

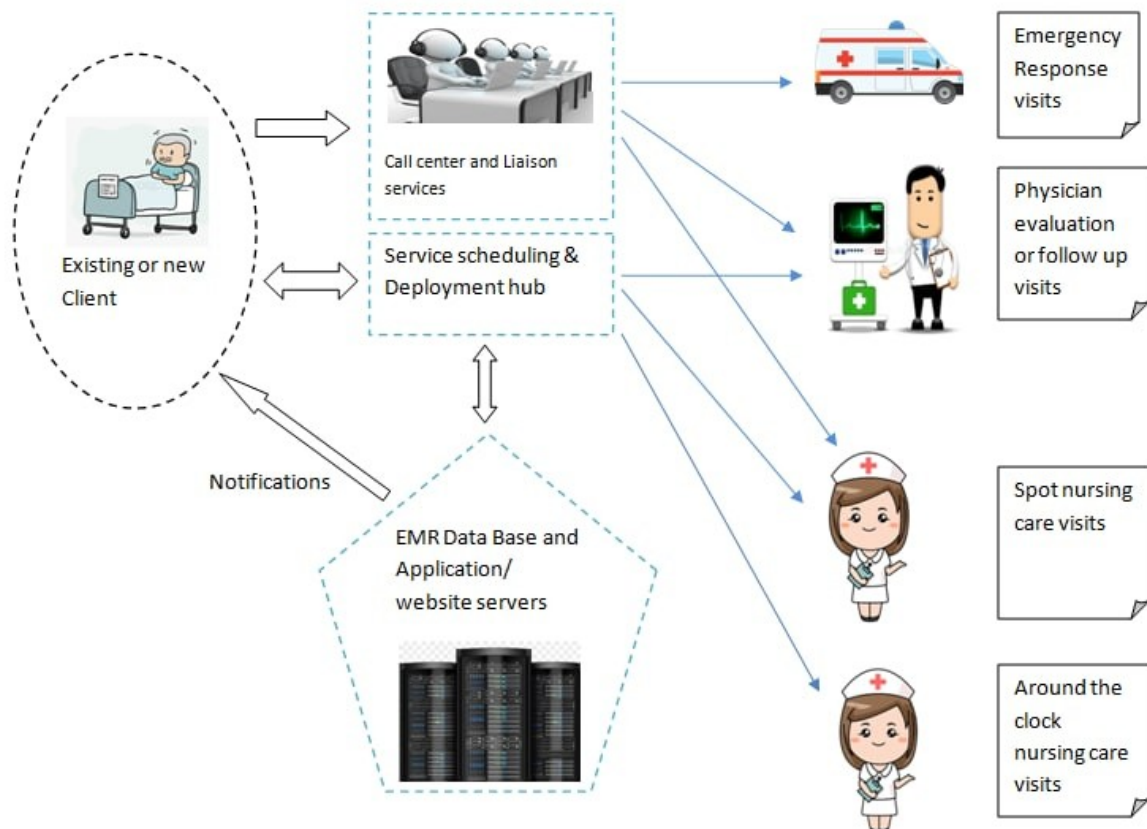
Digital Platform Format

Specification capabilities of the digital platform hosting the Home-based health care system:
Front End

The platform will need to have 3 main interfaces or front ends backed by a electronic medical recording database backing it and also an evolving decision algorithm that will be developed in phased approach.

The process flowchart below describes the very basics of interaction between the different pieces of the puzzle that need to work together to affect a continuous seamless service.

Fig 1: Platform flow chart



The Front end

The three parts that are used to interact with the data base will be:

- Client interface
- Care provider interface
- Health care administrator interface

Client interface

The client interface will be the access point for the health care consumer which will be primarily experienced through an android or IOS application. This interface needs to also be used to some limited capabilities through our website that will be able to reach out for service.

The client interface shall be capable of but not limited to the following tasks for new customers:

- Input of basic Socio-demographic data by the client
- Input basic health information by the client in a yes or no format
- Allow client to browse the different forms of service that are provided
- Allow client to submit for an appointment or a specific service
- Allow client to easily access the emergency call centre and the scheduling and deployment hub

Once the patient has signed up to the application and basic information is put in and the patient has been visited by one of the health care providers, a treatment plan is designed. The client interface needs to be able to provide the curated health information that is now enriched after the health care providers input with the put forth treatment plan. So the client interface with an existing client needs to be able to:

- Provide readily accessible medical records and health status to the client as put forth by the health care provider
- Provide the treatment plan that has been designed for the patient
- Provide health promotion advice and customized healthy living tips
- Provide a follow-up schedule and notifications of the upcoming visits before hand

Health care provider

The interface for the health care professionals is aimed at providing an easy way to perform one paramount task i.e patient medical recording. In this aspect there is a give and take in regards of ease of use, quality assurance and standardization of care.

Therefore, in that regard the frame for this interface needs to be Qazi- structured, meaning the part of the interface where History of current illness is documented could be in a free hand format however physical findings need to be structured and moreover the final assessment needs to be able to be through the standardized ICD-10 diseases classification code.

