



SLOVENSKI STANDARD
SIST EN ISO 13606-5:2010
01-junij-2010

Zdravstvena informatika - Komunikacija z elektronskimi zapisi na področju zdravstva - 5. del: Specifikacija vmesnika (ISO 13606-5:2010)

Health informatics - Electronic health record communication - Part 5: Interface specification (ISO 13606-5:2010)

Medizinische Informatik - Kommunikation von Patientendaten in elektronischer Form - Teil 5: Nachrichten für den Informationsaustausch (ISO 13606-5:2010)

Informatique de santé - Communication du dossier de santé informatisé - Partie 5: Spécification d'interfaces (ISO 13606-5:2010)

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Ta slovenski standard je istoveten z: EN ISO 13606-5:2010

ICS:

35.240.80	Uporabniške rešitve IT v zdravstveni tehniki	IT applications in health care technology
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EUROPEAN STANDARD

EN ISO 13606-5

NORME EUROPÉENNE

EUROPÄISCHE NORM

March 2010

ICS 35.240.80

English Version

Health informatics - Electronic health record communication - Part 5: Interface specification (ISO 13606-5:2010)

Informatique de santé - Communication du dossier de
santé informatisé - Partie 5: Spécification d'interfaces (ISO
13606-5:2010)

Medizinische Informatik - Kommunikation von
Patientendaten in elektronischer Form - Teil 5: Nachrichten
für den Informationsaustausch (ISO 13606-5:2010)

This European Standard was approved by CEN on 13 February 2010.

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This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN Management Centre has the same status as the official versions.

CEN members are the national standards bodies of 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 United Kingdom.

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EUROPEAN COMMITTEE FOR STANDARDIZATION
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Foreword

This document (EN ISO 13606-5:2010) has been prepared by Technical Committee CEN/TC 251 "Health informatics", the secretariat of which is held by NEN, in collaboration with Technical Committee ISO/TC 215 "Health informatics".

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 September 2010, and conflicting national standards shall be withdrawn at the latest by September 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
13606-5

First edition
2010-03-01

**Health informatics — Electronic health
record communication —**

**Part 5:
Interface specification**

*Informatique de santé — Communication du dossier de santé
informatisé —*

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Partie 5: Spécification d'interfaces

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ISO 13606-5:2010(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 13606-5 was prepared by Technical Committee ISO/TC 215, *Health informatics*, and by Technical Committee CEN/TC 251, *Health informatics* in collaboration.

ISO 13606 consists of the following parts, under the general title *Health informatics — Electronic health record communication*:

- *Part 1: Reference model*
- *Part 2: Archetype interchange specification*
- *Part 3: Reference archetypes and term lists*
- *Part 4: Security* [Technical Specification]
- *Part 5: Interface specification*

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Introduction

This part of ISO 13606 defines the interfaces by which an EHR_EXTRACT, an ARCHETYPE or an EHR_AUDIT_LOG_EXTRACT may be requested and provided.

The scope of this part of ISO 13606 has been considered carefully in order to achieve several objectives:

- to specify those interfaces that are unique to the ISO 13606 context, and not to include more generic health information communication interfaces that might be the scope of other standards and specifications;
- to specify the interfaces in ways that are compatible with the HISA standard (ISO 12967) and, in particular, to define these interfaces as specializations of HISA ISO 12967-3 interfaces;
- to specify the interfaces as a pure RM-ODP Computational Viewpoint, in order to support the wide range of engineering viewpoints that might be adopted by individual vendors or eHealth programmes; (it should be noted that ISO 13606-1, ISO 13606-2 and ISO 13606-4 define the corresponding Information Viewpoints, and that ISO/TS 18308 defines the corresponding Enterprise Viewpoint);
- to construct these interfaces such that they might easily be implemented as specializations of standard interfaces within the commonly used engineering languages such as Java, Visual Basic, dotnet, SOAP, ebXML, etc.;
- to work through the Joint SDO Initiative and Council on the production of Engineering Viewpoint Implementation Guides, that will define more specifically how to implement these interfaces; (e.g. in HL7 3); these guides will be published separately from this part of ISO 13606, to enable them to be maintained and updated more frequently (to reflect implementation experience) than is possible for a standard;
- to recognise that EHR communication will be implemented within a healthcare communications infrastructure, usually nationally, that will define a generalized approach to many other complementary and necessary services such as patient demographics registries, provider registries, authentication and authorization policies and services, etc.; these are therefore not part of the formal scope of this part of ISO 13606 but are referred to as being assumed and necessary complementary services;
- to assume that an ISO/TS 22600 (PMAC) compatible architecture or its equivalent will be used for managing security services, and not to duplicate or conflict with these services in this part of ISO 13606;
- to further support the protection of patient privacy by avoiding the need to reveal whether any EHR data have been withheld by the provider when responding to a request;
- to enable each interface and term set to be extended locally to cater for specialized circumstances of EHR communication, in which additional requirement constraints might apply.

This part of ISO 13606 defines a set of interfaces by which the artefacts defined in ISO 13606-1, ISO 13606-2 and ISO 13606-4 can be requested and provided:

- a) ISO 13606-1 defines a reference model for an EHR_EXTRACT: part or all of the EHR of a subject of care;
- b) ISO 13606-2 defines an information model for an ARCHETYPE, and optionally a serialized form represented using Archetype Definition Language;
- c) ISO 13606-4 defines an EHR_AUDIT_LOG_EXTRACT to communicate the audit log activity history pertaining to part or all of an EHR.