SLOVENSKI STANDARD
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Zdravstvena informatika – Sistem konceptov za podporo neprekinjeni oskrbi

Health Informatics - System of concepts to support continuity of care

Medizinische Informatik - Begriffssystem zur Unterstützung der Kontinuität der Versorgung

Informatique de santé - Système de concepts en appui de la continuité des soins

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Informatique de santé - Système de concepts en appui de la continuité des soins

Medizinische Informatik - Begriffssystem zur Unterstützung der Kontinuität der Versorgung

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Foreword

This European pre-standard has been prepared by CEN Technical Committee 251 "Health Informatics", under mandate M/255 and order voucher BC/CEN/97/23.1.2 by the European Commission and the European Free Trade Association.

The normative provisions of this European pre-standard are to be found in Clauses 5 to 11. The informative Annexs A and B provide further descriptions and explanations, as well as a tentative model of some parts of the system of concepts that forms the normative clauses, focusing on some details wherever felt necessary.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by June 2002, and conflicting national standards shall be withdrawn at the latest by June 2002.

According to the CEN/CENELEC Internal Regulations, the national standards organizations of the following countries are bound to announce this European Prestandard : Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

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Introduction

There is a need for clinicians, private and public health care providers, health managers and funding organisations to define the classes of concepts and their descriptive terms regarding all processes of care, especially considering patient centred continuity of care, shared care and seamless care.

Continuity of care depends on the effective transfer and linkage of data and information about the clinical situation and the care provided to a subject of care, between different parties involved in the process, within the framework of ethical, professional and legal, rules. The description and formalisation of continuity of care in information systems implies that the related concepts and descriptive terms be defined, so establishing a common conceptual framework across national, cultural, and professional barriers.

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1. Scope

Continuity of care implies the management of health information in two different perspectives:
- local management of information about the subject of care, at the site of care provision,
- information interchange between health care providers.

This European pre-standard seeks to identify and define those processes which relate to the continuity of care. It specifically addresses aspects of sharing patient related information needed in the process of care. It identifies and defines relevant data and information flows, together with their relationships to "time slots".

In order to support the delivery of high quality care to each patient, and to facilitate continuity of care, a full understanding is needed of the temporal aspects of the delivery of health care, the role of each party in the health care process , and their interaction in the patient's environment. The concepts describing the characteristics of the ongoing process of care should not differ in nature from those that are used to structure and organise the data locally in the Electronic Health Care Record.

This European pre-standard addresses such topics as :

- organisational principles of longitudinal care
- actors : health care agents, health care parties, subjects of care, health care providers, provider organisations, health care professionals, and third parties
- events : health issues, and their management
- situations :, contacts, encounters, episodes of care, and periods of service
- concepts related to decision support, use of clinical knowledge, and activity : services, protocols, programmes of care, care plans, care pathways
- concepts related to responsibility and information flows within the clinical process : mandates and their notification
- concepts related to health data management

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In order to establish a common conceptual framework for continuity of care across national, cultural and professional barriers, all these concepts are defined in this document, and their inter-relationships identified.

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The system of concepts and the terms defined in this European pre-standard are designed to support the management of health care related information over time and the delivery of care by different health care agents who are working together. This includes primary care professionals and teams, health care funding organisations, managers, patients, secondary and tertiary health care providers, and community care teams.

This harmonised system of concepts will be used to facilitate clinical and administrative decision making, health care logistics such as provision of coherent services— and to enhance relationships between health care professionals and their patients.

Within this European pre-standard, 'subject of care' —a concept definitely restricted here to human beings— refers to an individual. It is assumed that in those cases where a health care service addresses a group of more than one individual (e.g. a family, a community, etc.), and where a single health care record is used to capture the health care services provided to the group, each individual within the group will be referenced explicitly within that health care record.

This European pre-standard does not intend to define how the processes should be performed in a particular health care framework. It does not intend to have any regulatory impact on the actual delivery of care. For example, it defines what "a hospital stay" is, but it does not specify in any way the events that may occur during a hospital stay.

The specific management of prescriptions for drug therapy and of laboratory tests and their results are not part of this European pre-standard; nor does the pre-standard define any other aspects of the health care process, such as security, act specific management, the life cycle of acts, terminology and classification, or the financing mechanism of health care delivery.

While this European pre-standard can help manage the logistics of health care delivery, it does not intend to refer specifically to the issue of resources needed in the provision of health care services.

NOTE:

This European pre-standard aims to identify and describe concepts important to continuity of care, and to establish a system of concepts that is to be used when setting up information systems, especially when dealing with health care record communication. The primary focus of the pre-standard is terminology.

