Integrating Assisted Living with Primary/Secondary Health Care

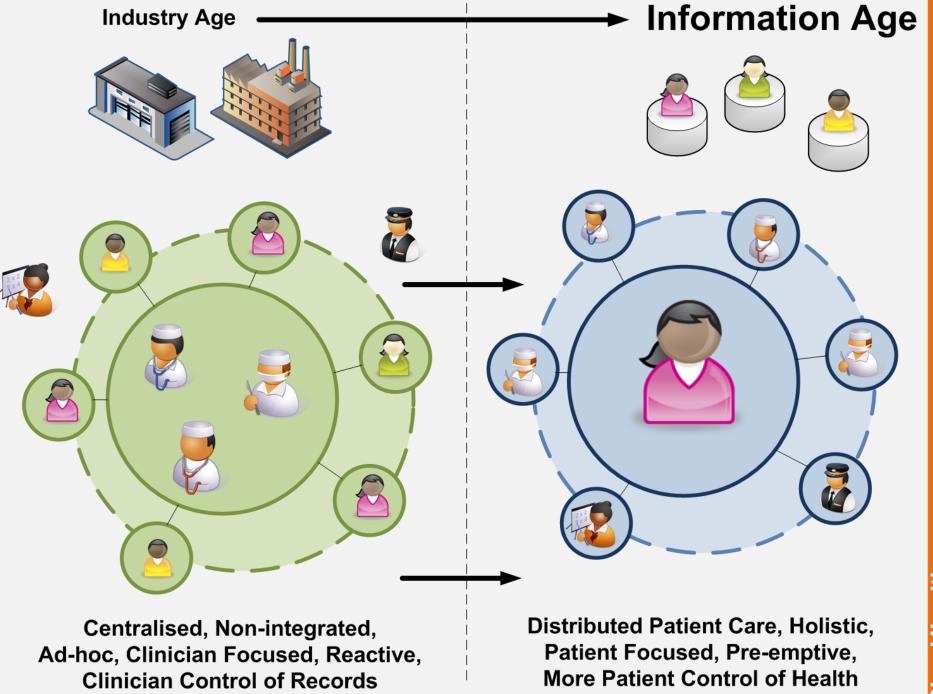
Cloud4Health

Prof Bill Buchanan, Dr Lu Fan, Prof Christoph Thuemmler, Dr Elias Ekonomou, Owen Lo, Omair Uthmani, Richard Lewis, and Alistair Lawson, Edinburgh Napier University.

Contact: w.buchanan@napier.ac.uk

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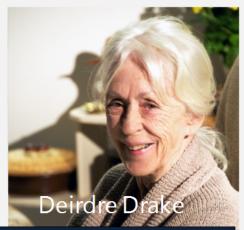




- Healthcare Professional.
- Invited user



GP.Invited user



- Care Subject
- 82 years old
- House bound
- COPD (Chronic Obstructive Pulmonary Disease)



Invited user



- Site Creator
- Primary Carer







Assisted Living (Informal and Trust based)

Primary Health Care (Formal and role-oriented) - GP

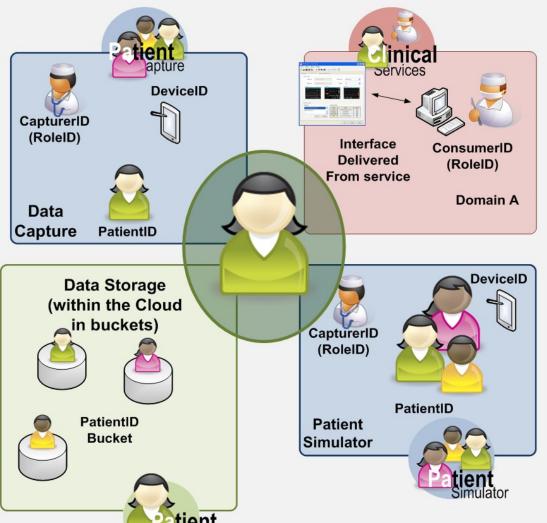
Secondary Health Care (Formal and role-oriented)
- Hospitals/A&E

