SCATA
SOCIETY for COMPUTING and TECHNOLOGY in ANAESTHESIA

Summary notes from the SCATA Working Group Meetings
19th November 2008

The Society for Computing and Technology in Anaesthesia held Working Group Meetings at the Hilton Hotel, Bath on Wednesday 19th November 2008

Present
Andrew Norton (Working Groups Co-ordinator)

Grant Forrest
Alan Hope
Anthony Madden
Andrew Donovan
Martin Hurrell
Alan Nicol
Steve Sale
Paul Cooper
Richard Muirhead
Amit Mishra
Allen Pinto
Jim Berrington

Apologies
Ahmed Labib
Melvin Reynolds

Revalidation (Anthony Madden)
A letter had been received seeking SCATA view on essential requirements determined by specialist societies for revalidation from Chris Dodd's (RCoA Vice President). The fundamental question is what competencies and knowledge should be maintained by more than 95% of practitioners in varied work settings.

At request of the Joint Informatics Committee, Tony Madden has been revising the competency based training document for IT skills and competencies. There is a PMETB approved format for competency based training documents.

PMETB may view IT competencies as a generic skill, thus may be part of core curricula, but this is not yet certain. PMETB is also removing a number of competencies from training (for example anaesthesia for vascular surgery) which will no longer be necessary to obtain a CCT.

As far as IT skills, there is probably little need to differentiate between work situations and IT skill levels – they are likely to be necessities for all anaesthetists.

Ranjit Verma raised points about whether the College will monitor revalidation at the individual or departmental level.

There was debate about the level of competence required for generic computing skills and what is an essential or desirable competence. The group was asked to review skills described in the competence based training documents and judge whether these were essential or desirable skills.

Regarding skills for systems, there was agreement essential skills will include the ability to use healthcare computer systems required as part of their job and to appropriately process patient information.

SCATA wiki (Alan Hope)

Alan Hope gave a presentation on the development of a SCATA wiki. A written report was tabled. This initiative had been developed following Tony Smith's presentation to SCATA on "wikithesia". This development , written in PHP, is currently hosted on the SCATA server as a subdirectory of Alan Hope's website.

Security in a wiki is a significant issue. Alan gave a report on user management including the requirement of validation at departmental user.

Copyright is also a complex area – Wikipedia currently just removes any material that is claimed to be copyright.

Jim Berrington raised issues about commercialisation and the likelihood of this initiative being subsumed into efforts such as e-Learning Anaesthesia, which has large amounts of commercial funding.

Alan Hope regards the codebase as the property of SCATA, and would welcome if positive help was provided to SCATA and members who contributed to development.

The structure of the SCATA wiki varies from the traditional page based / hyperlink Wikipedia model –see tabled report. It is much more based on paragraphs, which can be reused and paragraph ordering is flexible.

Volunteers will be needed both for content addition and code maintenance/development. There was discussion about future relationships to College initiatives, enabling the content to be trawled by Google servers and the possibility of degrees of commercialisation and advertising.

Alan Hope requested that members of the working group would devote some time to testing and exploring content addition to the wiki before it was opened to a larger audience Images should be uploaded as jpeg format.

Terminology Working Group (Andrew Norton)

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 has now been deployed with information on obtaining user names and passwords, a user guide and a feedback for on the Anesthesia Patient Safety Foundation website (www.apsf.org)

A brief explanation of the organisation and use of the browser was given and request for volunteers to access the terminology and provide feedback was made.

Grant Forrest will also add links to the URL and APSF pages for the browser to the SCATA website.

Grant Forrest also raised the question of approval or recommendation of manufacturers systems that may include the SNOMED CT anesthesia terms. Andrew Norton responded that we had been asked by one manufacturer for advice about implementing complex clinical terminologies and IOTA had attempted to provide advice in this area. However it was not felt appropriate to formally endorse or support any particular system that incorporated SNOMED CT terminology.

Anaesthesia Document Standards Development.

Progress was discussed developing the record structure for anaesthesia record as a process of developing an artefact that would become a draft standard for HL7 ballot.

Input from the group was sought as to the validity and completeness of the proposed anaesthetic record structure: Detailed discussion was held about current headings and organisation

It was agreed that a new section was required on safety checks (as applied to patients, drugs, machines, time-outs)

Considerable work had been done on the representation of vital signs within a wrapper for the various datastreams from monitors and other physiological measurement devices.

Investigations is a current heading to deal with information from peri-operative tests, but this section should be expanded to include images generated intra-operatively.

There was discussion about how a CDA compliant anaesthesia record might relate to the NHS summary care record. Members recalled that work had been previously done to define what key items might be extracted from an anaesthesia record for inclusion in the summary care record. This work needs to be referenced.

If any member noted missing content, they were encouraged to contact Martin Hurrell.

Additional Use Cases

Martin Hurrell requested members to think of additional use cases for the anaesthesia record which may not be based on straightforward clinical scenarios, but rather on secondary uses such as reimbursement, audit, research, reporting etc.

Conclusion

A number of members of SCATA present volunteered to be involved further in some of the projects described above – namely IT competencies work to support revalidation (lead – Tony Madden), the anaesthesia wiki (lead – Alan Hope) and the document structure and standards work (lead – Martin Hurrell). Volunteers will be sought via the SCATA website to review the SNOMED CT anaesthesia terminology browser.