

Electronic Encyclopaedia of Perinatal Data (EPPD)

Structure of the Electronic Encyclopaedia of Perinatal Data (E.E.P.D)

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**Any Comments, Criticisms, Corrections
or Suggestions for Improvement very welcome**

Introduction

The original aim of my work with computers was to use them to try to reduce human error and thus the stress on those providing perinatal care.

This is now the basis for the EEPD. Volume 8: Prognosis; and Volume 9: Signposts - Trigger Items and Action Suggestions.

Essential Foundation

But it soon became clear that creating computer systems which incorporated such a complex concept could only be achieved on the foundation of electronic questions and all allowable answer options which, unlike all other "datasets" of which I was aware, were

- a) Chronologically arranged,
- b) Flow-patterned to avoid unnecessary work
- c) Documented all permissible Answer Options
- d) whenever necessary included "Other (Free Text allowed)"
- e) and also usually included the option "Unknown (Free Text allowed)"
- f) Nationally (and eventually internationally) standardised - like the international classification of diseases - ICD but far more computer orientated and complex
- g) Fully debated internationally via an openly accessible web-site forum
- h) With a primary focus on Individual Patient Care rather than on the Collection of Data for later analysis
- i) Full documentation of every question and answer option which had been rejected and why.

To achieve this it was necessary to document Volume 2: Nightmare Findings which shows the size of the incompatibility problem and Volume 3. Current Datasets - Over 80 existing datasets.

Most of these existing Datasets were then combined into the massive chronologically arranged Volume 4. The Resource Document.

Logical Prioritisation the Key

That was, and remains, a vital resource, but it turned out to be far too large to be used as a starting point for further progress.

In the absence of any existing clear criteria for prioritisation I then, as carefully and objectively as possible, used a) an analysis of the estimated workload and cost of data collection and b) the value of each question for Individual Care rather than Data Collection: as the basis for selecting questions for inclusion in Volume 5: The "Logical Priority" set of draft definitions.

As far as I know this remains the only dataset with any logical basis quite distinct from the personal and inevitably contradictory views of each new working party.

The result was a clear set of (1000) Draft Definitions for a Perinatal EPR "Four Guaranteed Places" set of Questions and all allowable Answer Options.

A "Four Places" maternity and Perinatal EPR system being one which guaranteed reliable access to a VDU and a printer at all times at the following places

1. Where-ever the main Ultrasound Scans are done
2. Maternity Wards
3. Delivery Suite
4. Special Care Baby Unit or equivalent

Building on a Secure Foundation

The main body of the EEPD then consists of a whole series of Volumes which can only be cost effectively implemented once there a foundation such as suggested above has been sufficiently agreed.

This part consists of the following: Volume 6: RIOs (Realistic Input-Output Opportunities), 7: Prognosis, Vol 8: Signposts, Vol 9: Links to Leaflets, Vol: 10: Casenotes, Vol 11: Proformas, Vol 12: Printouts, Vol 13: Care Paths, Vol 14: S.I.N.B.A.Ds Vol 15: Questionnaires, Vol 16: Codes, Vol 17: Audits and Benchmarking of the EEPD.

They are also based

[Originally stored as EEPDPCFILES
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- a) on my conviction that, at least in maternity care, paper records will remain complementary to electronic records and
- b) that the interaction between paper records and electronic records will consist of a series of what I have called Realistic Input/Output Opportunities (R.I.O.s) and
- c) that linked but separate electronic record datasets will eventually be essential for each specialty and sub-speciality of medicine.

Extra Material

The final group of EEPD volumes i.e. Vol 18: Prescribable Leaflets, Vol 19: Filofaxes, Vol 20: Anecdotes, Vol 21: Learning, 22. Organisation. 23. Equipment. and 24. Safemotherhood, etc make use of the existence of the EEPD for other aspects of perinatal medicine.

For further information, see the both Summaries and and the Introductions to each Volume, together with the following crucial Discussion Documents set out on the 3rd panel of the Home page

- A. The Future of Acute Hospital EPRs:
Coping with two unavoidable hybrids and a potentially infinite workload.
- B. The Mandatory Analysis of every data item which may be proposed as part of an individual electronically-stored structured dataset