

ICHI-FiT

Raters Manual – v.20190723circ.

Introduction

This is the user manual for the web-based application called ICHI-FiT (ICHI Field Testing), aimed at supporting the implementation of field testing of the ICHI Beta-2 draft.

The web application

The web-based application is currently hosted by the Department of Mathematics and Computer Science at the University of Udine, Italy, which is affiliated with the Italian WHO FIC Collaborating Center. The provisional address for the system is:

<https://mitel.dimi.uniud.it/ichifit/>

Rater

The rater carries out the basic work of participating into studies as classification user. He/she should register into the system upon invitation and filling the participant form. After that, he/she should access his/her own web page, check for assigned cases in field testing studies, fill in the related forms, and fill also the final evaluation form after completing all cases of a study.

User registration

ICHI-FiT is open only to invited users, at various levels. No public pages are available, thus any activity is filtered through a login page. When accessing the first page of the web application, the user is requested to provide username and password. There is no link to a registration page, because registration to the system can be made only upon email invitation by a centre or site coordinator:

ICHI-FiT invitation

Hello,
this is an ICHI-FiT invitation.


Please follow this link

[Invitation](#)

Thank you

In the email there will be a link “Invitation” that redirects to the ICHI-FiT registration page:

ICHI-FiT

 Registration form

ICHI-FiT Language
English

Your first name: Vincenzo
Your middle name:
Your surname: Della Mea

Your email

Choose password
....

Confirm password
....

 Cookie

After the registration, the user is guided through three forms.

The first one collects user data:

ICHI-FIT v1.3.2 Rater Logout

Participant information form (step 1/3)

1. Country:

2. Year of birth:

3. Sex: Female Male

4. Highest educational degree you have obtained:

5. Select the occupation from the list that best describes your profession

<input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Midwifery
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Health information manager (coders, medical records)
<input type="checkbox"/> Environmental and occupational health and hygiene	<input type="checkbox"/> Physiotherapy or Physical therapy	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Psychology	<input type="checkbox"/> Social work and counselling
<input type="checkbox"/> Health Policy	<input type="checkbox"/> Traditional and complementary medicine	
<input type="checkbox"/> Other		

6. Select the occupation from the list that best describes your profession

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Genitourinary, Reproductive, and Maternal Health
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Haematology
<input type="checkbox"/> Hepato-pancreatobiliary	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Injuries and External Causes of Disease
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Musculoskeletal Conditions	<input type="checkbox"/> Neoplasms and Oncology
<input type="checkbox"/> Nephrology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Oral Health - Dentistry	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Rare Diseases	<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Traditional Medicine/Complementary and Alternative Medicine		
<input type="checkbox"/> Other		

The second step is the declaration of conflict of interests:

Participant information form (step 2/3)

Declaration of interests for WHO experts

Title of meeting or work to be performed, including description of subject-matter, substance (compounds and organisms), technology or process to be considered: ICD-11 Revision Project

Public health considerations have a primary importance in all WHO technical work. Measures need to be taken to ensure that the best possible assessment of scientific evidence is achieved in an independent atmosphere free of either direct or indirect pressures. Thus, to assure the technical integrity and impartiality of WHO's work, it is necessary to avoid situations in which financial or other interests might affect the outcome of that work.

Each expert is therefore asked to declare any interests that could constitute a real, potential or apparent conflict of interest, with respect to his/her involvement in the meeting or work, between (1) commercial entities and the participant personally, and (2) commercial entities and the administrative unit with which the participant has an employment relationship. "Commercial entity" refers to any company, association (e.g., trade association), organization or any other entity of any nature whatsoever, with commercial interests.

In addition, as a result of WHO's strong stance against tobacco use, it is considered relevant for the Organization to know whether experts working with it have, or have had, any relationship with any part of what may be called "the tobacco industry". Nevertheless, declaration of such an interest would not necessarily be considered a reason to disqualify an expert.

What is a conflict of interest?
Conflict of interest means that the expert or his/her partner ("partner" includes a spouse or other person with whom s/he has a similar close personal relationship), or the administrative unit with which the expert has an employment relationship, has a financial or other interest that could unduly influence the expert's position with respect to the subject-matter being considered. An apparent conflict of interest exists when an interest would not necessarily influence the expert but could result in the expert's objectivity being questioned by others. A potential conflict of interest exists with an interest which any reasonable person could be uncertain whether or not should be reported.

Different types of financial or other interests, whether personal or with the administrative unit with which the expert has an employment relationship, can be envisaged and the following list, which is not exhaustive, is provided for your guidance. For example, the following types of situations should be declared:

1. a current proprietary interest in a substance, technology or process (e.g. ownership of a patent), to be considered in - or otherwise related to the subject-matter of - the meeting or work;
2. a current financial interest, e.g. shares or bonds, in a commercial entity with an interest in the subject-matter of the meeting or work (except share holdings through general mutual funds or similar arrangements where the expert has no control over the selection of shares);
3. an employment, consultancy, directorship, or other position during the past 4 years, whether or not paid, in any commercial entity which has an interest in the subject-matter of the meeting/work, or an ongoing negotiation concerning prospective employment or other association with such commercial entity;
4. performance of any paid work or research during the past 4 years commissioned by a commercial entity with interests in the subject-matter of the meetings or work;
5. payment or other support covering a period within the past 4 years, or an expectation of support for the future, from a commercial entity with an interest in the subject-matter of the meetings or work, even if it does not convey any benefit to the expert personally but which benefits his/her position or administrative unit, e.g. a grant or fellowship or other payment, e.g. for the purpose of financing a post or consultancy.

With respect to the above, an interest in a competing substance, technology or process, or an interest in or association with, work for or support by a commercial entity having a direct competitive interest must similarly be disclosed.

How to complete this Declaration: Please complete this Declaration and submit it to the Secretariat. Any financial or other interests that could constitute a real, potential or apparent conflict of interest should be declared (1) with respect to yourself or partner, as well as (2) with respect to the administrative unit with which you have an employment relationship. Only the name of the commercial entity and the nature of the interest is required to be disclosed, no amounts need to be specified (though they may be, if you consider this information to be relevant to assessing the interest). With respect to items 1 and 2 in the list above, the interest should only be declared if it is current. With respect to items 3, 4 and 5, any interest during the past 4 years should be declared. If the interest is no longer current, please state the year when it ceased. With respect to item 5, the interest ceases when a financed post or fellowship is no longer occupied, or when support for an activity ceases.

Assessment and outcome: The information submitted by you will be used to assess whether the declared interests constitute an appreciable real, potential or apparent conflict of interest. Such conflict of interest will, depending on the situation, result in (i) you being asked not to take part in the portion of the discussion or work affecting that interest, (ii) being asked not to take part in the meeting or work altogether, or (iii) if deemed by WHO to be appropriate to the particular circumstances, and with your agreement, you taking part in the meeting or work and your interest being publicly disclosed.

Information disclosed on this Form may be made available to persons outside of WHO only when the objectivity of the meeting or work has been questioned such that the Director-General considers disclosure to be in the best interests of the Organization, and then only after consultation with you.

