#### KAT: A FLEXIBLE XXL-BASED KNOWLEDGE AUTHORING ENVIRONMENT

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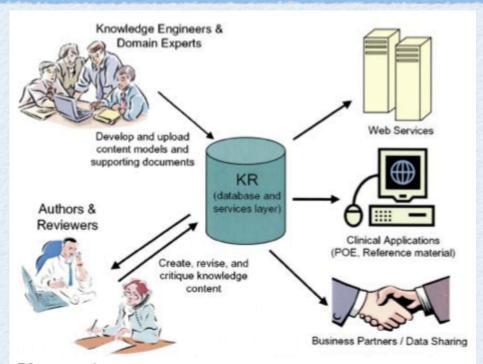
## BACKGROUND

- 1. The knowledge content should be created by clinicians whenever possible, without requiring the continuous assistance of knowledge engineers.
- 2. The content should be structured enough to be computable, yet readable enough to be easily understandable by clinicians.
- 3. The content generation process should enable open collaboration between clinicians with different areas of expertise, representing multiple facilities and services across the enterprise.

# REQUIREMENTS

Needs	Features	Requirements
Supports simple authoring process	Accessible throughout enterprise	Available at terminals throughout the enterprise, regardless of location or computer type
	Easy to use	Adopt LDAP authentication already used in enterprise applications for both security and user convenience
	Straightforward process to submit content for review	Users are able to use the tool quickly and effectively with minimal train- ing
	Quick access for content to be edited	Tool must be integrated with application designed for open review and feedback Users must be able to manage and organize their authoring tasks
		within the tool  Users may quickly search, sort, and filter through content to identify material for editing
Provides distributed, collaborative authoring	Content stored in a central repository	Must be developed on a set of core services that read from, write to, and search a central knowledge repository
	Reuse of existing content (supports modularity)	Must have the ability to search for content in the knowledge reposi- tory and link results to knowledge content currently being authored or edited
	Robust document versioning strategy	Must provide the ability to create from existing content as a template ("copy as")
		Must support and enforce a robust version control strategy for docu- ments in the repository
Flexible, generic tool	Operates independently of the content that it produces	Information necessary for authoring, processing, and transforming con- tent must be stored outside the application
	Able to author multiple, potentially very different types of content	Must be able to support the authoring of documents from any valid con- tent model
Creates readable, computable content	Output must be structured and coded	Content must be created from well- defined models
	Application must be able to present content in an understandable, relevant format to user	Must support use of coded elements directly selected from a terminol- ogy server
		Must be able to transform content from the underlying content model to an understandable format for the

#### FRAMEWORK



**Figure 1.** Document framework used by the knowledge authoring tool (KAT): Knowledge engineers work directly with domain experts to create the XML schema data models and their supporting documents for authoring (XML template, Web form, eXtensible Stylesheet Language Transformations). Once these are uploaded to the knowledge repository (KR), authors can create and update knowledge content using these models. Reviewers analyze the content and provide feedback to the authors. The KR services allow for standardized access to data from the central repository. Web services, clinical applications, and business partners can access the XML data through standardized protocols. KR content can then be transformed and used in a variety of applications or potentially shared with other institutions.

#### DOCUMENT COMPLEXITY

# COMPLEXITY

<Order>Digoxin 0.125 mg PO Daily</Order>

The order is fully-specified, and tagged at the highest level. Neither coded nor decision support elements are present.

<Order><Drug ID=\*5161651\*>Digoxin</Drug><Dose>0.125 mg</Dose> <Route>PO</Route><Frequency>Daily</Frequency></Order>

The order is more richly-tagged, with a coded element for the drug. No decision support is present.

