SNOMED CT CASE STUDY: MALAFFI

Enabling Interoperable Health Records Across Abu Dhabi Using SNOMED CT

SNOMED CT

SNOMED International

MALAFFI
CONNECTING HEALTHCARE

شركة أبوظبي لخدمات البيانات الصحية
ABU DHABI HEALTH DATA SERVICES
Brought to you by M42

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1. EXECUTIVE SUMMARY

Malaffi, the **Abu Dhabi's Health Information Exchange** (HIE), has achieved the Middle East's **first comprehensive implementation and adoption of international clinical coding standards at scale.** Following a thorough analysis of the healthcare ecosystem's fragmented data landscape across 3,000+ facilities and 90+ EMR systems, Malaffi's team identified critical gaps in semantic interoperability and structured data quality that hindered clinical decision-making, public health surveillance, and advanced analytics capabilities.

Managed by **Abu Dhabi Health Data Services (ADHDS)**, Malaffi as a pioneering initiative has facilitated the implementation of SNOMED CT alongside LOINC standards across both public and private healthcare providers, serving 50,000 clinical users and enabling millions of health records to be meaningfully shared. The successful, wide-scale implementation of SNOMED CT and LOINC was achieved through **strong governmental support, with The Department of Health Abu Dhabi (DOH) issuing guidance on coding standards** to the healthcare providers. In parallel, the **Malaffi team dedicated efforts to support the standards implementation, monitor data quality, and establish processes for continuous improvement** across all Malaffi- connected healthcare providers. **SNOMED CT standardization was applied** across multiple clinical domains including **diagnoses, allergies, chronic diseases, family history, social history, and certain diagnostic procedures**, ensuring consistent semantic interoperability across diverse systems. In addition, **LOINC coding was implemented at the laboratory result level and has been successfully rolled out to >85% of the market.**

This comprehensive approach **achieved semantic interoperability while establishing a cost-effective, sustainable model** that created customized clinical reference sets tailored to Abu Dhabi's regulatory environment and **laid the foundation for AI-driven healthcare, population health surveillance, and improved clinical decision support across the Emirate.** Building on this success, **ADHDS** has positioned itself, and has now been **recognised by SNOMED International, as a clinical interoperability centre of excellence**, leveraging its proven methodology and governance frameworks to expand beyond this initial implementation. The organization now serves as a regional leader in healthcare data standardization, offering expertise and scalable solutions to support other health information systems across the UAE and broader Middle East region in their digital transformation initiatives.

2. INTRODUCTION AND BACKGROUND

Malaffi, Abu Dhabi's Health Information Exchange (HIE), is the first HIE in the MENA region and one of the most advanced globally, connecting public and private healthcare providers across the Emirate to enable the secure and seamless exchange of patient health information (Fig. 1).

Malaffi (Arabic for 'my file') is operated by Abu Dhabi Health Data Services - Sole Proprietorship LLC (ADHDS), a M42 company, established in 2018 as a Public-Private Partnership (PPP) with the Department of Health Abu Dhabi (DOH). As part of DOH's strategic priorities, Malaffi is a key component of the digital transformation of the healthcare system in Abu Dhabi.

