**FHIMS Lab-Orders and Observation Domain**

December 3, 2010 Meeting Minutes (after FHIMS project meeting)

# Attendees

Neelima Chennamaraja, VA

Mike Fitch, DoD

Steve Hufnagel, DoD

Kosta Makrodimitris, FDA

Galen Mulrooney, VA

Cindy Vinion, CDC

Steve Wagner, FHA

# Leadership team

Neelima Chennamaraja, Kosta Makrodimitris, Galen Mulrooney, Cindy Vinion

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

# Summary of Discussion

## Modeling - Sample and Specimen

* We are still wrestling with sample and specimen. There are 2 options:
  1. Specimen = material being tested and Sample = material being collected
  2. Specimen = material being collected and Sample = material being tested
* Anne did some research in CLIA about this (from email): "CLIA: defines sample as material contained in a vial on a slide, or other unit that contains material to be tested. Although it does not have specimen in its definitions CLIA under definition of Laboratory states Facilities only collecting or preparing specimens (or both) or only serving as a mailing service for specimens and not performing testing are not considered laboratories." This indicates that option 1 is correct.
* From Terminologist on call: it is best to go with a regulation, such as CLIA, for definitions. May also want to look at other regulations and/or requirements such as ISO &/or HL7. In addition, it is better to give names to objects or concepts based on where it is in the process, e.g., collected specimen or tested specimen, than to search for a single word to substitute for one of the terms ("sample" for "collected specimen").
* Collected material may or may not be processed prior to being tested.
* Decision for model: Use a single specimen object using a generic definition (from HL7) and have sub-objects for collected specimen, processed specimen, and tested specimen. These sub-objects may be subsumed into the overarching specimen object at a later date, but, for now, they are serving the purpose of helping to do and understand the analysis.
* Is specimen type modifier needed? If so, should it be a coded attribute (see HL7 v2.x) or a text attribute?
  + It may be useful to provide additional, explanatory information for specimen type. Per the Meaningful Use requirements, specimen type is a coded value from SNOMED; if SNOMED is sufficiently complete and detailed, then type modifier does not need to be coded, but could be useful for human-readable information.
  + There are a couple of concerns: (1) new values are needed all the time; standard terminologies do not and cannot keep pace with the changes in all cases. The people need information in order to perform their jobs correct and/or to make well-informed interpretations. A human readable modifier can be used for this type of information. (2)There is a need for computable (i.e., coded) data; however, there is no current system to rapidly update and distribute vocabulary.
* The specimen lifecycle has not been explored. Doing so may illustrate some of lab needs and build out the lab model.

# Action Items

| Start Date | Priority | Action Item | Status |
| --- | --- | --- | --- |
| 11/22/10 | Low | Mike-Wendy-Kosta-Galen: Define-clarify Specimen-Sample filler and placer order number, test identifier, placer group number and universalServiceIdentifier. Pathology Laboratory uses specs from DICOM (Supplement 122) to describe the various units (specimen, accession number, etc) in their workflow. | In process |
| 11/22/10 | Low | Kosta-Steve : Services Aware Interoperability Framework and Lab-OO FHIMS relevance | In process |
| 11/15/10 | High | Mike, Cindy, Galen: Finalize definitions for and use of different identifiers & numbers in lab domain - filler order number, placer order number, group number, test identifier, etc. |  |
| 11/8/10 |  | Need to discuss different scenarios involving different people (ward clerk, nurses, physicians, physician's assistants, interns, etc) and who those people would be in a data exchange. | Not started |
| 11/8/10 | Low | Tim (ICLN) to determine if they would like to participate in FHIMS. |  |
| 11/1/10 |  | Cindy will update sample accessioning scenarios. | In process |
| 11/1/10 |  | Anne will write up lab processes to include as additional scenarios. | In process |
| 11/1/10 |  | Cindy to identify and contact FBI person from LRN National Meeting for participation in the FHIMS Lab calls when we start doing Chain of Custody, slated for phase 2. | Not started |
| 11/1/10 | Med | Kosta to transform flowchart of outpatient scenario to BPRN. | In process |
| 10/25/10 | Low | Keep in touch with Ted Klein and get material and links   * Update 11/1: Ted waiting for approval to release draft version of volume V | In process |
| 10/25/10 | Low | Kosta-Galen will organize the OpenHealth shared project space for Lab-OO   * Update 11/1: Steve working on organizing the OpenHealth tools project space | In process |
| 10/25/10 | High | Prepare for FHA leadership meeting to present FHIMS domains process | In process |
| 10/25/10 | Med | Contact laboratory experts, LIMS admins, HL7 OO wg   * Update 11/1: HL7 OO WG information shared with interested participants | In process |
| 11/09/10 | Med | Kosta to present relevant material for Automated Laboratory Management, FERN, eLEXNET | In process |
| 11/08/10 | Low | Galen to update weekly the FHIMS Lab-OO model and collaborate with Kosta to update about changes from baseline(map .xls-overview) | In process |

# Completed/Not Tracked Action Items

| Start Date | Priority | Action Item | Status |
| --- | --- | --- | --- |
| 11/8/10 |  | Tim (ICLN) to discuss with DHS the sharing of the Actionable Data Elements spreadsheets with definition. | Not tracked |
| 11/1/10 |  | Cindy to share meeting information for the next meeting when it is sent by the co-chairs. | Completed |
| 11/1/10 |  | Cindy to send flow chart PDF to Anne Pollack | Completed |

# Agenda Next Call: December 6, 2010

* ALL-Kosta-Cindy-Anne: Discuss use case and scenarios(UML,BPMN-Visio/RSA),15-20’