Social Care/Health/etc





Introduction/ Context







DACAR e-Health Platform



HoIP

Chelsea and Westminster Hospital NHS **NHS Foundation Trust**

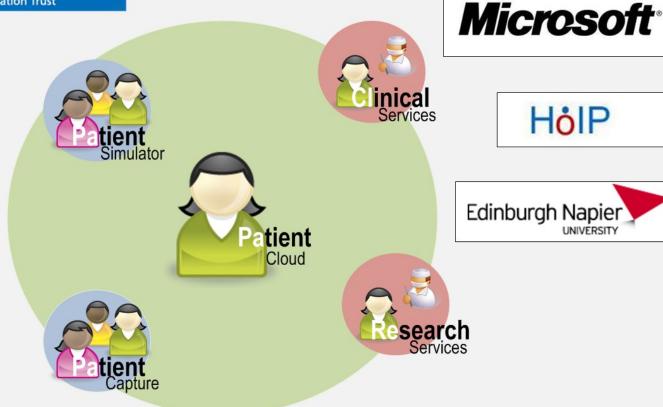




Imperial College London







Technology Strategy Board Driving Innovation



Technical

Lack of integration between assisted living, primary and secondary care

Patient records are often static

Aging population

Lack of information sharing across the public sector

Strong demand to consume health care data

Different systems/formatting used for data

Limited/difficult access methods ... typically Government infrastructures ... lack of trust

Poor access control to data

Lack of integration with careers and trusted people

Data often aggregated and context is often lost

Digital Trust

Rights



Services

Clinical

Human Trust

Identity

Infinite possiblities

Strong Governance

Translation of rights
Translation of identities

Policy

Primary Health Care (Formal and role-oriented)

Secondary Health Care (Formal and role-oriented)

Manager might ask: What's difference in length-of-stay between different age categories for June?

Consultant might ask: How does the Early Warning Score affect the length-of-stay?

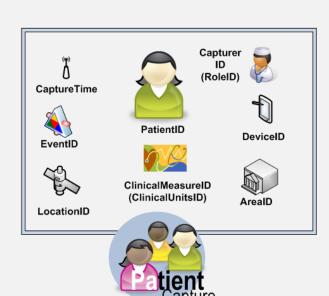
Family friend might ask: In which ward is Deirdre?

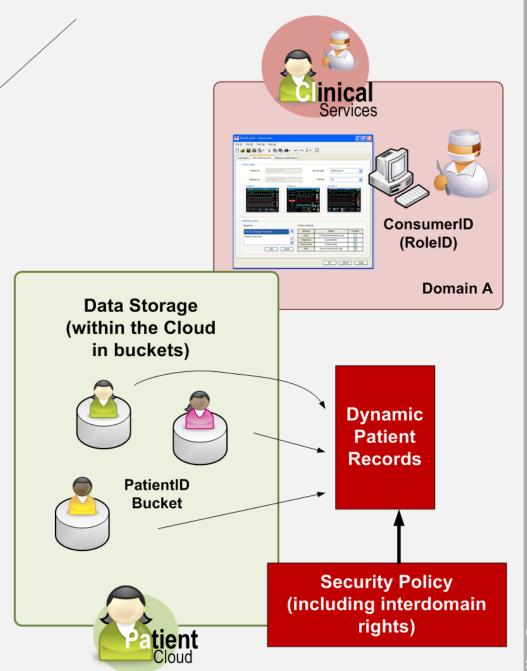
PatientCloud:

