# SCATA Working Groups Meeting
# 16th November 2009

Sixteen members of the Society attended a Working Groups meeting held on Monday, 16th November 2009 at the Association of Anaesthetists, 21 Portland Place, London W1.

**SCATA Anaesthetic Wiki** www.scatawiki.com
Dr Alan Hope, Glasgow

This project commenced in 2007. A pilot project was running by 2008 and presented at the Bath SCATA meeting in November 2008. An overhaul was undertaken in 2009 and has exceeded 20 000 page views.

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| Scope | - | Not trainee-centred nor bound to any curriculum. |
| Structure | - | Paragraph based (not page based). Allows an overview and finely detailed material. |
| Cross links | - | Paragraph structure facilitates links between topics. |
| Style | - | A narrative style is encouraged. |
| Tags | - | Provides high level grouping. Improved subject search. Generates automatic cross linking. |
| Image library | - | Paged. Images are tagged with the uploading editor. Pictures all resized to 300 pixels for consistency. |
| Copyright | - | A standard copyright document is used. |
| Common user control | - | Anaesthesia pass – single sign covering a number of sites. Has usual password routines. |

2009 Update

- Now reports edits and new topics
- New wizard for publishing topics
- Integrated forum

Currently 32 topics and 88 images in the library.

Many page views, but no contributing community.

Why there are no contributors

Perception of difficulties in adding content.

Sign-in necessary – possible password/login fatigue?

Copyright issues.

Access from hospital networks.

General work overload in the NHS.

Wikithesia is a more trainee-focussed project. It did have some problems with spamming and security. The question of whether the two should join forces is under consideration.

Jim Berrington reported from AAGBI Specialist Societies meeting. AAGBI is planning a major website revamp with a number of microsites that can host sites and applications. Perhaps the time has come for a divide between a clinical wiki and a technical wiki (SCATA-related). Alan suggested that the SCATA wiki would automatically gravitate towards a technologically focussed content. Discussion was held about relative lack of

focus on technology, and whether it might be advantageous to try and develop wiki content in this area.

Alan Hope demonstrated wiki functionality including searches, editing content, tagging, adding new topics.

There was discussion about potential advantages and incentives for contribution to wikis.

Roadmap for development

- Addition of movies – significant additional functionality would be needed.
- Move to a more SCATA flavour.
- Encourage authors from SCATA to add content.
- Encourage articles on technology.

**Education Working Group**
Dr Jim Berrington

Review of recent education initiatives in SCATA leading to ITLS. The RCoA/AAGBI publication, *Information Management: Guidance for Anaesthetists* sets standards required for anaesthetic departments, and does consider educational aspects.

Skills required by anaesthetists can be divided into “Using Computers” and “Health Informatics”. The principle competencies developed continue to be relevant.

The essential knowledge and skills are generic – i.e. needed for all health professionals to be able to work professionally in today’s environment.

E-learning anaesthesia

Royal College of Anaesthetists and Department of Health development.
Core training (Years 1-2) rolled out August 2009.
Content for ST3-5 will be appearing during 2010.

Anaesthesia and intensive care medicine

The Informatics section editor is now Dr James Berrington in succession to Dr Chris Barham. The next Informatics issue is due at the end of 2010.

Information Technology Life Support

This has included the principle of assessment and the concept of providing some evidence of competence to those who pass the post course questionnaire.

Issues:

- Content review – recruit new leads
- Faculty
- Timetable
- Development – e.g. online resources

Tony Madden noted the limited progress on revalidation and the training agenda as defined by PMETB, and that the Core IT skills have been discussed and identified but not yet incorporated into published standards.

ITLS has suffered from limited faculty, often short lead times for notification.

The pattern of attendance at meetings and pressures on study leave probably need a change in strategy on membership, role and cost of meetings and the role of websites in doing more than just supporting membership.

To deliver further courses there is both a need for increased faculty and effective publicity to trainees who would stand to gain most from the course.

Inevitably, the Society will need to make resources available on the internet, possibly in a form suitable for mobile apps.

There was discussion as to whether the presence of assessment in the form of MCQ may act as a deterrent in terms of attendance. Could consider moving to online assessment and collection of feedback before issuing of certificates.

