Computers are so "stupid" that for every occassion when a single data item or combination of data items leads to a "Trigger Situation" with a subsequent "Action Suggestion", the following will need to be documented in precise detail.

Expert Basis

This must be available to be printed out, on request, by the computer system, regarding every topic which it is proposed or accepted for inclusion within the computer system. Only in this way will it be practical to establish if the logic used in the computer accurately reflects nationally agreed guidelines or protocols and if there is any local disagreement with the logic and evidence which has been used, or is proposed for use, in the system.

Main Reference(s) *One or more authoritative references, if possible using an RCOG or other authoritative Guideline.*

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Aim(s)

Whenever there is more than one aim, then each different aim must be clearly set out and the following detailed documentation set out for each separate aim.

Trigger Data Item*(s)* for presence of this Risk:

1, 2. 3 etc   If any one of the triggers listed is sufficient by itself e.g "Risk to the baby of TB" if "1. Close relative with TB", <u>or</u> "2. Travelling Family" <u>or</u> "3. Recent arrival from a country where TB is endemic" etc

A,B, C etc.   Risk only present if all the triggers listed are true e.g. "Positive Trigger for giving Anti-D Antibody" only if both. "A. Mother's Blood is Rhesus Negative" <u>and</u> "B. No Rhesus Antibodies are present in the most recent maternal blood test."

RELEVANT INPUT RIO(s): e.g. INITIAL_FULL-RIO

At which times (RIOS) in the maternity care process would it be most practical and appropriate for the above trigger item(s) to be entered onto the computer on a routine basis e.g. "Rhesus Negative" at time when blood group results are recorded within the maternity computer system (Note: It should also be possible to add any relevant trigger at any feasible time e.g. It might not be known at the initial booking that a relative has TB if the midwife first gets told about this when the mother is attending for a Late Pregnancy Assessement)

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ACTION SUGGESTION(S): *What Action Suggestion. e.g. "Rubella Vaccination."*

RELEVANT RIOS FOR AUTOMATIC WHITE BOARD DISPLAY:

BIRTH_BEFORE-RIO, BIRTH_AFTER-RIO, DISCH_PN_BABY-RIO

When would it be worth Automatically Displaying, on screen, the Existence of this Risk and any Relevant Actions so far taken. It should also be possible, at any time, to display and, if approriate, add to the list of all significant risks so far identified by the computer program regardless of the timing.

RIO(S) FOR OUTPUT (± FURTHER INPUT): BIRTH_AFTER-RIO, DISCH_PN_BABY-RIO

When might a relevant Action Suggestion be required e.g. "Immediately after the Birth has taken place."

At the time of discharge if the mother is going home early and the suggested action has not yet taken place e.g. "BCG Suggested, Not yet given."

OPTIONAL PATIENT LEAFLET: None yet created or "Your Baby's Special Hip Scan"

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DATA REQUIRED FOR REGULAR (ANNUAL?) AUTOMATIC COMPUTER GENERATED AUDIT

1. (Annual) Total Number of Livebirths

2. (Annual) Total Number and Percentage of Babies identified as being At Risk of this problem.

3. (Annual) Total Numbers and Percentages of Babies identified as a result of each separate Trigger.

4. What has been entered onto the computer before the baby at risk was discharged from hospital regarding any relevant decisions. Numbers and percentages by Trigger Factor with each outcome. (e.g. Where the trigger factor was "a close family member noted to be suffering from TB", the number and percentage of such babies who were a) Given BCG, b) Refused BCG, c) BCG not thought by the paediatricians to require BCG, d) mother and baby went home before it was appropriate to take any action or e) any other outcome.

or   Not possible for the computer to do this automatically.   Therefore only suitable for a local, time-limited, paper-based audit.