In order to help the readers understand more easily the relationships between these concepts, several diagrams have been introduced based on UML conventions. Thus, for each one of the concepts described in clauses 6 to 11, a diagram is provided, showing its direct relationships with other concepts belonging to the same system of concepts.

The concept under consideration appears at the centre of these diagrams. This decision has been made to improve clarity and to show the relationships in one direction only, with corresponding cardinalities.

The purpose of UML modelling in this documents is to highlight relationships of concepts, not their attributes. Features which refer to some entities may be considered as related concepts in their own right. Because of the generic nature of some of these features, they may not belong to the system of concepts that forms the scope of this European pre-standard, and in that case such features will not be described further. An example of this is:

– a subject of care may have an undefined number of addresses, and an address may be associated with an undefined number of subjects of care. The resolution of this many to many relationship is not within the scope of this pre-standard.

In order to differentiate them both from normal attributes and from concepts with which direct relationships are explicitly mentioned, these features are shown apart, in a rubric called *"Other features or related entities not described in this document"*.

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Diagrams meant to provide partial views of the system of concepts are also proposed in Annex A. These diagrams have been simplified on purpose: they do not show all the relationships between the concepts that are displayed, while the relationships that are present bear their cardinalities only.

It is acknowledged that in doing so, some distance is consciously taken with the basic UML conventions.

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The same pattern of rubrics is systematically provided for the description of all concepts presented in clauses 6 to 11. Whenever not felt relevant to a given concept, these rubrics are intentionally left blank.

Examples are provided wherever felt relevant and necessary. However, in general, examples for superordinate concepts are to be sought at the level of the corresponding subordinate concepts.

2. Normative references

This European pre-standard incorporates, by dated or undated reference, provisions from other publications. These normative references are cited at the appropriate places in the text and the publications are listed below. For dated references, subsequent amendments to or revisions of any of these publications apply to this European pre-standard only when incorporated in it by amendment or revision. For undated references the latest edition of the publication referred to applies.

ISO 6523:1984 Data interchange — Structure for the identification of organisations

ISO/DIS 10241:1992 International Terminology Standards
Preparation and Layout
(currently under revision)

ISO/CD 1087-1:1994 Terminology — Vocabulary

ENV 1613:1995 Medical Informatics — Messages for exchange of laboratory information.

ENV 12264:1997 Medical Informatics — Categorial Structures of System of Concepts — Model for the Representation of Semantics

ENV 12265:1997 Medical Informatics — Electronic health care record architecture

ENV 12381:1996 Medical Informatics — Time Standards for Health Care Specific Problems

ENV 12017:1997 Medical Informatics — Medical Informatics Vocabulary

ENV 12967-1:1998 Medical Informatics — Health Care Information System Architecture
Part 1: Health Care Middleware Layer

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ENV 13606-1:2000 Health Informatics — Electronic Health Care Record Communication
Part 1: Extended Health Care Record Architecture

ENV 13606-2:2000 Health Informatics — Electronic Health Care Record Communication
Part 2: Domain Term List

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ENV 13606-3:2000 Health Informatics — Electronic Health Care Record Communication
Part 3: Distribution Rules

ENV 13606-4:2000 Health Informatics — Electronic Health Care Record Communication
Part 4: Messages for the Exchange of

3. Definitions

For the purposes of this European pre-standard, the following definitions (listed in alphabetical order) apply.

3.1 Care Mandate : mandate assigned to one health care party to perform health care services for a subject of care, as well as to manage locally the information related to the health of that subject of care.

3.2 Care Plan : description of planned and duly personalised services bundles, addressing one or more health issues, and encompassing all health care services to be provided to a subject of care by one health care professional.

3.3 Clinical Data for Import : record component that is candidate for import into the health care record held locally by a health care party after a health care professional has validated its clinical relevance.

3.4 Clinical Guidelines : set of systematically developed statements to assist the decision of health care parties about health care services to be provided with regard to a health issue in specified clinical circumstances.

3.5 Concept : unit of thought constituted through abstraction on the basis of properties common to a set of one or more referents. [ENV 12264:1997] [ISO CD 1087-1:1994]

3.6 Contact : situation on the uninterrupted course of which one health care provider performs health care services for a subject of care, and/ or accesses his or her health care record.

3.7 Contact Element : part of a contact that specifically addresses one and only one health issue.

3.8 Continuity Facilitator Mandate : mandate assigned to one health care agent on behalf of a subject of care to monitor how the successive care mandates are handled, and keep their contents at the disposal of authorised health care agents, as well as to manage generally the information related to this subject's of care health.

