Health & Care Information Model:

nl.zorg.Admission-v1.0

Status: Final
Release: 2022
Release status: Prepublished

Managed by:

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Content

1. nl.zorg.Admission-v1.0

DCM::CoderList	Zib-centrum
DCM::ContactInformation.Address	*
DCM::ContactInformation.Name	*
DCM::ContactInformation.Telecom	*
DCM::ContentAuthorList	*
DCM::CreationDate	1-12-2021
DCM::DeprecatedDate	
DCM::DescriptionLanguage	nl
DCM::EndorsingAuthority.Address	
DCM::EndorsingAuthority.Name	*
DCM::EndorsingAuthority.Telecom	
DCM::Id	2.16.840.1.113883.2.4.3.11.60.40.3.15.4
DCM::KeywordList	Opname, Deelopname, Ziekenhuisopname
DCM::LifecycleStatus	Final
DCM::ModelerList	Zib-centrum
DCM::Name	nl.zorg.Opname
DCM::PublicationDate	10-06-2022
DCM::PublicationStatus	Prepublished
DCM::ReviewerList	
DCM::RevisionDate	
DCM::Supersedes	*
DCM::Version	1.0
HCIM::PublicationLanguage	EN

1.1 Revision History

Publicatieversie 1.0 (10-06-2022)
Bevat:

1.2 Concept

A (partial) admission describes the entire stay or a part of the stay of a patient or client in a ward equipped for nursing in a healthcare institution, for example a clinical ward, day care ward or observatory. This information model can therefore be used for the entire admission as well as for parts of the admission. It concerns both historical and future (partial) admissions.

1.3 Mindmap

1.4 Purpose

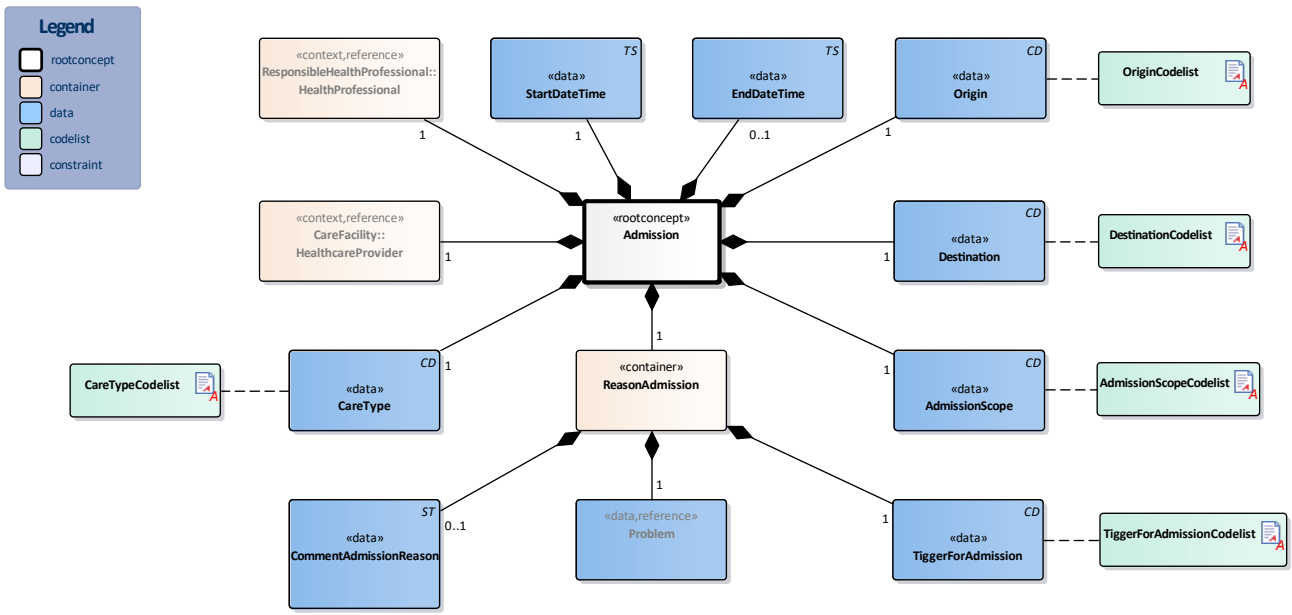
Admissions take place internally in a healthcare institution with the aim of treating, observing or examining a patient or client.

