

**With each Individual; Social Demographic And Medical Information
Globally standardised healthcare information (in both ELECTRONIC and PAPER formats) which is
complementary to the thousands of incompatible government & commercial electronic systems, since
the source ONLY exists as a record personally held by, owned by, checked by and updated by me.**

Cost-Free - Everywhere

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

Based on what I know about myself

Provides a fresh global standard

**Simple WISDAM[®]
S.I.N.B.A.D.[™]
Dataset Groups**

Rupert Fawdry, FRCS (Ed), FRCOG

“Retired” Consultant Specialist in Gynaecology, Maternity Care and Medical ICT

Founding Editor: Electronic Encyclopedia of Personal Data (EPPD)

Web sites: www.eepd.info, www.eepdwiki.org.uk, www.eepdtal, www.eepdtalk.org.uk

WISDAM[®] Enterprises

31, St.Mary's Way, Leighton Buzzard, LU7 2RX, United Kingdom.

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

rupertfawdry@gmail.com or 077 68 97 44 13 or 01525 37 01 37

Index

- W. Who answered these analysable questions? and When?** *(8 analysable questions of data)*
- N. My Names, Gender & Date of Birth** *(17 analysable questions of data)*
- D. Dwelling / Home Address** *(8 analysable questions of data)*
- C. Contacting Me** *(9 analysable questions of data)*
- I. Identities / Reference Names & Numbers** *(13 analysable questions of data)*
- K. Legal Next of Kin** *(8 analysable questions of data)*
- L. Language, Sight, Hearing & Mobility** *(21 analysable questions of data)*
- E1. Emergency Contact** *(9 analysable questions of data)*
- E2. Third Emergency Contact** *(6 analysable questions of data)*
- B. Birthplace, Passport & Ethnic Group** *(8 analysable questions of data)*
- A. Alerts** *(44 analysable questions of data)*
- T. Transfusions, Anaesthesia, Blood Groups & Allergies** *(18 analysable questions of data)*
- H. Home Situation** *(12 analysable questions of data)*
- X. Long Term Medicine** *(36 analysable questions of data)*
- R. Recreational Drugs, Habits & Diets** *(16 analysable questions of data)*
- J. Jobs, Education, Finances & Above Average Risks** *(18 analysable questions of data)*
- V. Faith / Vision** *(10 analysable questions of data)*

3a. My Family Doctor / Primary Health Centre *(12 analysable questions of data)*

S. Each Major SURGICAL Episode *(17 analysable questions of data)*

M. Each Major MEDICAL Episode *(11 analysable questions of data)*

QR Codes

Advantages: Cost free, Printable on any printer, Readable as digital data by any smart phone

Disadvantage: Limited quantity of data.

Personalised WISDAM QRs

The basic aim of the WISDAM initiative is to make universally available a simple computer program which would allow personalised QR codes to be printed for each of the above data groups. All of the data could then be printed in plain English along with the personalised QR codes on 2-3 pages of A4 paper (or on passport sized card or as a set of plastic credit card tags) and then kept in our pockets or handbags.

W. Who answered these analysable questions; and When? *(Potentially 8 analysable analysable questions of data)*
When in an electronic version, then whenever any section or the whole is entered or upgraded then the following data is required to be entered separately

Date of this Data Entry

Data entered by the record owner or by someone else?

If 'Someone else' then
Name of Person entering data?
With direct help, or just on behalf of, the owner?
Role? Professional or Other?
If Professional, then Statutory Organisation?
Professional Registration Number?
If Other, then Relationship?
(Potentially 8 analysable questions)

N. My Names, Gender & Date of Birth

Surname / Family Name
Family Surname at Birth?
Another Surname 3
Another Surname 4
Another Surname 5
Official First Name (on Passport)?
Usual Forename if different?
Title?
Gender in view of individual?
Same as Official Gender?
Official Gender if different
Preferred Pronouns
Preferred name to be used by strangers?
True Full Name?
"Full" Name in fewer than 30 spaces?
Full set of Initials?
Date of Birth?
(17 analysable questions)

