ARCHITECTURE CONTEXT

Functionality:

* **Normal Monitoring:** wearer has wandered away from the carer and is lost and confused. Location based, no medical data has raised alarms.
* **Patient with medical problem:** possible heart attach, fall etc**….** WHD transmits data and a request for help to basestation, basestation forwards the message, data and request to the carer. If there is no response from the carer, an alarm is raised
* **Abnormal symptoms:** data from WHD is compared to the patient profile data and is deemed out of the ordinary for that individual. Message sent to the carer and the duty docter is alerted. Duty doctor reviews the patient’s data via the system.
* **Abnormal 2:** WHD noticed significant difference from the public data for someone of that helaht/age etc.. Base station analyses the data and alerts thte doctor. Docter assesses the data and if need be, alerts the carer.
* **Data Mining:** Data records are recorded (esp those of a patient slightly before an incident occurred) to look for insights and trends.

**Stakeholders:**

**Primary: Patient, Carer, Doctor, health location staff members and developers**

**Secondary:** Family and friends, community and surrounding houses, health community, external doctors (reviewing data). Research centres (data mining).

**Primary Objectives:**

* To track patients locationg
* To log patient health data
* To recognise possible health issues
* To alert carers and doctors
* To allow interfacing via a desktop application for doctors/carers to view patient data
* To collect data realtime
* To store data over time
* To analyse trends

**Main concerns and Risks:**

* Availability of system is the most important. There is no room for the system to have significant downtime due to peoples lives been stake. The risk is that power outages or unforeseeable power issues could adversely affect the system.