



Another assumption: doctors won't be administrate different individuals at the same time

Assumptions: They keep separate copies of data for “hospital professionals” and “residence”. (i.e., a doctor will appear in the hospital data as a doctor, and in resident data as a resident)

Draft:

#### Possible Entity sets

- hospital system (no need to be an entity set)
  - Also tracking overall general population numbers associated with each borough in the city of Montreal
- Borough
  - Count general population numbers
- patients & contacted persons (may be ISA, and need another id as primary key)
  - name
  - email
  - phone number
  - age
  - street address
  - borough
  - patients have status (infected, recovered, deceased)
- health care professionals (doctor or nurse) (don't need to specify d or n)
  - **hospital id (unique)**
  - name
  - designation
  - **phone number**
- drugs
  - **name**
  - ATC code (7-character code)

#### Possible Relations

- hospital informs contacted person to get tested
  - the date on which the **test sample is taken** from the person must be stored along with the test results

- a person may be tested multiple times, and at least one time (since only interested in contacted person)
- **we are only interested in the latest test information (no need to be an entity set)**
- the test result would be sated pending
  - the final state will become positive or negative
- tracking contacts between patient and uninfected persons
- patients are administered drugs
  - dosage in milligrams
  - date and hour of the day in which the drug was administrated
  - doctor or nurse responsible for the drug
  - drugs can't be used on patients who are recovered or dead
- health professionals visits patients
  - track observations, date and hour of the day in which observation is made
  - observation is independent from prescribing drugs

# final tables

Borough(b\_name, num\_general\_populatoin)

Monitored\_individual(record\_id, b\_name, person\_name, person\_email, person\_phone\_number, age, street\_address)

b\_name references Borough(b\_name)

Potential\_individual(record\_id, informed, test\_date, test\_state, test\_result)

Record\_id references monitored\_individual(record\_id)

Confirmed\_patient(record\_id, status)

Record\_id references monitored\_individual(record\_id)

Health\_professoinal(hospital\_id, professional\_phone\_number, designation, professional\_name)

Drug(drug\_name, ATC\_code)

Administration(ad\_id, drug\_name, hospital\_id, record\_id, add\_dosage, ad\_timestamp)

Drug\_name references Drug(drug\_name)

Hospital\_id references Health\_professional(hospital\_id)

Record\_id references monitored\_individual(record\_id)

Contact(person\_1, person\_2)

person\_1 references monitored\_individual(record\_id)

person\_2 references monitored\_individual(record\_id)

visit(record\_id, hospital\_id, ob\_timestamp)

Record\_id references monitored\_individual(record\_id)

Hospital\_id references Health\_professional(hospital\_id)

Observation(ob\_timestamp, record\_id, hospital\_id, ob\_timestamp, ob\_text)

Record\_id references monitored\_individual(record\_id)

Hospital\_id references Health\_professional(hospital\_id)

**The constraints that are not covered in the ER:**

- 1) We won't want duplicated pairs of (person\_1, person\_2) in the contact relation, but this can't be specified in ER.**
- 2) It is possible for different doctors to administrate same drugs for the same patient at the same timestamp, but in reality it shouldn't happen.**
- 3) We won't know which of the person\_name and person\_email will be collectd when contacting the individuals.**
- 4) the street address should be in the borough that the person lives.**