

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

Final

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1. nl.zorg.AbilityToGroome-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	2.16.840.1.113883.2.4.3.11.60.40.3.4.33
DCM::KeywordList	Uiterlijke verzorging, ADL, personal grooming, haarverzorging
DCM::LifecycleStatus	Final
DCM::ModelerList	Werkgroep RadB Verpleegkundige Gegevens
DCM::Name	nl.zorg.VermogenTotUiterlijkeVerzorging
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

Personal grooming activity means taking care of skin, nails and hair (and beard or mustache, if applicable). This is a part of self-care. Limitations in this ability indicate a reduced ability to cope for oneself. Washing hair does not fall into this category; it falls under the ability to wash oneself.

This activity and activities such as those including eating, 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 a patient's ability to perform activities of personal grooming 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

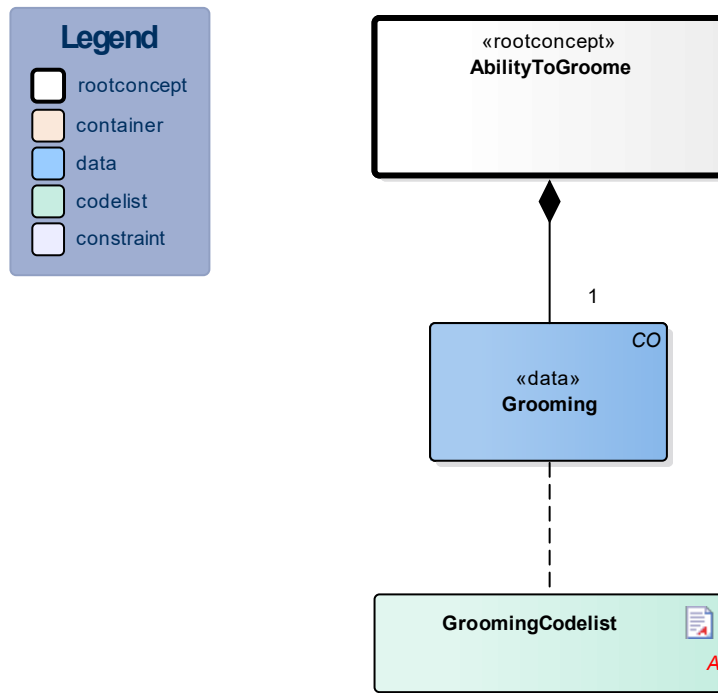
1.6 Evidence Base

The definitions of the concepts were (partially) taken from the ICNP (International Classification for Nursing Practice).

In addition to this information model, there are more tools for entering the extent of independence, such as the BarthelIndex. The BarthelIndex is mainly used for patients who have had a stroke.

This information model evaluates the ability to perform personal grooming activities on a three-point scale.

1.7 Information Model



«rootconcept»	AbilityToGroome	
Definitie	Root concept of the AbilityToGroome information model. This root concept contains all data elements of the AbilityToGroome information model.	
Datatype		
DCM::ConceptId	NL-CM:4.33.1	
Opties		

«data»	Grooming	
Definitie	Personal grooming includes tending to hair and facial hair, such as combing it, or shaving and/or trimming facial hair; skincare, <i>e.g.</i> using make-up; nailcare .	
Datatype	CO	
DCM::ConceptId	NL-CM:4.33.2	

DCM::DefinitionCode	SNOMED CT:704434006 Ability to perform personal grooming activity	
DCM::ExampleValue	Onafhankelijk	
DCM::ValueSet	GroomingCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.33.1
Opties		

«document»	GroomingCodelist	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.4.33.1	
Opties		

UiterlijkeVerzorgingCodelist		OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.33.1		
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Independent in personal grooming	704437004	SNOMED CT	2.16.840.1.113883.6.96	Onafhankelijk
Needs help with personal grooming	27941000146109	SNOMED CT	2.16.840.1.113883.6.96	Hulp nodig
Unable to perform personal grooming activity	704436008	SNOMED CT	2.16.840.1.113883.6.96	Volledig afhankelijk

1.8 Example Instances

VermogenTotUiterlijkeVerzorging	
UiterlijkeVerzorging	Onafhankelijk

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 for Nursing Practice (ICNP) [Online] Beschikbaar op: <http://www.icn.ch/what-we-do/international-classification-for-nursing-practice-icnpr/> [Geraadpleegd: 15 december 2016]

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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