D. Dwelling / Home Address

Number or Name of House or Apartment?
Street or Road (Home Address)?
Suburb, Town, or Village (Home Address)?
City / Country / State / Province (Home Address)?
Post Code or ZipCode (Home Address)?
Country (Home Address)?
Key Safe Number or Reminder
What Three Words
(8 analysable questions)

C. Contacting Me

My Home Phone?
My Work Phone?
My Mobile Phone?
Can I receive and read text messages on a phone?
If 'Yes' but not on my phone, which Phone number?
e-mails Address?
Skype or other video?
Name of Bank?
Bank Sort Code?
(9 analysable questions)

I. Identities - Alphanumeric

Healthcare Number (e.g. NHS or CHI)?
National Insurance Number?
Primary Care Centre Number / Identity?
Hospital / Out Patients (Main Local) - Name?
Hospital / Out Patients (Main Local) - Phone Number?
Hospital / Out Patients (Main Local) - Identity Number ?
Organisation A. Name and Phone Number
Organisation B. Name and Phone Number?
Organisation C. Name and Identity Number?
e.g. European Health Insurance Card)
Driving License Number?
Driving License Renewal Date?
Car Number?
Second Car?
(13 analysable questions)

K. Legal Next of Kin

Civil (Marital) Status
Relationship (Legal Next of Kin)
Name (Legal Next of Kin)
Country of Residence (Legal Next of Kin)
Home Phone Number (Legal Next of Kin)
Work Phone Number (Legal Next of Kin)
Mobile Phone Number (Legal Next of Kin)
e-mail (Legal Next of Kin)
(8 analysable questions)

L. Language, Sight, Hearing, Mobility

Fluent in English?
Translator needed?
If translator needed, what Language?

Spectacles &/or Contact Lenses
Other Eyesight Problems
Which Eye or both?
If Serious Eye problem, Brief Diagnosis
Guide Dog's?
Guide Dog's Name?

Hearing Problems?
Hearing Aid?
Induction Loop Helpful?
Which Ear or Both?
Nature of Hearing Problem?

Right or Left Handed?

Long Term Mobility?
Unaided mobility at home?
Able to look after myself unaided?
Mobility Scooter?
Escort needed if away from home?
Transport to Daycare, OPD, Hospital?
(21 analysable questions)

E1. Emergency Contact. Legal Next of Kin first? If Underage, Other Parent

Contact Legal Next of Kin First?

Name (Alternative) Emergency Contact
Relationship (Alternative) Emergency Contact
Home Phone (Alternative) Emergency Contact
Work Phone (Alternative) Emergency Contact
Mobile Phone (Alternative) Emergency Contact
e-Mail (Alternative) Emergency Contact

“Where am I ?” phone enquiries.

“How am I?” phone enquiries.

(9 analysable questions)

E2. Third Emergency Contact

Name (Another Emergency Contact)?
Relationship (Another Emergency Contact)?
Home Phone (Another Emergency Contact)?
Work Phone (Another Emergency Contact)?
Mobile Phone (Another Emergency Contact)?
e-Mail (Another Emergency Contact)?

(6 analysable questions)

B. Birthplace, Passport & Ethnic Group

Country where born
Place (Town / City / Village)
Main Nationality / Citizenship
Passport Code
Passport Number
Passport Expiry Date
Ethnic Group (for Medical Reasons)
Ethnic Category (For Political Reasons)

(8 analysable questions)

A. Medical Alerts

*Originally based on the Perinatal Institute, Birmingham's
Hand-held Pregnancy Record*

Any major medical alerts?