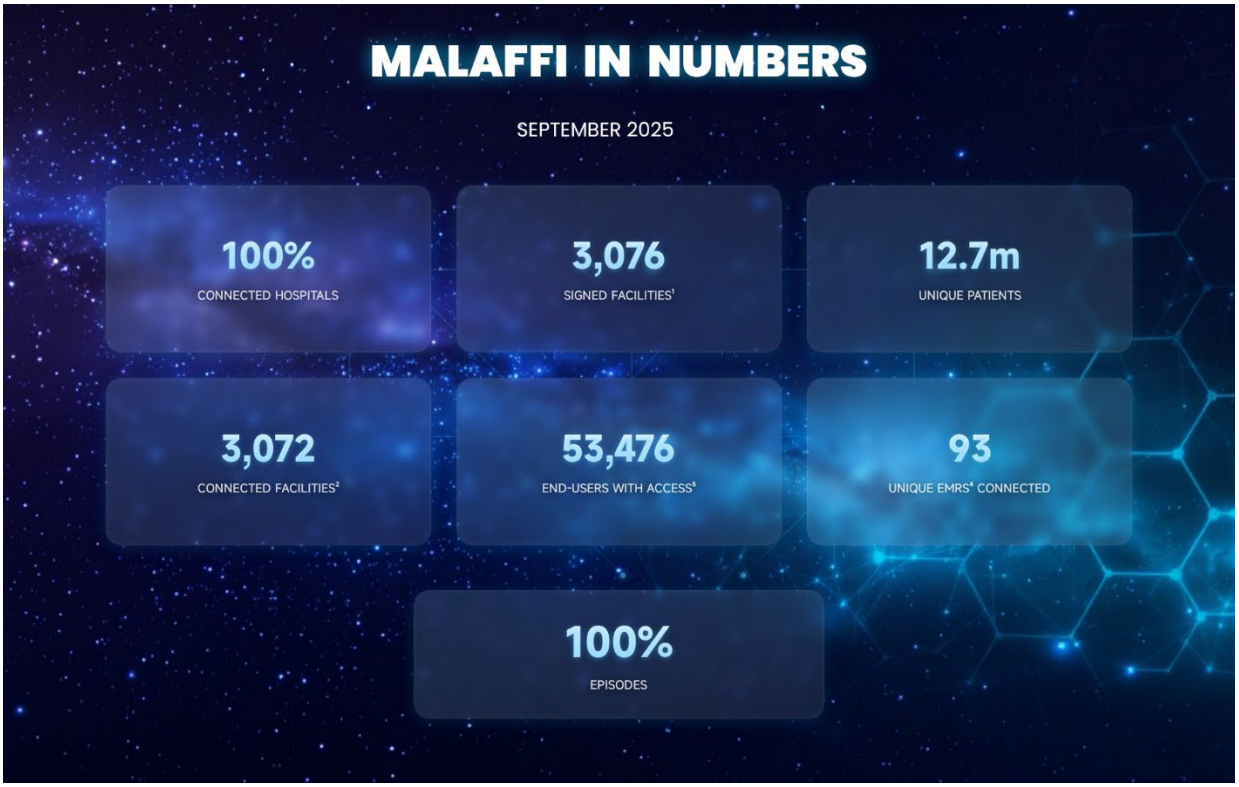

Fig. 1. Malaffi in Numbers

Malaffi connects a wide range of demographics and clinical data types across diverse healthcare settings (Fig. 2), serving different clinical domains and patient populations, which required an Emirate-wide approach to standardizing data using international clinical coding standards. This comprehensive strategy employs SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms) and LOINC (Logical Observation Identifiers Names and Codes) alongside other established standards including ICD-10 and CPT to ensure comprehensive interoperability.