Declaration: Have you or your partner any financial or other interest in the subject-matter of the meeting or work in which you will be involved, which may be considered as constituting a real, potential or apparent conflict of interest?
If yes, please give details in the box below.
 Yes No

Do you have, or have you had during the past 4 years, an employment or other professional relationship with any entity directly involved in the production, manufacture, distribution or sale of tobacco or any tobacco products, or directly representing the interests of any such entity?
If yes, please give details in the box below.
 Yes No

Type of interest, e.g. patent, shares, employment, association, payment (including details on any compound, work, etc.)

Name of commercial entity	Belongs to you, partner or unit?	Current interest? (or year ceased)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there anything else that could affect your objectivity or independence in the meeting or work, or the perception by others of your objectivity and independence?

I hereby declare that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform you of any change in these circumstances, including if an issue arises during the course of the meeting or work itself.
 I have filled and signed the attached Declaration of Conflict of Interest

The last step is the license agreement for WHO classifications:

ICHI-FIT v1.3.2🏠 Rater 🔒 Logout

🔖 Participant information form (step 3/3)

License and Contribution Agreement

1. By accepting the terms and conditions in this License and Contribution Arrangement, you, as an individual, are authorized to use WHO ICHI Classification for the purposes of developing and testing
2. WHO Classifications and ICHI are the intellectual property of World Health Organization (WHO). WHO reserves the right to change the format and content of its products
3. You are granted a non-exclusive, non-assignable and non-sublicensable License to use the WHO Classifications for non-commercial research and analysis in order to develop and test them
4. You agree to be bound by the following conditions:
 - 4.1 You agree to use the WHO Classifications only for developing and testing purposes
 - 4.2 You agree not to take any steps to create a copy, replacement or substitute of the WHO Classifications
 - 4.3 You agree not to incorporate WHO Classifications in any publicly accessible computer-based systems
 - 4.4 You agree not to develop a third party product containing the WHO Classifications
 - 4.5 You agree that you will not transfer your License to any third party
 - 4.6 You warrant that you have the right to assign the intellectual property in any contributions made to the WHO
 - 4.7 In case of concerns regarding the above (a to f) you agree to contact WHO to obtain additional appropriate license(s)
5. You agree that you will not transmit your work provided under this License and Contribution Arrangement other than to WHO
6. You agree not to claim any copyright, or to apply for any trademark or service mark for a product name containing either the acronym or the full title of the WHO Classifications (including ICHI, ICD, ICF, and others)
7. You agree that you have the intellectual property of your contribution and you transfer this right to the WHO ICHI as an international public good. You waive any moral rights you may have with regard to your contribution
8. If you use any copyrighted material in your contribution you agree to declare it and identify the source and ensure its appropriate representation
9. This License and Contribution Arrangement does not create a joint venture, partnership, agency or other relationship between you and the World Health Organization
10. The information on the web site is provided "as is" without warranty of any kind. In no event will the WHO be liable to you for any damages, including any lost profits, lost savings or incidental or consequential damages arising out of the use or inability to use any information provided on this website. This website is for scientific use only for developing ICHI and WHO disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this website
11. This License and Contribution Arrangement will terminate if WHO no longer needs contributions under this arrangement or if you breach its terms; in this case WHO reserves the right to block your access to this site. Upon termination, you agree to destroy any copies or backups of this information
12. Every effort will be made to resolve amicably any matter that may arise concerning this License and Contribution Arrangement or issues related thereto. In the unlikely event an amicable resolution cannot be found, the matter will be resolved by conciliation or by arbitration in accordance with the UNCITRAL Arbitration Rules, with the arbitral award being final. Nothing in or relating to this License shall be deemed a waiver of any of the privileges and immunities of WHO in conformity with the Convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on November 21, 1947 or otherwise under any national or international law, convention or agreement

I have read and accept the License and Contribution Agreement

✔ Save ✘ Cancel

Main rater pages

After login, the rater is directed to a specific summary page that lists the studies available for him/her. His/her summary page contains links to forms related to all studies to which the rater has been assigned. A progress bar under the study icons in the main page show the advancement status.

The next screenshot shows the main page:

ICHII-FiT v1.3.2 Rater Settings Logout

HOME

Verdi Giuseppe

Language: English
Unique Participant Number: AUS.01.01.002
Field Trial Centre: TEST-FTC
Field Trial Site: TEST-FTS

Study
Sample interventions
(DEMO STUDY)

Study
Primary Care Interventions

Study
Public Health Interventions

Study
Medical/surgical
interventions (Line coding)

Study
Medical/surgical
interventions (Case coding)

Study
Functioning interventions
(Line coding)

Study
Functioning interventions
(Case coding)

The Study consists in rating a number of cases, that are shown as a list when clicking on the icon, as shown in the next screenshot:

The screenshot displays the ICHI-FIT v1.3.2 web application interface. At the top, a dark red header contains the text "ICHI-FIT v1.3.2" on the left and "Rater", "Settings", and "Logout" on the right. Below the header, a breadcrumb trail shows "HOME / STUDY - SAMPLE INTERVENTIONS (DEMO STUDY)". A "Go back" link is visible. The main content area is titled "Study - Sample interventions (DEMO STUDY)" and contains a "Study" section with a box labeled "ICHI Sample interventions". Below this is a "Cases" section containing a table with 10 rows. The table has columns for "case", "type", "steps", and "assignment".

case	type	steps	assignment
1			2019-05-31
2			2019-05-31
3			2019-05-31
4			2019-05-31
5			2019-05-31
6			2019-05-31
7			2019-05-31
8			2019-05-31
9			2019-05-31
10			2019-05-31

This is the screenshot of the form that the rater must fill. He/she starts with the ICHI coding.

[Go back](#)

Case

Study

Study - Sample interventions (DEMO STUDY)
 ICHI Sample interventions

Number

3

Case Summary

Transfusion of plasma

ICHI Code Assignment Form

1. *ICHI* code(s) you would assign to this intervention

[ICHI Platform](#)