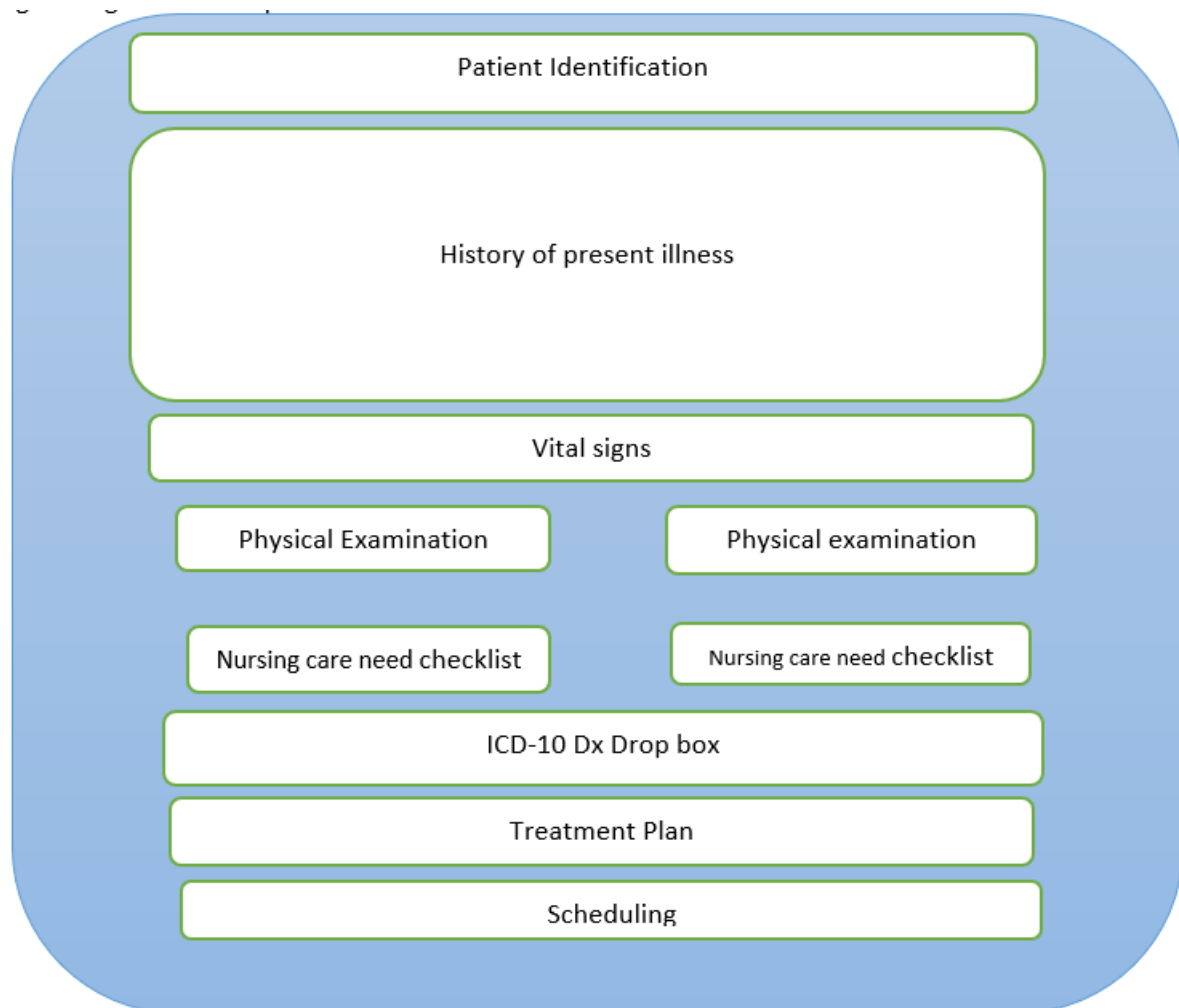
There also needs to be a capability for a more structured nursing care need evaluation assessment which will be completely structured in a check box format.


The treatment plan then can also follow a mixed way about getting the fix across; where the pharmacologic parts need to be structured, the health promotion more free hand and the scheduling structured.

The platform can also have a decision aid that will start out by no more than 10 algorithms' that are aimed at not missing major life-threatening diagnosis and also providing a structured follow up and evaluation scheme for predictable services such as ANC.

An additional second page might be scripted in to fulfill needs for additional notes, directions and consultation requests.

