



Standard Terminology for Healthcare Informatics¹

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1. Scope*

1.1 This terminology is intended to name and document the principal concepts, and their associated terms, that are utilized in the healthcare information domain and all of its specialized subdomains. It is applicable to all areas of healthcare about which information is kept or utilized. It is intended to complement and utilize those concepts already identified by other national and international standards bodies. It will identify alternate accepted terms for the same concept and its elected term. Its terms are intended to clarify and simplify usage in the dialog and documentation about the concepts, processes and data that are used to schedule, conduct and manage all phases of healthcare. This common usage will improve the quality and management of all facets of healthcare by means of explicit information used in referring to each of these facets. These health informatics terms have been collected here specifically in order to facilitate the consistent use of common concepts in informatics standards development and use throughout healthcare. A separate process from this standard that is described in ISO 15188 will manage the approval of biomedical and healthcare terms.

1.2 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:²

[E1239 Practice for Description of Reservation/Registration-Admission, Discharge, Transfer \(R-ADT\) Systems for Electronic Health Record \(EHR\) Systems](#)

[E1284 Guide for Construction of a Clinical Nomenclature](#)

¹ This terminology is under the jurisdiction of ASTM Committee E31 on Healthcare Informatics and is the direct responsibility of Subcommittee E31.35 on Healthcare Data Analysis.

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² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

[for Support of Electronic Health Records \(Withdrawn 2007\)³](#)

[E1384 Practice for Content and Structure of the Electronic Health Record \(EHR\)](#)

[E1633 Specification for Coded Values Used in the Electronic Health Record](#)

[E1762 Guide for Electronic Authentication of Health Care Information](#)

[E1869 Guide for Confidentiality, Privacy, Access, and Data Security Principles for Health Information Including Electronic Health Records](#)

[E1985 Guide for User Authentication and Authorization](#)

[E1986 Guide for Information Access Privileges to Health Information](#)

[E1987 Guide for Individual Rights Regarding Health Information \(Withdrawn 2007\)³](#)

[E2087 Specification for Quality Indicators for Controlled Health Vocabularies \(Withdrawn 2009\)³](#)

[E2147 Specification for Audit and Disclosure Logs for Use in Health Information Systems](#)

2.2 CEN Standards:⁴

[EN-12017 Medical Informatics Vocabulary \(MIVoc\)](#)

[EN-12264 Categorical Structure of Syntax of Concepts—Model for Representation of Semantics \(MOSE\)](#)

2.3 ISO Standards:⁵

[ISO 704 Principles and Methods of Terminology](#)

[ISO/DIS 860 International Harmonization of Concepts and Terms](#)

[ISO/DIS 1087-1 Terminology—Vocabulary—Part 1 Theory and Application](#)

[ISO/DIS 1087-2 Terminology—Vocabulary—Part 2 Computer Applications](#)

[ISO 2382/4 Information Technology—Vocabulary—Organization of Data](#)

[ISO 10241 Terminology—Standards Representation and Layout](#)

[ISO 12200 Terminology—Computer Applications—Machine Readable Terminology Interchange Format](#)

³ The last approved version of this historical standard is referenced on www.astm.org.

⁴ Available from European Committee for Standardization (CEN), 36 rue de Stassart, B-1050, Brussels, Belgium, <http://www.cenorm.be>.

⁵ Available from American National Standards Institute (ANSI), 25 W. 43rd St., 4th Floor, New York, NY 10036, <http://www.ansi.org>.

*A Summary of Changes section appears at the end of this standard

ISO/IEC 12207 Life Cycle Processes
 ISO 12620 Terminology—Computer Applications—Data Categories
 ISO 15188 Project Management Guidelines for Terminology Interchange Format
 2.4 *Other Documents:*
 American National Standard Dictionary of Information Technology (ANSDIT) <http://www.incits.org>
 CEN PrENV 11994 Medical Informatics Vocabulary
 GALEN Generalized Architecture for Language, Encyclopedias and Nomenclatures in Medicine: Univ. of Manchester
 IEEE 610.5 Glossary of Data Management
 Unified Medical Language System (UMLS) Knowledge Sources National Library of Medicine 7th Experimental Edition January 1996

3. Significance and Use

3.1 This standard vocabulary is intended to be used as a reference about terms used in standards for healthcare informatics and in general discussions about informatics issues relating to the healthcare sector, including: clinical care, resource management, policy, clinical or health services research or biomedical research in basic or applied areas of science that refer to the healthcare sector. It contains “Elected Terms” rather than the “Preferred” terms used in the terminologic literature. This is a usage coined within the CEN TC-251 community to reflect the fact that there is consensus agreement on the usage of a particular form rather than an imposition. This consensual agreement to usage better reflects the incentives for common usage rather than mandates. Alternate forms (Synonymy) of an elected term exist and are cataloged for the same concept, in accordance with ISO/DIS 1087-1, ISO 704, ISO 12620, and EN-12017, ISO/DIS 860, EN-12264, and ANSDIT.

3.2 The system used to classify these terms is in the full context of all of the terminology of biomedicine, as well as about the healthcare system itself as it is used throughout the health domain. It has drawn on the terms used in both EN-12017 and in UMLS for biomedicine (Guide E1284, Specification E1633, ISO 12200, GALEN). The coding scheme described in Section 5 used to represent this classification was developed for this terminology from the Unified Medical Language System documentation produced by the National Library of Medicine.

4. Terminology

4.1 *Vocabulary about Vocabulary*—This section lists those terms used for vocabulary in this document which do not appear in the above referenced standards; however, the following general terms in ISO/DIS 1087-1 are included for understanding:

4.2 *ISO/DIS 1087-1 Terms:*

admitted term—term accepted as a synonym for a preferred term by an authoritative body.

designation—representation of a concept by linguistic or non-linguistic means.

DISCUSSION—In terminologic work, Symbols and Terms are the two designations.

glossary—document that contains a list of terms from a subject field and their designations.

preferred term—term recommended by an authoritative body.

special language—language for special purposes.

technical dictionary—dictionary of terminologic entries or designation-related information, from one or more specific subject fields.

term—designation consisting of one or more words which denote a given concept in a special language (language for special purposes).

terminology—set of terms belonging to one special language.

vocabulary—technical dictionary that contains designations and definitions from one or more special subject fields.

4.3 *Definitions of Terms Specific to This Standard:*

candidate term—that form which has been submitted to the reference body for election as that to be used in data interchange and in situations requiring wide understanding but which has not yet achieved that election.

data element—(1) named unit of data that, in some contexts, is considered indivisible and in other contexts may consist of data items; and (2) a named identifier of each of the entities and their attributes that are represented in a database. **ANSI X3.172-1990**

data item—named component of a data element; usually the smallest component. **ANSI X3.172-1990**

data value—instance of a data item. **ANSI X3.172-1990**

elected term—that form which is rapidly and fully understood as representing the defined concept and which has been agreed by consensus that it will stand for that concept in the wide majority of situations where that concept is noted.

lexicon—collection of terms used in a particular profession or subject area.

4.4 *Acronyms:*

ANSI HITSP—American National Standards Institute Health Information Technology Standards Panel

CEN—Committee European Normalization

HL7—Health Level Seven

ISO—International Standards Organization

SDO—Standards Developer Organization

5. Classification Schema

5.1 The rationale for placement of healthcare informatics terms within an existing schema involves combination of concepts given in EN-12017 with that of the Semantic Types used in UMLS (v-7, p. 30) by adding groups and subgroups from EN-12017 to new sub categories in UMLS. The locations of these insertions are shown as follows:

EN 12017 classification shown in ()
 Extensions to UMLS Semantic Type in **Bold**

A. Entity

2. Conceptual entity
 1. Idea or Concept
 2. Finding
 3. Organism Attribute
 4. Intellectual Product
 5. Language
 6. Occupation or Discipline
 1. Biomedicine Occupation or Discipline
 2. Professional, Service, Administrative, Agricultural or Manufacturing Occupation
 7. Organization (1.2.3)
 1. Healthcare related organization
 1. **Healthcare-delivery organization (1.2.3.1)**
 2. **Issuing organization (1.2.3.2)**
 3. **Registration authority (1.2.3.3)**
 4. **Sponsoring authority (1.2.3.4)**
 5. **Healthcare Facility**
 2. Professional Society
 3. Self-help or relief organization
 4. **Healthcare party (1.2.4)**
 1. **Laboratory service provider (1.2.4.1)**
 2. **Laboratory service requester (1.2.4.2)**
 3. **Subject of Investigation (1.2.4.3)**
 4. **Consent (1.2.4.4)**
 5. **Healthcare accountability (1.2.5)**
 1. **Contract**
 2. **Management**
 3. **Professional License**
 6. **Healthcare Enterprise (1.2.7.1)**
 1. **Healthcare enterprise constituencies (1.2.7.1.1)**
 2. **Healthcare enterprise dimensions (1.2.7.1.2)**
 3. **Healthcare enterprise view (1.2.7.1.3)**
 7. **Organizational policies (1.2.7.2)**
 8. **Organizational strategies (1.2.7.3)**
 8. Group attribute
 9. Group
 1. Professional or Occupational Group
 1. **Healthcare Players (1.2)**
 1. **Healthcare professionals (1.2.2)**
 1. **Healthcare practitioner (1.2.2.1)**
 2. **Healthcare workers**
 2. Population
 3. Family
 4. Age
 5. Patient or Disabled Group
 1. Individual Patient
 10. **Resources (1.3)**
 1. **Healthcare Informatics (1.3.1)**
 1. **Health Information Technology (1.3.1.1)**
 1. **Health Information Technology Components (1.3.1.1.1)**
 2. **Healthcare Technology (1.3.2)**
 1. **Health technology components (1.3.2.1)**
 2. **Interventional equipment (1.3.2.2)**
 3. **ECG Devices (1.3.2.3)**
 4. **Safety (1.3.2.4)**
 3. **Healthcare System/Setting**
 11. **Informatics (2.)**
 1. **Informatics Basics (2.1)**
 1. **Terminology (2.1.1)**
 1. **Concept (2.1.1.1)**
 1. **Concept Type (2.1.1.1.1)**
 2. **Concept System (2.1.1.1.2)**
 3. **Composite Concept (2.1.1.1.3)**
 4. **Type of Modifier (2.1.1.1.4)**
 2. **Characteristic (2.1.1.2)**
 3. **Term (2.1.1.3)**
 4. **Object (2.1.1.4)**
 2. **Modelling (2.1.2)**
 1. **Information Domain (2.1.2.1)**
 2. **Functional Domain (2.1.2.2)**
 3. **View (2.1.2.3)**
 4. **Modeling Technique (2.1.2.4)**
 2. **Information Systems (2.2)**
 1. **Information System (2.2.1)**
 2. **Information (2.2.2)**
 3. **Data Security (2.2.3)**
 1. **Confidentiality (2.2.3.1)**

2. **Privacy (2.2.3.2)**
3. **Cryptography (2.2.3.3)**
4. **Access Control (2.2.3.4)**
5. **Data Availability (2.2.3.5)**
6. **Data Integrity (2.2.3.6)**
7. **Security Audit (2.2.3.7)**
8. **Security Policy (2.2.3.8)**
9. **Threat (2.2.3.9)**
10. **Physical Security (2.2.3.10)**

3. Processes (2.3)

1. **Data access (2.3.1)**
2. **Imaging (2.3.2)**
3. **Communication (2.3.3)**
4. **Measurement (2.3.4)**

