# Literature Review:

## Introduction:

There is currently a need for the critical care unit to start prioritising patients who need to see a dietitian because there are insufficient resources for every patient to see a dietitian and the patients who need to see a dietitian the most may currently miss out. This is because it is very difficult for the critical care unit staff to efficiently prioritize patients.

So, developing a feeding dashboard which will flag the patients who need to see the dietitian, will aid the staff significantly, optimising and increasing healthcare resources due to less time needed to prioritize patients this will make sure that patients with a greater need get the help required.

## Tools and methodologies:

The tool we will use to plan this project is Astah UML, Astah UML is a program which allows for the creation of UML diagrams like the use case diagram. Using UML helps to define the scope of the project abstracting it into easily digestible sections. (Fernández-Sáez, Chaudron and Genero, n.d.)

The reason we chose Astah UML to do this is because Astah UML is written in Java so it will run on any device, allowing for team members on a Mac to contribute to creating UML diagrams.

The tool we will use to manage this project is Gitlab, Gitlab is a version control software which stores a project in a repository, Using Gitlab will allow multiple team members to simultaneously work on the project at the same time while avoiding conflicts because changes to the same file are merged (Perez-Riverol *et al.*, 2016), this will make collaboration easier between team members and make developing the project much easier.

The software development methodology we are going to use to manage this project is a modified version of Scrum an agile software development methodology, using an agile software development methodology allows for easier collaboration between team members and stakeholders (Karrenbauer, Wiesche and Krcmar, 2019) this means that if the requirements change during the development life cycle we can adapt. We are using a modified version of Scrum because the Scrum methodology includes daily meetings called daily Scrum (Schwaber and Sutherland, 2020), allowing us to modify it into 2 weekly meetings instead, this will help the team collaborate while easily fitting it in with our timetables.

## Related Systems:

### NHS - SystmOne

The UK’s National Health Service has a vast amount of data equating to over 80 million patient records (NHS, 2024). Many efforts have been made in recent years to digitalise the handling of their records, for the purpose of maintaining accuracy and consistency, as well as producing reports and summaries which can be used to aid future research into healthcare.

The NHS’ data is stored in a Personal Demographic Service (NHS, 2024). This acts as a bulk database for every patient on record. However, this does not contain any form of user interface for data handling. The PDS is instead interacted with from several solutions. For example, a hospital receptionist using a *Patient Administration System*, and a citizen using the NHS app will both be transferring data to and from the PDS.

GP surgeries need to often interact with the PDS. To do this, they will have a standardised system in their network. The three most used are *EMIS Web, SystmOne* (TPP, 2024)and *Vision* (GP Training Support, 2016)*.* These products bear a resemblance to the dashboard which we will be looking to develop.

*SystmOne:*

SystmOne facilitates access to both patients and medical staff. Patients can use the service to register or change their personal details, as well as being able to order prescriptions.

The staff can use the service to view patient records, and add any updates about recent appointments or changes to medication. There is also plenty of functionality to produce reports on the data:

* Clinical Reports
  + Reports created for local use, using whatever data is required.
  + i.e. A report on one GP surgery’s new admissions during February.
* National Reports
  + Reports intended to be viewed by many entities nationally.
  + Will uphold national standards of report structure.
* Strategic Reporting
  + Bulk data extract for use in another application, or to be sent to another organisation.

These features allow medical staff to produce any required reports quickly and effectively. This is especially true when compared to before digitalisation, where the NHS would have to collate data from however many surgeries/hospitals throughout the UK.

## References:

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