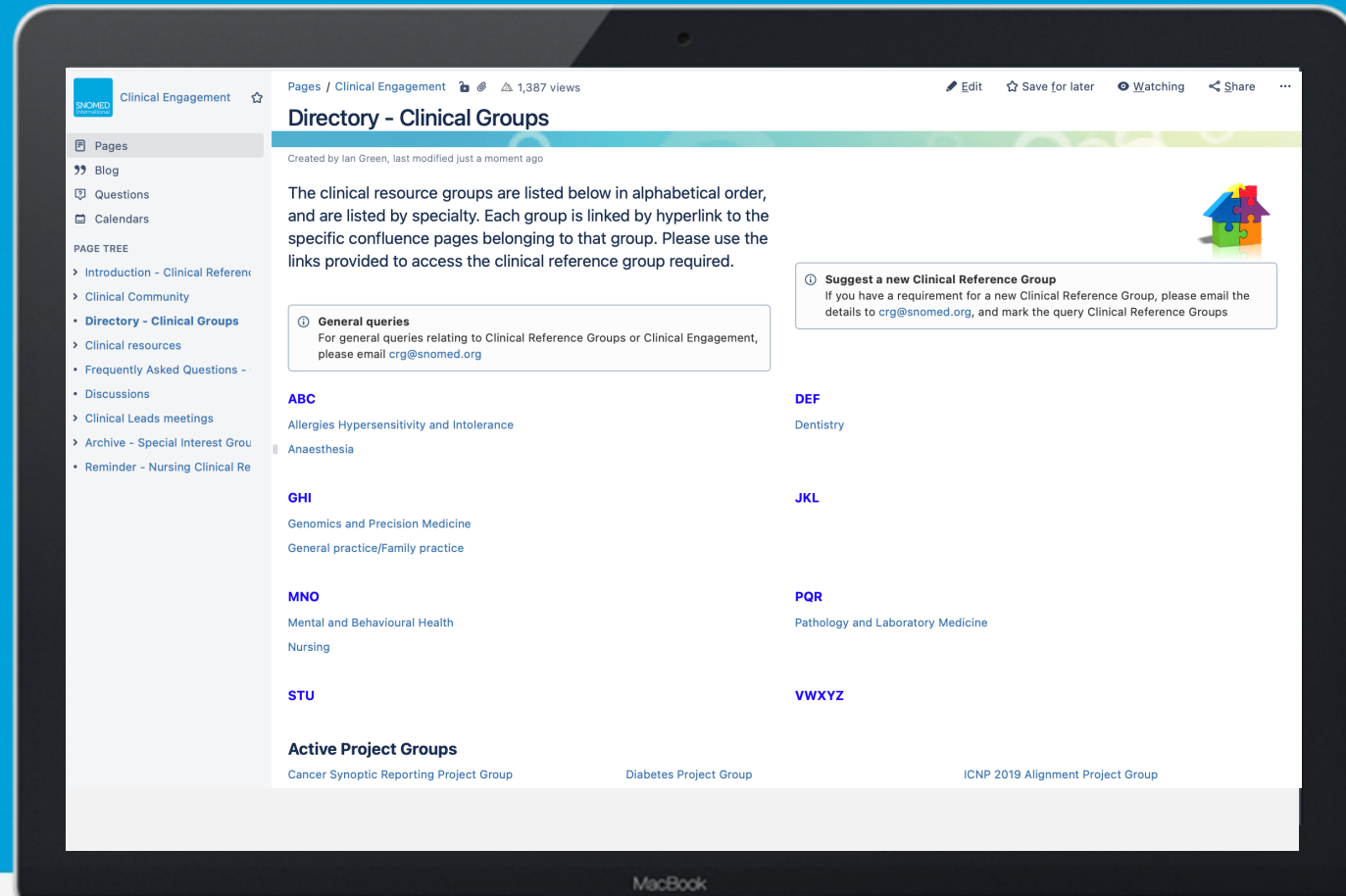


# How to Join Existing CRGs

- All CRG pages are hosted on Confluence
- Pages are open, and can be viewed by anyone with no log in restrictions
- However, to participate in discussions, you must be logged in to Confluence
- To obtain a Confluence account <http://snomed.org/accounts>
- Please advise us if joining a group [info@snomed.org](mailto:info@snomed.org)