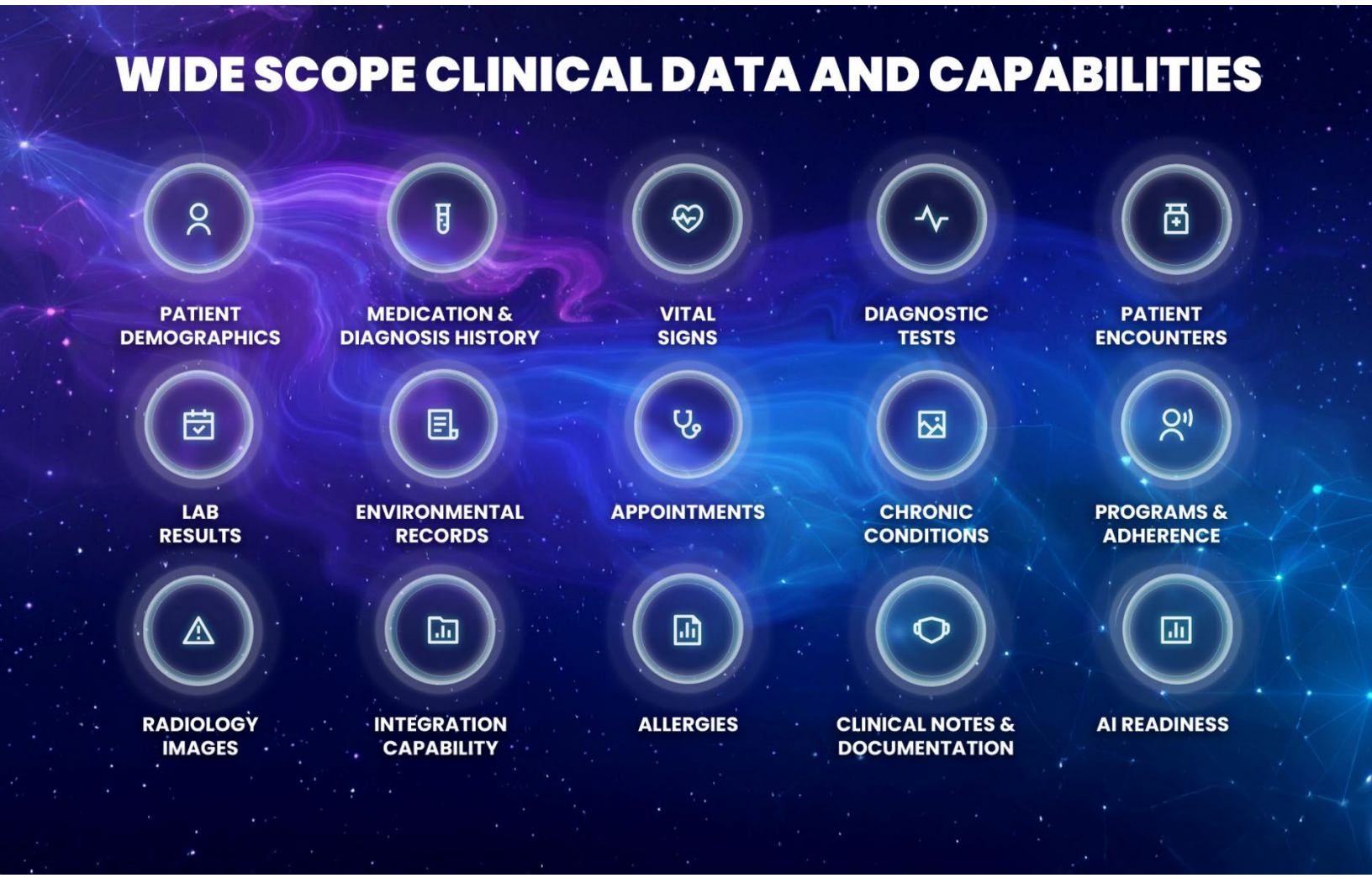

Fig. 2. Malaffi's wide scope of clinical data and capabilities

By implementing SNOMED CT into the source EMRs, Malaffi enhances clinical documentation consistency and quality across the Emirate's healthcare providers, improving decision support, research capabilities, and patient safety. As of 2025, the platform serves over 3,000 healthcare facilities through 90+ different EMR systems with 50,000 clinical users.

3. ABOUT SNOMED CT

SNOMED CT is the world's most comprehensive, multilingual clinical healthcare terminology, maintained by SNOMED International. It provides a standardized way to capture, share, and aggregate health data across specialty and care settings, enabling healthcare professionals and systems to record clinical information consistently and precisely. SNOMED CT contains over 350,000 active concepts with unique meanings, organized in hierarchies and connected through logical relationships, covering clinical findings, procedures, body structures, organisms, substances, pharmaceuticals, devices and specimens.

