

SNOMED International Principles for Management of Assessment Scales in SNOMED CT (Draft)

Introduction

This document contains the high-level principles that SNOMED International (SI) applies for addressing the requirements for the inclusion of Assessment Scales in SNOMED CT. These principles are available for SI stakeholders, including Members and Clinical Groups, as they continue to address requirements related to implementing SNOMED CT in EHR's globally and will be updated based on feedback.

High level Principles

Content approach:

1. SNOMED International will not solicit permission to add copyrighted material, this must be obtained by Members and other Stakeholders who require the content.
2. SNOMED International will not provide a technical architecture to represent an assessment instrument.

Given the above principles, these are the principles applied by SI:

3. An Assessment Scale will be represented by three concepts (components) when added to SNOMED CT:
 - a. Name of the Assessment Scale
 - b. Procedure for undertaking the Assessment
 - c. Observable for the score or sub-score, where relevant
4. The number of Subcomponents of an Assessment Scale, i.e., the individual items that are captured, that can be added to SNOMED CT will depend on:
 - a. The subcomponent not being unique to a specific copyrighted Assessment Scale
 - b. The requirement for Assessment Scale subcomponents to be recorded individually
 - c. The clinical value of subcomponents being viewed independent from the Assessment Scale
 - d. The scope and editorial guidance of SNOMED CT
5. Text definitions specific to components and subcomponents from an Assessment scale will not be added to SNOMED CT.
6. Maintenance and updating burden needs to be taken into account when adding any content related to an Assessment Scales.

Inclusion of Assessment Scales:

1. SI needs requirements/use cases from Stakeholders in order to include specific Assessment Scales in SNOMED CT - normally through Members and Clinical Groups which represent global clinical requirements.
2. Normally it would be three Members minimum who require a specific Assessment scale to be added or clinical representation which outlines clearly the requirements/use cases in more than three countries.

Representation of the individual Assessment Scale Form:

1. SI seeks to facilitate the creation and usage of Assessment Scales in the EHR by providing the necessary components and subcomponents (where appropriate).
2. SI does not provide a technical architecture for constructing assessment scales from their individual components - this is left to the discretion of vendors, information specialists, users, etc., with guidance provided by the individual owners of Assessment Scales.
3. Creation of a form may often be done locally/nationally, enabling copyright issues to be dealt with e.g. in a specific country.
4. SI will not provide a Reference Set of the relevant components and subcomponents unless there is agreement with the owners of the Assessment Scale and a requirement from Stakeholders.