CAPS Web Portal Documentation

Definitions:

1. User: Any user of the CAPS system
2. Patient: A profile that has a user role of patient that is affiliated with their own EMR.
3. Designated Representative: A user profile that has all the same level of permissions as the patient to all resources associated with that patient, within the CAPS system. Note that this profile may or may not have the same level of access to EMR data that accessed through the FHIR interface.
4. PODR: Patient or Designated Representative
5. Responsible User: A user that is responsible for an activity
6. Notified User: A user that is slated to receive notifications for an activity, without regard to whether or not that user filters out the notifications.
7. FHIR Specification: Fast Healthcare Interoperability Resources Specification 0.0.82/DSTU1.
8. Developers: Web application developers and persons responsible for software development.
9. PHI: Protected Health Information. Information that must be protected according to the Heath Information Privacy Protection Act (HIPPA)
10. EMR: Electronic Medical Records

User Stories:

1. A user must be able to create a new profile to access the system.
2. A user must be able to set a password in order to secure their account.
3. A user must be able to enter pertinent data for personalizing the interface.
4. A PODR must be able to add, delete and reassign existing users to a role associated with the patient.
5. A PODR must be able to associate their EMR with the patient account role.
6. A PODR must be able to add, remove and configure activities for the patient so that the support team can receive updates on the patient's status.
7. A PODR would like to have activities that are relevant to the patient EMR presented in an easy to configure format so that they can be quickly added to the activity list, or optionally ignored.
8. A PODR must be able to configure notifications for any activities so that the relevant roles can receive updates on that activity.
9. A user must receive updates from the system, based on their role and notification preferences, for each of the patients associated with their defined roles so that they can take action if necessary and/or that they are informed that the scheduled activities occurred.
10. A user must be able to acknowledge an activity for which they are the responsible role so that other team members may be notified that the activity occurred properly, in accordance with their notification preferences.
11. A user would like to be able to provide contact methods that include voice phone numbers, text phone numbers, email accounts, and perhaps other, arbitrary methods.
12. A user would like to be able to schedule recurring activities in a flexible manner that is consistent with modern calendar presentations.
13. Users would like to be able to filter notifications based on their role in regard to the activity, and the current severity level of the activity.
14. When a user is required to initiate direct contact with the patient in order to update an activity, the other users on the team would like that user to be required to update the activity after the contact so that they can learn the patient disposition without having to make direct contact with either the patient or the person who initiated contact.
15. Users' require that PHI will be protected using strong encryption.
16. Developers require that PHI that is stored in the EHR will be maintained only in the EHR and will not be transferred to the CAPS system so that the database will not retain PHI.
17. Developers require that the EHR provide a FHIR interface to access PHI.
18. The FHIR Specification requires that EHR access be provided using the OAuth2 protocol, however GA Tech's FHIR interface does not have an OAuth2 interface, so the project application must not implement OAuth2.
19. Developers would like to use as much information from the FHIR interface as possible to avoid duplication of effort and de-normalization of data.
20. Developers must use indexs for resources that are not implemented in the GA Tech FHIR interface, such as locations and organizations, so that when they are implemented later, the data can populate properly.
21. Users would like to be able to create an ad-hoc status request from the patient so that they can receive near real time feedback from the patient.
22. A patient would like to be able to request immediate assistance from one or more support team member roles so that they can receive timely care in the even of some pressing-but-non-emergent nature.
23. PODR would like to be able to review an audit of updates to activities, including who, what and when changes were made.
24. PODR would like audits to include updates of activity types, severity levels, resource utilization, and role notifications.
25. PODR would like activity updates to be write-once, read-only, so that a comprehensive history can be maintained, without the ability for users to change the activity updates after-the-fact.