

LOINC Nursing Committee Meeting  
Date: 2026-02-02  
Time: 11:00 am – 12:00 pm ET  
Chair(s): Jessica Cronin, Randy Woodward

## ATTENDEES

### Committee Members:

- |                           |                       |
|---------------------------|-----------------------|
| 1. Jessica Cronin (Chair) | 9. Susan Matney       |
| 2. Randy Woodward (Chair) | 10. Shealyn Stefik    |
| 3. Lisa Anderson          | 1. Zabrina Gonzaga    |
| 4. Angela Flanagan        | 2. Marla Throckmorton |
| 5. Stephanie Hartleben    | 11. Tess Settergren   |
| 6. Sharon Hibay           | 12. Sarah Sontum      |
| 7. Maryam Isiaq           | 13. Cyndalynn Tilley  |
| 8. Janice Kelly           | 14. Ruth Wetta        |
| 1. Luke Jobman            | 15. Lisa Wolf         |
|                           | 16. Alain Junger      |

### Regenstrief Staff:

Eza Hafeza, April Lackey, Geoffrey Ratemo

### Guests:

Lindy Buhl, Stan Huff

# Committee Members = 16 | # Attending = 11 | Quorum = Yes

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## Meeting Summary

This Nursing Committee meeting focused on updates to LOINC/SNOMED collaboration work, nursing assessment content, and future committee topics.

### High-level overview

- The agenda was intentionally shortened to allow deeper discussion and to solicit ideas for future topics and member presentations.
- Key segments covered: LOINC/SNOMED international collaboration status, nursing “head-to-toe” assessment work, standardized assessment scales and heuristics, ballot status for an implementation guide, and brainstorming of future agenda items.

### **LOINC/SNOMED collaboration and releases**

- The SNOMED International–LOINC collaboration held a face-to-face meeting in Chicago (Jan 21–23), focusing on administrative coordination and content work.
- A major project in coagulation observables separated components from methods to improve consistency; changes will appear in LOINC 2.82 and the LOINC ontology release targeted for March 23.
- Extensive lab content in the “top 20,000” set has been edited, including new LP components, method parts, mapping fixes, deduplication, and clearer separation of component vs system or method.
- Active model-update work includes:
  - Survey concept model: weekly meetings to define attributes and representation to support consistent survey data, aggregation, and reporting.
  - Document ontology model: implementation of an agreed concept model from the Doc Ontology Committee.
  - Planned radiology concept model expansion with several new attributes to better represent domain-specific characteristics.
- Regenstrief (LOINC) is assuming more responsibility for ontology work previously done in SNOMED, with attention to sustaining monthly releases and streamlining concept creation and mapping.
- A LOINC webinar is tentatively scheduled for Friday, March 13 (morning Eastern), and the LOINC Conference call for abstracts runs through late March/early April.
- Gravity Project content: 12 new instruments, 1 new version, and 5 revisions are being released, with the process between Gravity and LOINC described as increasingly well-standardized.

### **LOINC Submissions - Not applicable during this meeting**

### **Nursing assessment and scale work**

- “Head-to-toe” nursing assessment:
  - Steph Hartleben reviewed a spreadsheet from the Transforming Documentation Group and compared it to the existing LOINC-based head-to-toe model.
  - There are more complete matches on the LOINC side than on SNOMED, which may reduce the number of new LOINC requests.
  - Much of the preparatory mapping work has been done individually to conserve volunteer time and provide a concrete starting point for a future volunteer group.
  - Epic is interested in incorporating this model into its foundation system and using the codes (especially the row-level LOINC terms) in Cosmos; they are currently more focused on row-level codes than answer-level SNOMED codes.

- Background from Nursing Knowledge Big Data Science:
  - The physiologic nursing assessment panel has been in LOINC for roughly a decade and was originally developed by consensus, primarily for adult med-surg populations and common survey tools.
  - Current work revisits those mappings and definitions to align with newer information models and definitions.

