

## 2022-04-05 SNOMED Editorial Advisory Group Plan to Move "At Risk" Concepts to the Situation Hierarchy

Situation: Based on a request from one member country, the SNOMED Editorial Advisory Group (EAG) plans to move 281694009 [Finding of at risk (finding)] and associated child concepts from the Clinical Findings hierarchy to the Situation hierarchy.

Rationale:

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)"

At risk findings = 254 (5 sufficiently defined, but through multiple primitive parents)

At risk situation = 5

Given the rationale above, it is proposed to inactivate and replace the current finding concepts with new Situation concepts using the terming pattern "At increased risk of X (situation)" based on the change of meaning to be more explicit and the movement to the Situation hierarchy.

Background: Many of the "At risk (finding)" concepts do not have findings or disorders to use as ASSOCIATED FINDING values.

International Statistical Classification of Diseases and Related Health Problems (ICD) codes do not contain "At Risk" medical diagnoses. This is a phenomenon for which the physician or provider does not order, manage, or in the United States, bills services.

The EAG has rendered a decision that "At Risk" concepts will be inactivated and replaced based on change of meaning. This decision was made without consultation or input from the Nursing or any Allied Health Clinical Reference Group (CRG).

Assessment: The Nursing CRG has received international feedback on the plan to move "At Risk" concepts to the Situation with Explicit Context hierarchy. Nursing and Allied Health Professionals argue that RISK does exist, is a Clinical Finding, and RISK MANAGEMENT is integral to our practice. Using well-researched and evidence-based assessments, Nursing and Allied Health Professional identify RISK and implement interventions and procedures to MITIGATE RISK for the patient. The RISK is real, the goal is to reduce or eliminate the occurrence of the event or condition, such as a hospital "Never Event" or sentinel event. An entire body of research focused on a bundle of nursing interventions (ABCEDF Bundle) exists to prevent delirium in the ICU based on risk identification.

Example #1: Perioperative nurses perform an assessment using a validated pressure injury tool, assess the patient's skin, musculoskeletal, and peripheral neuro status, the required positioning of the patient for the procedure, and the length of the procedure to determine if that patient is at greater risk for a perioperative positioning injury. A Perioperative Nursing Data Set (PNDS) nursing problem "At risk for perioperative positioning injury" exists with an associated definition of "Potential for damage to skin, soft tissue, joints, ligaments, bones, eyes, nerves, and blood and lymph vessels as a result of the mechanism of compression or

stretching that occurs while positioning the patient to expose the surgical site especially in patients identified at risk for perioperative pressure injury. This PND Nursing Problem is mapped to 129703005 At risk for perioperative positioning injury. The nurse follows the nursing process by assessing the patient and determining the patient to be at a “higher/greater/increased” risk, implementing appropriate interventions/performs activities to decrease the risk, evaluates the results of implemented interventions and determines the progress towards the outcome.

Example #2: Behavioral Health professionals assign a diagnosis of 225444004 [At risk for suicide (finding)] based on findings which are present in the form of symptoms or evidence-based risk factors. This diagnosis triggers a set of interventions to mitigate the suicide or other harm to self or others.

Example #3: Many of the quality initiatives concerning patient care are associated with risks. [Evidence-Based Care Bundles | IHI - Institute for Healthcare Improvement](#) in which patients at risk are identified and placed on bundles (order sets/clinical pathways) which include multidisciplinary care. Patients identified as 427631000 [At risk of venous thromboembolus (finding)] may have physician orders for anti-coagulants and compression stockings/devices. However, Nursing and Allied Health Professionals will implement their own sets of interventions independent from physician orders to mitigate the venous thromboembolism.

Interoperability Standard Implications: FHIR 4.0 Condition resource is the resource used to identify all patient problems, conditions, concerns, diagnoses, and issues. The FHIR 4.0 Condition attribute that identifies the problem is the Condition.code attribute. FHIR 4.0 uses SNOMED CT from the clinical findings branch as examples for this code. [Valueset-condition-code - FHIR v4.0.1 \(hl7.org\)](#) The clinical findings branch is specifically mentioned on the FHIR 4 website.

If these “At Risk” concepts are removed from the clinical findings branch of SNOMED CT, they are no longer considered as part of the value set in FHIR 4.0, although they are still applicable for conditions.

The decision to move all “At Risk” concepts to the Situation hierarchy has steep implications for Nursing and Allied Health documentation. This decision diminishes the critical thinking and judgement of Nursing and Allied Health Professionals. The Nursing CRG maintains that RISK is a Clinical Finding and does exist. RISK is the subject of these “At Risk” concepts and the associated finding is the focus of the RISK. The Nursing CRG views RISK as a patient safety issue.

Recommendation: “At Risk” concepts should not be moved to the Situation with Explicit Context Hierarchy until the EAG has presented its rationale and received input from the Nursing, Behavioral Health and Nutrition Care Process CRGs at a minimum. In the future, AEG decisions such as this should not be finalized until implications to Nursing and Allied Health Professionals is known. It is recommended that the AEG work with the Nursing, Behavioral Health and Nutrition Care Process CRGs to rename “At Risk” (finding) concepts and if necessary, remodel these concepts to represent the intent by which they are used by Nursing and Allied Health Professionals and provide analytic

value. A plan forward for adding requested new "At Risk" (finding) concepts to represent Nursing and Allied Health Professionals clinical documentation will also be needed.