



# User-friendly Short and Long Names

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# Received a proposal for new reporting names from the Laboratory Tiger Team

CDC, CMS/DLS, CAP, COLA, Quest, LabCorp, API, Cerner, Epic, Meditech, one state public health, and Children's Hospital of Atlanta

Reviewed some aspects of the names at last Committee meeting

Received some additional clarification and would like some additional Committee input

Proposal from other Committee members after June 2016 meeting about more strongly recommending the Long Common Name for use in HL7 messages

Seeking guidance from Committee about how to move forward



# Tiger Team proposal



# Background

Laboratory Tiger Team was trying to address two main issues:

1. uniform, “standard” displays across HIT applications
2. an ultra short name for cases are very limited

Intended them to be used in lab to EHR exchange and EHR displays



# Background

Proposed two names (12 char, 35 char) for terms in Top 2000

Documented some rules and preferred abbreviations



# Background

HL7 and LOINC best practice is to include one of the official names from the terminology in the message.  
(Proposal on table to require LCN)

No absolute requirement from LOINC about what to display for clinicians. Most places use their local names (or a third party solution).

Most HL7 guides are silent on display, but the *HL7 EHR-S Functional Requirements: S&I Framework Laboratory Results Messages* has this display purpose note:

If two triplets, use the one containing the local code;



# Some challenges regarding Tiger Team names

We want to take advantage of the good work and thinking

We've never attempted one as short as 12 characters before. Is it futile?

444 of the proposed short names were >12 characters

With the rules as expressed, the names will be duplicated across LOINC

363/1949 long names were duplicate

448/1949 short names were duplicate

Several inconsistencies in the current version (not unexpected), but would take more effort to resolve

Sustainability/expansion for other LOINC terms will not scale without additional funding



Can come back and  
look at some  
examples later...



# Use of LOINC Names Proposal

via Andrea Pitkus, with minor revisions from John Snyder, and others



# Proposed Policies/Statements for LOINC User Guide (1/3)

The Long Common Name is the best practice single LOINC description which should accompany the LOINC numeric code in messaging and used in the exchange of LOINC codes, as it's the most complete and understandable description for human readers. To provide ample time for systems to support the LOINC Long Name, the LOINC Committee and Regenstrief **require** health IT systems (e.g. an EHR, LIS, or interface engine) use the LOINC Long Common Name no later than the end of 2017.



# **Proposed Policies/Statements for LOINC User Guide (2/3)**

The Long Common Name or Short Name should not be used for display of laboratory data, especially in clinician facing implementations such as face or flow sheets, graphs, grids and the like. The Short Name is not unique and is blank for some LOINC codes and may pose a patient safety issue due to its abbreviated nature for clinical use cases.



# **Proposed Policies/Statements for LOINC User Guide (3/3)**

Using the Fully-Specified Name (e.g. a colon separated aggregate of the six part name) is generally not recommended because they are not as human friendly and contain more instances of 'reserved characters' like “^” and “&”, which would need to be properly escaped in the message.



# Proposed Clarifying Statement for LOINC Users Guide

Furthermore, we recommend the simultaneous communication of the sender's local code and local name (in addition to the LOINC code and name) as allowed in the messaging structure to facilitate debugging and detection of mis-mappings. ***Laboratory local codes are often required to be sent by the performing laboratory to meet CLIA (U.S) and laboratory accreditation regulatory requirements in many countries.*** This does not preclude use of the Long Common Name, Short Name or Fully Specified Name in local databases or internal systems used for mapping, research or other uses of LOINC.



# Some challenges

We (Regenstrief/LOINC Committee) can't really require outside of a license change, but can make strong recommendations.

Display to end users vs. inclusion in exchange messages.

Current state is that some senders (LIS) can't support the longer names, but receivers (EHR) can.



# Moving Forward



# Not too controversial

We will continue to improve and shorten both the Short Name and Long Common name informed by these ideas, but it will take time.

Example:

Removed (IB) in LCN - was redundant with full name

Can debate some of the specific techniques (single letter specimens, “:” vs “/” for ratios, but...



# Issue

How to resolve the one proposal to make other shorter/ambiguous names with the the other to forbid use of Short Names in displays

*Side note:*

*LOINC does have some duplicate short names. Nearly all are terms that vary by Nar/Nom. Recommendations?*

*About 25 pairs of lab terms remain and are being resolved.*



# Issue

Publish the additional Tiger team names vs. promote/recommend/require the Long Common Name for messaging.

Should we make a statement about display for clinicians/end users or leave that up to the user?

*(Convention is that the local name would be displayed... they have discretion about choosing/making their name: hand craft, use third party, use a LOINC name)*