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**NATIONAL STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GB/T 21715.8-2020

Health informatics--Patient health card data - Part 8: Links

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Foreword

GB/T 21715 "Health Card Data for Health Informatics Patients" is divided into 8 parts.

---Part 1.Overall structure;

---Part 2.General objects;

---Part 3.Limited clinical data;

---Part 4.Expand clinical data;

---Part 5.Identification data;

---Part 6.Management data;

---Part 7.Medication data;

---Part 8.Links.

This part is Part 8 of GB/T 21715.

This section was drafted in accordance with the rules given in GB/T 1.1-2009.

The translation method used in this section is equivalent to the use of ISO 21549-8.2010 "Health Card Data for Health Informatics Patients Part 8.Links".

The Chinese documents that have a consistent correspondence with the normatively cited international documents in this section are as follows.

---GB/T 21715.2 Health Informatics Patient Health Card Data Part 2.Common Objects
(GB/T 21715.2-2008,

(ISO 21549-2.2004, IDT)

---GB/T 21715.4 Health Informatics Patient Health Card Data Part 4.Extended Clinical Data
(GB/T 21715.4-

2011, ISO 21549-4.2006, MOD)

This part is proposed and managed by China National Institute of Standardization.

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Introduction

GB/T 21715 gives the data structure and definition of data objects in the patient health card.

As population movements increase, healthcare becomes more and more integrated and changes from local behavior to regional behavior, even to international

Sexual behavior change. Usually, the patient's health history is composed of many service events distributed in time and space. Sometimes patients receive at the same time

Several services provided by multiple service providers. Service providers such as hospitals, health centers and doctors have their own

Patient record system. Therefore, patient health data is increasingly distributed in various professional fields and spaces in China and around the world.

If the health professional attending the patient can access the latest data of the patient, the patient can get better treatment and care.

Therefore, doctors in different places can view and edit patient records remotely at the same time.

This requires an information system capable of communication on the one hand and a standardized method of positioning information on the other hand. Because of

The Internet can send information to users who are far away from each other, so it can provide a safe technology for the processing of patient electronic records.

Program. But it is necessary to access the required data in a simple and timely manner. This means that not only relevant information is needed

Its creator provided and made this information available, and was able to find it from a large amount of irrelevant information whenever and wherever needed information.

Because patient data is especially sensitive, it is necessary to use a secure infrastructure. In addition to the secure transmission of data, it also requires processing

The recorded personnel (such as health professionals and/or patients) are identified and authenticated. In addition, you need to deal with issues such as integrity and privacy.

Protection, credibility, accessibility and more services.

The health card can provide the necessary security guarantee for sensitive health areas-including data integrity and data protection. Health Card

Support to verify the data in the card, and also provide links to find other data objects stored in other places. The health card not only contains

The subset of important clinical data stored in the card also includes data pointing to medical information systems distributed in the country and around the world

link.

Health Informatics Patient Health Card Data

Part 8.Link

1 Scope

This part of GB/T 21715 specifies the method of using health cards to access distributed patient records and/or management information, and provides storage

The structure and elements used in health cards to represent "links" that refer to patient records and their subcomponents.

This section applies to the linked data for patient records and their subcomponents in the patient health card.

Access control mechanisms, data protection mechanisms, access methods, and other security services are outside the scope of this section.

2 Normative references

The following documents are essential for the application of this document. For dated reference documents, only the dated version applies to this article

Pieces. For the cited documents without date, the latest version (including all amendments) applies to this document.

ISO 21549-2 Health Informatics Patient Health Card Data Part 2.Common Object
(Healthinformatics-Patient

healthcarddata-Part 2.Commonobjects)

ISO 21549-4 Health Informatics Patient Health Card Data Part 4.Extended Clinical Data
(Healthinformatics-Pa-

tienthealthcarddata-Part 4.Extendedclinicaldata)

HL7V3 Health Information Exchange Layer 7 Protocol Message Transmission Standard 3rd
Edition,.2006 Standard Edition (HealthLevelSeven-

MessagingStandardVersion3, NormativeEdition2006)

IETF RFC3986 Uniform Resource Identifier (URI). Generic Syntax
[UniformResourceIdentifier(URI). Generic

Syntax]

3 Terms and definitions

The following terms and definitions apply to this document.

3.1

Reference

Provide clearly identified information for a portion of a distributed record.

3.2

Linkage informationinformation

A data collection that provides complete information for locating a portion of resources in a distributed record.

3.3

ISO OID organization code ISO OIDorganizationcode

The only worldwide organization code defined and managed in accordance with ISO /IEC 9834.