

Project Proposal

Smart Personal Health Record for Pregnancy

Haoxuan SUN, Zicheng DUAN, Yanting WANG, Tianghong CAI, Yeda HAN, Shinan WU

Group 3, COMP2043, Group Project
Supervisor: Vladimir Brusic

School of Computer Science, University of Nottingham Ningbo China

Keywords: internet of things, personal health record, pregnancy monitoring, pregnancy record, wearable devices, smart devices

Version 0.1 prepared 2018/10/25

Motivation and Background

Personal health record (PHR) is an emerging technology that enables individuals to manage their health data and improve their health care services by sharing these data with for managing health care providers and help make informed decisions about their own health [1]. PHR is owned and managed by the patient while Electronic Health Record (EHR) is owned by health care providers and is managed by health care professionals [2]. Advances in wearable technology enable continuous monitoring of vital signs of individual patient. In past, such technologies were expensive and restricted to specialized units at provider sites, such as intensive care units, operating theaters. Rapid advances of information and communication technology (ICT), wearable devices, and device connectivity allows continuous monitoring of vital sings using miniaturized devices, such as smart watches and non-invasive or minimally invasive sensors and directing the data streams through mobile devices [3]. Barriers to broad adoption of PHR include technical (accuracy, reliability, and consistency of measurements) [4]; communication and safety (ability to capture, transmit and store the information without malfunctioning, loss or distortion) [5]; security and privacy [6], practical usability for consumers (complexity of the record and terminology, accessibility, physical disability, cognitive disability, low literacy and low health literacy, familiarity and comfort [7]. Mobile cloud computing, advances in eHealth, and intelligent PHR systems [8] offer solutions that are already suitable patients with some conditions and needs, such as asthma, diabetes, fertility, glaucoma, HIV, hyperlipidemia, and hypertension [9]. PHRs for pregnancy are already in use, but they are immature products and none of the PHRs has complete functionality [10]. Furthermore, wearable devices for monitoring vital signs are already in broad use for monitoring women's health [11], fitness [12], and pregnancy [13]. Pregnancy is a very attractive area for developing PHR, particularly those that include data from the wearables and smart devices. Specialized pregnancy health records do exist, such as Queensland Pregnancy Record [14]. For each pregnancy, including pre-pregnancy, monitoring is typically less than one year so data can be accumulated fast. One US study [15] reported that 47% of pregnancies had

at least one of the pre-defined complications, most commonly fetal abnormalities and early or threatened labor. Complications associated with highest cost are multiple gestation, hypertension, and diabetes [15]. Quality of life of many pregnant women can be improved by life style intervention (such as exercise and avoiding harmful substances). Evidence-based prevention of pregnancy complications can be achieved by improving the measurement methods for collecting maternal health data and developing new methods for analysis of these data [16]. We propose the development of a Pregnancy PHR that will combine the content of the existing Queensland Pregnancy Record with data from wearables and smart devices.

Aims and Objectives

This project focusses on applied computer science – we will use computer science techniques and methods to solve a real-life medical informatics problem. The overall aim of this project is the establishment of a prototype basic Pregnancy Personal Health Record (PPHR) that will combine data from Queensland pregnancy record, streaming data from wearables, and data from smart devices. The PPHR prototype will focus on monitoring risk in individual for potential complications and actions for improvement of individual's pregnancy health. The design of the software prototype will be built using software engineering principles. It will be built in a modular fashion and allow for easy addition of new software modules. There are hundreds of pregnancy complications and each of these requires a significant effort to be added to the PPHR. Each pregnancy complication has own set of risk factors, treatments, and types of health data. The basic PPHR will provide the basic extensible framework that will be extended in future to a complete PPHR and will focus on monitoring pregnancy-related diabetes and preeclampsia.

