# Notes Meeting 28-2-2017 about review archetypes/templates by Hildegard

## Regarding General Template:

Hildegard is fully right here. Versioning the archetype was a wrong decision, and it is better to use the original archetype, and constraint it in the template.

## Regarding Virology Template:

We are not sure if it is better to use a generic virology archetype and clone it in the template or use specialized archetypes which only another identifier. We agree that one (generic) archetype is better to maintain then a series of (similar) archetypes. But maybe there are disadvantages we want to discuss with Hildegard.

One problem with the generic archetype situation is that the cloned archetypes all contain the same data(ADL)-paths and that it therefore will be difficult in AQL to distinguish them. We have the same question on other clone-situations (for example left/right kidney which use the same kidney archetype and for example, a group of very similar lab-test-archetypes). This is a very important modeling related question.

I have investigated the problem in ThinkEHR and we see that the cloned archetypes have exact the same ADL-paths (as expected)

Another point is the terminology-binding. We cannot use terminology binding in the archetype if we use a generic archetype. Terminology binding is a very important objective for Eurotransplant and healthcare ICT in general.

So we are very interested in the opinions of Hildegard, regarding this.

## Regarding Virology Template:

We got initially confused by the purpose of the immunisation summary archetype. This archetype seems to be focused on the vaccination-process, while the purpose indicates that it describes the vaccination-status.

Hildegard was right that the use of “not commenced” was not very well explained, and the purpose of using it was to mask the missing of a data-item which we needed.

We solved it in following way, and want to discuss this solution with Hildegard: We only use the “Immunisation Summary”-archetype, and use only the “Infectious Disease or Agent”, which we called for our need: “Hepatitis B immunized”, and use the “yes/no”-list of values, and use the Null Value Flavour to replace the “not commenced”. We are not sure to use the “Unknown” or the “No information” null value flavor.

We like to discuss this with Hildegard.

## Regarding Abdominal Template: One big observation/more observations.

It is on the Eurotransplant-site not recognizable if it is (technical) one Observation or more Observations involved in gathering the information about the Abdomen-organs. There is some data-information which suggest it is one Observation. This is the fact that “en groupe” only one device is known for the abdomen examination.

But we also recognize the fact that it may be from modeling-point of view to use more Observations, although it may be a (technical) single or few (maybe less then organs) Observations.

We like to hear the opinion of Hildegard on this.

## Regarding Abdominal Template: Imaging result Observation

While studying this issue, we found a specialization written by Grahame Grieve. It is called: “Imaging examination result UK”. It offers the data-items (in slots) we were missing, like Result Details and the anatomical-site cluster. So this complies to the data-requirements. We like to restructure the Abdomen (and other sets) to this archetype.

The remarks in the review about “Body Part examination”, Body examination panel” are then no longer relevant anymore.

We are very interested in the opinions of Hildegard, regarding this

## Regarding Abdominal Template: Examination Details Cluster

The Reference Model Composition contains a “composer” and Observation contains a “provider”.

However, those both data-points are not for us to model, because the archetype-editor nor the template-editor offers this. These items are filled by the software, and we guess, it is the one who is logged in, who will be entered in the software, and also the date/time of entering will be stored.

Mostly this is not the data-provider (in our case), mostly the data are provided from a remote site and on a previous time. We want to store this information.

## Regarding Abdominal Template: ‘examination of the abdomen specialisation’-redundancy

The answer is in relation to the problem described in one or more observations.

## Regarding Abdominal Template: Status data point in all clusters.

This is regarding the “space occupying lesion”. Because of the different semantic meaning of “not investigated” opposed to “not assessable/yes/no”, it is desired to store this separately. “not investigated” indicates information about the status of a examination, and “not assessable/yes/no” are about the result of an examination.

## Regarding Abdominal Template: “(space occupying lesion) a choice of text and coded text  rather than two separate data points”

The free text field is not to replace the list-of-values, but is additional. To make this more clear, we will rename it to “remark”.