

*Usable everywhere by everyone
including the 'digitally excluded'*

*If we all download and use
Simple WISDAM[®]
we, the general public,
can help to improve
healthcare efficiency worldwide.*

*Genuinely "Patient-centred" instead of
"Patient-centred" but only
in scores of incompatible,
and often inaccessible clouds*

High Value - Low Cost

References

1. **Interop: the promise and perils of highly interconnected systems.** Palfrey J, Gasser U. New York: Basic Books, 2012.
2. **The Tragedy of Electronic Medical Records.** Wall, JK. The Dose, 23 October 2014. tinyurl.com/eprtragedy
3. **Data re-entry overload: time for a paradigm shift in maternity IT?** Fawdry R, Bewley S, Cumming G, Perry H. J R Soc Med. 2011 Oct; 104(10): 405-412 tinyurl.com/wisdam4
4. **The WISDAM of Rupert Fawdry.** Professor Richard Lilford, NIHR CLAHRC West Midlands News Blog Sept 2014 tinyurl.com/wisdam1
5. **If the Electronic Notes belong to the Patient, then Health Care Providers can update them.** Professor Lilford's Blog, Feb 2016 tinyurl.com/wisdam2
6. **Going Digital - The Electronic Patient Record.** Professor Lilford's Blog, May 2016 tinyurl.com/wisdam3
7. **Paperless records are not in the best interest of every patient.** Fawdry Rupert. BMJ. 2013 Apr 3;346:f2064. doi: 10.1136/bmj.f2064. tinyurl.com/wisdambmj

For further information enter "Rupert Fawdry" on YouTube

Leaflet-20RF.pages

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**With each Individual; Social Demographic And Medical
Globally standardised healthcare information (on PAPER ± ELECTRONIC)
which is complementary to the thousands of incompatible top-down
commercial and government healthcare databases and datasets,
because the primary source is always the unique information
held-by, owned-by, checked-by and updated-by each one of us individually.**

Simple Facts about Simple **WISDAM**[®]

Cost-Free - Everywhere

**Designed to work equally in both
PAPER and ELECTRONIC formats**

Based on what I know about myself

Sets a Fresh Global Standard

Plain English - so easily translated

Download cost-free from wisdam.org and then print the pdf pages

Things we all need to know about healthcare computing.

FACT 1

Health & social care databases are now so complex and are created by so many different organisations that almost all of them are, and will always remain, incompatible. Getting any two to match is time-consuming and expensive. Matching three is even more expensive. Getting hundreds to match is impossible!

Because of this they will never, ever, all simply “talk” to each other.

A generic example: Under the heading “Title”, almost every database has a different fixed pick list of allowable answer options. This makes it impossible for anyone, however clever, to write software code that will allow data about “Title” to be transferred from any one of these systems to any other! Transferring “Surname” is not problem. But computers cannot work out what is what under open text headings “Reason(s) for C/S” “Name(s)” “Forename(s)”, “Full Name(s)”

No clever programming can overcome this fundamental obstacle to progress.

FACT 2

There is a destructive fantasy that this problem will (soon?) be solved by translating all our health-care records into a code such as SnoMed and then by holding them as a single massive “paperless” record held in ‘the cloud(s)’. This, too many still believe, will then allow all our records to be (securely?) available whenever required by anyone who is providing any kind of care, including, as the NHS gets steadily overwhelmed, all the many government and private health and social care organisations involved - as well as our neighbours, friends & family?

Not viable, not acceptable and probably cannot be adequately secure.

FACT 3

Because of continuing incompatibilities, we will therefore continue for many years, if not indefinitely, to have to fill in yet another similar but different form, everywhere we go for any fresh supplier of any of our health or social care.

Whenever we attend a new Primary Health Centre, or a new Local or Distant Hospital, each A & E department, Pre-op check-up clinic, any new Opticians, Dentists, Physios, Care Homes, Home Carers, Hospices, etc - in Luton, or Aylesbury, or Milton Keynes, or in London or in Oxford - NHS or Private.

Each place will continue to ask us to fill in yet another form.

FACT 4

And everywhere we go someone, ultimately at our expense, will then have to re-enter similar but different information into yet another incompatible computer system. An immense waste of scarce resources.

FACT 5

All top-down attempts to solve the incompatibility problem have failed everywhere, and will continue to fail, because our health and welfare needs are too complex, and because there are too many conflicting interests regarding the precise wording and allowable answer options for each item. Every expert group provides yet more incompatible recommendations ^{2, 3, 4}

FACT 6

Also we cannot (yet?) count on having constant, reliable electronic access to the Internet everywhere needed. One day maybe, but even that often seems unlikely.

Reliable laptops, smart phones, tablets & printers are not constantly available to every one of us in our own homes or wherever we need access. Too many systems are incompatible or just stop working. Hardware & software becomes quickly obsolete. We forget to re-charge our batteries, broadband links fail, Wi-Fi gets overloaded, screens freeze, delays abound due to supplier transfer problems, floods, power cuts, sunspots, satellite failures etc. Out in the community, away from major offices & hospitals, the problems are never ending. It seems rare not to suffer persistent difficulties.

FACT 7

BUT, even when elderly or infirm, with multiple medical and social problems, almost all of us (or someone on our behalf) still has the ability to read, and to correct things written on a unique paper document that we personally own⁵ Individual paper records are rarely worth stealing; and cannot ever be hacked. At minimal cost, standardised paper records are usable by all the thousands of elderly people who are currently “digitally excluded” or increasingly becoming confused and stressed by our “paperless world” and the ever increasing flood of e-mails and messages.

FACT 8

The Simple WISDAM[®] dataset is downloadable cost-free via wisdam.org. It provides the foundation for a personal health record which is held-by, owned-by, checked-by and updated-by each of us individually, using a simple pen and paper.

The same information in an electronic format, while useful for some, is never essential.

FACT 9

Simple WISDAM[®] focuses on what we know, or should know, about ourselves. We may not know everything, but we (or those closest to us) remain the only genuinely unified source of information about our own healthcare.

FACT 10

Due both to its unique source; and its cost-free availability, the Simple WISDAM[®] dataset provides an essential universal standard for use in every paper or electronic (computer or App) medical and social care record anywhere in the world.

FACT 11

In future we will need to insist that all the scores of computer systems which hold any Simple WISDAM[®] health information about us should be able to print this out in the same sequence, so that we can easily check that it is accurate and up-to-date.

FACT 12

DATA RE-ENTRY OVERLOAD IS A MAJOR PROBLEM EVERYWHERE but personalised QR codes can reduce this work overload significantly, without the risk of having to store personal information in multiple “Internet clouds” These codes will save busy ambulance crews, receptionists, district nurses, carers, care homes, hospices etc. hours of data entry, especially when, as so often in the community, Internet connections are, and are likely to continue to be, slow, unreliable or non-existent. And remember:

PAPER IS PROBABLY ALWAYS SAFER