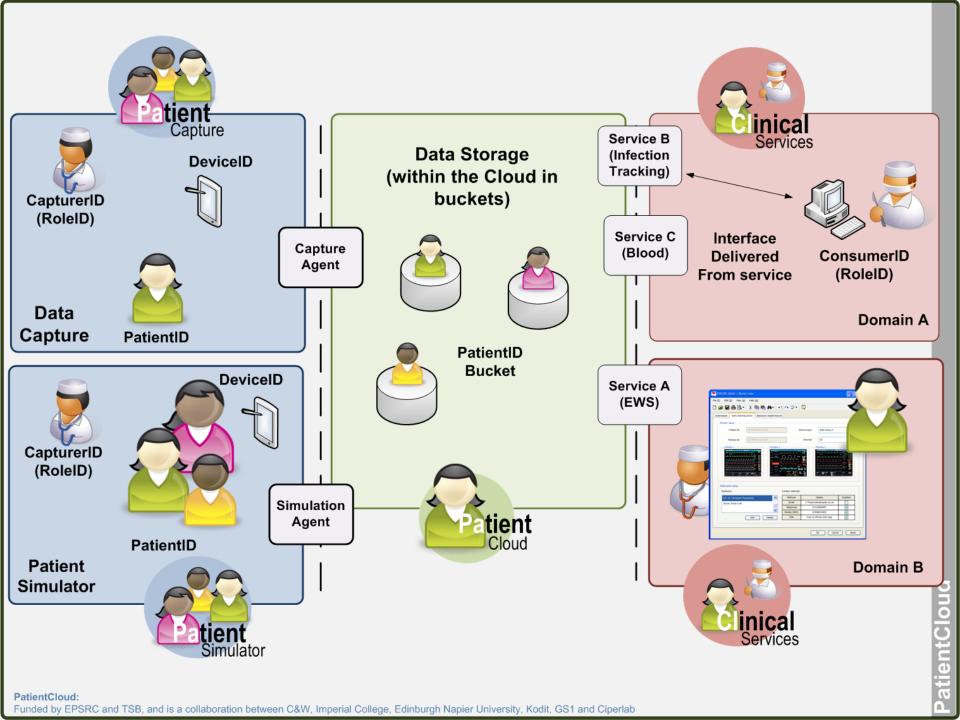


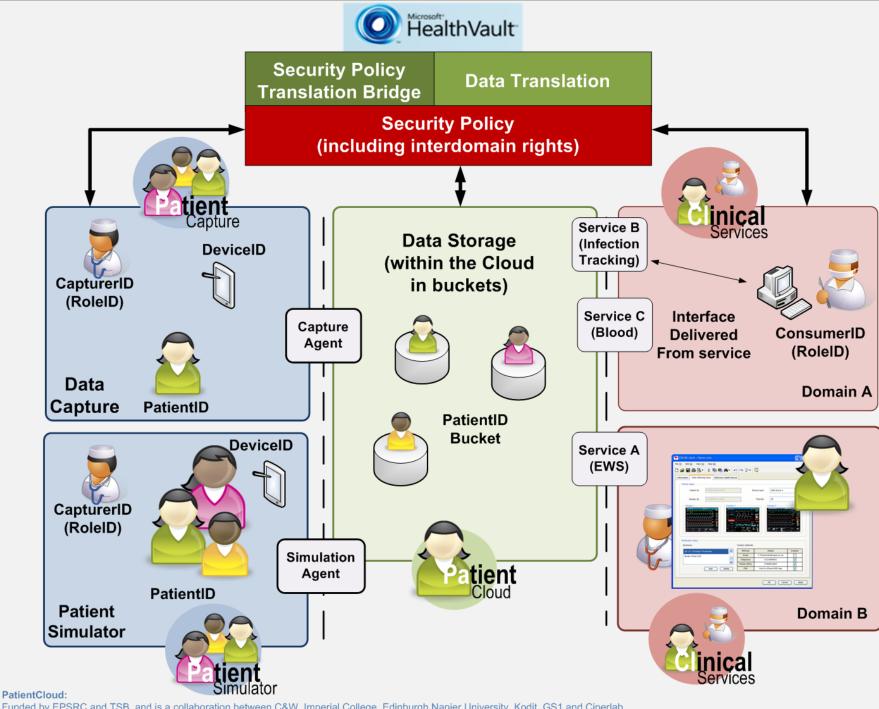
Static Patient Record

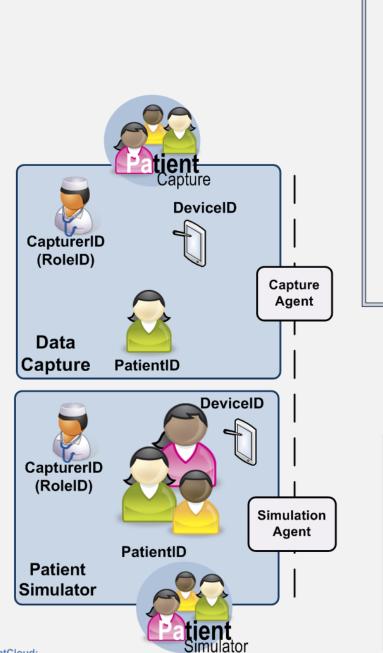
- Often localised
- Different systems/formats
- Poor access control
- · Poor identity verification
- Cannot be aggregated
- Etc.

