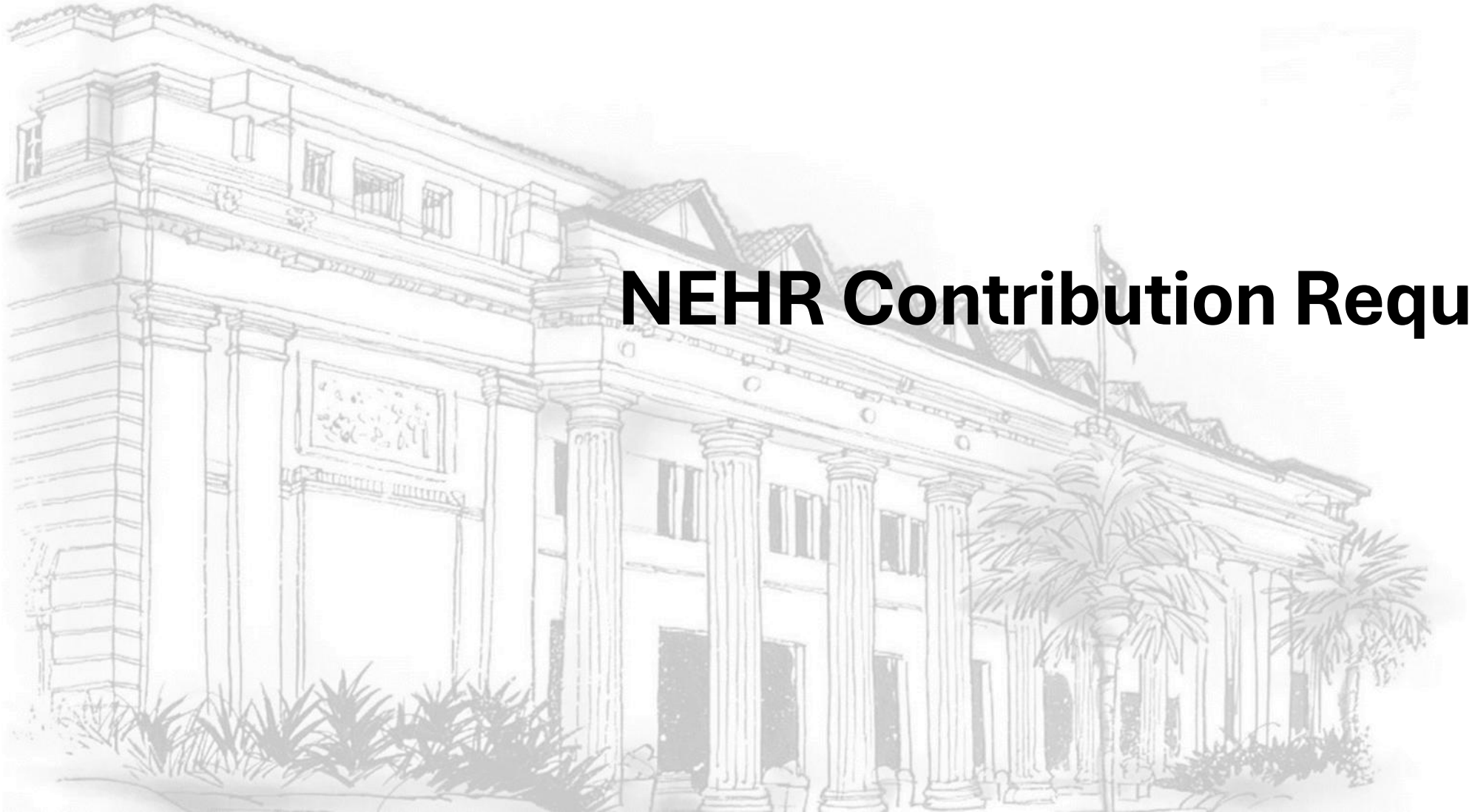
MINISTRY OF HEALTH
SINGAPORE



NEHR Contribution Requirements

An initiative of
FORWARD SG

Contents

Overview

- The purpose of health information contribution to the NEHR is to allow care providers to have access to information regarding their patients to support care continuity as patients move across healthcare services.
- The health information and the fields required for each data type are based on the utility of the information as well as existing legal and operational requirements.
- This deck summarises the health information and their components required for NEHR contribution, serving as a quick reference guide for healthcare providers.
- For the complete technical specifications that include technical components and optional fields please check with your HIMS vendors.

