Lightening session

Data Mastery: Unlocking the Power of Healthcare's Most Vital Asset

Data Mastery : Speaker Panel

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Data Specification Management Process

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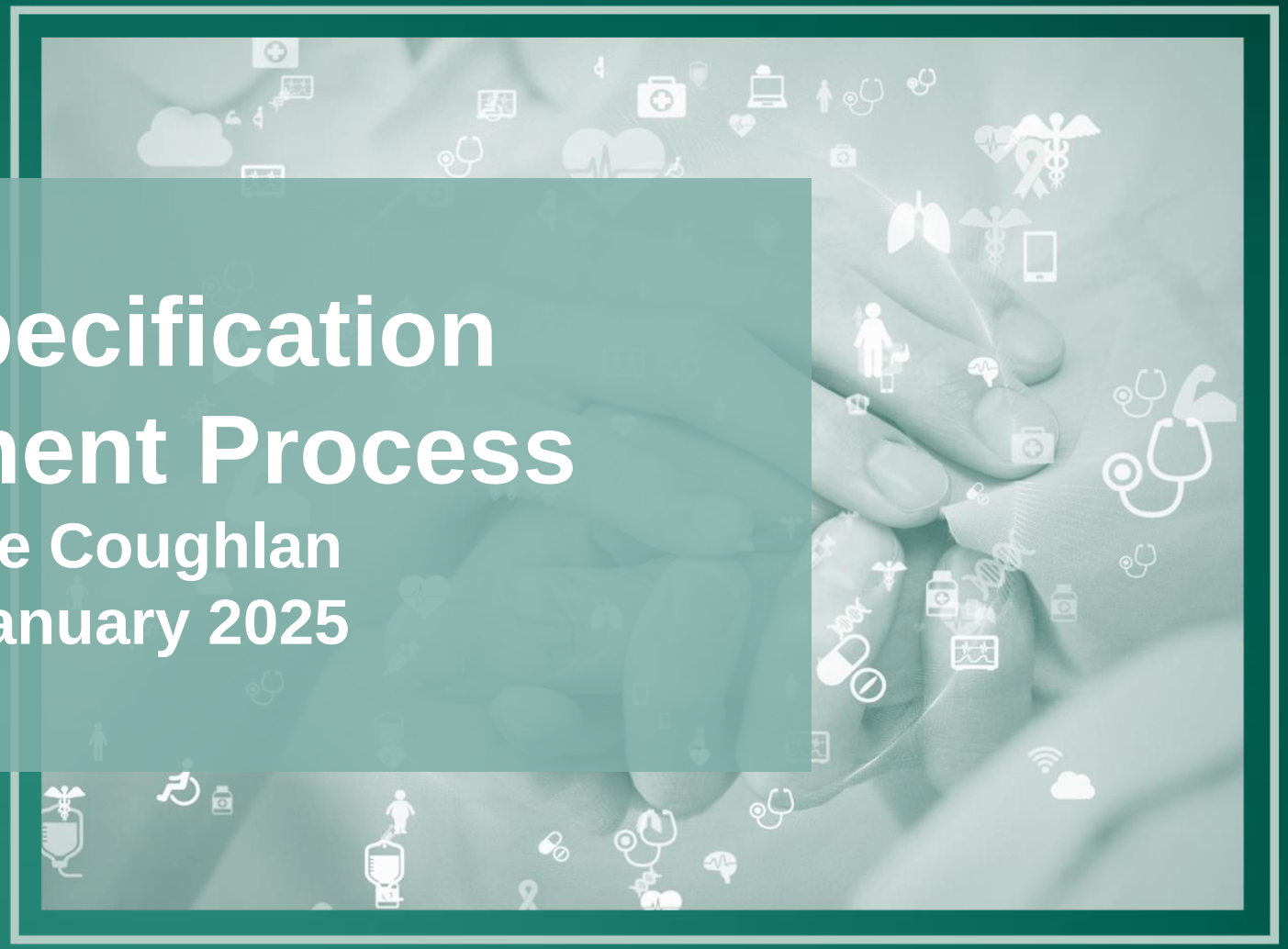
15th January 2025



Empowering People. Connecting Lives.

