# GROUP PROJECT – MILESTONE 1

System Analysis and Design

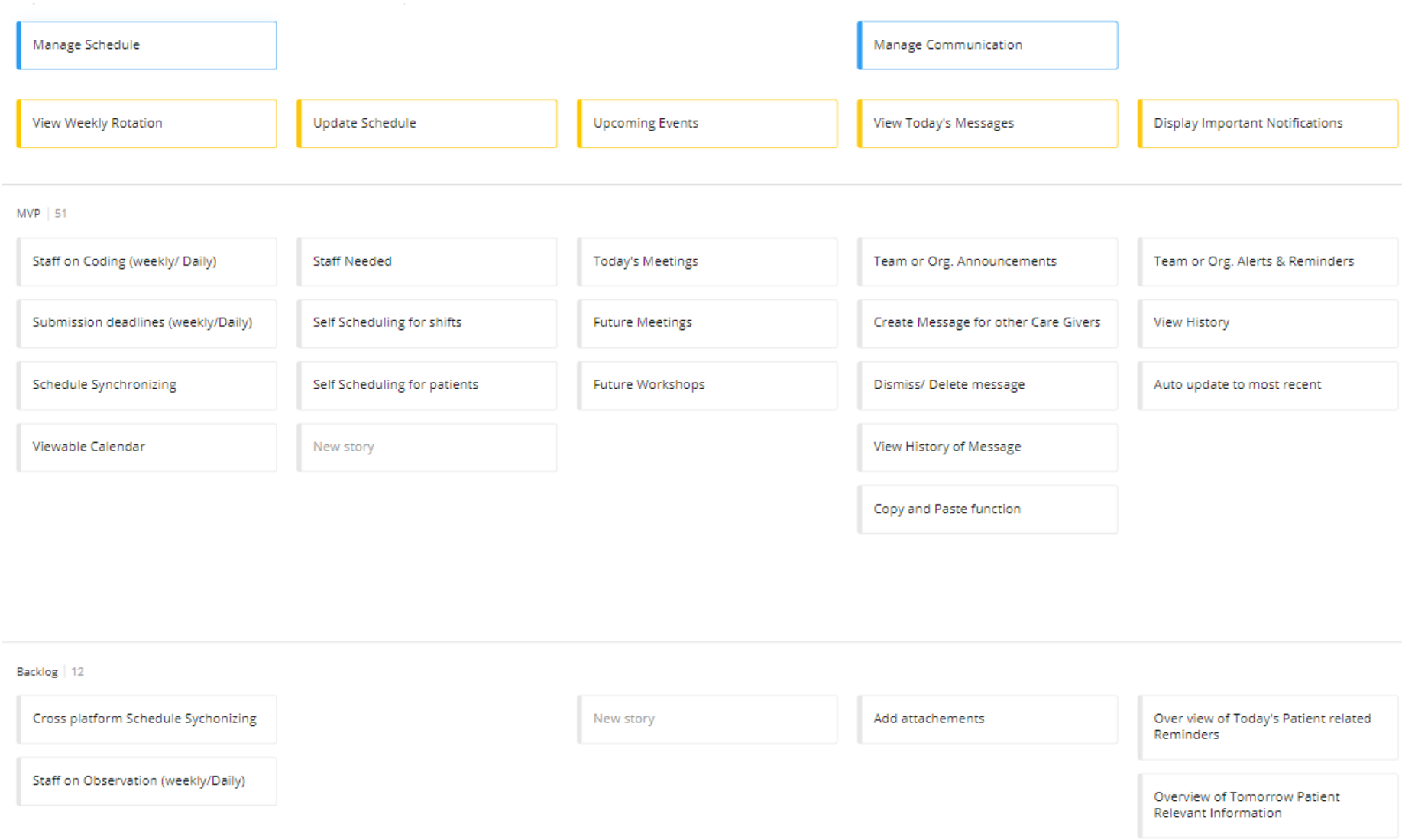
Alice Gao & Sabrina Ma

Milestone 1
By: Alice & Sabrina

| **1. Target Audience** | PSW* | Rai Coordinator* | **Nurses and Care planners** |
|---|---|---|---|
| **2. Solution Name** | | | Inter-Care |
| **3. Top-level Vision Statement** | Better process to flowsheet, recording, and observation reliability. | Improving scheduling, coordination, and communication between care teams. | Improving efficiency and centralization of patient information and painting an accurate picture of patient care for care planning. |
| **Functional Goals** | - Questionnaire option of selecting among RAIMDS PACS/RAPs with relevant fields that are appended on the page for entry based on question answers instead of flipping between pages. I.e. this website: https://jgthms.com/web-design-in-4-minutes/#centering<br><br>-Under assumption that this RAI Program extends beyond LTC facility- fast self-scheduling option that syncs up to employer scheduling system >option to sign up for shifts/ repeat patients to build relation & information reliability- and self-removal from those residents if necessary | - Scheduling landing page where everyone can see the weekly rotation (observation, coding, submission etc) that loads quickly and responsively to changes<br><br>- Readily available address book that's easy to search through by name, email, number, automatically links to email clients for ease of communication | - Flexible auto populate function for repetitive unchanging cases, that's intuitively adjustable for changing cases.<br>(i.e. a question path: Has Patient John Doe's condition changed in: clear list of care conditions)<br><br>- Easily seen custom note/notification button - that's responsive when needed and unobstructive when not. |
