**ISYS90076 - IT Infrastructure for eHealth**

**Minor Report #1:**

**“PoC[[1]](#footnote-1) Computing – Rapid access to Clinical Information”**

**(1,250 words on an eHealth infrastructure problem based scenario)**

**Aim:** to provide students a scenario based infrastructure related challenge to identify plausible solutions to real world problems for various demands on eHealth infrastructure.

**Outcome:** A 1,250 word individual report - 25 marks total.

Provide a Bibliography ([APA 6th Style](http://library.unimelb.edu.au/cite/)). *Rank the top 3 sources for the report and briefly note why.*

**NB:** Make plausible assumptions as required and note in an Appendix – This and any tables, diagrams, bibliography and comments are excluded from word count.

**Title: “PoC Computing – Rapid access to Clinical Information”**

**Problem Scenario**: Clinicians are frustrated by **poor access** to Clinical information systems within the hospital campus.

It can take 3-5 precious minutes to log on uniquely, so passwords are shared or generic. Many doctors & other clinicians are highly mobile and can use up to 60 PC’s a day in different locations.

For many activities, clinicians require a full desktop experience e.g. keyboard, mouse and a decent sized monitor.

**Task**: From our lecture(s), class discussions and your own knowledge/research, write a report describing your preferred solution to address the criteria below:

**Assessment Criteria:**

1. (20 Marks) “CHOSEN SOLUTION” - A brief description of your preferred authentication and virtualised roaming desktop solution addressing:
   1. (15 Marks) SOLUTION OVERVIEW - What the solution is – i.e. overview of the individual components that make up the solution.
   2. (5 Marks) WHY CHOSEN – What sets it apart from other possible solutions so that it meets the problem scenario requirements?
2. (5 Marks) **Select ONE (1)** of the following aspects of this issue:
   1. Clinician benefits - Describe the impact on the clinician’s workflow and the resultant end user benefits e.g. during activities like ward rounds, medicating patients, consulting at the bedside – does the solution suit all environments such as ICU[[2]](#footnote-2), wards, outpatients or emergency departments?
   2. TECHNICAL OVERVIEW - Provide a more technical overview on your chosen method of computing with details on the architecture (hardware, software, networking, security, peripheral devices etc.) and authentication. What benefits are there for the IT department with this computing model as opposed to fat clients?

**Note:** A basic understanding of the common terms and definitions relevant to the topic must be demonstrated in your report.

**Submission Date**: by 11.59pm on Tuesday 27/03/2018

**Marked/Return Date**: 3 weeks (or earlier)

**Forum**: Tutorial Discussion, one on one with lecturer.

1. PoC = Point of Care - Computing at the point where clinicians provide care to patients and assist each other. [↑](#footnote-ref-1)
2. ICU = Intensive care Department – where the most critically patients are cared for. [↑](#footnote-ref-2)