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Dublin 9

Tel (01) 807 3800
Tel (01) 807 3838

HEALTH INFORMATICS - CATEGORIAL STRUCTURE FOR CLASSIFICATIONS AND CODING SYSTEMS OF SURGICAL PROCEDURES

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Health informatics - Categorial structure for classifications and coding systems of surgical procedures

Informatique de santé - Structure catégorielle pour les classifications et systèmes de codage des interventions chirurgicales

Medizinische Informatik - Kategoriale Struktur für Klassifikationen und Kodierungssyteme für chirurgische Prozeduren

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Management Centre: rue de Stassart, 36 B-1050 Brussels

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Foreword

This document (EN 1828:2002) has been prepared by Technical Committee CEN/TC 251, "Health informatics", the secretariat of which is held by SIS.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by November 2002, and conflicting national standards shall be withdrawn at the latest by November 2002.

This document supersedes ENV 1828:1995.

According to the CEN/CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

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Introduction

The definition of a surgical procedure is considered to be an impossible task for there are neither specific criteria to intentionally define it nor specific criteria to define the limit between what is a surgical procedure and what is not such a procedure.

In this standard, classifications and coding systems of surgical are defined in the following way:

A classification or a coding system that defines itself as a classification or a coding system of surgical procedures and considers that it deals with surgical procedures. It is the responsibility of such a classification or coding system to define its own content and therefore what is being considered as a surgical procedure.

The main reason prompting the preparation of such a European Standard is that surgical procedures are coded for a wide range of purposes. For example, being incorporated as an integral part of a computerised healthcare record, for use in discharge summary information, for clinical research, per review, quality assurance, reimbursement, workload assessment, resource management, utilisation comparisons, public health management and epidemiological surveys. Unlike diagnoses for which the International Classification of Diseases (ICD) is an accepted international de facto standard, there are at least as many coding systems for surgical procedures as countries in Europe and, very often, several such coding systems for different purposes or for different surgical disciplines in each country. This hampers the exchange of meaningful health information and can increase the workload of health professionals who may have to code each procedure more than once and of national or specialised coding centres, which develop and update so many coding systems.

ENV 1828 started by identifying the concepts underlying existing procedure classifications within and outside Europe and also the natural language used in surgical reports. It defined the conceptual structure that contains the definition of a set of concepts and the internal relations that combine them into a concept system. It was widely tested in national and European projects, as well as outside Europe in Australia and Canada.

The present European Standard is an extension of the pre-standard to the minimal computer based concept system for surgical procedures. This should allow the user of a computerised health record to express himself in his usual professional and national language but generate as outputs standard coding systems compliant with the categorial structure. Several of the definitions of basic terms from the ISO/TC 37 work has been updated to the most recent version of ISO 1087-1:2000.

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