<Order ContextID="1565161"><Drug ID="5161651">Digoxin</Drug>

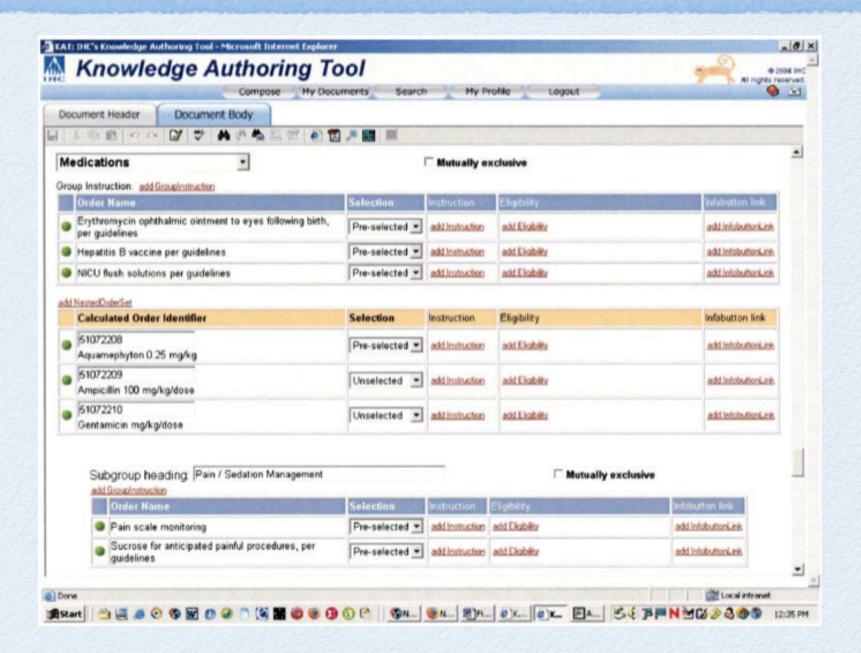
<Dose>0.125mg/Dose><Route>PO</Route>

<Frequency>Daily</Frequency></Order>

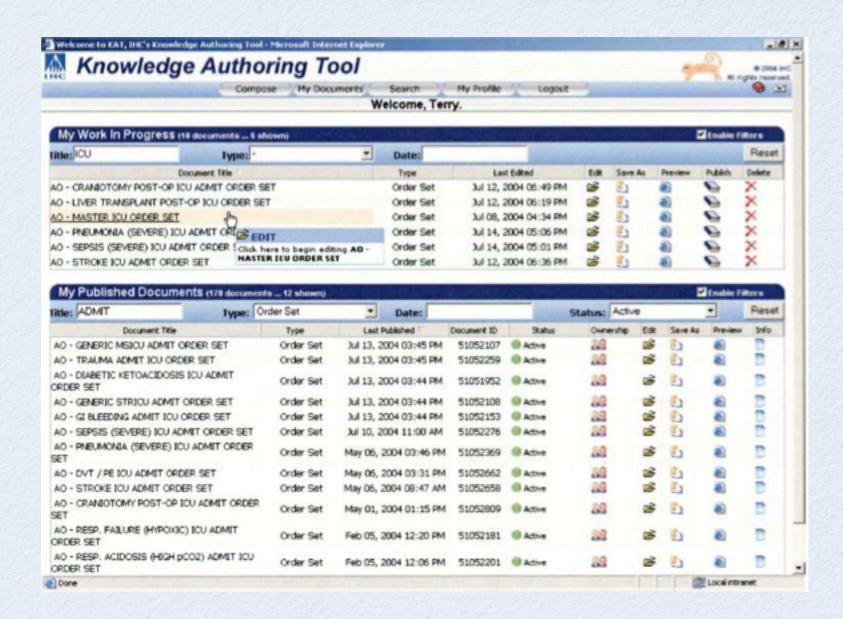
The order contains all the aforementioned elements, as well as a coded context criterion specifying patient context contraindications (in this case, idiopathic hypertrophic subsortic stenosis, constrictive pericarditis, or ventricular tachycardia). At runtime, this drug order would not be available if the patient was suffering from any of these conditions (idiopathic hypertrophic subsortic stenosis, constrictive pericarditis, or ventricular tachycardia).

**Figure 2.** Illustration of document model complexity continuum.

#### KAT: EXAMPLE



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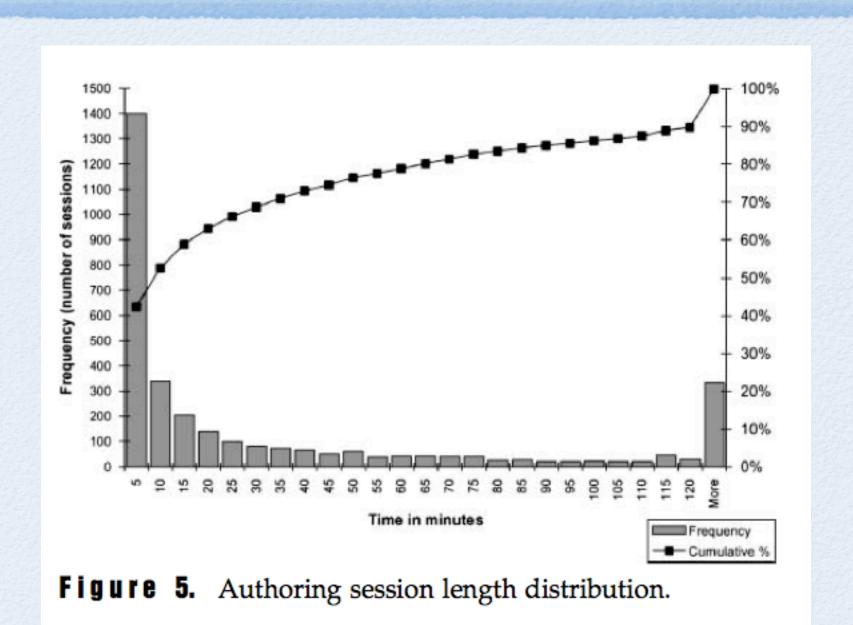


