

Health & Care Information Model: nl.zorg.AbilityToPerformNursingActivities -v1.0

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1. nl.zorg.AbilityToPerformNursingActivities-v1.0

DCM::CoderList	Werkgroep RadB Verpleegkundige Gegevens
DCM::ContactInformation.Address	*
DCM::ContactInformation.Name	*
DCM::ContactInformation.Telecom	*
DCM::ContentAuthorList	Werkgroep RadB Verpleegkundige Gegevens
DCM::CreationDate	19-11-2016
DCM::DeprecatedDate	
DCM::DescriptionLanguage	nl
DCM::EndorsingAuthority.Address	
DCM::EndorsingAuthority.Name	PM
DCM::EndorsingAuthority.Telecom	
DCM::Id	2.16.840.1.113883.2.4.3.11.60.40.3.4.34
DCM::KeywordList	IADL,
DCM::LifecycleStatus	Final
DCM::ModelerList	Werkgroep RadB Verpleegkundige Gegevens
DCM::Name	nl.zorg.VermogenTotVerpleegtechnischeHandelingen-v1.0
DCM::PublicationDate	04-09-2017
DCM::PublicationStatus	Prepublished
DCM::ReviewerList	Projectgroep RadB Verpleegkundige Gegevens & Kerngroep Registratie aan de Bron
DCM::RevisionDate	04-09-2017
DCM::Superseeds	
DCM::Version	1.0
HCIM::PublicationLanguage	EN

1.1 Revision History

Publicatieversie 1.0 (04-09-2017)

1.2 Concept

When taking care of a patient with a disease or disability, parents, children and other caretakers often carry out nursing interventions. Adults and older children may carry out nursing interventions by themselves. Therefore skills training is needed for caregivers/ children. Qualification is required for correct performing of an intervention and also knowledge about what to do in case of complications. The assessment of the degree to which the intervention can be performed independently refers only to the indicated intervention.

1.3 Mindmap

1.4 Purpose

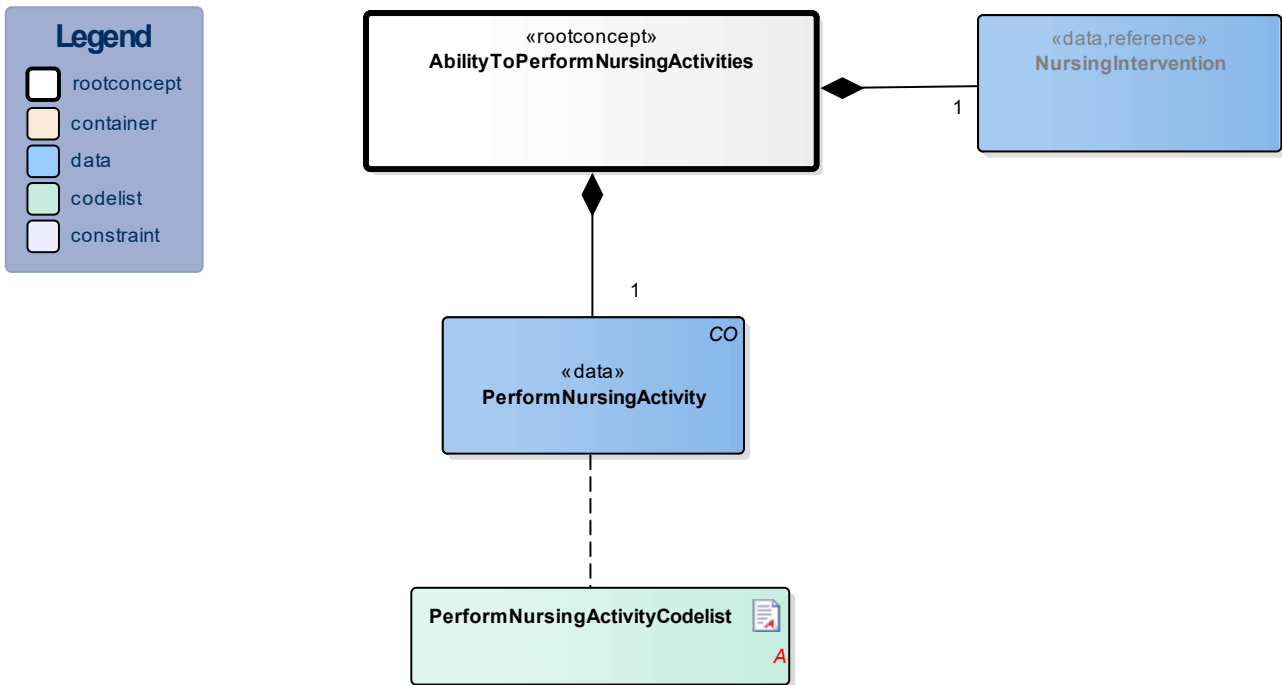
Information about the qualification of skill for performing a specific nursing intervention is necessary to provide parents, children and other caregivers appropriate support for the care of the patient.

