## **Declaration of Original Work for SC2002 Assignment**

We hereby declare that the attached group assignment has been researched, undertaken, completed, and submitted as a collective effort by the group members listed below.

We have honored the principles of academic integrity and have upheld Student Code of Academic Conduct in the completion of this work.

We understand that if plagiarism is found in the assignment, then lower marks or no marks will be awarded for the assessed work. In addition, disciplinary actions may be taken.

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## Important notes:

- 1. Name must **EXACTLY MATCH** the one printed on your Matriculation Card.
- 2. Student Code of Academic Conduct includes the latest guidelines on usage of Generative AI and any other guidelines as released by NTU.

## **Design Considerations: Overall Architecture and Navigation**

## **State Machine Design Pattern**

A State Machine Design was implemented. This helps to organise our code into states, where each state has their own classes. An example of this pattern is in our menu system. Each of our menus are states which define what options and functionalities are displayed and accessible. The App class is a State Machine which changes what it is currently displaying based on the current state loaded. As such, introducing new states doesn't require changing existing states classes / state machine context. This:

- 1) Reduces code complexity when handling switching from one state to another.
- 2) Improved Maintainability for better expandability

An Entity-Control-Boundary Pattern (fig. 1) was implemented through separation of user contexts, services and data layers. We went with this approach to enable role-based access control as different roles (e.g Doctors and Patients) have access to different kinds of information. This enabled us to use a loose coupling approach to reduce dependencies between classes.

## **Boundary Layer**

In our app's case, the menu system served as the boundary layer and implemented a hierarchical structure with role-specific menus. They extend the structure to show role-specific options and to delegate the operations to appropriate services. In essence, handling menu views for the user based on their role after they login. Please refer to the figures below for reference (*fig. 2*).

## **Control Layer**

Our App class serves as a central controller and manages entities and menu views (*fig. 3*). It coordinates between the UI and data layers to create a service lifestyle. This approach maintains user context and is thus able to handle navigation between the menus for each of our services.

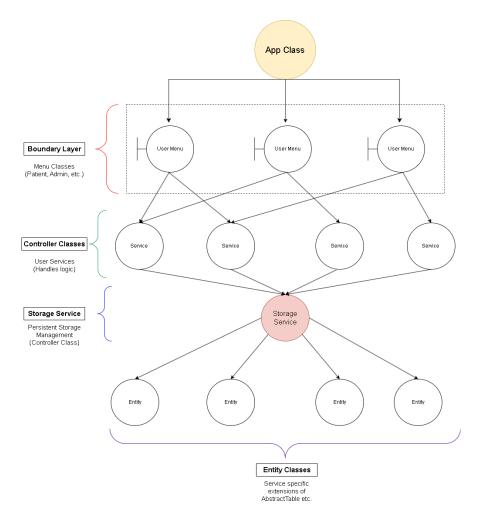


Fig 1. Entity-Control-Boundary Pattern

Fig 2. Menu Views

Fig 3. Controller View

## **Entity Layer**

Our entities represent the core domain objects of our Hospital Management System (HMS) and also represent the main services which our app provides. They model the business data relationships present and hold the core functionality for services which our users use. These services include:

- 1. **Appointment**: Managing appointment scheduling and outcomes such as doctor schedule management and time slot allocation
- 2. **Authentication**: Handles user authentication and validation for role-based access control
- 3. **Drug Dispensary:** Manages drug inventory and stock levels as well as requests to dispense and replenish
- 4. **Medical Record:** Responsible for storing and retrieving patient medical histories + details, also allows patients and doctors to update role-specific details
- 5. **Staff Management**: Managing manpower related actions like adding, removing, archiving of staff details and assignment of role.

