Serveur Terminologique

Extension d'un noyau de base et consolidation d'une méthodologie de développement d'un Vocabulaire Médical Contrôlé (CMV) dans le cadre de la mise en place future d'un serveur belge de terminologie dans le secteur de la santé.

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Synthèse Globale

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Editorial note : /

Global Summary

The main objectives of this research were to consolidate the results of the work done in 2010 & 2011 (cf. reports edited by the MIM in October 2010 & October 2011) i.e. to consolidate the methodology and the nucleus (+/- 15.000 terms) of a preliminary controlled medical vocabulary (CMV), and to enlarge this CMV nucleus. In 2012 the initial scope of the CMV, diagnosis and symptoms, was enlarged to medical procedures. The research team mainly includes general practitioners (French and Dutch speaking team) and medical doctors from various hospitals. New terminologists were actively recruited.

This research is part of the broader program conducted by the Belgian Ministry of Health to set up a Belgian Terminology Server.

The results of this research are included in the various annexes of this report:

* Annex 1: CMV – Diagnoses and symptoms: methodology (document edited by B. Van Bruwaene). This document was regularly updated after monthly teleconferences with the terminologists (dynamic improvement procedure).
* Annex 2 : CMV – Procedures: methodology (document edited by B. Van Bruwaene). This document was regularly updated after monthly teleconferences with the terminologists (dynamic improvement procedure).
* Annex 3 : Nursing work progress report (edited by C. Thioux). This report includes the results of interviews conducted in various hospitals to investigate their current use of nursing classifications and terminologies. This is a preliminary work before extending the CMV to the nursing terminologies.
* Annex 4 : Consolidated CMV nucleus (+/- 15 000 concepts, their labels in Dutch and French, their links with various classifications: ICPC 2, ICD 10, Snomed CT) + extension. For the extension, around 30% of the work required to treat 25.000 procedure-related SNOMED concepts (run 1) has been performed and the CMV is being extended to a set of 83 652 diagnoses- and symptoms-related SNOMED concepts (including the CMV nucleus) [Annex only available on electronic format, files produced by B. Van Bruwaene].

Additional comments:

An appropriate tool to manage the terminology system and to support the work of the terminologists was not yet available (which slowed down the whole process).

An active participation to the Wonca International Classification Committee and contacts with IHTSDO have been ensured by Dr Marc Jamoulle.

Assessment of the CMV: the assessment should be done in a pilot. This assessment could be done on the CMV nucleus or on the extended CMV (not yet fully available). A clear distinction should be made between the assessment of the concepts included in the CMV and the terminology user interface (selection of preferred terms). This last one is not the main topic of the CMV. The assessment should take into account the presence of a concept in the CMV and the granularity level of this concept. Various scenarios could be considered. Using hospital discharge reports as input material to assess the CMV seems to be reasonable.

<u>Recommendations for further work</u>.

To consider setting up an assessment procedure of the produced CMV.