

Checklist Report for National Maternity Dataset Proposals

A. Crucially Separate Datasets!

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| A1. "Once Only" quite separate from "Generic" Items! | Fail |
| A2. "Generic Maternity" or "Generic Neonatal" separate from "Generic General Medical"! | ? |
| A3. Mother & Baby Items quite separate! | ? |
| A4. "Every Neonate" and "Special Care Baby" Items quite separate! | Fail |
| A5. Anaesthetic Department Items separate! | Fail |

B. Computers are not Magic Paper!

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| B1. Separate Items - Separate! | Fail |
| B2. Hidden Multiple Questions | Fail |
| B3. Untangling of several particularly Complex Items e.g. Place & Method of Birth! | Fail |
| B4. Beware of Hidden Complexity! | Fail |

C. Learning from Past Experience

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| C1. Stop Ignoring the Lessons from Past Attempts | Fail |
| C2. Chronologically and Logically arranged! | Pass ? |
| C3. No Domination by Top Down Data Modelling techniques | Fail |
| C4. Relation to other Data sets | Fail |
| C5. Word Processed not Spreadsheet Documents | Fail |
| C6. Avoid Documenting of the (bl***y) Obvious! | Fail |
| C7. Avoid Documenting the Obviously Wrong! | Fail |
| C8. Or Obviously Redundant! | Pass? |

D. Further Lessons Slowly Learnt

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| D1. Documented Flow Patterning Essential! | Fail |
| D2. Best Sequence of Questions | Fail |
| D3. Unexpected Complexity | ? |
| D4. Past Obstetric History is of 3 distinctive types! | Fail |
| D5. Past Obstetric History separate from Booking History | Fail |
| D6. Long Term Open Feed back essential! | Fail |

E. Academic Fantasy or Commercial Reality?

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|---|------|
| E1. An improvement on existing Maternity Computer systems! | Fail |
| E2. Working Understanding of Maternity Care! | Fail |
| E3. Realistic Understanding of Computers! | Fail |
| E4. Learning from Commercial Success (Feedback from them ignored!!) | Fail |
| E5. No Dataset and Structure Secrecy! | Fail |

F. Paper and Electronic Records

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| F1. Living with the inevitable Hybrid of Paper and Electronic Records! | Fail |
| F2. Documenting the Uncollectable! | Fail |
| F3. Failing to Document the Easily Collectable! | Fail |
| F4. Failing to Document the Essential! | Fail |
| F5. Documenting the relationship with any of the Standard National Pregnancy Records | Fail |
| F6. Clearly Discussed and Agreed Criteria for Inclusion or Exclusion of Data Items | Fail |

G. Four Crucial Final Comments

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| G1. Recognising and opposing Data Creep! | Fail |
| G2. Essential Documentation of the Rejected and Why!!! | Fail |
| G3. No Premature Top Down NHS Dictatorship! | I still hope not |
| G4. Workload aware! | Fail |
| G5. Proposed Datasets virtually easily accessible to any front line user | Fail |

Summary

- I. On the basis of the above assessment, does the current draft electronic "dataset" (it's detailed flow pattern; and the exact wording of each question, and all associated allowable answer options) show sufficient understanding of how computers in medicine really work? **NO!**
- II. On the basis of the above assessment, does the current draft "dataset" (it's detailed flow pattern; and the exact wording of each question, and all associated allowable answer options) show an adequate understanding of how community/hospital shared care really works? **NO!**

Rupert Fawdry, FRCS (Ed), FRCOG.

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www.fawdry.info Original Checklist Version 31st July 2006. Applied to current NMSD proposals March 2010

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Perinatal Dataset Checklist and the current National Maternity Services Dataset.