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I.S. EN ISO 12967-3:2011

Health informatics - Service architecture - Part 3: Computational viewpoint (ISO 12967-3:2009)

I.S. EN ISO 12967-3:2011

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Health informatics - Service architecture - Part 3: Computational viewpoint (ISO 12967-3:2009)

Informatique de santé - Architecture de service - Partie 3:
Point de vue informatique (ISO 12967-3:2009)

Medizinische Informatik - Servicearchitektur - Teil 3:
Verarbeitungssicht (ISO 12967-3:2009)

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Foreword

The text of ISO 12967-3:2009 has been prepared by Technical Committee ISO/TC 215 “Health informatics” of the International Organization for Standardization (ISO) and has been taken over as EN ISO 12967-3:2011 by 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of an identical text or by endorsement, at the latest by September 2011, and conflicting national standards shall be withdrawn at the latest by September 2011.

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The text of ISO 12967-3:2009 has been approved by CEN as a EN ISO 12967-3:2011 without any modification.

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I.S. EN ISO 12967-3:2011
**INTERNATIONAL
STANDARD**

**ISO
12967-3**

First edition
2009-08-15

**Health informatics — Service
architecture —**

Part 3:
Computational viewpoint

*Informatique de santé — Architecture de service —
Partie 3: Point de vue informatique*



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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 12967-3 was prepared by Technical Committee ISO/TC 215, *Health informatics*, based on the European Standard EN 12967-3:2007 with minor editorial amendments.

ISO 12967 consists of the following parts, under the general title *Health informatics — Service architecture*:

- *Part 1: Enterprise viewpoint*
- *Part 2: Information viewpoint*
- *Part 3: Computational viewpoint*

Introduction

ISO 12967 is a multi-part standard that provides guidance for the description, planning and development of new systems as well as for the integration of existing information systems, both within one enterprise and across different healthcare organizations through an architecture integrating the common data and business logic into a specific architectural layer (i.e. the middleware), distinct from individual applications and accessible throughout the whole information system through services, as shown in Figure 1.

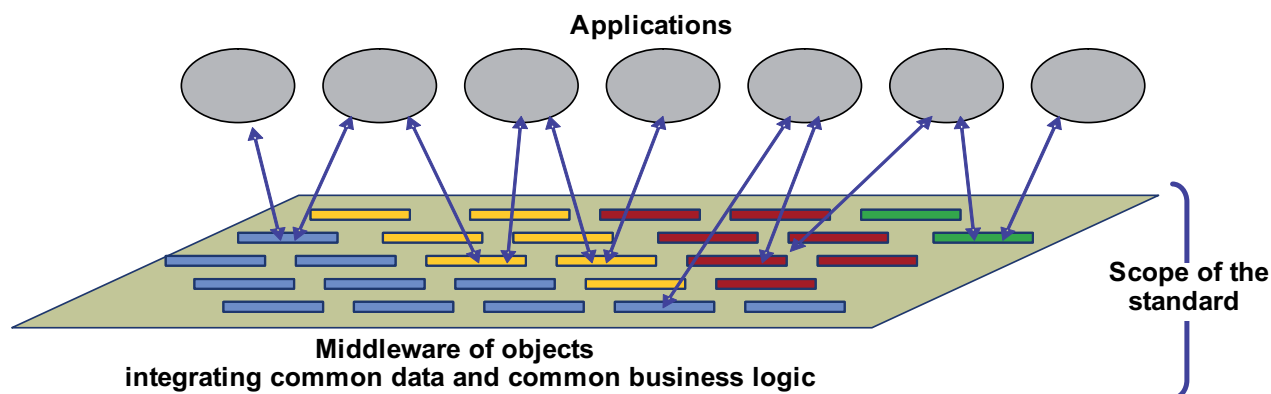


Figure 1 — Scope of this International Standard

The overall architecture is formalized according to ISO/IEC 10746 (all parts)^{[10] [11][12][13]} and is therefore structured through the following three viewpoints.

- a) Enterprise viewpoint: specifies a set of fundamental common requirements at enterprise level with respect to the organizational purposes, scopes and policies that must be supported by the information and functionality of the middleware. It also provides guidance on how one individual enterprise (e.g. a regional healthcare authority, a large hospital or any other organization where this model is applicable) can specify and document additional specific business requirements, with a view to achieving a complete specification, adequate for the characteristics of that enterprise.

Enterprise viewpoint is specified in ISO 12967-1.

- b) Information viewpoint: specifies the fundamental semantics of the information model to be implemented by the middleware to integrate the common enterprise data and to support the enterprise requirements formalized in ISO 12967-1. It also provides guidance on how one individual enterprise can extend the standard model with additional concepts needed to support local requirements in terms of information to be put in common.

Information viewpoint is specified in ISO 12967-2.

- c) Computational viewpoint: specifies the scope and characteristics of the services that must be provided by the middleware for allowing access to the common data as well as the execution of the business logic supporting the enterprise processes identified in the information viewpoint and in ISO 12967-1. It also provides guidance on how one individual enterprise can specify additional services needed to support local specific requirements in terms of common business logic to be implemented.

Computational viewpoint is specified in this part of ISO 12967.

Health informatics — Service architecture —

Part 3: Computational viewpoint

1 Scope

HISA specifies fundamental requirements for 'information infrastructure' and healthcare specific middleware services.

This part of ISO 12967 specifies the fundamental characteristics of the computational model to be implemented by a specific architectural layer of the information system (i.e. the middleware) to provide a comprehensive and integrated interface to the common enterprise information and to support the fundamental business processes of the healthcare organization, as defined in ISO 12967-1. The computational model is specified without any explicit or implicit assumption about the physical technologies, tools or solutions to be adopted for its physical implementation in the various target scenarios. The specification is nevertheless formal, complete and non-ambiguous enough to allow implementers to derive an efficient design of the system in the specific technological environment which will be selected for the physical implementation.

The computational model provides the basis for ensuring consistency between different engineering and technology specifications (including programming languages and communication mechanisms) since they must be consistent with the same computational object model. This consistency allows open inter-working and portability of components in the resulting implementation.

This specification does not aim at representing a fixed, complete, specification of all possible interfaces that may be necessary for any requirement of any healthcare enterprise. It specifies only a set of characteristics – in terms of overall organization and individual computational objects, identified as fundamental and common to all healthcare organizations, and that are satisfied by the computational model implemented by the middleware.

Preserving consistency with the provisions of this part of ISO 12967, physical implementations shall allow extensions to the standard computational model in order to support additional and local requirements. Extensions shall include both the definition of additional properties in the objects of the standard model and the implementation of entirely new objects.

Also this standard specification shall be extendable over time according to the evolution of the applicable standardization initiatives. The specification of extensions shall be carried out according to the methodology defined in Clause 7 of ISO 12967-1:2009, which identifies a set of healthcare common information services, describing their need and the methodology through which they will be used. These are only the minimal identifiable set of services according to the needs of the healthcare enterprise, and constituting the "middleware" platform (i.e. integration platform) to serve as the basis for healthcare applications, e.g. EHR or patient administration.

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