Health & Care Information Model:

nl.zorg.GeneralMentalFunctions-v3.0

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Content

1. nl.zorg.GeneralMentalFunctions-v3.0

DCM::CoderList	Werkgroep RadB Verpleegkundige Gegevens
DCM::ContactInformation.Address	*
DCM::ContactInformation.Name	*
DCM::ContactInformation.Telecom	*
DCM::ContentAuthorList	Werkgroep RadB Verpleegkundige Gegevens
DCM::CreationDate	1-4-2014
DCM::DeprecatedDate	
DCM::DescriptionLanguage	nl
DCM::EndorsingAuthority.Address	
DCM::EndorsingAuthority.Name	PM
DCM::EndorsingAuthority.Telecom	
DCM::Id	2.16.840.1.113883.2.4.3.11.60.40.3.18.1
DCM::KeywordList	Mentale functies, intellectuele functies, oriëntatie, bewustzijn
DCM::LifecycleStatus	Final
DCM::ModelerList	Werkgroep RadB Verpleegkundige Gegevens
DCM::Name	nl.zorg.AlgemeneMentaleFuncties
DCM::PublicationDate	1-5-2016
DCM::PublicationStatus	Published
DCM::ReviewerList	Projectgroep RadB Verpleegkundige Gegevens & Kerngroep Registratie aan de Bron
DCM::RevisionDate	8-9-2015
DCM::Superseeds	nl.nfu.AlgemeneMentaleFuncties-v1.0
DCM::Version	3.0
HCIM::PublicationLanguage	EN

1.1 Revision History

Publicatieversie 1.0 (01-07-2015)

Publicatieversie 3.0 (01-05-2016)
Bevat: ZIB-453

1.2 Concept

Important parts of the brain's general mental functions are intellectual functions, orientation and consciousness.
If there is a disorder in the intellectual functions as a result of a mental disability, it is not described in this information model but is recorded as a medical diagnosis.
Disorders in orientation and consciousness combined with disorders in attention, memory and observation are seen as important symptoms for the potential presence of a delirium. The latter disorders are recorded in the SpecificMentalFunctions information model.

1.3 Mindmap

1.4 Purpose

Together, consciousness, orientation and intellectual functions provide a good insight into a patient's mental condition.
This information is essential in drawing up the healthcare plan. The availability of this information allows you

to take into account the patient's wishes and capabilities. Furthermore, it offers a handle in approaching and supporting the patient.

Having this information available earlier on for a transfer enables procedures to be promptly initiated to continue the care as well as possible.

1.5   Patient Population

1.6   Evidence Base

This information model assumes that if the patient has a disorder in intellectual functions as a result of a mental disability, this disorder is to be included on the problem list in the medical transfer (if possible using the DSM classification).
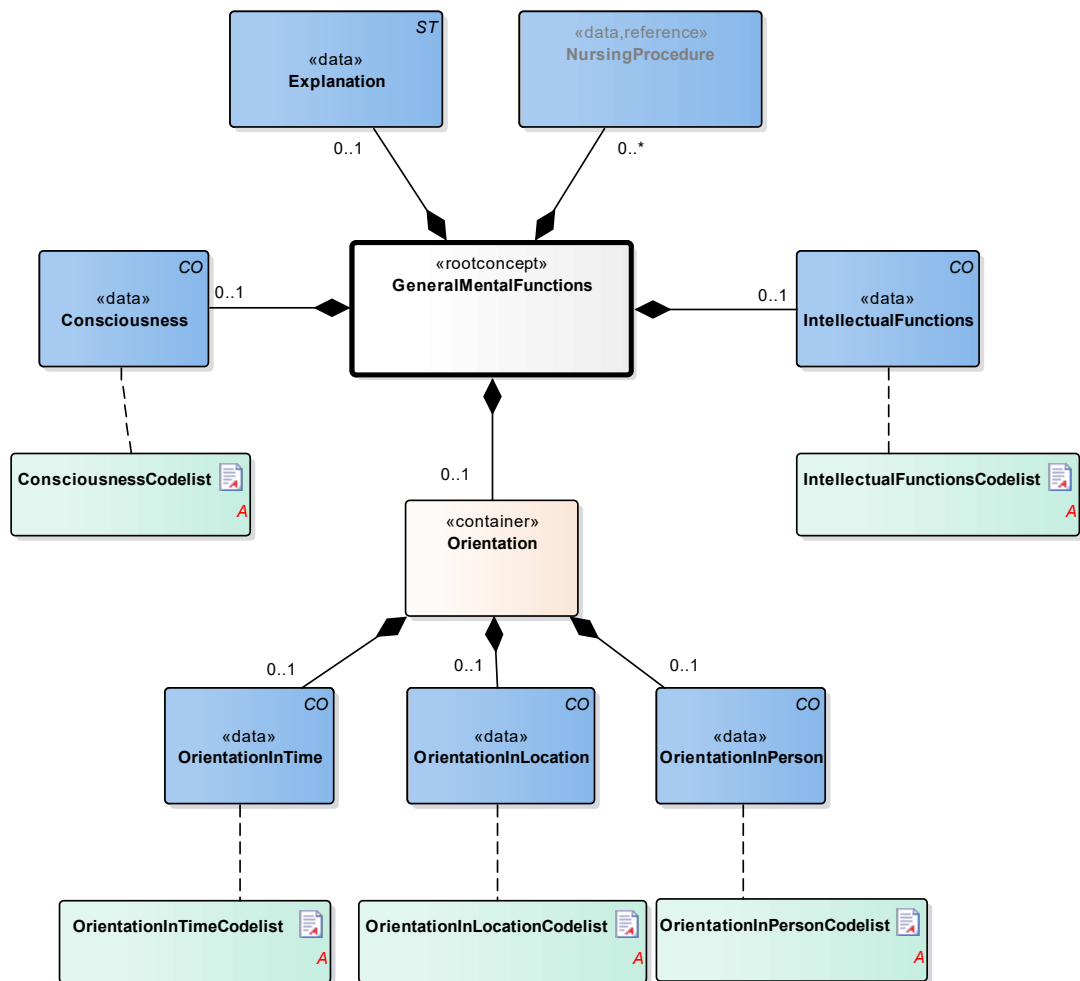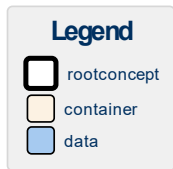
The aforementioned assumes the following definition of a mental disability: "A patient with a mental disability has a congenital disability or a disability which occurred at a later developmental stage in intellectual function. They have an IQ of 70/75 or lower. This is accompanied by limitations in social (self-)reliance. This diagnosis is partially based on the need for support."