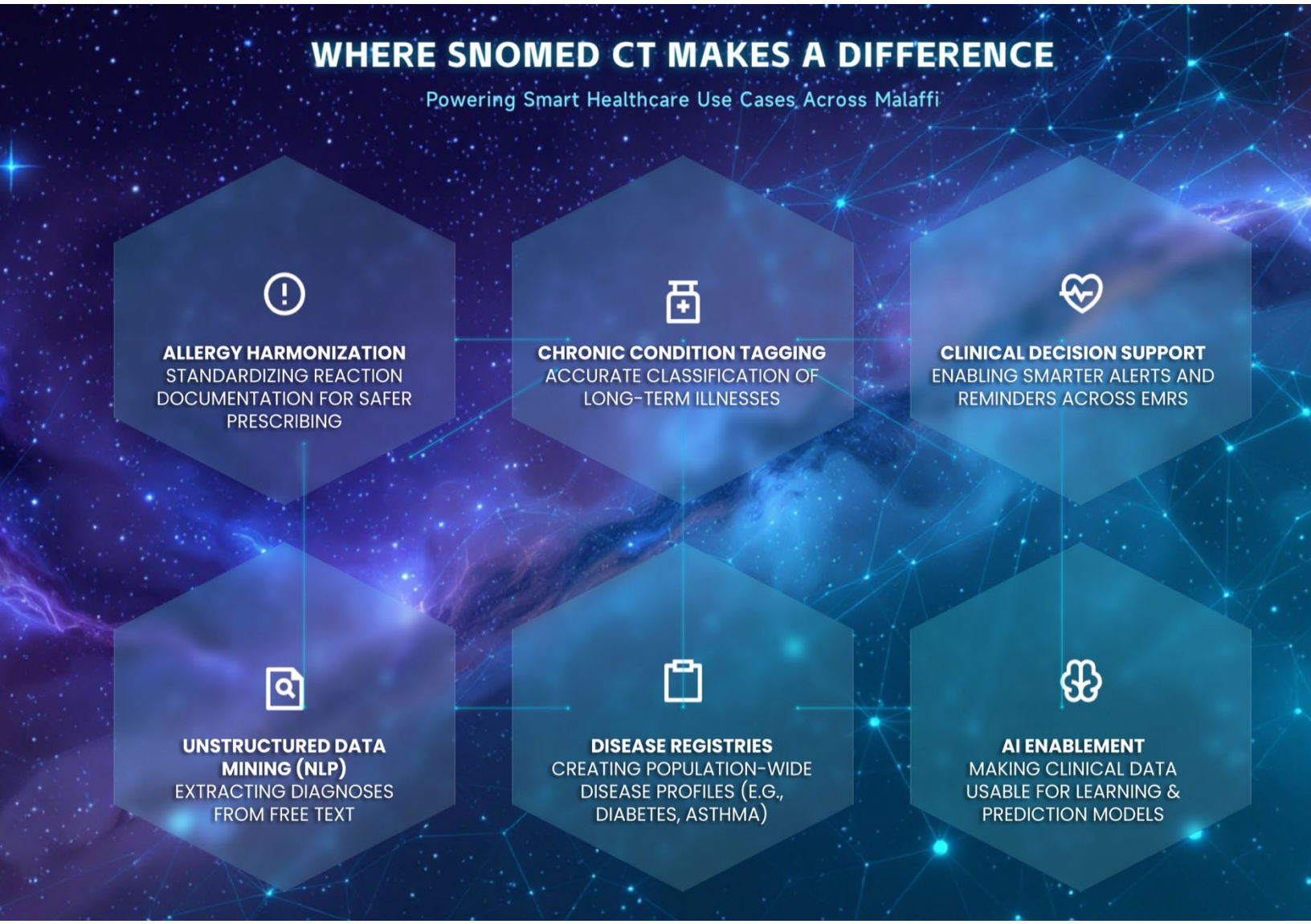

Fig. 3. SNOMED/Malaffi use cases

The terminology's key strength lies in its ability to enable interoperability, ensuring that clinical information maintains its meaning when shared between different healthcare systems and providers. SNOMED CT supports post-coordination, allowing users to combine concepts to express clinical situations with greater precision than pre-coordinated terms alone (Fig. 3). SNOMED CT's compatibility with other data standards like HL7 and ICD-10 further strengthened Malaffi's ability to integrate across systems. It is also aligned with the UAE's national digital health strategy (being a SNOMED International Member) and WHO recommendations for interoperable, person-centred care.

Furthermore, the active work being done by SNOMED International to enable a mapping between SNOMED CT and LOINC, will enable Malaffi to further enhance the data standardisation efforts due to the rollout of LOINC results coding in the Emirate of Abu Dhabi.

4. IMPLEMENTATION DRIVERS

To address the data standardisation imperative, in 2021, the Malaffi team performed a structured analysis of the current state of data standards and data quality of the clinical information contributed by healthcare providers. This comprehensive assessment examined patient demographics and clinical data including diagnoses, allergies, procedures, chronic conditions, lab and radiology reports, and medications across the connected healthcare ecosystem.

The analysis revealed significant gaps in standardization across 3,000+ healthcare facilities operating through 90+ different EMR systems, where clinical information existed in disparate formats and coding schemes. The team identified key clinical data domains–lab results, family and social history, other diagnostics, and allergies–that required standardizing to ensure compliance with international coding standards (LOINC, SNOMED CT) to improve interoperability significantly, increase the clinical value of the data, and enhance the accuracy and scope of population health insights.

Several critical factors emerged from this analysis that reinforced the urgency of implementing standardized clinical terminology:

Semantic Consistency Requirements
The assessment demonstrated that moving beyond basic technical connectivity to true semantic interoperability required a common clinical language that could preserve meaning across vendor systems. Without standardized coding, clinical information was frequently lost, misinterpreted, or rendered unusable when exchanged between different EMR platforms. At the heart of the Malaffi SNOMED CT initiative was the goal to establish a common clinical language across all connected healthcare entities. This meant moving beyond syntactic data exchange to semantic consistency; allowing diverse EMR systems to communicate in a way that preserves the meaning of clinical information regardless of vendor or data source.

Data Quality and Usability of HIE data
The analysis revealed heavy reliance on free-text documentation and inconsistent local coding practices that significantly reduced the utility of clinical data for supporting clinical decision-making, longitudinal patient care, and advanced analytics capabilities.

Population Health and Surveillance Needs
Abu Dhabi's public health initiatives, including disease registries and infectious disease notification systems, required consistently coded clinical data to enable timely surveillance, outbreak tracking, and evidence-based policy decisions.

AI and Analytics Foundation
The healthcare system's strategic goals included leveraging artificial intelligence (AI), machine learning, and predictive analytics, all of which depend on high-quality, standardized datasets that can be processed and analysed at scale.

Regulatory and Quality Reporting
Compliance with regulatory requirements and automated quality measurement initiatives (including JAWDA and Muashir performance measures) demanded consistent data standards to reduce administrative burden and enable accurate performance insights.