Data Specification Management Process

- **When was the DSMP founded?**
- **Founded in 2019 by SNOMED Governance Board as the requirement for standardisation was identified**
- **Why was the DSMP developed?**
- **Over 2,000 standalone ICT systems in use**
- **No data standardisation across systems**
- **Lack of National and EU Regulatory Compliance**
- **Poor data quality assurance and governance**
- **Incomparable and inconsistent data**
- **Objectives of the DSMP**
- **Standardised data specifications across all systems**
- **Quality assurance for new and existing datasets**
- **Early input from stakeholders for better service planning and analytics**
- **Cost reduction and fewer errors by avoiding rework**
- **Ensure interoperability for future-proof integrated healthcare delivery**

DATASET SPECIFICATION MANAGEMENT PROCESS

DSMP

WHAT IS DSMP

- The DSMP is a meeting with Subject Matter Experts (SME's) whom are the leading data experts in their department.
- This Process allows dataset owners to network with SME's managing data within the HSE and on behalf of the HSE.
- It is a process to prevent silos and ensure quality assurance of data, encouraging a standardised approach to dataset development.

BENEFITS OF DSMP

- Prevent silos within the health care setting.
- Ensure best practice is achieved by engaging with data expert.
- Allows for service evaluation, clinical audit and research and Interoperability.
- Provides networking opportunity.
- Provides opportunity for collaboration with others that perhaps were out of reach or scope previously.

WHO ARE THE SME'S IN THE DSMP?

The Subject Matter Experts (SME's) are made up of experts from the HSE along with other departments such as the National Office of Clinical Audit, Department of Health, Health Research Board, HIQA, HIPE, HPO, SNOMED CT, Technical Architecture, Data Dictionary, and the Health Intelligence Unit.

WHY STANDARDISE MY DATA?

The delivery of safe, effective healthcare depends on access to, and the use of information that is accurate, valid, reliable, timely, relevant, legible and complete.

1 REQUEST THE MEETING

Request a preliminary meeting with the DSMP Co-ordinator.

Contact: DSMP@hse.ie

2 PREPARE

The DSMP Co-ordinator will assist the data owner to prepare the dataset for the DSMP meeting (eg format, information regarding the dataset, sponsor etc).

3 ARRANGE THE DATE

The DSMP co-ordinator schedules the time and date for the data owner to attend, usually a 1 hour meeting - 3rd Friday of every month at 11a.m.

4 DSMP MEETING

Attend the meeting with DSMP SME's. Give a brief description and discuss your dataset. You will gain insights from the SME's on data standardisation.

5 NEXT STEPS

Progress your work with other SMEs as required, for example the SNOMED National Release Centre.

6 DATA DICTIONARY

Progress the dataset to the Data Dictionary.

