From:	Christof Gessner
To:	PCD Technical Committee GG
Cc:	Manny Furst; Terry Bettis (Welch Allyn); Blasingame, Jon; Anupriyo Chakravarti (Surgical Information Systems); bcohen@livedata.com; Bikram Day (Capsule Tech); Al Engelbert; Ken Fuchs (Mindray); Colin FX Garstka (Epic); Khalil J. Maalouf (Nuvon); Barb Majchrowski (ECRI); Pattillo, Monroe; Rhoads, John; Rinda, Jeffrey E.; Paul Schluter (GE); Ioana Singureanu (Eversolve); Elliot Sloane; ESparnon@ecri.org; Richard Swim (Baylor); Vaughan Zakian (Nuvon)
Subject:	Patient Device Association and Specimen
Date:	Wednesday, October 20, 2010 5:27:16 AM

Hello,

unfortunately, I can not attend the F2F.

But I have one question to this very interesting compilation:

Was it also considered to use the HL7 apparatus that is in place for observations related to specimens?
To me it appears very natural to look into this for several reasons:

In HL7 chapter 7 a specimen is defined as "A physical entity that is an individual, a group, an item, or a part representative of a larger group, class or whole that is the target of an observation or analysis for the purpose of drawing conclusions about the group, class, or whole." Note that any physical entity in the universe has the potential to become a specimen.

Chapter 7 provides structures and events that cover various scenarios of linking single or multiple specimen to patients, also covers specimen that are not related to a patient.

There are mechanisms to express characteristics (OBX segments) of a specimen independent of the actual patient-related observation (e.g status of the specimen)

Specimen can be related to body sites or body parts. They can be hierarchically organized through a parent-child mechanism. (possibly obsolete because of OBX-4 mechanism of IHE PCD).

When replacing the word "specimen" with "sensor" or "device" a great part of the semantics of specimen is very similar to devices, including association to a patient and description of the fields of the SPM segment. (Of course, a device is not "acquired" from patient but rather "applied").

In clinical settings there are established procedures for identification of specimen (e.g. via barcodes) and association of specimen to patients. So there should be re-usable software and systems that already cover some of the risk and safety aspects of device-patient association?

Just my 2c...

Kind regards,
Christof

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On 19.10.2010 19:59, Manny Furst wrote:

> Please make time to participate in this discussion.
> Manny
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> ---
>
> **From:** Meyer, Gary [mailto:Gary.Meyer2@CareFusion.com]
> **Sent:** Thursday, October 14, 2010 7:26 AM
> **To:** Flanders, Robert (GE Healthcare)
> **Cc:** Manny Furst
> **Subject:** RE: F2F - Patient Device Association Documents and Web Ex
>
> Hello Robert,
> I am not able to attend the F2F so if you have any questions please send them to me. I have yet to review Ruth's use cases and the message options that I put out for consideration. I sent an email to the HL7 pafm working group asking if the PRT segment can be used in admission events but have not heard anything.
> Hope this makes sense and is helpful.
>
> Gary Meyer RPh
> 314-567-0433 (office)
>
> ---
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> **From:** Flanders, Robert (GE Healthcare) [mailto:Robert.Flanders@med.ge.com]
> **Sent:** Wednesday, October 13, 2010 11:21 AM
> **To:** Meyer, Gary
> **Cc:** Manny Furst
> **Subject:** F2F - Patient Device Association Documents and Web Ex
>
> Dear Gary
> Can you send be your proposal and Ruth Berge's use cases. I would like to review them prior to the F2F. I will not be attending but I think Manny is going to setup a Web-Ex.
> Regards
> Robert
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