## **Data Management**

#### **AbstractTable**

For persistent data management, an AbstractTable data management system was used for CRUD (Create, Read, Update and Delete) operations. The following 2 classes were used for this:

- 1. **AbstractTable.java:** Manages collections of AbstractTableEntry objects, functioning as a container for persistent data manipulation
- 2. **AbstractTableEntry.java:** Base class for table entries, focusing on individual rows in a data table

By implementing them as abstract classes, it allows for them to be specialised for varied use cases. This unifies our CSV serialisation for all entities. One example of this would be filterByAttribute(). For example when retrieving a patient's medical records from a CSV of medical records, filterByAttribute() can be used to access all entries of a specific patientID to find entries corresponding to a particular patient.

## **Extensibility of AbstractTable**

Our system implements a **factory method pattern** in our AbstractTable system where AbstractTable and AbstractTableEntry provide the factory method interface. Due to its extensibility, new data types can be added by extending to base classes, making it very convenient to cater tables to new entities without having to modify a lot of the existing code. AbstractTable provides these extension points. Some of these include:

- 1. createValidEntryTemplate() for custom entry creation
- 2. getHeaders() for column definitions
- 3. searchByAttribute() for custom search functionality

Using createValidEntryTemplate() as an example, we can observe how this design pattern is used in DrugInventoryEntry:

```
/**

* This creates an empty T extends AbstractTableEntry object

* Only it's ID is set. Other fields to be instantiated.

* Note that this SHOULD NOT ADD the entry. Call addEntry() for that.

* @return

*/

protected abstract T createValidEntryTemplate(); 10 usages 4 implementations ± Coziyu

@Override 10 usages ± Coziyu

public DrugInventoryEntry createValidEntryTemplate() {

return new DrugInventoryEntry(getUnusedID(), name: null, quantity: -1, lowStockAlertThreshold: -1);
}
```

Fig 4. DrugInventoryEntry createValidEntryTemplate() Example

In this case, we can observe that AbstractTable provides an interface for createValidEntryTemplate() and under DrugInventoryEntry, it is overridden to fit the needs for the Drug Dispensary subsystem. This approach ensures consistency is present throughout different tables with uniform initialisation processes.

## **Extensibility and Maintainability of the Architecture**

By adhering to the **SOLID Principles**, our code is both extensible and maintainable. Each of our classes focus on a singular well-defined responsibility and are separated accordingly. Our menus handle user interaction and role specific views while business logic is delegated to our subclasses

## **Open/Closed Principle (OCP)**

Our system has a strong adherence to this principle and as such has good extensibility. Two key areas of implementation where this is seen are:

## 1. New User Types

- Adding new user types is fairly simple with the UserContext which has been implemented
  - Done by creating a new class created extending UserContext
  - Adding role-specific fields and methods
  - System automatically integrating new user types
- In practice, this is quite effective as new hospital roles (e.g Nurses, Neurosurgeons) can be added without modifying the core code of our system

#### 2. AbstractTable

- Allows new table entry types to be created
- No changes need to be made to table handling logic
- Easy to add new types of records (e.g Medical Records, Drug Requests)

## **Liskov Substitution Principle (LSP)**

Our derived classes can be used in place of their base classes. This is seen in our PatientContext extending from UserContext, where it maintains all UserContext functionality while adding patient-specific features. Consistent behaviour is thus maintained across inheritance hierarchies.

## **Interface Segregation Principle (ISP)**

Specific interfaces were deployed for different functionalities (e.g IDrugStockDataInterface for drug inventory-related methods) and role-specific menu views only displayed the relevant option for a given role. Each of our services only depend on the specific interfaces they need as well.

```
public AppointmentService(IAppointmentDataInterface dataInterface) { 3 usages ± Tyingjie
    this.storageServiceInterface = dataInterface;
    StorageService storageService = new StorageService();
    appointments = storageService.readAppointments();
    appointmentOutcomes = storageService.readAppointmentOutcomesFromCSV();
}
```

Fig 5. Example of ISP with Interface

## **Dependency Inversion Principle (DIP)**

Our services depend on abstract interfaces rather than concrete implementations. Our data manipulation through our Abstract Table system as well as our menu system through our Abstract Menu system provided these interfaces which our subclasses extended.