| | - Alerts/bulletin options that is easily disposable and non-repetitive unless | | |

| | |
|---|---|
| | otherwise chosen by user. |
| **4. Quality of System (non - functional) goal**s | -Responsive pages, menus, and options that are fast loading<br>● Navigation should be intuitive and easy to see in the entire process of any tasks (be it coding/ observation/ note taking/scheduling/searches & results)<br>● Visual design of pages and options that is focused and adjustable (i.e. increasing text size- accessibility level) |

## 5. User story map



| Managing Observations/ RAIMDS process | | Organizing Care Plan | | | Search |
|---|---|---|---|---|---|
| Start New Observation or MDS | Revaluation Observations or MDS | Manage Current Level of Care Plan | View Patient Medical History | Manage Highlighted Information | Search under Patient/Communication/Schedule tab |
| Choose section(s) | Summary of Prev Assesment | One Page Summary of most Recent changes | view patient history by time frame | Current Medication/ Drug doses | Search patient name |
| Start assessment | Start Re-assess | Main interventions | update individual history | Patient specific Alert and Reminder | Search patient information |
| Questionnaire process | Add new Protcol in existing section | Prioritize by highest level of care | Demographics information | Special needs | Search Event |
| Finish Assessment | Add new protocol in new section | Prioritize by recent level of care | Allergy information | Specific instructions | Search Key Term |
| New story | Questionaire process | Edit all fields | Key Medication Info | New story | Search Date |
| | Finish Assessment | | | | Search by Time/Shift |
| Print current Observations | Print Previous Observations | New story | search through patient history | | |
| Print Current MDS | Print Previous MDS | | | | |

