

Response to Nursing CRG concerns about movement of “At risk” concepts to the Situation hierarchy

September 12, 2022

The SNOMED Editorial Advisory Group in April 2022 made the recommendation to move finding concepts under the 281694009 [Finding of at risk (finding)] hierarchy based on a request to review the consistency of “At risk” representation in SNOMED CT. As stated in the EAG minutes, the following items were agreed:

1. “At risk” is an ambiguous term that could mean either “at low(er) or decreased risk” or “at high(er) or increased risk”, although it commonly is used to represent “at increased risk”.
2. Nearly all of the current “At risk (finding)” concepts are primitive and thus difficult to maintain and of limited analytical use.
3. There are a limited number of “At risk (situation)” concepts that are all sufficiently defined using the FINDING CONTEXT = “At risk context (qualifier value).”

The consensus was that by inactivating the current “at risk” findings to the Situation hierarchy, a number of improvements to the terminology would result.

1. The precise meaning of the terms would be explicit in the FSN (i.e. At high risk, At low risk, etc.).
2. Locating the concepts in the Finding with explicit context hierarchy would:
 - a. Make explicit the disposition nature of risk.
 - b. Allow for a large number of the concepts to be sufficiently defined, thus reducing maintenance burden and improving classification.
 - c. Allow for review of the current primitive “At risk” content of limited value.

The Nursing Clinical Reference Group expressed concerns about this change to the terminology and were requested to provide their concerns to the SNOMED Chief Terminologist. This note is a response to the concerns expressed in the Nursing CRG document provided to SNOMED on September 6, 2022.

Items of concern

1. The document states that “that RISK does exist, is a Clinical Finding”.
 - a. Response: SNOMED agrees that risk exists, but as a disposition (or probability), as opposed to an observed (or realized) entity. We also agree that “At risk of X” is a finding, but it is a finding with an explicit context, (i.e. 410519009 |At risk context (qualifier value)|). Risk only exists in relation to a disorder or event and may never be realized. SNOMED does have disposition clinical findings related to allergies or reactions to substances, but these are included in the clinical finding hierarchy because in order to make the determination that these conditions exist, they were at some time realized as an adverse reaction.
2. Interoperability concerns: The FHIR 4.0 Condition resource does not include concepts from the Situation with explicit context hierarchy in the valueset for Condition.code.
 - a. Response: It often occurs that updates to a terminology referenced in a FHIR valueset requires updating as the terminology evolves. A request for inclusion of “At risk” situation concepts can be submitted to the FHIR project and the valueset updated to reflect the proposed changes.
3. The document states “RISK is the subject of these “At Risk” concepts and the associated finding is the focus of the RISK”.
 - a. Response: This notion is exactly what is intended by the move from the clinical finding hierarchy to Finding with explicit context hierarchy. The Situation concept model provides the ability to specifically relate the context of “Risk” to an ASSOCIATED FINDING, which is not possible in the Clinical finding hierarchy (i.e. the risk of a disorder or finding is not the same as the presence of a disorder or finding).
4. It is unclear how the movement of these concepts diminish the critical thinking and judgment of Nursing and Allied Health Professionals, as all that would occur is making the context of the clinical finding explicit (i.e., these concepts would be located under “Finding with explicit context, so are still clinical findings).
5. The rationale for the proposed move is to improve the representation, remove potential ambiguity and improve maintainability of content related to “At risk”. This is accomplished by:
 - a. Reterming the concepts to represent “at increased risk” or “At decreased risk” where appropriate.
 - b. Using an explicit FINDING CONTEXT to represent the risk
 - c. Using ASSOCIATED FINDING values to allow for sufficient definition and improved classification.

In order to allow for implementations to take into account the inactivation and replacement of these concepts, SNOMED can postpone the changes for a stated period of time to allow for implementers to prepare. A briefing note stating the proposed changes and anticipated release will be circulated to the Member Forum and the Content Managers Advisory Group for their comments, as well as the Community of Practice.

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