## **Maintainability - Core Ideas**

Class Hierarchical Organisation: Allows for logical grouping of related functionality.

- Consistent naming conventions (<ServiceName>Service, I<Interface Type>Interface)
- Clear inheritance hierarchies allows for easy navigation

**Service Layer Isolation:** By keeping the service layer isolated, we can modify each of them independently and add new ones easily. Maintaining service boundaries simplifies the testing and debugging process later on.

**Loose Coupling:** Aside from these, in our implementation, we had clear separation between functions. We kept user authentication separate from app logic, data storage is separate from data processing, and table operations are separate from entry definitions (AbstractTable system). Issues are easier to locate and isolate, allowing us to work on different components with fewer complications.

#### **Additional Features**

## **Staff Management Subsystem**

Archiving Staff (A soft delete system)

- Organised search system
- Allows for inactive staff member records to be preserved
- ListsActiveStaff() and ListsAllStaff() to differentiate between the two

## Menu Subsystem

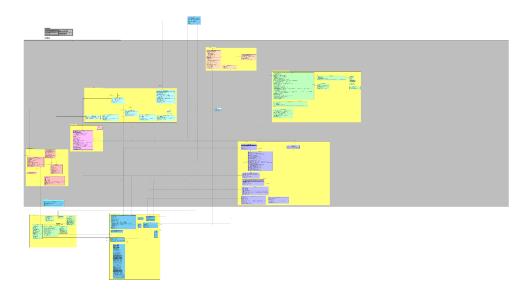
**Audit Logging Process** 

- All actions performed Doctors, Pharmacists and Administrators recorded into a log file ensure that it is compliant with legal and ethical standards
- Data tracked includes Timestamps, Actions Performed, HospitalID for traceability
- Expedites the auditing process as CSV enables easy retrieval, filtering and analysis

## **Authentication/Login Subsystem**

- Implemented Password Hashing to securely store user credentials and prevent unauthorised access
- Introduced Password Validation to enforce the use of strong and secure passwords
- Requires a combination of uppercase letters, lowercase letters, numbers, special characters, and a minimum password length
- Prevent attacks like dictionary or credential-stuffing attacks due to sensitivity of information
- Login Attempt Tracker helps to monitor failed login attempts

**UML Class Diagram** (*Please refer to github for clearer images*)



Test Cases (<a href="https://github.com/Coziyu/HospitalManagementSystem">https://github.com/Coziyu/HospitalManagementSystem</a>)

## **Test Case 1: View Medical Record**



## Test Case 2: Update Personal Information



## **Test Case 3: View Available Appointment Slots**

View Medical Record Update Personal Information View Available Appointment Slots Schedule Appointment Reschedule Appointment Cancel Appointment View Scheduled Appointments View Past Appointment Outcomes

```
Technon , Fattan Potenti
Login successful Loading your dashboard...

*** Patient Heru ***

1. Vise Medical Record
2. Update Personal Information
2. Update Personal Information
3. Update Personal Information
4. Sensonia Appointment Stots
4. Sensonia Appointment
6. Sensonia Appointment
7. Vise Scheeke Appointment
8. Logot
8. Logot
8. Logot
8. Vise Pati Appointment
9. Logot
8. Logot
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1. Sensonia Potentia
1. Logot
1. L
```

## **Test Case 4: Schedule an Appointment**

```
The Motion Record

1. Use Motion Record

2. Update Personal Information

3. View Available Appointment

4. Schedule Appointment

5. Schedule Appointment

6. Cancel Appointment

7. View Schedule Appointments

8. View Part Appointment

8. View Part Appointment

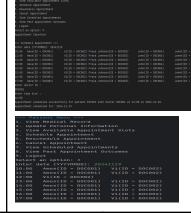
8. View Part Appointment

8. View Part Appointment

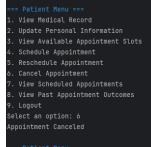
8. View Decelor Appointment

8. View Part Ap
```