1st code

ICHI code

2nd code

ICHI code

3rd code

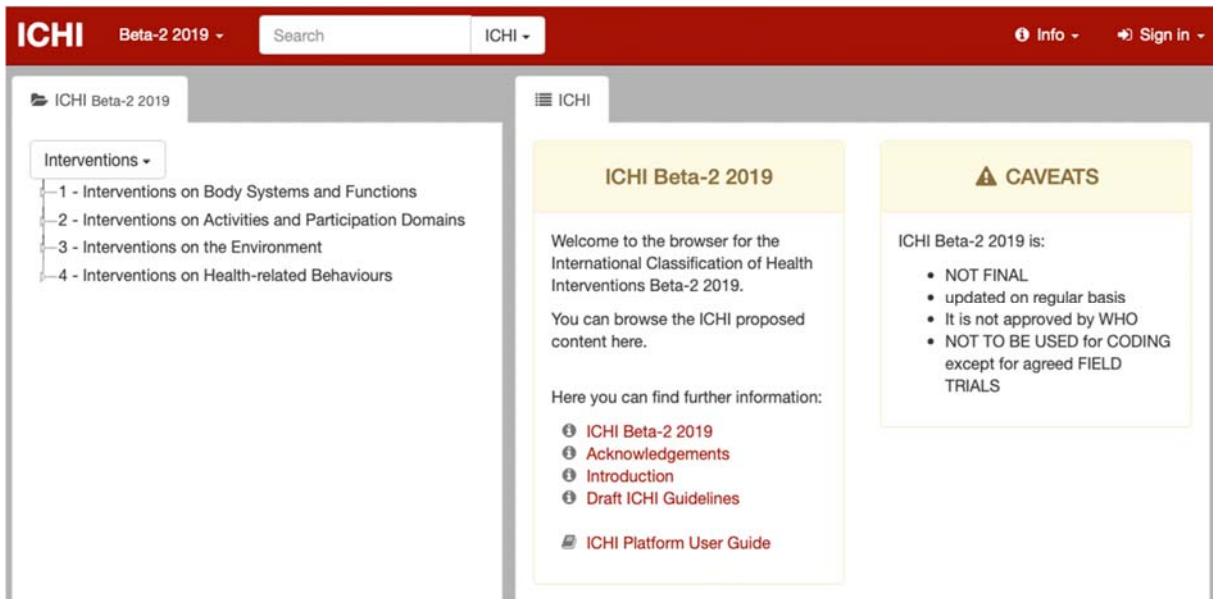
ICHI code

2. Did you experience any difficulty in assigning a code(s) to this case?

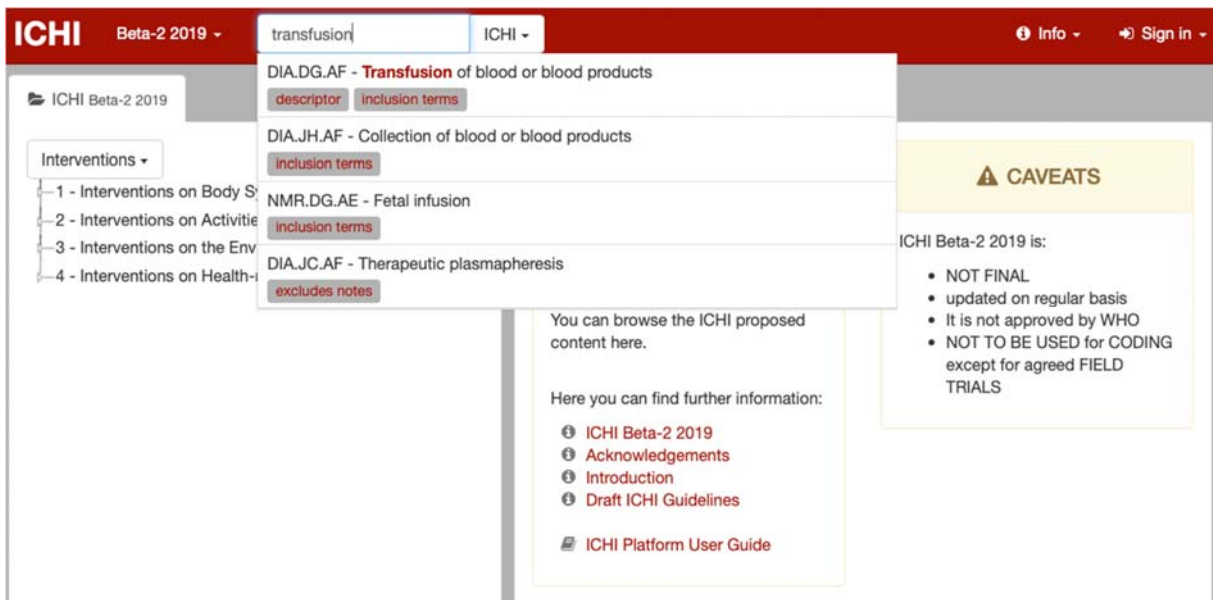
Yes No

[Next](#)

On the right of the ICHI code field there is a link to the ICHI platform to helping the user during the coding.



The rater can search interventions, targets, actions, means, and extension codes by selecting the appropriate item on the search menu:



ICHI Beta-2 2019 transfusion ICHI - Info Sign in

ICHI Beta-2 2019 DIA.DG.AF ICHI Comments

<http://id.who.int/ichi/entity/64598463>

Interventions -

- 1 - Interventions on Body Systems and Functions
 - 01 - Interventions on the Nervous System and Mental Function
 - 02 - Interventions on the Visual System
 - 03 - Interventions on the Ear and Mastoid
 - 04 - Interventions on the Haematopoietic and Lymphatic System
 - DA - Tonsil, Adenoid
 - DB - Thymus
 - DF - Lymphatic system
 - DG - Bone marrow
 - DI - Blood
 - DIA.DG.AF - Transfusion of blood or blood products**
 - DIA.JC.AF - Therapeutic plasmapheresis
 - DIA.JH.AF - Collection of blood or blood products
 - DIA.KD.AF - Stem cell transplant
 - DJ - Spleen
 - DT - Functions of haematopoietic and reticuloendothelial system
 - DZ - Haematopoietic and reticuloendothelial system, unspecified
 - 05 - Interventions on the Endocrine System
 - 06 - Interventions on the Circulatory System
 - 07 - Interventions on the Respiratory System and Voice and Hearing
 - 08 - Interventions on the Digestive System
 - 09 - Interventions on the Integumentary System
 - 10 - Interventions on the Musculoskeletal System
 - 11 - Interventions on the Genitourinary System
 - 12 - Interventions on Other and Unspecified Body Systems
- 2 - Interventions on Activities and Participation Domains
- 3 - Interventions on the Environment
- 4 - Interventions on Health-related Behaviours

ICHI code	DIA.DG.AF
Target	DIA - Blood
Action	DG - Transfusion
Means	AF - Percutaneous transluminal
ICHI descriptor	Transfusion of blood or blood products
Definition	
Inclusion Terms	Autotransfusion; Exchange transfusion; Injection [transfusion] of antivenin; Intraoperative cell salvage; Perioperative autologous transfusion of whole blood or blood components; Transfusion NOS; Transfusion or infusion of: antihaemophilic factor; blood expander; blood component; blood NOS; blood surrogates; coagulation factors; Dextran; gamma globulin; granulocytes; other serum; other substance; other whole blood; packed cells; plasma; platelets; previously collected autologous blood; thrombocytes
Includes Notes	
Code also	
Excludes Notes	stem cell transplant (DIA.KD.AF); therapeutic plasmapheresis (DIA.JC.AF); transplantation [transfusion] of bone marrow (DGA.KD.AF)

ICHI Platform v1.14.9 - © Copyright World Health Organization (WHO), 2019. All Rights Reserved.

Each ICHI code field may contain a single stem code, or a stem code plus one or more extension codes, each separated by an “&” (ampersand) character. The rater can search extension codes in the ICHI platform by using the top search field, and selecting “Extension codes” in the menu.

ICHI Beta-2 2019 - plasma ExtensionCodes - Info - Sign in

Plasma substitutes

XM3YQ9 - N	XA7UR0 - Plasma
XM04N3 - B	title
XM5WD4 - F	XM04N3 - Blood plasma
XM5GG5 - E	title
XM6HF0 - H	XM0UB2 - Antihemophilic human plasma
XM6BM2 - E	title
XM8TU6 - V	XM1H99 - Plasma protein fraction
XM8QV9 - F	title
XM9TT2 - EI	XM2KH0 - Antihemophilic plasma, dried
XM9JK6 - FI	title
XM1H99 - P	XM4WR9 - Plasma expander
XM44Z6 - FI	title
XM79U3 - E	title
XM7150 -	Albumin human serum

http://id.who.int/ichi/entity/2046449165

1/2018/mms/936939583

In the following a stem code plus extension has been put in the first code field:

Go back

Case

Study

Study - Sample interventions (DEMO STUDY)
 ICHI Sample interventions

Number

3

Case Summary

Transfusion of plasma

ICHI Code Assignment Form

1. ICHI code(s) you would assign to this intervention ICHI Platform

1st code

DIA.DG.AF&XM04N3

2nd code

ICHI code

3rd code

ICHI code

2. Did you experience any *difficulty in assigning a code(s)* to this case?

Yes No

Next

After having rated every assigned case, an Overall Evaluation Form should be filled by each participant to describe their experience in participating to the field trial study.