### **Standardized assessment scales and heuristics**

- Tess Settergren presented work on evidence-based assessment scales/surveys and evolving heuristics for representing and reusing LOINC terms in scales.
  - Challenges noted:
    - Scale developers often do not supply robust observation definitions; meaning is often implied only by answer lists, which is insufficient.
    - Many terms are pre-coordinated, and new survey instruments are more complex to submit than single terms due to internal consistency and definitional requirements.
  - Reuse of observation terms across scales:
    - Example: “facial expression” appears in both the Neonatal Infant Pain Scale (NIPS) and the PAINAD scale; despite differing normative answer lists, the underlying observation concept is considered the same, allowing reuse of one LOINC term bound to different value sets per instrument.
    - Example: fall risk models (CHAMPS and Schmid) both ask about “history of falls”, though Schmid specifies “within the past 6 months”; discussion moved from requiring distinct terms to accepting reuse where intent and definition are equivalent, with timeframe details captured in definitions or instrument context.
  - Proposed heuristics (under refinement):
    - Prefer (possibly require) exact or semantically equivalent term names when reusing LOINC terms in scales.
    - Require matching term definitions across uses.
    - Require the same data type/category (e.g., nominal/ordinal) even if the exact answer lists differ.
    - Stan Huff and Susan Matney emphasized:
      - Desire to minimize subjective judgments about “same question vs different question” and lean toward clear, repeatable criteria (often treating exact name match as required, with limited exceptions).

- Use of distinct value sets per instrument bound to a shared question code, with “LOINC list overrides” when answer sets shrink or differ slightly but remain semantically compatible.
- Need for a common “collection” representation that works for lab panels, ad hoc physical-exam questionnaires, and formal instruments.
- Pain assessment panel:
  - The nursing pain assessment panel in LOINC is being updated: pre-coordinated, non-FHIR-aligned terms were removed, and new scale-related terms and a pain body-site identification panel will be added to reflect the current pain assessment model.
  - A “pain scale used” item will be populated with names of supported pain assessment scales once all are loaded, and pain intervention content is being developed but will take longer.

### **Intellectual property and cross-discipline issues**

- IP for instruments:
  - Some instrument owners declined to allow full representation in LOINC even with explicit terms-of-use statements and links to licensing requirements; these scales may be used in EHRs but cannot be fully published in LOINC.
  - Discussion suggested improving transparency by indicating in LOINC when a known instrument is absent specifically because the owner withheld permission, rather than leaving gaps unexplained.
  - Nuances include: owners wanting to prevent modified derivatives under the same name, charging for administration vs downstream data exchange, and allowing only total scores in LOINC while withholding item-level structure.
- Cross-disciplinary data capture:
  - Members expressed interest in topics on harmonizing data capture across disciplines (nursing, physicians, PT, etc.), especially in settings with discipline constraints (e.g., rural sites where nurses collect data later validated by others).

### **Ballot and future topics**

- An implementation guide ballot:
  - The ballot closed with a majority of affirmative votes and some negatives, many from Epic voters using “same as” comments.
  - Negative comments mainly requested clearer narrative use cases and system-to-system scenarios (e.g., PHR to EHR, EHR to EHR, intake portals), plus some technical corrections.

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- The team expects to publish the guide by the end of March after resolving comments.
- Future agenda items captured:
  - Ongoing updates on survey model work and rules for representing instruments and multiple value sets. (2026-03-02)
  - Gravity Project instruments and how they are structured in LOINC. (2026-04-06 Susan Matney)
  - Cross-discipline assessment data, including reuse of questions and value sets. (TBD)(Sharon Hybey)
  - Intellectual property patterns and how LOINC signals when instruments are restricted. (2026-03-02 Stan Huff)
  - Regular feedback loops between the survey-model working group and this committee, starting after the March ontology release (likely April), to share decisions and test heuristics against nursing examples. (2026-02-02 Tess Settergren and ongoing).

### Next Steps

- Sharing progress on the Survey model work
- Susan to present Gravity project instruments and to share structures in LOINC.

### Open Items

1. Tess Settergren
  - a. Email unresolved questions to Jessica Cronin, Eza Hafeza, and Marjorie Rallins
  - b. Confirm with Susan whether the updated VSAC OID includes new values
2. Comments on Jessica's questions in Slides 22-25 of the Nursing CMT slides 02/02/2026

### REFERENCE MATERIALS

1. [P NursingCommittee\\_MeetingSlides\\_2026-02-02\\_Final.pptx](#)
2. [P LOINC Nursing Committee\\_Symptoms Project.pptx](#)
3. [P LOINC NsgCommitteeAssessmentTermReuse2-1-25.pptx](#)
4. [P NursingCommittee\\_MeetingSlides\\_2026-02-02\\_Final.pptx](#)

### 2026 MEETING DATES

## LOINC Nursing Committee Meeting

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First Mondays, 11:00 am – 12:00 pm ET, Virtual

- JAN 5 – canceled
- FEB 2
- MAR 2
- APR 6
- MAY 4
- JUN 1
- JUL 6
- AUG 3
- SEP 7 – canceled, US holiday
- OCT 5 – canceled, LOINC Conference
- NOV 2
- DEC 7

### PARKED TOPICS

1. AI for Nursing Content // Susan Matney
2. New Parts/Attributes to represent Nursing Content // Randy Woodward, & Jessica Cronin