4. Devices (2.4)

1. **Intermittently Connected Device (2.4.1)**
2. **Healthcare Person Device (2.4.2)**
3. **Electronic Healthcare Cards (2.4.3)**

5. Data (2.5)

1. **Data types (2.5.1)**
2. **Data structures (2.5.2)**
3. **Codes (2.5.3)**
4. **Record (2.5.4)**
 1. **Healthcare record (2.5.4.1)**
5. **Register (2.5.5)**
6. **Healthcare statistics (2.5.6)**
7. **ECG Data (2.5.7)**

B. Event
1. Activity
3. Occupational Activity

1. **Healthcare Activity (1.1)**
 1. **Healthcare Service (1.1.1)**
 1. **Diagnostic Procedure (1.1.1.1)**
 1. **Investigation (1.1.1.1.1)**
 1. **Laboratory Examination (1.1.1.1.1.1)**
 2. **Therapeutic/Preventive Procedure**
 1. **Surgical Deed (1.1.1.2)**
 2. **Nursing Procedure (1.1.1.3)**
 3. **Administrative service**
 4. **Clinical Service**
 2. **Ancillary Service (1.1.1.2)**
 3. **Telemedicine (1.1.1.3)**
 4. **Healthcare Scheduling/appointing (1.1.2)**
 5. **Clinical Orders (1.1.3)**
 1. **Laboratory service order (1.1.3.1)**
 6. **Quality assurance (1.1.4)**
 2. **Research Activity**
 3. **Governmental or Regulatory Activity**
 4. **Educational Activity**
 2. **Phenomenon or Process**
 1. **Anthropogenic phenomenon**
 2. **Natural phenomenon**
 1. **Biologic Function**
 1. **Physiologic Function**
 2. **Pathologic Function**

6. Terms and Definitions: Current Elected Terms

6.1 **Annex A1** contains the entries currently elected by the subcommittees of ASTM Technical Committee E31 and submitted to other SDOs of the ANSI HITSP. Terms not fully agreed upon by these bodies are also listed in the next section on candidate terms. This Elected term list is prepared according to ISO 10241. A number of terms come from the CEN Standard EN-12017 MIVOC.

7. Terms and Definitions: Candidate Terms

7.1 **Annex A2** includes that list of candidate terms (without definitions) for which full consensus has not yet been reached but which are widely used either in the elected or alternate forms. Continuing work is underway to elect the form which is intended to be that widely recognized for the defined concept. Upon election, the term entry (with elected definition) will be

transferred to **Annex A1**. Terms are further classified in **Appendix X1** by the taxonomy given in **4.1**.

8. Keywords

8.1 healthcare information domain; health informatics; terminology; vocabulary

ANNEXES

(Mandatory Information)

A1. ELECTED TERMS

ACCESS

(1) Possibility to retrieve medical information stored in a database or remote application. Access should be limited by security authentication mechanisms.
(2) The provision of an opportunity to approach, inspect, review, retrieve, store, communicate with or make use of health information system resources (for example, hardware, software, systems or structure) or patient identifiable data and information, or both. [E1869]
Source 3

ACCESS CONTROL

Prevention of use of a resource by unidentified or unauthorized entities or both. [adapted from CEN/TC-251 directory]
Source 2

ACCESS CONTROL LIST

Piece of access control information, associated with a target, which specifies the initiators who may access some target.
Source 16

ACCOUNTABILITY

Property that ensures that actions of an entity may be traced uniquely to the entity. [ISO 7498-2] Authority under which an action (a function, an activity, a task) is to be performed. It represents a relationship between two agents, where one agent is responsible to another for the completion of some action under the authority of the other, that authorizes the first in the carrying out of the action. [PT010 (1993)]
Source 2

ACCREDITATION

Formal process by which an agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.
Source 6

ACQUIRING CARDIOGRAPH

Cardiograph recording the original ECG signal. [ENV 0164]
Source 2

ACTIVITY

Activity is to be distinguished from the performer of the activity. Thus an activity is an answer to What? questions, and takes the form of a verb. [ANSAPT0101]
Action for the creation, the acquisition or furnishing of a "product", e.g. register a patient. [CEN Global Glossary]
Source 2

ADDITIONAL DIAGNOSIS

Any diagnosis, other than the principal diagnosis, that describes a condition for which a patient receives treatment or which the physician considers of sufficient significance to warrant inclusion for investigative medical studies.
Source 6

ADMISSION

(1) Formal acceptance by a hospital of a patient who is to be provided with room, board, and continuous nursing services in an area of the hospital where patients stay overnight. [E1239] (2) Initiation of a single patient encounter or visit. Note: An admission has the following potential characteristics: (a) assignment of a unique identifier; (b) relation to a specific encounter type (provision of healthcare services to an inpatient); (c) representation of a unit of administrative, accounting, financial or statistical significance or combinations thereof; (d) accordance to business rules; (e) relation to point of entry; (f) being based on a physician's order; (g) relation to specific medical problem; (h) relation to engagement of specific health care services; and (i) assignment of a fixed location at the time of admission (for example, examination room, inpatient room/bed). [adapted from ANSI HISPP comments on CEN TC 251/93-147 MIVoc]
Source 2

ADMISSION-DISCHARGE-TRANSFER SUBSYSTEM

Subsystem of a HOSPITAL INFORMATION SYSTEM that provides the function of PATIENT admission, discharge, and transfer, and maintains the hospital CENSUS. [adapted from Shortliffe]
Source 2

ADMITTING DIAGNOSIS

Statement of the provisional condition given as the basis for admission to the hospital for study.

Source 7

AGENT

Description of the responsibilities of the individuals and organizational units within the healthcare enterprise. An agent must always be an appropriate answer to Who? questions. [ANSA PT0101(1993)]

Source 2

ALERT

Written or acoustic signals to announce the arrival of messages and results, and to avoid possible undesirable situations, such as contradictions, conflicts erroneous entry, tasks that are not performed in time or exceptional results. A passive alert will appear on a screen in the form of a message. An active alert, calls for immediate attention, and the appropriate person is immediately notified by beeper.

Source 3

ALERTING SYSTEM

Computer based system that automatically generates alerts as a consequence of monitoring or other information processing activities. cf: CONSULTATION SYSTEM, CRITIQUING SYSTEM. [adapted from Source 2]

Source 2

AMBULATORY CARE

Services provided to patients who are neither hospitalized nor institutionalized as INPATIENTS in a healthcare facility which is the site of the encounter.

Source 7

AMBULATORY CARE CLINIC

An entity or unit of a medical or dental treatment facility that is organized and staffed to provide medical treatment in a particular specialty and/or subspecialty; and holds regular hours in a designated place.

Source 6

AMBULATORY CARE INFORMATION SYSTEM

Information system to deal with the care of OUTPATIENTS.

Source 2

AMBULATORY SURGERY CENTER

Free-standing or hospital based facility offering elective surgical procedures on patients who are admitted and discharged from the facility on the day of the surgery.

Source 7

AMBULATORY SURGERY PROGRAM

Facility program for the performance of elective surgical procedures on patients who are admitted and discharged on the day of surgery.

Source 6

ANALYTIC FORM

Structured representation of a composite concept as a composition of concepts using semantic links. [PT003 (1993)]

Source 2

ANCILLARY SERVICE

Service in a hospital or healthcare facility, which is not part of the healthcare domain.

Source 2

ANCILLARY SERVICE VISIT

Appearance of an OUTPATIENT in a unit of a HOSPITAL or outpatient facility to receive service(s), tests, or procedures; it is ordinarily not counted as an encounter.

Source 7

ANCILLARY SERVICES INFORMATION SYSTEM

Information system designed to provide support for the management, monitoring, planning, scheduling and request processing of ANCILLARY SERVICE functions. [adapted from the CEN TC 251 directory]

Source 2

APPOINTMENT SCHEDULING SYSTEM

System for planning of appointments between resources, such as clinicians and facilities, and PATIENTS. Note: Used in order to minimize waiting time, prioritize appointments and to optimize the utilization of resources. [adapted from the CEN TC 251 directory]

Source 2

ARDEN SYNTAX

A syntax designed to facilitate the sharing of medical knowledge bases. In its present form the focus is on knowledge that can be represented as a set of independent modules that can provide therapeutic suggestions, alerts, diagnosis scores, etc. Each module is called a Medical Logic Module (MLM) which is made up of slots grouped into maintenance, library, and knowledge categories. [from Hripcsak et al 1990] The syntax has provisions for querying clinical databases and representing time. The syntax is based largely on HELP and Regenstrief Medical Record systems. The Arden Syntax is named after the Arden Homestead in Harriman, NY, where a meeting was held to address the sharing of medical knowledge.

Source 3

ASN.1 ENCODING RULES

Rules specifying the representation during transfer of the value of any ASN.1 type. [ISO 8824]

Source 2

ASYMMETRIC AUTHENTICATION METHOD

Method for demonstrating knowledge of a secret in which not all authentication information is shared by both entities. [ISO/IEC 10118-2] [PT009 (1994)]

Source 2

ATTENDING PHYSICIAN

The physician with defined clinical privileges who has primary responsibility for diagnosis and treatment of the patient. A Physician with privileges to practice the specialty independently. The physician may have either primary or consulting responsibilities depending on the case. There will always be only one primary physician, however, under very extraordinary circumstances, because of the presence of complex, serious and multiple, but related, medical conditions, a patient may have more than one attending physician providing treatment at the same time.

Source 6

AUDIT LOG

Record of actions (for example, additions, deletions, changes, queries) performed on data.

Source 17

AUDIT TRAIL

(1) Record of the resources which were accessed or used or both by whom. Note: This may involve a formal monitoring technique for comparison between the actual use of a medical information system and pre-established criteria. (2) Documentary evidence of monitoring each operation of individuals on health information. [National Research Council 1991] Audit trails may be comprehensive or specific to the individual and information. For example, an audit trail may be a record of all actions taken by anyone on a particularly sensitive file. [OTA 1993]

Source 2

AUTHENTICATE

To denote authorship of an entry made in a patient's medical or dental record by means of a written signature, identifiable initials, a computer key, or a personally-used rubber stamp; also refers to the process of certifying copies as genuine.

Source 6

AUTHENTICATION

(1) Method to establish security services by means of simple or strong authentication. There are two kinds of authentication: data origin authentication and peer entity authentication. (2) The provision of assurance of the claimed identity of an entity, receiver or object. [E1869, E1762, CPRI]

Source 3

AUTHORIZATION

Mechanism for obtaining consent for use and disclosure of health information. [CPRI, AHIMA]

Source 4

AUTHORIZE

Granting to a user the right of access to specified data and information, a program, a terminal or a process. [E1869]

Source 9

BASE CONCEPT

Concept without characteristics.

Source 2

BED, AVAILABLE

Operating bed not currently assigned to a patient.

Source 6

BED, OPERATING

Bed that is currently set up and ready in all respects for the care of a patient. It must include supporting space, equipment, and staff to operate under normal circumstances. Excluded are transient patient beds, bassinets, incubators, labor beds and recovery beds.

Source 6

BEDSIDE WORKSTATION

Workstation in a PATIENT room (or examination room). Note: It can be associated with a single bed, or several beds. [adapted from RICHE]

Source 2

BED CENSUS

Statistic of bed usage in a hospital at a given time.