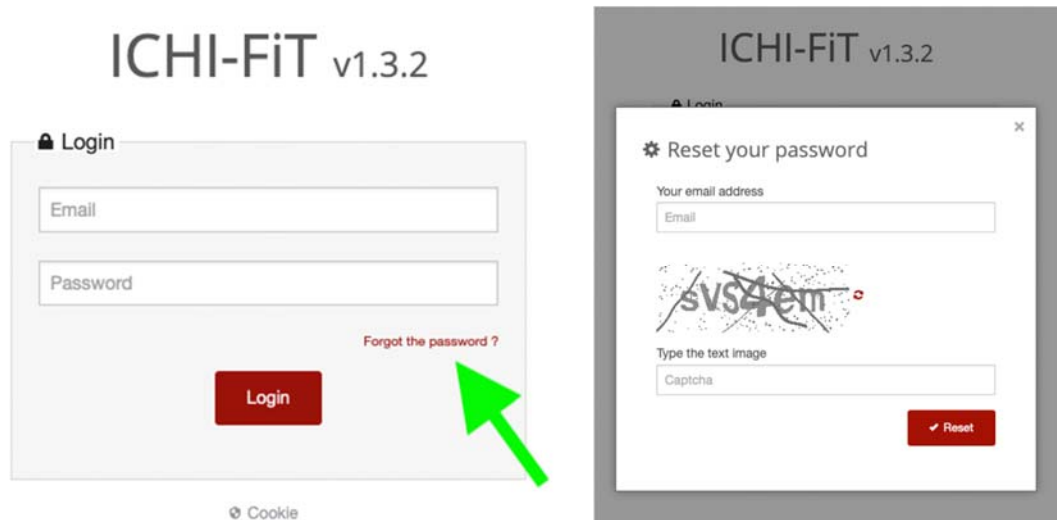
Account settings

Via the settings page the participant can manage your account, the available settings are: language, username, email and password.



Password reset

If the participant has forgotten your password, he/she can use the password reset function located in the login page:



After having filled the email address of your ICHI-FIT account and the correct CAPTCHA, the rater will have received an email with the instructions to reset his/her password.

ICHI-FiT 評価者マニュアル

(ICHI-FiT に参加していただいているあなた方が評価者です)

前書き

これは、ICHI Beta 2 ドラフトのフィールドテスト実施をサポートすることを目的とした、ICHI-FiT (ICHI フィールドテスト) と呼ばれる Web ベースのアプリケーションのユーザーマニュアルです。

Web アプリケーション

Web ベースのアプリケーションは、現在イタリアのウーディネ大学数学・コンピュータ科学科によって運営されています。イタリアの WHO FIC コラボレーションセンターと提携しています。システムの仮アドレスは次のとおりです。

<https://mitel.dimi.uniud.it/ichifit/>

評価者

評価者は、分類ユーザーとして研究に参加するという基本的な作業を実行します。招待により登録を行い、参加者フォームに記入してください。その後、自分の Web ページにアクセスし、実地試験研究で割り当てられたケースをチェックし、関連フォームに記入し、そしてスタディのすべてのケースを完了した後に最終評価フォームにも記入する必要があります。

ユーザー登録

ICHI-FiT は、さまざまなレベルに於いて、招待ユーザーにのみ公開されています。一般公開されているページはありません。そのため、どのような作業もログインページでフィルタリングされます。Web アプリケーションの最初のページにアクセスするとき、ユーザーはユーザー名とパスワードを入力するように要求されます。登録ページへのリンクはありません。システムへの登録は、ICHI フィールドトライアルセンター（※フィールドトライアルの管理者）または ICHI フィールドセンターのサイトコーディネーター（※フィールドテスト事務局）による電子メールによる招待があった場合にのみ可能です。

※以下のような招待メールが届きます

<p>ICHI-FiT invitation</p> <p>Hello, this is an ICHI-FiT invitation.</p> <p>Please follow this link Invitation</p> <p>Thank you</p>	<p>ICHI-FIT への招待</p> <p>こんにちは、 これは ICHI-FIT の招待状です。 このリンクをクリックしてください 招待状</p> <p>ありがとうございました</p>
--	--

送られたメール文には、ICHI-FIT への登録ページに進むことができる「招待状」があり、クリックすると以下のサイトに進むことができます。

The screenshot shows the ICHI-FIT registration form with the following fields and annotations:

- Registration form** (header)
- ICHI-FIT Language**: English (Annotation: ICHI-FIT の言語を選択します (English しか選択できません))
- Your first name**: Vincenzo (Annotation: 評価者の名前を登録します (first name は名前、surname は苗字です))
- Your middle name**: (empty)
- Your surname**: Della Mea
- Your email**: (empty) (Annotation: 評価者の E-mail アドレスを登録します (個人のものを使ってください。2人で同じアドレスは使用できません))
- Choose password**: (Annotation: パスワードを登録します)
- Confirm password**: (Annotation: パスワードの確認のため、上記と同じパスワードを入力します)
- Submit** button (Annotation: すべて入力したら、「Submit」をクリックしこのページは終了です)
- Cookie** icon at the bottom.

登録後(「Submit」をクリック後)、評価者は3つのフォームの案内があります。

最初のフォームではユーザ情報を登録します。

右の「▼」をクリックして「Japan」を選択します

右の「▼」をクリックしてあなたの生年月日を選択します

女性は Female の左の○を、男性は male の左の○をチェックします

1. Country
Antigua and Barbuda

2. Year of birth
1967

3. Sex
 Female Male

4. Highest educational degree you have obtained
Pre-University

5. Select the occupation from the list that best describes your profession

<input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Midwifery 助産師
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Health information manager (coders, medical records) 健康情報管理者
<input type="checkbox"/> Environmental and occupational health and hygiene	<input type="checkbox"/> Physiotherapy or Physical therapy	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Psychology	<input type="checkbox"/> Social work and counselling
<input type="checkbox"/> Health Policy	<input type="checkbox"/> Traditional and complementary medicine	
<input type="checkbox"/> Other		

6. Select the occupation from the list that best describes your profession

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Genitourinary, Reproductive, and Maternal Health
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Haematology
<input type="checkbox"/> Hepato-pancreatobiliary	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Injuries and External Causes of Disease
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Musculoskeletal Conditions	<input type="checkbox"/> Neoplasms and Oncology
<input type="checkbox"/> Nephrology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Oral Health - Dentistry	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Rare Diseases	<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Traditional Medicine/Complementary and Alternative Medicine		
<input type="checkbox"/> Other		

Save Cancel

最終学歴を右の「▼」をクリックして選択します

職業を左の口をチェックして選択します。診療情報管理士等の事務職は「Health information manager (coders, medical records) 健康情報管理者」でしょうか？

あなたの専門を左の口をチェックして選択します。医師用かもしれませんが、「Other」を選択すると何かを入力しなければなりません。適当に得意の専門分野 1 つを選択してください。

すべて入力したら、「Submit」をクリックしこのページは終了です

第2ステップは利益相反の宣言です。

Participant information form (step 2/3)

Declaration of interests for WHO experts

Title of meeting or work to be performed, including description of subject-matter, substance (compounds and organisms), technology or process to be considered: ICD-11 Revision Project

Public health considerations have a primary importance in all WHO technical work. Measures need to be taken to ensure that the best possible assessment of scientific evidence is achieved in an independent atmosphere free of either direct or indirect pressures. Thus, to assure the technical integrity and impartiality of WHO's work, it is necessary to avoid situations in which financial or other interests might affect the outcome of that work.

