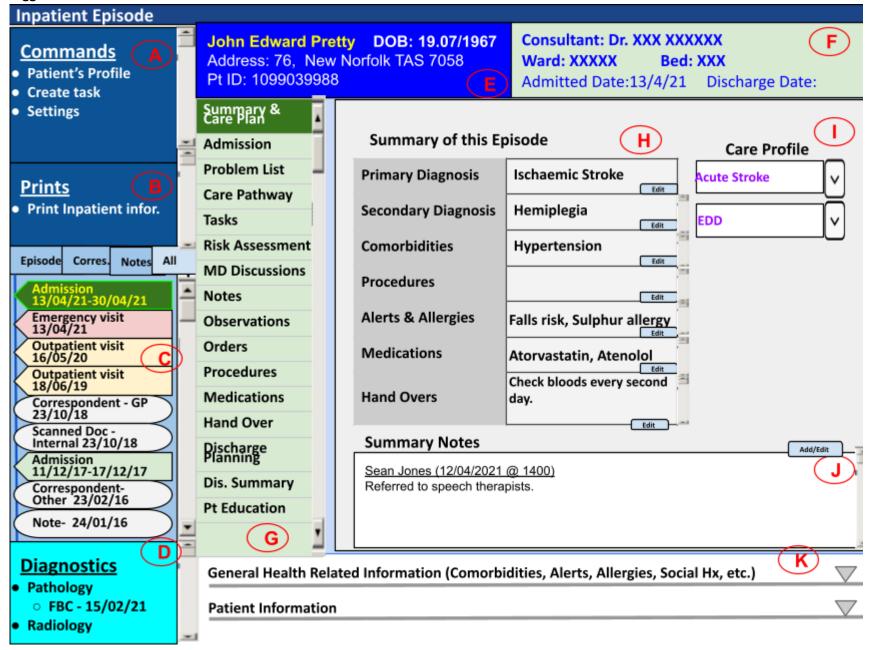
## 6a. Inpatient Interface - Requirements Specification

This UI shows the collated information of the inpatient episode of the patient with links to other relevant UIs. This is the index page/interface for the patient's episode, which gives the access into all modules related to inpatient episode of care.

Entry interface of this UI shows a summary/dashboard of the inpatient episode with important information basic information related to the hospital admission (diagnosis, comorbidities, etc.) and care plan the patient is allocated or to be allocated. If the episode is an subsequent admission/readmission previous Care Plan that the patient was allocated should be assigned automatically.

This gives the facility to put a summary note which can be evolved as per inputs of the all clinical team members. This summary can be used to automated discharge summary creation.

Suggested UI



- A. Commands: Commands related to the patient generally (not to a specific episode/admission)
- B. Prints related to the patient profile

## C. List of episodes, records in the chronology.

Includes- 'Admission', 'Outpatient visit', 'Correspondent - GP', 'Correspondent - Other', Note, Scanned Doc-Internal, Scanned Doc-External, Pictures.

These include episode date/upload date.

One curser moves above the item tooltip text should appear with the following;

- Admission Consultant, How many days back, Primary Diagnosis
- Outpatient visit- Seen by whom, Situation
- Correspondent who sent
- Note who entered
- Scanned doc origin
- Pictures/photos topic, author

There should be different tabs to filter as per the type of entries.

Once a box clicked it should lead to the relevant page.

- 'Admission' leads to- 'Inpatient Interface' (goto )
- 'Outpatient visit' leads to- 'Outpatient Interface' (goto )
- 'Correspondents', Note, Scanned Doc, Pictures lead to 'Progress Notes' (goto)

## D. Diagnostics

Has pathology and radiology results in separate sections, listed latest in the top.

