

Health & Care Information Model: nl.zorg.VermogenTotEten

Final

Managed by:

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1. nl.zorg.VermogenTotEten-v3.0

DCM::CoderList	Werkgroep RadB Verpleegkundige Gegevens
DCM::ContactInformation.Address	*
DCM::ContactInformation.Name	*
DCM::ContactInformation.Telecom	*
DCM::ContentAuthorList	Werkgroep RadB Verpleegkundige Gegevens
DCM::CreationDate	13-3-2014
DCM::DeprecatedDate	
DCM::DescriptionLanguage	nl
DCM::EndorsingAuthority.Address	
DCM::EndorsingAuthority.Name	PM
DCM::EndorsingAuthority.Telecom	
DCM::Id	2.16.840.1.113883.2.4.3.11.60.40.3.4.7
DCM::KeywordList	Eten, ADL, beperking
DCM::LifecycleStatus	Final
DCM::ModelerList	Werkgroep RadB Verpleegkundige Gegevens
DCM::Name	nl.zorg.VermogenTotEten
DCM::PublicationDate	1-5-2016
DCM::PublicationStatus	Published
DCM::ReviewerList	Projectgroep RadB Verpleegkundige Gegevens & Kerngroep Registratie aan de Bron
DCM::RevisionDate	8-9-2015
DCM::Superseeds	nl.nfu.VermogenTotEten-v1.0
DCM::Version	3.0

1.1 Revision History

Publicatieversie 1.0 (01-07-2015)

Publicatieversie 3.0 (01-05-2016)

Bevat: ZIB-453

1.2 Concept

! Attention: this information model is undergoing major revision. A new version will be available after summer.

Being able to independently prepare and consume food is part of self-care. Limitations in this ability indicate a reduced ability to cope for oneself.

This activity and activities such as those including drinking, getting dressed and bathing are also known as activities of daily living (ADL). These are the activities people go through in daily life. The extent to which a person is able to do all these activities by themselves is a measure for their total ability to do things independently.

1.3 Mindmap

1.4 Purpose

Information on limitations in a patient's ability to make and eat their own food is important in determining the nature and intensity of the care the patient needs. In a transfer situation, it offers the receiving organization the ability to anticipate the intensity of the care to be given to the patient, enabling continuity in healthcare for the patient.

If policy has been implemented to improve a patient's ability to do things independently, the entered extent of independence helps to determine the efficiency of the treatment.

1.5 Patient Population

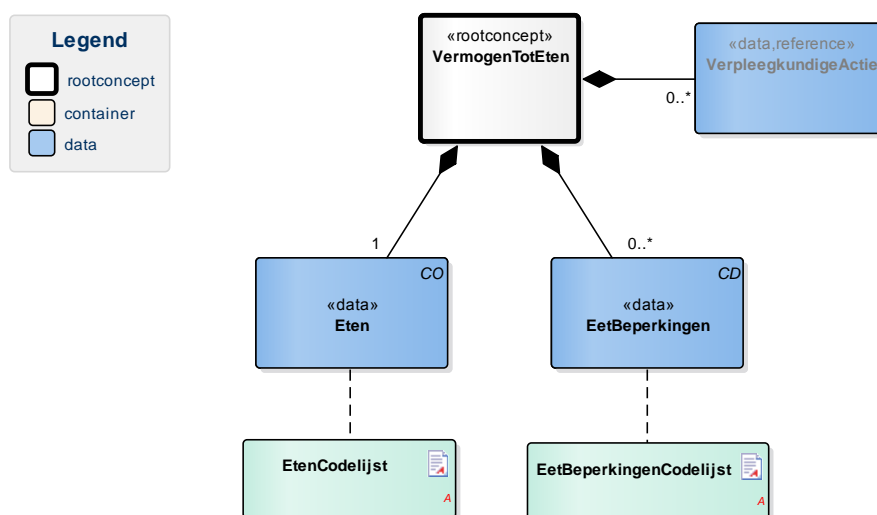
1.6 Evidence Base

The definitions of the concepts were (partially) taken from the ICF definitions.

