



Health Informatics Centre (HIC), Planning Division

SNOMED CT Malaysia: Stakeholder Engagement

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Definition of stakeholder

“In a narrow sense, the stakeholders are all those identifiable groups or individuals on which the organisation depends for its survival, sometimes referred to as primary stakeholders: stockholders, employees, customers, suppliers and key government agencies.

On a broader level, however, a stakeholder is any identifiable groups or individual who can affect or is affected by organisational performance in terms of its products, policies and work processes. In this sense, public interests groups, protest groups, local communities, government agencies, trade associations, competitors, unions, and the press are organisational stakeholders”.

(R.E. Freeman, 1984)

Introduction

- Malaysia became 22nd member country in December 2012
- Subscription of SNOMED CT was with the intention of using it in **Big Data Analytics** and parallel with the **Malaysian Health Data Warehouse (MyHDW)** project

Who are the 'STAKEHOLDERS'?

TOP MANAGEMENT

Director General of Health,
Secretary General of Health,
National Release Centre
(NRC)

USERS

Clinicians,
Data managers,
Information managers

TECHNICAL TEAM

Vendors,
System provider (eg:
Knowledge Technology Group
– MiMOS)

SPONSORS

Government/cabinet,
Head of services

TOP MANAGEMENT

Director General of Health, Secretary General of Health,
National Release Centre (NRC)

- National Release Centre (NRC), Malaysia provides:
 - Versioning control and distribution of refset and all health informatics standards
 - Act at IHTSDO interphase
 - Provide training
- NRC also provides a clear understanding on the use of SNOMED CT to gain interest and support from the top level management
 - by addressing an increasing demand for access to data and information and
 - the issue of interoperability: the ability of diverse system to work together

USERS

Clinicians, data managers and information managers

- Concern of early deliverables for early buy-in
- In initial phase, HIC focused on involvement of clinicians for early buy-in of SNOMED CT adoption
 - Cardiologist group
 - Oncologist group
 - Head of services will ensure the standardization of SNOMED CT implementation by the same group in the private sectors (eg: National Heart Institute) using the same refset.
- University Malaya Medical Centre (UMMC)

USERS

Clinicians, data managers and information managers

- Clinicians - Cardiology Group:
 - There was an early work on SNOMED CT done by National Heart Institute (NHI)
 - Strong commitments from the group, led by Cardiology Head of Services, Malaysia
 - To avoid confusion and miscommunication of the concept and preferred term used by the clinicians
- Data managers/Information managers:
 - Use of data for research and analysis

SPONSORS

Government/cabinets, Head of Services

- **Government/cabinet:**
 - Provides funding (membership fees/development etc)
 - Governance
- **Head of Services:**
 - The intention of involvement of Head of Services is to ensure refset developed will be used by the group
 - Champions in promoting further refset development to the other clinical group

TECHNICAL TEAM

Vendors, System Providers

(eg: Knowledge Technology Group- MiMOS)

- Provide technical advice, assistance and consultations
- Developing tools- MiHarmony

Reference Set Development - Timing of stakeholders engagement (clinicians)

- Approach was to identify and clarify their role and function and the timing of involvement
- Early timing:
 - Understanding of the concepts in the registry form and searched of the terms in the workbench which is done together with the clinicians is time consuming.
- Right time:
 - Initial work done by HIC team and presented to the clinicians and they will endorse once agreed.

Reference Set Development - Timing of stakeholders engagement (clinicians)

Early Timing

Refset development sessions with clinicians (stakeholders)

Time consuming – need more sessions

Right Time

Refset development by NRC Malaysia

Presentation to clinicians (stakeholders)

Consensus (agreed by stakeholders)

Endorsement

Refset sent to IHTSDO

Reference Set Development - Roles of stakeholders engagement (clinicians)

- Roles of involvement:
 - Provide understanding of the variables and values in the registry form
 - Agreed on the terms used (preferred term and the concept) – consensus
 - Promoting the use of SNOMED CT refset and involvement by other stakeholders

