

# Health & Care Information Model:

## nl.zorg.AbilityToEat-v3.0

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Managed by:

Better health  
through better IT

Nictiz 

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# 1. nl.zorg.AbilityToEat-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	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
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.VermogenTotEten-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

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

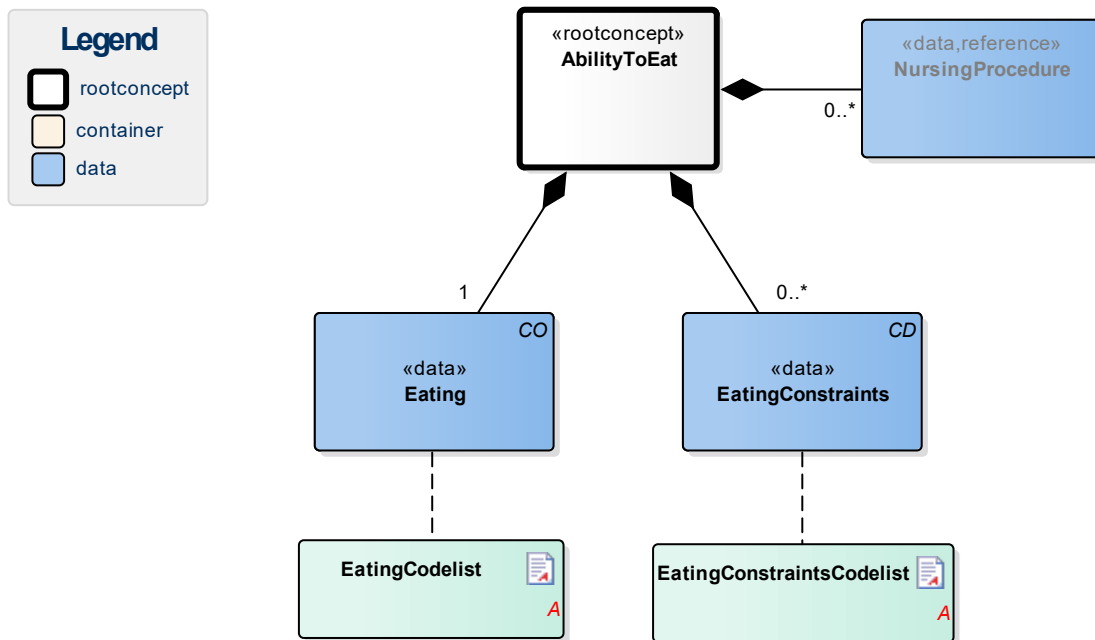
## 1.6 Evidence Base

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



«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	Eating is picking up served food, inserting it in the mouth and consuming it in a coordinated and culturally acceptable manner, cutting or breaking food into pieces, opening bottles and cans, using utensils and consuming meals.

<b>Datatype</b>	CO	
<b>DCM::ConceptId</b>	NL-CM:4.7.3	
<b>DCM::DefinitionCode</b>	ICF: d550 Eten	
<b>DCM::ExampleValue</b>	Geen beperking	
<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>EatingConstraints</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>	EatingConstraintsCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.7.2
<b>Opties</b>		

<b>«data»</b>	<b>NursingProcedure</b>	
<b>Definitie</b>	The nursing procedures needed to help the patient eat.	
<b>Datatype</b>		
<b>DCM::ConceptId</b>	NL-CM:4.7.2	
<b>DCM::ExampleValue</b>	Organiseren van aangepast eetgerei.	
<b>DCM::ReferencedConceptId</b>	NL-CM:14.2.9	This is a reference to concept VerpleegkundigeActie in information model VerpleegkundigeInterventie.
<b>Opties</b>		

<b>«document»</b>	<b>EatingCodelist</b>	
<b>Definitie</b>		
<b>Datatype</b>		
<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
Geen beperking	d550.0	ICF	2.16.840.1.113883.6.254	Beperking 0-4%
Lichte beperking	d550.1	ICF	2.16.840.1.113883.6.254	Beperking 5-24%
Matige beperking	d550.2	ICF	2.16.840.1.113883.6.254	Beperking 25-49%
Ernstige beperking	d550.3	ICF	2.16.840.1.113883.6.254	Beperking 50-95%
Volledige beperking	d550.4	ICF	2.16.840.1.113883.6.254	Beperking 96-100%

<b>«document»</b>	<b>EatingConstraintsCodelist</b>	
<b>Definitie</b>		
<b>Datatype</b>		
<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>
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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

## 1.8 Example Instances

VermogenTotEten	
Eten	Lichte beperking (5-24%)
EetBeperkingen	Snijden/openen
	Eetgerei hanteren
VerpleegkundigeActie	
Activiteit	Hulp nodig bij klaarmaken van brood.

## 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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