In addition to this information model, there are other tools to record independence, such as the KATZ-ADL and the BarthelIndex. The KATZ-ADL is mainly used for vulnerable seniors and the BarthelIndex is mainly used for patients who have had a stroke.

This information model evaluates the ability to eat on a five-point scale. In the KATZ-ADL and in the BarthelIndex, this falls under the aspect of Self-feeding. In these two tools, the ability is scored on a scale with fewer points.

1.7 Information Model



«rootconcept»	VermogenTotEten
Definitie	Root concept of the AbilityToEat information model. This root concept

	contains all data elements of the AbilityToEat information model.	
Datatype		
DCM::DefinitionCode	NL-CM:4.7.1	
Opties		

«data»	Eten	
Definitie	Eating is picking up served food, inserting it in the mouth and consuming it in a coordinated and culturally acceptable manner, cutting or breaking food into pieces, opening bottles and cans, using utensils and consuming meals.	
Datatype	CO	
DCM::DefinitionCode	NL-CM:4.7.3	
DCM::DefinitionCode	ICF: d550 Eten	
DCM::ExampleValue	Geen beperking	
DCM::ValueSet	EtenCodelijst	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.1
Opties		

«data»	EetBeperkingen	
Definitie	Eating constraints specify the patient's constraints in eating.	
Datatype	CD	
DCM::DefinitionCode	SNOMED CT: 288843005 Eating abilities	
DCM::DefinitionCode	NL-CM:4.7.4	
DCM::ExampleValue	Eetgerei hanteren	
DCM::ValueSet	EetBeperkingenCodelijst	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.2
Opties		

«data»	VerpleegkundigeActie	
Definitie	The nursing procedures needed to help the patient eat.	
Datatype		
DCM::DefinitionCode	NL-CM:4.7.2	
DCM::ExampleValue	Organiseren van aangepast eetgerei.	
DCM::ReferencedDefinitionCode	NL-CM:14.2.9	This is a reference to concept VerpleegkundigeActie in information model VerpleegkundigeInterventie.
Opties		

«document»	EtenCodelijst	
Definitie		
Datatype		
Opties		
EtenCodelijst	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.1	

Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Geen beperking	d550.0	ICF	2.16.840.1.113883.6.254	Beperking 0-4%
Lichte beperking	d550.1	ICF	2.16.840.1.113883.6.254	Beperking 5-24%
Matige beperking	d550.2	ICF	2.16.840.1.113883.6.254	Beperking 25-49%
Ernstige beperking	d550.3	ICF	2.16.840.1.113883.6.254	Beperking 50-95%
Volledige beperking	d550.4	ICF	2.16.840.1.113883.6.254	Beperking 96-100%

«document»		EetBeperkingenCodelijst		
Definitie				
Datatype				
Opties				
EetbeperkingenCodelijst		OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.2		
ConceptName	Concept Code	CodeSys. Name	CodeSystem OID	Description
Difficulty taking food to mouth	289010002	SNOMED CT	2.16.840.1.113883.6.9 6	Naar de mond brengen
Difficulty using cutlery to feed self	289046006	SNOMED CT	2.16.840.1.113883.6.9 6	Eetgerei hanteren
Difficulty cutting up food	289078003	SNOMED CT	2.16.840.1.113883.6.9 6	Snijden/openen

1.8 Example Instances

VermogenTotEten	
Eten	Lichte beperking (5-24%)
EetBeperkingen	Snijden/openen Eetgerei hanteren
VerpleegkundigeActie	
Activiteit	Hulp nodig bij klaarmaken van brood.

1.9 Instructions

1.10 Interpretation

1.11 Care Process

1.12 Example of the Instrument

1.13 Constraints

1.14 Issues

1.15 References

1. International Classification of Functioning Disability and Health (ICF) [Online] Beschikbaar op: <http://www.rivm.nl/who-fic/icf.htm> [Geraadpleegd: 13 februari 2015]

1.16 Functional Model

1.17 Traceability to other Standards

1.18 Disclaimer

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