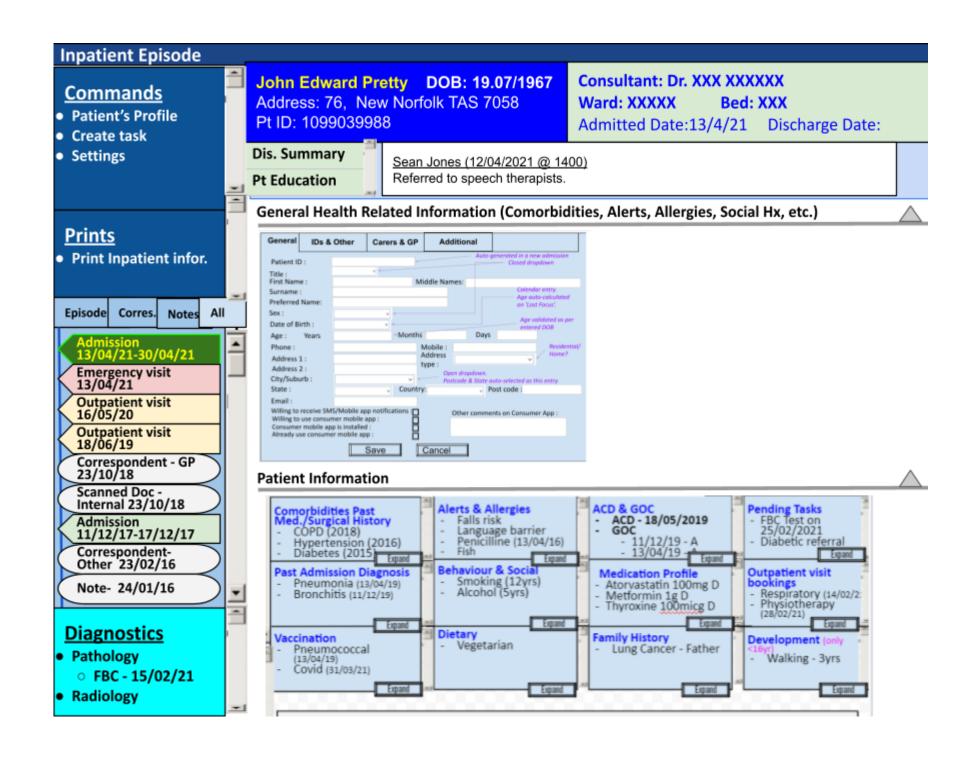
Clicking those diagnostics should lead to relevant 'Pathology view' or 'Radiology view' interfaces. These interfaces can appear in 12.

- E. Patient Demographics (from patient administrative information)
- F. Information related Patient's Episode of Care (from the 'inpatient\_episodes' tbl)
- G. Submenus leading to different modules under the Episode of Care.
- H. Clinical Summary of the Episode;
  - Primary & Secondary Diagnosis: from <u>4a. Create Inpatient Episodes</u>
  - Comorbidities: from <u>9. Comorbidities and Past Medical History</u>
  - Alert & allergies: from 8. Alerts & Allergies
  - Medications : from original data entry UI yet be be designed
  - Hand overs: original data entry UI yet be be designed
- I. Other attributes related to the Episode of Care;
  - a. Care Profile (from: 4a. Create Inpatient Episodes table: inpatient\_episodes)
  - b. Estimated Date of Discharge (from : Discharge Planning module)

All these entities have 'Edit' buttons which lead to opening the relevant primary UI and provide provision of adding/editing data.

## J. Summary notes

- User can enter the summary information related to the Episode of Care through this.
- User name, Position, Date & Time are also captured.
- These will be recorded in a separate table called 'EoC\_Summary' which has the fields; EoC\_Summary\_ID, NPID, EoC\_ID, Entry, Date\_Time, Author, Edit\_Date\_Time, Edit\_by, Summary\_note
- These will generate the discharge summary in Discharge Summary module (user can modify this summary in the Discharge Summary interface before finalising).
- Users may send important information as summary notes from the progress notes which would be recorded here and ultimately feeding information into the discharge summaries.
- K. Expandable sections for Patien's administrative information and General Health related information as the UI in <u>4a. Patient's Profile User Interface</u> as below;



**Tables** 

Table: EoC\_Summary, table ID: 63 (new table)

Blue - Using old fields | Red - New field | Black- Not using fields

	Table_Na me	Field_Name	Field_I D	Туре	Type_ Txt	Size	Null		Defau It	Extra	Comment	Add_ Entry	Default	Add_Entr y_Section	
63	EoC_Sum									auto_in	Episode Summary ID				
	mary	EoC_Summary_ID	63_1	int(11)	int	11	NO	PRI	NULL	crement	(Unique)				
63	EoC_Sum				varch										
	mary	NPID	63_2	varchar(20)	ar	20	No		NULL		Patient system ID				
63	iEoC_Su mmary	Episode_ID	63_3	date	date		NO		Now		Episode ID				
63		Episode_ib	03_3	dute					11011		Episode ib				
	EoC_Sum mary	Entry_Date_Time	63 4	datetime	dateti me		NO		Now		Entry Date & Time				
63	EoC_Sum				varch										
	mary	Author	63_5	varchar	ar	200	NO		NULL		User Created				
63	EoC_Sum mary	Edit_Date_Time	63_6	datetime	dateti me		YES		NULL		Edit Date & Time				
63	EoC_Sum		63_7	varchar	varch ar	200	YES		NULL		User who edited				
63	EoC_Sum				varch										
	mary	Summary_note	63_8	varchar	ar	750	NO		NULL		Summary Note				