



Clinical Terminology - SNOMED CT-AU v20160731

Release Note

31 July 2016
Approved for external information
Document ID: DH-2390:2016

Summary

EP-2389:2016 Clinical Terminology v20160731

SNOMED CT-AU is the Australian extension to SNOMED CT^{®1}, incorporating all Australian-developed terminology including the Australian Medicines Terminology (AMT) along with the core international data. SNOMED CT-AU provides additional content, local variations and customisations of terms relevant to the Australian healthcare sector for implementation in Australian clinical IT systems.

All terminology files are prepared in a format and to a standard that is consistent with International Health Terminology Standards Development Organisation (IHTSDO) releases. For the convenience of AMT-only users, these release files are currently also available as a stand-alone download; however a separate release note has not been provided.

Release rationale

Each month, the National Clinical Terminology Service (NCTS) releases clinical terminology updates to incorporate new content, enhance existing content, and make more effective use of the existing terminology.

This release is maintained against the January 2016 SNOMED CT release from the IHTSDO. It also incorporates AMT products that become available on the *Schedule of Pharmaceutical Benefits* – including the *Repatriation Pharmaceutical Benefits Schedule* – on or before 1 August 2016.

Identifying the version of this release of SNOMED CT-AU

Since November 2015, the AMT has been included as a formal subset of the SNOMED CT-AU release. This has the dual effect of enabling future integration work, and to better support the usage of terminology within the My Health Record system. Both terminologies use the same module identifier.

When using codes from this release (for example, in clinical documents, maps, or terminology servers) the following string should be used to identify the version of this release:

<http://snomed.info/sct/32506021000036107/version/20160630>

¹ This material includes SNOMED Clinical Terms™ (SNOMED CT[®]) which is used by permission of the International Health Terminology Standards Development Organisation (IHTSDO). All rights reserved. SNOMED CT[®] was originally created by The College of American Pathologists. "SNOMED" and "SNOMED CT" are registered trademarks of the IHTSDO.

Package inclusions

New

Identifier	Name and version
DH-2390:2016	<i>Clinical Terminology - SNOMED CT-AU – Release Note v20160730</i>
DH-2392:2016	<i>SNOMED CT-AU – Combined Release File v20160730</i>
DH-2391:2016	<i>Australian Medicines Terminology – Data Extract v20160730</i>

Audience

The audience for this end product is any licence holder with a practical interest in SNOMED CT-AU or AMT release files, including: software developers, content or mapping developers, testers, information system suppliers, analysts, terminology or classification specialists, health IT professionals and researchers.

Change summary

Content

Terminology	Category	Description
SCT-AU	Requested content	Request submissions for new concepts, descriptions and changes to Preferred Terms within the <i>Australian dialect reference set</i> have been processed for this release. In particular, work has been undertaken on requests for the Princess Alexandra Hospital, Queensland Health SurgiNet project, the Royal Australasian College of Surgeons and The Royal College of Pathologists Australasia.
AMT	Clinical Interface Descriptions	Both Fully Specified Names (FSNs) and Preferred Terms (PTs) for AMT product concepts referencing the following dose forms have been amended in this release as part of the Clinical Interface Descriptions project. The amendment to remove the colon and inversion was performed as a minor description edit, therefore there are no changes to any concept or description IDs: <ul style="list-style-type: none">“inhalation: powder for” to “powder for inhalation” (267 concepts)“inhalation: solution” to “inhalation solution” (376 concepts)“injection: concentrated” to “injection concentrated” (1158 concepts)“injection: powder for” to “powder for injection” (2249 concepts)“injection: suspension” to “injection suspension” (567 concepts)“capsule: hard” to “hard capsule” (2508 concepts)“capsule: soft” to “soft capsule” (557 concepts)“solution: irrigation” to “irrigation solution” (211 concepts)“dressing: hydroactive” to “hydroactive dressing” (17 concepts)“dressing: island” to “island dressing” (16 concepts)“dressing: sacral” to “sacral dressing” (6 concepts)

