FHIMS Lab-Orders and Observation Domain
Meeting Minutes (October 25th)
Agenda for the next meeting

Date/time of call: Friday, October 25th, 2010, 10-11:30 AM (EST)
Call 1-800-767-1750, Passcode 84287
Microsoft Office Live Meeting

Attendees:

Anne Pollock -CDC
Galen Mulrooney - VA/VHA
Kosta Makrodimitris – FDA
Neelima Chennamaraja – VA
Steve Wagner – FHIM PM
Wendy Blumenthal – CDC
Ira Lubin – CDC
Robert Crawford – VA
Ken Gerlach - CDC
Wendy Scharber – CDC
Sandy Jones – CDC
Cindy Vinion – CDC

Leadership team

Neelima Chennamaraja, Kosta Makrodimitris, Galen Mulrooney, Cindy Vinion

Website: https://www.projects.openhealthtools.org/sf/projects/fhims/

Agenda: October 25th
Summary of Discussions

VA Ordering Scenarios

Leeanne Walls (VA) presented an order scenario that consisted of ordering multiple and had multiple specimens for a patient. Printed output from the VA's system has been provided by Leeanne. File 100 is equivalent to placer according to HL7 terms.

- The VA uses the patient as the entry point for testing; you must have a patient. In addition, the lab either collects the specimen or facilitates collection of the specimen. There is a specific field (2 alphanumeric digits>99) for specifying the category for specimen eg HE means hematology.
- An order is created by a provider; this order may consist of multiple tests (a group or bulk order). The bulk or grouped order gets a lab order number; this number can be the placer group order number within HL7. (NOTE: if the order from the provider consists of one test, then the assigned lab order is the placer order number in HL7.)
- The order is released when it is signed by the provider. An unsigned order may be released under certain, emergency, conditions.
- Accessioning receives the specimen into the lab and begins the testing workflow.
- An accession number is assigned to route a specimen to a particular laboratory department or section; the department is encoded within the accession number.
    - The VA has short and long accession numbers. They are intelligent numbers; the numbers are encoded with the department to receive the specimen, the year and day that the specimen was received and a specimen number. This intelligent number is used by the person who accessioned the specimen where the specimen goes next and, therefore, begins the testing process.
    - A specimen or an aliquot of a specimen receives a new accession number if it is sent out to an external lab for testing.
- To be explored: the testing workflow: What happens after a specimen is received by the testing lab department? How does reflex and replicate testing occur? What happens when specimens are aliquoted? How we create a common lab vocabulary across labs?

Reporting Pathology Reports to a Cancer Registry

Ted Klein (NAACR consultant) presented the process for reporting pathology reports to a cancer registry. This reporting process is currently in production and uses HL7 v2.x messaging in both the US and Canada. According to Ted the transition to RIM and HL7 V3 is difficult and has little progress so far in US. Someone can have xml functionality and interoperability with HL7 v2.x. HITSP uses cases are 'silent' to cancer pathology which is complex and dynamic.

- Pathology reports are a collection that may come from more than one 'filler' systems (path or ref labs…). Filler numbers may not be issued by the surgical center requesting the study. SPM2, SPM30 are slots for accessioning and specimen numbers but there is no consistent usage across the labs.
- The type of cancer drives what needs to be in the report to the registry; jurisdictional differences on what type of cancer to report are also present.
    - Special studies and autopsies also have different reports.
    - There are different styles of reports from traditional narrative to synoptically structured reports. The different reports represent the use of structured content and coded values.
    - Basically, there are jurisdiction-based standing "orders" to pathology labs to report positive test results for certain cancers.
- The registry process deals with findings and interpretations performed by a pathologist to provide information to a clinician/provider who diagnoses the patient. The results of individual lab tests and other test-level information, including test identifiers are out of scope.
- There is a requisition number, but it is often not electronic.
  A new volume of NAACCR, Volume V is currently in process and will be made available on the NAACCR website, http://www.naaccr.org/Home.aspx

Action Items:

- Keep in touch with Ted Klein and get material and links from him
- Kosta-Galen will organize the OpenHealth shared project space for Lab-OO
- Prepare for FHA leadership meeting to present FHIMS domains process
- Contact laboratory experts, LIMS admins, HL7 OO wg
- Next regular meeting will be on Nov 1st. Modeling work on October 29th .

Agenda: next call November 1st (10-11:30am)

- ALL: Prioritize and present use case and scenarios(UML,BPMN) (30')
- ALL: Review closely HITSP C35/C36/C37 constructs and maps (20')
- ALL: Explore sample testing process after lab receives the sample(experts)(10')
- Kosta: HL7 Normative 2010, RIM , Lab-OO HL7 activities/membership(15')
- ALL: Milestones-Plans-Risks for modeling & \ use cases(next iteration) (5')