Source 2

BIRTH CERTIFICATE

Official record of an individual birth, certified by a physician, and including birth date, place of birth, parentage, and other required identifying data, filed with the local registrar of vital statistics.

Source 6

BIT

Either of the digits 0 or 1 when used in the pure binary numeration system. [ISO 2382-4]

Source 2

BITSTRING TYPE

Simple type whose distinguished values are an ordered sequence of zero, one or more bits. [ISO 8824]

Source 2

BOARD-CERTIFIED

Physician or other health professional who has passed an examination given by a professional specialty board and has been certified by that board as specialist in that subject.

Source 6

BOOLEAN TYPE

Simple type with two distinguished values. Possibilities are true or false. [ISO8824] [PT009 (1994)]

Source 2

BOUNDARIES

Set of distinctions which separate the function of one system from another; a barrier separating the functions of two systems.

Source 15

CALIBRATION

Set of operations which establish, under specified conditions, the relationship between values indicated by a measuring instrument or measuring system, or values represented by a material measure or reference material, and the corresponding values of a quantity realized by a reference standard.

Source 3

CARE

Management of, responsibility for, or attention to the safety and well-being of another, or other persons.

Source 4

CASE MIX

Grouping of PATIENTS according to disease or procedure categories with homogeneous costs, following a scoring system using mean values by hospital, in relation with means obtained from national statistics. [adapted from CEN/TC 251 directory] Categories of patients, classified by disease, procedure, method of payment, or other characteristics, in an institution at any given time, usually measured by counting or aggregating groups of patients sharing one or more characteristics. [from DOD Glossary of Healthcare Terminology]

Source 2

CENSUS

Statistic of bed usage in a hospital at a given time.

Source 2

CERTIFICATION

Process by which governmental or non-governmental agency or association evaluates and recognizes a person who meets pre-determined standards; sometimes used with reference to materials and services. "Certification" is usually applied to individuals and "accreditation" to institutions.

Source 6

CHANGE-MANAGEMENT VIEW

Change-management View is a level of abstraction corresponding to the main phases of healthcare enterprise model development. [derived from ENV 40 003] [PT010 (1993)]

Source 2

CHARACTER

Member of a set of elements that is used for the representation, organization or control of data. [ISO 2382-4]

Source 2

CHARACTER SET

Finite set of different characters that is complete for a given purpose. [ISO 2382-4]

Source 2

CHIEF OF SERVICE

Member of a hospital staff who is elected or appointed to serve as the medical and/or administrative head of a clinical service.

Source 6

CLASSIFICATION

Systematic placement of things or concepts into categories which share some common attribute, quality, or property. A classification structure is a listing of terms that depict hierarchical structures.

Source 3

CLINIC

Outpatient facility providing a limited range of healthcare services, and assuming overall medical responsibility for the patients.

Source 7

CLINIC OUTPATIENT

PATIENT admitted to a clinical service of a hospital for diagnosis or therapy on an ambulatory basis in a formally organized unit of a medical or surgical specialty or subspecialty. The clinic assumes overall medical responsibility for the patient.

Source 8

CLINICAL DATA CENTERS

All computer-based (and manual) systems which handle and store patient record and health information, that is, solo practitioners, clinics, hospitals, state departments of health, health maintenance organizations.

Source 9

CLINICAL DECISION SUPPORT SYSTEM

Computer system designed to help healthcare professionals make clinical decisions. [adapted from Shortliffe]

Source 2

CLINICAL INFORMATION

Information about a patient, relevant to health or treatment of that patient, that is recorded by, or on behalf of, a healthcare professional data and information collected from the patient or the patient's family by a healthcare practitioner or healthcare organization. A healthcare practitioner's objective measurement or subjective evaluation of a patient's physical or mental state of health; descriptions of an individual's health history and family health history; decision rationale; descriptions of procedures performed; findings; therapeutic interventions; medications prescribed; descriptions of responses to treatment; prognostic statements; and descriptions of socio-economic factors and environmental factors related to a patient's health. [E1869]

Source 2

CLINICAL INVESTIGATION

Laboratory, physiological, radiological, or other healthcare examination that leads to the production of one or more results.

Source 3

CLINICAL LABORATORY INFORMATION MANAGEMENT SYSTEM

Information system that manages clinical laboratory data to support laboratory management, laboratory data collection and processing, PATIENT care and medical decision making. Note: It may be part of a HOSPITAL INFORMATION SYSTEM, or it may be independent.

Source 2

CLINICAL OBSERVATION

Clinical information excluding information about treatment and intervention.

Source 3

CLINICAL ORDER

Request for a certain procedure to be performed.

Source 2

CLINICAL PRIVILEGES

Permission to provide medical, dental, and other patient care services in the granting institution, within defined limits, based upon the individual's education, professional license, experience, competence, ability, health, and judgment.

Source 6

CLINICAL STATUS

Description of an individual PATIENT by means of results for a specified set of measurable quantities. The results of the measurements are the coordinates of a sample point of the quality vector in quantity space.

Source 2

CLINICIAN

A physician or dentist practitioner normally having admitting privileges and primary responsibility for care of inpatients. Intern and resident physicians and dentists are considered to be clinicians.

Source 6

CODE MEANING

Element within a coded set. [ISO 2382/4]

Source 2

CODING

Activity of using a coding scheme to map from one set of elements to another set of elements. (The products of classification and coding are often used for similar purposes, and sometimes they are considered as the same thing. However, coding and classification are distinct concepts.)

Source 3

CODE VALUE

Result of applying a coding scheme to a code meaning. [ISO 2382/4]

Source 2

CODED SET

Set of elements which is mapped onto another set according to a coding scheme. [ISO 2382-4]

Source 2

CODING

Activity of using a coding scheme to map from one set of elements to another set of elements. (The products of classification and coding are often used for similar purposes, and sometimes they are considered as the same thing. However, coding and classification are distinct concepts.)

Source 3

CODING SCHEME

Collection of rules that maps the elements of one set onto the elements of another set. [ISO 2382/4]

Source 2

COMORBIDITY

Preexisting condition on admission that will, because of its presence with a specific diagnosis, prolong the length of stay by at least one day in 75% of the patients.

Source 6

COMPLICATION

Condition that arises after the beginning of hospital observation and treatment and alters the course of the patient's illness or the medical care required.

Source 6

COMPONENT

Definable part of a system. A "Chunk" of software responsible for performing a set of tasks within a facet of a system's architecture. [Andover Working Group Glossary]

Source 5

COMPONENT CONCEPT

Base concept or specifying concept. [PT003 (1993)]

Source 1

COMPOSITE CONCEPT

Concept with its characteristics. [PT003 (1993)]
Source 1

COMPUTER ASSISTED DIAGNOSIS

Use of information technology for assisting healthcare professionals. Note: This usually involves a dialogue between a computer system and a clinician. The systems are generally regarded as support systems for clinicians, the final responsibility for decision making resides with the clinician.
Source 2

COMPUTER BASED PATIENT RECORD

HEALTH CARE RECORD stored in electronic format. Note: This framework representing the main healthcare subsystems, their connections, rules, etc. is the basis for the development of information and communication systems.
Source 10

COMPUTER-ASSISTED INFORMATION SYSTEM

Computerized information system partially based on automatic data processing methods. [Finnish]
Source 2

COMPUTER-BASED INFORMATION SYSTEM

Computerized information system totally based on automatic data processing methods. [Finnish]
Source 2

COMPUTERISED INFORMATION SYSTEM

Information system based on automatic data processing methods. [Finnish]
Source 2

CONCEPT MODEL

Statement of vision. It describes a concept's purpose, dimensions, and minimum characteristics. It depicts the boundaries of the concept and intersections with other concepts.
Source 15

CONCEPT SYSTEM

Structured set of concepts established according to relations between them, each concept being determined by its position in the set.
Source 2

CONCEPT TYPE

Concept that subsumes a set of concepts for a subject field.
Source 2

CONCEPT TYPE (ESSENTIAL)

Concept type that is recognized as essential to build a concept system in a given field.
Source 2

CONFIDENTIALITY

(1) Property that information is not made available or disclosed to unauthorized individuals, entities, or processes. [ISO 982] Note: The prevention of the unauthorized disclosure of information. [ISO/IEC 10118-2] (2) Status accorded to data or information indicating that it is sensitive for some reason, and therefore it needs to be protected against theft, disclosure, or improper use, or both, and must be disseminated only to authorized individuals or organizations with approved need to know. [E1869] Private information which is entrusted to another with the confidence that unauthorized disclosure which would be prejudicial to the individual will not occur. [CPRI]
Source 2

CONSENT

Relation between a Patient and an Agent by which the first gives the authority to the second to carry some procedure (diagnostics, therapeutics) on himself. [PT0101 (1993)]
Source 2

CONSULTANT

Expert in a specific medical, dental, or other health services field who provides specialized professional advice or services upon request.
Source 6

CONSULTATION

A deliberation with a specialist concerning the diagnosis or treatment of a patient. To qualify as a consultation, a written report to the requesting healthcare professional is required.
Source 6

CONSULTATION SYSTEM

cf: ALERTING SYSTEM, CRITIQUING SYSTEM. [adapted from Shortliffe]
Source 2

CONTRACT

Accountability where a provider is held responsible to a requester for certain activities. [PT010 (1993)]
Source 2

CONVERSION (OF THE FORM OF A COMPOSITE CONCEPT)

Change in the form of a composite concept using a synthetic form or a different analytic form of the same concept system. [adapted from ISO 2382-6]
Source 2

COORDINATED UNIVERSAL TIME

Time scale maintained by the Bureau International de Heure (international time bureau) that forms the basis of a coordinated dissemination of standard frequencies and time signals. [ISO 8824] [PT009 (1994)]
Source 2

CORPORATE SECURITY POLICY

Set of laws, rules, and practices that regulate how assets including sensitive information are managed, protected, and distributed within a user organization. [from European ITSEC]
Source 2

COST BENEFIT ANALYSIS

Analysis of costs and benefits associated with courses of action that is designed to identify the alternative that yields the maximum net benefit. This method is generally used when it is possible to assign monetary values to all relevant benefits and costs.
Source 3

COST CONTAINMENT

Process of planning so as to keep costs within certain constraints.
Source 3

COST EFFECTIVENESS ANALYSIS

Analysis of alternative courses of action, the objective of which is to identify whether the alternative that yields the maximum effectiveness achievable for a given amount of spending, or the alternative that minimizes the cost of achieving a stipulated level of effectiveness. The method is generally used when it is not possible to assign monetary values to benefits.
Source 3

CRITIQUING SYSTEM

Computer system that evaluates and suggests modification for plans or data analyses already formed by a user. [adapted from Shortliffe]
Source 2

CRYPTOGRAPHIC KEY

Parameter used with an algorithm to validate, authenticate, encrypt or decrypt a message. [from ISO 8732]
Source 2

CRYPTOGRAPHIC SYSTEM

Collection of transformations from plain text into ciphertext and vice versa, the particular transformation(s) to be used being selected by keys. The transformations are normally defined by a mathematical algorithm. [from ISO/IEC 9594-8]
Source 1

DATA AVAILABILITY

Property of (data) being accessible and usable upon demand by an authorized entity. [from ISO 7498-2]
Source 2

DATA CONFIDENTIALITY

Property of an information system whereby data are available to authorized entities only.
Source 2

DATA ELEMENT

Combination of one or more data entities that forms a unit or piece of information, such as the Social Security Number, a diagnosis, and address or a medication. [ASTM PS 107]
Source 13

DATA ENTITY

Discrete form of data such as a number or word.
Source 3

DATA INTEGRITY

Property that information is protected from accidental or malicious alteration.
Source 2

DATA INTERCHANGE

The ability to exchange application data in a loosely coupled manner between applications that do not have a common architecture, feature set, database, or implementation.
Source 5

DATA ORIGIN AUTHENTICATION

Corroboration that the source of data is as claimed. [ISO 7498/2]
Source 2

DATA SECURITY

Property of information consisting of DATA CONFIDENTIALITY and DATA INTEGRITY.
Source 2

DATABASE SECURITY

Refers to the ability of the system to enforce a security policy governing access, modification, or destruction of information.
Source 17

DEAD ON ARRIVAL

Patient who expires prior to arrival at a medical treatment facility.
Source 6

DEATH CERTIFICATE

Official record of individual death, including cause of death certified in accordance with local requirements by a physician and any other data defined by law, filed with the local registrar of vital statistics.