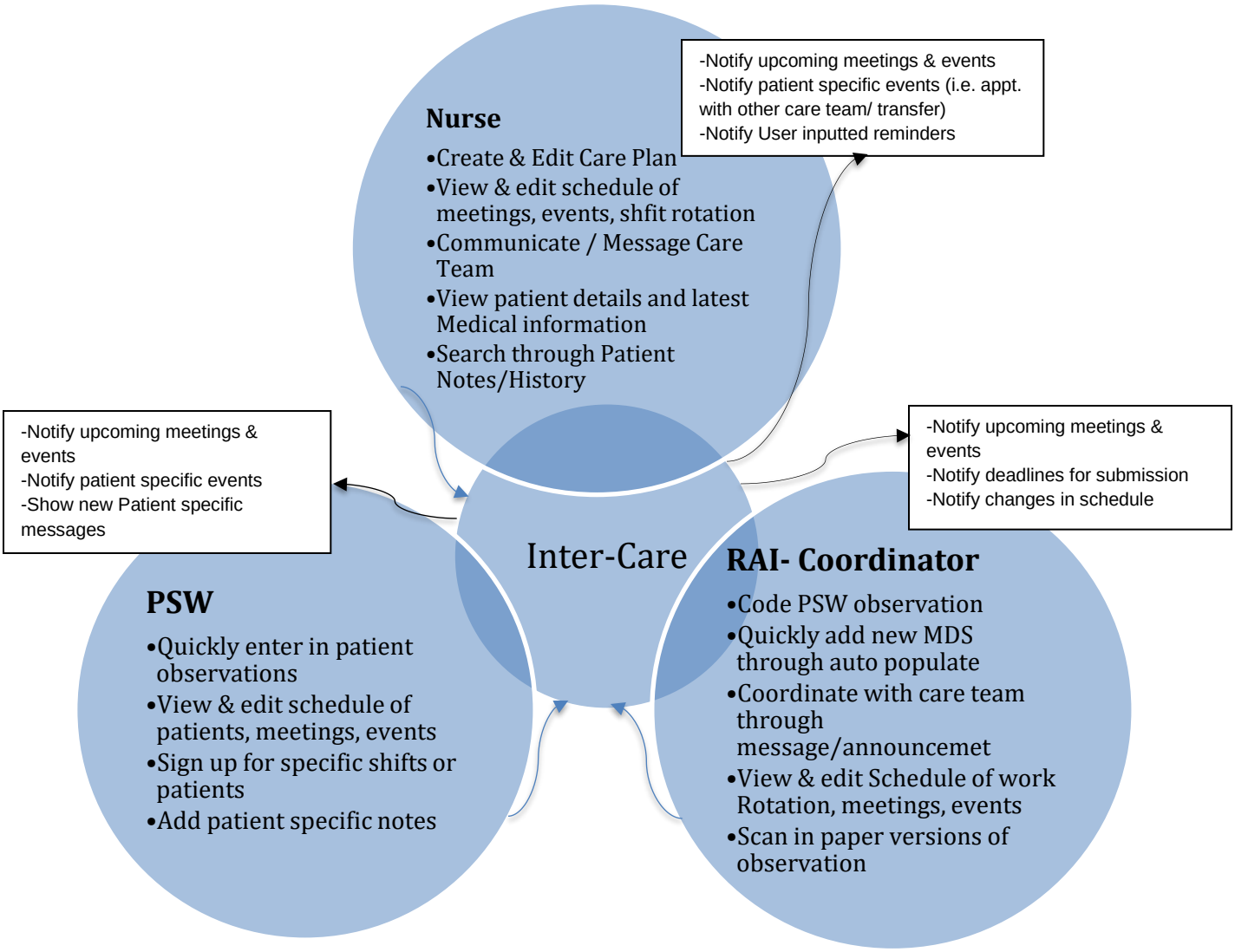
Scanning auto populate for paper process

**6. End to end Assessment scenarios**

Case 1: Mr.Z was admitted recently for a stroke. It has affected his left side and he has difficulty communicating, making assessment in many areas difficult. In the first week of observations, the PSWs and Nurse record Mr. Z as lethargic and passive. He also has high blood pressure and CAS (coronary artery spasm). He accepted all care from staff in the beginning, however, recently he's been acting up, and putting up a struggle to the nurse assistants & PSWs. On second week of care, Mr. Z's nurse noticed that he lashes out when approached from the left side, but the right side is fine. On a positive note, Mr. Z is starting to have a good response to environmental stimuli. He also has shown promise in his physical therapy and in range of motion exercises. Mr. Z requires further evaluation regarding his Care plan, such as any new approaches to nursing care, ophthalmology evaluation on any visual deficits, and a speech therapy referral. The team will discuss his care at a group meeting tomorrow and develop a fresh plan to address some of these issues.