1.5 Patient Population

1.6 Evidence Base

In order to indicate to whom the defined skills relate, use is made of one of the implicit concepts of the information model: the subject of the data. Usually, this is the patient in which case it will not be explicitly mentioned. If the data relates to a different person, this can be indicated by means of a reference to e.g. the information model Contactperson.

1.7 Information Model



«rootconcept»	AbilityToPerformNursingActivities
Definitie	Root concept of the AbilityToPerformNursingActivities information model. This root concept contains all data elements of the AbilityToPerformNursingActivities information model.
Datatype	
DCM::ConceptId	NL-CM:4.34.1
Opties	

«data»	NursingIntervention
Definitie	Specification of nursing interventions where the skills relate to.
Datatype	
DCM::ConceptId	NL-CM:4.34.3
DCM::ReferencedConceptId	NL-CM:14.2.1
Opties	This is a reference to the rootconcept of information model NursingIntervention.

«data»	PerformNursingActivity
Definitie	Qualification of the degree of independence when performing certain (nursing) interventions.
Datatype	CO

DCM::ConceptId	NL-CM:4.34.2	
DCM::DefinitionCode	SNOMED CT:303074009 Ability to manage personal health care	
DCM::ExampleValue	Onafhankelijk	
DCM::ValueSet	PerformNursingActivityCodeList	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.34.1
Opties		

«document»	PerformNursingActivityCodeList	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.4.34.1	
Opties		

VerrichtenVPKHandelingCodelijst		OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.34.1		
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Independent in managing personal health care	27911000146108	SNOMED CT	2.16.840.1.113883.6.96	Onafhankelijk
Needs help with managing personal health care	27931000146101	SNOMED CT	2.16.840.1.113883.6.96	Hulp nodig
Unable to manage personal health care	27951000146107	SNOMED CT	2.16.840.1.113883.6.96	Volledig afhankelijk

1.8 Example Instances

VermogenTotVerpleegkundigeHandelingen	
MateVanBekwaamheid	Met hulp
Betrokkene::ContactPersoon	
Relatie	Moeder
VerpleegkundigeActie	
Activiteit	Katheteriseren
Startdatum	18-12-2016
Frequentie	3 maal daags
Toelichting	Toezicht bij uitvoer, en instructie hygiënisch werken

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

1.16 Functional Model

1.17 Traceability to other Standards

1.18 Disclaimer

This Health and Care Information Model (a.k.a Clinical Building Block) has been made in collaboration with several different parties in healthcare. These parties asked Nictiz to manage good maintenance and development of the information models. Hereafter, these parties and Nictiz are referred to as the collaborating parties. The collaborating parties paid utmost attention to the reliability and topicality of the data in these Health and Care Information Models. Omissions and inaccuracies may however occur. The collaborating parties are not liable for any damages resulting from omissions or inaccuracies in the information provided, nor are they liable for damages resulting from problems caused by or inherent to distributing information on the internet, such as malfunctions, interruptions, errors or delays in information or services provide by the parties to you or by you to the parties via a website or via e-mail, or any other digital means. The collaborating parties will also not accept liability for any damages resulting from the use of data, advice or ideas provided by or on behalf of the parties by means of this Health and Care Information Model. The parties will not accept any liability for the content of information in this Health and Care Information Model to which or from which a hyperlink is referred. In the event of contradictions in mentioned Health and Care Information Model documents and files, the most recent and highest version of the listed order in the revisions will indicate the priority of the documents in question. If information included in the digital version of this Health and Care Information Model is also distributed in writing, the written version will be leading in case of textual differences. This will apply if both have the same version number and date. A definitive version has priority over a draft version. A revised version has priority over previous versions.

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