Source 6

DECISION SUPPORT SYSTEM

Any computer-based support of medical, managerial, administrative and financial decisions in health using knowledge bases and/or reference material. (In this sense the term is essentially synonymous with Knowledge-Based Systems, and some users use the term this way in preference the terms Expert System or Knowledge-Based System. For example, a system that uses statistical lookup to provide users with decision support may be regarded as a Decision Support System; therefore, care should be taken in making this identification between the terms.)

Source 3

DELIVERY

Act of giving birth to a liveborn infant or dead fetus or both by manual, instrumental, or surgical means. A delivery may result in a single birth, multiple births, or fetal death (stillbirth).

Source 6

DELIVERY ROOM

Special operating room for obstetric delivery and infant resuscitation.

Source 4

DEMOGRAPHIC INFORMATION

Information concerning population statistics such as birth date, birth place, sex, residence, etc. Collected and used for healthcare evaluation and planning purposes.

Source 3

DENTAL ASSISTANT

A person trained to assist a dentist in all phases of dental treatment.

Source 6

DENTAL HYGIENIST

Person who, under the supervision of a dentist, assumes delegated responsibility for providing preventive and therapeutic dental services for patients.

Source 6

DENTIST

Person qualified by a degree in dental surgery (DDS) or dental medicine (DMD).

Source 6

DESIGN VIEW

Specification of how the Healthcare Enterprise operations are to be performed, that is the actions and processes that are to be performed to achieve the requirements. (derived from [COMOSA]) [PT010 (1993)]

Source 1

DIAGNOSIS

Word or phrase used to identify a disease or problem from which an individual patient suffers or a condition for which the patient needs, seeks, or receives health care. [DOD Glossary of Healthcare Terminology]

Source 2

DIAGNOSIS RELATED GROUP

Group of PATIENTS defined using a CASE MIX approach. Note: Originally the approach involved coding with ICD-9-CM and grouping by homogeneous costs and used major diagnosis, length of stay, secondary diagnosis, surgical procedure, age and type of services required. [adapted from CEN/TC-251 directory]

Source 2

DICTIONARY

Structured collection of lexical units with linguistic information about each of them.

Source 3

DIGITAL SIGNATURE

Data appended to, or a cryptographic transformation of, a data unit that allows a recipient of the data unit to prove the source and integrity of the data unit and protect against forgery, for example, by the recipient. [from ISO 7498-2]

Source 2

DIMENSION

Fundamental axis descriptive of a system or its function. A system can be characterized by measuring or evaluating each of its dimensions.

Source 15

DIRECT OBJECT

Essential concept types describing that on which the surgical deed is carried out.

Source 2

DISCHARGE

(1) Termination of a period of inpatient hospitalization through formal release of the inpatient by the hospital. [E1239] (2) Formal release by a hospital, upon direction of a physician or through the death of the patient, of a patient who no longer requires inpatient care, or of a patient who voluntarily departs the hospital against medical advice. The day of discharge is the day on which the hospital formally terminates hospitalization. [DOD Glossary of Healthcare Terminology]

Source 2

DISCLOSURE

To access, release, transfer, or otherwise divulge health information to any internal or external user or entity other than the individual who is the subject of such information. [E1869]
Source 9

DISEASE

Illness, sickness, and interruption, cessation or disorder of body functions, systems or organs due to an entity characterized usually by at least two of these criteria: a recognized etiologic agent (or agents), an identifiable group of signs and symptoms, or consistent anatomical alterations.
Source 8

DISPOSITION

Directing of a patient from one environment/healthcare delivery mode to another at the conclusion of services. [E1239]
Source 8

DOMAIN (FOR A SEMANTIC LINK)

Set of specifying concepts corresponding to the same semantic link. [PT003 (1993)]
Source 2

DOMAIN INFORMATION MODEL

Conceptual model describing common concepts and their relationships for communication parties required to facilitate exchange of information between these parties within a specific domain of healthcare.
Source 2

DOMICILIARY CARE

Inpatient institutional care given to a beneficiary, not because it is medically necessary but because care in a home setting is either not available or is unsuitable, or the patient's family members will not provide the care. Institutionalization because of abandonment constitutes domiciliary care.
Source 6

ECG INTERPRETIVE DEVICE

Device (chart, computer) analyzing the ECG signal.
Source 2

ECG MEDIAN BEAT

Reference/representative ECG cycle computed through any (but not specified) algorithm. This comprises the P,QRS and ST-T waves. [ENV 1064]
Source 2

ECG OVERREADING

Process whereby a cardiologist reviews the computer-based interpretation of an ECG in order to verify the report after making changes to the text. [ENV 1064]
Source 2

ECG RECORD

Entire data file which has to be transmitted, including the ECG data and associated information, such as patient identification, demographic and other clinical data. [ENV 1064]
Source 2

ECG RESIDUAL DATA

Remaining original data after "proper" subtraction with the median cycle. The adjective "proper" refers to accurate beat alignment. [ENV 1064]
Source 2

ECG RHYTHM DATA

Full original ECG data. [ENV 1064]
Source 2

ECG SECTION

Aggregate of data elements related to one aspect of the electrocardiographic recording, measurement, or interpretation. [ENV 1064]
Source 2

ELECTRONIC HEALTHCARE PERSONNEL CARD

Computer readable card held by or related to a person as a result of their employment by, or other contractual relationship with, a HEALTHCARE ORGANIZATION.
Source 2

ELECTRONIC HEALTHCARE PREPAYMENT CARD

Computer readable card used to record prepayment for some purpose connected to the receipt of healthcare services.
Source 2

ELECTRONIC HEALTHCARE PROFESSIONAL CARD

Computer readable card held by or related to a person as a result of their professional involvement in the provision of healthcare services.
Source 2

ELECTRONIC PATIENT CARD

Computer readable card used to establish the entitlement of a PATIENT used for some purpose connected to the receipt of healthcare services.
Source 2

ELECTRONIC PATIENT INSURANCE CARD

Computer readable card used to establish the entitlement of a PATIENT to a healthcare service or benefit or the identity of the organization responsible for providing or funding that service or benefit or combinations thereof.
Source 2

EMERGENCY

Sudden demand for action. Condition poses an immediate threat to the health of the patient.

Source 18

EMERGENCY OUTPATIENT

Admitted to Emergency Room Service of a hospital for diagnosis and therapy of a condition that requires immediate medical, dental or allied services. [E1239]

Source 8

EMERGENCY SERVICES

Immediate evaluation and therapy rendered in emergency clinical conditions, sustained until the patient can be referred to a private practitioner for further care.

Source 7

ENCOUNTER

Professional contact between a PATIENT and a provider who delivers services or is professionally responsible for services delivered to a patient: A face-to-face contact between a PATIENT and a provider who has primary responsibility for assessing and treating the PATIENT at a given contact, exercising independent judgment. [AHIMA Glossary of Health Care Terms and also E1239]

Source 7

ENROLLMENT

Process by which participation status in a health plan is established.

Source 6

ENTERPRISE

An enterprise is defined as an entire corporation, consisting of one or more organizational components, with the prime objective of producing products or offering services. [PT010 (1993)]

Source 2

ENTITY AUTHENTICATION

Corroboration that an entity is the one claimed. [ISO/IEC 9798/1]

Source 2

EPISODE

Period of time during which clinical care is provided for an illness or clinical problem, rendered either in an ambulatory or HOSPITAL INPATIENT setting.

Source 7

ERASURE

Process whereby access to a data entity after a given point in time is permanently removed. [PT009 (1993)]

Source 2

EXECUTION ENVIRONMENT VIEW

Execution environment view describes the informatic-telematic systems used to support the healthcare enterprise: the computations they perform, the engineering architecture in which they are organized and the technologies they use. Note: It encapsulates the three ANSA views: computational, engineering and technology, evaluation/validation view. [PT010 (1993)]

Source 2

EXPERT SYSTEM

Program that symbolically encodes concepts derived from experts in the field and uses that knowledge to provide the kind of problem analysis and advice that the expert might provide.

Source 3

EXTENT

Degree in which the action is carried out. [PT002s]

Source 2

EXTERNAL DISCLOSURE

Related to ASTM PS 108, disclosure outside an organization.

Source 9

FOLDER

Folder associates data objects that are related by some grouping criteria, for example, association with a given patient. [PT006 (1993)]

Source 2

FRAMEWORK

Structure for supporting, defining or enclosing something; especially skeletal erections and supports used as the basis in something being constructed. [PT010 (1993)]

Source 2

GENERAL MESSAGE DESCRIPTION

Subset of a domain information model prescribing the information content and semantic structure of a message used to meet one or more identified information exchange requirements.

Source 2

GENERALIZATION/SPECIALIZATION DIMENSION

Generalization/specialization dimension represents the genericity of the architectural entities. (derived from [CIMOSA]) [PT010 (1993)]

Source 2

GENERIC COMPONENT

Definable part of a generic system. [PT 0021 (1993)]

Source 2

GENERIC PROPERTY

Concept of which the objects are properties having generic system, generic component(s), and kind-of-quantity in common. [PT0021 (1993)]

Source 2

GENERIC QUANTITY

Concept of which the objects are measurable quantities having generic system, generic components, and kind-of-quantity in common.

Source 2

GENERIC SYSTEM

Concept of which the objects are systems having generic elements and the relationships among these elements in common. [PT0021 (1993)]

Source 2

GENERIC VIEW

Generic view is a collection of constructs which are basic architectural building blocks that can be reused in various architectural configurations. It includes components, constraints, rules, terms, service functions, and protocols. Constructs described at this view have the widest application in healthcare informatics. (derived from [CIMOSA]) [PT010 (1993)]

Source 2

GLOSSARY

A list of terms (usually alphabetically sorted) with explanations pertaining to a particular field.

Source 3

HEALTH

State of complete physical, mental and social well-being and not merely the absence of disease or infirmity. [WHO]

Source 4

HEALTH INFORMATION

Any information, whether oral or recorded in any form or medium: (1) that is created or received by a healthcare provider; a health plan; health researcher, public health authority, instructor, employer, school or university, health information service or other entity that creates, receives, obtains, maintains, uses or transmits health information; a health oversight agency, a health information service organization, or (2) that relates to the past, present, or future physical or mental health or condition of an individual, the provision of healthcare to an individual; and (3) that identifies the individual; with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. [HIPAA, E1869]

Source 9

HEALTH MAINTENANCE ORGANIZATION

Organization which provides health coverage to voluntary enrollees in return for prepayment of a set fee, regardless of the services used. Organization that has management responsibility for providing comprehensive healthcare services on a prepayment basis to voluntarily enrolled persons within a designated population. [DOD Glossary of Healthcare Terminology]

Source 7

HEALTH PROMOTION

Any combination of health information, education, diagnostic screening and healthcare interventions designed to facilitate behavioral alterations that will improve or protect health. It includes those activities intended to influence and support individual lifestyle modification and self-care.