Each expert is therefore asked to declare any interests that could constitute a real, potential or apparent conflict of interest, with respect to his/her involvement in the meeting or work, between (1) commercial entities and the participant personally, and (2) commercial entities and the administrative unit with which the participant has an employment relationship. "Commercial entity" refers to any company, association (e.g., trade association), organization or any other entity of any nature whatsoever, with commercial interests.

In addition, as a result of WHO's strong stance against tobacco use, it is considered relevant for the Organization to know whether experts working with it have, or have had, any relationship with any part of what may be called "the tobacco industry". Nevertheless, declaration of such an interest would not necessarily be considered a reason to disqualify an expert.

What is a conflict of interest?

Conflict of interest means that the expert or his/her partner ("partner" includes a spouse or other person with whom s/he has a similar close personal relationship), or the administrative unit with which the expert has an employment relationship, has a financial or other interest that could unduly influence the expert's position with respect to the subject-matter being considered. An apparent conflict of interest exists when an interest would not necessarily influence the expert but could result in the expert's objectivity being questioned by others. A potential conflict of interest exists with an interest which any reasonable person could be uncertain whether or not should be reported.

Different types of financial or other interests, whether personal or with the administrative unit with which the expert has an employment relationship, can be envisaged and the following list, which is not exhaustive, is provided for your guidance. For example, the following types of situations should be declared:

1. a current proprietary interest in a substance, technology or process (e.g. ownership of a patent), to be considered in - or otherwise related to the subject-matter of - the meeting or work;
2. a current financial interest, e.g. shares or bonds, in a commercial entity with an interest in the subject-matter of the meeting or work (except share holdings through general mutual funds or similar arrangements where the expert has no control over the selection of shares);
3. an employment, consultancy, directorship, or other position during the past 4 years, whether or not paid, in any commercial entity which has an interest in the subject-matter of the meeting/work, or an ongoing negotiation concerning prospective employment or other association with such commercial entity;
4. performance of any paid work or research during the past 4 years commissioned by a commercial entity with interests in the subject-matter of the meetings or work;
5. payment or other support covering a period within the past 4 years, or an expectation of support for the future, from a commercial entity with an interest in the subject-matter of the meetings or work, even if it does not convey any benefit to the expert personally but which benefits his/her position or administrative unit, e.g. a grant or fellowship or other payment, e.g. for the purpose of financing a post or consultancy.

With respect to the above, an interest in a competing substance, technology or process, or an interest in or association with, work for or support by a commercial entity having a direct competitive interest must similarly be disclosed.

How to complete this Declaration: Please complete this Declaration and submit it to the Secretariat. Any financial or other interests that could constitute a real, potential or apparent conflict of interest should be declared (1) with respect to yourself or partner, as well as (2) with respect to the administrative unit with which you have an employment relationship. Only the name of the commercial entity and the nature of the interest is required to be disclosed, no amounts need to be specified though they may be, if you consider this information to be relevant to assessing the interest. With respect to items 1 and 2 in the list above, the interest should only be declared if it is current. With respect to items 3, 4 and 5, any interest during the past 4 years should be declared. If the interest is no longer current, please state the year when it ceased. With respect to item 5, the interest ceases when a financed post or fellowship is no longer occupied, or when support for an activity ceases.

Assessment and outcome: The information submitted by you will be used to assess whether the declared interests constitute an appreciable real, potential or apparent conflict of interest. Such conflict of interest will, depending on the situation, result in (i) you being asked not to take part in the portion of the discussion or work affecting that interest, (ii) being asked not to take part in the meeting or work altogether, or (iii) if deemed by WHO to be appropriate to the particular circumstances, and with your agreement, you taking part in the meeting or work and your interest being publicly disclosed.

Information disclosed on this Form may be made available to persons outside of WHO only when the objectivity of the meeting or work has been questioned such that the Director-General considers disclosure to be in the best interests of the Organization, and then only after consultation with you.

Declaration: Have you or your partner any financial or other interest in the subject-matter of the meeting or work in which you will be involved, which may be considered as constituting a real, potential or apparent conflict of interest?

If yes, please give details in the box below.
 Yes No

特に利益相反がなければ、「No」の左の○をチェックします。

Do you have, or have you had during the past 4 years, an employment or other professional relationship with any entity directly involved in the production, manufacture, distribution or sale of tobacco or any tobacco products, or directly representing the interests of any such entity?

If yes, please give details in the box below.
 Yes No

特に利益相反がなければ、「No」の左の○をチェックします。

Type of interest, e.g. patent, shares, employment, association, payment (including details on any compound, work, etc.)

Name of commercial entity: _____ Belongs to you, partner or unit?: _____ Current interest? (or year ceased): _____

Is there anything else that could affect your objectivity or independence in the meeting or work, or the perception by others of your objectivity and independence?

正しく入力できましたら左の口をチェックします。
 クリックしないと先にすすめません。

I hereby declare that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform you of any change in these circumstances, including if an issue arises during the course of the meeting or work itself.

I have filled and signed the attached Declaration of Conflict of Interest

すべて入力したら、「Submit」をクリックしこのページは終了です

最後のステップは、WHO 分類の使用許諾契約です。

ICHI-FIT v1.3.2 Rater Logout

Participant information form (step 3/3)

License and Contribution Agreement

1. By accepting the terms and conditions in this License and Contribution Arrangement, you, as an individual, are authorized to use WHO ICHI Classification for the purposes of developing and testing
2. WHO Classifications and ICHI are the intellectual property of World Health Organization (WHO). WHO reserves the right to change the format and content of its products
3. You are granted a non-exclusive, non-assignable and non-sublicensable License to use the WHO Classifications for non-commercial research and analysis in order to develop and test them
4. You agree to be bound by the following conditions:
 - 4.1 You agree to use the WHO Classifications only for developing and testing purposes
 - 4.2 You agree not to take any steps to create a copy, replacement or substitute of the WHO Classifications
 - 4.3 You agree not to incorporate WHO Classifications in any publicly accessible computer-based systems
 - 4.4 You agree not to develop a third party product containing the WHO Classifications
 - 4.5 You agree that you will not transfer your License to any third party
 - 4.6 You warrant that you have the right to assign the intellectual property in any contributions made to the WHO
 - 4.7 In case of concerns regarding the above (a to f) you agree to contact WHO to obtain additional appropriate license(s)
5. You agree that you will not transmit your work provided under this License and Contribution Arrangement other than to WHO
6. You agree not to claim any copyright, or to apply for any trademark or service mark for a product name containing either the acronym or the full title of the WHO Classifications (including ICHI, ICD, ICF, and others)
7. You agree that you have the intellectual property of your contribution and you transfer this right to the WHO ICHI as an international public good. You waive any moral rights you may have with regard to your contribution
8. If you use any copyrighted material in your contribution you agree to declare it and identify the source and ensure its appropriate representation
9. This License and Contribution Arrangement does not create a joint venture, partnership, agency or other relationship between you and the World Health Organization
10. The information on the web site is provided "as is" without warranty of any kind. In no event will the WHO be liable to you for any damages, including any lost profits, lost savings or incidental or consequential damages arising out of the use or inability to use any information provided on this website. This website is for scientific use only for developing ICHI and WHO disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this website
11. This License and Contribution Arrangement will terminate if WHO no longer needs contributions under this arrangement or if you breach its terms; in this case WHO reserves the right to block your access to this site. Upon termination, you agree to destroy any copies or backups of this information
12. Every effort will be made to resolve amicably any matter that may arise concerning this License and Contribution Arrangement or issues related thereto. In the unlikely event an amicable resolution cannot be found, the matter will be resolved by conciliation or by arbitration in accordance with the UNCITRAL Arbitration Rules, with the arbitral award being final. Nothing in or relating to this License shall be deemed a waiver of any of the privileges and immunities of WHO in conformity with the Convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on November 21, 1947 or otherwise under any national or international law, convention or agreement

