Health & Care Information Model: nl.zorg.AbilityToDressOneself-v3.1

Status:Final Release:2017

Release status: Published

Managed by:



Content

1. nl.	zorg.AbilityToDressOneself-v3.1	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	5
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.AbilityToDressOneself-v3.1

Werkgroep RadB Verpleegkundige Gegevens
*
*
*
Werkgroep RadB Verpleegkundige Gegevens
1-4-2014
nl
PM
2.16.840.1.113883.2.4.3.11.60.40.3.4.11
Kleden, ADL, beperking
Final
Werkgroep RadB Verpleegkundige Gegevens
nl.zorg.VermogenTotZichKleden
31-12-2017
Published
Projectgroep RadB Verpleegkundige Gegevens &
Kerngroep Registratie aan de Bron
31-12-2017
nl.zorg.VermogenTotZichKleden-v3.0
3.1
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, ZIB-541, ZIB-549

1.2 Concept

Being able to get dressed independently 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 eating, drinking, 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 dress themselves is important in determining the nature and intensity of the care the patient needs. In a transfer situation, it gives 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

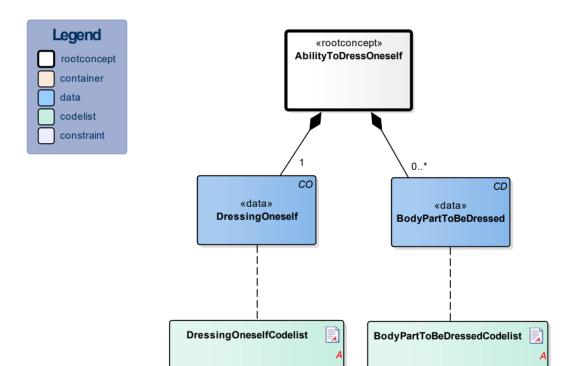
1.6 Evidence Base

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 Barthellndex. The KATZ-ADL is mainly used for vulnerable seniors and the Barthellndex is mainly used for patients who have had a stroke.

This information model evaluates the ability to get dressed on a three-point scale. In the KATZ-ADL and in the Barthellndex, this falls under the aspect of Dressing. In these two tools, the ability is scored on a scale with fewer points.

1.7 Information Model



«rootconcept»	AbilityToDressOneself		
Definitie	Root concept of the AbilityToDressOneself information model. This root concept contains all data elements of the AbilityToDressOneself information model.		
Datatype			
DCM::ConceptId	NL-CM:4.11.1		
Opties			

«data»	DressingOneself
Definitie	Putting on or removing clothes.
	The BodyPartToBeDressed concept offers the option to specify to which

	part of the body the limitation applies.		
Datatype	CO		
DCM::ConceptId	NL-CM:4.11.2		
DCM::DefinitionCode	SNOMED CT:165235000		
	Ability to dress		
DCM::ExampleValue	Met hulp		
DCM::ValueSet	DressingOneselfCodelist	OID:	
		2.16.840.1.113883.2.4.3.11.60.40.2.4.11.1	
Opties			

«data»	BodyPartToBeDressed		
Definitie	The part or parts of the body for which help getting dressed is wanted/necessary.		
Datatype	CD		
DCM::ConceptId	NL-CM:4.11.3		
DCM::DefinitionCode	SNOMED CT: 38866009 Body		
	part structure		
DCM::ExampleValue	Bovenlichaam		
DCM::ValueSet	BodyPartToBeDressedCodeli	OID:	
	st	2.16.840.1.113883.2.4.3.11.60.40.2.4.11.2	
Opties			

«document»	BodyPartToBeDressedCodelist		
Definitie			
Datatype			
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.		
	60.40.2.4.11.2		
Opties			

TeKledenLichaamsdeelCodelijst		OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.11.2		
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Entire body as a whole	38266002	SNOMED CT	2.16.840.1.113883.6.96	Gehele lichaam
Entire upper body	362874006	SNOMED CT	2.16.840.1.113883.6.96	Bovenlichaam
Entire lower body	362875007	SNOMED CT	2.16.840.1.113883.6.96	Onderlichaam

«document»	DressingOneselfCodelist		
Definitie			
Datatype			
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.		
	60.40.2.4.11.1		
Opties			

Zich Kleden Codelijst		OID: 2.16.840.1.113883.2.4.3.11.60.40.2.4.11.1		
Concept Name	Concept Code	CodeSys. Name	CodeSystem OID	Description
Independent with dressing	129035000	SNOMED CT	2.16.840.1.113883.6.96	Onafhankelijk
Needs help with dressing	129039006	SNOMED CT	2.16.840.1.113883.6.96	Hulp nodig
Unable to dress	284974001	SNOMED CT	2.16.840.1.113883.6.96	Volledig afhankelijk

1.8 Example Instances

VermogenTotZichKleden		
ZichKleden Hulp nodig		
TeKledenLichaamsdeel	Bovenlichaam	

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.

1.19 Terms of Use

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

1.20 Copyrights

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/)