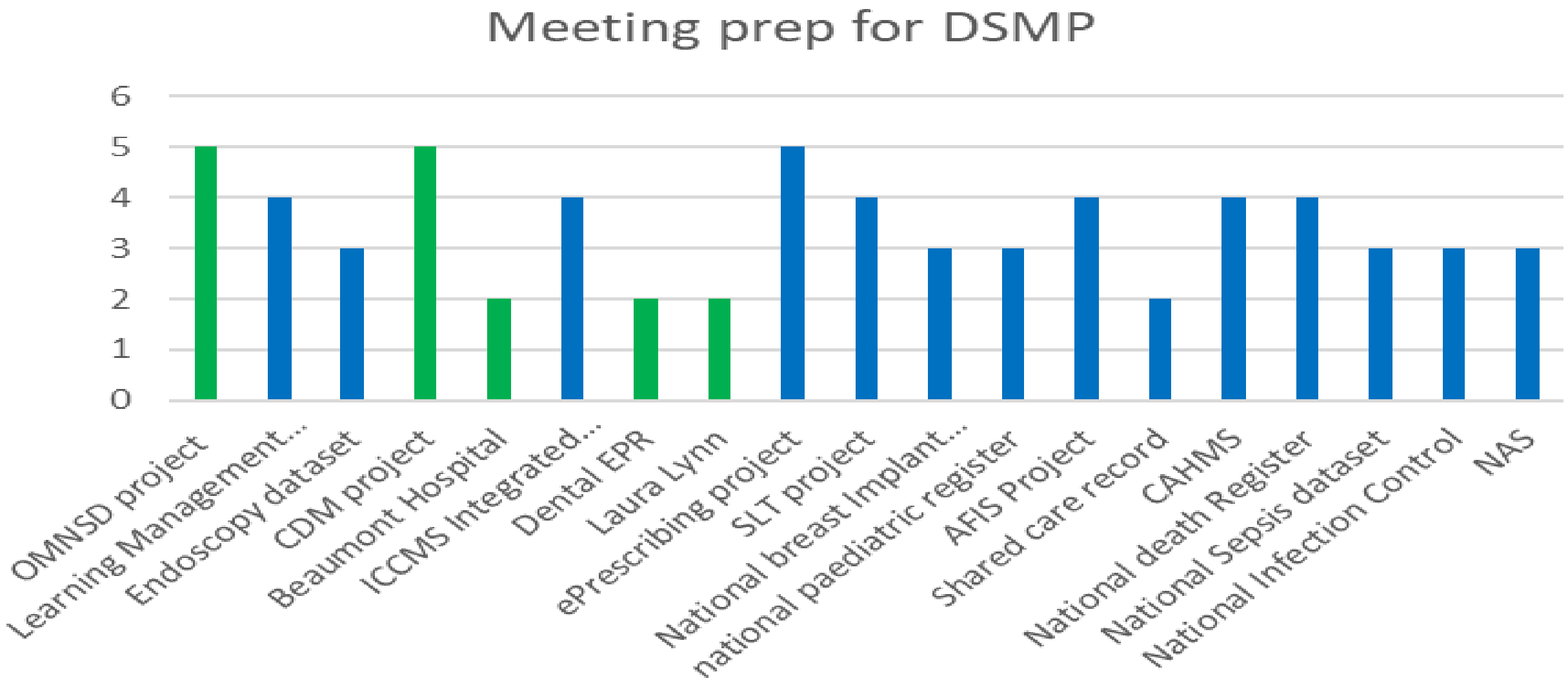
7 MORE INFORMATION

Any questions or further assistance please contact the DSMP Co-ordinator:

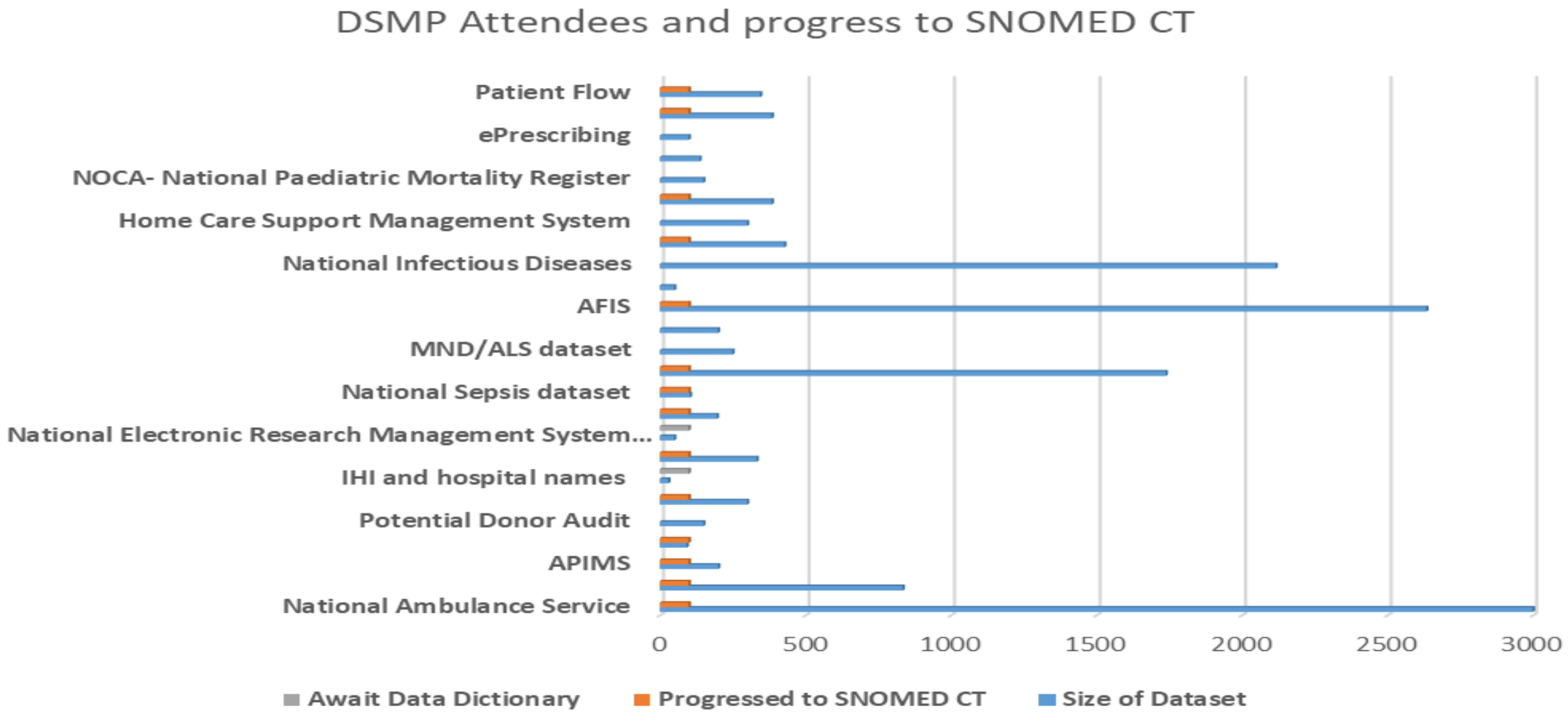
DSMP@hse.ie

Scan our **QR CODE** to view our web page on ehealthireland.ie

DSMP Progress to date



Post DSMP Progress



Review of Projects that attended the DSMP and progressed with SNOMED CT

acute exacerbation of pulmonary fibrosis.
acute exacerbation of the chronic obstructive pulmonary disease
acute excerbation of chronic obstructive pulmonary disease
acute extensive bilateral pulmonary emboli
acute extensive bronchopneumonia secondary to aspiration
acute extensive mesenteric ischaemia
acute faecal peritonitis with right middle cerebral artery infarct.
acute fatal ventricular tachycardia
acute fentanyl toxicity and multidrug toxicity
acute fibrinous pericarditis
acute fibrosis and organising pneumonia together with pulmonary thrombo
acute fulminent hepatic failure; multiorgan failure
acute gastrointestinal bleeding
acute gastrointestinal haemorrhage
acute haemorrhagic infarction of the left cerebellum and right occipital, pari
acute haemorrhagic myocardial infarction due to
acute haemorrhagic pancreatic with ischaemic bowel and a gastrointestinal
acute haemorrhagic pancreatitis
acute heart disease caused by myocardial oxygen deficiency
acute heart failure
acute heart failure. acute renal failure
acute heart failure. pleural effusion.
acute liver decompensation
acute liver failure
acute liver faiure and suspected endocarditis
acute liver injury