I have read and accept the License and Contribution Agreement

内容を確認いただき、左の口をチェックします。クリックしないと先にすすめません。

すべて入力したら、「Submit」をクリックしこのページは終了です

評価者のメインページ

ログイン後のメインページには、評価者に割り当てられたテストのアイテム一覧が表示されています。それぞれのアイテムの下に、進捗バーがあり、作業の進捗状況が表示されます。

評価者は自身がテストするアイテムをクリックすると個別の要約ページが開きます。

次のスクリーンショットはメインページを示しています。

ICHU-FIT v1.3.2 Rater Settings Logout

HOME

Verdi Giuseppe

Language: English
Unique Participant Number: AUS.01.01.002
Field Trial Centre: TEST-FTC
Field Trial Site: TEST-FTS

進捗バー

Study
Sample Interventions
(DEMO STUDY)

Study
Primary Care Interventions

Study
Public Health Interventions

Study
Medical/surgical
Interventions (Line coding)

Study
Medical/surgical
Interventions (Case coding)

Study
Functioning interventions
(Line coding)

Study
Functioning interventions
(Case coding)

それぞれのアイテムをクリックすると、個々のページが開きます

このテストでは、多数のケースを評価します。
スクリーンショットに示されているように、リストとして表示されます。

元のパージに戻るときはここをクリックします

個々のテストページの名前

個々のテストケース

「Case 3」を行う際には、ここをクリックします

case	type	steps	assignment
1	🔗	🟢	2019-05-31
2	🔗	🟢	2019-05-31
3	🔗	🟡	2019-05-31
4	🔗	🟡	2019-05-31
5	🔗	🟡	2019-05-31
6	🔗	🟡	2019-05-31
7	🔗	🟡	2019-05-31
8	🔗	🟡	2019-05-31
9	🔗	🟡	2019-05-31
10	🔗	🟡	2019-05-31

これは評価者が記入しなければならないフォームのスクリーンショットです。ICHI コーディングから始めることとなります。

ICH1-FIT v1.3.2 Rater Settings Logout

HOME / STUDY - SAMPLE INTERVENTIONS (DEMO STUDY) / FORM

[Go back](#) 元のページに戻るときはここをクリックします

Case

Study

Study - Sample interventions (DEMO STUDY)
 ICHI Sample interventions

Number 「3」のテストケース

Case Summary 「3」のテストケースの項目の要約

Transfusion of plasma

ICH1 Code Assignment Form

1. ICHI code(s) you would assign to this intervention

1st code ICH1 Platform

ICH1 code

2nd code

ICH1 code

3rd code

ICH1 code

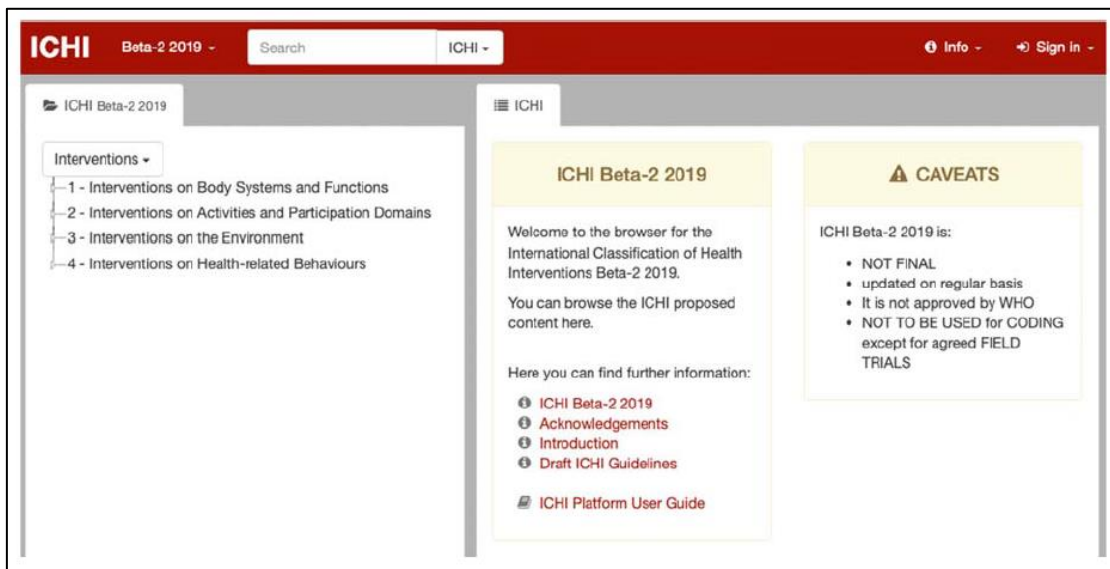
2. Did you experience any *difficulty* in assigning a code(s) to this case?

Yes No

[Next](#)