Data Contribution by LHS Types

Health Information / Healthcare Services	Visit Event	Adverse Drug Event History	Ordered Medication	Dispensed Medication	Medication List	Vaccines Administered	Laboratory Test Reports	Radiology/ Imaging Reports	Cardiac Reports (e.g., ECG)	Surgical Procedure Notes	Dental Notes	Visit Diagnoses/ Reason for Visit	Discharge Summary	ED/Urgent Care Summary	Referral Memorandum
Acute Hospital	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
Ambulatory Surgical Center	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓		✓
Assisted Reproduction	✓	✓	✓	✓	✓				✓	✓		✓	✓		✓
Community Hospital	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓		✓
Clinical Laboratory							✓								
Contingency Care	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓		✓
Nuclear Medicine		✓	✓	✓			✓	✓	✓	✓					
Nursing Home	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓		✓
Outpatient Dental	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓			✓
Outpatient Medical	✓	✓	✓	✓	✓	✓			✓	✓		✓			✓
Outpatient Renal Dialysis	✓	✓	✓	✓	✓	✓			✓	✓		✓			✓
Radiological		✓	✓	✓				✓	✓	✓					
Retail Pharmacy (HSA)		✓	✓	✓	✓	✓									

Details of health information required for contribution

The following provide a list of the mandatory clinical components that need to be contributed for each health information. There may be other technical and optional components that are not reflected. Please refer to the technical specifications for full details.

Patient Details

No	Component	Description	Remarks	Example
1	Name	Name as in NRIC		Tan Ah Kow (Chen Ah Gou)
2	MRN #	System generated record number		
3	Identification type	Type of govt issued ID		NRIC, Work Permit
4	Identification Number	Govt Issued ID #		S1234567A
5	Date of Birth	As reflected in govt issued ID		1980-01-31
6	Gender	As reflected in govt issued ID		M, F

Visit Event

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Admission Date/Time			2025-09-29T10:15:00
3	Discharge Date/Time		Applicable to inpatient or ED visits	
4	Service / Specialty	Medical discipline or clinical service responsible for patient's care		General Surgery, Family Medicine
5	HSCA License number of Institution		HSCA code format	L/1600000/RDS/001/230
6	Visit Type	Type of visit		Inpatient, Outpatient, Emergency, Day Surgery
7	Discharge Disposition	Patient’s next destination	Applicable to inpatient/ED visits	Discharge Home
8	Name of Attending Physician		Applicable for clinical visits*	Dr John Lim
9	Reg # of Attending Physician	Professional board registration #	Applicable for clinical visits*	M12345A

* Clinical visits refer to Inpatient, Outpatient, Emergency, and Day Surgery visits, as opposed to non-clinical visits such as collecting results or topping up medications.

Dental Note

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	HSCA License number of Institution		HSCA code format	L/1600000/RDS/001/230
3	Procedure Date/Time			2025-09-29T10:15:00
4	Reason for Visit / Visit Diagnosis		SNOMED code format	Impacted Tooth - 235104008
5	Dental Procedure Performed	List of procedures performed during the visit	**Refer to the next slide**	**Refer to the next slide**
6	Name of Attending Doctor/Dentist			Dr Pierre
7	Reg # of Attending Doctor/Dentist	Professional board registration #		D12345A
8	Name of Author			Dr Pierre
9	Reg # of Author	Professional board registration #		D12345A

Examples of Dental Procedure

S/N	Activity / Event	Data to be sent as “Dental Procedure”	Optional Comments (Example)
1	Scaling	Scaling	Regular scaling (full mouth)
2	Filling	Filling, simple	Restoration of #21 (Class V)
3	Extraction	Extraction, complex	Removal of fractured #11 due to trauma
4	Surgical excision	SF813T* (impacted tooth)	Impacted #48
5	Peri-radicular surgery	Peri-radicular surgery (single-rooted)	Apicoectomy of #13
6	Partial Denture	Upper partial denture (complex)	Missing 17–14 and 24–27

* TOSP code may be used if applicable.

Adverse Drug Event History

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Type of Reaction	Is this ADR an allergic reaction?		Yes / No / Unsure
3	Status	Current status of the ADR	Set to inactive to remove a previously added ADR	Active, Inactive
4	Drug Code		Code mapping will be pre-loaded into HIM system	
5	Drug Name	Name of drug / class		Metoprolol/ Beta Blockers
6	ADR Probability	Certainty of reaction		Definite, Possible, Unlikely
7	Relationship to Reaction	Suspected or concomitant drug		Suspected
8	Information Source	Where the information was obtained		Reporter observed, medical record, patient/family reported.
9	Onset date/time	Date and time reaction took place		2020-09-29T10:15:00
10	Adverse Reaction	Type of reaction		Rash, angioedema, itch
11	Remarks			Rash resolves after 1 day
12	Name of Reporting Person	ADR reported by		Dr John Lim
13	Reg # of Reporting Person	Professional board registration #	Where applicable	M12345A
14	HSCA License number of Reporting Institution		HSCA code format	L/1600000/RDS/001/230
15	Reporting date/time			2025-09-29T10:15:00