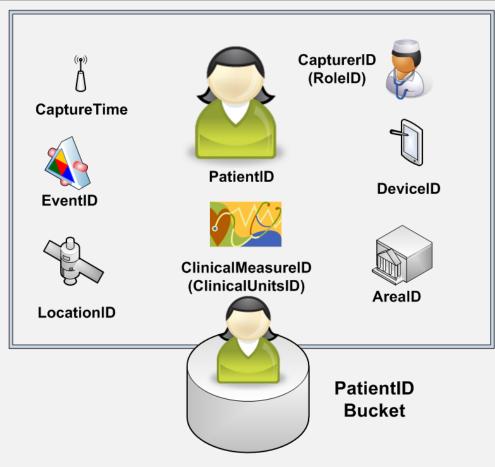


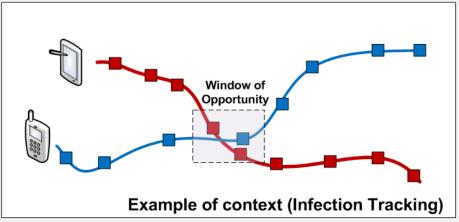


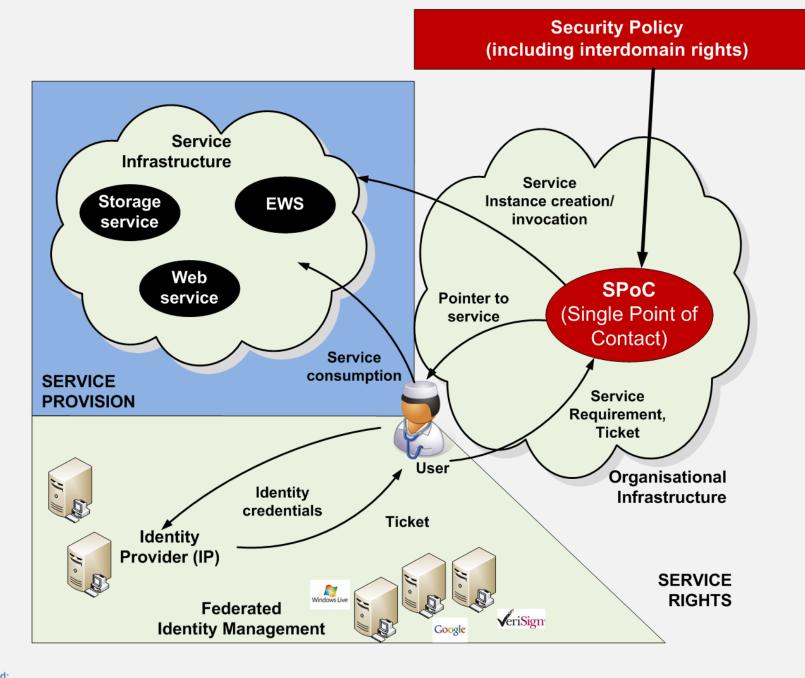


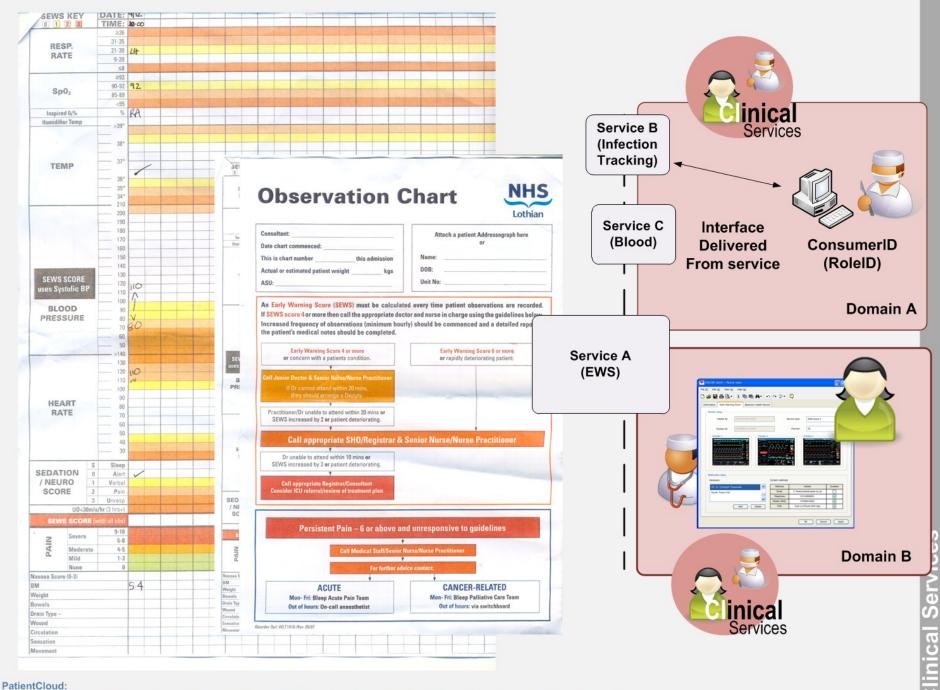


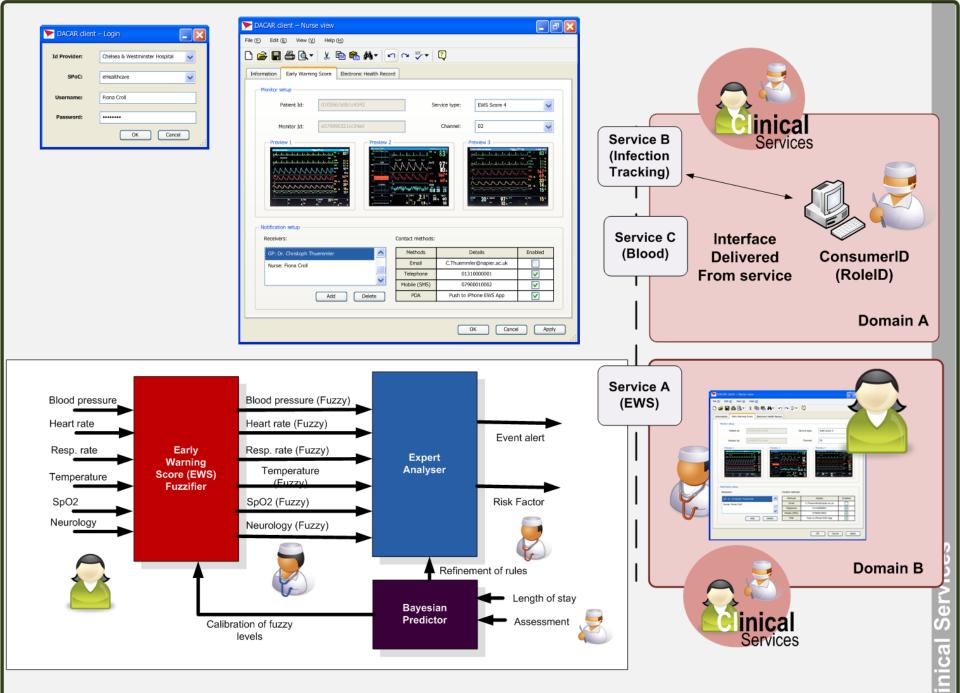