Emergency Hospital Admission - Recent
Admission for Intensive Care - Recent

Auto-Immune Disease
Bad Back Problems
Bleeding (Blood Clotting) Problems
Blood Disorders (Haemoglobinopathies)
Bowel Problems e.g. Crohns, Ulcerative Colitis

Cancer - Confirmed Invasive
Dental Problems - Major

Diabetes (Needing Insulin Injections)
Diabetes (Needing Diet and/or Tablets only)
Epilepsy / Seizures / Neurological Problems
Eye Problems (Serious e.g. Glaucoma or other major)
Exposure to Toxic Substances
Fertility Problems
Genital Infections e.g. Chlamydia, Herpes

Heart Problems / Angina / Abnormal ECG
High Blood Pressure
Hepatitis or other Liver Disease

HIV / AIDS
Incontinence (Urine)
Incontinence (Bowel)
Infections e.g. MRSA, GBS

Inherited Disorders
Lung / Breathing Problems e.g. Asthma
Migraine of Severe Headaches
Muscle / Bone Troubles
Osteoporosis

Operations - Major
Renal (Kidney) Diseases
Transplant (Kidney)
Transplant - Other
Tuberculosis (Infection or Serious Risk)
Thrombosis / DVTs (Blood Clots in Legs)
Thyroid / Other Endocrine Problems
Other Major Medical Problem

Mental Health (Past or Present)

Serious Mental Illness at any Time?
Treatment in the past?
In-Patient Care in the past?

If Female

Positive Cervical Smear?
Gynaecological Problems disrupting Life?
Major Gynecological Surgery?
Female Genital Circumcision?
(44 analysable questions)

T. Transfusions, Anaesthetics, Blood Groups, Allergies

Transfusion Ever?
Transfusion Problems?
General Anaesthetic Ever?
General Anaesthetic Problems?
Local Anaesthetic Ever?
Local Anaesthetic Problems?
ABO Blood Group?
Rhesus Blood Group?
Any Confirmed Serious Allergies?
Animal
Aspirin
Gluten
Hay Fever / Allergic Rhinitis (Drippy Nose)
Latex
Peanuts
Penicillin
Too many to list
Other (free text)
(18 analysable questions)

H. Home Situation

Type of Home?
Support at Home?

Regular Paid Home Care Worker(s)
Name of Organisation (Paid Care Worker)
Phone Number (Paid Care Worker)
Am I unpaid carer?
Do I have an unpaid carer?
Name of Relationship?
Dependent Pet(s)?
Access to Internet at Home?
Access to Internet elsewhere?
Able to get things printed?
(12 analysable questions)

R. Recreational Drugs, Habits & Diets

Alcohol Intake?
3 days free?

Smoking Habits?
Other 'Recreational' Drugs?

Special Diet Required

No Beef?
No Pork?
No Alcohol?
Gluten Free?
No Nuts?
No Milk / Lactose Intolerance
Diabetic Diet?
Low Fat?
Vegetarian / vegetarian + Fish / Vegan?
Halal/Kosher?
Other?
(16 analysable questions)

J. Jobs & Risk Factors

Age ending full time Education?
Current Employment Status?
Main Lifetime Occupation?
Basic Financial Situation?
Ability to pay for some things privately?

Any Above Average Risk(s)?

Diabetes
Hypertension
Heart Attack
HIV
Tuberculosis
Malaria
Other Tropical' Disease

Lung Cancer
Breast Cancer
Prostate Cancer
Other Cancer
Other Risks
(18 analysable questions)

V. Faith / Vision / Altruism

Organ Donor Register?
Which register?

Personal Will Written?
Where Kept?

Advance Care Plan / Living Will / ?
Where Kept?

Belief/Faith/Religion?
Inform Religious contact in a crisis?
Name of Best (Religious contact)?
Phone Number (Religious contact)?
(10 analysable questions)

X. Long Term Medicine (Rx)

Any Medicines taken regularly?
For Asthma?
For Allergies?
Anti-coagulants?
Anti-Epilepsy?
Aspirin?
For Blood Pressure?
Cytotoxic Rx?
For Hay Fever / Allergic Rhinitis
For Diabetes - Oral Rx only?
Diabetes - Insulin?
Mental Health?
For Pain
For Sleeping
Other
More than five?
Medicine A
Generic Name A?
Trade Name A?
Frequency A?
Dose A?
Medicine B
Generic Name B?
Trade Name B
Dose B?
Frequency B?
Medicine C
Generic Name C?
Trade Name C?
Dose C?
Frequency C?
Medicine D
Generic Name D?
Trade Name D?
Dose D?
Frequency S?
Medicine E
Generic Name E?
Trade Name E?
Dose E?
Frequency E?
(36 analysable questions)

