Document release

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Versions History

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| ***Version*** | ***Date*** | ***Description*** | ***Author*** |
| 00.01 | 12-21-2021 | * Subdivision into User Stories starting from the reference document: *K01587.UCR.05*.   No changes have been made to the analysis already done. | XXXXXX |
| 00.02 | 01-19-2022 | * The following use cases have been removed:   + US1.002: View the patient's clinical diary in a hospital medical record;   + US1.004: Add notes to the clinical diary in a hospital record;   + US1.006: Request an exam/consultation or prescribe therapy;   + US1.007: Extract pdf clinical report;   + US1.008: Extract clinical diary;   + US1.009: Print clinical diary;   + US2.002: Automatically fill in the clinical diary with the prescribed services;   + US2.003: Automatically fill in the clinical diary with a reported service; | XXXXX |
| 03 | 03-11-2022 | * Arctor description “Generic user”. * Changed **Use Case diagram no. 2 USR 01** * The following use cases have been changed: * **DIA:US1.001- Display the patient's clinical diary filtered by role.** * **DIA:US1.002- Add notes to the clinical diary in a home medical record** * The following use cases have been added:   **DIA:US1.004- Display the patient's general clinical diary.** | XXXXX |

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# Introduction

## Purpose

This document is intended to describe the use cases of the FIDDIA project created by KIRANET s.r.l. (often for simplicity, also just "KIRANET").

## Description

A clinical diary is a tool for communicating and sharing the patient's health status, open to the entire healthcare staff. It is used to evaluate the patient's conditions (such as symptom severity and quality of life) or to measure treatment compliance.

The following module describes the management of the clinical diary in the home care setting. The user logged into the system, who requests to view the clinical diary for the patient, will, by default, see the filtered clinical diary based on their role. Through the appropriate functionality, the user can view their own clinical diary and the general one, containing information related to all roles involved in the patient's healthcare treatment.

Regarding the home care setting, the clinical medical diary will allow the user to:

* add a clinical note;
* delete a clinical note;
* Finally, automatic notes are also inserted in the clinical diary, following:
* a prescription of pharmacological therapy;
* detection of a vital parameter;
* notification of an alert taken into consideration;
* notification of a closed alert.

## Definitions, Acronyms and Abbreviations

Below are all the definitions, acronyms, and abbreviations required to interpret the document correctly.

| **Definitions** | |
| --- | --- |
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| **Acronyms** | |
| --- | --- |
| **DIA** | Clinical DIAry |
| **AED** | Anamnesys Exams Diagnosis |

## Reference Documents

Internal documents:

* K01718.UCR.02;
* K01736.SDD.01;
* K01736.GUI.01;

External documents:

* IEEE/ANSI 830-1993 “IEEE Recommended Practice for Software Requirements Specifications”
* FDIS 12207, Systems and software engineering - Software life cycle processes
* Using a Single Business Pattern with the Rational Unified Process (RUP), IBM Redbooks Paper
* From Waterfall to Iterative Development – A Challenging Transition for Project Managers
* IBM Rational Unified Process, <http://www-128.ibm.com/developerworks/rational>
* Applying Requirements Management with Use Cases, IBM Rational

# Preliminary assumptions

The following Component Diagram shows the interactions between the DIA microservice and the other microservices in the system.

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Diagramma 1 Component Diagram

# Actors

This section describes the actors in the use case model and how they are involved. In particular, users of the system are to be considered the actors assigned to a group of:

* **Doctor**, who add and view annotations on the medical clinical diary. The professional figures included are: general practitioners and hospital doctors.
* **System**, which allows the user to view desired information and use various platform functionalities while respecting certain performance criteria;
* **Generic user,** or the described module, represents a generic user logged into the system who has permissions to view and write within the health record of the patient.