Source 6

HEALTHCARE

Different activities and means used to cure or prevent different processes of morbidity: (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, counseling, service or procedure with respect to the physical or mental condition of an individual; or affecting the structure or function of the human body; or (2) Any sale or dispensing of a drug, device, equipment, or other item to an individual or for use of an individual pursuant to a prescription. [S 1360]

Source 3

HEALTH INFORMATION NETWORK

A set of data domains (nodes) and communications pathways (arcs) serving a healthcare constituency with information management services. [To be cited]

Source

HEALTHCARE ADMINISTRATIVE INFORMATION

Information about a subject that is requested or required by a healthcare organization to enable, finance or manage the provision of healthcare services to that subject or to a related individual.

Source 2

HEALTHCARE CENTER INFORMATION SYSTEM

Healthcare information system kept by a healthcare center for its obligation and own needs.

Source 2

HEALTHCARE CODING SCHEME

Coding scheme used in healthcare. [ENV 1068]

Source 2

HEALTHCARE CODING SCHEME DESIGNATOR

Unique permanent identifier of a healthcare coding scheme registered for use in information interchange under the terms of ENV 1068. [ENV 1068]

Source 2

HEALTHCARE CODING SCHEME SPECIFICATION

Source of information about a healthcare coding scheme maintained and made by the issuing organization in accordance with the terms of ENV 1068. [ENV 1068]

Source 2

HEALTHCARE ENTERPRISE

Enterprise providing healthcare of varying coverage and complexity. For example, a primary care center, a department within a hospital, a hospital, a regional care service or a national health service. They are heterogeneous, autonomous but integrated units among which the real world of healthcare and health information are distributed. [PT010 (1993)]

Source 2

HEALTHCARE ENTERPRISE CONSTITUENCIES

All the parts, aspects or elements that all together constitute a healthcare enterprise as policies, strategies, structures, organizations, functions, activities information, knowledge, personnel, resources etc. [PT010 (1993)]

Source 2

HEALTHCARE ENTERPRISE DIMENSION

Set of selective perceptions of the healthcare enterprise or of its information.

Source 2

HEALTHCARE ENTERPRISE VIEW

Selective perception of a healthcare enterprise which emphasizes some particular aspect and disregards others.

Source 2

HEALTHCARE INFORMATICS

Scientific discipline that concerns itself with the cognitive, information processing and communication tasks of healthcare practice, education and research, including the information science and technology to support these tasks.

Source 2

HEALTHCARE INFORMATION

Information used in the process of delivering healthcare.

Source 2

HEALTHCARE INFORMATION FRAMEWORK

High-level logical model of healthcare systems. Note: This framework representing the main healthcare subsystems, their connections, rules, etc. is the basis for the development of information and communication systems.

Source 2

HEALTHCARE INFORMATION SYSTEM

Information system intended for services in the healthcare subject field.

Source 2

HEALTHCARE ORGANIZATION

Organization or person responsible for the direct or indirect provision of healthcare services to a subject, or involved in the provision of healthcare related services such as environmental testing.

Source 2

HEALTHCARE PARTY

Organization or person responsible for the direct or indirect provision of healthcare to an individual, or involved in the provision of healthcare related services such as environmental testing.

Source 2

HEALTHCARE PERSON DEVICE

Device designed to provide the function of allowing healthcare persons to have their identity and qualifications acknowledged by the information systems that they use, including informatics and telematics, and if necessary, to sign the transactions that they perform via these systems.

Source 2

HEALTHCARE PROCEDURE

Systematic activity directed at or performed on an individual with the object of improving health, treating disease or injury, or making a diagnosis. Some kind of method and systematic application is involved.

Source 3

HEALTHCARE PROFESSIONAL

Person who is entrusted with the direct or indirect provision of defined healthcare services to a subject or population of subjects. Individual who has received special training or education in a health related field. This may include administration, direct provision of care, or ancillary services. Such professionals may be licensed, certified, or registered by a government agency or professional organization to provide specific health services in that field as an independent practitioner or employee of a healthcare facility. [DoD Glossary of Healthcare Terminology]

Source 2

HEALTHCARE RECORD

(1) Systematic record of the history of a PATIENT kept by a physician or other HEALTHCARE PRACTITIONER. Document which records the provision of health services to an individual patient. Health records include both outpatient treatment and dental care. [DoD Glossary of Healthcare terminology (in part)] (2) Set of information for a single individual's encounter with the healthcare system. It contains data and information generated across care settings and from different healthcare interactions. The set of data may be viewed in various ways, that is, brief summary emergency data. (3) It is the primary legal record documenting the healthcare services provided to an individual. [E1384] Note: This term is used to refer to medical record, patient care record, clinical record, client record, resident record, electronic medical record and computer-based patient record. The term includes routine clinical or office records, records of care in any health setting, research protocols, preventive care, lifestyle evaluation, special study records, and various clinical databases. [E1384, E1869]

Source 9

HEALTHCARE SERVICE

Service provided with the intention of directly or indirectly improving the health of people, populations or animals to whom it is provided. Processes that directly or indirectly contribute to the health and well-being of patients, such as medical, nursing, and other health-related services: AHIMA GLOSSARY Services intended to directly or indirectly contribute to the health and well-being of patients. [DoD Glossary of Healthcare Terminology]
Source 2

HEALTHCARE SUBDOMAIN INFORMATION SYSTEM

Healthcare information system kept by a special service unit. Special service units with healthcare subdomains may include units such as laboratory units, X-ray units, radiotherapy units, etc. or professionals such as physicians, nurses, physiotherapists, psychologists, social workers, speech therapists, etc.
Source 2

HEALTHCARE TECHNOLOGY

Drugs, devices and medical and surgical procedures used in medical care, and the organizational and support systems within which healthcare is provided. [WHO and OTA definition of medical technology]
Source 2

HEALTHCARE TECHNOLOGY COMPONENTS

Components of a certain healthcare technology.
Source 2

HOME HEALTH CARE

Clinical care provided or supervised by a practitioner, administered at the patient's home or place of residence, thus allowing the patient to remain at home during an illness.
Source 7

HOSPICE

Facility which provides palliative and supportive care for terminally ill patients and their families.
Source 7

HOSPITAL

Establishment with an organized medical staff with permanent facilities that include inpatient beds and continuous medical services and that provides diagnosis and treatment for patients. Health treatment facility capable of providing definitive patient inpatient care. It is staffed and equipped to provide diagnostic and therapeutic services in the fields of general medicine and surgery and preventive medicine services, and has the supporting facilities to perform its assigned mission and functions: A hospital may, in addition, discharge the functions of a clinic. [DoD Glossary of Healthcare Terminology]
Source 7

HOSPITAL INFORMATION SYSTEM

Integrated, computer-assisted system designed to store, manipulate, and retrieve information concerned with the administrative and clinical aspects of providing services within the hospital.
Source 2

HUMAN ANATOMY

Organ system, organ, suborgan, bodypart or anatomic region described without reference to the side of the body.
Source 2

INTERMITTENTLY CONNECTED DEVICE

Device that is physically moved between different locations and is intermittently connected to one or more devices for the purpose of updating the information held on it and the other devices.
Source 2

ICD APPLICATION SYSTEM

Application system that can communicate with an ICD.
Source 2

ICD CONNECTING UNIT

Physical device which may also contain software elements that enables communication to take place between an ICD and a host.
Source 2

ICD INTERFACE

May be physical, electrical or logical. A hypothetical junction between an ICD and the external environment.
Source 2

IMAGE

Source 2

IMAGE ENHANCEMENT

Improvement of the quality of an image by using some technique, for example, noise filtering, contrast sharpening, edge enhancement.
Source 6

IMAGE INTERCHANGE

Process of transferring images from an originating system to a receiving system.
Source 6

IMAGE MANAGEMENT AND COMMUNICATION SYSTEM

System that can store, distribute, retrieve and display images.
Source 2

IMAGING MODALITY

Technique for the production of images. Examples: X-Ray imaging, COMPUTED TOMOGRAPHY, echosonography, magnetic resonance imaging.

Source 2

IMAGING PROCEDURE, MEDICAL

Medical procedure concerned with obtaining or producing an image.

Source 2

IMPLEMENTABLE MESSAGE SPECIFICATION

Specification of a general message description in a particular message syntax.

Source 2

IMPLEMENTATION VIEW

Implementation view describes the means or rules to be used in executing the healthcare enterprise operations as described at the requirements view. [derived from CIMOSA]

Source 2

IDENTIFIER

A symbol used to name, indicate or locate. Identifiers may be associated with such things as data structures, data items, or program locations. [IEEE 610.12]

Source 14

IMPLEMENTABLE MESSAGE SPECIFICATION

Specification of a general message description in a particular message syntax.

Source 2

IMPLEMENTATION VIEW

Implementation view describes the means or rules to be used in executing the healthcare enterprise operations as described at the requirements view. [derived from CIMOSA]

Source 2

INCIDENCE

Expression of the rate of which a certain event occurs, such as the number of new cases of a specific disease occurring during a certain period.

Source 6

INDIRECT OBJECT

Essential concept types describing that to which, from which, or in which the surgical deed is carried out; in other words: the site of the surgical deed.

Source 2

INFERENCE

Ability to deduce the identity of a person associated with a set of data through “clues” contained in that information. This analysis permits determination of the individual’s identity based on a combination of facts associated with that person even though specific identifiers have been removed, that is, name, social security number.

Source 9

INFORMATICS

Discipline concerned with the study of information and its manipulation via computer-based tools.

Source 3

INFORMATION

Organized data or knowledge that provides a basis for decision-making data to which meaning is assigned, according to context and assumed conventions. [National Security Council 1991, E1869]

Source 3

INFORMATION MODEL

Semantic model used to ensure a consistent interpretation of data contained in messages in order to avoid or clarify or both ambiguities in message data elements sometimes resulting from different implementations of a standard.

Source 5

INFORMATION MODELLING

Building of abstract models for the purpose of developing an abstract system.

Source 3

INFORMATION OBJECT (CONCEPT)

Piece of information in the universe of discourse of the Health Enterprise. Information objects describe a generalized or real or abstract entity, which can be conceptualized as being a whole.

Source 2

INFORMATION SYSTEM

System for the organized collection, processing, and transmission of information. An information system consists of people, methods, whether automated or manual, equipment, and instructions for data processing.

Source 2

INFORMATION SYSTEM FOR INPATIENTS

Healthcare information system for inpatients.

Source 2

INFORMATION TECHNOLOGY COMPONENTS

Those required to transform, transport, store and verify data for all activities in the healthcare enterprise. These actions correspond to the concepts of transform, transport, store, and verify as defined in ISO 10314.

Source 2

INFORMATIONAL PRIVACY

(1) State or condition of controlled access to personal information; (2) Ability of the individual to control the use and dissemination of information that relates to himself or herself; and (3) Individual's ability to control what information is available to various users and to limit redisclosures of information.