1.5 Patient Population

1.6 Evidence Base

The codelists for Origin and Destination generally correspond to the ‘Landelijke Basisregistratie Ziekenhuiszorg’ (National Basic Registration Hospital Care)

1.7 Information Model



«rootconcept»	Admission	
Definitie	Root concept of the Admission information model.This root concept contains all data elements of the Admission information model.	
Datatype		
DCM::ConceptId	NL-CM:15.4.1	
Opties		

«data»	CareType	
Definitie	The type of care that has been or will be provided to the patient during the (partial) admission. This is related, among other things, to the severity category of the care.	
Datatype	CD	
DCM::ConceptId	NL-CM:15.4.2	
DCM::ValueSet	CareTypeCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.5
Opties		

«data»	StartDateTime	
Definitie	Date and time when the (partial) admission will start or was started.	
Datatype	TS	
DCM::ConceptId	NL-CM:15.4.3	
Opties		

«data»	EndDateTime	
Definitie	Date and time on which the (partial) admission ended. For a future or ongoing admission, the end date can be empty.	
Datatype	TS	
DCM::ConceptId	NL-CM:15.4.4	
Opties		

«container»	ReasonAdmission
Definitie	Container of the ReasonAdmission concept.This container contains all data elements of the ReasonAdmission concept.

Datatype		
DCM::ConceptId	NL-CM:15.4.5	
Opties		

«data»	Problem	
Definitie	The main problem to which the (partial) admission relates.	
Datatype		
DCM::ConceptId	NL-CM:15.4.6	
DCM::ReferencedConceptId	NL-CM:5.1.1	This is a reference to the rootconcept of information model Problem.
Opties		

«data»	TiggerForAdmission	
Definitie	The specific reason for the admission in relation to the diagnosis and/or treatment of the problem.	
Datatype	CD	
DCM::ConceptId	NL-CM:15.4.7	
DCM::DefinitionCode	SNOMED CT: 59021000146108 Reason for admission	
DCM::ValueSet	TiggerForAdmissionCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.1
Opties		

«data»	CommentAdmissionReason	
Definitie	Comment on the reason for the (partial) admission, insofar as this cannot be sufficiently expressed in the other elements.	
Datatype	ST	
DCM::ConceptId	NL-CM:15.4.8	
DCM::DefinitionCode	LOINC: 48767-8 Annotation comment [Interpretation] Narrative	
Opties		

«data»	Origin	
Definitie	Location where the patient comes from prior to the (partial) admission. This will mainly be used at the start of hospitalisation.	
Datatype	CD	
DCM::ConceptId	NL-CM:15.4.9	
DCM::ValueSet	OriginCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.3
Opties		

«data»	Destination	
Definitie	Location where the patient will go after the (partial) admission. This will mainly be used at the end of hospitalization.	
Datatype	CD	
DCM::ConceptId	NL-CM:15.4.10	
DCM::ValueSet	DestinationCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.2
Opties		

«data»	AdmissionScope
Definitie	AdmissionScope indicates whether it is a overall admission or a partial

	admission.	
Datatype	CD	
DCM::ConceptId	NL-CM:15.4.11	
DCM::ValueSet	AdmissionScopeCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.4
Opties		

«context»	ResponsibleHealthProfessional::HealthProfessional	
Definitie	The health professional who is responsible during the (partial) admission. The information about the health professional can also include the specialism and role of the health professional.	
Datatype		
DCM::ConceptId	NL-CM:15.4.12	
DCM::ReferencedConceptId	NL-CM:17.1.1	This is a reference to the rootconcept of information model HealthProfessional.
Opties		

