# Pressure Ulcer Prevention Domain Analysis Model

HL7 project team meeting, 24 January, 2011

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| --- | --- | --- | --- |
| Patty Greim | Yes | Jay Lyle | Yes |
| Ioana Singureanu |  | John Carter | Yes |
| Catherine Hoang | Yes | Moon-Hee Lee |  |
| Mimi Haberfeld |  | Donna DuLong |  |
| Charlie Selhorst |  | Sherri Simons |  |
| You-Ying Whipple |  | Holly Miller | Yes |
| Walter Suarez |  | Susan Matney |  |

## Agenda

1. Sponsor status
2. Review effect of related specifications
3. Review use cases

## Minutes

Sponsor status: PC has called a meeting on 9 February to vote on the scope statement

Identified related specifications

* 1. IHE eNursing Summary
  2. IHE Care Plan
  3. HL7 Care Plan
  4. HL7 Continuity of Care Document
  5. IHE Functional status assessment

Re: CDA specification: Patty spoke with Gay Gianonne, who did not know of work currently under way, was sure people would be interested, but would need funding to take it on herself

Patty reports Tim Cromwell is interested in use cases in a form to be shared

We confirmed all present on the call had Wiki access

Use case review

We reviewed the structure and questions of the Use Cases posted on the wiki, but we determined that sound answers would need to come from a broader group of clinical stakeholders—to identify correct answers, document their rationale, and socialize the work in clinical organizations.

It was felt that a pressure ulcer risk assessment is a coherent activity. It will not be updated; rather, a subsequent pressure ulcer risk assessment may update the patient status.

How the pressure ulcer risk assessment relates to a comprehensive admission assessment (or other assessments) is not clear.

There is no standard nomenclature for pressure ulcer risk assessment, skin assessment, and comprehensive assessment: our work may advance one.

Regarding goals and outcomes, we will minimize our reliance on them, first, because the model does not already have any goal setting content, and second, because linking interventions to observations explicitly may not be clinically defensible in the general case.

There is a need to assess trend information. This model only represents the observations; while their inclusion in longitudinal or other reporting or analysis tools should not present any special problems, it is not in scope.

*Discharge Patient* may be at once too general and too specific; we will change it to *Produce Summary Documentation* (e.g. e-Nursing summary)

## Action items

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| --- | --- | --- | --- | --- | --- |
|  | **Item** | **Who** | **Due** | **Status** | **Notes** |
| 3 | confirm workgroup sponsorship from Patient Care or Clinical Interoperability Council or both | Patty and Holly | 2/9 | IP | Working on scheduling time with Stephen Chu (1/20)  Meeting for 2/9, per Wm Goossen (1/24) |
| 4 | Find out from Moon Hee how we can encourage or support more participation | Patty |  | IP |  |
| 5 | Contact Audrey Dickerson to clarify how IHE specifications relate, affect us | Holly |  | IP |  |
| 6 | Contact SMEs to coordinate clinical input into the model | Holly |  | IP |  |
| 1 | please send feedback on the project scope statement | All | 1/17 | Closed | Feedback handled in meeting (1/19) |
| 2 | meet to clarify the model boundaries | Donna and Jay | 1/11 | Closed | We recommend that the conceptual scope be “Pressure Ulcer Risk Assessment,” one of two key focuses of the KP-VA model. |

## Issues

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Issue** | **Recorded** | **Status** | **Notes** |
| 2 | No official HL7 project sponsor | 1/10 | Open | See action item 3, in process (1/12)  PC probably; needs meeting to confirm (1/19) |
| 1 | Model boundaries unclear | 1/10 | Closed | See action item 2, to be confirmed (1/12)  Clarified in meeting (1/19) |