Source 9

INFORMED CONSENT

Legal principle requiring that a patient must be informed of all proposed medical or surgical procedures, the material risks of these procedures, alternative courses of action, and the material risks attendant the alternative prior to consenting to the receipt of the recommended treatment.

Source 6

INJURY

Condition caused by trauma, such as a fracture, wound, sprain, dislocation or concussion. An injury also includes conditions resulting from extremes of, or prolonged exposure to, temperature and acute poisoning resulting from exposure to a toxic substance.

Source 6

INPATIENT

PATIENT who is admitted to a healthcare facility in order to receive healthcare. [CEN N93.-143] An individual receiving, in person, resident hospital-based or coordinated medical services for which the hospital is responsible. [E1239] Individual, other than a transient patient, who is admitted (placed under treatment or observation) to a bed in a treatment facility which as authorized or designated beds for inpatient medical or dental care. [DoD Glossary of Healthcare Terminology]

Source 6

INPATIENT ADMISSION

Formal acceptance by a hospital of a patient who is to be provided with room, board, and continuous nursing service in an area of the hospital where patients generally stay overnight.

Source 7

INPATIENT RECORD

HEALTHCARE RECORD of an **INPATIENT**.

Source 2

INTENSIVE CARE

That care rendered to patients whose physiological status is so disrupted that they require immediate and continuous nursing care. The care is provided by specially trained personnel who possess the clinical and managerial skills necessary to deliver safe nursing care with complex medical problems.

Source 6

INTERCHANGE FORMAT

Specification of a message type according to a given message syntax, covering the identification of the message type components, their arrangement, representation and interrelationships.

Source 2

INTERMEDIATE CARE

That care rendered to patients whose physiological and psychological status is such that they require observation and nursing care for the presence of real or potential life-threatening disease/injury. The acuity of care may range from those requiring constant observation and care to those patients able to ambulate and begin assuming responsibility for their own care.

Source 6

INTERMEDIATE CARE FACILITY

Facility that provides health-related services to persons with a variety of physical or emotional conditions who do not require the degree of care provided by a hospital or skilled nursing facility but who require the care and services available through institutional facilities.

Source 4

INTERN

Person with formal training in a profession who undergoes a period of practical experience under the supervision/direction of a person experienced in that profession.

Source 6

INTERNAL DISCLOSURE

Related to ASTM PS 108—disclosure within an organization.

Source 19

INTERSECTIONS

Set of shared features or operational characteristics of two separate systems; shared attributes.

Source 15

INTERVENTION INFORMATION

Information about medical or surgical actions performed on or planned to be performed on a subject of investigation.

Source 2

INTERVENTIONAL EQUIPMENT

Any instrument or material of non-human origin for medical use.

Source 2

ISSUING ORGANIZATION (OF A HEALTHCARE CODING SCHEME)

Organization which assumes responsibility for the administration of a specific healthcare coding scheme. [ENV 1068]

Source 2

KEY MANAGEMENT

Generation, storage, distribution, deletion, archiving and application of (cryptographic) keys in accordance with security policy.
Source 2

KIND-OF-PROPERTY

Function taking one or more properties of a system and zero or more properties of components of the system as arguments and returning a property of the system.
Source 2

KIND-OF-QUANTITY

Function taking one or more quantities of a system and zero or more properties of components as arguments and returning a quantity of the system.
Source 2

LABORATORY EXAMINATION

(1) MEDICAL PROCEDURE that consists of performing tests in a laboratory on samples obtained from a PATIENT. (2) Also LABORATORY TEST.
Source 2

LABORATORY INVESTIGATION

Clinical laboratory examination that leads to the production of one or more results.
Source 3

LABORATORY SERVICE ORDER

Set of one or more requested investigations submitted to a laboratory service provider, pertaining to one or more specific systems, usually in one individual, and including pertinent specific and general information.
Source 2

LABORATORY SERVICE PROVIDER

Authorized healthcare party qualified to perform laboratory services and to validate the resulting laboratory service report.
Source 2

LABORATORY SERVICE REPORT

Report of results of laboratory investigations of one or more properties pertaining to one or more specified systems, usually in one individual, and including pertinent information extracted from the laboratory service order as well as additional comments, suggestions and advice given by the laboratory service provider.
Source 2

LABORATORY SERVICE REQUESTER

Authorized healthcare party issuing a (laboratory) service order for one or more (laboratory) investigations pertaining to one or more systems usually in one individual.
Source 2

LENGTH OF STAY

Total number of patient days for an inpatient episode, calculated by subtracting the date of admission from the date of discharge. If a patient is admitted and discharged on the same date, the LOS is one day.
Source 7

LICENSED PRACTITIONER

Individual at any level of professional specialization who requires a public license/certification to practice the delivery of care to patients. Note: a practitioner can also be a provider.
Source 7

LICENSURE

The granting of permission by an official agency of a state, the District of Columbia, or a Commonwealth, territory or possession of the United States to provide healthcare independently in a specified discipline in that jurisdiction. It includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide healthcare independently in a specified discipline.
Source 6

LONGITUDINAL PATIENT RECORD

Records from different times, providers, and sites of care that are linked to form a lifelong view of a patient's healthcare experiences.
Source 10

LONGTERM CARE

Healthcare rendered in a non acute facility and to a patient in a resident status; such an illness is not severe enough to require an acute care facility, but is in need of continual supervision and assistance by healthcare practitioners.
Source 7

MAJOR INDUSTRY IDENTIFIER

Code that identifies the sector/industry within which the ICD is used.
Source 2

MANUAL INFORMATION SYSTEM

Information system totally based on data processing methods operated by human labor.
Source 2

MEDICAL PROCEDURE

Systematic activity directed at, or performed on an individual PATIENT with the object of improving or restoring health, treating disease or injury, preventing sequels, or making a diagnosis.
Source 2

MEDICAL SERVICES

Activities related to medical care performed by physicians or other healthcare provided under the direction of a physician or both.
Source 6

MEDICAL STAFF

Organized body of fully-licensed physicians and other licensed individuals permitted by law and by the medical treatment facility to provide patient services independently in the facility. All members have delineated privileges. The members are subject to medical staff and departmental bylaws, rules, and regulations and are subject to review as part of the hospital quality assurance program. As a staff, they have overall responsibility for the quality of the professional services provided by individuals with clinical privileges and are accountable for this to the governing board.
Source 6

MEDICAL STUDENT

Person who is enrolled in a program of study to fulfill requirements for a degree in medicine or osteopathy.
Source 6

MESSAGE PROFILE

Specification derived from an implementable message specification by selecting the optional elements of the implementable message specification, appropriate to the specific business requirements of the communicating parties.
Source 2

MESSAGE SYNTAX

System of rules and definitions specifying the basic component types of messages, their interrelationships and their arrangement.
Source 2

MESSAGE TYPE

Functional behavior foreseen for a class of messages when received by a system.
Source 2

METATHESAURUS

Integration of several different thesauri, to produce a new larger Thesaurus. It includes cross-references between different thesauri from which it is composed.
Source 3

MINIMAL CARE

That care rendered to patients who are ambulatory and partially self-sufficient who require limited therapeutic and diagnostic services and are in the final stages of recovery. Focus of nursing management is on maintenance of a therapeutic environment which enhances recovery. Complexity of care includes administering medications and treatments which cannot be done by the patients and providing instruction in self-care and post hospitalization health maintenance.
Source 6

MINIMUM BASIC DATA SET

Set of data that is the minimum required for a HEALTHCARE RECORD to conform to a given standard.
Source 2

MINIMUM CHARACTERISTICS

Features or attributes which are necessary for a system to accomplish its purposes; required capabilities or aspects.
Source 15

MORBIDITY

Incidence of disease; condition of being diseased; sick rate; ratio of sick to well persons in a community.
Source 6

MORTALITY

Rate of death.
Source 6

MULTIAXIAL CLASSIFICATION

System of concepts with a structure depending on a number of selected characteristics.
Source 2

NARRATIVE SUMMARY

Medical Report dictated prior to a patient's discharge from an inpatient facility and ultimately included in the health record.
Source 6

NEXT OF KIN

Individual authorized to provide instructions for disposition of remains in death cases.
Source 6

NON-LICENSED PRACTITIONER

Individual without a public license/certification who is supervised by a licensed/certified individual in delivering care to patients.
Source 7

NORMALIZED OBJECTS

Form of an object which has no attributes in repeating groups. All attributes of a normalized object are only functionally dependent on (determined by) the primary key.
Source 2

NOSOCOMIAL

Pertaining to or originating in a hospital.

Source 6

NURSE

Person qualified by graduation from formal nursing program at an accredited school of nursing and licensed by a state to practice nursing.

Source 6

NURSING

Provision of services by or under the direction of a nurse to patients requiring assistance in recovering or maintaining their physical or mental health.

Source 6

NURSING INFORMATION SYSTEM

Part of a healthcare information system that deals with nursing aspects, particularly maintenance of the NURSING RECORD.

Source 2

NURSING PROCEDURE

Systematic activity directed at, or performed on an individual PATIENT with the object of providing nursing care or treatment.

Source 2

NURSING RECORD

HEALTHCARE RECORD kept by a nurse.

Source 2

OBJECT CLASS IDENTIFICATION NUMBER

Number used to identify the object class. It is used as an application tag to identify an object in the ASN.1 model specification.

Source 2

OCCUPANCY RATE

Ratio of average daily census to the average number of authorized operating beds maintained during the reporting period.

Source 6

OCCUPATIONAL HEALTHCARE INFORMATION SYSTEM

Healthcare information system intended for statutory occupational healthcare services.

Source 2

OCCUPATIONAL ILLNESS

Abnormal acute or chronic conditions, other than injury, that are due to exposure (inhalation, absorption, ingestion, or direct contact) to physical, chemical or biological agents found in the workplace.

Source 6

OCCUPATIONAL THERAPIST

An individual qualified by graduation from an accredited school of occupational therapy with either a baccalaureate or masters degree who has passed a national certification examination given by the American Occupational Therapy Association. In many states, a license to practice is also required.

Source 6

OPERATING ROOM

An area of the hospital equipped and staffed to provide facilities and services for the performance of surgical services. An area of a hospital equipped and staffed to provide facilities and personnel services for the performance of surgical procedures. [DoD Glossary of Healthcare Terminology]

Source 4

ORDER ENTRY SYSTEM

System for recording and processing CLINICAL ORDERS.

Source 2

ORGANIZATION VIEW

Hierarchically structured description of the functions of the healthcare enterprise, based on the objectives of the healthcare enterprise, reflecting external constraints and relevant inputs and outputs (scope) describing the functional structure (static) of the healthcare enterprise and their behavior (dynamic).

Source 2

OUTPATIENT

PATIENT who does not reside in a healthcare facility. An individual receiving healthcare services for an actual or potential disease, injury, or lifestyle-related problem that does not require admission to a medical facility for inpatient care. [DOD Glossary of Healthcare Terminology]

Source 8

OUTPATIENT RECORD

HEALTHCARE RECORD of an OUTPATIENT.

Source 2

PARTIAL VIEW

View composed of partial models which themselves are particularized basic constructs or aggregation of generic models. [derived from CIMOSA]

Source 2

PARTICULAR PROPERTY

Property of a given object (phenomenon, body or substance).

Source 3

PARTICULAR QUANTITY

Quantity of a given object (phenomenon, body or substance).