Scalability and Sustainability
As Abu Dhabi's healthcare system continued expanding, the absence of standardized terminology threatened to exponentially compound interoperability challenges, making sustainable, cost-effective data management increasingly difficult. Malaffi's approach has been to ensure data standardization at the source EMRs, via releasing and mandating the use of SNOMED CT reference sets to providers and doing the initial local code to LOINC mapping and sharing these with providers. This has resulted in avoidance of needing external terminology servers and ongoing mapping services which in turn has led to reduced licensing and maintenance costs.

Malaffi's team developed a governance framework based on the remediation process for data quality challenges. This framework includes a repeatable process for analysing and remediating data quality issues (Fig. 4). While setting standards was a crucial component of the solution, it was equally important to implement and monitor them effectively. Collaboration with the Department of Health (as the regulator) and healthcare provider this essential for continuous improvement of data quality which leads to enhanced patient outcomes.

As a result of this comprehensive analysis, in November 2021, the Department of Health issued guidance on coding standards to healthcare providers in Abu Dhabi, recommending the use of SNOMED CT. In parallel, the Ministry of Health and Prevention announced that the UAE had become a Member of SNOMED International [1], joining a global effort to develop, maintain, and enable the use of SNOMED CT in health systems worldwide.

This structured analysis and subsequent regulatory support demonstrated that comprehensive data standardization was not merely a technical enhancement, but a foundational requirement for achieving Malaffi's vision of seamless, high-quality healthcare data exchange across the Emirate and beyond.

[1] Source: https://www.snomed.org/members/united-arab-emirates

Fig. 4. Malaffi's data quality remediation process

5. IMPLEMENTATION METHODOLOGY

SNOMED CT Integration

Malaffi uses SNOMED CT to semantically enable clinical data exchange, ensuring health information is coded consistently and is interoperable. This approach enables clinical analytics, research, and care coordination by enabling aggregation and analysis of structured clinical content across multiple clinical domains including diagnoses, allergies, chronic diseases, family history, social history, and diagnostic procedures.

LOINC Laboratory Standards

In parallel with the SNOMED CT implementation, Malaffi standardized laboratory results to LOINC international standards, achieving remarkable growth from 12% to 86% LOINC adoption by Q2-2025. This dramatic improvement demonstrates the effectiveness of the source-level standardization approach.

Technical Implementation Approach

The implementation focused on enabling semantic interoperability through standardized coding at the source EMR level rather than post-processing transformation. This approach ensures that clinical meaning is preserved during data exchange regardless of vendor, while supporting clinical decision-making through coded data retrieval for alerting and risk assessments.

6. STRATEGIC FRAMEWORK

Core Strategic Objectives

Achieve Semantic Interoperability at Scale
Establish a common clinical language across all connected healthcare entities that will move beyond syntactic data exchange to semantic consistency, preserving clinical meaning regardless of vendor or data source across thousands of providers and diverse EMR systems.

Enhance Data Quality and Structure
Significantly increase the volume and percentage of structured, coded clinical data flowing through the exchange, reducing reliance on free-text fields to support safer clinical decisions, accurate longitudinal records, and advanced healthcare analytics.

Build AI-Ready Healthcare Infrastructure
Prepare data structures that will support AI and machine learning, natural language processing, predictive analytics, and clinical decision support systems, creating a foundation for AI-driven insights and patient risk stratification capabilities.

Enable Population Health and Public Health Integration
Implement comprehensive terminology systems that will power timely and precise public health reporting, enabling real-time population health surveillance, disease registries, infectious disease notification systems, and regulatory compliance including the DOH Unified Data Model and automated provider quality measures (JAWDA and Muashir).

Ensure Cost-Effective and Sustainable Implementation
Achieve data standardization through source-level EMR implementation that will eliminate external terminology servers and ongoing mapping services, reduce licensing costs while improving data quality at the source.

7. KEY ENABLERS

Regulatory Support and Mandates

The Department of Health Abu Dhabi guidance on coding standards and UAE membership in SNOMED International provided the policy framework and authority necessary for comprehensive adoption across healthcare providers.

Comprehensive Stakeholder Collaboration

Multi-stakeholder ecosystem involving public and private providers, government regulators, EMR vendors, and terminology experts ensured unified clinical vocabulary strategy and sustainable adoption across the healthcare ecosystem.

Customized Clinical Reference Sets

Development of SNOMED-based reference sets tailored to Abu Dhabi's clinical and regulatory environment enhanced local relevance while maintaining international standards alignment and supporting concept extensions where needed.

Dedicated Implementation Support

Malaffi team's ongoing assistance with provider implementation, data quality monitoring, and continuous improvement processes ensured successful adoption.

8. ACHIEVED BENEFITS AND IMPACT

Cross-System Interoperability
Seamless data exchange between public and private healthcare providers regardless of EMR systems, enabling meaningful sharing of millions of health records across 3,000+ facilities through 90+ different EMR systems.

