

**Electronic Encyclopaedia of Perinatal Data (EPPD)
Volume 1. Discussion Documents.
Section G. Codes**

I - G04. Codes - Always Servants - never Masters?

**Essential to recognise that in computer systems
used for Individual Patient care
ICD, OPCS, Read or SNOMED codes must always be secondary.
Priority should be given to internationally standardised
Plain English Questions, and Plain English Answer Options;
(with a “free text” opportunity whenever appropriate.)
Coding can come later”**

Version 2 of this document - Tuesday, 12 October 2010

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

www.fawdry.info This version of “G04_Codes.pdf” is based on EEPDSOURCE/01-/G04-Codes-2.pages (12 Oct 2010)

Codes as Servants - not Masters. Page 1 of 2

Wrong Direction

From my experience of maternity care software development I am now convinced that, at least for shared electronic community/hospital maternity care computer systems, basing such systems on codes such as ICD-10, OPCS, Read or SNOMED is going in quite the wrong direction.

There are two reasons for this

- a) As set out in the home page of the EEPD, clinical software which prioritises individual patient care, needs to start with, (and then be built upon) internationally standardised Questions and all allowable answer options - as in the EEPD Volume 5. <http://fawdry.info/index.php?&id=25>
- b) Unlike paper systems or early computers, modern computers can easily cope with longer “codes”.

Standardised English phrases instead

On this basis I see no reason why standardised plain English words or phrases should not be used.

For example the answer option "Planned C/S done early" is one of the proposed answer options on the category of urgency of any Caesarean worldwide.

(This answer options is probably useful, not just for audit purposes, but more importantly because it can lead to a different pick list of the commonest Planned "Indications for C/S" for planned Caesareans compared with the differently prioritised pick list for Emergency Caesareans)

but why invent a SNOMED or OPCS code for this answer rather than using the plain English; especially since the phrase "Planned C/S done early" is in fact a code in itself - a "code" which is generally understood (de-coded) as "This lady was due to have a planned Caesarean in a few days time but for some reason, probably because her waters have gone, or because she has gone into labour, she has had to have an Emergency C/S"

In future whenever a simple English Answer has been internationally agreed then this should perhaps be indicated by a convention such as using the symbol ‘®’ after the question e.g. "Planned C/S done early ®"

Codes may still have a place a) because administrators and managers are so used to them or b) for some other reason that currently escapes me!

but if they are still needed they should be totally invisible to the clinician. The computer program can then create, for the coding clerks, an output such as http://www.fawdry.info/eepd/17_cod/Sample17.pdf because whether traditional codes are used, or my proposed “Plain English questions”, are used coding clerks still need to select such codes in order of their priority.