

Monash Hospital Design Assumptions:

- 1) Total “Extra Items” charged can be derived from Total Charge of each item and is this not recorded separately in the database.
- 2) A date time Allocation ended (optional) field for Bed\_Allocation entity has been added to track usage and number\_free\_beds in the ward.
- 3) For Entities where primary (composite) key consisted of more than 2 attributes, a numeric surrogate key was introduced to ID the record, with natural key restriction on the actual composite key (as mentioned in the forums post).
- 4) A sequence has been added for only the system generated IDs i.e. PatientID, DoctorID, Nurse ID and the surrogate keys for Nurse\_AllocationID, Bed\_AllocationID and Patient\_PresID.
- 5) For others like Ward\_code, item\_code, cost\_center\_code etc, it has been assumed that they would have fixed codes (as per the health standards and/or hospital chosen) that would be pre inserted into the databases and won’t need a self-generation mechanism.
- 6) For specialization, it has been assumed that Hospital could have a case where it has no doctor for a specialization listed in its specialization list (table).
- 7) All system generated IDs are assumed to be maximum of 7 numeric numbers and have been put on auto increment (starting from 1).
- 8) For relations where the foreign key is not part of the primary key, the attributes are not added to the (secondary) relations in the full conceptual model (as specified in the forums).
- 9) All the system generated keys IDs i.e. PatientID, DoctorID, Nurse ID and the surrogate keys for Nurse\_AllocationID, Bed\_AllocationID and Patient\_PresID have been set on auto increment along with generate trigger off as in Week 5 video in the relational SQL model.