**Terminology**
Dr Andrew Norton

This session consisted of an update on terminology and standards work related to Anaesthesia Information Management Systems.

Andrew Norton explained the role of the IHTSDO (International Health Terminology Standards Development Organization) and HL7 (Health Level 7) Anesthesia Special Interest Groups. Work has now largely been completed to develop or review most of the SNOMED CT clinical terminology to support Anaesthesia Information Management Systems, although there remains an amount of material to submit for incorporation into SNOMED CT. There is a necessity for a maintenance phase in order to refine terminology and meet additional needs and requests and handle the evolution of new concepts and their incorporation into controlled clinical terminology.

During 2009 the IHTSDO Anesthesia SIG, working with the HL7 Devices Group and ISO TC 215 Working Group 7, has developed a work proposal for the harmonisation of nomenclature in the ISO 11073 medical device standard. The work plan has been submitted to IHTSDO. A memorandum of understanding has been signed by IEEE (Institute of Electronic and Electrical Engineers) who are the owners of the ISO 11073 standard. A draft memorandum of understanding is currently with the legal advisors to IHTSDO and agreement of this is expected during late 2009.

The standard has large relevance to anaesthesia as a standard for medical device communication, both in terms of device identification and in the standardisation of device-derived observable entities, such as physiological measurements, gas concentrations and ventilator parameters.

The work proposal divides the work into three phases, as the standard has wide clinically relevant content. Phase 1, of which a considerable amount of equivalence mapping has been undertaken by the Anesthesia SIG, principally concentrates on areas of high relevance to anaesthesia. A request was made for volunteers who would be willing to review the draft equivalence mapping tables. There are considerable issues of manpower

and support to resolve for this project to proceed effectively. The later phases of the work have considerable content outside domain expertise within anaesthesia, and therefore additional professional input, notably in the fields of cardiology and neurophysiology would be required.

Preoperative assessment

An HL7 project to undertake and create a domain analysis model for preassessment is underway with input from a number of nations, including standards and design developed in NHS Connecting for Health. The project is being led from Duke University Clinical Research Institute.

Discussion considered the issue of whether it is necessary to have separate preassessment form designs to support the requirements of preassessment nurses and clinics and anaesthetists, or whether it is felt that these requirements can be accommodated within one multidisciplinary electronic record.

The consensus of the group was that a single multidisciplinary record is feasible, providing it allows for annotation, attribution and correction by the relevant professional.

This recommendation will be made to the Joint Informatics Committee of the Royal College and Association of Anaesthetists and to the current NHS Connecting for Health project designing preassessment content in the Lorenzo electronic patient record.

HL7 Anesthesia SIG

Martin Hurrell gave a summary of work to develop an implementation guide for an HL7 CDA (clinical document architecture) anaesthesia record.

A number of use cases for this work have been developed, although there are identified areas where additional use cases may be helpful.

Progress has been made with the development of the implementation guide, and recommendations are being developed for the handling, processing and representation of large amounts of machine-generated vital sign and observation data from monitors.

Drs Ged Furlong and Senthil Kumaran expressed interest in contributing to this work, initially in the area of additional use cases.

Outcome measures and significant adverse events related to anaesthesia

This is an area that the IHTSDO Anesthesia SIG has previously put “on the back burner” due to a lack of standardisation and process in this area, and lack of agreed definition for significant events that may form useful quality and outcome indicators.

With the advent of the Royal College of Anaesthetists/National Patient Safety Agency pilot initiative in using the NRLS (National Reporting and Learning System) to support anaesthetic adverse event reporting, and the development of the Anesthesia Quality Institute (AQI) in the USA, it is felt that the time is right to be more active in this area.

AQI is an initiative led by the American Society of Anesthesiologists (ASA) to develop a national registry of clinical outcomes , a source for quality improvement. A number of clinical adverse outcomes are being defined by the ASA Committee on Performance and Outcomes.

The IHTSDO Anesthesia SIG is critically reviewing these items and definitions with a view to ensuring SNOMED CT inclusion and recommending definitions of concepts for inclusion in the new SNOMED CT release format.

Mark Davies expressed interest in becoming involved in the work reviewing quality measures for anaesthesia.