

# Concept Note: Clinical Triage & Resource Allocation System

## 1. Project Title

Smart Triage & Resource Allocation System (STRA-System)

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## 2. Project Overview

The Smart Triage & Resource Allocation System is a **hospital-focused digital triage platform** designed **to help clinics and hospitals streamline patient flow, allocate medical staff efficiently**, and **optimise medicine and resource usage**.

Nurses will enter **initial patient data and vitals**, and the system will automatically classify urgency levels, recommend care pathways, and notify relevant departments. The system then uses this triage information to help hospital management understand:

- patient load in real time
- which departments need more support
- which doctors need to be assigned where
- stock levels and medicine usage
- patterns in disease trends

This improves efficiency, reduces congestion, and enhances decision-making.

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## 3. Problem Statement

Hospitals and clinics in Kenya face major workflow and resource challenges:

- Poor triage results in long waiting times
- Nurses often manually record vitals without a central system
- Doctors lack quick visibility on urgent cases

- Resources such as medicine, beds, and labs are not allocated based on real data
- No real-time dashboards for patient load
- Overworked departments struggle to predict staffing needs
- Hospitals lack analytics to manage peak times or outbreaks

A digital triage system is required to capture patient vitals, classify urgency, and give hospitals real-time insights for better resource allocation.

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## 4. Objective

### Primary Objectives

1. Digitize the triage process to ensure accurate and fast patient prioritization.
2. Provide hospitals with **real-time dashboards** for resource allocation.
3. Help management allocate **doctors, nurses, rooms, labs, and beds** based on live demand.
4. Track medicine usage and stock based on triage patterns.
5. Improve patient flow from entry point → triage → consultation → treatment.

### Secondary Objectives

- Improve data accuracy
- Provide early outbreak detection through patterns
- Reduce operational costs
- Improve staff scheduling

## 5. Target Users

### Primary Users

- **Nurses** – who record vitals and patient intake data
- **Doctors** – who receive triage results and patient queues
- **Hospital Admin & Management** – for resource decisions
- **Pharmacy Department** – for medicine planning

### Secondary Users

- Lab technicians
  - Emergency department staff
  - Ministry of Health reporting units
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## 6. Key Features & Functional Requirements

### A. Triage Module (Core)

Nurses enter:

- Patient basic info
- Vitals (BP, pulse, temperature, oxygen saturation)
- Symptoms
- Existing conditions
- Pain scale

System outputs:

- **Urgency level** (Green, Yellow, Red)
- **Recommended department** (General, Pediatric, Emergency, etc.)
- **Estimated doctor wait-time**

- Automatic **queuing** into the correct department

## **B. Resource Allocation Dashboard**

For management and department heads:

- Number of patients per department
  - Capacity vs load (beds, rooms, equipment)
  - Doctor availability
  - Nurse availability
  - Predictive demand based on current triage data
  - Flags departments that are overwhelmed
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## **C. Medicine & Consumable Tracking**

- Track medicine usage based on triage patterns
  - Predict which drugs will run out soon
  - Pharmacy dashboard for stock allocation
  - Daily and weekly insights on high-use medicines
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## **D. Doctors' Portal**

- View patient queues by urgency
- View detailed vitals and triage notes
- Send patients for labs, scans, or pharmacy
- Record diagnosis and treatment
- Reduce unnecessary delays

## **E. Hospital Insights & Analytics**

- Daily patient load
  - Most common symptoms
  - Resource strain projections
  - Time taken from triage → doctor → treatment
  - Staff performance metrics
  - Outbreak early warning alerts
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## **F. Non-Functional Requirements**

- Fast data entry (under 1 minute for vitals)
- High availability
- Role-based access control
- Secure patient data
- Offline mode support for clinics with unstable internet
- Automatic syncing when online

## 7. Technology Stack (Recommended)

### Frontend

- React / [Next.js](#) (TBD by Cyrus and Victor)

### Backend

- Node.js (Express/NestJS)
- Python for analytics models

### Database

- PostgreSQL (main DB)
- Redis (queues + real-time updates)

### Integrations

- SMS alerts for high-risk cases
- Optional integration to EMR systems

## 8. Developer Deliverables

Developers must deliver:

1. Triage data entry interface (nurses).
  2. Real-time patient queue system.
  3. Departments dashboard.
  4. Resource allocation dashboard.
  5. Medicine tracking + pharmacy module.
  6. Doctor portal.
  7. Analytics dashboards.
  8. API documentation.
  9. Secure user authentication (role-based).
  10. Full deployment + training materials.
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## 9. Expected Outputs

- Fully functional triage system
- Resource management dashboard
- Stock/medicine tracking
- Doctor and admin user portals
- Analytics & forecasting engine
- Deployment on hospital servers or the cloud

## 10. Success Indicators

- Triage time reduced from 10–15 mins → **2–4 mins**
- Doctors can see patient queues in real time
- Reduced waiting time for critical patients
- Better staff planning
- Reduction in medicine shortages
- Efficient allocation of rooms, beds, and labs