Enhanced Clinical Decisions and Operations
Improved clinical decision support, better alerting systems, and support for point-of-care decision making. Structured data enables population-level analysis, outbreak tracking, real-time surveillance, cohort identification, and rapid response for public health challenges.

International Standards Alignment
By using SNOMED CT, Malaffi aligns with WHO and global digital health standards, enhancing credibility and interoperability while serving as a pioneering standardization effort, one of the first HIEs in the Middle East to adopt this comprehensive approach.

Strategic Health System Support
The initiative directly supports Abu Dhabi's broader digital health goals including integration, patient safety, transition to value-based care, and provides a scalable model for regional replication across other HIE implementations.

Fig. 5. Summary of benefits and impact

9. FUTURE DIRECTIONS

Introduction of the SNOMED CT Terminology Server
Implement automated methods to update SNOMED CT content to latest versions, reducing reliance on code sets and increasing use of standard hierarchy.

UAE Extensions
Expand SNOMED CT content to include missing items and develop customized UAE version covering a range of clinical conditions.

SNOMED-LOINC Synergy
Leverage the announced SNOMED-LOINC ontology building on the achieved >85% LOINC standardization.

NLP Implementation
Investigate conversion of unstructured free text data into structured data using natural language processing to analyse clinical documents and codify disease symptoms into SNOMED terminology

Feedback Mechanisms:
Allow front-line users (e.g. clinicians, coders, analysts) to report SNOMED gaps for inclusion in custom extensions

Regional Expansion
Continue to function as SNOMED CT release centre for Abu Dhabi and inspire regional HIE adoption, supporting Middle East data sharing initiatives for cross-border healthcare delivery. This is especially important given the discussions in the Middle East region (esp. among GCC countries) about future regulations/policies to support data sharing to support better clinical care delivery to residents and expats who frequently travel between countries in the Middle East.

10. CONCLUSION

Malaffi's data standardization approach exemplifies best practices for implementing international coding standards at a regional scale. The dual approach of acting as a reference centre for coding standards while having regulatory backing through the Department of Health Abu Dhabi has ensured significant success in standardizing the market on LOINC CT and SNOMED CT terminologies.

The source-level standardization enforcement has improved data quality in source EMRs while minimizing operational costs associated with ongoing data mapping. This results in providers having access to better quality data supporting improved patient care, AI models, and clinical decision support, while ensuring a cost-effective approach to data standardisation.

This approach provides a scalable model for other HIEs and digital health organizations designing and implementing data quality and standardization initiatives at scale.

For more information visit:
Abu Dhabi Health Data Services – www.adhds.ae
Malaffi – www.malaffi.ae
SNOMED International – www.snomed.org

11. APPENDIX

SNOMED CT Implementation Domains

The appendix includes detailed SNOMED CT code sets for:

- Family History (using ECL Expression << 416471007)
- Social History (smoking, alcohol, substance abuse, education, employment)
- Diagnostics (neurology diagnostics including VEP, SSEP, BAEP)
- Chronic Problems (with severity coding)
- Allergy Records (using ECL Expression << 473010000)

SNOMED Coded data domains in Malaffi

1. Family History

Malaffi has introduced a new section in the provider portal titled "Family History." This section displays a comprehensive list of conditions, each coded using SNOMED CT, that are associated with each family member. The conditions are coded with the capability to indicate whether a family member has a positive or negative history for that condition. For instance, the participant should be able to submit a negative family history, such as the absence of hypertension in the father.

Malaffi reject the HL7 message if the family history was sent with any codes that is not part of the SNOMED Codes for family history

The codes were obtained using the SNOMED refset tool with ECL Expression (<< 416471007 | Family history of clinical finding (situation)).

2. Social history

2.1. Smoking history

Participants should be able to submit their smoking status, smoking device (if they are a smoker or a passive smoker), and the duration of their smoking in the form of (number of times per day).

Suggested codes are SNOMED CT with the following details:

a. Smoking status

SNOMED CT Code	Code Description	Category
8517006	Ex-smoker	Smoking Status
77176002	Smoker	Smoking Status
43381005	Passive smoker	Smoking Status
8392000	Non-smoker	Smoking Status

b. Smoking device

SNOMED CT Code	Code Description	Category
722497008	Cigar	Smoking Device
722496004	Cigarette	Smoking Device
722495000	Hookah pipe	Smoking Device
722498003	Electronic cigarette	Smoking Device
35001000087102	Smoking Pipe	Smoking Device

c. Smoking frequency

i. If the device is Cigarette, then participant should use (# of Packs / Day, only numerical)

ii. If the device is Electronic Cigarette, then participant should use (# mg of nicotine / Day)

iii. For other choices, we will give participant the option to choose (# of times / duration unit "Week, Day")

d. Started smoking age

to allow only numerical field in the form of (# years old)

e. Stopped smoking age

to allow only numerical field in the form of (# years old). This field should only be accepted if the smoking status is ex-smoker

2.2. Alcohol Usage

Participants should be able to send the alcohol drinking status, number of times per week with the age of starting to drink.