Source 3

PARTICULAR VIEW

View describing a model for a specific enterprise. It embodies all the necessary knowledge of the enterprise in a form directly usable for the specification of an integrated set of healthcare technology and Information Technology components. [derived from COIMOSA]

Source 2

PATIENT

(1) Person who is the target of healthcare activity. (2) A sick, injured, wounded or other person requiring medical/dental treatment. [DoD Glossary of Healthcare Terminology]

Source 2

PATIENT BILLING SYSTEM

Patient information system for payments and billing and reimbursement arrangements.

Source 2

PATIENT BOOKING SYSTEM

Patient information system for timings.

Source 2

PATIENT ADMINISTRATION SYSTEM

Information system or subsystem used for PATIENT administration, billing, and reimbursement purposes.

Source 2

PATIENT INFORMATION SYSTEM

Healthcare information system intended for patient individual data concerning administration and care.

Source 2

PATIENT RECORD SYSTEM

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 healthcare provider setting. It includes people, data, rules and procedures, processing and storage devices (for example, paper and pen, hardware and software), and communications and support function. [E1384] The system supports users by providing access to complete and accurate data, alerts, reminders, clinical decision support systems, links to medical knowledge and other aids.

Source 7

PATTERN RECOGNITION

Automatic or semi-automatic signal processing function to recognize definite patterns which can be either normal or abnormal pathology to assist diagnosis.

Source 3

PHYSICAL SECURITY

Measures used to provide physical protection of resources against deliberate and accidental threats.

Source 2

PHYSICAL THERAPIST

An individual qualified by graduation from an accredited school of physical therapy with either a baccalaureate or masters degree and licensed by a state licensing board to practice physical therapy.

Source 6

PHYSICIAN

Person possessing a degree in allopathic Medicine (MD) or osteopathic medicine (DO).

Source 6

PHYSICIAN'S ASSISTANT

Person who provides healthcare services customarily performed by a physician under supervision of that qualified licensed physician and who has successfully completed an accredited education program for physician's assistants or who has been certified, licensed or registered by a recognized agency or commission or both.

Source 6

PHYSIOLOGICAL MONITORING

Repeated and continuous measurement of physiological quantities for the purpose of guiding therapeutic management.

Source 2

POINT-OF-CARE SYSTEM

HOSPITAL INFORMATION SYSTEM that includes BEDSIDE WORKSTATIONS or other devices for capturing data at locations where patients receive care. [adapted from Shortliffe]

Source 2

POLICIES/STRATEGIES VIEW

Description of the scope and reason for being of the enterprise (mission), the general rules for its actuation (policies) and the way in which such policies should be implemented (strategies). It reflects the constraints and takes into account all the relevant inputs and outputs deriving from the environment outside and around healthcare.

Source 2

PREVALENCE

Total number of cases of a disease in existence at a certain time in a designated area.

Source 6

PRIMARY DIAGNOSIS

Statement of the conditions established after study that are most resource intensive.

Source 7

PRIMARY RECORD OF CARE

Primary legal record documenting the health services provided to a person, in any aspect of healthcare delivery. This term is synonymous with: medical record, health record, patient care record. This is the original record of care delivered to a patient and is the data source for all synoptic records, such as the longitudinal summary patient record. The term includes routine clinical or office records, research protocol, special study records and various clinical databases.

Source 7

PRINCIPAL PROCEDURE

Procedure which has therapeutic rather than diagnostic, most related to the principal diagnosis, or necessary to take care of a complication.

Source 6

PRIVACY

Right of individuals to control or influence what information related to them may be collected and stored and by whom and to whom that information may be disclosed.

Source 3

PRIVATE HEALTHCARE SERVICES INFORMATION SYSTEM

Healthcare information system kept by a private organization offering healthcare services.

Source 2

PRIVATE PRACTICE INFORMATION SYSTEM

Information system for healthcare professionals in private practice.

Source 2

PROBLEM DOMAIN

Field under consideration in the modeling process.

Source 2

PROBLEM-ORIENTED MEDICAL RECORD

HEALTHCARE RECORD in which all data may be linked to a list of health problems of an individual PATIENT cf: TIME-ORIENTED MEDICAL RECORD.

Source 2

PROFESSIONAL LICENSE

Accountability where a healthcare professional is held accountable to a professional body for their actions.

Source 2

PROPERTY (IN A GENERAL SENSE)

Attribute of a phenomenon, body or substance that may be distinguished qualitatively.

Source 3

PROTOCOL

Written procedure providing basic guidelines for management (diagnosis and treatment) of specific types of medical or dental patient care in specified circumstances.

Source 6

PROVIDER

Business entity which furnishes healthcare to a consumer. It includes a professionally licensed practitioner who is authorized to operate a healthcare delivery facility. [E1384]

Source 7

QUALITY ASSESSMENT

Act of detecting and measuring the difference between efficacy and effectiveness that can be attributed to care, including variations across regions and people. In practical terms, it is the measurement of technical and interpersonal aspects of Medical care.

Source 3

QUALITY ASSURANCE

Process whereby conformance to procedure and specification is measured and managed in order to satisfy project/procedure objectives. Formal systematic monitoring and reviewing of medical care delivery and outcome; designing activities to improve healthcare and overcome identified deficiencies in providers, facilities, or support systems; and carrying out followup steps or procedures to ensure that actions have been effective and no new problems have been introduced. [DoD Glossary of Healthcare Terminology]

Source 2

QUANTITY (MEASUREABLE OR PHYSICAL)

(in a general sense): Attribute of a phenomenon, body or substance that may be distinguished qualitatively and determined quantitatively.

Source 11

RADIOTHERAPY INFORMATION SYSTEM

Healthcare subdomain information system for services of a radiotherapy unit.

Source 2

REFERENCE MODEL

A structure used to describe a logical process.

Source 3

REFERRAL SYSTEM

Patient booking system for requests for examination and treatment.

Source 2

REGISTER OF HEALTHCARE CODING SCHEMES

Register that is maintained in accord with the provisions of ENV 1068. [ENV 1068]

Source 2

REGISTRATION AUTHORITY (FOR HEALTHCARE CODING SCHEMES)

Body responsible for assigning healthcare coding scheme designators and for maintaining the register of healthcare coding schemes as described in ENV 1068. [ENV 1086]

Source 2

REGISTRY

Archive for the systematic and continuous followup of PATIENTS of a certain disease category.

Source 2

REQUESTED INVESTIGATION

Request for a single (laboratory) service to be carried out with respect to a specified subject of investigation.

Source 2

REQUIREMENTS

Set of needs, functions and demands which need to be satisfied by a particular software implementation or specification.

Source 3

REQUIREMENTS VIEW

Defines what has to be done (also called user requirements) in terms of enterprise operations and without reference to implementation options or decisions. [derived from CIMOSA]

Source 2

RESOURCE VIEW

View that describes the assets (humans, machines, programs, finances and in general goods and services) made available to an enterprise which are used in support of the execution of one or more activities. It shows special properties for resource management. Resources are answers to: With? or By Means Of What? questions. [ANSA]

Source 2

RESULT LINE

Set of information including all essential or useful data relevant.

Source 2

RISK MANAGEMENT

Identification of risk exposures, the evaluation of risks identified, and the elimination or reduction of risk to an acceptable minimum.

Source 2

SECONDARY DIAGNOSIS

Statement of those conditions co-existing during the episode that affect the treatment received or the length of stay.

Source 7

SECONDARY PATIENT RECORD

Record derived from the primary health record and containing selected data elements to aid in providing, supporting, evaluating, or advancing patient care. Patient care provision refers to practitioner access to a coordinated database containing limited information (for example, immunization data problem list, medication record, lab results). Patient care support refers to administration, regulation and payment functions. Patient care evaluation refers to quality management activities including: Quality improvement; quality assurance; patient satisfaction; utilization management; and audits examining specific aspects of patient care. Patient care advancement refers to research. Secondary record data are often combined to form a secondary database, e.g., an immunization tracking database, a disease index, a trauma registry, an emergency Dept. log.

Source 9

SECURITY

Controls of threats made to the integrity of a system.

Source 3

SECURITY AUDIT

Independent review and examination of systems records and activities in order to test for adequacy of systems controls, to ensure compliance with established policy and operational procedures, to detect breaches in security, and to recommend any indicated changes in control, policy and procedures. [ISO 7498/2]

Source 2

SECURITY POLICY

Set of criteria for the provision of security activities.

Source 2

SEMANTIC LINK

Relation from a concept to a specifying concept.

Source 2

SEMANTICS

Meaning of symbols and codes.

Source 6

SEQUENCE TYPE

Structured type, defined by referencing a fixed, ordered list of types (some of which may be declared to be optional); each value of the new type is an ordered list of values, one from each component type. [ISO 8824]

Source 2

SEQUENCE-OF-TYPE

Structured type, defined by referencing a single existing type, each value of the new type being in an ordered list of zero, one or more values of the existing type. [ISO 8824]

Source 2

SERIOUSLY ILL

Patient is seriously ill when his illness is of such severity that there is cause for immediate concern but there is no imminent danger to life.

Source 6

SERVICE CLASS

Structured description of a service which is supported by cooperating application entities using specific commands acting on a specific class of objects.

Source 2

SERVICE PROTOCOL

Set of rules and formats defining actions and responses exchanged between systems in order to provide a service in system management.

Source 2

SERVICES

Acts performed by certain persons on behalf of other persons.

Source 4

SET TYPE

Structured type, defined by referencing a fixed, unordered, list of distinct types (some of which may be declared to be optional); each value in the new type is an unordered list of values, one from each of the component types. [ISO 8824]

Source 2

SET-OF-TYPE

Structured type, defined by referencing a single existing type; each value in the new type is an unordered list of zero, one or more values in the existing type.

[ISO 8824]

Source 2

SIMPLE TYPE

Type defined by directly specifying the set of its values. [ISO 8824]

Source

SKILLED NURSING FACILITY

Institution with an organized professional staff and permanent facilities, including inpatient beds, that provides continuous nursing and other health-related, psychosocial and personal services to patients who are not in an acute phase of illness but who primarily require continued care on an inpatient basis.

Source 4

SOFT NETWORK

Logical form of linkage in which message sender and recipient are not physically linked and in which message receipt confirmation may not be received by the sender.

Source 2

SPECIFYING CONCEPT

Concept used in a characteristic SPECIMEN.

Source 2

SPONSORING AUTHORITY (FOR HEALTHCARE CODING SCHEMES)

Body recognized by the requirements of ENV 1068 to receive requests for registration of healthcare coding schemes from issuing organizations and submitting them to the Registration Authority. [ENV 1068]

Source 2

STEPWISE DERIVATION

Process of deriving models and implementations by the synchronous or asynchronous use of the various Views in the Change-Management Dimension. [COI-MOSA]

Source 2

STEPWISE GENERATION

Process of generating the contents of the different healthcare enterprise views, by identifying successively requirements, designs and implementation needs for each View, in whatever order it appears appropriate and iterating it as far as necessary to achieve optimal solutions.

Source 2

STEPWISE PARTICULARIZATION

Process of development from a generic view via a partial view to the particular view. These views may use the same meta view to describe their models, otherwise a transformation between meta views is necessary. [CIMOSA]

Source 2

STRUCTURE (OF A CONCEPT SYSTEM)

Concept system containing the top base concepts, the top specifying concepts and their relations only.

