

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

Inpatient Episode

Commands

- Patient's Profile
- Create task
- Settings

Prints

- Print Inpatient infor.

Episode	Corres.	Notes	All
Admission 13/04/21-30/04/21			
Emergency visit 13/04/21			
Outpatient visit 16/05/20			
Outpatient visit 18/06/19			
Correspondent - GP 23/10/18			
Scanned Doc - Internal 23/10/18			
Admission 11/12/17-17/12/17			
Correspondent-Other 23/02/16			
Note- 24/01/16			

Diagnostics

- Pathology
 - FBC - 15/02/21
- Radiology

John Edward Pretty DOB: 19.07/1967

Address: 76, New Norfolk TAS 7058

Pt ID: 1099039988

Consultant: Dr. XXX XXXXXX

Ward: XXXXX Bed: XXX

Admitted Date:13/4/21 Discharge Date:

Summary & Care Plan

- Admission
- Problem List
- Care Pathway
- Tasks
- Risk Assessment
- MD Discussions
- Notes
- Observations
- Orders
- Procedures
- Medications
- Hand Over
- Discharge Planning
- Dis. Summary
- Pt Education

Summary of this Episode

Primary Diagnosis	Ischaemic Stroke
Secondary Diagnosis	Hemiplegia
Comorbidities	Hypertension
Procedures	
Alerts & Allergies	Falls risk, Sulphur allergy
Medications	Atorvastatin, Atenolol
Hand Overs	Check bloods every second day.

Care Profile

Acute Stroke
EDD

Summary Notes

Sean Jones (12/04/2021 @ 1400)

Referred to speech therapists.

General Health Related Information (Comorbidities, Alerts, Allergies, Social Hx, etc.)

Patient Information

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 cursor 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 [4a. Create Inpatient Episodes](#)
- Comorbidities: from [9. Comorbidities and Past Medical History](#)
- 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 Patient's administrative information and General Health related information as the UI in [4a. Patient's Profile User Interface](#) as below;

Inpatient Episode

Commands

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- Create task
- Settings

Prints

- Print Inpatient infor.

Episode Corres. Notes All

Admission
13/04/21-30/04/21

Emergency visit
13/04/21

Outpatient visit
16/05/20

Outpatient visit
18/06/19

Correspondent - GP
23/10/18

Scanned Doc - Internal
23/10/18

Admission
11/12/17-17/12/17

Correspondent- Other
23/02/16

Note- 24/01/16

Diagnostics

- Pathology
 - FBC - 15/02/21
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John Edward Pretty DOB: 19.07/1967

Address: 76, New Norfolk TAS 7058

Pt ID: 1099039988

Consultant: Dr. XXX XXXXXX

Ward: XXXXX

Bed: XXX

Admitted Date: 13/4/21 Discharge Date:

Dis. Summary

Sean Jones (12/04/2021 @ 1400)

Pt Education

Referred to speech therapists.

General Health Related Information (Comorbidities, Alerts, Allergies, Social Hx, etc.)

General	IDs & Other	Carers & GP	Additional
Patient ID: <input type="text"/>			
Title: <input type="text"/>			
First Name: <input type="text"/> Middle Names: <input type="text"/>			
Surname: <input type="text"/>			
Preferred Name: <input type="text"/>			
Sex: <input type="text"/>			
Date of Birth: <input type="text"/>			
Age: Years <input type="text"/> Months <input type="text"/> Days <input type="text"/>			
Phone: <input type="text"/>			
Address 1: <input type="text"/>			
Address 2: <input type="text"/>			
City/Suburb: <input type="text"/>			
State: <input type="text"/>			
Country: <input type="text"/>			
Post code: <input type="text"/>			
Email: <input type="text"/>			
Willing to receive SMS/Mobile app notifications: <input type="checkbox"/>			
Willing to use consumer mobile app: <input type="checkbox"/>			
Consumer mobile app is installed: <input type="checkbox"/>			
Already use consumer mobile app: <input type="checkbox"/>			
Other comments on Consumer App: <input type="text"/>			
<input type="button" value="Save"/> <input type="button" value="Cancel"/>			

Patient Information

Comorbidities Past Med./Surgical History <ul style="list-style-type: none">- COPD (2018)- Hypertension (2016)- Diabetes (2015) <input type="button" value="Expand"/>	Alerts & Allergies <ul style="list-style-type: none">- Falls risk- Language barrier- Penicilline (13/04/16)- Fish <input type="button" value="Expand"/>	ACD & GOC <ul style="list-style-type: none">- ACD - 18/05/2019- GOC- 11/12/19 - A- 13/04/19 - A <input type="button" value="Expand"/>	Pending Tasks <ul style="list-style-type: none">- FBC Test on 25/02/2021- Diabetic referral <input type="button" value="Expand"/>
Past Admission Diagnosis <ul style="list-style-type: none">- Pneumonia (13/04/19)- Bronchitis (11/12/19) <input type="button" value="Expand"/>	Behaviour & Social <ul style="list-style-type: none">- Smoking (12yrs)- Alcohol (5yrs) <input type="button" value="Expand"/>	Medication Profile <ul style="list-style-type: none">- Atorvastatin 100mg D- Metformin 1g D- Thyroxine 100mcg D <input type="button" value="Expand"/>	Outpatient visit bookings <ul style="list-style-type: none">- Respiratory (14/02/21)- Physiotherapy (28/02/21) <input type="button" value="Expand"/>
Vaccination <ul style="list-style-type: none">- Pneumococcal (13/04/19)- Covid (31/03/21) <input type="button" value="Expand"/>	Dietary <ul style="list-style-type: none">- Vegetarian <input type="button" value="Expand"/>	Family History <ul style="list-style-type: none">- Lung Cancer - Father <input type="button" value="Expand"/>	Development (only <16yrs) <ul style="list-style-type: none">- Walking - 3yrs <input type="button" value="Expand"/>

Tables

Table: EoC_Summary, table ID: 63 (new table)

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

Table_ID	Table_Name	Field_Name	Field_ID	Type	Type_Txt	Size	Null	Key	Default	Extra	Comment	Add_Entry	Auto_Fill	Default_val	Add_Entry_Order	Add_Entry_Section	Missing_Item
63	EoC_Summary	EoC_Summary_ID	63_1	int(11)	int	11	NO	PRI	NULL	auto_increment	Episode Summary ID (Unique)						
63	EoC_Summary	NPID	63_2	varchar(20)	varchar	20	No		NULL		Patient system ID						
63	iEoC_Summary	Episode_ID	63_3	date	date		NO		Now		Episode ID						
63	EoC_Summary	Entry_Date_Time	63_4	datetime	datetime		NO		Now		Entry Date & Time						
63	EoC_Summary	Author	63_5	varchar	varchar	200	NO		NULL		User Created						
63	EoC_Summary	Edit_Date_Time	63_6	datetime	datetime		YES		NULL		Edit Date & Time						
63	EoC_Summary	Edit_by	63_7	varchar	varchar	200	YES		NULL		User who edited						
63	EoC_Summary	Summary_note	63_8	varchar	varchar	750	NO		NULL		Summary Note						