Alcohol drinking status

SNOMED CT Code	Code Description	Category
82581004	Ex-drinker	Alcohol Drinking Status
160577002	Heavy drinker - 7-9u/day	Alcohol Drinking Status
160575005	Light drinker - 1-2u/day	Alcohol Drinking Status
160576006	Moderate drinker - 3-6u/day	Alcohol Drinking Status
105542008	Non - drinker	Alcohol Drinking Status
28127009	Social drinker	Alcohol Drinking Status
266917007	Trivial drinker - <1u/day	Alcohol Drinking Status
160578007	Very heavy drinker - greater than 9 units/day	Alcohol Drinking Status

2.3. Substance Abuse

SNOMED CT Code	Code Description	Category
428406005	Benzodiazepine misuse	Substance Abuse Status
428493006	Crack cocaine misuse	Substance Abuse Status
428495004	Solvent misuse	Substance Abuse Status
428623008	Barbiturate misuse	Substance Abuse Status
428659002	Amphetamine misuse	Substance Abuse Status
428819003	Opiate misuse	Substance Abuse Status
428823006	Cannabis misuse	Substance Abuse Status
429179002	Antidepressant misuse	Substance Abuse Status
429512006	Methadone misuse	Substance Abuse Status
429782000	Cocaine misuse	Substance Abuse Status
228368007	Has never misused drugs	Substance Abuse Status

2.4. Education Level

SNOMED CT / LOINC Code	Code Description	Category
276031006	Details of education	Panel Parent Code
LA35-1	No schooling	Coded by LOINC Answers code
LA36-9	8th grade/less	Coded by LOINC Answers code
LA37-7	9-11 grades	Coded by LOINC Answers code
LA38-5	High school	Coded by LOINC Answers code
LA39-3	Technical or trade school	Coded by LOINC Answers code
LA40-1	Some college	Coded by LOINC Answers code
LA12459-6	Associate degree (e.g., AA, AS)	Coded by LOINC Answers code
LA12460-4	Bachelor's degree (e.g., BA, AB, BS)	Coded by LOINC Answers code
LA12461-2	Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	Coded by LOINC Answers code
LA30185-5	Doctoral degree (e.g., PhD, EdD)	Coded by LOINC Answers code
LA30186-3	Professional degree (e.g., MD, DDS, DVM, LLB, JD)	Coded by LOINC Answers code
LA4489-6	Unknown	Coded by LOINC Answers code

2.5. Employment status

Participants will need to send employment status as part of the social history using the following SNOMED CT codes.

SNOMED Code	Code Description	Category
440584001	Permanently unable to perform work activities due to medical condition	Employment Status
440337002	Temporarily unable to perform work activities due to medical condition	Employment Status
307112004	On secondment from work	Employment Status
224462003	Suspended from work	Employment Status
224461005	On unpaid leave	Employment Status
224460006	On compassionate leave	Employment Status
224459001	On sick leave from work	Employment Status
224458009	On paternity leave	Employment Status
224457004	On maternity leave	Employment Status
224456008	On leave from work	Employment Status
224372004	Does voluntary work	Employment Status
224363007	Employed	Employment Status
160906004	Self-employed	Employment Status
160895006	Stopped work	Employment Status
105493001	Retired	Employment Status
73438004	Unemployed	Employment Status

3. Diagnostics

3.1. Neurology Diagnostics:

Visual Evoked Potential (VEP):