«context»	CareFacility::HealthcareProvider	
Definitie	The physical location of the healthcare provider where the (partial) admission has taken place or will take place.	
Datatype		
DCM::ConceptId	NL-CM:15.4.13	
DCM::ReferencedConceptId	NL-CM:17.2.1	This is a reference to the rootconcept of information model HealthcareProvider.
Opties		

«document»	TiggerForAdmissionCodelist	
Definitie		
Datatype		
DCM::ValueSetBinding	Extensible	
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.15.4.1	
HCIM::ValueSetLanguage	--	
Opties		

AanleidingOpnameCodelijst			**OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.1**	
Concept Name	**Concept Code**	**Coding Syst. Name**	**Coding System OID**	**Description**
Procedure	71388002	SNOMED CT	2.16.840.1.113883.6.96	Uitvoeren verrichting
Administration of medication	18629005	SNOMED CT	2.16.840.1.113883.6.96	Medicatietoediening
Observation regime	225308005	SNOMED CT	2.16.840.1.113883.6.96	Observatie
Rehabilitation therapy	52052004	SNOMED CT	2.16.840.1.113883.6.96	Revalidatie
Safety procedure	370886002	SNOMED CT	2.16.840.1.113883.6.96	Veiligheid patiënt en/of omgeving
Respite care of patient	105386004	SNOMED CT	2.16.840.1.113883.6.96	Respijtzorg

«document»	DestinationCodelist	
Definitie		
Datatype		
DCM::ValueSetBinding	Extensible	
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.15.4.2	

HCIM::ValueSetLanguage	--	
Opties		

BestemmingCodelijst			**OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.2**	
Concept Name	**Concept Code**	**Coding Syst. Name**	**Coding System OID**	**Description**
Home	264362003	SNOMED CT	2.16.840.1.113883.6.96	Eigen woonomgeving, niet zijnde een instelling
Left against medical advice	445060000	SNOMED CT	2.16.840.1.113883.6.96	Tegen advies in vertrokken [DEPRECATED]
Rehabilitation hospital	80522000	SNOMED CT	2.16.840.1.113883.6.96	Instelling voor revalidatie
Long term care facility	42665001	SNOMED CT	2.16.840.1.113883.6.96	Instelling voor verpleging/verzorging
Psychiatric hospital	62480006	SNOMED CT	2.16.840.1.113883.6.96	GGZ instelling
Hospital	22232009	SNOMED CT	2.16.840.1.113883.6.96	Ander ziekenhuis
Died in hospital	183676005	SNOMED CT	2.16.840.1.113883.6.96	Overleden [DEPRECATED]
Morgue	225737007	SNOMED CT	2.16.840.1.113883.6.96	Mortuarium
Hospice	284546000	SNOMED CT	2.16.840.1.113883.6.96	Hospice
Hospital abroad	155621000146109	SNOMED CT	2.16.840.1.113883.6.96	Ziekenhuis buitenland
Site of care	43741000	SNOMED CT	2.16.840.1.113883.6.96	Instelling (anders)
Discharge to other location within hospital premises	115841000146105	SNOMED CT	2.16.840.1.113883.6.96	Afdeling binnen zelfde instelling

«document»	OriginCodelist	
Definitie		
Datatype		
DCM::ValueSetBinding	Extensible	
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.15.4.3	
HCIM::ValueSetLanguage	--	
Opties		