Example: NCVD ACS & PCI

Section 1: Demographics

<i>(ACS S1 no 6 & PCI S1 no 7) Ethnic Group</i>		ETHNIC GROUP
<i>(ACS S1 no 6 & PCI S1 no 7) Malay</i> MALAYS (ETHNIC GROUP)		<i>(ACS S1 no 6 & PCI S1 no 7) Melanau</i> MELANAU
<i>(ACS S1 no 6 & PCI S1 no 7) Chinese</i> CHINESE (ETHNIC GROUP)		<i>(ACS S1 no 6 & PCI S1 no 7) Murut</i> MURUT
<i>(ACS S1 no 6 & PCI S1 no 7) Indian</i> INDIAN (RACIAL GROUP)		<i>(ACS S1 no 6 & PCI S1 no 7) Bajau</i> BAJAU
<i>(PCI S1 no 7) Punjabi</i> PUNJABI		<i>(ACS S1 no 6 & PCI S1 no 7) Bidayuh</i> BIDAYUH
<i>(ACS S1 no 6 & PCI S1 no 7) Orang Asli</i> ORANG ASLI		<i>(ACS S1 no 6 & PCI S1 no 7) Iban</i> IBAN
<i>(ACS S1 no 6 & PCI S1 no 7) Kadazan</i> KADAZAN		<i>(ACS S1 no 6) Others</i> <i>(PCI S1 no 7) Other Malaysian</i> OTHER ASIAN ETHNIC GROUP

NCVD ACS

Section 4: CLINICAL PRESENTATION AND EXAMINATION

(ACS S4 no 1) Number of distinct episodes of angina in past 24 hours

***HISTORY OF ANGINA PECTORIS; <24 HOURS**

(ACS S4 no 2) Heart rate at presentation

HEART RATE

(ACS S4 no 3) Blood pressure at presentation:

BLOOD PRESSURE

(ACS S4 no 3a) Systolic

SYSTOLIC BLOOD PRESSURE

(ACS S4 no 3b) Diastolic

DIASTOLIC BLOOD PRESSURE

(ACS S4 no 4) Anthropometric

BODY MEASURE

(ACS S4 no 4a) Height

BODY HEIGHT MEASURE

(ACS S4 no 4b) Weight

BODY WEIGHT

(ACS S4 no 4a+4b) BMI

BODY MASS INDEX

(ACS S4 no 4c) Waist circumference

WAIST CIRCUMFERENCE

(ACS S4 no 4d) Hip circumference

HIP CIRCUMFERENCE

(ACS S4 no 4c+4d) WHR

WAIST/HIP RATIO

(ACS S4 no 5) Killip Classification code

***KILLIP CLASSIFICATION FINDING**

(ACS S4 no 5) Killip Classification code

***KILLIP CLASSIFICATION (ASSESSMENT)**

(ACS S4 no 5) Killip Classification code I

***KILLIP CLASS I**

(ACS S4 no 5) Killip Classification code II

***KILLIP CLASS II**

(ACS S4 no 5) Killip Classification code III

***KILLIP CLASS III**

(ACS S4 no 5) Killip Classification code IV

***KILLIP CLASS IV**

NCVD PCI

Section 5: CARDIAC STATUS AT PCI PROCEDURE (No 5, 6)

(PCI S5 no 5) Angina type

ANGINA

(PCI S5 no 5) Atypical Angina

ATYPICAL ANGINA

(PCI S5 no 5) Chronic Stable Angina

STABLE ANGINA

(PCI S5 no 5) Unstable Angina

PREINFARCTION SYNDROME

(ACS S2 no 1 & PCI S5 no 6) Canadian Cardiovascular Score

**CANADIAN CARDIOVASCULAR SOCIETY
CLASSIFICATION OF ANGINA FINDING**

**CANADIAN CARDIOVASCULAR SOCIETY CLASSIFICATION
OF ANGINA (ASSESSMENT)**

(PCI S5 no 6) Asymptomatic

**CANADIAN CARDIOVASCULAR SOCIETY CLASSIFICATION
OF ANGINA CLASS 0**

(ACS S2 no 1 & PCI S5 no 6) CCS 1

ANGINA, CLASS I

(ACS S2 no 1 & PCI S5 no 6) CCS 2

ANGINA, CLASS II

(ACS S2 no 1 & PCI S5 no 6) CCS 3

ANGINA, CLASS III

(ACS S2 no 1 & PCI S5 no 6) CCS 4

ANGINA, CLASS IV

Refset Development

