Multi-Level Healthcare Information Modeling Operating Principles

July 7, 2010

DRAFT!

Contents

Chapter 1

What are Operating Principles

Operating principles are simply guidelines. Not necessarily rules or laws but stronger than a suggestion. They therefore can be open to interpretation and therefore should be modifiable based on consensus of the community concerned.

Chapter 2

Definitions

Words have meaning. Sometimes too many meanings. It is therefore encumbent upon us to define what the contextual meaning is of certain words so we avoid ambiguity. It is better, cheaper, faster and SAFER to be 'explict' and avoid all occassions to be 'implicit'. Therefore this and other MLHIM documents may appear unnecessarily long but in fact are an attempt to be first explict and secondly, simple.

2.1 Background

This chapter builds on experience and recommendations of many others, specifically IETF RFC 2119.

2.2 Meanings

The key words "MUST", "MUST NOT", "REQUIRED", "SHALL", "SHALL NOT", "SHOULD", "SHOULD NOT", "RECOMMENDED", "MAY", and "OPTIONAL" in this document and all other MLHIM documents are to be interpreted as follows:

WE This word or the word "OUR" should be interpreted to mean the entire MLHIM community. The definition exists because the entire MLHIM community controls the content of this and all other MLHIM documents.

MUST This word, or the terms "REQUIRED" or "SHALL", mean that the definition is an absolute requirement.

MUST NOT This phrase, or the phrase "SHALL NOT", mean that the definition is an absolute prohibition.

SHOULD This word, or the adjective "RECOMMENDED", mean that there may exist valid reasons in particular circumstances to ignore a particular

item, but the full implications must be understood and carefully weighed before choosing a different course.

SHOULD NOT This phrase, or the phrase "NOT RECOMMENDED" mean that there may exist valid reasons in particular circumstances when the particular behavior is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behavior described with this label.

Chapter 3

Trust, but Verify

While some may instantly make a connection between this chapter title and the cold war era. No such connection should be made. The words mean exactly what they say.

We trust everyone but verification is essential to good and orderly progress. Because we all, in a sense own all of the artifacts, then we must be able to verify MLHIM activities by everyone. To put it in other words. If you, the individual, have something to say on a mailing list, blog post, MLHIM document, MLHIM source code, knowledge model (CCD,TCD,etc.) or any other place on the Internet or elsewhere, with regards to or concerning MLHIM. Then we believe that to be a MLHIM community member, you should be willing to put your name on it.

3.1 Anonymity

While we fully believe in the rights of everyone to be anonymous when and where they wish. We as a community also take the stance that if you are speaking in anyway or in anyway that can be understood that you are speaking for the MLHIM community. Then you must be willing to put your name on it.

3.2 Digital Signatures

Therefore all MLHIM community members should also create their own individual GnuPG key pair and publish their public key to one or more public key servers. Please take this act very seriously. No community member can be admitted as a Multi-Level Healthcare Information Modeling Manager without a registered GnuPG public key.

MS Windows users should get GPG4WIN and Linux/Mac users should get a GUI client as well to make key management easier.

Also note that a GnuPG key pair is different from the SSH key required by Launchpad in order to commit to a code or documentation archive. Check your

user profile on Launchpad for a link to instructions on creating a SSH key pair and uploading to Launchpad.

Chapter 4

Applicability

The contents of this document is applicable to all MLHIM artifacts.

Chapter 5

Organization

Organizations require management. We believe that in this increasingly open source, open content world. MLHIM can be self organizing. All effort used in MLHIM should be directed to product outputs and not spent on organizational management.

By being self organizing we can also insure that there are many copies of all source code, documentation and other artifacts stored in many places. This reduces greatly the possibility of losing the work due to natural catastrophy, political regualtions, etc.

Chapter 6

Governing Laws

Each individual should be aware of the laws that they are required to abide by and do so with all MLHIM oriented work. By contributing to the MLHIM project you agree to this statement and to hold harmless all other

Chapter 7

Specifications & Standards

Specifications and standards are considered to be "directive" artifacts.

Chapter 8

Documentation

Documentation is considered to be "informational" artifacts.

Chapter 9

Knowledge Models

Knowledge models are considered to be "expert opinion" within a domain or sub-domain. They are, in the context of this documentation, generally expressed as constraints on a logical information (aka. reference) model. An example is an XML Schema that represents a set of constraints on a reference model in the domain of healthcare and in the sub-domain of cardiology.

Chapter 10

Tools

Tools are generally software applications in source or compiled form that used in ancillary functions within a project or set of projects to produce some artifact.

Chapter 11

Licenses

Chapter 12

The Foundation

No, this is not about an organization. Organizations centralize capital and thereby removes it from helping the entire community grow.

This foundation consists of four simple but very important ideas that forms the basis for all of the preceeding text.

- Do no harm.

- Give freely but take care of yourself first, without greed.

- Professional works live long beyond the author.

- Respect everyone.