ICH1 コードを入力するフィールドの右側には、コーディング中にユーザーを支援するための ICH1 プラットフォームへのリンクがあります。

ICHI プラットフォームの画面です

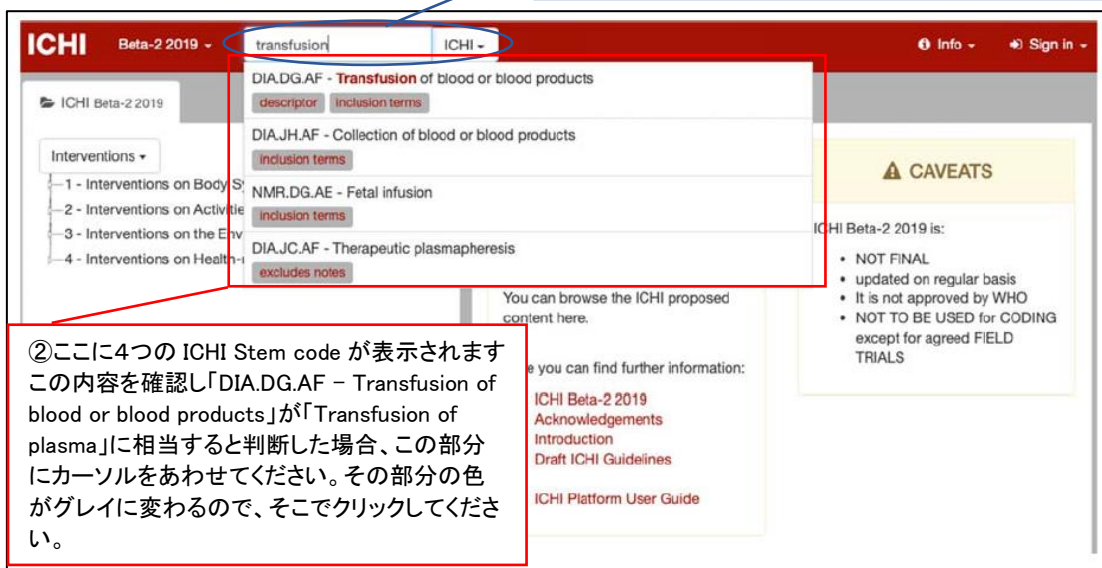


評価者は、検索メニューの適切な項目を選択して、Intervention、Target、Action、Means、および Extension code を検索できます。

ICHI プラットフォーム内での Stem Code 検索

Case Summary は「Transfusion of plasma」ですので、検索メニューが「ICHI▼」になっていることを確認して「transfusion」と入力して下さい

①検索メニューが「ICHI▼」になっていることを確認して「transfusion」と入力してください。



ICHI プラットフォームの画面が、左は「DIA.DG.AF」の掲載されている場所を表し、右は「DIA.DG.AF」の詳細が記載されている画面となります。

The screenshot shows the ICHI platform interface. On the left is a navigation tree under 'Interventions' with a sub-tree for 'Blood' (DI). The entry 'DIA.DG.AF - Transfusion of blood or blood products' is highlighted. On the right is the detailed entry for 'DIA.DG.AF'. The table below shows the details:

ICHI code	DIA.DG.AF
Target	DIA - Blood
Action	DG - Transfusion
Means	AF - Percutaneous transluminal
ICHI descriptor	Transfusion of blood or blood products
Definition	
Inclusion Terms	Autotransfusion; Exchange transfusion; Injection [transfusion] of antivenin; Intraoperative cell salvage; Perioperative autologous transfusion of whole blood or blood components; Transfusion NOS; Transfusion or infusion of: antihaemophilic factor; blood expander; blood component; blood NOS; blood surrogates; coagulation factors; Dextran; gamma globulin; granulocytes; other serum; other substance; other whole blood; packed cells; plasma; platelets; previously collected autologous blood; thrombocytes
Includes Notes	
Code also	
Excludes Notes	stem cell transplant (DIA.KD.AF); therapeutic plasmapheresis (DIA.JC.AF); transplantation [transfusion] of bone marrow (DGA.KD.AF)

Inclusion Terms の内容を確認すると「Transfusion or infusion of: plasma;」とあり、この ICHI Stem code で正しいことが確認できます。

ICHI Platform v1.14.9 - © Copyright World Health Organization (WHO), 2019. All Rights Reserved.

ICHI コードは、一つの Stem code (7桁コードです) だけを記載するか
または一つの Stem code と 1 つ以上の Extension codes を組み合わせ、それを「&」で
連結することで完成します。

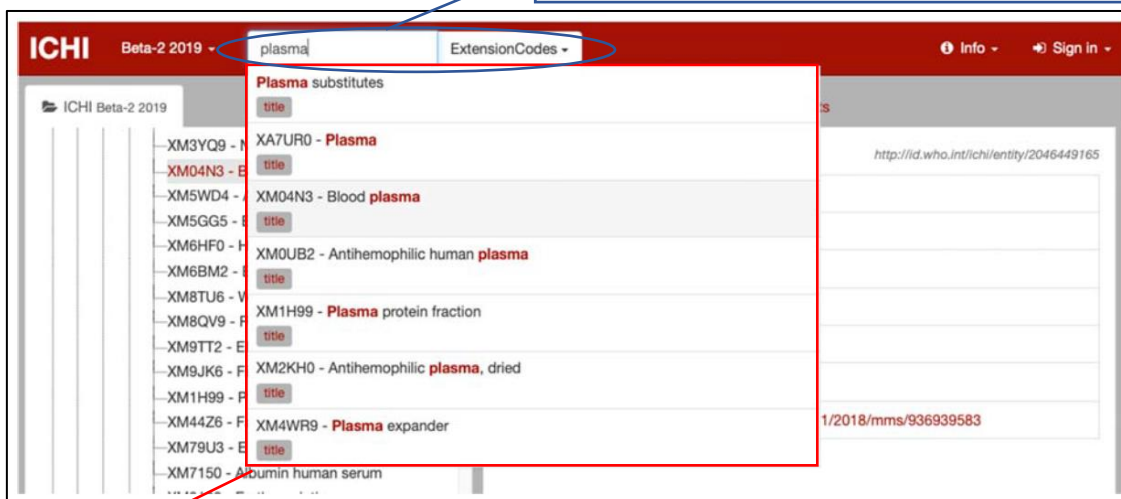
ICHI プラットフォーム内での Extension codes 検索

検索メニューの右の「ICHI▼」の「▼」をクリックすると「Extension codes」が選択できま
すので、これをクリックしてください。

Case Summary は「Transfusion of plasma」ですので、

「ExtensionCodes▼」に変わったことを確認後、その左に「plasma」と入力して下さい。

①検索メニューが「ExtensionCodes▼」になっていることを
確認して「plasma」と入力してください。



②ここに7つの Extension codes が表示されます。
この内容を確認し「XM04N3 - Blood plasma」が
「Transfusion of plasma」に相当すると判断した場
合、この部分にカーソルをあわせてください。
その部分の色がグレイに変わるので、そこでクリ
ックしてください。

英文での「ICHI-FiT 評価者マニュアル」にはありませんが、「XM04N3 - Blood plasma」を選択した際の画面です。

画面左は「XM04N3」の掲載されている場所を表し、右は「XM04N3」の詳細が記載されている画面となります。

The screenshot shows the ICHI platform interface. On the left, a tree view of extension codes is displayed. Several levels are circled in blue: 'ExtensionCodes', 'Medicaments', 'Other drugs', 'Agents primarily affecting blood constituents', 'Natural blood and blood products', and 'XM04N3 - Blood plasma'. Lines connect these circles to a text box on the right. The text box contains the following text:

「XM04N3」は
Extension codes の中の
-Medicaments
-Other drugs
-Agents primarily affecting blood constituents
-Natural blood and blood products
-XM04N3 - Blood plasma
にあります。
こちらから探すことは大変(無理)です。検索機能を使っ
て下さい。

The right pane shows the details for XM04N3. The table below is a representation of the data shown in the screenshot:

XCode	XM04N3
Title	Blood plasma
Definition	
Includes	
Excludes	
Notes	
Original ICD uri	http://id.who.int/icd/release/11/2018/mms/936939583

以上より、「Transfusion of plasma」の ICHI コードは、一つの Stem code と 1 つの Extension codes を「&」で連結したコードになります。