National Death Register		
Term	**Preferred Term**	**Concept Id**
Cardiomyopathy in myotonic dystrophy (disorder)	Cardiomyopathy in myotonic dystrophy	195031006
Primary papillary squamous cell carcinoma of lung (disorder)	Primary papillary squamous cell carcinoma of lung	707455001
Insulin autoimmune syndrome (disorder)	Insulin autoimmune syndrome	408539000
Syphilis of lung (disorder)	Syphilis of lung	8555001
Acute pulmonary coccidioidomycosis (disorder)	Acute pulmonary coccidioidomycosis	187027001
Mucinous adenocarcinoma (morphologic abnormality)	Mucinous adenocarcinoma	72495009
Bronchopneumonia due to virus (disorder)	Bronchopneumonia due to virus	10625751000119106
Tuberculosis of glottis (disorder)	Tuberculosis of glottis	55419007
Squamous cell carcinoma of frontal sinus (disorder)	Squamous cell carcinoma of frontal sinus	1260048003
Tetralogy of Fallot (disorder)	Tetralogy of Fallot	86299006
Metastatic squamous cell carcinoma to lung (disorder)	Metastatic squamous cell carcinoma to lung	105041000119109
Cerebrovascular accident due to thrombosis of right posterior cerebral artery (disorder)	Cerebrovascular accident due to thrombosis of right posterior cerebral artery	38595071000119104
Carcinoma in situ of right breast (disorder)	Carcinoma in situ of right breast	353631000119105
Tuberculosis of hilar lymph nodes (disorder)	Tuberculosis of hilar lymph nodes	74387008
Accidental poisoning by cosmetics (disorder)	Accidental poisoning by cosmetics	216815001
Poisoning caused by Clostridium botulinum toxin (disorder)	Poisoning caused by Clostridium botulinum toxin	1149327007
Diabetes mellitus type 1 (disorder)	Type 1 diabetes mellitus	46635009
Influenza caused by pandemic influenza virus (disorder)	Influenza caused by pandemic influenza virus	719865001
Alcoholic liver damage (disorder)	Alcoholic liver damage	41309000
Cardiomyopathy due to neuromuscular disorder (disorder)	Cardiomyopathy due to neuromuscular disorder	471846004
Poisoning caused by antidepressant (disorder)	Poisoning by antidepressant	82276009
Metastatic squamous cell carcinoma to bilateral lungs (disorder)	Metastatic squamous cell carcinoma to bilateral lungs	15957141000119109
Bacterial tonsillitis (disorder)	Bacterial tonsillitis	703468005
Toxic effect of amyl alcohol (disorder)	Toxic effect of amyl alcohol	87460008
Secondary restrictive cardiomyopathy (disorder)	Secondary restrictive cardiomyopathy	415509000
Congenital pneumonia (disorder)	Congenital pneumonia	78895009
Acute pneumonia caused by coccidioidomycosis (disorder)	Acute pneumonia caused by coccidioidomycosis	184431000119108
Viral bronchitis (disorder)	Viral bronchitis	16146001
Respiratory distress syndrome in the newborn (disorder)	RDS - Respiratory Distress Syndrome	46775006

Review of Projects that attended the DSMP and progressed with SNOMED CT

Resident Name _____Date of Birth_____Completed by_____ Date_____ PIN____

NATIONAL TRANSFER DOCUMENT AND HEALTH PROFILE FOR RESIDENTIAL CARE FACILITIES

The Health Profile, up to date copy of Medication List and Administration Record of the person being transferred, should accompany this document. Please ensure that these and any other relevant information is attached. All documentation regarding transfer to be completed with the resident in so much as possible.

	Priority 1: THINGS THAT YOU MUST KNOW ABOUT ME This Section should be completed at time of transfer	
	ISBAR3 Communication Framework (*Based on NCG No.11, NCEC, DOH, 2015 and NMPD DML, 2018)	
I	**Identify:** Identify yourself, who you are talking to and who you are talking about	
	Recipient of Information *(Please circle)*: e.g Hospital/Staff (ED) or Staff (MAU), Paramedics	
	GP Name:	GP Number:
	Referred by: e.g. GP, GP Out of Hours, Nurse in charge	Seen by GP *(Please circle)*: Y/N
	At present the resident is receiving care in:	
	Unit Name :	Unit Telephone Number:
	Health Mail Address of Unit/ Email Address of Unit:	
	Nurse in Charge of Unit:	Key worker *(If applicable)*:
	Named Designated Representative/ Contact Person (including wards of court):	
	Designated Rep/Contact Person notified of transfer *(Please circle)*: Y/N	Phone Number:
	Medical Card *(Please circle)*: Y/N	Health Insurance *(Please circle)*: Y/N
	Religion / Spiritual Needs:	Ethnicity:
S	**Situation:** What is the current situation/change in condition, concern, observations etc? Why am I (resident) being transferred?	
	Brief summary of resident's current status/identification of the problem requiring transfer (including suspected delirium)	