Terminology	Category	Description
		<ul style="list-style-type: none"> • "dressing: tulle" to "tulle dressing" (6 concepts) • "dressing: medicated" to "medicated dressing" (82 concepts) • "bandage: four layer" to "four layer bandage" (9 concepts) • "bandage: high stretch" to "high stretch bandage" (27 concepts) • "bandage" large D/E size" to "large D/E size bandage" (6 concepts) • "bandage: large limb size" to "large limb size bandage" (6 concepts) • "bandage: large size" to "large size bandage" (6 concepts) • "bandage: lightweight" to "lightweight bandage" (6 concepts) • "bandage medium C/D size" to "medium C/D size bandage" (6 concepts) • "bandage: medium limb size" to "medium limb size bandage" (6 concepts) • "bandage: straight" to "straight bandage" (16 concepts) • "bandage: triangular" to "triangular bandage" (6 concepts) • "bandage: two layer" to "two layer bandage" (21 concepts) • "bandage: XX/large size" to "XX/large size bandage" (6 concepts)
AMT	Data maintenance (AMT-12774)	The strength representation of Oxynorm Liquid has been amended from "5 mg/5 mL" to "1 mg/1 mL" to align with updated product information and packaging. The new description for this product is Oxynorm 1 mg/mL oral liquid: solution, 250 mL, bottle.
AMT	Data maintenance (AMT-14667)	<p>The ingredient of Colistin (Link) 150 mg injection: powder for, 1 vial has been amended to "colistin" from "colistimethate". The strength representation has also been amended to include an OSR of "4.5 million units".</p> <p>The strength of Tadim 1 million units (80 mg) powder for inhalation, 30 vials has been amended to "1 million units".</p>
AMT	Appendix C.6 Medicinal Product Preferred Term sequence of ingredients (AMT-7498 and AMT-12572)	<p>Multi-ingredient products have been reviewed and work has continued on the ordering of ingredients within the FSN and PT. Ingredients in the FSN are ordered alphabetically, whereas ingredients in the PT are based on the order of the innovator product. All subsequent products with the same combination of ingredients will follow the order of the innovator product.</p> <p>Ingredient orders that have been amended this month include:</p> <ul style="list-style-type: none"> • "aminacrine + lignocaine" is now "lignocaine + aminacrine" • "ammonium chloride + citric acid + diphenhydramine" is now "diphenhydramine + ammonium chloride + citric acid" • "ammonium chloride + chlorpheniramine + phenylephrine + pholcodine" is now "pholcodine + phenylephrine + chlorpheniramine + ammonium chloride" • "aprotinin + calcium chloride dihydrate + factor XIII + fibrinogen + thrombin-human" is now "aprotinin + factor XIII + fibrinogen + thrombin-human + calcium chloride dihydrate"

Terminology	Category	Description
		<ul style="list-style-type: none"> “ascorbic acid + betacarotene + biotin + colecalciferol + cyanocobalamin + D-alpha-tocopheryl acid succinate + folic acid + nicotinamide + pantothenate calcium + phytomenadione + pyridoxine + riboflavin + thiamine + vitamin A + zinc amino acid chelate” is now “vitamin A + betacarotene + thiamine + riboflavin + pyridoxine + cyanocobalamin + nicotinamide + biotin + folic acid + ascorbic acid + pantothenate calcium + colecalciferol + D-alpha-tocopheryl acid succinate + phytomenadione + zinc amino acid chelate” “ascorbic acid + biotin + choline + cyanocobalamin + folic acid + inositol + nicotinamide + pantothenate calcium + pyridoxine + riboflavin + thiamine” is now “thiamine + riboflavin + nicotinamide + pantothenate calcium + pyridoxine + cyanocobalamin + ascorbic acid + biotin + folic acid + inositol + choline” “ascorbic acid + biotin + cyanocobalamin + folic acid + nicotinamide + pyridoxine + riboflavin + pantothenate sodium + thiamine” is now “thiamine + riboflavin + nicotinamide + pyridoxine + pantothenate sodium + ascorbic acid + biotin + folic acid + cyanocobalamin” “lignocaine + zinc oxide” is now “zinc oxide + lignocaine” “lignocaine + ethanol + rheum palmatum + salicylic acid + tannic acid” is now “ethanol + lignocaine + salicylic acid + tannic acid + rheum palmatum” “lignocaine + bufexamac + chlorhexidine” is now “chlorhexidine + lignocaine + bufexamac” “lignocaine + cetrimide + chlorhexidine + phenoxyisopropanol” is now “lignocaine + phenoxyisopropanol + cetrimide + chlorhexidine” “lignocaine + amylmetacresol + dichlorobenzyl alcohol” is now “lignocaine + dichlorobenzyl alcohol + amylmetacresol” “lignocaine + benzalkonium chloride + idoxuridine” is now “idoxuridine + lignocaine + benzalkonium chloride” “lignocaine + benzalkonium chloride + calamine” is now “benzalkonium chloride + lignocaine + calamine” “lignocaine + cetrimide + chlorhexidine + menthol” is now “lignocaine + menthol + chlorhexidine + cetrimide”