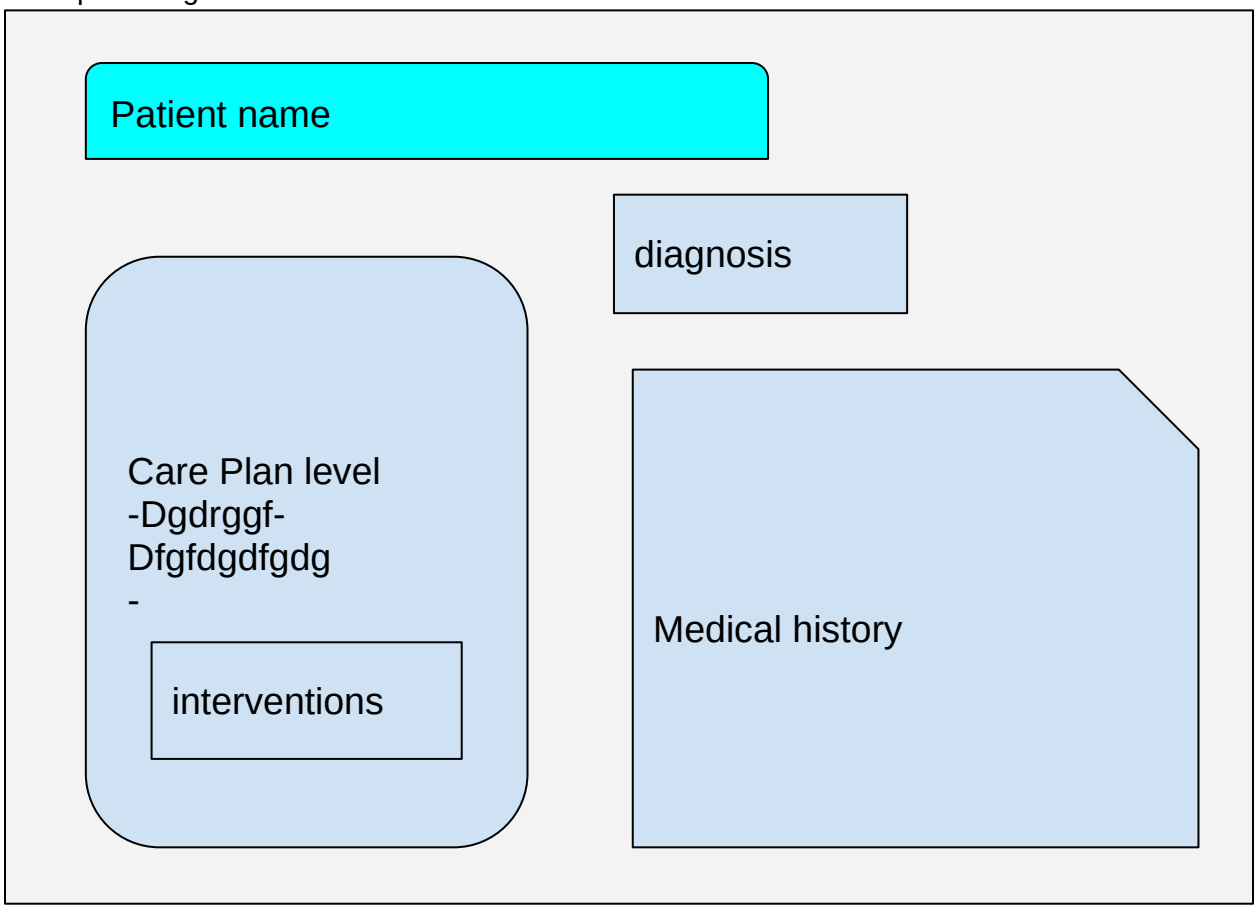
Case 2: Mrs. A is an 80-year-old-woman, who is admitted to ABC long term care facility with diagnosis of Alzheimer's disease and hearing problems. It has been 3 days since the date her nurse documented that she has been acting differently. For instance, she is easily distracted by things. She did not pay attention to activities such as eating, drinking, and rarely talking to her friends. Also, she sleeps a lot during daytime and night. The care plan for Mrs. A is continue to observe her daily activities, discuss with the team for a new care strategy to encourage Mrs. A joining conversation with others, as well as rating and improving her level of depression, and adjusting her meal plans.