3.9 Cumulative Episode of Care : situation encompassing the occurrence of all health care services related to only one health issue thread.

3.10 Definition : statement that describes a concept in order to permit its differentiation from related concepts. [ENV 12264:1997]

3.11 Distribution rule : logical concept or rule intended to convey and govern distribution. [ENV 13606-3:1999]

3.12 Demand for Care : demand expressed by a health care party that health care services be provided to a subject of care.

3.13 Demand Mandate : mandate assigned to one or more health care parties to act on behalf of a subject of care in demanding that those health care services that are relevant with regard to a perceived need for care be delivered.

3.14 Deprecated term : term rejected by an authoritative body [ISO CD 1087-1:1994]

3.15 Electronic Health Care Record : health care record in computer readable form. [ENV 13606-1 & 4]

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3.16 Encounter, Patient Contact : situation on the uninterrupted course of which one health care professional delivers health care services to a subject of care, and accesses his or her health care record, and updates it.

3.17 Episode [time] : situation considered to occupy a time interval. [ENV 12381:1996]

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3.18 Episode [continuity of care], Episode of Care : situation encompassing all contact elements related to the same health issue.

3.19 Event : situation considered to occur at a time point. [ENV 12381:1996]

3.20 Health Care : provision of health related services.

NOTE : This includes more than performing procedures on subjects of care. It includes also, for example, the management of the information about patients, their health status and their relations within the health care framework.

NOTE : In the present European pre-standard, the term 'care' may be used as a synonym for 'health care'.

3.21 Health Care Activity : activity performed for a subject of care by a health care agent with the intention of directly or indirectly improving or maintaining the health of that subject of care.

3.22 Health Care Agent : person, organisation, device, or software that performs a role in a health care activity. [ENV 13606-4, modified]

3.23 Health Care Automated Activity : activity performed for a subject of care by a health care device or a health care software, without an immediate command being given by a health care professional.

3.24 Health Care Compliant Activity : activity performed for a subject of care by any other health care party than a health care provider.

3.25 Health Care Device : device or equipment used in the provision of health care services. [ENV 13606-4, modified]

3.26 Health Care Goal : desired achievement of a care plan, considered as an intermediate operational step to reach the ultimate objective of a programme of care.

3.27 Health Care Objective : desired ultimate achievement of a programme of care.

3.28 Health Care Organisation : organisation involved in the direct provision of health care services. [ENV 13606-4, modified] [ENV 1613:1995, modified]

3.29 Health Care Party : organisation or person involved in the process of health care. [ENV 13606-4, modified] [ENV 1613:1995, modified]

3.30 Health Care Professional : person involved in the direct provision of health care services. [ENV 1613:1995, modified]

3.31 Health Care Provider : health care professional or health care organisation involved in the direct provision of health care services.

3.32 Health Care Record : repository of information regarding the health of a subject of care. [ENV 12265] [ENV 13606-1 & 4]

3.33 Health Care Service : activity performed for a subject of care by a health care provider with the intention of directly or indirectly improving or maintaining the health of that subject of care. [ENV 13606-4, modified] [ENV 1613:1995, modified]

3.34 Health Care Software : software used in the provision of health care services. [ENV 13606-4, modified]

3.35 Health Care Third Party : party involved in supporting health care services, financially or practically.

3.36 Health Issue : issue related to the health of a subject of care, as defined by a specific health care party.

3.37 Health Issue Thread : abstract construct linking several health issues, defined by a health care party.

3.38 Local Health Care Record : health care record held and maintained for a subject of care by a health care party.

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3.39 Mandate : set of statements explicitly or implicitly defining the scope and limits of the accepted specific role of a health care party, and explicitly or implicitly delineating his responsibility with regard to this role.

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3.40 Mandate Notification : information about the changes that have occurred in the status of an explicit mandate granted to a health care party, made available to other health care parties.

3.41 Mandate to Export Personal Data : mandate assigned to one health care professional by or on the behalf of a subject of care by another health care party duly entitled by a relevant demand mandate, to send out personal data to another designated health care party.

3.42 Non Validated Clinical Data : record component the clinical relevance of which has not been validated by a health care professional.

3.43 Organisation : unique framework of authority within which a person or persons act, or are designated to act towards some purpose. [ISO 6523:1984]

NOTE : Groupings or subdivisions of organisations may also be considered as organisations where there is need to identify them in this way for purposes of information interchange.