Future changes

Terminology	Category	Description
AMT	Clinical Interface Descriptions	<p>A work plan has been developed to amend Fully Specified Names and Preferred Terms for AMT product concepts referencing dose forms containing inversion, for example, “tablet: modified release”. Inversion will be removed, resulting in “modified release tablet” for this example.</p> <p>These amendments are being implemented over a period of several months. See the Content table above for the details of this month’s changes.</p> <p>The following proposed changes are planned over the next releases:</p>

Terminology	Category	Description
		<ul style="list-style-type: none">• "strip: diagnostic" to "diagnostic strip"• "eye drops: solution" to "eye drops solution"• "injection: intravenous infusion" to "intravenous infusion injection"• "injection: solution" to "injection solution"• "oral liquid: solution" to "oral liquid solution"• "tablet: film-coated" to "film-coated tablet"• "tablet: uncoated" to "uncoated tablet"

AMT concept counts

The figures quoted here have been extracted from the notable concept reference sets and include both active and inactive concepts. See the *NCTIS Development Approach for Reference Sets*² for information about these reference sets and their members.

Concept	Current count	Changes since the last release
Medicinal Product (MP)	1989	2
Medicinal Product Unit of Use (MPUU)	5435	21
Medicinal Product Pack (MPP)	10044	83
Trade Product (TP)	7664	55
Trade Product Unit of Use (TPUU)	13273	116
Trade Product Pack (TPP)	20403	269
Containerised Trade Product Pack (CTPP)	21645	271
Total	80453	817

Supporting documentation

Supporting documentation and guidance for both SNOMED CT-AU and the AMT is available from the [SNOMED CT-AU Common](#)³ and [Australian Medicines Terminology v3 Model - Common](#)⁴ pages on the Agency website, most notably:

- *NCTIS - Development Approach for Reference Sets v2.3*;
- *NCTIS - Adverse Reactions Reference Set Implementation Guide v1.0*; and
- *NCTIS - Australian Technical Implementation Guide v1.1*.

The release notes associated with each of these end products contains recommended reading guides for different audiences.

² Available at <http://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/australian-medicines-terminology-common>.

³ <https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/snomed-ct-au-common>

⁴ See footnote 2.

IHTSDO documentation

The [SNOMED CT® Document Library](#)⁵ on the IHTSDO website includes a number of resources that are relevant to SNOMED CT-AU developers, most notably the *SNOMED CT Technical Implementation Guide*. This document provides specifications of release files and other IHTSDO standards, accompanied by SNOMED CT implementation guidance.

Terminology viewers

The NCTS recommends that users access SNOMED CT-AU and AMT content via the SHRIMP application⁶, which is an online browser available at <http://ontoserver.csiro.au/shrimp>.⁷ You can search for SNOMED CT-AU and AMT content or browse the hierarchies by selecting the latest version of "SNOMED Clinical Terms Australian Extension" in the dropdown menu. Earlier versions of the AMT (prior to November 2015) can be searched by selecting "Australian Medicines Terminology".

Alternatively, the Minnow application⁸ (available as a free download at <http://aehrc.com/minnow>) can be also be used to access these terminologies.

IHTSDO browser

The IHTSDO has an online browser that allows searching and browsing of the SNOMED CT International Edition and SNOMED CT-AU, along with a number of other national extensions provided by other IHTSDO member countries. The browser is available from <http://browser.ihtsdotools.org>.

The NCTS makes no guarantees regarding the functionality or update cycle for this browser.

Known issues

Data issues

Data issues listed in this release note are limited to only those that affect the accuracy of the concept description. Issues are identified and tracked in the following way:

- The ID number is an internal identifier within the Agency issue management system.
- For AMT products, the Therapeutic Goods Administration (TGA) Label Name and registration number (ARTG or Licence ID) are generally used. In cases where the medicinal product is not registered by the TGA, an Agency identifier has been included.

⁵ See <https://confluence.ihtsdotools.org/display/DOC>.

⁶ Shrimp was developed by the Australian e-Health Research Centre (AEHRC).

⁷ An online help tour of SHRIMP is available at <http://ontoserver.csiro.au/shrimp?help>.

⁸ Minnow was developed by the Australian e-Health Research Centre (AEHRC).

