nehta

Clinical Terminology - SNOMED CT-AU v20151231

Release Note

31 December 2015
Approved for external information

Summary

EP-2202:2015 Clinical Terminology v20151231

SNOMED CT-AU is the Australian extension to the Systematized Nomenclature of Medicine, Clinical Terms (SNOMED CT®[1]), incorporating all Australian-developed terminology including the Australian Medicines Terminology (AMT) along with the core international data. SNOMED CT-AU provides 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, NEHTA 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 July 2015 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 January 2016.

Identifying the version of this release of SNOMED CT-AU

From November 2015, the AMT is included as a formal subset of the SNOMED CT-AU release. This has the dual effect of enabling future integration work, and better supporting the usage of terminology within the My Health Record system.[2] As a result both terminologies will now 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/20151231

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[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.

[2] Previously known as the personally controlled electronic health record system (PCEHR).

HL7™ Clinical Document Architecture (CDA™)

In any CDA[3] document, the version of this release may be encoded in a Concept Descriptor field named *xyz* using the *codeSystemVersion* attribute as shown in the following examples. Note both "Australian Medicines Terminology (AMT)" and "SNOMED CT-AU" remain as acceptable code system names.

```
<xyz code ="33256011000036105"
     codeSystem="2.16.840.1.113883.6.96"
     codeSystemName="Australian Medicines Terminology (AMT)"
     codeSystemVersion=
"http://snomed.info/sct/32506021000036107/version/20151231"
     displayName="Lorano 10 mg tablet: uncoated, 30"/>


<xyz code ="59621000"
     codeSystem="2.16.840.1.113883.6.96"
     codeSystemName="SNOMED CT-AU"
     codeSystemVersion=
     "http://snomed.info/sct/32506021000036107/version/20151231"
     displayName="Essential hypertension"/>
```

HL7 Fast Healthcare Interoperability Resources (FHIR®)

In FHIR resources, the version of this release may be encoded in a Coding field named *xyz* using the *version* element as follows:

1. XML example:

```
<xyz>
     <system value="http://snomed.info/sct" />
     <version value="http://snomed.info/sct/32506021000036107/version/20151231"
/>
     <code value="33256011000036105" />
     <display value="Lorano 10 mg tablet: uncoated, 30" />
</xyz>
```

2. JSON example:

```
"xyz": [
   {
     "system": "http://snomed.info/sct",
     "version": "http://snomed.info/sct/32506021000036107/version/20151231",
     "code": "33256011000036105",
     "display": "Lorano 10 mg tablet: uncoated, 30"
   }
]
```

Package inclusions

New

Identifier	Name and version
NEHTA-2203:2015	*Clinical Terminology - SNOMED CT-AU – Release Note v20151231*
NEHTA-2204:2015	*SNOMED CT-AU – Combined Release File v20151231*
NEHTA-2201:2015	*Australian Medicines Terminology – Data Extract v20151231*

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[3] HL7 and CDA are trademarks of Health Level Seven International and are registered with the United States Patent and Trademark Office. FHIR is a registered trademark of Health Level Seven International.

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	New concepts, descriptions and changes to Preferred Terms within the *Australian dialect reference* set have been processed for this release. Most notably, content for the Alerts project with Curtin Hospital in the ACT.

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 *AMT v3 Development Approach for Reference Sets[4]* for information about these reference sets and their members.

Concept	Current count	Changes since the last release
Medicinal Product (MP)	1938	4
Medicinal Product Unit of Use (MPUU)	5185	13
Medicinal Product Pack (MPP)	9090	32
Trade Product (TP)	7230	51
Trade Product Unit of Use (TPUU)	12358	68
Trade Product Pack (TPP)	18179	102
Containered Trade Product Pack (CTPP)	19308	104
Total	73288	374

Supporting documentation

Supporting documentation and guidance for both SNOMED CT-AU and the AMT is available from the SNOMED CT-AU Common[5] and Australian Medicines Terminology v3 Model - Common[6] pages on the NEHTA website, most notably:

- *NCTIS - Reference Set Library v2.0*

- *NCTIS - Development Approach for Reference Sets v2.0*

- *NCTIS - Adverse Reactions Reference Set Implementation Guide v1.0*

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[4] Available at http://www.nehta.gov.au/implementation-resources/ehealth-foundations/australian-medicines-terminology-common.
[5] https://www.nehta.gov.au/implementation-resources/ehealth-foundations/snomed-ct-au-common.
[6] See footnote 4.

- *SNOMED CT-AU - Australian Implementation Guidance v2.0*

- *Australian Medicines Terminology v3 Model - Technical Implementation Guide v2.1*

The release notes associated with each of these end product web pages contain recommended reading guides for different audiences.