Specific aims:

1. **Data.** Basic PPHR will use Queensland health record as a basis. Data from wearable devices and smart devices that are relevant for monitoring risk of diabetes and preeclampsia will be used
2. **Background knowledge.** Metadata will be developed to assist in raw data collection and preprocessing. Risk factors for diabetes and preeclampsia will be analyzed and included in the software product. In addition to the standard demographic data personal medical history and family history, initial data that will be considered include weight and weight gain (smart scale), heart function, level of activity, blood pressure, and blood glucose.
3. **Database and analysis system.** The software product will have the following elements:
 - a. Software (user interface, database, search and reporting component, help pages, visualization module, and basic decision-making component).
4. **Project process.** Project documents will include
 - a. Initial project proposal (this document, it will be updated regularly)
 - b. Project Charter document
 - c. User requirements and project assumptions

- d. Project plan
- e. Other software engineering related documents
- f. Interim reports, and final report
- g. Demonstration cases
- h. Documentation and presentations as outlined in the handbook

Project Plan

Software development will utilize Spiral Model of software development [17]. The main risk of this project will be the delay in the development and implementation of the PPHR – it will be mitigated through iterative improvement of the software solution, rigorous application of software engineering practices, and implementation of formal methods of managing and monitoring progress using ISO software quality principles 1[8]. The emphasis of this project is the development of robust software prototype that will fulfill functional specifications. The theoretical technological and engineering aspects of the software development will be considered and deployed as a secondary priority in this project. Specific tasks in this project are:

Preparatory and process tasks

- 1.1 Complete and submit project proposal (this document)
- 1.2 Prepare Project Charter document
- 1.3 Clarify user requirements and project assumptions
- 1.4 Develop project plan
- 1.5 Develop and implement process monitoring and control plan
- 1.6 Prepare other software engineering related documents as needed
- 1.7 Demonstration cases
- 1.8 Documentation and presentations as outlined in the handbook

Software development

- 2.1 Develop standardized data format and define metadata
- 2.2 Collect raw data and transform into standardized format
- 2.3 Design and implement PPHR framework
- 2.4 Develop and implement generic software for motoring risks in pregnancy
- 2.5 Implement module for monitoring diabetes
- 2.6 Implement module for monitoring preeclampsia
- 2.7 Integrate system
- 2.8 Test, correct, and validate software
- 2.9 Iterate process until acceptance criteria are satisfied

Reporting and publication

- 3.1 Provide weekly incremental progress reports and short monthly written reports
- 3.2 Complete and submit interim reports as required
- 3.3 Develop a plan and schedule for preparing the final report, preliminary and revised
- 3.4 Prepare and deliver presentation (deadline 24.04.2019)
- 3.4 Write and submit the final report (deadline 11.04.2019)

References

1. Archer N, Fevrier-Thomas U, Lokker C, McKibbin KA, Straus SE. Personal health records: a scoping review. *Journal of the American Medical Informatics Association*. 2011 Jul 1;18(4):515-22.
2. Heart T, Ben-Assuli O, Shabtai I. A review of PHR, EMR and EHR integration: A more personalized healthcare and public health policy. *Health Policy and Technology*. 2017 Mar 1;6(1):20-5.
3. Abadia R, Stranieri A, Quinn A, Seifollahi S. Real time processing of data from patient biodevices. In *Proceedings of the Fourth Australasian Workshop on Health Informatics and Knowledge Management-Volume 120* 2011 Jan 17 (pp. 25-30). Australian Computer Society, Inc..
4. Laxman K, Krishnan SB, Dhillon JS. Barriers to adoption of consumer health informatics applications for health self management. *Health Science Journal*. 2015;9(5):1.
5. Menon S, Singh H, Meyer AN, Belmont E, Sittig DF. Electronic health record–related safety concerns: a cross-sectional survey. *Journal of Healthcare Risk Management*. 2014 Jul;34(1):14-26.
6. Rezaeibagha F, Win KT, Susilo W. A systematic literature review on security and privacy of electronic health record systems: technical perspectives. *Health Information Management Journal*. 2015 Oct;44(3):23-38.
7. Krishnan SB, Dhillon JS. Barriers to Adoption of Consumer Health Informatics Applications for Health Self-Management. The 3rd National Graduate Conference (NatGrad2015), Universiti Tenaga Nasional, Putrajaya Campus, 8-9 April 2.
8. Kostadinovska A, de Vries GJ, Geleijnse G, Zdravkova K. Employing Personal Health Records for Population Health Management. In *ICT Innovations 2014 2015* (pp. 65-74). Springer, Cham.
9. Price M, Bellwood P, Kitson N, Davies I, Weber J, Lau F. Conditions potentially sensitive to a personal health record (PHR) intervention, a systematic review. *BMC medical informatics and decision making*. 2015 Dec;15(1):32.
10. Bachiri M, Idri A, Fernández-Alemán JL, Toval A. Mobile personal health records for pregnancy monitoring functionalities: Analysis and potential. *Computer methods and programs in biomedicine*. 2016 Oct 1;134:121-35.
11. Stein P, Falco L, Kuebler F, Annaheim S, Lemkaddem A, Delgado-Gonzalo R, Verjus C, Leeners B. Digital womens health based on wearables and big data. *Fertility and Sterility*. 2016 Sep 1;106(3):e113.
12. Asimakopoulos S, Asimakopoulos G, Spillers F. Motivation and user engagement in fitness tracking: Heuristics for mobile healthcare wearables. In *Informatics 2017* Jan 22 (Vol. 4, No. 1, p. 5). Multidisciplinary Digital Publishing Institute.
13. Whitehead NS, Callaghan W, Johnson C, Williams L. Racial, ethnic, and economic disparities in the prevalence of pregnancy complications. *Maternal and child health journal*. 2009 Mar 1;13(2):198.
14. Queensland Government. Pregnancy Health Record.

