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**Hälsa- och sjukvårdsinformatik – HL 7 Funktionsmodell för elektronisk patientjournal, Utgåva 2 (EHR FM) (ISO 10781:2015)**

**Health Informatics – HL7 Electronic Health Records-System Functional Model, Release 2 (EHR FM) (ISO 10781:2015)**

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Denna standard ersätter SS-EN ISO 10781:2009, utgåva 1.

The European Standard EN ISO 10781:2015 has the status of a Swedish Standard. This document contains the official English version of EN ISO 10781:2015.

This standard supersedes the Swedish Standard SS-EN ISO 10781:2009, edition 1.

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EUROPEAN STANDARD

**EN ISO 10781**

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## Health Informatics - HL7 Electronic Health Records-System Functional Model, Release 2 (EHR FM) (ISO 10781:2015)

Informatique de santé - Modèle fonctionnel d'un système de dossier de santé électronique, publication 2 (EHR FM) (ISO 10781:2015)

Funktionales Modell für ein elektronisches Gesundheitsaktensystem (EHRS FM), Ausgabe 2 (ISO 10781:2015)

This European Standard was approved by CEN on 30 April 2015.

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EUROPÄISCHES KOMITEE FÜR NORMUNG

**CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels**



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## **European foreword**

This document (EN ISO 10781:2015) 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 DIN.

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of an identical text or by endorsement, at the latest by February 2016, and conflicting national standards shall be withdrawn at the latest by February 2016.

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.

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### **Endorsement notice**

The text of ISO 10781:2015 has been approved by CEN as EN ISO 10781:2015 without any modification.

## Introduction

### Information for readers

EHR System Functional Model Release 2.0 is based on a series of predecessors, starting in 2004 with the release of the first consensus Draft Standard, followed in 2007 by Release 1, then in 2009 with Release 1.1, jointly balloted with ISO/TC 215 and CEN/TC 251. Release 2.0 reflects many changes, including ballot comments that had been made on past ballots and where the HL7 EHR Work Group had committed to bringing consideration of requested changes forward. It also includes comments that were considered for future use from the ISO ballot of 2009 as well as considerations of the Comment Only ballot that was circulated in May 2011.

Other inclusions were made as a result of the multiple EHR System Functional Profiles that have been written on Functional Model Releases 1 and 1.1. There was great learning in those various domain as well as companion profiles. The EHR-S FM also incorporated two other Draft Standards for Trial Use: HL7 EHR Lifecycle Model and HL7 EHR Interoperability Model.

### Changes from previous Release

The HL7 EHR-System Functional Model Release 2 had its first normative ballot in May 2012. The key changes as a result of the first normative ballot included the following.

- Moved the normative parts of the Glossary into the Conformance clause section as use of glossary consistently is key to ease in reading and understanding the model.
- Improved consistency in representation of Headers, Functions and Conformance Criteria throughout the model.
- Updated the conformance clause for ease of reading especially as it related to the different types of profiles: domain profiles and companion profiles.
- Provided clarity for functional description and related conformance criteria.
- Updated the content to be more current.

To see all of the comments and reconciliation of the Normative 1 ballot, please see the HL7 Ballot Website for the ballot cycle of May 2012.

## Background

### What are Electronic Health Record Systems?

The effective use of information technology is a key focal point for improving healthcare in terms of patient safety, quality outcomes, and economic efficiency. A series of reports from the US Institute of Medicine (IOM) identifies a crisis of “system” failure and calls for “system” transformation enabled by the use of information technology. Such a change is possible by “an infrastructure that permits fully interconnected, universal, secure network of systems that can deliver information for patient care anytime, anywhere.”(HHS Goals in “Pursuing HL7 EHR Functional Standard” in Memorandum to HIMSS from C. Clancy and W. Raub co-chairs of HHS Council on the Application of Health Information Technology, dated November 12, 2003.) A critical foundational component for resolving these system and infrastructure issues is the Electronic Health Record System (EHR-S).

In developing this EHR-S Functional Model, HL7 relied on three well-accepted definitions: two provided by the US. Institute of Medicine and one developed by the European Committee for Standardization/ Comité Européen de Normalization (CEN). This Functional Model leverages these existing EHR-S definitions and does not attempt to create a redundant definition of an EHR-S.

## Existing EHR System Definitions

The IOM's 1991 report, *The Computer-Based Patient Record: An Essential Technology*, and updated in 1997 (Dick, R.S, Steen, E.B., and Detmer, D.E. (Editors), National Academy Press: Washington, DC) defined an EHR System as follows.

- The set of components that form the mechanism by which patient records are created, used, stored, and retrieved.
- A patient record system is usually located within a health care provider setting. It includes people, data, rules and procedures, processing and storage devices (e.g. paper and pen, hardware and software), and communication and support facilities.
- The 2003 IOM Letter Report, *Key Capabilities of an Electronic Health Record System*, defined the EHR System as including:
  - Longitudinal collection of electronic health information for and about persons, where health information is defined as information pertaining to the health of an individual or health care provided to an individual.
  - Immediate electronic access to person- and population-level information by authorized, and only authorized, users.
  - Provision of knowledge and decision-support that enhance the quality, safety, and efficiency of patient care.
  - Support of efficient processes for health care delivery.

The 2003 ISO/TS 18308 references the IOM 1991 definition above as well as ISO 13606:

- A system for recording, retrieving and manipulating information in electronic health records.

## How were the Functions Identified and Developed?

To achieve healthcare community consensus at the outset, the functions are described at a conceptual level, providing a robust foundation for a more detailed work. Functions were included if considered essential in at least one care setting. Written in user-oriented language, the document is intended for a broad readership.

Functional Granularity is a term used to describe the level of abstraction at which a function is represented. Functions that are commonly grouped together in practice or by major systems have been consolidated where appropriate; functions requiring extra or separate language or involving different workflows have been kept separate where appropriate. For example, decision support is maintained as a separate section, but mapped to other key sections, to indicate the “smart” function behind an action. All of the functions could be expanded into more granular elements but a balance between a usable document and an unwieldy list of functions has been agreed upon. The goal of determining an appropriate level of functional granularity at this time is to present functions that can be easily selected and used by readers of this standard, but that are not so abstract that readers would need to create a large number of additional functions within each function.

Although the determination of functional granularity is a relatively subjective task, systematic evaluation of each function by diverse groups of industry professionals has resulted in a level of granularity appropriate for this EHR-S Functional Model. Every attempt has been made to provide supporting information in the functional descriptions to illustrate the more granular aspects of functions that may have been consolidated for usability purposes.

Keeping with the intent of this EHR-S Functional Model to be independent with regard to technology or implementation strategy, no specific technology has been included in the functions, but may be used in the examples to illustrate the functions. Inclusion of specific technologies in the examples does not endorse or support the use of those technologies as implementation strategies.