ROYAL COLLEGE of
Occupational
Therapists

1. Overview: Occupational therapy language and SNOMED CT

The Royal College of Occupational Therapists advocates the use of occupation-centred practice by members of the profession (COT 2015a p6, COT 2015b). Engagement in occupation is the central means for therapeutic change and the goal of intervention (Wilcock 2006).

Fisher (2013) argues that occupational therapists should be clear in the language they are using, and it is therefore important that this is reflected in the terminology used by occupational therapists to record, for example, assessments, goals and interventions (COT 2015c).

An occupation-centred practice process

Record keeping is only meaningful in the context of the delivery of an occupation-centred practice process, in collaboration with the person, group or community concerned (COT 2015c):

- Occupational strengths and needs are identified
- Priority occupations are assessed
- Goals are set in collaboration with the person and relevant others
- Reasons for problems of occupational performance are clarified
- Intervention enables occupational engagement and performance
- Outcomes are measured.

Occupational therapists practise in many types of generic and specialist health and social care services in the United Kingdom (UK) and, as such, there are variations in the use of language by occupational therapists, both between different areas of practice and across different regions and nations within the UK. The routine use of occupational therapy terminology is, however, one of the essential information building blocks that will support the profession to measure, evaluate and demonstrate the effectiveness of interventions with service users and carers.

Inconsistency in the use of language undermines the value of recorded information for any purpose other than the primary purpose: namely, direct care. Secondary purposes include: service management, commissioning, service data required by government, clinical audit, service evaluation and clinical research. In addition, inconsistency in language can lead to problems in the usability of Integrated Digital Care Records (IDCRs). It is important that the headings for data fields in IDCRs are defined nationally to provide the structure and context within which service user information can be consistently recorded, without loss of meaning.

SNOMED CT

SNOMED CT (**S**ystematized **N**omenclature of **M**edicine **C**linical **T**erms) is essentially a structured hierarchy which contains more than 400,000 clinical terms gathered from all healthcare professions. Each clinical term has a code, so enabling service user information to be effectively searched, aggregated and routinely analysed, at a local and national level.

NHS Digital is the national provider of information, data and IT systems for health and social care. The UK Terminology Centre (UKTC) is responsible for the UK management of SNOMED CT, Read codes and other healthcare terminology products. There is a requirement from April 2020, for all health care practitioners providing NHS funded care in England, to code and record key patient data using SNOMED CT terms. Wales have also made a commitment to the inclusion of SNOMED.

Occupational therapy subsets

The Royal College of Occupational Therapists, the professional body for occupational therapists, has developed a number of occupational therapy subset standards in collaboration with its members which should be used for all service user care records, whether they are stored digitally or on paper.

Terminology to reflect four core occupational therapy processes, following quality assurance by UKTC, have been incorporated into SNOMED CT:

- Assessments used by occupational therapists (includes assessment scales; assessment scale observables; assessment scale procedures)
- Problems in occupational performance recorded by occupational therapists (functional observables)
- Goals of occupational therapy intervention
- Interventions recorded by occupational therapists.

The terms included within SNOMED are listed in separate documents which are available on the College's Professional Resources '*Outcomes and Record Keeping*' webpage which can be accessed at: (www.rcot.co.uk/practice-resources/occupational-therapy-topics/outcomes-and-keeping-records).

The subsets can be used by information technology system developers when customising their electronic care record (ECR) systems to support occupational therapy practice and record keeping for use by occupational therapists. The developers of electronic care records will use the subsets to develop pick lists that are integrated into systems used by occupational therapists. The subset may also be used to support 'as you type' identification of coded terms, which is similar to the 'as you type' option in spell checkers in office suites and other software applications.

Inclusion in the SNOMED CT listing does not, however, mean that the occupational therapy subsets will automatically be available to occupational therapists. The availability of SNOMED CT in your local electronic care record system will be dependent on locally commissioned systems and specifications.

Subsets will, therefore, be useful to occupational therapists when working with their local IM&T department to agree sets of coded terms for use by occupational therapists in their care records. For example, the subset could be used as a drop-down list to enable the occupational therapist to quickly, accurately and consistently record the name of an assessment carried out with the service user and/or their carer(s).

In any one care service, occupational therapists may not need to view and select all assessments goals or interventions listed in the standards. However, if occupational therapists across the UK are to move towards greater consistency in their use of language, then all of the terms should be integrated into pick lists in every electronic care record system.

The purpose of pick lists is to facilitate rapid, accurate and consistent recording of information for each service user. Terms can be selected more quickly and accurately from shorter pick lists, and, therefore, the use of a smaller, targeted subset of terms is recommended. The goals pick list, for example, *could* include every single goal term that was ever used by an occupational therapist; however, the pick list would be very large, and searching for the appropriate terms when recording notes every day would be slower, and possibly less accurate or consistent. Consequently, the

occupational therapy subsets have been restricted to only commonly used terms, and exclude terms that are rarely used in occupational therapy practice.

Subsets will be reviewed periodically, and terms added or removed depending on feedback from occupational therapists to the Royal College of Occupational Therapists.

SNOMED subset standards complement the Royal College of Occupational Therapists' *Professional standards for occupational therapy practice* (COT 2017) as well as other publications, such as *Keeping Records: guidance for occupational therapists* (RCOT 2017), and *Standards for the structure and content of health records: Supporting occupational therapy practice and record keeping* (COT 2011). It is important that the headings for data fields in electronic care records are defined nationally to provide the structure and context within which service user information can be consistently recorded, without loss of meaning.

Further information

You can find out more about **SNOMED CT for Occupational Therapists** in the Professional Development Resource available at: www.rcot.co.uk/practice-resources/learning-zone/cpd-short-courses, and information about the wider Managing Information agenda can be found at: www.rcot.co.uk/practice-resources/informatics-and-digital-technologies.

The NHS Digital website provides a number of resources including webinars and access to a SNOMED CT browser: https://digital.nhs.uk/snomed-ct.

The occupational therapy subsets were developed by the Royal College of Occupational Therapists in partnership with members. Terminology lists were produced using nominations from individual members and the College's Specialist Sections, Occupational Therapy Consultants, and for some subsets, such as goals and interventions, additionally via workshop activities.

References

College of Occupational Therapists (2017) *Professional standards for occupational therapy practice.* London: COT. Available at: *https://www.cot.co.uk/standards-ethics/standards-ethics*

College of Occupational Therapists (2015a) *Code of ethics and professional conduct.* London: COT. Available at: *https://www.cot.co.uk/standards-ethics/standards-ethics*

College of Occupational Therapists (2015b) *Occupation-centred practice.* (Position statement). London: COT. Available at: *https://www.cot.co.uk/sites/default/files/position_statements/public/Occupation-centred-practice-August2015.pdf*

College of Occupational Therapists (2015c) *Occupation-centred practice.* (Essential Briefing). London: COT. Available at: *https://www.cot.co.uk/briefings/occupation-centred-practice*

College of Occupational Therapists (2011) *Standards for the structure and content of health records: supporting occupational therapy practice and record keeping.* London: COT. Available at: *https://www.cot.co.uk/outcomes-and-record-keeping*

Fisher AG (2013) Occupation-centred, occupation-based, occupation-focused: same, same or different? *Scandinavian Journal of Occupational Therapy, 20(3),* 162-173.

Royal College of Occupational Therapists (2017) *Keeping records: guidance for occupational therapists.* London: RCOT. Available at: *https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/keeping-records*

Wilcock A (2006) *An occupational perspective on health.* Thorofare, New Jersey: SLACK Incorporated.

All websites accessed on 30.06.17.