20170216\_LOI\_Notes

Attendees: Erin, Bob Y, Andrea, Craig, Austin, Freida, Sheryl, Walter, Kathy, Riki, Nancy

Sent feedback request in regards to usage of SPM segment in ELR message if cardinality is being changed – sent to PHER list, LabUS realm list, CSTE nat ELR list and antimicrobial resistance WG

See file name = OO\_PHER Specimen Notes.docx

PH MUST HAVE specimen information:

Is it reportable

Needed for case definition

Do we need to open an investigation / follow up with Preventive actions / assess severity for patient ad population

Since it is crucial, it is burdensome to have to do follow up when missing

SPM-elements that are required: SPM-2, SPM-4 and SPM-17 and should SPM-8

Impractical to use LOINC system to figure this out

There is still confusion about specimen type and specimen source (it’s what CLIA calls it and is used in some accreditation requirements)

This should be pushed up to the LOI to make sure the lab gets that information, but there are other ways to get orders, which may not have that written on it - LOI already has SPM-4 as R, but the specimen group is RE, because the specimen is NOT always collected at the time of ordering

If you are getting information in OBR, there is mapping and transforming to SPM fields and vocabulary

There is also the issue of having certified vendors, that don’t implement the certified solutions

If they order a blood culture, the type is implicitly a blood of some kind.

The lab is required to understand what the specimen is, regardless, if they are told what the specimen is

Accession number is at the order level in LabCorp – how would you know there are 2 orders on the same specimen?

#991:

Change the usage to be C(O/R) with CP: When OBR-26 and/or OBR-29 in the respective Order\_Observation Group is/are valued.

In ELR test case we do have a derived specimen case that we were testing to – that may be too restrictive from what we were originally asking for.

Sometimes you have a result from a test on one specimen reflexes to a test on another specimen (example EIA on Serum, might trigger CR on whole blood – ask for them to be collected at the same time)

In SPM-4 is PH expecting what is collected or what is analyzed? Main interest is what is collected.

Urine vs urine sediment / isolates, but need to be able to link the different isolates to the susceptibility results

LOINC use is not a good substitute for collected specimen type – don’t always correlate with the specimen that was collected

Labs are adjusting LOINCs to match specimentype and we can validate that – if there are discrepancies that can be follow.

Motion to change the usage to be C(O/R) with CP: When OBR-26 and/or OBR-29 in the respective Order\_Observation Group is/are valued Andrea Pitkus, Erin Holt, further discussion: will changing that to C(O/R) deal with the situation when you don’t get an SPM in the order? No, it will make it required to have at least the content to populate SPM-2 = an identifier, SPM-4 = the specimen type / source, SM-17 the date/time the specimen was collected

Still leave usage Varies for LRI\_Common leave RE, and usage for LRI\_PH\_Component = C(O/R) and remove CS#87, correct?

Do we then a problem with non-susceptibility reflex tests as described by Cindy? Yes we would – might not get the SM, when we need it, because the reflex is performed on a different type of clinical specimen (not a derived one).

So change the LRI\_PH\_Component usage to R and make a note, that it is permissible to copy the SPM in the child, when information is not available, like it might not be for isolates and a few other derived specimen

Could we use OBR-24 to indicate Micro testing? Is O in LRI

We are at time – Andrea and Erin will not be on call next week – so table this item till 3/2/2017

We will have a call next week to look at other items, if we have quorum

Riki will send the lab US realm list with the write up of the last motion and discussion