

Fundamental Proposition of the E.E.P.D.

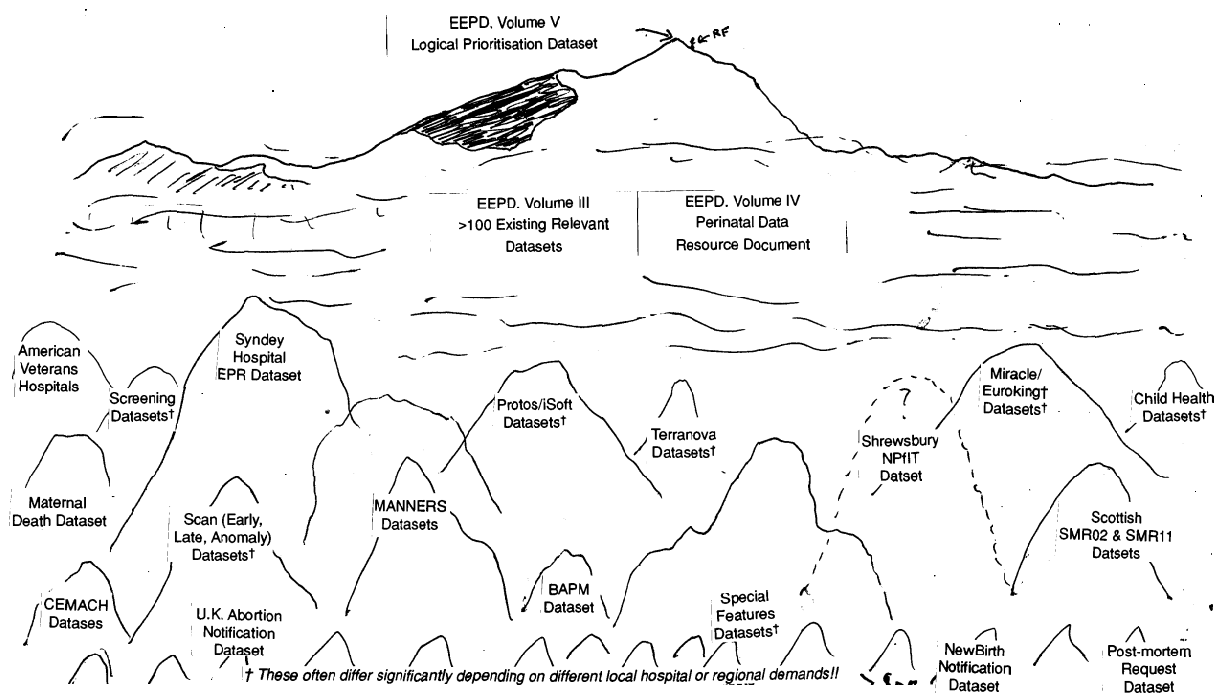
Electronic Patient Records (EPRs), in each speciality and sub-specialty, will only attain their true potential to reduce the risk of human error when - following intense, open, web-based discussions, taking full account of all interested parties - their detailed, chronologically arranged, flow-patterned questions (and all allowable answer options) are universally standardised;

Such specifications will only become universally standardised if they are cost-free to all potential users.

Are we yet climbing the only long term worthwhile

Perinatal Electronic Patient Record Mountain?

or are you on yet another working party creating yet another Independent, Incompatible New Dataset?



Very slow progress but not giving up yet!

Version Three of the Draft "Logical Prioritisation" Phase 1 Dataset † (EEP.D. Volume V)

is now accessible worldwide on the internet

for further consultation and comment by all interested parties.

† Phase 1 assumes reliable computer and printer access at all times ONLY in

(a) the Scan Department (b) the Delivery Suite, (c) the Maternity Wards and (d) Special Care Baby Units.

When detailed, chronologically arranged, flow-patterned questions (and all allowable answer options) are universally standardised, only then will it be sensible to discuss INTEROPERABILITY using S.IN.B.A.D.S (Standard INTER-program Bundles of Associated Data)