

# Health & Care Information Model:

## nl.zorg.AbilityToEat-v3.1

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Release:2019

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# Content

<b>1. nl.zorg.AbilityToEat-v3.1</b>	<b>3</b>
1.1 Revision History	3
1.2 Concept	3
1.3 Mindmap	3
1.4 Purpose	3
1.5 Patient Population	4
1.6 Evidence Base	4
1.7 Information Model	4
1.8 Example Instances	6
1.9 Instructions	6
1.10 Interpretation	6
1.11 Care Process	6
1.12 Example of the Instrument	6
1.13 Constraints	6
1.14 Issues	6
1.15 References	6
1.16 Functional Model	6
1.17 Traceability to other Standards	6
1.18 Disclaimer	6
1.19 Terms of Use	7
1.20 Copyrights	7

# 1. nl.zorg.AbilityToEat-v3.1

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
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DCM::RevisionDate	31-12-2017
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DCM::Version	3.1
HCIM::PublicationLanguage	EN

## 1.1 Revision History

Publicatieversie 1.0 (01-07-2015)

Publicatieversie 3.0 (01-05-2016)

Bevat: ZIB-453

Publicatieversie 3.1 (04-09-2017)

Bevat: ZIB-530, ZIB-531

## 1.2 Concept

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

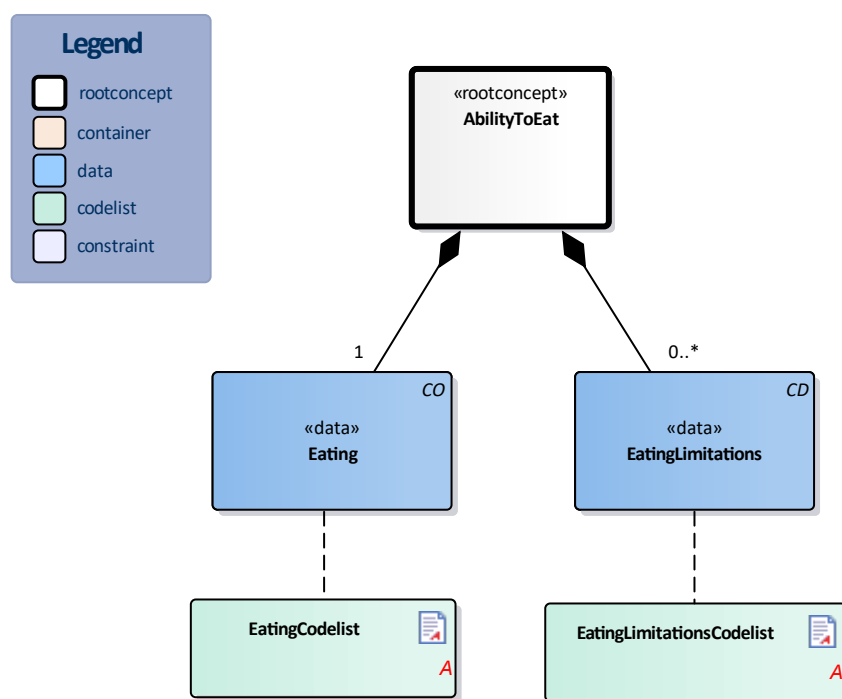
## 1.6 Evidence Base

The definitions of the concepts were (partially) taken from the ICNP 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 three-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



<b>«rootconcept»</b>	<b>AbilityToEat</b>	
<b>Definitie</b>	Root concept of the AbilityToEat information model. This root concept contains all data elements of the AbilityToEat information model.	
<b>Datatype</b>		
<b>DCM::ConceptId</b>	NL-CM:4.7.1	
<b>Opties</b>		

<b>«data»</b>	<b>Eating</b>	
<b>Definitie</b>	Feeding oneself: bringing food to the mouth and feeding oneself until satisfied.	
<b>Datatype</b>	CO	
<b>DCM::ConceptId</b>	NL-CM:4.7.3	

<b>DCM::DefinitionCode</b>	SNOMED CT:288883002 Ability to eat	
<b>DCM::ExampleValue</b>	Onafhankelijk	
<b>DCM::ValueSet</b>	EatingCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.1
<b>Opties</b>		

<b>«data»</b>	<b>EatingLimitations</b>	
<b>Definitie</b>	Eating constraints specify the patient's constraints in eating.	
<b>Datatype</b>	CD	
<b>DCM::ConceptId</b>	NL-CM:4.7.4	
<b>DCM::DefinitionCode</b>	SNOMED CT: 288843005 Eating abilities	
<b>DCM::ExampleValue</b>	Eetgerei hanteren	
<b>DCM::ValueSet</b>	EatingLimitationsCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.2
<b>Opties</b>		

<b>«document»</b>	<b>EatingCodelist</b>	
<b>Definitie</b>		
<b>Datatype</b>		
<b>DCM::ValueSetBinding</b>	Extensible	
<b>DCM::ValueSetId</b>	2.16.840.1.113883.2.4.3.11.60.40.2.4.7.1	
<b>Opties</b>		

<b>EtenCodelijst</b>		<b>OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.1</b>		
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Independent feeding	165224005	SNOMED CT	2.16.840.1.113883.6.96	Onafhankelijk
Feeding assisted	129033007	SNOMED CT	2.16.840.1.113883.6.96	Hulp nodig
Unable to feed self	289001005	SNOMED CT	2.16.840.1.113883.6.96	Volledig afhankelijk

<b>«document»</b>	<b>EatingLimitationsCodelist</b>	
<b>Definitie</b>		
<b>Datatype</b>		
<b>DCM::ValueSetBinding</b>	Extensible	
<b>DCM::ValueSetId</b>	2.16.840.1.113883.2.4.3.11.60.40.2.4.7.2	
<b>Opties</b>		

<b>EetBeperkingenCodelijst</b>		<b>OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.2</b>		
ConceptName	Concept Code	CodeSys. Name	CodeSystem OID	Description
Difficulty taking food to mouth	289010002	SNOMED CT	2.16.840.1.113883.6.96	Naar de mond brengen
Difficulty using cutlery to feed self	289046006	SNOMED CT	2.16.840.1.113883.6.96	Eetgerei hanteren
Difficulty cutting up food	289078003	SNOMED CT	2.16.840.1.113883.6.96	Snijden/openen

	<b>Legend</b>
<b>Definitie</b>	
<b>Datatype</b>	

## 1.8 Example Instances

VermogenTotEten	
Eten	Hulp nodig
EetBeperkingen	Snijden/openen
	Eetgerei hanteren

## 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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