IHTSDO documentation

The [SNOMED CT® Document Library](#)[7] 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

NEHTA recommends that users search the SNOMED CT-AU and AMT content and browse the hierarchies via the SHRIMP application[8], which is an online browser available at http://ontoserver.csiro.au/shrimp[9] or alternatively the Minnow application[10], which is available as a free download at http://aehrc.com/minnow.

IHTSDO browser

The IHTSDO have an online browser which allows searching and browsing of the SNOMED CT International Edition and SNOMED CT-AU along with a number of other IHTSDO Member countries who have provided their extensions. The browser is available from http://browser.ihtsdotools.org.

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

Resolved issues

No issues have been resolved with this release.

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 NEHTA 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, a NEHTA identifier has been included.

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[7] See http://www.snomed.org/doc.
[8] Shrimp was developed by the Australian e-Health Research Centre (AEHRC).
[9] An online help tour of SHRIMP is available at http://ontoserver.csiro.au/shrimp?help.
[10] Minnow was developed by the Australian e-Health Research Centre (AEHRC).

Terminology	ID	Known issues
AMT	AMT-2313	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: • 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	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.

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 "amoxycillin" (representing the BoSS) while the actual substance present is amoxycillin 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*.[11]

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 and Information Service (NCTIS) via help@nehta.gov.au if they have any concerns about this issue. Details of any existing deviations are documented here.

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.

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[11] See footnote 4.

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 NCTIS 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 F.2 Preferred Terms** | AMT PTs will not state the descriptor for units of measure where the measure is International unit, pressor unit, or in Kallikrein Inactivator units. These three are all expressed in the PT as "units". All other PT units of measure are represented with the same description as the FSN. |
| **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[12]*, 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 NCTIS 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 NCTIS 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.

Implementation guidance

All Terminology concepts have a 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 NCTIS provides documentation specific to the Australian Medicines Terminology Release and SNOMED CT-AU, which can be downloaded from the [NEHTA eHealth Foundations](#) page.[13]

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[12] Available from http://www.snomed.org/doc.
[13] Available from https://www.nehta.gov.au/implementation-resources/ehealth-foundations.

Users may also benefit from referring to documentation provided with the SNOMED CT International terminology releases.

Safety guidance

NEHTA 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.

It is expected that implementers will 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 NEHTA's Product Support team with any questions or concerns about this in the first instance.

The terminology may be applied within a variety of use cases. NEHTA recommends that all licence holders planning on either developing a map or undertaking an implementation contact the NCTIS to discuss their intended uses.[14] 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 NEHTA, 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 NEHTA promptly of such error, change or correction by following NEHTA's procedures for change notification that NEHTA prescribes and notifies to the Licensee from time to time.*"[15]

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

Product support services

The National Clinical Terminology and Information Service (NCTIS) 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 NEHTA eHealth Foundations page;

- email and phone support;

- webinars;

- technical workshops; and

- individual technical support at your workplace.

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

Hosting reference sets developed and owned by third parties

The NCTIS 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 holder, and content will be released in a dedicated module within SNOMED CT-AU to indicate this. For

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[14] The NCTIS can be contacted via help@nehta.gov.au.
[15] http://www.nehta.gov.au/our-work/clinical-terminology/registering-for-a-license/license-agreements

more information, or to express interest in submitting a reference set, please contact
help@nehta.gov.au.

How to request changes to our terminology products

The NCTIS is committed to the refinement and improvement of its terminology products, and also to 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 NEHTA website.[16]

Future releases

SNOMED CT-AU and AMT are updated and made available to licence holders every month. Additional terminology, reference sets and product relationships to support dose-based ordering is currently being developed for release during 2016 to further extend the usability of the AMT within acute care settings.

Previous releases

SNOMED CT-AU and the AMT are released monthly in a combined Clinical Terminology release. Links to previous combined releases are provided below, along with the most recent uncombined SNOMED CT-AU and AMT releases.

Date	Version
30 November 2015	EP-2193:2015 Clinical Terminology v20151130
	This is the first combined SNOMED CT-AU and AMT release and supersedes the individual files below. However, earlier versions of SNOMED CT-AU and the AMT are still available for download from the NEHTA website.
31 October 2015	EP-2168:2015 AMT v20151031
	The last uncombined AMT release.
31 May 2015	EP-2066:2015 SNOMED CT-AU v20150531
	The last uncombined SNOMED CT-AU release.

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[16] http://www.nehta.gov.au/our-work/clinical-terminology/snomed-clinical-terms/request-submission-product-content-changes