SNOMED CT Browser

Release: Irish Edition ▾ | Version: 2024-10-21 ▾ | Perspective: Full ▾ | Feedback | About ▾

Taxonomy | Search | Favorites | Refset

Refsets

	concept)	
imple type reference et	International Patient Summary (foundation metadata concept)	9139
imple type reference et	Ireland Nursing and Midwifery Quality Care-Metrics Dataset (foundation metadata concept)	359
imple type reference et	Irish National Early Warning Score reference set (foundation metadata concept)	43
imple type reference et	Irish National Transfer Document: Residential Facilities for Older People reference set (foundation metadata concept)	193
imple type reference et	Lateralizable body structure reference set (foundation metadata concept)	21102
imple type reference et	Lymphodema reference set Ireland (foundation metadata concept)	234
imple type reference et	Make Every Contact Count Ireland Refset (foundation metadata concept)	42
imple type reference et	National Death Register refset Ireland (foundation metadata concept)	1737

Concept Details | Expression Constraint Queries

Concept Details

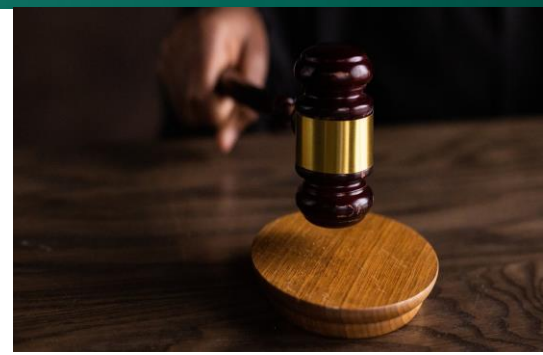
Summary | Details | Diagram | Expression | Refsets | Members | History | References

Stated | Inferred

Term	Preferred Term	Concept Id
Oxygen therapy (procedure)	Oxygen therapy	57485005
Denture, device (physical object)	Dentures	8060009
Healthcare assistant (occupation)	Healthcare assistant	224577009
Allergy to food (finding)	Food allergy	414285001
Glucometer blood sugar (procedure)	Glucometer blood glucose	166900001
Resident name (observable entity)	Resident name	333111000220107
Viral hepatitis type C (disorder)	Hepatitis C	50711007
Denture present (finding)	False teeth present	278615005
Requires assistive technology to support health literacy (finding)	Requires assistive technology to support health literacy	1254715001
Problem situation (finding)	Problem situation	276099005

Reasons why projects do not progress to DSMP

- The DSMP is not mandatory
- Project leads not aware of the process
- Fear of sharing data before finalisation
- Unsure of what their datasets are
- Projects require National Clinical Approval and a Sponsor
- Feel it is time consuming and unnecessary.



Snap shot to date

- Over 40 datasets have participated in the DSMP, with more than half adopting SNOMED CT for standardisation. Over 10 datasets are awaiting data dictionary finalisation.
- Over 20 of these datasets are now in a state of readiness to be utilised within a Digital Health Solution

- Key benefits include improved data analytics, deeper insights from standardised data, and the shift to national and international standards. Collaboration with various specialists has provided valuable input on future requirements

- Validation of completed work highlights the importance of data standardisation for better patient care. Despite challenges, the long-term benefits—improved data quality and enhanced patient outcomes—are significant.

Thank You