Vaccines Administered

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Vaccine Name			Hepatitis B
3	Vaccine Code		Code mapping will be pre-loaded into HIM system	145541000133105
4	Date/Time Administered			2025-09-29T10:15:00
5	HSCA License number of Institution		HSCA code format	L/1600000/RDS/001/230
6	Name of Person who Administered			Florence Tan
7	Reg # of Person who Administered	Professional board registration #	Where applicable	N1234567A
8	Product Name	Commercial vaccine name	Required for Covid Vaccines	Engerix-B
9	Product Code	Vaccine product identifier	Required for Covid Vaccines	SIN15807P
10	Lot/Batch Number	Manufacturer batch number	Required for Covid Vaccines	LOT 20251234A
11	Dose Sequence	Vaccine sequence	Applicable for Childhood Immunisation	D1,B2
12	Dose Quantity/Unit	Quantity/Unit of measurement		grams/mls

Ordered Medication

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Ordered Date/Time			2025-09-29T10:15:00
3	Order type	Order setting		Discharge, outpatient
4	Name of Prescriber			Dr John Lim
5	Reg # of Prescriber	Professional board registration #	Where applicable	M12345A
6	Medication Name			PANADOL [Paracetamol] Tablet
7	Medication SDD Code		Code mapping will be pre-loaded into HIM system	970396511000133102
8	Route			Oral, topical
9	Dose / Dose UOM			5 mg, 10ml, 2 tablets
10	Frequency	Medication intervals		OM, BD, TDS
11	Instructions		Where applicable	
12	Duration / Quantity			5 weeks, 30 tablets
13	HSCA License number of Ordering Institution		HSCA code format	L/1600000/RDS/001/230

Discharge Summary

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Admission Date/Time			2025-01-29T10:15:00
3	Discharge Date/Time		Applicable to inpatient visits	2025-09-29T10:15:00
4	Name of Attending Physician		Applicable for clinical visits	Dr John Lim
5	Reg # of Attending Physician	Professional board registration #	Applicable for clinical visits	M12345A
6	Service / Specialty	Medical discipline or clinical service responsible for patient's care		General Surgery, Family Medicine
7	Discharge Outcome	Patient’s condition upon discharge		Well, etc
8	Discharge Disposition	Location patient discharged to		Home, Abscond
9	HSCA License number of Discharging Institution		HSCA code format	L/1600000/RDS/001/230
10	Discharging Department	Department where discharge took place		A&E, UCC
11	Diagnosis Code		SNOMED code format	102589003
12	Diagnosis Description			Atypical Chest Pain
13	Diagnosis Type	Whether the diagnosis is a primary or secondary diagnosis		Primary, Secondary
14	Name of Author			Dr John Lim

Dispensed Medication

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Dispensed date/time			2025-09-29T10:15:00
3	HSCA License number of Dispensing Institution		HSCA code format	L/1600000/RDS/001/230
4	Name of Person Dispensing			Jacob Bell
5	Reg # of Person Dispensing	Professional board registration #	Where applicable	PRN123456A
6	Dispense type	Order setting		Discharge, outpatient
7	Medication Name			PANADOL [Paracetamol] Tablet
8	Medication SDD Code		Code mapping will be pre-loaded into HIM system	970396511000133102
9	Route	Administration route		Oral, topical
10	Dose / Dose UOM			5 mg, 10ml, 2 tablets
11	Frequency			OM, BD, TDS
12	Instructions	Administration details		Take after meals
13	Duration / Quantity			5 weeks, 30 tablets

Medication List

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Review date/time			2025-09-29T10:15:00
3	Name of Reviewer			Jacob B
4	Reg # of Reviewer	Professional board registration #	Where applicable	PRN123456A
5	Medication Name			PANADOL [Paracetamol] Tablet
6	Medication SDD Code		Code mapping will be pre-loaded into HIM system	970396511000133102
7	Route			Oral, topical
8	Dose / Dose UOM			5 mg, 10ml, 2 tablets
9	Frequency			OM, BD, TDS
10	Instructions	Administration details		After meals
11	HSCA License number of the Med Reconciliation Source		HSCA code format	L/1600000/RDS/001/230
12	Information Source	Where the information was obtained		Patient, caregiver, clinical notes, etc

Referral Memorandum

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Referring Institution	Name of institution where the referral is from		ABC Clinic
3	Name of Person making the Referral			Dr John Lim
4	Reg # of Person making the Referral	Professional board registration #	Where applicable	M12345A
5	Referral Information	Details of the referral including: a. Institution referred to b. Specialty referred to c. Reason for referral		

