

# 201936 Template modelling - the future!

Cathy Richardson SNOMED International (United Kingdom)

## Co-authors

1. Monica Harry
2. Penny Hernandez
3. Peter G. Williams

## Summary

Explanation of the structural improvement process i.e. Quality Initiative including the rationale for and benefits of the work. Editorial guidance and templates used and developed as part of the work that support structural consistency.

## Audience

Research/academic, Organisations authoring or using SNOMED CT, Technical

## Learning Objectives

1. Understand the structural improvement process used by the SI Content Team.
2. Understand the rationale for and benefits of a consistent modelling approach using templates.
3. Understand the use of templates to employ batch authoring and normalization of misaligned concepts

## Abstract

High level summary of rationale for this work: SI has employed different modelling approaches over time resulting in incorrect and incomplete modelling; Tooling required to support batch changes had not been developed for the current authoring platform; Requirement for enhanced editorial guidance to ensure consistencies in both the terming and modelling of current content.

Analysis of approach: In 2017 SNOMED International launched a quality initiative to improve the internal structural consistency of SNOMED CT through the application of a consistent modeling pattern to existing content. This work was supported by development of new functionality in the Authoring Platform e.g. automated batch changes; a reporting tool that supports querying content to create reports; creation of templates for modelling content.

A pilot project highlighted the need to prioritize a starting point in hierarchy therefore following successful completion of the pilot, work commenced on the Clinical Finding hierarchy. Overtime, the process was refined.

Details of refining the process:

The work is being done in two phases, the first phase focuses on simple concepts and the second more complex concepts. In the first phase, the Clinical finding hierarchy has been divided into sub hierarchies and a four-stage process is undertaken on each sub hierarchy.

The process is to wherever possible, 1. fully model and define intermediate primitives.



2. Development templates; 3. Identify then remodel content that does not align to the template; 4. Normalisation of content using the zero-based proximal parent pattern Success to date - to be added nearer the time.

Where do we go from here - Next area to be tackled after Clinical finding - To be confirmed.