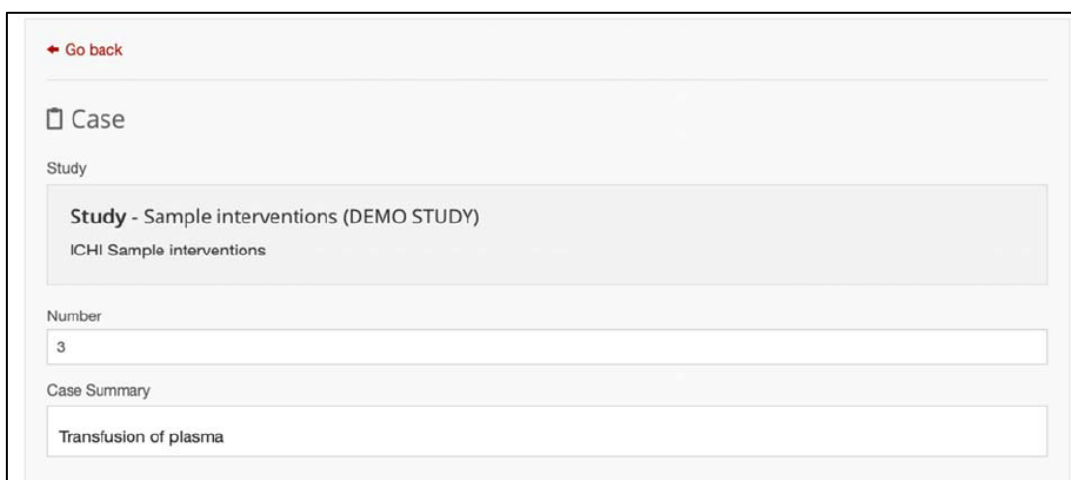
ICHI コードは、自分で作成するのではなく、ICHI プラットフォームにあるものを選択しなければなりません。



DIA.DG.AF& XM04N3

評価者のページに戻ります

評価者は ICHI プラットフォームで検索できた ICHI コードを画面に入力します。



← Go back

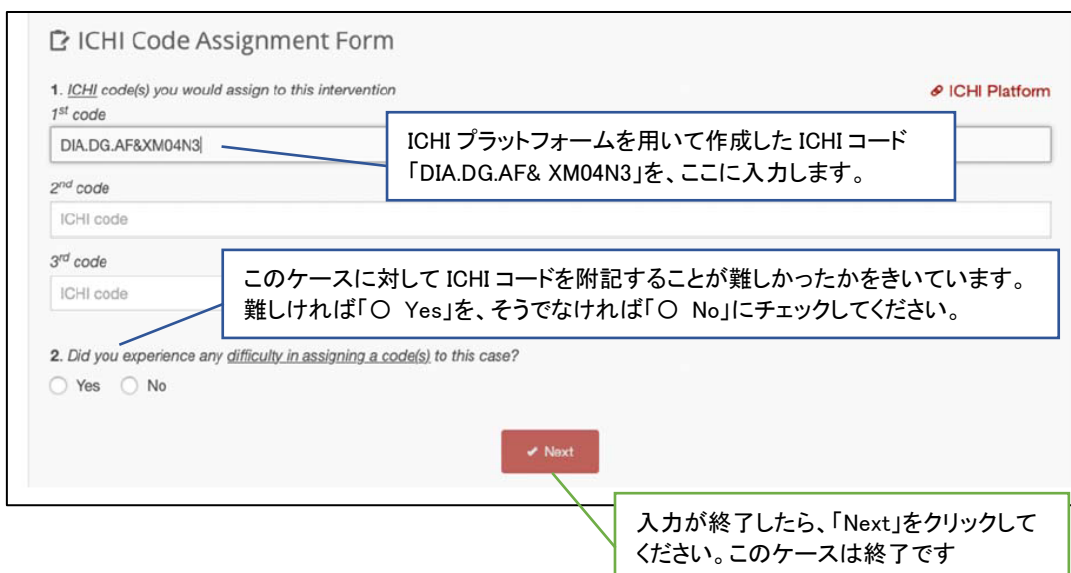
📄 Case

Study

Study - Sample interventions (DEMO STUDY)
ICHI Sample interventions

Number
3

Case Summary
Transfusion of plasma



📄 ICHI Code Assignment Form

1. *ICHI* code(s) you would assign to this intervention 🔗 ICHI Platform

1st code
DIA.DG.AF&XM04N3

2nd code
ICHI code

3rd code
ICHI code

2. Did you experience any *difficulty in assigning a code(s) to this case*?

Yes No

Next

ICHI プラットフォームを用いて作成した ICHI コード「DIA.DG.AF& XM04N3」を、ここに入力します。

このケースに対して ICHI コードを附記することが難しかったかをきいています。難しければ「 Yes」を、そうでなければ「 No」にチェックしてください。

入力が終了したら、「Next」をクリックしてください。このケースは終了です

割り当てられたすべてのケースを評価した後、評価者は、総合評価フォーム(どこにあるかまだ確認していません)に記入を行い、自身のフィールド・トライアル・スタディ一参加における経験(感想)について述べてください。

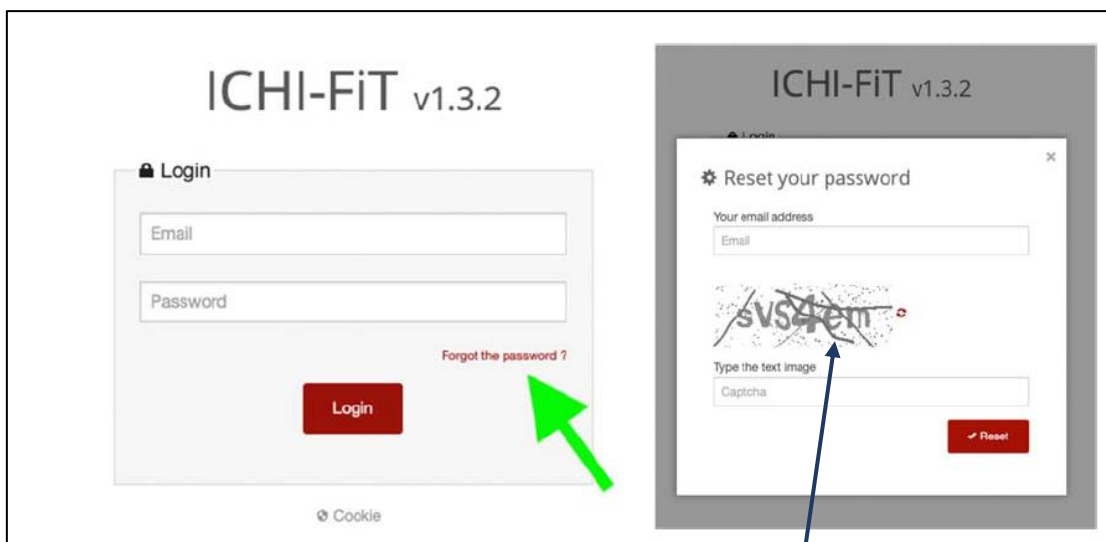
アカウント設定

評価者は「Setting 画面」で、あなたのアカウントを管理、修正することができます。修正可能な設定は言語、ユーザー名、電子メールおよびパスワードだけです。



パスワードのリセット

参加者がパスワードを忘れた場合は、ログインページにあるパスワードリセット機能を使用できます。



あなたの ICHI-FIT アカウントの E メールアドレスと正しい CAPTCHA を記入すると、その評価者に、パスワードをリセットするための指示を記載した E メールが送られます。