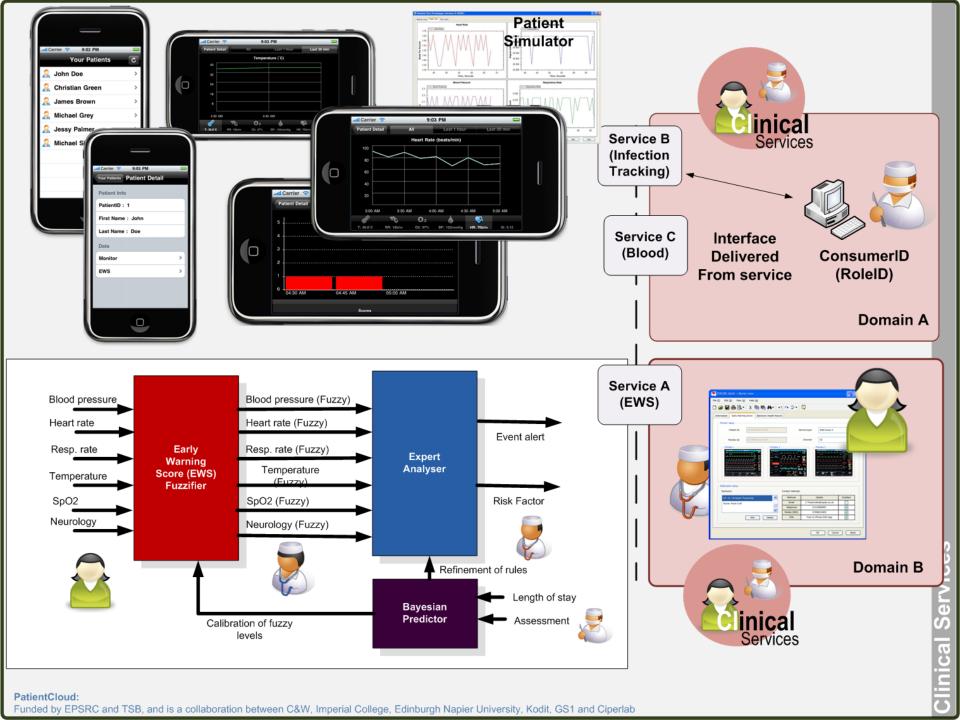




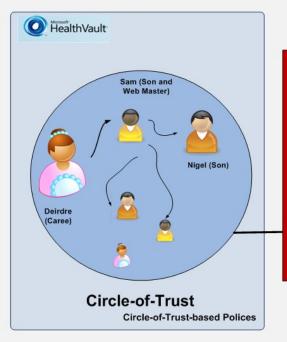






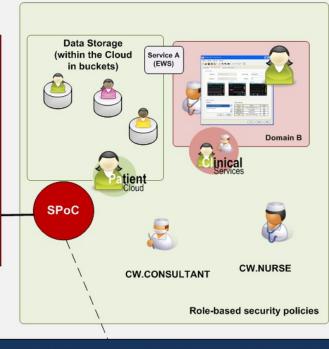


Assisted Living



Translation Gateway (Security Policy/ ID Mapping)