Fig2: Diagrammatic mock representation of the HCP interface



INOVA HOME CARE		Patient Name _____	
NURSING VISIT RECORD			
HOMEBOUND <input type="checkbox"/> Yes (Patient is homebound) <input type="checkbox"/> N/A Patient is <input type="checkbox"/> Bedbound <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Chairbound <input type="checkbox"/> Non-Ambulatory <input checked="" type="checkbox"/> Patient has unsteady gait & requires assistance of another person to ambulate Patient is unable to negotiate stairs due to _____ Patient has <input type="checkbox"/> Weakness <input type="checkbox"/> SOB with ambulation of _____ feet <input type="checkbox"/> Patient has severe disabling pain in _____ <input type="checkbox"/> Temporarily ordered homebound due to _____ <input type="checkbox"/> Other _____		VITAL SIGNS Temp _____ <input type="checkbox"/> Oral <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary Resp Rate _____ <input type="checkbox"/> Labored <input type="checkbox"/> Yes <input type="checkbox"/> No Apical Pulse _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Radial Pulse _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular S/P <input type="checkbox"/> Sitting _____ <input type="checkbox"/> Standing _____ <input type="checkbox"/> Lying _____ Wt _____ <input type="checkbox"/> N/A WI <input type="checkbox"/> Gain <input type="checkbox"/> Loss since last visit _____ <input type="checkbox"/> N/A	
MD /HOSPITAL VISIT SINCE LAST NURSING VISIT <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reason _____			
NEUROLOGICAL/SENSORY <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Oriented to person/place/time <input type="checkbox"/> Confused <input type="checkbox"/> Agitated <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hx Seizures <input type="checkbox"/> Tremors <input type="checkbox"/> Lethargic <input type="checkbox"/> Other _____ <input type="checkbox"/> No deficit Circle PAIN level 0 1 2 3 4 5 6 7 8 9 10 no pain med pain worse pain Location/quality/freq/duration _____ Comment/Pain control _____		RESPIRATORY <input type="checkbox"/> Crackles <input type="checkbox"/> Lungs Clear bilaterally <input type="checkbox"/> Rhonchi <input type="checkbox"/> Breath Sounds _____ <input type="checkbox"/> Wheezes <input type="checkbox"/> Cough _____ <input type="checkbox"/> Orthopnea <input type="checkbox"/> Dyspnea _____ <input type="checkbox"/> O2 Sat _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> No Deficit <input type="checkbox"/> O2 at _____ L/min per _____ Comments _____	
CARDIOVASCULAR <input type="checkbox"/> Chest pain _____ <input type="checkbox"/> Murmur _____ <input type="checkbox"/> Dizziness _____ <input type="checkbox"/> Edema _____ <input type="checkbox"/> Neck vein distention _____ <input type="checkbox"/> Pacemaker _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> No Deficit Comments _____	ENDOCRINE <input type="checkbox"/> Hx Diabetes <input type="checkbox"/> V BS this visit <input type="checkbox"/> No S/S I.I. bl sugar <input type="checkbox"/> Assess BS Log <input type="checkbox"/> No Deficit Comments _____	MUSCULOSKELETAL <input type="checkbox"/> Gait unsteady <input type="checkbox"/> Poor balance <input type="checkbox"/> Weakness <input type="checkbox"/> Limited ROM <input type="checkbox"/> Other _____ <input type="checkbox"/> No Deficit Comments _____	MEDICATIONS <input type="checkbox"/> No New (N)/Changed (C) medications since last nursing visit <input type="checkbox"/> N/C medication (dose, frequency, route) (Update Medication Profile) Response to N/C medications _____ Side Effects N/C medications _____
GASTROINTESTINAL/NUTRITION/HYDRATION <input type="checkbox"/> Bowel Sounds Present <input type="checkbox"/> N/V <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation Last BM _____ <input type="checkbox"/> NPO <input type="checkbox"/> Tube Feeding/Type/Amount _____ <input type="checkbox"/> Ostomy _____ <input type="checkbox"/> Comments _____		URINARY <input type="checkbox"/> Incontinent _____ <input type="checkbox"/> Distention _____ <input type="checkbox"/> Burning _____ <input type="checkbox"/> Frequency _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> No GU Deficit Comments _____	
SKIN/WOUNDS  <input type="checkbox"/> Warm and dry <input type="checkbox"/> No Deficit <input type="checkbox"/> Cool/Clammy <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Rash (describe) _____ <input type="checkbox"/> Other (describe) _____ Comments _____		Wound (Measure once a week) Location _____ L _____ W _____ D _____ Appearance of base _____ <input type="checkbox"/> Tunneling/Undermining Drainage <input type="checkbox"/> Yes <input type="checkbox"/> No Color/Amount _____ Odor _____ Surrounding skin _____	
HHSA SUPERVISION AND SAFETY <input type="checkbox"/> Patient/Caregiver satisfied with care and rapport is good <input type="checkbox"/> Aide service still needed <input type="checkbox"/> Aide is providing care per 485 #21 <input type="checkbox"/> LPN is following plan of treatment as ordered <input type="checkbox"/> LPN services still needed for skilled assessment <input type="checkbox"/> SN/Aide services will be increased to _____			

The Health care Admin Interface

This page will primarily be used by the service scheduling and deployment hub team members to see the number of individuals in the service the upcoming need for care in the coming day, weeks or month and thus scheduling the appropriate human and material resources are in play to stratify this.

This can be achieved on the skeleton of a generic EMR system with hospital management capabilities.

The system among other things needs to have

- A finance tracking and payment system
- Human resource scheduling platform
- Patient Calendar and appointment book platform
- Consumable resource tracking and notification system