

Meeting 1

Date: 01/24/24

Start Time: 10:43 am

End Time: 11:10am

Team Name: The Residents

Project Name: CARES - Conn. Advanced Russell Emergency Services.

Team Members: Aden, Sandro, Fatima

Members present: Aden, Sandro, Fatima

Leader: Aden

Recorder: Fatima

Github: <https://github.com/alessio425/CS460W-ER-Project>

Report tasks completed in the previous week:

Aden: Project Prep

Sandro: Project Prep

Fatima: Project Prep

Summary of discussions:

- What info should ERS have access to?
- What privileges should general ERS have?
- No need for a record of prior visits, only discharge reports, nothing is stored after they are discharged.
- Name, Address, Insurance, Emergency Contact, medical history/previous diagnosis, no need to ask for meds list
 - Info that patients enter on entry to the ER can be a subclass of the entire patient class
- When they entered the ER, were they admitted or not? How many nights? For billing. How much is charged per night/ additional charges for labs? US hospital \$\$\$ only.
- Charged for simply entering the ER as a nurse will take vitals/ other services, not for the stay. Insurance won't affect billing for now.
- What access does the NURSE have? EVERYTHING.
- Nurses can order labs, and X-rays, CANNOT prescribe meds, enter vitals/measured bp when patient enters ER, and request blood tests and X-rays.
- Types of blood tests? Just general RBC tests, not types.
- The nurse will see results as 'Normal' or 'Not Normal'.
- Nurse cannot diagnose, there will be a diagnosis field.
- Randomly generate lab results instantly for diagnosis as it is an ER.
- Comment area, the Nurse should be able to type discharge instructions, what meds the patient should take, and follow-ups.
- Doctors can do everything the Nurse can do. In addition, Doc can diagnose, prescribe meds
- Prescription should be a sub-section of the Diagnosis. Only when diagnosed, the doctor prescribe meds.
- Front Desk, Nurse, Doctor (hierarchy)
- Diagnosis (BP, Cholesterol, Kidney Disease, Live

- r Disease, Broken Arm/humerus), pre-determined meds (2 or 3) for each Diagnosis (or physical therapy).
- Prescriptions
- Only the doctor has the power to order discharge, and nurses can give discharge instructions.
 - The doctor starts the discharge, nurse finalizes the discharge
- Billing staff has access to the services done and the bill
- How many people can access the site at once? (1)
- DATABASE does not need to be on a SERVER.
- **UPDATE:** NURSE CAN Diagnose!!! Can decide what tests are performed. BP, Heart Rate, Weight, and Height for medication prescription.
- Specific specialized doc assigned to the patient after admission. ER Doctors can assign doctors to a case/patient.

Assignments for the next week and member assigned:

- (Aden) - Begin sections 1 to 2 and create a basic map model of the program
- (Sandro) - Begin section 3.1 - 3.3
- (Fatima) - Begin section 3.4 -3.6

Deliverable One Agenda

1. Create a rough model of the program
2. Create a skeletonized version of the deliverable one, bullet-pointed items that will be expanded upon in the final version, and any questions we need answered from the client to complete the section
3. Complete Deliverable One final draft

Supplemental Notes

Date 01/29/24

Time: 10:53 am

End Time: 11:10 am

Members present: All

Summary of Discussion

- Nurses can't diagnose
- Bill Itemized
- Username and password in Database
- Credentials given to the user
- User interface coded in Java? Yes unless discussed otherwise.
- Graphics? Swing
- Log in, based on credentials automatically sent to whatever you have access to/
- Each member submits the deliverable same copy for all team

- Minutes are also the same for all team members
- 1-2 page /start half page/ own contribution.
- Don't just give section numbers but names for the individual write-ups
- Final paper individual/ compilation of write-ups throughout the semester/ doc available on BB.

Meeting 2

Date: 01/31/24

Start Time: 10:00 am

End Time: 11:04 am

Team Name: The Residents

Project Name:

Team Members: Aden, Sandro, Fatima

Members present: Aden, Sandro, Fatima

Leader: Aden

Recorder: Fatima

Report tasks completed in the previous week:

Aden: Draft model, Worked on sections one and two of deliverable one

Sandro: Project Prep, detailed what each class of the program entails, discussed inheritance to connect some classes (making the program simpler), started section 3.1, and reviewed structure with team members

Fatima: Worked on sections 3.4-3.6 of the SRS doc

Summary of Discussion

- The intro for one of the classes relating to the ER department represents someone walking into the ER and giving info.
- Values/ attributes, what methods implemented in the class
- Processing: what each method would do
- For the Person class, input strings
- Output explains what each method would produce
- Methods for setting attributes
- Described in the SRS the purpose for the software, the purpose of the doc, the scope of the project, real-time data display, support for arranging lab diagnostics tech, single user access,
- Functions/products patient checking/ vitals, lab tests, diagnosis, and prescription. billing discharge
- Updates on sec 3.4 3.5
- Other requirements
- Person class parent - every other class inherits from person class
- Who sees the view bill? - billing staff.
- Doctors, nurses, and staff need to be preloaded into the database.
- C.A.R.E.S - Conn. Advanced Russell Emergency Services.

- Enumeration instead of class - prescription
- Enumeration attributes - name of med/
- Lab test - class
- Added more abbreviations relating to class structure

Assignments for the next week and member assigned:

Aden: Complete the assigned portion of the deliverable by Saturday, Feb 03.

Fatima: Complete the assigned portion of the deliverable by Saturday, Feb 03.

Sandro: Complete the assigned portion of the deliverable by Saturday, Feb 03.