Primary/Secondary Care





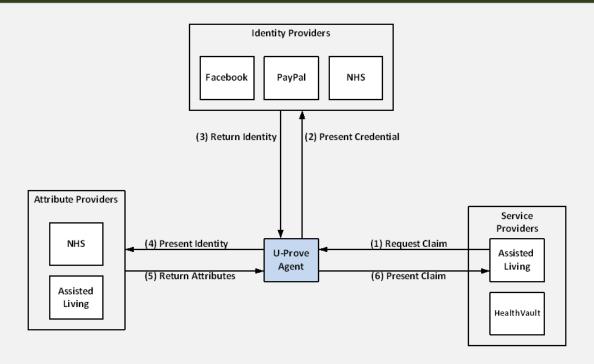




[permit] [C&w.NURSE] [C | R] [Temp | SpO2 | HR | BP | RR | Pain] of [Patient26078] with [EWS] from [Chelsea & Westminster Hospital] for [*] records in [P2010-12-30T00:00:00] using [Data Protection Act]

[permit | deny] [Requester] [C | R | U | D] [Attribute] of
[Object] with [Context] from [Owner] for [N] records in
[Time Window] using [Compliance]

Governance Policy











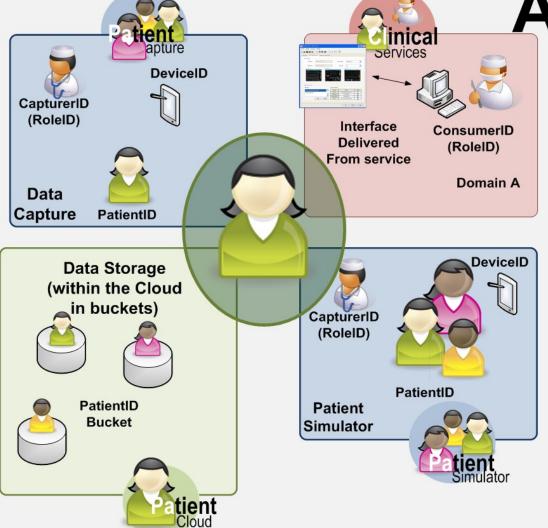






