Things to ask Aidan?

// Do we use our QUB database access or is it specifically to be an exterior one (Raspberry pi)?

Is there a range of classes we should be thinking of?

Can’t really answer, should have one for each type of staff member

Are we going by whichever treatment room is free or whichever doctor is free and they can use any treatment room they like?

Could be a good thing to keep track of

Are the on-call team a completely separate group of people from the normal everyday staff, or are they the normal staff who are off duty (locum)?

No, they’re not normal staff, completely external and called in

Are we actually doing 2 queues? Reception to triage and triage to treatment room?

Yeah can do

What we should we envision an emergency skipping the other patients but still being entered in that they occupy a treatment room and a doctor?

Conscious and unconscious, conscious are asked no matter what,

If an emergency comes in do we envision it as they aren’t even spoken to by receptionist or triage nurse, literally straight into the treatment room? Are they a John Doe until details are discovered later?

Receptionist and triage nurse still involved but literally writing john doe and sending them on to treatment.

Also possible somebody with no English.

How are we telling the system that a treatment room and doctor are free? Is it automatically done every 10minutes or is there a computer interaction i.e pushing of a button by the doctor to say “Next patient please?”.

A treatment room screen, doctor adds basic details of visit, saving is effectively saying I’m free but still waits until their ten minutes is up.

Is it a log we are keeping of when the patient finishes treatment, details of treatment? A log for that patient or for all treatments that day.

Time is probably most important

Text file will be sued as an error log

If a patient takes less then 10 minutes does the doctor still wait until the 10 min mark before the next patient comes along?

Visit can be extended by multiple 5 minutes in the treatment room class

Still 10 minutes even if it is in and out

Is there a public screen of the queue that all patients can see?

Yeah but only who’s next

Does the waiting time begin as soon as they’re finished with the receptionist takes their details or from when the triage nurse assess them? By the triage nurse queue begins

Stats management would be better in a database than a text file, visit time and exceptional events, stats of breaches of waiting times. Be a nice add on to analyse the stats but not necessary.

Do have a staff class!!!

16/04/15

Treating patients as objects rather than strings straight off the bat?

Could create patient object from the start, suggest that’s where to go with it, Triage assesses them.

It doesn’t say in the spec about the treatment room doctor keeping basic details of a patients session?

One patient can have multiple accounts of treatment, stats can be a bonus for us.

Breakdown of marking for the project?

All requirements = pass

Extra marks for impressive front end

If more than one person is removed do we prioritise between them in some way as to who gets to the front of everybody waiting or first come first serve? Grade? Time waiting?

First out is first back in.

Is it a good idea to actually think of 1,2,3,4 as 1,2,3,4,5 where 2 is patients asked to leave treatment rooms for emergencies coming in? Do we have to code them as 1,2,3,4 or can we do it our own way under the bonnet and just display it as 1,2,3,4?

Emergency doesn’t even touch the queue.

Can we think of a doctor never letting it run over 10 without hitting the extension?

Assume the doctors always remember to click.