Visit Diagnoses/Reasons for Visit or Patient Problem List

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	List Updated Date/Time			2025-09-29T10:15:00
3	Diagnosis Description			Atypical Chest Pain
4	Diagnosis Code		SNOMED code format	102589003
5	Service / Specialty	Medical discipline or clinical service responsible for patient's care		General Surgery, Family Medicine
6	Name of Person entering Diagnosis			Dr John Lim
7	Reg # of Person entering Diagnosis	Professional board registration #	Where applicable	M12345A
8	HSCA License number of Institution		HSCA code format	L/1600000/RDS/001/230

Surgical Procedure Notes

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Procedure start date/time			2025-09-29T10:15:00
3	Procedure end date/time			
4	HSCA License number of Performing Institution		HSCA code format	L/1600000/RDS/001/230
5	Name of Principal Surgeon			Dr John Lim
6	Reg # of Surgeon	Professional board registration #	Where applicable	M12345A
7	Procedure Name	Description of the procedure		
8	Procedure Code		TOSP code format	Hernia Repair - SF800A
9	Diagnosis	Post-operative diagnosis	SNOMED code format	52515009
10	Procedure Details	Details/findings of the procedure		

Note: The contribution of surgical procedure notes for procedures performed outside of Operating Theatres and Ambulatory Surgical Centres will be exempted until March 2030.

Emergency Department/Urgent Care Summary

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	HSCA License number of ED/UCC Institution		HSCA code format	L/1600000/RDS/001/230
3	Diagnosis Code		SNOMED code format	21522001
4	Reason for visit / Visit diagnosis			Abdominal Pain
5	Primary Disposition	Type of discharge		Home, Abscond
6	Summary of events			
7	Name of Author			Dr John Lim
8	Reg # of Author	Professional board registration #	Where applicable	M12345A
9	Registration Date/Time			2025-01-29T10:15:00
10	Name of Attending Physician		Applicable for clinical visits	Dr John Lim
11	Reg # of Attending Physician	Professional board registration #	Applicable for clinical visits	M12345A
12	Discharge Date/Time			2025-01-29T12:15:00

Cardiac Report

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Procedure Name			Percutaneous Coronary Intervention (PCI)
3	HSCA License number of Performing Institution		HSCA code format	L/1600000/RDS/001/230
4	Procedure Details	Details/findings of the procedure		
5	Name of Author			Wilhelm C
6	Reg # of Author	Professional board registration #	Where applicable	DR12345A
7	Procedure date/time			2025-09-29T10:15:00

Note: The contribution of cardiac reports may be exempted if the cardiac device or machine is unable to interface with or transmit data to the Health Information Management System.

Laboratory Test Report

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Panel Name			Full Blood Count, Renal Panel, etc
3	Reported Date/Time			2025-09-29T10:15:00
4	HSCA License number of Performing Institution		HSCA code format	L/1600000/RDS/001/230
5	Name of Ordering Person			Dr John Lim
6	Reg # of Ordering Person	Professional board registration #	Where applicable	M12345A
7	Name of Qualified Person Reporting the test	In accordance to R33 of Healthcare Service (Clinical Lab Service and Radiological Service) Regulations		Marcel M
8	Specimen collected Date/Time		Required to provide if available	2025-09-27T10:15:00
9	Specimen received Date/Time			2025-09-27T12:15:00
10	Accession Number	Unique LIS number		1234567A
11	Lab Test Name			Red Blood Cells, Platelets, etc
12	Lab Test Code		LOINC code format	58410-2, 24362-6
13	Results	Numerical or textual results		Results, UOM, Reference Range, etc

Radiology/Imaging Report

No	Component	Description	Remarks	Example
1	Patient Details	Demographic information	Refer to Patient Details	
2	Order Name	Name of radiological investigation		Breast Panel
3	Reported Date/Time			2025-09-29T10:15:00
4	Examination Date/Time			2025-09-28T12:15:00
5	Name of Ordering Person			Dr John Lim
6	Reg # of Ordering Person	Professional board registration #	Where applicable	M12345A
7	HSCA License number of Performing Institution		HSCA code format	L/1600000/RDS/001/230
8	Name of Qualified Person Reporting the test	In accordance to R33 of Healthcare Service (Clinical Lab Service and Radiological Service) Regulations		Wilhelm C
9	Reg # of reporting Person	Professional board registration #	Where applicable	DR12345A
10	Accession Number	Unique RIS number		
11	Name of Investigation			Right/Left Breast Mammogram, U/S chest, etc.
12	Results	Radiological examination report		
13	Name of a person approving the test	Person approving the report	Where applicable	
14	Reg # of approving Person	Professional board registration #	Where applicable	M12345A

Thank you.

Check the HIA website (https://www.healthinfo.gov.sg/) for details on Implementation Guide and available resources.
For questions about your HIA implementation journey, contact the HIA support team at hia_enquiries@moh.gov.sg