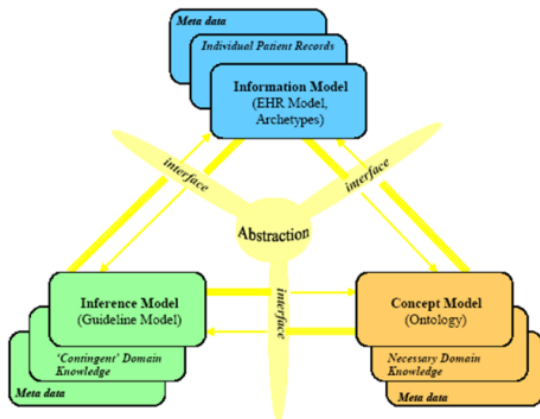


# Terminology Binding and Constraint

## Terminology binding and constraint

Modelling the full semantics of the health domain is complex. This is because it is an information intensive industry. Some health concepts clearly make up the stuff of the Information Model - things such as record architecture, times and dates, typed data and constraints. Other health concepts belong in a **Reference Terminology** or **Concept Model** - such things as diseases, symptoms, medicines ; in general these are single concepts or relationships between them. You don't want a software engineer hard wiring clinical ontology into the information model. Some clinical data could sit in either and an example is Family History. Guidance in this circumstance is available through the work of HL7's Terminology work group discussed in a paper by Markwell, Sato and Cheetham [presentation\\_markwell.pdf](#) . A third model is known as the **Inference Model** or **Guideline Model**. This represents concepts or objects where their state is contingent on concepts in the other two models.

See this diagram by Alan Rector et al:



Source: Rector A, Taweel A, Rogers J, (2004) *Models and Inference methods for Clinical Systems: A Principled Approach*, Proceedings of MedInfo 2004

This 'model of models' is also a useful paradigm for understanding GLIF and GELLO, discussed elsewhere in the knowledgebase. GELLO use in archetypes will be described later in the TEMPLATES section of the wiki.

So, if we accept archetypes as being information model constructs, then some sort of link needs to happen to 'bind' the local terms in the archetype or template, to a richer semantic for that concept, in the Reference Terminology / Concept Model (such as SNOMED-CT, or information space (such as LOINC). More than one binding must be accommodated. Constraints on the concept model need to be catered for . An example of a terminology constraint in plain English would be something like 'the allowable field values for this node must be this SNOMED-CT Concept or any of its children' .

## Binding to terminology

Binding terminology to EN/ISO 13606 archetypes/templates is achieved by using the **Edit terms** button



. The bottom pane is where the binding can occur.

### 1 Terminology binding and constraint

#### 1.1 Binding to terminology

#### 1.2 Adding SNOMED-CT terminology constraints

Edit Term Definitions and Constraints			
<div> </div>			
Term Definitions			
Local Code	Lang	Text	Description
a0000	en	FULL BLOOD COUNT	FULL BLOOD COUNT
a0002	en	FULL BLOOD EXAMINATION	FULL BLOOD EXAMINATION
a0003	en	Haemoglobin	Haemoglobin
a0004	en	Red Cell Count	Red Cell Count
a0005	en	Haematocrit	Haematocrit
a0006	en	Mean Cell Volume	Mean Cell Volume
a0007	en	Mean Cell Haemoglobin	Mean Cell Haemoglobin
a0008	en	Platelet count	Platelet count
a0009	en	White Cell Count	White Cell Count
Term Binding			
			<input checked="" type="checkbox"/> Filter For Current Term Definition
Local Code	Terminology	Code	Text
a0008	AUSPATH	PLT	Platelet count
a0008	LN	777-3	Platelet count
a0008	SNOMED-CT	61928009	Platelet count
a0008	SYMEXXS	PLT	Platelet count

An alternative approach if you are binding to SNOMED-CT is to right click on an **ELEMENT** node in the

Tree View and use the **Add Snomed Term to Node** button



Add Snomed Term to Node

## Adding SNOMED-CT terminology constraints

Constrained SNOMED-CT values that are allowed for a node (like a Value Domain) can be created by



using the **Edit constraints** button on the main menu bar. This example is for the video example in the box further below. It shows a poplatable **Edit Constraints** window:

Edit Constraints			
<div> </div>			
Constraint Definitions			
Local Code	Lang	Text	Description
ac0003	en	Any Clinical Finding	Any Clinical Finding
ac0002	en	Any procedure	Any procedure
Constraint Binding			
Local Code	Terminology	Terminology_Query	
ac0002	SNOMED-CT	SM-Procedure	
ac0003	SNOMED-CT	SM-ClinicalFinding	

Go back to the selected **ELEMENT** in Tree View in the main archetype tree on the left hand side. Expand it. Click on the child **ReferenceSectionData** under your given ELEMENT. On the right hand side click on the word **(Codes)** which is next to **Choices**. Then click on the button on the right hand side of this . In

the window that opens, click on the button on the right that looks like a yellow pill . Choose the constraint, and OK out. You have linked the constraint to the node or ELEMENT.

Example video showing GELLO linking the Information and Guideline Models:

An example of how leveraging the knowledge of the Concept Model provides clinical functionality is in this video:

**An archetype using SNOMED-CT knowledge**

In it we can see how the example archetype is structured appropriately as a view on a part of the information model

for the top two fields, but the third field is a very bitsy sort of boolean, with a narrow focus perhaps to a surgical

or gastroenterology clinic. The temptation is to build these sort of screens for any 'sub-culture' we are dealing with

in the Health domain. In any case the example shows how the operation of 'Cholecystectomy' (having one's Gallbladder removed)

qualifies, but 'Tonsillectomy' does not. The point of this initial part of the video is that the boolean check box is

'automagically' ticked by underlying GELLO v.1 code that has queried the Concept model (aka the Terminology) to determine

if the entered constrained SNOMED-CT procedure is a child of the concept '108189003 | abdomen excision'.

So the terminology has done the work after the field has been populated using a constrained terminology subset.

The video then more elegantly shows how past medical history diagnoses can trigger similar warnings and messages - it's all

harvested from ubiquitous and general clinical data (Information model - derived) which has then been used in a query against the

Concept model.