Terminology ID	Known issues
AMT AMT-2313	<p>Due to an issue identified in the v2 to v3 transform where the Unit of Use Quantity appears as "24 x 100mL packs" rather than "24 x 2 bag packs" the Medicinal Product Pack (MPP), Trade Product Pack (TPP), and Containered Trade Product Pack (CTPP) descriptions for the following products will be amended in a future release:</p> <ul style="list-style-type: none">• ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag;• ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 100 mL pack, bag;• ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; and• ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL pack, bag.
AMT LIN-674	<p>In AMT v2 the manufacturer's code for suppliers, such as Baxter, is placed at the end of the Containered Trade Product Pack (CTPP) PT descriptions. This code currently does not get added to the CTPP descriptions in v3 and it is anticipated the code will be added to the AMT v3 descriptions in a future release.</p>

AMT modelling issues

As a result of re-modelling the AMT from v2 to v3, there currently exist some Medicinal Product Unit of Use (MPUU) concepts in the data where the Fully Specified Name (FSN) terms or modelling may seem ambiguous. This can occur when the Basis of Strength Substance (BoSS) is different to the Pharmaceutical Ingredient (PI). For example, the MPUU FSN may include "amoxicillin" (representing the BoSS) while the actual substance present is amoxicillin trihydrate (representing the PI).

The AMT model is being continually developed and refined. This issue will be examined as a part of these ongoing processes.

AMT editorial rule deviations

The following rules are in the process of implementation or have yet to be implemented. The identifiers provided below align with those in the *AMT v3 Model Editorial Rules*.⁹

Preferred Term (PT) descriptions

Currently, some AMT descriptions may differ slightly when compared with those expected from the relevant editorial rules; this is due to the automated process used in authoring the terminology. In most cases, additional information has been added to the descriptions beyond the stated editorial rules. AMT v3 implementers are advised to contact the National Clinical Terminology Service (NCTS) via help@digitalhealth.gov.au if they have any concerns about this issue. Details of any existing deviations are documented below.

⁹ See footnote 2.

Item	Description
AMT-APP-STR-10	Where the strength or volume of a product is not a set single value but may vary within a given range, the strength or volume will be expressed as the range, with the lower numerical value, followed by the word "to" and then the upper numerical value and the relevant units.
AMT-APP-STR-11	Where the strength or volume of a product is expressed with a lower limit only (that is, "contains not less than", "contains equal to or greater than", or "more than") the strength or volume will be expressed with the word "minimum" followed by the relevant strength or volume.
Appendix C.4 Waters of hydration	Waters of hydration shall only be expressed for each ingredient in the FSN where hydration is present and the modification is deemed to be clinically significant (according to Appendix B). Where an ingredient is found to be anhydrous or dried, this shall not be expressed. Note that waters of hydration shall only be expressed in the PT if they are part of the proprietary name. There are some known deviations from this rule in the descriptions and the NCTS is working to rectify them over time.
Appendix C.6 Medicinal Product Preferred Term sequence of ingredients	Ingredients will be sequenced in alphabetical order within the FSN. For multi-ingredient products, the order of the ingredients in the PT will be based on the order used by the innovator product. All subsequent products with the same combination of ingredients will follow the order of the innovator product. Note that some ongoing anomalies exist in the PT order and are being rectified over time.
Appendix K.1 Strength expressions for vaccines	Strength will be represented as part of the FSN but will not be included in PTs for vaccines. Where two products exist with different amounts of antigen intended for different populations, a term describing the population, rather than strength, will be included in the MPUU.

Divergence from the SNOMED CT Editorial Guide

According to the *SNOMED CT Editorial Guide*¹⁰, minor changes to the Fully Specified Name (FSN) that do not alter the meaning of the concept are allowed. Any concept with a minor change does not need to be retired, however the FSN description will be retired and a new replacement term string created with a new unique identifier. There are instances in SNOMED CT releases where this has not occurred – minor changes generated a new version of the FSN without any corresponding changes to the unique identifier. Although the NCTS is currently seeking to clarify this rule with the IHTSDO, it will continue to create a new version of the FSN when minor changes are required.

Similarly, the NCTS will create a new version of the PT in those instances where a minor change results in a new version of the description being created.

¹⁰ Available from <https://confluence.ihtsdotools.org/display/DOC>

Implementation guidance

All terminology concepts have an FSN, which is intended to provide an unambiguous name for the concept, and a PT, which is intended to capture the common words or phrases used by Australian clinicians. System developers and end users should only implement PTs for clinical use, as these are the concepts developed for use by clinicians in Australia.