=====

3a. My Family Doctor / General Practitioner / Primary Health Centre

Name of my PHC or GP Surgery?
PHC Code
Number & Street?
Suburb, Town or Village?
City, County or State or Province?
Post Code or Zip-code (PHC or GP)?
Country (PHC or GP)?
Telephone Number (PHC)?
e-Mail (PHC)?
Website (PHC)?
Assigned NHS doctor
Doctor or Nurse who knows most about me?
(12 analysable questions)

S. For each Major SURGICAL Episode

Year?
Month?

Hospital Name?
Hospital Code?
My Hospital Number?

Name of Operation in Brief?

Name of Actual Surgeon?
Professional Number?
Status?
Supervising Surgeon's Name?
Professional Number?

Prosthesis or Implant?
Manufacturer?
Year of Manufacture?
Serial Number of Part?

Brief Histopathology?

Long Term / Permanent Complication(s)?
(17 analysable questions)

M. For each Major MEDICAL Episode

Year?
Month?
Hospital Name?
Hospital Code?
Hospital Number?
Name of Consultant?
Professional Number
Main Diagnosis in Brief?
Additional Brief Diagnostic Label A?
Additional Brief Diagnostic Label B?
Additional Brief Diagnostic Label C?
(11 analysable questions)

In future:

**F = Family History G = Genetic Q =
Analysable Questions asked by PHC/
GPs**

**PH / PA / PE / PB / PP = Pregnancies,
(Summary of All Pregnancies, For
each viable pregnancy
Ante-natal, Event of Giving Birth,
Baby, Postnatal)**

**U = How are You now, Y remains
unused**

What makes the Simple **WISDAM**[®] set of information unique?

1. Only uses the 'Communication Code' generally known as "Plain English"
2. Downloadable, cost free, by everyone, anywhere worldwide. Steadily becoming an international standard.
3. No unintelligible OPCS e.g.7F121, Read e.g. R17.2 or SnoMed e.g. 154263146 codes required anywhere
4. Creative Commons License. So no need to ask permission to use it
5. But cannot be altered independently of the license holder
6. Complementary to all other known IT initiatives.
7. Completed record owned by each of us personally, not by government - or anyone else
8. Genuinely 'Patient-centred', not just on 'Patient-in-several incompatible clouds-centred'
9. Valuable but unhackable - and not worth stealing
- 10. Individuals know more about themselves than anyone; so more reliable & up-to-date than any alternatives**
11. Unlikely to include anything that they do not already know, or can find out
12. Only includes information that does not change frequently
13. Most people are able to completed 90% of it within 10-15 minutes.
14. Yet by flow patterning, it provides instant answers regarding almost 300 potential analysable questions
15. No problem with any existing confidential comments still held in many GP/PHC records
16. Paper-based so it can easily be checked, and updated by anyone with a pen
17. Includes the 'digitally excluded' or those of us, especially the frail elderly, who are starting to hate computers
18. No delay while waiting for slow or frozen computers, or for unreliable internet connections or flat batteries
19. No cost to taxpayers, NHS budgets, or Social Care budgets
20. No problems because of inevitable "Austerity cuts' or 'Pilot funding run out"
21. Unlike all other IT soft and hardware projects, it does not depend on 'Planned Obsolescence"
22. Usable without requiring any software code writing expertise
23. Invaluable for all Shared Hospital & Community Care
24. Includes both Health & Social Information
25. Provides a standardised dataset, thus improving healthcare efficiency
26. Easily readable in an emergency by A& E or Ambulance paramedics
27. Thus facilitates more efficient, and fewer inappropriate, hospital discharges
28. Separate pages for each topic - which can thus be independently improved
29. Once GP systems can printout the same information, individuals can easily check it's accuracy
30. Sets an Open Standard for use in all the hundreds of different Healthcare Apps
31. Does not disappear if a favourite App or Program goes off the market
32. Available soon; Personalised QR codes, for each page separately,
33. Such codes can, but only with each individuals permission, be read as digital data by any smart phone.
34. Created, with help from many others, by a hospital clinician with 50 years' front line experience
35. And with 35 years personal experience of knowing what computers can, and what they cannot do.
36. Steadily and obsessively improved since 2013
37. Unique Design and Memorable Name; with **WISDAM**[®] as the registered trade mark
38. Nationally recognisable distinctive green **WISDAM**[®] folders now available in two sizes
39. The **WISDAM**[®] green folder helps to keep essential health paperwork in one place (£4.50 inc P&P)
40. The **WISDAM**[®] **plus** version with eight separate sections etc (£12.50 inc P&P)
41. These encourages each of us to take a greater role in our own care
42. Especially helpful to the elderly with memory problems
43. Useful gifts for elderly friends and relations
44. Invaluable for our increasing mixture of tax-payer funded and private care
45. Potential for commercial advertising and sponsorship e.g. 'DrNow' video-consultations
46. Easily translatable into other languages (volunteers needed)
47. Of international value, with probability of 'going viral'
48. Standard "Wisdam Wording" in English. Each Question and Answer to be distinguished by the superscript ""^w""
49. Provides a Health & Social Care IT efficiency breakthrough
50. Potential to become a Global Brand