HerkomstCodelijst			**OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.3**	
Concept Name	**Concept Code**	**Coding Syst. Name**	**Coding System OID**	**Description**
Home	264362003	SNOMED CT	2.16.840.1.113883.6.96	Eigen woonomgeving, niet zijnde een instelling
Rehabilitation hospital	80522000	SNOMED CT	2.16.840.1.113883.6.96	Instelling voor revalidatie
Long term care facility	42665001	SNOMED CT	2.16.840.1.113883.6.96	Instelling voor verpleging/verzorging
Psychiatric hospital	62480006	SNOMED CT	2.16.840.1.113883.6.96	GGZ instelling
Hospital	22232009	SNOMED CT	2.16.840.1.113883.6.96	Ander ziekenhuis
Newborn nursery unit	427695007	SNOMED CT	2.16.840.1.113883.6.96	In dit ziekenhuis geboren
Liveborn born in hospital	442311008	SNOMED CT	2.16.840.1.113883.6.96	In dit ziekenhuis geboren [DEPRECATED]
Hospice	284546000	SNOMED CT	2.16.840.1.113883.6.96	Hospice
Hospital abroad	155621000146109	SNOMED CT	2.16.840.1.113883.6.96	Ziekenhuis buitenland
Site of care	43741000	SNOMED CT	2.16.840.1.113883.6.96	Instelling (anders)
Accident and Emergency department	225728007	SNOMED CT	2.16.840.1.113883.6.96	SEH
Outpatient	440655000	SNOMED CT	2.16.840.1.113883.6.96	Poliklinische afdeling

environment				
Discharge to other location within hospital premises	115841000146105	SNOMED CT	2.16.840.1.113883.6.96	Afdeling binnen zelfde instelling

«document»	AdmissionScopeCodelist	
Definitie		
Datatype		
DCM::ValueSetBinding	Extensible	
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.15.4.4	
HCIM::ValueSetLanguage	--	
Opties		

OpnameScopeCodelijst			**OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.4**	
Concept Name	**Concept Code**	**Coding Syst. Name**	**Coding System OID**	**Description**
Total admission	TA	OpnameScope	2.16.840.1.113883.2.4.3.11.60.40.4.29.1	Gehele opname
Admission part	PA	OpnameScope	2.16.840.1.113883.2.4.3.11.60.40.4.29.1	Opnamedeel

«document»	CareTypeCodelist	
Definitie		
Datatype		
DCM::ValueSetBinding	Extensible	
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.15.4.5	
HCIM::ValueSetLanguage	--	
Opties		

ZorgTypeCodelijst			**OID: 2.16.840.1.113883.2.4.3.11.60.40.2.15.4.5**	
Concept Name	**Concept Code**	**Coding Syst. Name**	**Coding System OID**	**Description**
Regular nursing care	180121000146103	SNOMED CT	2.16.840.1.113883.6.96	Reguliere verpleging
Medium care	180141000146109	SNOMED CT	2.16.840.1.113883.6.96	Medium Care
High care	180151000146107	SNOMED CT	2.16.840.1.113883.6.96	High Care
Intensive care	180131000146101	SNOMED CT	2.16.840.1.113883.6.96	IC-zorg

	Legend
Definitie	
Datatype	
Opties	

1.8 Example Instances

Herkomst	Begin Datum Tijd	RedenOpname		Verantwoordelijk Behandelaar	ZorgType	Zorginstelling
		Probleem	Aanleiding Opname	Zorgverlener Naam		Zorgaanbieder Naam
Eigen woonomgeving	16-05-2022	Gebroken been	Uitvoeren verrichting	J.H.R. Peters	Reguliere verpleging	Universitair Medisch Centrum Groningen

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. Landelijke Basisregistratie Ziekenhuiszorg [Online] Beschikbaar op: https://www.dhd.nl/klanten/klantenservice/handleidingen_formulieren/Documents/Handleiding%20LBZ.pdf [Geraadpleegd: 29 juni2017].

1.16 Functional Model

1.17 Traceability to other Standards

1.18 Disclaimer

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Nictiz
P.O. Box 19121
2500 CC Den Haag
Oude Middenweg 55
2491 AC Den Haag

070-3173450
info@nictiz.nl
www.nictiz.nl

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