(Source: Meijer S (RIVM). Verstandelijke beperking samengevat. In: Volksgezondheid Toekomst Verkenning, Nationaal Kompas Volksgezondheid. Bilthoven: RIVM.)

The need for support involved can be described in the relevant information model.

The definitions of the concepts were (partially) taken from the ICF definitions.

1.7   Information Model

«rootconcept»	GeneralMentalFunctions	
Definitie	Root concept of the GeneralMentalFunctions information model. This concept contains all data elements of the GeneralMentalFunctions information model.	
Datatype		
DCM::ConceptId	NL-CM:18.1.1	
Opties		

«data»	Consciousness	
Definitie	General mental function relating to the extent of consciousness and alertness including the lucidity and continuity of being awake. Contains: the extent of consciousness, continuity of consciousness, and quality of consciousness. Examples of disorders that may occur include: loss of consciousness, coma, vegetative state, dissociative fugue, trance, frenzy, altered consciousness caused by drugs, delirium and stupor.	
Datatype	CO	
DCM::ConceptId	NL-CM:18.1.2	
DCM::DefinitionCode	ICF: b110 Bewustzijn	
DCM::ExampleValue	Lichte stoornis	
DCM::ValueSet	ConsciousnessCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.4
Opties		

«container»	Orientation

Definitie	Container of the Orientation concept. This container contains all data elements of the Orientation concept.	
Datatype		
DCM::ConceptId	NL-CM:18.1.6	
DCM::DefinitionCode	SNOMED CT: 43173001 Orientation, function	
Opties		

«data»	OrientationInTime	
Definitie	Orientation in time describes a patient being aware of the day, date, month and year.	
Datatype	CO	
DCM::ConceptId	NL-CM:18.1.7	
DCM::DefinitionCode	ICF: b1140 Orientatie in tijd	
DCM::ExampleValue	Matige stoornis	
DCM::ValueSet	OrientationInTimeCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.1
Opties		

«data»	OrientationInLocation	
Definitie	Orientation in location describes a patient being aware of their physical location, such as their immediate surroundings or their city or country of residence.	
Datatype	CO	
DCM::ConceptId	NL-CM:18.1.8	
DCM::DefinitionCode	ICF: b1141 Orientatie in plaats	
DCM::ExampleValue	Ernstige stoornis	
DCM::ValueSet	OrientationInLocationCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.2
Opties		

«data»	OrientationInPerson	
Definitie	Orientation in person describes a patient being aware of their own identity and of the identity of people in their immediate environment.	
Datatype	CO	
DCM::ConceptId	NL-CM:18.1.9	
DCM::DefinitionCode	ICF: b1142 Orientatie in persoon	
DCM::ExampleValue	Lichte stoornis	
DCM::ValueSet	OrientationInPersonCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.3
Opties		

«data»	IntellectualFunctions	
Definitie	Intellectual functions describe general mental functions needed for the ability to understand things and to constructively integrate different mental functions, including all cognitive functions and development, for the duration of the patient's life.	