## **Test Case 5: Reschedule an Appointment**



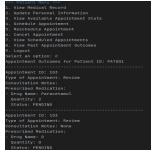
# **Test Case 6: Cancel an Appointment**



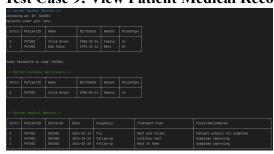
# **Test Case 7: View Scheduled Appointments**



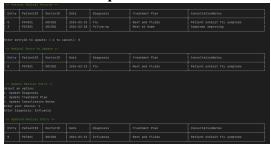
# Test Case 8: View Past Appointment Outcome Records



## **Test Case 9: View Patient Medical Records**



## **Test Case 10: Update Patient Medical Records**



# Test Case 11: View Personal Schedule \*\*\* place food at the control of the contro

## **Test Case 12: Set Availability for Appointments**

```
Dector: 0. 000001

Maspital ID: 0.00001

Date: 2024-11-17

1. View Patient Medical Records

2. Update Parient Medical Records

3. View Personal Schedule

4. Set Appointment Stot Availability

5. Handle Appointment Stot Availability

6. View Upcoaing Appointments

7. View Schedule Appointment

8. Ligout Exposition of Commission of Commis
```

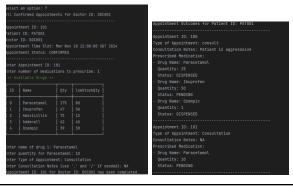
# Test Case 13: Accept or Decline Appointment Req

```
Dector: Dr. DECODI
Hospital ID: DECODI
Date: 2024-11-17
L View Pariant Hesidat Records
L View Pariant Hesidat Records
L View Pariant Hesidat Records
L View Pariant Sendau
L View Pariant Sendau
L View Pariant Sendau
L View Personal Sendau
L View Personal Sendau
L Set Appointment Set Availability
L Handle Appointment Requests
C. Necord Appointments
T. Record Appointment Outcome
E. Logout
Select an option: S
Appointment ID: 104
Patient ID: PATODI
Dector ID: DECODI Solut Tue Nov 19 14:00:00 SOT 2024
Appointment Status: PERGING
Enter the appointment ID
104
Appointment ID: 104
Patient ID: PATODI
Dector ID: DECODI
Appointment II Inselict: Tue Nov 19 14:00:00 SOT 2024
Appointment Time Slot: Tue Nov 19 14:00:00 SOT 2024
Appointment Time Slot: Tue Nov 19 14:00:00 SOT 2024
Appointment Status: PERGING
L VIEW PROFILE
```

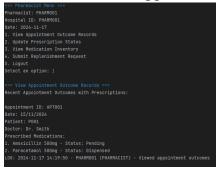
## Test Case 14: View Upcoming Appointments

```
Boctor: Dr. DUCGOI
HOSpital ID: DOCGOI
HOSpital ID: DOCGOI
1. View Petient Hedical Records
2. Update Petient Redical Records
3. View Personal Schedule
4. View Personal Schedule
5. View Upcoming Appointments
6. View Upcoming Appointments
7. Record Appointment Ducceme
8. Legout
20. Senset an option: 6
---- Upcoming Appointments
---- Upcoming Appointments
---- All Confirmed Appointments for Doctor ID: DOCGOI
Appointment ID: 301
Boctor ID: DOCGOI
Appointment ID: DOCGOI
Appointment IID: DOCGOI
ADDCOI
```

## **Test Case 15: Record Appointment Outcome**



## Test Case 16: View Appointment Outcome



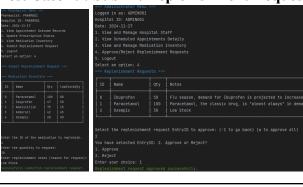
## **Test Case 17: Update Prescription Status**