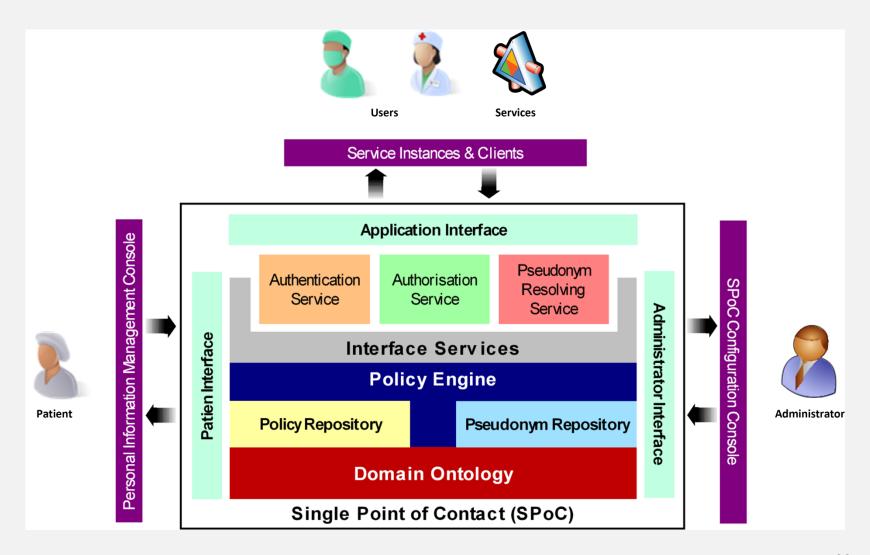


SPoC Architecture





SPoC Architecture



Policy Syntax

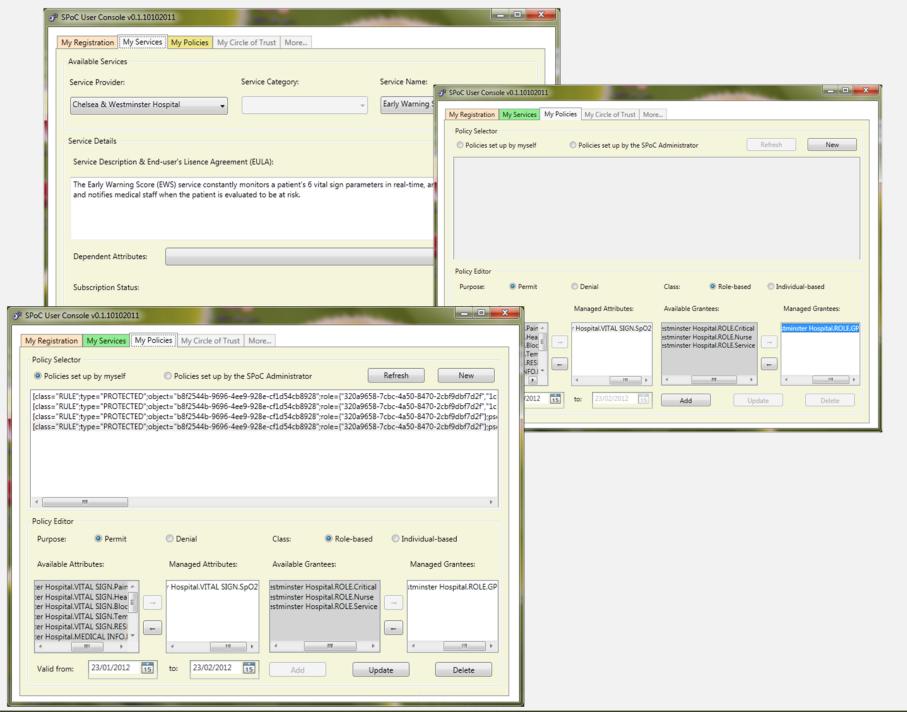
[permit] [Medical Staff] [C | R] [Temp | SpO2 | HR | BP | RR | Pain] of [Patient26078] with [EWS] from [Chelsea & Westminster Hospital] for [*] records in [P2010-12-30T00:00:00] using [Data Protection Act]

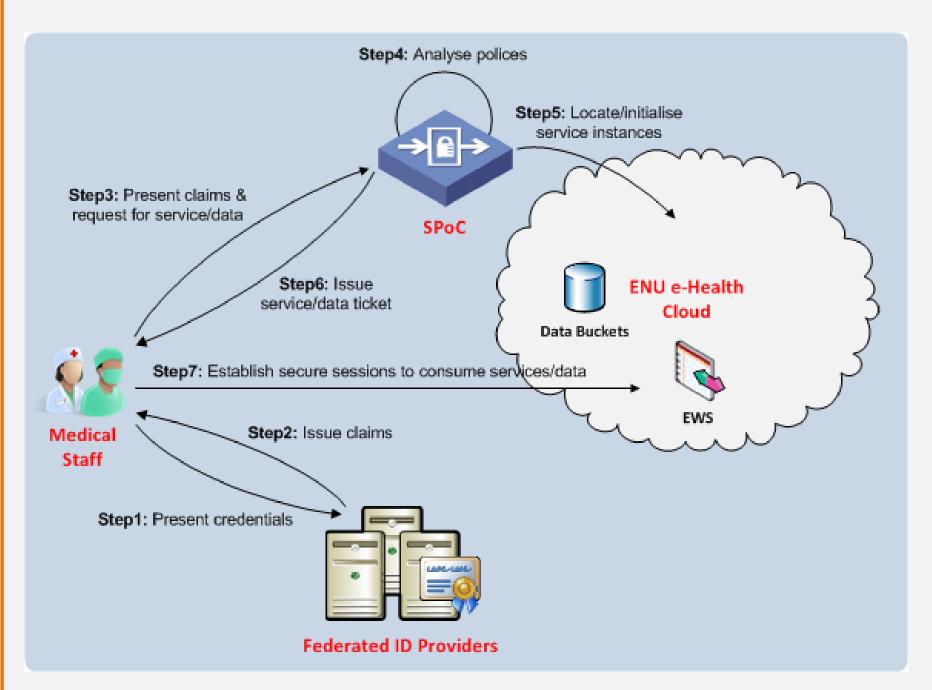
[permit | deny] [Requester] [C | R | U | D] [Attribute] of [Object] with [Context] from [Owner] for [N] records in [Time Window] using [Compliance].