	Contains: intellectual growth and intellectual growth disorders such as those that occur in intellectual retardation and dementia.	
Datatype	CO	
DCM::ConceptId	NL-CM:18.1.3	
DCM::DefinitionCode	ICF: b117 Intellectuele functies	
DCM::ExampleValue	Lichte stoornis	
DCM::ValueSet	IntellectualFunctionsCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.5
Opties		

«data»	Explanation	
Definitie	Explanation or comment on the general mental functions.	
Datatype	ST	
DCM::ConceptId	NL-CM:18.1.4	
DCM::DefinitionCode	LOINC: 48767-8 Annotation comment	
DCM::ExampleValue	Patiënt voelt zich erg neerslachtig	
Opties		

«data»	NursingProcedure	
Definitie	The nursing procedures needed to help the patient with disorders in general mental functions.	
Datatype		
DCM::ConceptId	NL-CM:18.1.5	
DCM::ExampleValue	Ondersteuning dagstructuur	
DCM::ReferencedConceptId	NL-CM:14.2.9	This is a reference to concept VerpleegkundigeActie in information model VerpleegkundigeInterventie.
Opties		

«document»	ConsciousnessCodelist	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.18.1.4	
Opties		

BewustzijnCodelijst			OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.4		
Concept Name	**Concept Code**	**CodeSys. Name**	**CodeSystem OID**	**Description**
Geen stoornis	b110.0	ICF	2.16.840.1.113883.6.254	Stoornis 0-4%
Lichte stoornis	b110.1	ICF	2.16.840.1.113883.6.254	Stoornis 5-24%
Matige stoornis	b110.2	ICF	2.16.840.1.113883.6.254	Stoornis 25-49%
Ernstige stoornis	b110.3	ICF	2.16.840.1.113883.6.254	Stoornis 50-95%
Volledige stoornis	b110.4	ICF	2.16.840.1.113883.6.254	Stoornis 96-100%

«document»	OrientationInTimeCodelist
Definitie	
Datatype	

DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.18.1.1	
Opties		

OrientatieInTijdCodelijst	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.1			
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Geen stoornis	b1140.0	ICF	2.16.840.1.113883.6.254	Stoornis 0-4%
Lichte stoornis	b1140.1	ICF	2.16.840.1.113883.6.254	Stoornis 5-24%
Matige stoornis	b1140.2	ICF	2.16.840.1.113883.6.254	Stoornis 25-49%
Ernstige stoornis	b1140.3	ICF	2.16.840.1.113883.6.254	Stoornis 50-95%
Volledige stoornis	b1140.4	ICF	2.16.840.1.113883.6.254	Stoornis 96-100%

«document»	OrientationInLocationCodelist	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.18.1.2	
Opties		

OrientatieInPlaatsCodelijst	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.2			
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Geen stoornis	b1141.0	ICF	2.16.840.1.113883.6.254	Stoornis 0-4%
Lichte stoornis	b1141.1	ICF	2.16.840.1.113883.6.254	Stoornis 5-24%
Matige stoornis	b1141.2	ICF	2.16.840.1.113883.6.254	Stoornis 25-49%
Ernstige stoornis	b1141.3	ICF	2.16.840.1.113883.6.254	Stoornis 50-95%
Volledige stoornis	b1141.4	ICF	2.16.840.1.113883.6.254	Stoornis 96-100%

«document»	OrientationInPersonCodelist	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.18.1.3	
Opties		

OrientatieInPersoonCodelijst	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.3			
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Geen stoornis	b1142.0	ICF	2.16.840.1.113883.6.254	Stoornis 0-4%
Lichte stoornis	b1142.1	ICF	2.16.840.1.113883.6.254	Stoornis 5-24%
Matige stoornis	b1142.2	ICF	2.16.840.1.113883.6.254	Stoornis 25-49%
Ernstige stoornis	b1142.3	ICF	2.16.840.1.113883.6.254	Stoornis 50-95%
Volledige stoornis	b1142.4	ICF	2.16.840.1.113883.6.254	Stoornis 96-100%

«document»	IntellectualFunctionsCodelist	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.18.1.5	
Opties		

IntellectueleFunctiesCodelijst	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.18.1.5			
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Geen stoornis	b117.0	ICF	2.16.840.1.113883.6.254	Stoornis 0-4%
Lichte stoornis	b117.1	ICF	2.16.840.1.113883.6.254	Stoornis 5-24%
Matige stoornis	b117.2	ICF	2.16.840.1.113883.6.254	Stoornis 25-49%

Ernstige stoornis	b117.3	ICF	2.16.840.1.113883.6.254	Stoornis 50-95%
Volledige stoornis	b117.4	ICF	2.16.840.1.113883.6.254	Stoornis 96-100%

1.8 Example Instances

AlgemeneMentaleFuncties	
Bewustzijn	Lichte stoornis (5-24%)
IntellectueleFuncties	Lichte stoornis (5-24%)
Orientatie	
OrientatieInTijd	Matige stoornis (25-49%)
OrientatieInPlaats	Ernstige stoornis (50-95%)
OrientatieInPersoon	Lichte stoornis (5-24%)
VerpleegkundigeActie	
Activiteit	Ondersteuning dagstructuur aan de hand van programma, lag op een eenpersoonskamer.
Toelichting	Patiënt is na operatie acuut verward geweest, gaat al wel beter, maar is soms nog weg kwijt. Heeft wel door dat hij soms in de war is en vindt dit erg vervelend.

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

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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