## **Test Case 18: View Medication Inventory**



## **Test Case 19: Submit Replenishment Request**





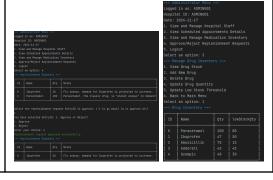
# **Test Case 21: View Appointments Details**



# **Test Case 22: View and Manage Medication Inventory**

== Administrator Menu ===		ı			Qty				
ogged in as: ADMIN001			П						
Hospital ID: ADMINO01					100				
ate: 2024-11-17		ı			47				
. View and Manage Hospital Staff					Amoxicillin	75	45		
2. View Scheduled Appointments Details					Ozempic	50	30		
			ı		Uzempic	50			
5. View and Manage Medication Inventory				1					
i. Approve/Reject Replenishment Requests			н.	Select the drug EntryID to update: (-1 to go					
i. Logout				select the drug Entrylo to opdate: (-1 to go					
Select an option: 3				Enter the new quantity:					
Manage Drug Inventory				An					
l. View Drug Stock			- 0	Quantity updated successfully.					
2. Add New Drug				Manage Drug Inventory					
5. Delete Drug			3	1. View Drug Stock					
. Update Drug Quantity			2	2. Add New Drug					
				3. Delete Drug					
i. Update Low Stock Threshold				4. Update Drug Quantity					
). Back to Main Menu				5. Update Low Stock Threshold					
Select an option: 1				6. Back to Main Menu					
=== Drug Inventory ===				Select an option: 1					
			-	Drug Inventory					
	Name		lowStockQty	П	ID	Name	Oty	lowStockOty	
					10		4.7	COMSCOCKQCY	
				ı			100	80	
	Ibuprofen			П					
	Amoxicillin			ı			75	15	
	Adderall			ш			42	45	
	Ozempic	50	30	ı			40		
ч	OZEMPIC	50	30		_				

# **Test Case 23: Approve Replenishment Requests**



#### **Reflection: Difficulties**

As a group, we didn't communicate our intentions clearly enough and assumed we could tackle individual tasks and merge our work later. This led to issues like inconsistent use of variables (e.g., patientID and hospitalID as String or Int), requiring refactoring to ensure uniformity. Better communication could have avoided this. Our time allocation was also unrealistic—we initially set an optimistic timeline, believing we could stick to it without issues. In hindsight, we should've allowed more buffer time and anticipated the challenges typical of group projects.

This project deepened our understanding of Java concepts like classes, methods, and object-oriented programming, and gave us first-hand experience in collaborative programming. We learnt to use software engineering practices such as Github branching workflows, CI/CD, automated testing - including unit testing.

Before this course, coding in labs felt like an individual endeavour. However, this project highlighted the challenges of developing a larger application, stressing the need for long-term planning, modular design, and code maintainability.

Rather than relying on quick fixes, we learned to consider the broader impact of our design choices, embracing practices like modularity, maintainability, and clear documentation.

Ultimately, this experience reshaped our view of software development —not just as a technical skill, but as a collaborative and strategic process.

Immediate improvements for the project include: **Multi-Factor Authentication**: Add an extra security layer during login, especially for high-privilege roles like doctors or administrators, to prevent unauthorised access. **Enhanced Audit Logging**: Expand logs to track not only actions but also anomalies or unauthorised access attempts, with real-time monitoring to alert administrators of critical actions. **Tiered Access Control for Staff**: Implement more granular access levels for different staff roles (e.g., nurses vs. administrators), ensuring staff access only the information they need, improving data security. Beyond the project, we could consider: **Centralised Database**: Replace the CSV storage with a relational database like MySQL to improve query performance, ensure data integrity, and enable complex reporting and analytics. **Machine Learning Integration for Predictive Analysis**: Leverage patient data to predict health complications, resource needs, and disease risk based on patient history.