

A national decision in Sweden on healthcare informatic standard

The Swedish county councils have February 14th, 2008, decided:

The path for the development of an applied information structure for the Swedish health care and welfare is to follow and apply the European standard effort and its recommendations.

The architectural board for Healthcare has the task to:

- validate the European standard effort
- develop a strategy for a migration to the selected standard
- inform and educate

The Architectural board for Healthcare has decided to use the standard EN13606 for the development of the common applicable information structure for ICT.

It means that EN13606 -1, 2 and 3 (EHRcom) will be used as standard for the information structure including archetypes and templates.

It means that EN13606 -1, 2 and 5 (EHRcom) will be used as standard for communication of information.

Patient safety requires that crucial information mirrors the patient's journey through health care and that it is accessible to authorised professionals when needed. Data must also be made available for management, follow-up, and research and development purposes. Information must be recorded in such a way that only one interpretation is possible. It must be stored electronically, be retrievable and have a standardised structure. Information must therefore be subject to a common regulatory framework and thus adjusted to a uniform information structure model. This will allow ICT systems to handle and exchange information more efficiently. Patient safety and the ability to follow up care activities are contingent on a uniform information structure based on established terminologies and classifications.

Therefore the Swedish county councils mutually have agreed to initiate a national project in order to create a common applicable information structure for ICT- use in Swedish health and medical services. The aim is to develop a common applicable information structure for ICT in order to improve patient safety, enabling comparison and communicating across operational and organisational boundaries in Swedish care.