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

Status:Final Release:2018

Release status: Prepublished

Managed by:



Content

. nl.	zorg.AbilityToGroome-v1.0	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	5
1.9	Instructions	5
1.10	Interpretation	5
1.11	Care Process	5
1.12	Example of the Instrument	5
1.13	Constraints	5
1.14	Issues	5
1.15	References	5
1.16	Functional Model	5
1.17	Traceability to other Standards	6
1.18	Disclaimer	6
1.19	Terms of Use	6
1.20	Copyrights	6

1. nl.zorg.AbilityToGroome-v1.0

Werkgroep RadB Verpleegkundige Gegevens
*
*
*
Werkgroep RadB Verpleegkundige Gegevens
19-11-2016
nl
PM
2.16.840.1.113883.2.4.3.11.60.40.3.4.33
Uiterlijke verzorging, ADL, personal grooming,
haarverzorging
Final
Werkgroep RadB Verpleegkundige Gegevens
nl.zorg.VermogenTotUiterlijkeVerzorging
26-02-2019
Prepublished
Projectgroep RadB Verpleegkundige Gegevens &
Kerngroep Registratie aan de Bron
31-12-2017
1.0
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

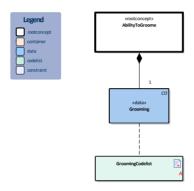
1.6 Evidence Base

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 Barthellndex. The Barthellndex 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, e.g. using make-up; nailcare.		
Datatype	СО		
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::ValueSetBinding	Required
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.
	60.40.2.4.33.1
Opties	

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

	Legend	
Definitie		
Datatype		
Opties		

1.8 Example Instances



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

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 Modes 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.