



SLOVENSKI STANDARD SIST EN ISO 21549-8:2010

01-oktober-2010

Zdravstvena informatika - Podatki o pacientu na zdravstveni kartici - 8. del: Povezave (ISO 21549-8:2010)

Health informatics - Patient healthcard data - Part 8: Links (ISO 21549-8:2010)

Medizinische Informatik - Patientendaten auf Karten im Gesundheitswesen - Teil 8:
Verweise (ISO 21549-8:2010)

Informatique de santé - Données relatives aux cartes de santé des patients - Partie 8:
Références (ISO 21549-8:2010)

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Ta slovenski standard je istoveten z: **EN ISO 21549-8:2010**

ICS:

35.240.15	Identifikacijske kartice in sorodne naprave	Identification cards and related devices
35.240.80	Uporabniške rešitve IT v zdravstveni tehniki	IT applications in health care technology

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EUROPEAN STANDARD
NORME EUROPÉENNE
EUROPÄISCHE NORM

EN ISO 21549-8

June 2010

ICS 35.240.80

English Version

Health informatics - Patient healthcard data - Part 8: Links (ISO 21549-8:2010)

Informatique de santé - Données relatives aux cartes de santé des patients - Partie 8: Liens (ISO 21549-8:2010)

Medizinische Informatik - Patientendaten auf Karten im Gesundheitswesen - Teil 8: Verweise (ISO 21549-8:2010)

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Foreword

This document (EN ISO 21549-8:2010) has been prepared by Technical Committee ISO/TC 215 “Health informatics” in collaboration with Technical Committee CEN/TC 251 “Health informatics” the secretariat of which is held by NEN.

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of an identical text or by endorsement, at the latest by December 2010, and conflicting national standards shall be withdrawn at the latest by December 2010.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN [and/or CENELEC] shall not be held responsible for identifying any or all such patent rights.

According to the CEN/CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

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INTERNATIONAL STANDARD

ISO
21549-8

First edition
2010-06-15

Health informatics — Patient healthcard data —

Part 8: Links

*Informatique de santé — Données relatives aux cartes de santé des
patients —*

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ISO 21549-8:2010(E)

Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights.

ISO 21549-8 was prepared by Technical Committee ISO/TC 215, *Health informatics*.

ISO 21549 consists of the following parts, under the general title *Health informatics — Patient healthcard data*:

— *Part 1: General structure*

— *Part 2: Common objects*

— *Part 3: Limited clinical data*

— *Part 4: Extended clinical data*

— *Part 5: Identification data*

— *Part 6: Administrative data*

— *Part 7: Medication data*

— *Part 8: Links*

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Introduction

The ISO 21549 series of International Standards is intended to replace the European Prestandard ENV 12018 adopted by CEN in 1995. This series of International Standards provides data structures and definitions for data objects on patient data cards.

Healthcare becomes more and more integrated and is changing from having a local character to being regional and – with increasing mobility – even international. Typically, a patient's health history consists of many service episodes distributed over time and space. Sometimes patients are getting services from separate service providers at the same time. Each service provider such as hospital, health centre and physician has his own local patient record system. Thus the patient's health data is distributed more and more over specialities and space inside one country and also worldwide.

Patients can be better cared for if the health professional in charge has access to the patient's most recent data. Physicians at different locations have to be able to simultaneously see and edit a patient record from remote locations.

This requires on the one hand, information systems that are able to communicate and, on the other hand, standardized methods to locate the information. The Internet, which is able to distribute information to geographically-distant users, offers a securable technological solution for handling electronic patient records. However, it is necessary to access the data required in an easy and timely way. Not only does this mean that the relevant information has to be made available by its authors, but also that it has to be retrieved from a mass of irrelevant information whenever and wherever needed.

Patient data are especially sensitive and a secure basic infrastructure is absolutely necessary. Therefore, besides the secure transmission of data, the persons handling the record, for example health professionals and/or the patients have to be identified and authenticated. Further services like integrity and privacy protection, accountability, accessibility etc. need to be addressed as well.

Health cards can help to provide the necessary security in the sensitive health domain – including data integrity and data protection. They enable authentication for data on the card and can also provide links to several additional data objects stored elsewhere. Health cards may contain both a subset of critical clinical data stored on the card itself and links to data distributed nationally or worldwide over many medical information systems.