# KATUSAGE

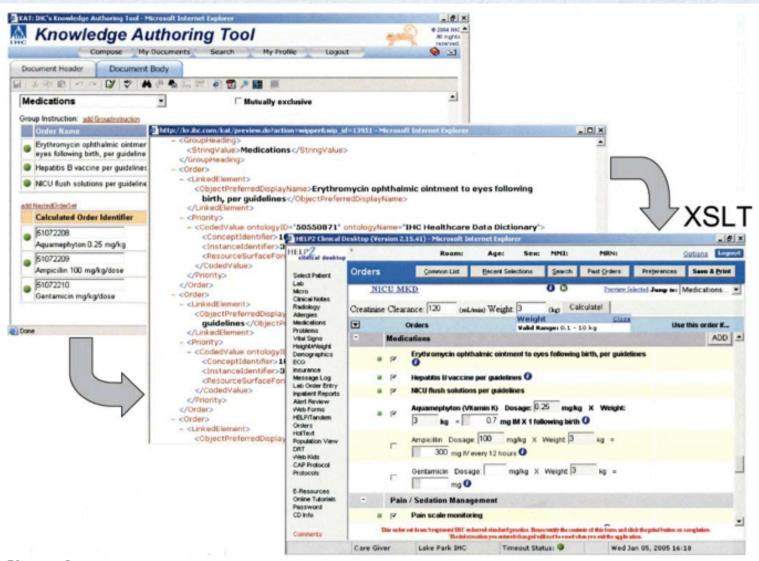
Table 3 ■ Total XML Knowledge Base Content Distribution (Original Content and All Subsequent Revisions Thereof)

Document Category	Q2 2003	Q3 2003	Q4 2003	Q1 2004	Q2 2004	Q3 2004	Q4 2004	Total	Avg. No. of Versions pe Original Document
Interdisciplinary nested order set	42	50	432	44	2	0	0	570	2.63
Nested order set	93	309	262	197	118	111	25	1115	4.01
Order set	17	98	257	422	298	228	94	1414	5.42
Assessment		154	13	1	172	12	233	585	4.83
Index page		5	0	3	58	5	18	89	2.36
Lab diagnostic findings		1	274	0	57	17	78	427	5.24
Risk factors causes		1	351	0	94	13	3	462	2.19
Symptoms		4	610	0	168	17	6	805	1.58
Antibiotic monograph			12	9	89	4	39	153	4.18
Care plan module			344	36	0	0	0	380	1.40
Miscellaneous footnote			8	9	473	46	36	572	2.68
Literature citation				1354	120	62	25	1561	1.81
Procedure				111	330	92	17	550	5.39
Tables and tools				479	1161	178	55	1873	3.43
Calculated order					40	30	4	74	4.17
Calculation					23	27	1	51	4.88
Clinician reference					16	8	1	25	1.53
E-resources page					2	42	24	68	4.02
Glossary					1	1	2	4	4.62
Index					156	3	3	162	4.24
Interdisciplinary protocol					768	79	82	932	1.77
Patient education					67	3	5	75	13.60
Practice guideline					145	31	17	193	4.00
Problem					999	104	112	1215	1.03
Risk for problems					439	40	64	543	2.22
WorkMed examination					20	12	21	53	2.31
E-resources profile						70	14	84	14.00
Quarterly content total	152	622	2563	2665	5816	1235	979	14035	2.97
Total no. of categories in KR	3	8	11	14	26	27	27		

# KATUSAGE



### FLOW OF INFORMATION



**Figure 6.** The flow of information from the authoring environment to clinical applications is illustrated here. A knowledge authoring tool generates and stores XML-based order sets into the knowledge repository. These data are subsequently retrieved and transformed via eXtensible Stylesheet Language Transformations (XSLT) for use in the provider order entry application.