The NCTS provides documentation specific to the Australian Medicines Terminology release and SNOMED CT-AU, which can be downloaded from the [Agency eHealth Foundations](#) page.¹¹ Users may also benefit from referring to documentation provided with the SNOMED CT International terminology releases.

Safety guidance

The Agency applies its clinical safety management system to SNOMED CT-AU and AMT development cycles and reported incidents. This is to minimise the potential for clinical safety hazards to be introduced during the development of terminology.

Implementers are required to undertake their own risk assessment and management in the context of their own implementations of the AMT. In addition, it is expected that implementers will contact the NCTS Product Support team with any questions or concerns.

The terminology may be applied within a variety of use cases. The NCTS recommends that all licence holders planning on either developing a map or undertaking an implementation contact the NCTS to discuss their intended uses.¹² This notification will allow Product Support Services to be made available as appropriate.

Please note that if licence holders become aware of any errors or omissions during their development, they are obliged to notify the Agency, as per clause 2.5 of the *Australian National Terminology Licence Agreement*, which states:

*"If the Licensee becomes aware of any material error or change or correction needed in either the National Release or the International Release, the Licensee agrees to advise the Agency promptly of such error, change or correction by following the Agency's procedures for change notification that Agency prescribes and notifies to the Licensee from time to time."*¹³

To report an error, please email help@digitalhealth.gov.au.

Product support services

The NCTS has a dedicated Product Support team to assist licence holders in their understanding and implementation of SNOMED CT-AU. Support services can be tailored to customer requirements, and range from general training and education on the terminology through to specific technical support. The following support channels are freely available:

- downloadable resources from the Agency eHealth Foundations page;
- email and phone support;
- webinars;
- technical workshops; and
- individual technical support at your workplace.

¹¹ Available from <https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations>

¹² The NCTS can be contacted via help@digitalhealth.gov.au.

¹³ <https://www.digitalhealth.gov.au/get-started-with-digital-health/what-is-digital-health/clinical-terminology/registering-for-a-license>

To request support, or to provide any other feedback, please email help@digitalhealth.gov.au or phone 1300 901 001.

Hosting reference sets developed and owned by third parties

The NCTS has initiated a service whereby reference sets that are developed and owned by licence holders can be released as part of SNOMED CT-AU. The ownership and future development of the reference sets are intended to be continued by the licence holders, and content will be released in a dedicated module within SNOMED CT-AU to indicate this. For more information, or to express interest in submitting a reference set, please contact help@digitalhealth.gov.au.

How to request changes to our terminology products

The NCTS is committed to the refinement and improvement of its terminology products, and contributing to the refinement and improvement of SNOMED CT. In keeping with these commitments, we welcome requests for changes to existing content or new content additions. [A form for submitting such requests](#) is available from the SNOMED CT-AU area of the Agency website.¹⁴

Previous releases

SNOMED CT-AU and the AMT are released monthly in a combined Clinical Terminology release. Details of previous releases are available in their relevant release notes. These can be accessed from the release note version history on the [Agency website](#).¹⁵

Publication date: 31 July 2016

Contact for enquiries

Telephone: 1300 901 001 or email: help@digitalhealth.gov.au

Disclaimer

The Australian Digital Health Agency (the Agency) makes the information and other material ("Information") in this document available in good faith but without any representation or warranty as to its accuracy or completeness. The Agency cannot accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use.

Copyright © 2016 Australian Digital Health Agency

This document contains information which is protected by copyright. All Rights Reserved. No part of this work may be reproduced or used in any form or by any means—graphic, electronic, or mechanical, including photocopying, recording, taping, or information storage and retrieval systems—without the permission of the Agency. All copies of this document must include the copyright and other information contained on this page.

Acknowledgements

Council of Australian Governments

The Australian Digital Health Agency is jointly funded by the Australian Government and all State and Territory Governments.

IHTSDO (SNOMED CT)

This material includes SNOMED Clinical Terms™ (SNOMED CT®) which is used by permission of the International Health Terminology Standards Development Organisation (IHTSDO). All rights reserved. SNOMED CT® was originally created by The College of American Pathologists. "SNOMED" and "SNOMED CT" are registered trademarks of the IHTSDO, (<http://www.ihtsdo.org/>).

¹⁴ <http://www.digitalhealth.gov.au/get-started-with-digital-health/what-is-digital-health/clinical-terminology/request-submission-product-content-changes>

¹⁵ <https://www.digitalhealth.gov.au/implementation-resources/ehealth-foundations/clinical-terminology>