<table>
<tr><th>Code</th><th>Code Description</th><th>Comments</th></tr>
<tr><td>102966004
(SNOMED)</td><td>Visual evoked potential</td><td>Panel Parent Code</td></tr>
<tr><td>96188-8
(LOINC)</td><td>Left optic nerve Function VEP</td><td>Allowed answers are the following:<table><tr><th>Answer Code</th><th>Answer Description</th></tr><tr><td>LA6626-1</td><td>Normal</td></tr><tr><td>LA12748-2</td><td>Abnormal</td></tr><tr><td>LA4259-3</td><td>Borderline</td></tr></table></td></tr>
<tr><td>96187-0
(LOINC)</td><td>Right optic nerve Function VEP</td><td>Allowed answers are the following:<table><tr><th>Answer Code</th><th>Answer Description</th></tr><tr><td>LA6626-1</td><td>Normal</td></tr><tr><td>LA12748-2</td><td>Abnormal</td></tr><tr><td>LA4259-3</td><td>Borderline</td></tr></table></td></tr>
<tr><td>96204-3
(LOINC)</td><td>Left optic nerve Function compared to previous assessment VEP</td><td>Allowed answers are the following:<table><tr><th>Answer Code</th><th>Answer Description</th></tr><tr><td>LA14122-8</td><td>Stable</td></tr><tr><td>LA11011-6</td><td>Worse</td></tr><tr><td>LA65-8</td><td>Improved</td></tr></table></td></tr>
<tr><td>96203-5
(LOINC)</td><td>Right optic nerve Function compared to previous assessment VEP</td><td>Allowed answers are the following:<table><tr><th>Answer Code</th><th>Answer Description</th></tr><tr><td>LA14122-8</td><td>Stable</td></tr><tr><td>LA11011-6</td><td>Worse</td></tr><tr><td>LA65-8</td><td>Improved</td></tr></table></td></tr>
<tr><td>96222-5
(LOINC)</td><td>Left visual pathway Functional findings [Interpretation] VEP</td><td>Free text</td></tr>
<tr><td>96221-7
(LOINC)</td><td>Right visual pathway Functional findings [Interpretation] VEP</td><td>Free Text</td></tr>
</table>

Somatosensory Evoked Potential (SSEP):

It will have the same functionality as the vital signs with the details below with the following Parent Panel SNOMED Code (102975002 - Somatosensory evoked potential)

Participants need to determine whether they are sending the result of the “upper limb or Lower Limb” based on the new suggested code set below.

OBX-3 Code Value is 91723000. Description is: Anatomical structure. Coding system: SNOMED

New Code Set	SNOMED Code	SNOMED Code Description
SNOMED – Anatomical Structure	53120007	Upper limb structure
SNOMED – Anatomical Structure	61685007	Lower limb structure
SNOMED – Anatomical Structure	818983003	Abdomen
SNOMED – Anatomical Structure	89545001	Face structure
SNOMED – Anatomical Structure	89644007	Left ear structure
SNOMED – Anatomical Structure	25577004	Right ear structure
SNOMED – Anatomical Structure	123851003	Mouth region structure
SNOMED – Anatomical Structure	726675003	Structure of left eye region
SNOMED – Anatomical Structure	726680007	Structure of right eye region
SNOMED – Anatomical Structure	45206002	Nasal structure
SNOMED – Anatomical Structure	45048000	Neck structure
SNOMED – Anatomical Structure	51185008	Thoracic structure
SNOMED – Anatomical Structure	80248007	Left breast structure
SNOMED – Anatomical Structure	73056007	Right breast structure
SNOMED – Anatomical Structure	12921003	Pelvic region

Then the literality needs to be determined (Right, Left, Both)

OBX-3 Code Value is 272741003. Description is Laterality. Coding System: SNOMED

New suggested Code Set	Code	Code Description
Laterality	B	Both
Laterality	L	Left
Laterality	R	Right

Then the result to be shared (Normal, Abnormal) based on the SNOMED Codes below.

OBX-3 Code Value is 276993008. Description is: Evoked potential finding. Coding System: SNOMED

SNOMED code	SNOMED code description

102962002	Abnormal evoked potential
102961009	Normal evoked potential

Brain Stem Auditory Evoked Potential (BAEP):

This panel will provide the same functionality as vital signs, with participants providing normal or abnormal results based on the SNOMED codes below. If the participant performs the test, it must be sent to Malaffi.

Panel Parent Code: (102972004 - Brain stem auditory evoked potential)
OBX-3 Code Value: 276993008
Description: Evoked potential finding

SNOMED code	SNOMED code description
102974003	Abnormal brain stem auditory evoked potential
102973009	Normal brain stem auditory evoked potential

4. Chronic problems

To incorporate a new field titled "Problem Severity" within the Chronic Problem messages, ensuring that only the following suggested codes are permitted for input.

Suggested Code set	SNOMED description	SNOMED code
SNOMED – Disease Severity	Life threatening severity	442452003
SNOMED – Disease Severity	Fatal	399166001
SNOMED – Disease Severity	Mild	255604002
SNOMED – Disease Severity	Severe	24484000
SNOMED – Disease Severity	Moderate severity	6736007

5. Allergy records coding

As part of its standardization efforts, Malaffi is collaborating with the Department of Health Abu Dhabi to issue a circular that mandates the documentation of Allergy records using SNOMED Codes. However, Malaffi has already developed a custom Allergy code set that adheres to the SNOMED hierarchy, as shown by the following ECL Expression: << 473010000 | Hypersensitivity condition (finding) |) and the same has been communicated to the market.