Source 2

STRUCTURED TYPE

Type defined by reference to one or more other types. [ISO 8824]

Source 2

SUBJECT FIELD

Section of human knowledge, the border lines of which are defined from the purpose-related point of view [ISO 1087:1990] Branch of human knowledge. [ISO1087-1:1996]

Source 2

SUBJECT OF (LABORATORY) INVESTIGATION

Person, animal or material subject to investigation.

Source 2

SUBORDINATE CONCEPT

Concept in a hierarchical system which can be grouped together with at least one more concept of the same level to form a higher ranking concept. [ISO 1087:1990]

Source 2

SUPERORDINATE CONCEPT

Concept in a hierarchical system which can be subdivided into a number of lower ranking concepts. [ISO 1087]

Source 2

SURGICAL DEED

Action which can be done by the operator to the patient's body during the surgical procedure, described without reference to any specific human anatomy or interventional equipment.

Source 2

SURGICAL PROCEDURE

Medical procedure that involves the use of surgery.

Source 3

SYNTAX

Rules to present and transfer symbols and codes.

Source 3

SYNTHETIC FORM

Representation of a composite concept as a single item.

Source 2

SYSTEM SECURITY

Totality of safeguards including hardware, software, personnel policies, information practice policies, disaster preparedness, and oversight of these components. Security protects both the system and the information contained within from unauthorized access from without and from misuse from within. Security enables the entity or system to protect the confidential information it stores from unauthorized access, disclosure or misuse; thereby, protecting the privacy of the individuals who are subjects of the stored information.

Source 9

SYSTEMATIC NAME

Name reflecting the principles of a relevant structural terminology.

Source 2

SYSTEMS SECURITY POLICY

Set of laws, rules and practices that regulate how sensitive information and other resources are managed. [EUROPEAN ITSEC]

Source 2

TELEMEDICINE

Investigation, monitoring and management of PATIENTS which allow ready access to expert advice and patient information, irrespective of the distance between the patient and the expertise or relevant.

Source 2

TERMINOLOGY

Collection of terms used in a particular discipline.

Source 3

THERAPEUTIC PROCEDURE

Procedure used for therapeutic purposes; that is, a procedure used to cure, alleviate or improve a medical problem.

Source 3

THREE DIMENSIONAL RECONSTRUCTION

Technique for the reconstruction of a three dimensional image from two dimensional images.

Source 2

TIME-ORIENTED MEDICAL RECORD

HEALTHCARE RECORD in which data appear in chronological sequence.

Source 2

TOP CONCEPT

Concept that has no superordinate concepts in a given hierarchical system.

Source 2

TRANSACTION LOG

Record of changes to data, especially to a database, that can be used to reconstruct the data if there is failure after a transaction occurs; a means of ensuring data integrity and availability.

Source 17

TRANSFER

Each movement of an inpatient from one medical treatment location to another. [DoD Glossary of Healthcare Terminology—in part]

Source 2

TRANSMITTED MESSAGE

Message instance created in a message syntax in alignment with a particular message profile and therefore in full conformance with the relevant general message description and implementable message specification.

Source 2

TREATMENT

Total bundle of services rendered to a patient in order to cope with a specific problem.

Source 3

TUMOR REGISTRY

Repository of data drawn from medical records on the incidence of cancer and the personal characteristics, treatment and treatment outcomes of cancer patients.

Source 6

TYPE OF CHARACTERISTIC

Any category of characteristics used as a criterion for the establishment of a generic system of concepts. [ISO 1087]

Source 2

TYPE OR VALUE REFERENCE NAME

Name associated uniquely with a type or value within some context. [ISO 8824]

Source 2

UNIT OF MEASUREMENT

Particular quantity, defined and adopted by convention, with which other quantities of the same kind are compared in order to express their magnitudes relative to that quantity. [VIM]

Source 2

USER

Person authorized to use the information contained in an information system as specified by their job function.

Source 17

USER IDENTIFICATION

Combination name/number assigned and maintained in security procedures for identifying and tracking individual user activity.

Source 17

VALUE OF A QUANTITY

Magnitude of a particular quantity generally expressed as a unit of measurement multiplied by a number. [VIM]

Source 2

VALUE OF A PROPERTY

Element of a scale in relation to which a property is observed or measured.

Source 2

VERY SERIOUSLY ILL

When illness is of such severity that life is imminently endangered.

Source 6

VISION

(purpose) The reason or basic goal of a system.

Source 15

VOCABULARY

Set of terms used for a particular purpose.

Source 3

WAITING LIST SYSTEM

Appointment scheduling system for non-urgent patients.

Source 2

X-RAY INFORMATION SYSTEM

Healthcare subdomain information system for services of an X-ray.

Source 2

A1.1 Term Sources A1.1

- | | | | |
|----|---------------------|----|--------------------------------|
| 1. | CEN PrENV 11994 | 4. | AHIMA Glossary |
| 2. | EN-12017 | 5. | Andover Working Group Glossary |
| 3. | CEN Global Glossary | 6. | DoD Glossary |
| | | 7. | Practice E1384 |

- | | |
|--|--|
| 8. Practice E1239 | 20. ISO/IEC 12207 |
| 9. Guide E1869 | 21. IEEE 610.5 |
| 10. Institute of Medicine 1991 rev 1997 | 22. Zachman 1987 |
| 11. International Vocabulary of Metrology (VIM) | 23. Glaser 2002 |
| 12. ISO/DIS 1087 Terminology—Vocabulary—Theory and Application | 24. Terminology E2457 |
| 13. ISO 2382-4 Information Processing Systems—Vocabulary | 25. TC-215 WG3 |
| 14. IEEE 610.12 Glossary of Software Engineering | 26. ISO/DIS 1087-1 |
| 15. CPRI | 27. ISO/DIS 1087-1 CANDIDATE |
| 16. Guide E1985 | 28. Specification E2087 |
| 17. Specification E2147 | 29. IS 704 Terminology Work—Principles and Methods |
| 18. Guide E1986 | 30. IDEF5 Method Report 1994 |
| 19. Guide E1987 | |

A2. CANDIDATE TERMS

A2.1 Terms A2.1

COMBINATORIAL RULE	Source	ELECTRONIC HEALTH RECORD	Source
DATA MINING	Source	NURSING CARE PLAN	Source 2
DATA REPOSITORY	Source	NURSING DIAGNOSIS	Source 2
DATA WAREHOUSE	Source	TECHNICIAN	Source
DATABASE	Source	TECHNOLOGIST	Source
		VISIT	Source 8

APPENDIX

(Nonmandatory Information)

X1. HEALTHCARE INFORMATICS TERMS BY CATEGORY

A.1.2	HUMAN ANATOMY	A.2.11.1.1	CONTEXT
A.2.10.1	HEALTHCARE INFORMATICS	A.2.11.1.1	TERMINOLOGIC FORMAT
A.2.10.1.1	APPLICATION PROGRAM	A.2.11.1.1.1	COMPOSITIONAL EXPRESSION
	INTERFACE	A.2.11.1.1.1	COMPREHENSIVE CONCEPT
A.2.10.1.1	INTERFACE DEFINITION LANGUAGE	A.2.11.1.1.1	CONCEPT
A.2.10.2	HEALTHCARE TECHNOLOGY	A.2.11.1.1.1	CONCEPT FIELD
A.2.10.2	INFORMATION TECHNOLOGY	A.2.11.1.1.1	DOMAIN
	COMPONENTS	A.2.11.1.1.1	DOMAIN (FOR A SEMANTIC LINK)
A.2.10.2.	HEALTHCARE TECHNOLOGY	A.2.11.1.1.1	MAPPING
	COMPONENTS	A.2.11.1.1.1	NORMALIZATION
A.2.10.2.1	COMMON OBJECT REQUEST	A.2.11.1.1.1	NORMALIZATION OF SEMANTICS
	BROKER ARCHITECTURE	A.2.11.1.1.1	PARTLY SPECIFIED CONCEPT
A.2.10.2.1	COMPUTER OUTPUT TO LASER	A.2.11.1.1.1	POSTCOORDINATED CONCEPT
	DISK	A.2.11.1.1.1	PRECOORDINATED CONCEPT
A.2.10.2.2	ECG INTERPRETIVE DEVICE	A.2.11.1.1.1	REFERENT
A.2.10.2.2	INTERVENTIONAL EQUIPMENT	A.2.11.1.1.1	CROSS REFERENCE
A.2.10.2.3	ACQUIRING CARDIOGRAPH	A.2.11.1.1.1	EXTENSION
A.2.11	INFORMATICS	A.2.11.1.1.1	INTENSION
A.2.11.1.1	CLINICAL COMPREHENSIVENESS	A.2.11.1.1.1.1	BASE CONCEPT
A.2.11.1.1	COLLOQUIAL TERMINOLOGY	A.2.11.1.1.1.1	CONCEPT TYPE
A.2.11.1.1	COMPREHENSIVENESS	A.2.11.1.1.1.1	CONCEPT TYPE (ESSENTIAL)
A.2.11.1.1	CONCEPT ANALYSIS	A.2.11.1.1.1.1	GENERIC CONCEPT
A.2.11.1.1	COVERAGE	A.2.11.1.1.1.1	SPECIFIC CONCEPT
A.2.11.1.1	EQUIVALENCE	A.2.11.1.1.1.1	SPECIFYING CONCEPT
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A.2.7.4.4	INFORMED CONSENT	B.1.3.1.1.3	MINIMAL CARE
A.2.7.5	ACCOUNTABILITY	B.1.3.1.1.3	SERIOUSLY ILL
A.2.7.5.1	CONTRACT	B.1.3.1.1.3	TRANSFER
A.2.7.5.2	ACCREDITATION	B.1.3.1.1.4	VERY SERIOUSLY ILL
A.2.7.5.2	COST BENEFIT ANALYSIS	B.1.3.1.1.4	CLINICAL INVESTIGATION
A.2.7.5.2	COST CONTAINMENT	B.1.3.1.1.4	CLINICAL PROTOCOL
			CLINICAL STATUS

B.1.3.1.1.4	CONSULTATION	B.1.3.1.5	CLINICAL ORDER
B.1.3.1.1.4	DEAD ON ARRIVAL	B.1.3.1.5.1	LABORATORY SERVICE ORDER
B.1.3.1.1.4	ENCOUNTER	B.1.3.1.5.1	REQUESTED INVESTIGATION
B.1.3.1.1.4	HOME HEALTH CARE	B.1.3.1.6	QUALITY ASSESSMENT
B.1.3.1.1.4	NURSING	B.1.3.1.6	QUALITY ASSURANCE
B.1.3.1.1.4	PROTOCOL	B.2.2.1.1	HEALTH
B.1.3.1.1.4	REFERRAL	B.2.2.1.2	EMERGENCY
B.1.3.1.1.4	REPORT	B.2.2.2	COMORBIDITY
B.1.3.1.1.4	VISIT	B.2.2.2	COMPLICATION
B.1.3.1.2	ANCILLARY SERVICE	B.2.2.2	DISEASE
B.1.3.1.2	ANCILLARY SERVICE VISIT	B.2.2.2	NOSOCOMIAL
B.1.3.1.2	IMAGING PROCEDURE, MEDICAL	B.2.2.2	OCCUPATIONAL ILLNESS
B.1.3.1.3.1	TELEMEDICINE		

SUMMARY OF CHANGES

Committee E31 has identified the location of selected changes to this terminology since the last issue, E2457 – 06, that may impact the use of this terminology. (Approved July 15, 2007)

(I) Revised the text throughout.

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