**A unique opportunity for us, the public, to play a part
in improving health and social care efficiency worldwide**

Interop: The Promise and Perils of Highly Interconnected Systems.

“Thousands of hospitals around the country have legacy systems in place, which makes it very hard to implement any comprehensive interop strategy. The upfront costs of new technology and human retraining will be massive. In addition, the powerful companies that sell these legacy systems, and therefore have a stake in preserving the status quo, create additional barriers to change.”

“No case study involves more players, more money, and more problems than the case of information technologies in today's health care debate.”

“No single actor can make an optimally inter-operable e-health records system come about. It would be ineffective for the government to pass a law mandating a particular standard in health records; the problem is too complex for that. And the market, left to its own devices, is not producing anything remotely like what is needed to meet the challenge. A blended approach, in which industry and government work together, is the only sustainable solution.”

“If the firms competing in the EHR space see a large pot of gold at the end of the rainbow for whoever comes up with the single standard around which everyone else's solution must be built, then they have little incentive to cooperate with one another.”

“. . . the forces of competition are partly responsible for the failure to achieve a system of interoperable EHRs”

“If we seek to achieve interoperability in e-health records by pursuing a completely government-led top-down approach, we run the risk of adversely affecting the development of new business models. . . . if too much power is left with the private sector, we run the risk that the victor in a winner-takes-all competitive process will likewise stifle competition and innovation. If the system that emerges is built, for instance, on locking in customers, whether patients, doctors, or institutions, we will all lose. The *manner* in which interoperability is achieved in the e-health records context will matter a great deal to the effectiveness of the system that results.”

“Systems designers need to ensure that certain transactions will be possible no matter which hospital a patient goes to”

“. . . human, cultural factors may ultimately be more important than any technological decision or government mandate . . . Health care reform is an example of an area in which we urgently need interop by design.”

*All the above quotes are taken from Interop: The Promise and Perils of Highly Interconnected Systems.
John Palfrey and Urs Gasser. Basic Books. New York. 2012*

“Funds in the USA to sync health records are already running out such that in Boston "if a patient's electronic health record resides in (one major hospital less than a mile away from another major hospital) the record may not be available in a format that can easily be read by (the other) hospital”

“Exploiting health information exchanges to successfully exchange data for medical and research purposes will need stronger efforts (!) from both the government and the private vendors. . . . The number one challenge is to build the underlying infra-structure for data exchange . . . As DesRoches says, ‘If we don’t get this right, we won’t be able to reap the benefits of the EHRs.’” *Nature Medicine Nov 2014*

The Simple WISDAM[®] initiative (www.wisdam.info)

offers a unique way to reduce inter-operability

obstacles to progress in health and social care

The Electronic Encyclopaedia of Personal/Perinatal Data (EPPD) initiative

www.fawdry.info offers a complementary but equally essential way forward.