Health & Care Information Model:

nl.zorg.AbilityToEat-v3.1.1

Status: Final Release: 2023 Release status: Prepublished

Managed by:



Content

1. nl.	zorg.AbilityToEat-v3.1.1	3
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-v3.1.1

-
Werkgroep RadB Verpleegkundige Gegevens
*
*
*
Werkgroep RadB Verpleegkundige Gegevens
13-3-2014
nl
PM
2.16.840.1.113883.2.4.3.11.60.40.3.4.7
Eten, ADL, beperking
Final
Werkgroep RadB Verpleegkundige Gegevens
nl.zorg.VermogenTotEten
15-10-2023
Prepublished
Projectgroep RadB Verpleegkundige Gegevens &
Kerngroep Registratie aan de Bron
15-06-2020
nl.zorg.VermogenTotEten-v3.1
3.1.1
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.

Publicatieversie <u>3.1.1</u> (01-09-2020) Bevat: ZIB-1115.

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

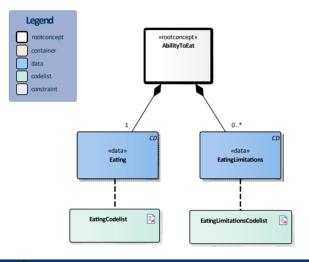
1.6 Evidence Base

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 Barthellndex, 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»	AbilityToEat				
Definitie	Root concept of the AbilityToEat information model. This root concept contains all data elements of the AbilityToEat information model.				
Datatype					
DCM::ConceptId	NL-CM:4.7.1				
Opties					

«data»	Eating
Definitie	Feeding oneself: bringing food to the mouth and feeding oneself until
	satisfied.

Datatype	CD			
DCM::ConceptId	NL-CM:4.7.3			
DCM::DefinitionCode	SNOMED CT:288883002			
	Ability to eat			
DCM::ExampleValue	Onafhankelijk			
DCM::ValueSet	EatingCodelist	OID:		
		2.16.840.1.113883.2.4.3.11.60.40.2.4.7.1		
Opties				

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

«document»	EatingCod	EatingCodelist				
Definitie						
Datatype						
DCM::ValueSetBindin	g Required					
DCM::ValueSetId	2.16.840.1.1	13883.2.4.3.11.				
	60.40.2.4.7.1	L				
HCIM::ValueSetLangu	I					
age						
Opties						
EtenCodelijst		OID: 2.16.840.1.	113883.2.4.3.11.60.40.2.4.7	7.1		
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		

«document»	EatingLimitationsCodelist					
Definitie						
Datatype						
DCM::ValueSetBinding	Required	1				
DCM::ValueSetId	2.16.840	.1.113883.2.4	4.3.11.			
	60.40.2.4	4.7.2				
HCIM::ValueSetLangu						
age						
Opties						
EetBeperkingenCodel	ijst		OID: 2.1	6.840.	1.113883.2.4.3.11.60.40	.2.4.7.2
ConceptName		Concept Code	CodeSy Name	/s.	CodeSystem OID	Description
Difficulty taking food to mouth		289010002	SNOM	ED CT	2.16.840.1.113883.6.9 6	Naar de mond brengen
Difficulty using cutlery to feed self		289046006	SNOM	ED CT	2.16.840.1.113883.6.9 6	Eetgerei hanteren
Difficulty cutting up fo	od	289078003	SNOM	ED CT	2.16.840.1.113883.6.9 6	Snijden/openen

	Legend
Definitie	
Datatype	
Opties	

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: <u>http://www.rivm.nl/who-fic/icf.htm</u> [Geraadpleegd: 13 februari 2015]

1.16 Functional Model

1.17 Traceability to other Standards

1.18 Disclaimer

The Health and Care Information Models (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 the Health and Care Information Models. 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 a 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.

1.19 Terms of Use

The user may use the Health and Care Information Models without limitations. The copyright provisions in the paragraph concerned apply to copying, distributing and passing on the Health and Care Information Models.

1.20 Copyrights

A Health and Care Information Model qualifies as a work within the meaning of Section 10 of the Copyright Act (Auteurswet). Copyrights protect the Health and Care Information Modesl and these rights are owned by the cooperating parties.

The user may copy, distribute and pass on the information in this Health and Care Information Model under the conditions that apply for Creative Commons license Attribution-NonCommercial-ShareAlike 3.0 Netherlands (CC BY-NCSA-3.0).

The content is available under Creative Commons Attribution-NonCommercial-ShareAlike 3.0 (see also http://creativecommons.org/licenses/by-nc-sa/3.0/nl/)

This does not apply to information from third parties that sometimes is used and / or referred to in a Health and Care Information Model, for example to an international medical terminology system. Any (copyright) rights that protect this information are not owned by the cooperating parties but by those third parties.

Nictiz is the independent national competence centre for electronic exchange of health and care information. The activities of Nictiz include the targeted development and management of information standards at the request of and in partnership with the stakeholders in healthcare. Nictiz advises these parties on all aspects of information exchange and identifies (future) national and international developments.

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

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

