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Health informatics - International patient summary (ISO 27269:2025)

Táto norma obsahuje anglickú verziu európskej normy.
This standard includes the English version of the European Standard.

Táto norma bola oznámená vo Vestníku ÚNMS SR č. 01/26

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EN ISO 27269

September 2025

ICS 35.240.80 Supersedes EN ISO 27269:2022

English Version

Health informatics - International patient summary (ISO 27269:2025)

Informatique de santé - Résumé international du dossier médical du patient (ISO 27269:2025)

Medizinische Informatik - Internationale Patienten-Kurzakte (ISO 27269:2025)

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EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
EUROPÄISCHES KOMITEE FÜR NORMUNG

CEN-CENELEC Management Centre: Rue de la Science 23, B-1040 Brussels

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European foreword

This document (EN ISO 27269:2025) has been prepared by Technical Committee ISO/TC 215 "Health informatics" in collaboration with Technical Committee CEN/TC 251 “Health informatics” the secretariat of which is held by NEN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by March 2026, and conflicting national standards shall be withdrawn at the latest by March 2026.

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Endorsement notice

The text of ISO 27269:2025 has been approved by CEN as EN ISO 27269:2025 without any modification.

International Standard

ISO 27269

Health informatics — International patient summary

Informatique de santé — Résumé international du dossier médical du patient

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

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

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This document was prepared by Technical Committee ISO/TC 215, *Health informatics*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 251, *Health informatics,* in accordance with the agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second edition cancels and replaces the first edition (ISO 27269:2021), which has been technically revised.

The main changes are as follows:

— the IPS Sections "Alerts" and "Patient story" have been added;

— "Cross-Border" and "Provenance" have been merged into one "Cross organization" section (Clause 25);

— definitions in Clause 3 have been aligned with ISO 13940:2015.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

0.1 General

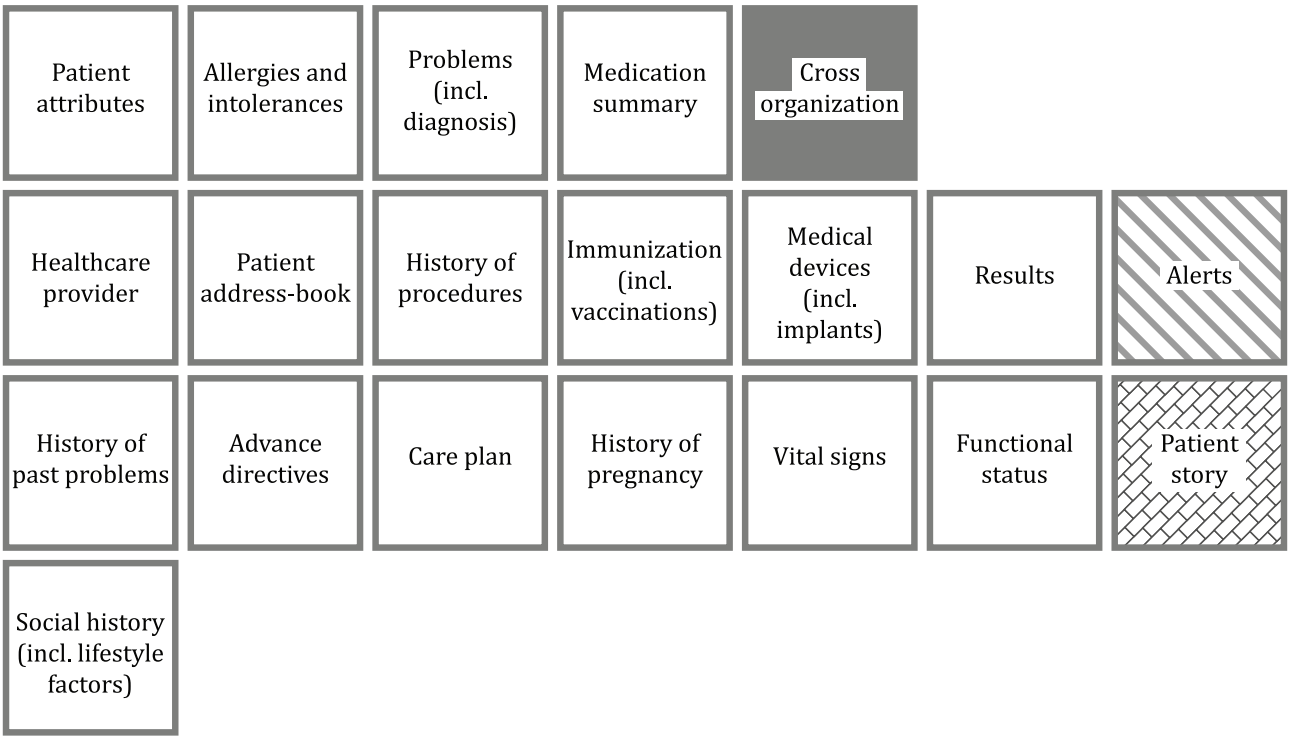
The first publication of this document was as a European norm in 2019. That regional standard was promoted to an international one with the first edition of this document (ISO 27269:2021).

The goal of this document is to define an international patient summary (IPS), comprising core content in a concise form to communicate efficiently.[8] This document defines a minimal, structured IPS Data Set with associated business rules for a relevant patient.

The primary value of a patient summary, normalized by the IPS, is to facilitate and support appropriate clinical decision-making for the patient at the point of care (see ISO/TR 12773-1).