# Directory of Clinical Groups

- Hosted on Confluence
- Listed in alphabetical order, by specialty



→ To learn more visit:  
<http://snomed.org/crg>



## Clinical Reference Groups

- Allergies (Bruce Goldberg, Lead)
- Anesthesia (Patrick McCormick, Andrew Norton and Andrew Marchant, co-leads)
- Dentistry (Mark Jurkovitch and Jorn Jorgensen, co-leads)
- Genomics and Precision Medicine (Ian Green and Charles Gutteridge, co-leads)
- General Practice and Family Practice (Ian Green and Jane Millar, co-leads)
- Mental and Behavioral Health (Piper Ranallo and Michael First, co-leads)
- Nursing (Erica Culp and Christing Spisla, co-leads)
- Pathology and Laboratory Medicine (W. Scott Campbell and Daniel Karlsson, co leads)

CRG's

## Project groups

### Project Groups

- Cancer Synoptic Reporting group (W. Scott Campbell, lead)
- Diabetes project group (Paul Amos, lead)
- Epilepsy Clinical Expert Project group (Helen Cross, lead)
- Nutrition Care process Terminology Clinical Project Group (Constantina Papoutsakis, lead)

# Working with Confluence and a clinical group



**You are watching this space**  
Receiving email updates for all content in this space.

- Watch page
- Watch all content in this space
- Watch descendants

[Manage Watchers](#)

**Anesthesia Clinical Reference Group**

Created by Ian Green, last modified by Andrew Norton on 2021-Jan-17

### Welcome to the Anesthesia Clinical Reference Group space

The Anesthesia CRG would welcome new members who are interested in contributing to the enhancement of SNOMED CT to support Anesthesia and related areas.

The SNOMED International Anesthesia Clinical Reference Group is a community of practice for the clinicians focused on anesthesia.

The role of all Clinical Reference Groups is to provide a forum to discuss issues, and influence the development and improvement of content in SNOMED CT.

The Anesthesia Clinical Reference Group has been established to ensure that the requirements of the anesthesia community internationally are incorporated into the content of SNOMED CT international Release and also to support the development of international derivative products that will support implementations focused on anesthesia.

**NEWS**  
Next Meeting: Tuesday 2021-01-26 at 20:00 UK (20:00 UTC, 15:00 US Eastern).  
See [2021-01-26 Anesthesia CRG Meeting](#)  
Other Recent [Meeting Notes](#)  
[CRG Directory](#)  
[Clinical Engagement Home Page](#)

**Archived documentation**  
[Anesthesia SIG Archive](#)  
[Archive of all Special Interest Groups \(SIGs\) and Health Professions Coordination Group \(HPCG\)](#)

[Read the ways of working for Clinical Reference Groups](#)

**Additional information sources**  
[Related terminologies/classifications](#)

**Group Membership**  
Anesthesia CRG Leads - [@Patrick McCormick](#), [@Andrew Norton](#), [@Andrew Marchant](#)  
[List of Anesthesia CRG Members](#)

**Web conferencing details**  
[Web conferencing facilities](#)

# Examples of current focused work of clinical groups

## Dentistry CRG

- Adding to odontogram and periodontal content

## Nursing CRG

- Incorporation of ICNP with international review and validation

## Nutrition Care Process Terminology Clinical Project Group

- Incorporation of NCPT with international review and validation

## Anesthesia CRG

- Ongoing updating and creating content, current focus is assessment scales

# Future developments

## Clinical reference groups

### New CRGs under consideration

- **Ophthalmology** – focus: updating SNOMED CT content related to the broader area of eye care
- **Emergency medicine** – focus: use of SNOMED CT in emergency settings
- **Neurology** – focus: use of SNOMED CT content related to neurology and neurosurgery
- **Nutrition and dietetics** – move the project group to a CRG for longer term support

- **Clinical webinars** – focus on SNOMED CT clinical implementation
- **Conference sessions** – two sessions per year based on SNOMED International conferences (April & October)
- **Educational materials** – clinical course, and selection of materials available from SNOMED International and other sources  
(<https://courses.ihtsdotools.org/product?catalog=CLI>, & <https://confluence.ihtsdotools.org/display/CP/Clinical+resources>)
- **Topic-based calls** – development of specific conference calls focused on specific topics identified by the community
- **Clinical contact database (SME access)** – database of clinicians who are willing to be contacted regarding authoring queries

## Clinical engagement Activities/resources

# Questions?

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# THANK YOU