**7. Context Diagram**

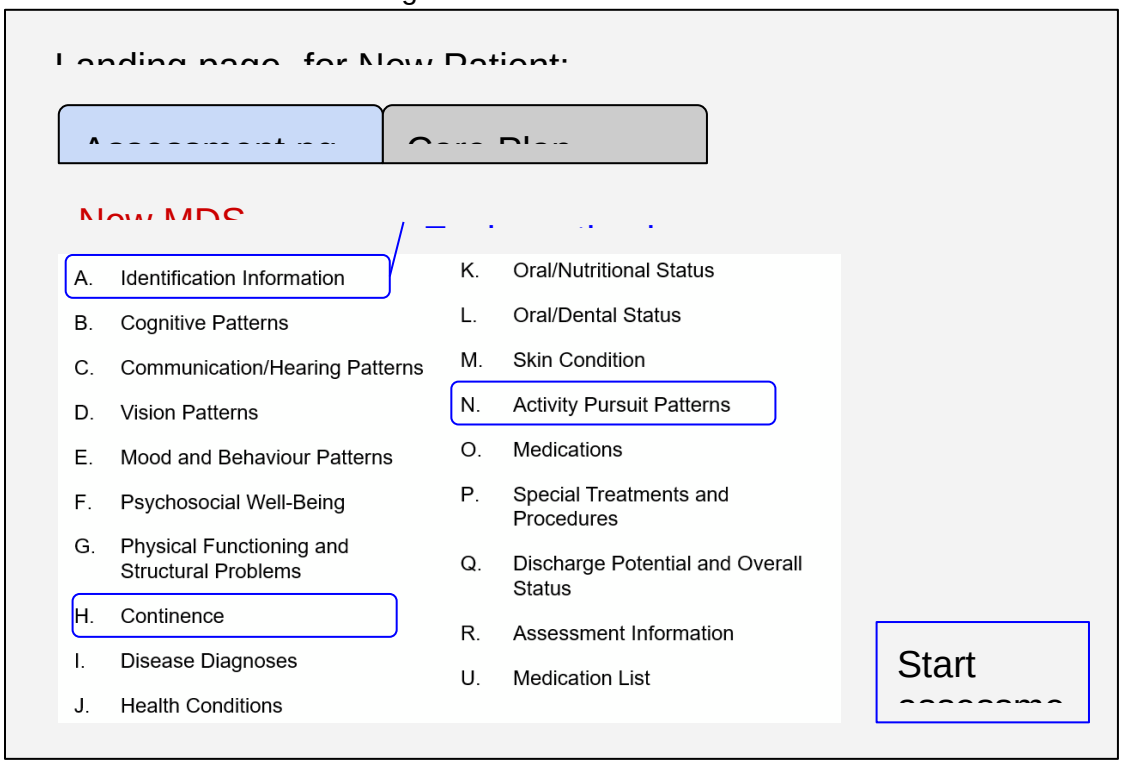


**Extra: Some Basic/ Rough UI mock ups**

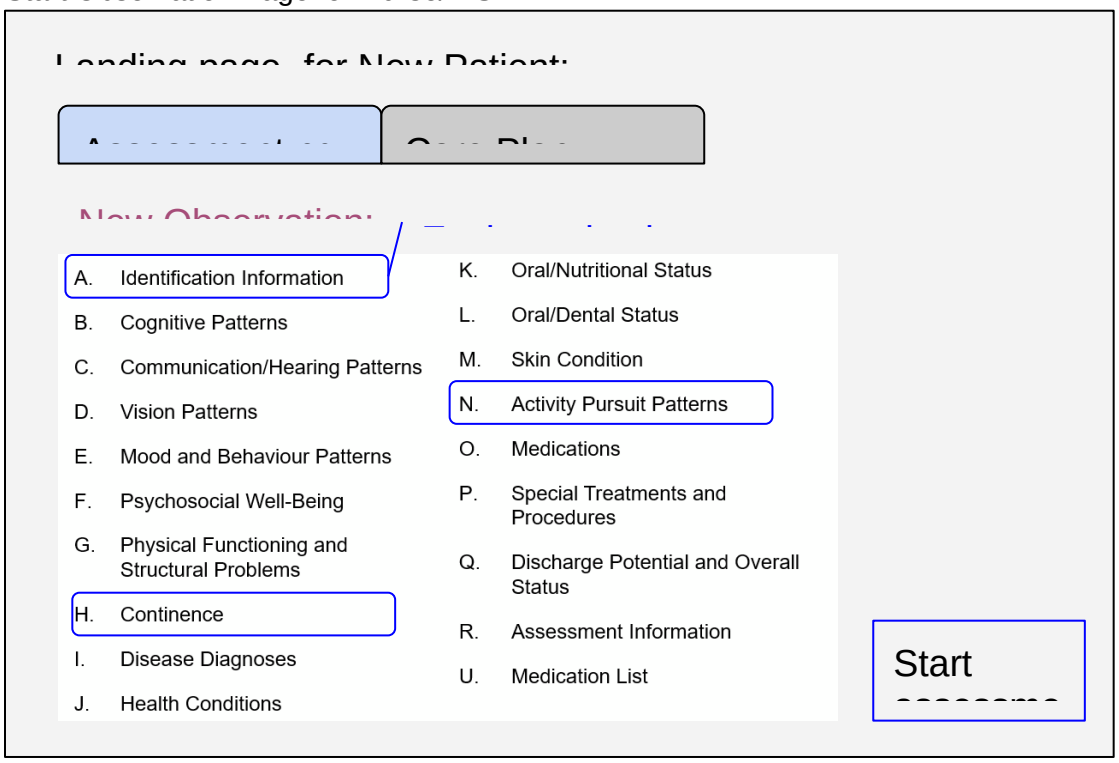
Care plan rough look



Start RAIMDS Assessment Page for Nurse/ Rai Coodinator

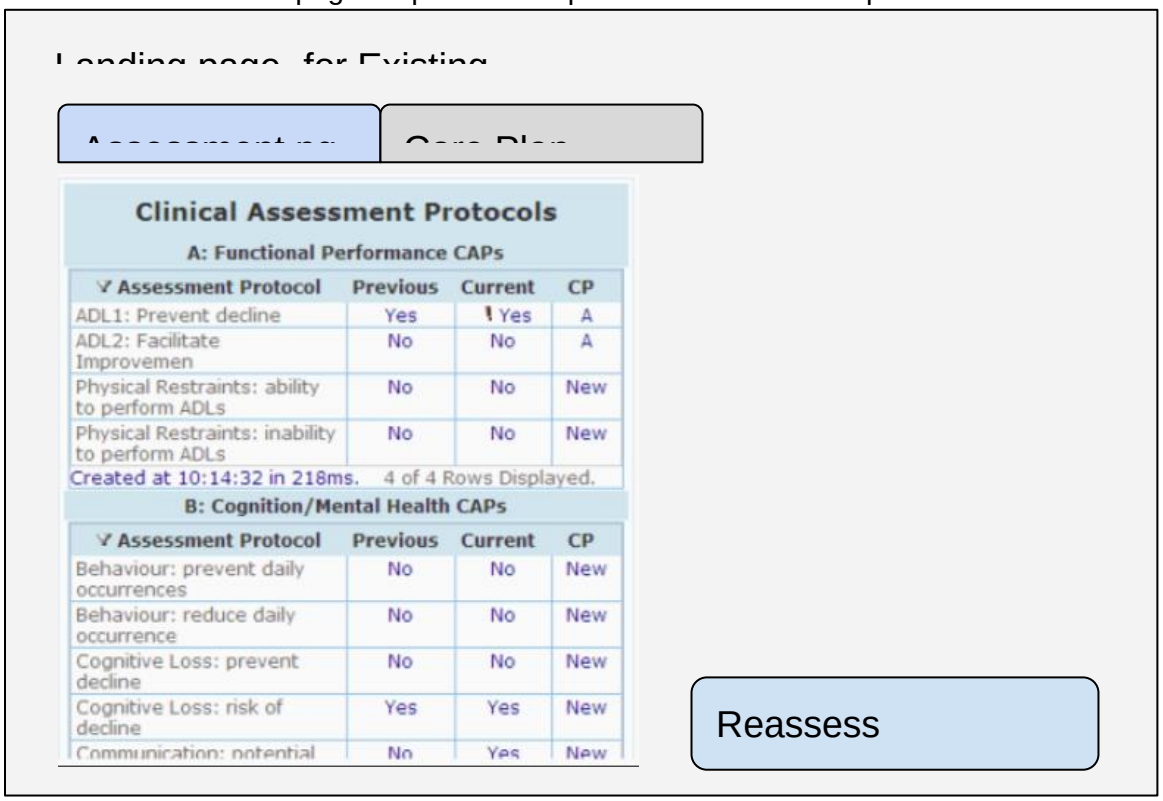



Start Observation Page for Nurse/ PSW




Can Crtl+ click to select multiple sections- start assessment goes to questionnaire process of determining relevant areas to observations/ MDS section.

RAIMDS Assessment page for patient with past assessments completed




RAIMDS Assessment page after Reassess button has been clicked. Blue and Red check boxes for noting changes or no changes, with capability to add to each section or new areas of care.