The IPS is designed to provide relevant information to assist planned and unplanned care across any organizational boundary, including country borders and their jurisdictional requirements (e.g. local, regional, state/provincial, national and international contexts).

The IPS Data Set is non-exhaustive. New IPS Data Blocks are introduced to meet new patient summary requirements whether they are clinical, administrative, or technological in nature. Figure 1 shows the IPS Data Blocks present in this document, including 'Cross Organization' (conformance: mandatory), 'Alerts' (conformance: required if known) and 'Patient Story' (conformance: optional).



NOTE The Data Blocks 'Cross organization', 'Alerts' and 'Patient story' are new in this document compared to the first edition (ISO 27269:2021).

Figure 1 — IPS Sections and Features

0.2 The IPS collaboration

The IPS facilitates a shared vision[9] with collaborating SDOs (initially ISO/TC 215, CEN/TC 251, HL7 International, IHE International and SNOMED International), each contributing IPS Artefacts to an IPS suite. From this document it is possible to derive compliant logical models that constrain it. Implementation guides

are formalized in the HL7 CDA IG® and HL7 FHIR[1)] IG® and in the IHE IPS® profile. The IPS Data Set is not bound by any specific terminologies (see Annex C), although it does anticipate the terminologies conforming to the ISO standards on the identification of medicinal products (IDMP).[10] IDMP is expected in the future to be the recommended target for medication in the IPS.

SNOMED International®[2)] has provided the SNOMED CT IPS Terminology and IPS Reference Set (Free Set), which are directly maintained in response to global requirements for the IPS.

The IPS emphasizes the need to provide generic solutions for global application and, where possible, reference is made to international standards rather than to local ones. However, different international contexts can offer a variety of requirements that need to be considered to ensure that patient safety is not compromised. This document is aligned to ISO 13940:2015 and uses the eHN Guideline[11] as the initial source for the patient summary requirement. Terminology and its binding are addressed in Annex C.

0.3 Maintenance of this document

To address the over-riding need for interoperability, the IPS stakeholder community requires that this document be kept current and relevant. Revision of this document needs to consider the capacity and capabilities of stakeholders requiring conformance to the IPS. Feedback from early implementers also needs to be addressed. To make these improvements achievable, an ISO maintenance agency (MA) has been created. The name and contact information of the maintenance agency for this document can be found at www.iso.org/maintenance_agencies. The MA allows new requests to be addressed in a timely fashion, to assess the clinical and technical impact, and to strive for backward compatibility for any agreed change. Updates are available online (see Reference [12]). The inclusion criteria within this document (see Annex B) provide a transparent means of assessing new requirements.

The work undertaken in ISO to develop this document has attracted considerable interest from initiatives and organisations that would like to see extensions to its areas of clinical content coverage. Those items that would represent a minor adaptation to this version, and which have maturity and stability, have been added to this document.

The MA will keep track of proposals for potential extensions (e.g. proposals for data elements that are of primary relevance to children or to the elderly) and consider their maturity and relevance for inclusion in future editions of this document.

0.4 Structure of this document

This document focuses on the overall structure of the patient summary as well as the individual data elements that comprise it. The layout of this document (see Table 1) uses a hierarchy of levels (H0 to H7) to facilitate more detailed description with the purpose of supporting consistent implementation of the data set. The level H0 describes the complete IPS Document, while levels H1 to H7 describe the IPS Data Blocks in more detail; seven levels have been sufficient for this edition but that is not a fixed upper limit, and it is possible that future editions will require more. A common set of descriptors are used to further define the data elements in a consistent way.

Table 1 — Description of IPS Data Set concepts and their hierarchical relationships

Hierarchy	H0	H1	H2 – H7
IPS mega Data Block	IPS Document	All relevant IPS Data Blocks are identified	Further details are provided within the IPS Data Blocks clauses
IPS macro and meso Data Blocks	–	Individual IPS Sections, and IPS Features	Hierarchical description for individual Data Blocks

1) HL7 FHIR is the registered trademark of Health Level Seven International. This information is given for the convenience of users of this document and does not constitute an endorsement by ISO of the product named.

2) SNOMED International is the registered trademark of the International Health Terminology Standards Development Organization. This information is given for the convenience of users of this document and does not constitute an endorsement by ISO of the product named.

The amount of information describing each Data Block is variable. To manage the variability, this document presents the data as a set of tables with a consistent set of descriptors; each table has a hierarchical structure with explicit links to subclauses providing further information.

Rows in the table without further links to detail are either self-explanatory or explained by the hierarchical context. The order of sibling attributes is arbitrary and has no implications for implementations of this document. The name of the Data Block is contextualized by the hierarchy to avoid any misunderstanding. For example, the term ‘Device Type’ is used rather than just ‘type’ even though it refers to a data element positioned within the IPS Data Block describing a medical device.

International Standard **ISO 27269:2025(en)**

Health informatics — International patient summary

1 Scope

This document defines the core data set for a concise international patient summary (IPS), which supports continuity of care for a person and assists with coordination of their care.

This document provides an abstract definition of a patient summary from which derived models are implementable.

This document does not cover the workflow processes of data entry, data collection, data summarization, subsequent data presentation, assimilation, or aggregation. Furthermore, this document does not cover the summarization act itself, i.e. the intelligence, skills and competences, that results in the data summarization workflow. It is not an implementation guide that is concerned with the various technical layers beneath the application layer. Representation by various coding schemes, additional structures and terminologies are not part of this document.

2 Normative references

There are no normative references in this document.