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Health informatics — Trusted end-to-end information flows

Informatique de santé — Flux d'informations "trusted end-to-end"

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Foreword

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The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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For an explanation on the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see the following URL: www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 215, *Health informatics*.

This first edition of ISO/TS 21089 cancels and replaces ISO/TR 21089:2004, which has been technically revised.

The main changes compared to ISO/TR 21089:2004 are as follows:

— transition from Technical Report (informative) to Technical Specification (normative);

— close alignment with ISO/HL7 10781:2015 and its specified record lifecycle events;

— close alignment with HL7 Fast Health Interoperable Resources (FHIR), Standard for Trial Use, 3rd Edition (STU-3) (2017), including the FHIR Record Lifecycle Event Implementation Guide (RLE IG) and two FHIR Resources AuditEvent and Provenance. See http://www.hl7.org/FHIR;

— incorporation of twenty-seven (27) record lifecycle events compared to fifteen (15) in the first edition for more complete representation of end-to-end electronic health record management;

— comprehensive review and update of terms and definitions (Clause 3) to more completely specify the range of health record lifespan and lifecycle events.

Introduction

This document describes requirements for health data/record management including identity, accountability, provenance, authenticity, integrity, confidentiality, stewardship and interoperability and addresses specific needs of health and healthcare stakeholders, in particular the individual subject of care, the healthcare professional/caregiver, the healthcare provider organization, its business units and the broader care community.

The trusted end-to-end information flows described herein offer necessary criteria for standards developers and implementers of electronic health record and other record management systems, including standards for data at rest (during retention) and data in motion (during exchange) within the healthcare domain and provide guidance for software developers and vendors, healthcare providers and end users.