

Welcome to the third issue of PITUS Update. We will bring you regular updates on the progress of the Pathology Information Terminology and Units Standardisation (PITUS) project through this newsletter.

Updated Terminology and information standards for Public Comment

On behalf of the stakeholders and participants in the Pathology Information Terminology Units Standardisation (PITUS) Project, the Royal College of Pathologists of Australasia (RCPA) is pleased to invite public comment on the Standards and Guidelines, terminology reference sets and preferred units of measure developed for the project.

The documents are the result of around 12 months' work from some 70 pathologists, General Practitioners, other clinicians, scientists and informaticians.

To download the updated artefacts go to:

<http://www.rcpa.edu.au/Library/Practising-Pathology/PTIS/PTIS-PC>

Please provide your feedback using the form available on the website link above, by **COB Tuesday 30 September 2014**. Feedback should be emailed to donnam@rcpa.edu.au.

Latest news on the PITUS Project

Steering Committee

Chaired by A/Prof Michael Legg

The Steering Committee established communication links to key stakeholders, i.e. with NEHTA, RACGP, RACP, all Pathology industry bodies and associations, Medical Software Industry and Standards Australia, and promoted the activities of PITUS and its artefacts through conference presentations, newsletters and journal articles.

The RCPA Website has been redeveloped, including the Pathology Information Standardisation pages, which have been improved and expanded.

The PITUS website is at: <http://www.rcpa.edu.au/Library/Practising-Pathology/PTIS/PITUS>

The most recent protocol under development by the RCPA (Iron Studies) was used as the subject matter to develop a new section for protocols that addresses information standards and provides guidance for programmers to implement the protocol in systems. The section identifies relevant information models, terminology, rendering rules and provides a formal description of the rules developed by the protocol expert group. The PITUS Steering Committee would like to thank Dr Glenn Edwards and Shane Brown (Pacific Knowledge Systems) for their assistance with this task.

Standards Implementation (Wg1)

Chaired by A/Prof Michael Legg

Two consortia undertook to implement the Australian Units and Terminology Standards for requesting and at least 7 terms for reporting.

The next task for Working Group 1 will be to monitor the implementations and in conjunction with

MSIA to review the testing of the standardisation of requesting and reporting for each of the two consortia.

Request Modelling and Terminology (Wg2)

Chaired by Dr Lawrie Bott

This working group mapped RCPA QAP test list to SNOMED-CT-AU codes. Behind this approach was a view that having terminology available to request all of the tests covered under the QA program would mean that it would be possible when other systems are in place to have electronic requesting and reporting of QA testing. This opens opportunities for improvement in both analytical and informatics quality assurance.

A total of 261 tests were added to the already published 227 request terms. SNOMED CT terms were available for most of the requested entities. For each of the mapped request codes, a preferred term was chosen based on the rules documented in the APUTS Standard and in line with contemporary Australian practice. Synonyms were also identified where appropriate.

In some instances the SNOMED CT terms were not as specific as required while for some concepts SNOMED CT terms were not available. In both cases new SNOMED-CT codes are being requested with NEHTA's assistance.

A small sub-group led by Professors Leslie Burnett and Frank Bowling was created to specifically work on the genetics requesting information model. The recommendation from the sub-group was to cease any further independent work on this, and instead combine our efforts into the RCPA's PathWiki project (led by Dr. Melody Caramins) to avoid duplication.

Safety in Pathology Reporting (Wg3)

Chaired by Dr Janney Wale

This working group had members from the RCPA, AACB, RACGP and consumers working on elements of report rendering where variation has led to concerns about safety. The Group led by Dr Janney Wale has systematically worked through alternatives particularly focused on cumulative reporting in pathology reports. As a result draft recommendations and guidelines for the rendering of the cumulative reports were developed.

Reporting will be improved by developing standards for the display of pathology reports on paper and screens to address issues that have been identified by the RACGP and other report recipients - namely the direction of time on the page for cumulative reports, the way that important results are identified and how identifiers and demographics are shown.

Two surveys were conducted by this working group to assist with the development of the draft standards and guidelines for report rendering for the revised APUTS Standard.

The first survey circulated by RCPA QAP to laboratories received a total of 114 responses and we also received 35 example reports, which provided valuable information for wg3 in forming the recommendations for reporting of cumulative reports.

The second survey was distributed to general practitioners, physicians and other clinicians, pathologists, and health informaticians, with a good response rate - 438 responses were received. Participants were asked to indicate their preferences in how cumulative pathology reports are presented, and their reasons for each preference they selected.

The reports for both surveys will be circulated back to the laboratories, along with the updated APUTS guidelines after policy endorsement from the RCPA Board.

Harmonisation (Wg4)

Chaired by Jill Tate

Wg4 worked closely with Australasian Association of Clinical Biochemists (AACB) to develop guidelines for the representation and rendering of values provided for guidance on reports, for definition of reference limits or other guidance for pathology results; significant digits and decimal places; flagging of out of range results; messaging, in particular recommendations relating to whether pathology results are suitable for cumulative reporting combined with other laboratories. The draft of these was presented at the AACB Harmonisation workshop in April 2014.

To better understand the evidence supporting the use of common reference limits and various physiological factors which affect them, the AACB organised workshops in 2012, 2013 and 2014, for representatives from all the major hospitals/networks and pathology organisations in Australia and New Zealand to reach a scientific consensus on what reference limits should be used across Australasia.

The AACB Harmonisation Committee recently developed harmonised adult reference limits for 11 analytes, and the AACB Paediatric Biochemistry SIG group completed reference limits for 9 analytes. These harmonised reference limits were unanimously agreed by the pathologists and scientists attending the AACB Harmonisation workshop on 29-30 April 2014.

The previous PUTS project identified tests that can be safely combined on the same line of a cumulative report and those that cannot be, and used a traffic light system to classify results into groups. This is an on-going process, especially as new test methods become available, and both AACB and Wg4 will continue regular review of tests that cannot be combined on a report.

A submission was made to the SA IT-14-6-5 committee with options for using OBX fields in HL7 messages for handling the non-combine flag. The Standards Australia IT-14-6-5 adopted the PITUS preferred option whereby a flag is set in field OBX-17 and subsequently included this in their current revision of AS4700.2, to be released November 2014.

Reporting Modelling (Wg5)

Co-chaired by Drs David Ellis and Vitali Sintchenko

An information model and workflow diagram was developed for Salmonella reporting to registries in a project led by Dr Vitali Sintchenko. Also, Dr David Papadimos led the work on developing the information model and corresponding datasets for Thyroid Cytology.

There is variation in reporting to registries and so there is an opportunity to standardise the Pathology Laboratory output to registries. A brief has been documented by working with representatives from Cancer Council and communicable diseases registries. The brief was received well by RCPA Board, who gave the green light to proceed with the white paper.

In association with the RCPA Structured Cancer Reporting Project led by Dr David Ellis, a comprehensive archetype for Gastric Cancer was developed by Dr Andrew McIntyre and Medical Objects. This was trialled by Dr Ellis and then the output from a reporting session was encoded in an AS4700.2 compliant message using the Draft Australian Technical Specification for that purpose.

Publications

A paper was invited by the editors of a special edition of Clinica Chimica Acta on harmonisation.

Michael Legg (2013) [Standardisation of test requesting and reporting for the electronic health record](#). Clinica Chimica Acta (Available online from 13 December 2013; Published 15 May 2014 Clinica Chimica Acta Volume 432).
