

**Summary notes from the SCATA Working Group Meetings  
Monday 19<sup>th</sup> May 2008**

The Society for Computing and Technology in Anaesthesia held Working Group Meetings at the Association of Anaesthetists, Portland Place, London WC1 on Monday 19<sup>th</sup> May 2008.

**Terminology Working Group**

IOTA (International Organization for Terminology in Anesthesia), in conjunction with Informatics Clinical Information Systems, has developed a web-based browser for the SNOMED CT clinical terminology for anaesthesia. This was demonstrated and arrangements for access to the browser outlined to those present. There is some additional functionality necessary that is currently in development. The purpose of the browser is to enable a wider professional audience to review the terminology and feed back suggestions for missing or erroneous content.

A report was given on progress with incorporation of SNOMED CT terminology into Anaesthesia Information Management Systems, including promising work with Draeger regarding the Innovian System. The current position as regards design of NHS Connecting for Health systems was reviewed, including the establishment of the Clinical Content Service and the use of Open EHR approaches of templates and archetypes, and their relationship with SNOMED CT. No design work has as yet started in the North/Midlands/East of England for anaesthesia functionality in iSOFT Lorenzo (scheduled for Increment 4).

The group held a detailed debate on anaesthesia times following Dr Norton's article in the Royal College of Anaesthetists bulletin in March 2008 and the feedback subsequently received. An outline proposal was formulated to be taken to the Joint Informatics Committee of the Royal College and Association of Anaesthetists.

It was felt that two mandatory anaesthesia times are necessary: anaesthesia start time and anaesthesia ready time. The definition of anaesthesia start time needs

- a) to be location independent
- b) to emphasise professional responsibility
- c) but this may not be direct 1:1 care by an individual, or continuous

This approach is necessary due to changes in anaesthesia practice both in the UK and internationally, for example the insertion of monitoring lines or local anaesthetic blocks in preoperative holding areas, block rooms, etc. It follows from this concept that, as regards one operating theatre, surgery may be proceeding on one patient whilst "anaesthesia" is in progress on a subsequent patient. An appropriate definition for "anaesthesia ready time" is required. The concept of anaesthesia end time may be represented by other proxy measures including time out of theatre, time into Post Anaesthesia Care Unit or Intensive

Care Unit. The concept is related to transfer of professional responsibility rather than the end of the process of anaesthesia and sedation (e.g. transfer of a ventilated patient).

The afternoon session of the terminology working group was devoted to an update by Martin Hurrell on the development of an HL7 CDA (Clinical Document Architecture) compliant schema for anaesthesia records. This is based on the principle that data sharing and interoperability requires common structure, a common model and common terminology. Martin Hurrell outlined the process of development, including

- use cases to support the development process
- HL7 RIM (Reference Information Model) classes to define key classes
- development of RMIMs (Refined Message Implementation Models)
- development of a schema and CDA implementation of the schema

Martin Gardner and Tim Peachey had previously published an XML schema for anaesthetic records, which contained many valuable concepts but required considerable revision to align with HL7 processes and standards. The concepts of this schema have been included into a mind map which will be placed on the Anesthesia SIG (Special Interest Group) collaborative workspace. Members were asked to review and comment on the structure and content of the mind map.

A number of use cases have been completed, however additional use case development is required and subject areas have been defined by the HL7 Anesthesia Working Group. Anthony Madden referred to work on use cases from the DM+D (Dictionary of Medicines and Devices) project that could be reused in this work.

### **Education Working Group**

A general discussion session was held to review SCATA's educational initiatives.

#### **ITLS – Information Technology Life Support**

This was noted to be a successful venture, but further work is necessary to develop its position in the mainstream of anaesthesia training.

- The college tutors meeting organisers will be approached to request a meeting slot for a presentation about ITLS.
- A professional-quality course leaflet is to be developed (Juliette McCormack).
- This promotional leaflet needs to be available at the GAT (Group of Anaesthetists in Training) meeting, possibly with the provision of a cyber café by SCATA.
- The society should aim to deliver at least four courses per annum.
- Planned dates include
  - Southampton      June 2008
  - Durham              October 2008
  - Bath                  November 2008
  - Manchester        February 2009
  - London                May 2009
- New course faculty members need to be identified

### PowerPoint Lectures

These have been largely taken over by the Association of Anaesthetists and the meeting consensus was that there was no value in devoting further effort and resource in this area.

### e-Learning Anaesthesia

This is a major Royal College of Anaesthetists/Department of Health sponsored project in which the role of SCATA is currently very limited. SCATA needs to explore what role the society could have in this project, although it was recognised that this may be limited. The e-Learning Anaesthesia website is available through the Royal College of Anaesthetists homepage.

It is stated on the website that the first phase of the project is to address the ST1/ST2 curriculum.

Ranjit Verma is to approach the e-Learning Anaesthesia project board to get a speaker for the SCATA meeting in Bath in November 2008.

### Podcasting

The group decided against pursuing amateur efforts at preparing ITLS lectures as podcasts, as the quality was felt to be inadequate. Any initiatives in this direction would require professional support.

### European Collaboration

Ranjit Verma outlined plans for a Master's course in Health Informatics based on the University of Palermo, which would provide a potential collaboration with ESCTAIC colleagues. Details available were very sketchy and further information would be required before any SCATA policy could be formulated.

### **Portfolio Working Group**

The professional portfolio site continues to operate with a number of users, although the usage statistics are currently decreasing.

There remains a considerable degree of uncertainty until the General Medical Council's proposals for registration, licenses to practice and revalidation are clear and enacted into legislation. At some stage in the future, practising doctors will need a mechanism to collect evidence of practice to support the revalidation process, as the mechanism to enable recertification. The professional portfolio currently supplies one method for career grade anaesthetists to maintain a portfolio of evidence of practice.

There is a cost to maintaining the server for the existing portfolio and the value of deploying further SCATA funds to support this at present is questionable. The market for the professional portfolio is unclear, but consideration needs to be given to continuing support for the current users. One of the possibilities is to consider charging current users for continuing access and support.

The issue of e-portfolio strategy will be raised at the Joint Informatics Committee meeting on 20<sup>th</sup> May 2008.

Hadley Beeman from the London Deanery attended the meeting to give a presentation on initiatives for the support of trainees. Currently, training has multiple pathways and responsibilities, with differing roles for training programmes, deaneries and colleges as just some of the interested parties.

The need for secure web functionality to support and simplify these multiple priorities is required and this presentation summarised current development to support these needs. After the MTAS debacle, the need for security of personal information is paramount, but the site needs to streamline processes in supporting trainees and communicating information to them.

The group noted that Hadley Beeman's work was not quite what the portfolio group had envisaged and did not specifically address the issues of logbooks and personal training records. It was recognised that this work did have relevance to current e-portfolio work. Therefore there is a need to review the support and format of logbooks and training records available to trainees.