# User stories to refine

## User Story 1: Display clinical diary

The display of the clinical diary is the responsibility of the doctor who performs activities for the patient. In addition to navigating the clinical diary, the doctor has the ability to add a clinical note, delete a clinical note from the diary. The use case diagram for this user story is as follows:

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Diagram no. 2 Use Case Diagram - User Story 1

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| --- |
| DIA:US1.001- Display the patient's clinical diary filtered by role |
| **Descriptions:** The user views the care recipient's medical record, filtered based on the role of the logged-in user who requests to view it. |
| **Actors:** Generic user |
| **Preconditions:**   1. A home care medical record has been opened for the patient. |
| **Main scenario:**   1. The Generic user selects the “Clinical diary” tab for the given Patient. 2. The system searches for the clinical diary details. 3. The system displays a page containing the clinical diary filtered based on the role of the logged-in user. 4. The Generic user browses the results. |
| **Alternative flows**  **Alternative flow no. 01**   1. In step no. 3 of the main scenario, the actor selects the sub-option ‘Add a note’, include the use case **DIA:US1.002.**   **Alternative flow no. 02**   1. If in step no. 3 of the main scenario, the actor selects the sub-option ‘Delete note’, include the use case **DIA:US1.003.**   **Alternative flow no. 03**   1. If in step no. 3 of the main scenario, the actor selects the sub-option ‘View clinical records’, include the use case **DIA:US1.004.** |
| **Exceptions** |
| **Reference tables: Table 1** |
| **GUI:** Figure 1 GUI001 |

Table no. 1 XXXXX

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Figure 1 GUI001

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| DIA:US1.002- Add a note |
| **Descriptions:** The user adds a note to the clinical diary of a patient in a home healthcare record |
| **Actors:** Generic user |
| **Preconditions**   1. A home care medical record has been created for a patient. |
| **Main scenario**   1. The Generic user clicks “Add note”. 2. The system displays a form to add a clinical note. 3. The Generic user fills in the note field and presses “Save”. 4. The system saves the note. 5. The system shows a confirmation message, stating "The clinical note has been saved successfully". |
| **Alternative flows** |
| **Exceptions** |
| **Reference Tables: Table no. 2** |
| **GUI:** Figure 2 GUI002 |

Table no. 2 XXXXXX

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Figure 2 GUI002

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| DIA:US1.003- Delete a note from the clinical diary. |
| **Description:** The user deletes a note previously added to the clinical diary of the patient |
| **Actors:** Generic user |
| **Preconditions**   1. At least one note has been saved in the clinical record of the patient. |
| **Main scenario**   1. The Generic user clicks the “Delete” button relating to the note of his (or her) interest. 2. The system deletes the clinical note. 3. The system shows the confirmation message "The clinical note has been successfully deleted". |
| **Alternative flows** |
| **Exceptions** |
| **Reference tables: Table no. 3** |
| **GUI:** Figure 1 GUI001 |

Table no. 3 XXXXX

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| DIA:US1.004- View the general clinical record of the patient |
| **Description:** The user views the general clinical diary of the patient where all clinical notes related to the current healthcare treatment are reported. In the general clinical diary, all clinical annotations related to each role in the system are reported, as well as information automatically compiled by the system regarding pharmacological therapies and vital parameter readings. |
| **Actors:** Generic user |
| **Preconditions:**   1. A home medical record has been opened for the patient. |
| **Main scenario:**   1. The Generic user clicks “View diary details” relating to the given patient. 2. The system searches the Clinical diary details. 3. The system shows a page with the patient’s clinical diary details. 4. The Generic user navigates the results. |
| **Alternative flows**  **Alternative flow no. 01**   1. If in step no. 3 of the main scenario, the actors selects the sub-option ‘Add a note’, include the use case **DIA:US1.002.**   **Alternative flow no. 02**   1. If in step no.3 of the main scenario, the actor selects the sub-option ‘Delete note’, include the use case **DIA:US1.003.** |
| **Exceptions** |
| **Reference tables: Table no. 1** |
| **GUI: Figure no. 3** |

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Figure 3 GUI003