https://www.health.qld.gov.au/_data/assets/pdf_file/0030/433659/pregancy_rec.pdf
(accessed 26 Oct 2018)

15. Law A, McCoy M, Lynen R, Curkendall SM, Gatwood J, Juneau PL, Landsman-Blumberg P. The prevalence of complications and healthcare costs during pregnancy. Journal of medical economics. 2015 Jul 3;18(7):533-41.
16. Centers for Disease Control and Prevention. Pregnancy Complications. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html> (accessed 26 Oct 2018)
17. Boehm BW. A spiral model of software development and enhancement. Computer. 1988 May;21(5):61-72.
18. Dugalic B, Mishev A. ISO Software Quality Standards and Certification. InBCI (Local) 2012 (pp. 113-116).

Project schedule and deliverables

This chart is based on the activities detailed in the Project Plan section.

Date	Week	PREPARATORY				SOFTWARE DEVELOPMENT						REPORTING			
		1.1&1.2	1.3&1.4	1.5&1.6	1.8	2.1&2.2	2.3	2.4	2.5&2.6	2.7	2.8&2.9	3.1	3.2	3.3	3.4&3.5
2018/10/17	1	SAF													
2018/10/24	2	PP/RPP													
2018/10/31	3	PW/PPC	PA1												
2018/11/7	4														
2018/11/14	5		DPP/PA2	SPP1										DP1	
2018/11/21	6														
2018/11/28	7			PMCP											
2018/12/5	8				PD1	SDF						IR			PD1
2018/12/12	9						FDI						IR		
2018/12/19	10										PR1/RT1				
2018/12/26	11														
2019/1/2	12														
2019/1/9	13			SPP2											
2019/1/16	14				PD2			GS							PD2
2019/1/23	15														
2019/1/30	16							IM							
2019/2/6	17														
2019/2/13	18									IS				DP2	
2019/2/20	19										PR2/RT2				
2019/2/27	20			SPP3											
2019/3/6	21									DEMO					
2019/3/13	22														
2019/3/20	23														
2019/3/27	24				FD						STV				FD
2019/4/3	25											DD			
2019/4/10	26														DS
2019/4/17	27														
2019/4/24	28														DD

ADMINISTRATIVE DELIVERABLES

2018/10/19	SAF	Supervisor agreement form
2018/10/22	PP	Project proposal
2018/10/24	RPP	Revised project proposal
2018/10/26	PPC	Prepare project charter
2018/10/31	PW	Project website
2018/12/13	IR	Interim report submission
2019/4/11	DS	Dissertation submission
2019/4/24	DD	Demonstration day

INTERIM DELIVERABLES

PA	Project assumption
DPP	Develop project plan
SPP	Software project plan
DP1/2	Dissertation plan and schedule
PMCP	Process monitoring and control plan
PD1/2	Preliminary draft (structure)
SDF	Standardized data format
PD1/2	Preliminary draft (structure)
FDI	Framework design and implementation
PR	Prototype
GS	Generic software
IM	Implement modules
IS	Integrate system
RT	Rapid test
DEMO	Demonstration
FD	First draft
STV	Software development