

# SVENSK STANDARD

## SS-EN ISO 21549-6:2008

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### **Hälso- och sjukvårdsinformatik – Patientinformation på hälsokort –**

### **Del 6: Administrativa uppgifter (ISO 21549-6:2008)**

### **Health informatics – Patient healthcard data – Part 6: Administrative data (ISO 21549-6:2008)**

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The European Standard EN ISO 21549-6:2008 has the status of a Swedish Standard. This document contains the official English version of EN ISO 21549-6:2008.

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EUROPEAN STANDARD

**EN ISO 21549-6**

NORME EUROPÉENNE

EUROPÄISCHE NORM

April 2008

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ICS 35.240.80

English Version

**Health informatics - Patient healthcard data - Part 6:  
Administrative data (ISO 21549-6:2008)**

Informatique de santé - Données relatives aux cartes de  
santé des patients - Partie 6: Données administratives (ISO  
21549-6:2008)

Medizinische Informatik - Patientendaten auf Karten im  
Gesundheitswesen - Teil 6: Verwaltungsdaten (ISO 21549-  
6:2008)

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EUROPÄISCHES KOMITEE FÜR NORMUNG

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## SS-EN ISO 21549-6:2008 (E)

### Foreword

This document (EN ISO 21549-6:2008) 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of an identical text or by endorsement, at the latest by October 2008, and conflicting national standards shall be withdrawn at the latest by October 2008.

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#### Endorsement notice

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## Introduction

With a more mobile population, greater healthcare delivery in the community and at patients' homes, together with a growing demand for improved quality of ambulatory care, portable information systems and stores have increasingly been developed and used. Such devices are used for tasks ranging from identification, through portable medical record files, and on to patient-transportable monitoring systems.

The functions of such devices are to carry and to transmit person-identifiable information between themselves and other systems; therefore, during their operational lifetime they may share information with many technologically different systems which differ greatly in their functions and capabilities.

Healthcare administration increasingly relies upon similar automated identification systems. For instance prescriptions may be automated and data exchange carried out at a number of sites using patient transportable computer readable devices. Healthcare funding institutions and providers are increasingly involved in cross-region care, where reimbursement may require automated data exchange between dissimilar healthcare systems. Administrative data objects may require linkage to external parties responsible for their own domains which are not within the scope of this part of ISO 21549. For instance, cross-border reimbursement of healthcare services are usually regulated by law and intergovernmental agreements which are not subject to standardization.

The advent of remotely accessible data bases and support systems has led to the development and use of "Healthcare Person" identification devices that are also able to perform security functions and transmit digital signatures to remote systems via networks.

With the growing use of data cards for practical everyday healthcare delivery, the need has arisen for a standardized data format for interchange.

The person-related data carried by a data card can be categorised in three broad types: identification (of the device itself and the individual to whom the data it carries relates), administrative and clinical. It is important to realise that a given healthcare data card "de facto" has to contain device data and identification data and may in addition contain administrative, clinical, medication and linkage data.

**Device data** are defined to include:

- identification of the device itself;
- identification of the functions and functioning capabilities of the device.

**Identification data** can include:

- unique identification of the device holder (and not information of other persons!).

**Administrative data** can include:

- complementary person(s) related data;
- identification of the funding of healthcare, whether public or private, and their relationships, i.e. insurer(s), contract(s) and policy(ies) or types of benefits;
- identification of other persons as a part of the insurance contract (e.g. a family contract);
- other data (distinguishable from clinical data) that are necessary for the purpose of healthcare delivery.

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**Clinical data** may include:

- items that provide information about health and health events;
- their appraisal and labelling by a healthcare provider;
- related actions planned requested or performed.

**Medication data** may include:

- a record of medications received or taken by the patient;
- copies of prescriptions including the authority to dispense records of dispensed medication;
- records of medication bought by the patient;
- pointers to other systems that contain information that makes up an electronic prescription and the authority to dispense.

Because a data card essentially provides specific answers to definite queries whilst having at the same time a need to optimize the use of memory by avoiding redundancies “high level” Object Modelling Technique (OMT) has been applied with respect to the definition of healthcare data card data structures.

Patient data cards may offer facilities to:

- a) communicate prescription information from one healthcare person to another healthcare person such as to a healthcare agent or healthcare organization;
- b) provide indexes and/or authority to access prescription information held other than on the patient data card.

This part of ISO 21549 describes and defines the administrative data objects used within or referenced by patient held health data cards using UML, plain text and Abstract Syntax Notation (ASN.1).

This part of ISO 21549 does not describe and define the common objects defined within ISO 21549-2 even though they are referenced and utilized within this document.