3.44 Other Carer : party providing assistance for activities of daily living, or social support.

3.45 Period of Service : time interval during which one or more contacts occur between a subject of care and a health care provider in the framework of a care mandate.

3.46 Programme of Care : description of planned and duly personalised services bundles adopted by one healthcare organisation, typically informed by one or more protocols, addressing one or more health issues, accounting for one or more health issue threads, and encompassing all health care activities to be performed for a subject of care by one or more health care parties.

3.47 Protocol : customisation of a clinical guideline for use in a local context.

3.48 Record Access and Update : contact restricted to the access to the health care record of a subject of care by a health care provider for reading and writing data or pieces of information, out of the presence of that subject of care.

3.49 Record Component : part of an electronic health care record that is identifiable for the purposes of referencing and revision. [ENV 13606-1]

3.50 Services Bundle : set of health care services to be performed, being performed, or having been performed for a subject of care by one or more health care providers in relation to one health issue thread, in the context of a care plan or of a programme of care.

3.51 Sharable Data : record component which a health care professional marks as sharable with other health care parties in the interest of a subject of care.

3.52 Situation : phenomenon occurring (or having the potential to occur) at a particular time or over a period of time in a given world context. [ENV 12381:1996, modified]

3.53 Specific Clinical Information Request : request sent out by a health care party to another health care party in the interest and with the autorisation of a subject of care for specific clinical information that is not present or accessible in any sharable data repository.

3.54 Subject of Care : person scheduled to receive, receiving, or having received health care services. [ENV 13606-1: 1999, modified]

3.55 System of concepts ; concepts system : structured set of concepts established according to the relationships between them, each concept being determined by its position in the set. [ENV 12264:1997] [ISO CD 1087-1:1994]

3.56 Tailored Clinical Information : specific clinical information with regard to a subject of care sent by a health care party to another health care party in the interest and with the autorisation of that subject of care, possibly as the result of a specific clinical information request, in order to fulfil the current information needs of the recipient.

3.57 Time interval : period of time the duration of which in a given context is considered to be significant and relevant. [ENV 12381:1996, modified]

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3.58 Time point : period of time the duration of which in a given context is to be considered as insignificant or irrelevant. [ENV 12381:1996, modified]

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4. Abbreviations

The following abbreviations are used for the terms defined in this European pre-standard.

EHCR	Electronic Health Care Record
GP	General Medical Practitioner
HC	Health Care
UML	Unified Modelling Language

5. Domain description : organisational principles of longitudinal care

Various terms have been commonly used to designate and qualify the continuing process of the health care to a subject of care. Without clear definition, there is potential for confusion, and this European pre-standard addresses the need to clearly define such terms.

Continuity of Care : an organisational principle, where one or more health care providers deliver several heath care services to a subject of care. This organisational principle focuses on the time-related links between those different health care services.

Shared Care : an organisational principle where two or more health care providers jointly co-operate to provide health care services to a subject of care for a continuing health issue. This organisational principle focuses on joint objectives and responsibilities.

Seamless Care : a quality principle, focusing on the timely and appropriate transfer of activity and information, when responsibility for the delivery of health care services is wholly or partly transferred from a health care provider to another.

> NOTE : Though related, this concept of seamless care differs from the organisational principle of "24-hours service", which may be required from a health care provider involved in a process of care.
> A consequence is that health care providers are not to be regarded in this document through their actual identities but rather through their roles.

Integrated Care : an organisational principle, encompassing at the same time each of continuity of care, shared care, and seamless care.

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6. Actors in Continuity of Care

6.1 Health Care Agent

Concept name : health_care_agent			
Definition : person, organisation, device, or software that performs a role in a *health care activity*. [ENV 13606-3, modified] [ENV 13606-4, modified] NOTE 1 : This concept of *health care agent* can include the patients themselves, in that patients can themselves administer their own *healthcare activities* and take an active part in those *health care services* which concern them. NOTE 2 : This concept of *health care agent* can be used to represent any entity authorised to have access to health care information.			
Specialisation of :		**Generalisation of :** health_care_party health_care_device health_care_software	
Component of :	**Cardinality :**	**Aggregation of :**	**Cardinality :**
Attributes :		**Type :**	**Occurrence :**
Other features or related entities not described in this document :		**Type (examples) :**	**Occurrence :**
Direct relationship with :		**Name of role :**	**Cardinality :**
mandate		has_assigned	zero to many
continuity_facilitator_mandate		has_assigned	zero to many
UML representation :			

See also Annexs : A1, A3

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