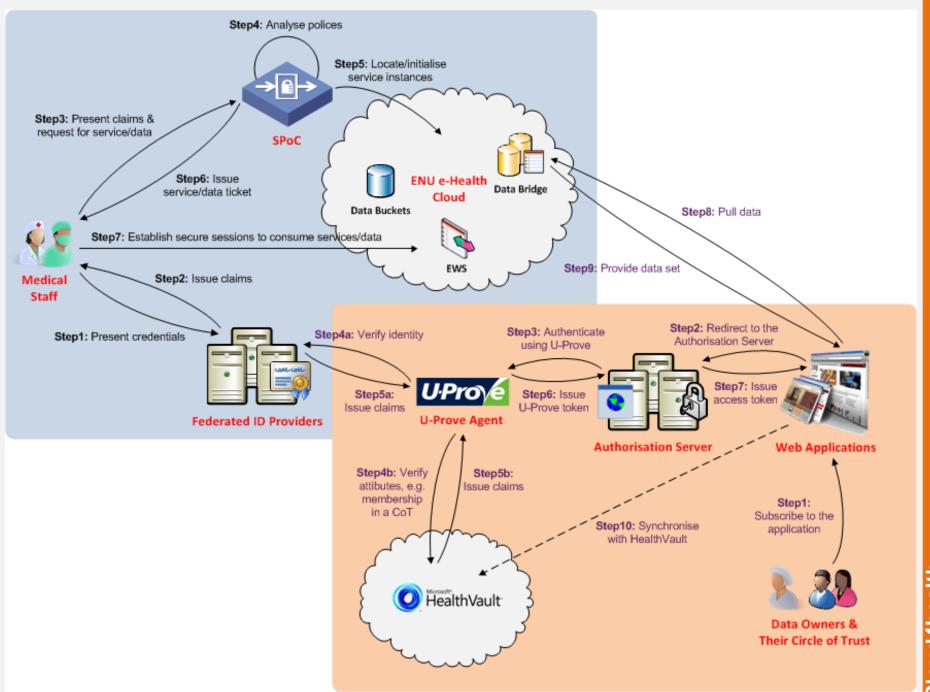
A similar syntax is also applied to the request messages:

[Requester] [C | R | U | D] [Attribute] of [Object] with [Context] from [Owner] within [Start] to [End]

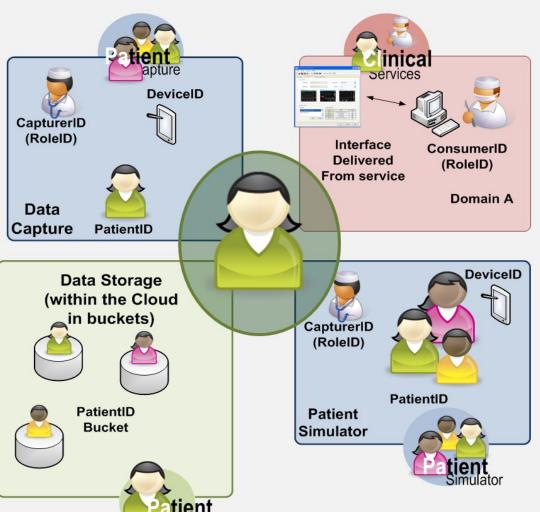
- { [permit | deny] This is part of the rule syntax which indicates the action of the rule. This defines whether a request meeting the rule criteria will be permitted or denied access.
- { [Requester] This identifies a request sender's role, e.g. GP, or pseudonym, e.g. 10420, or a combination of the two, e.g. GP10420.
- { [C | R | U | D] This defines detailed permissions for a requester to create, read, update and delete certain information.
- { [Attribute] This is a unit of information describing an object. An attribute may be a primitive data type, e.g. the pseudonym of an object as a string, or a complex data type, e.g. a person's ECG record for 45 seconds.
- { [Object] This is part of DACAR's system model. It refers to any entities in a healthcare scenario, about which information is held.
- { [Context] This identifies the reason why the information is being shared. The context governs the level of access and permissions associated with information exchange, and hence defines the priority accorded to information requests.
- { [Owner] This species a role with sufficient privileges to manage all aspects of an information source. The owner has the authority to allow or deny access to an information element, as required by legislation and defines responsibilities.
- { [N] records in [Time Window] This defines the number of records permitted over a period of time, where N can be any positive integer.
- { [Compliance] This refers to legislative requirements that support the exchange of information, such as the Data Protection Act, the Human Rights Act, the Freedom of Information Act and so on.
- { [Start] and [End] These identify the start and end of the date/time period over which information shown.





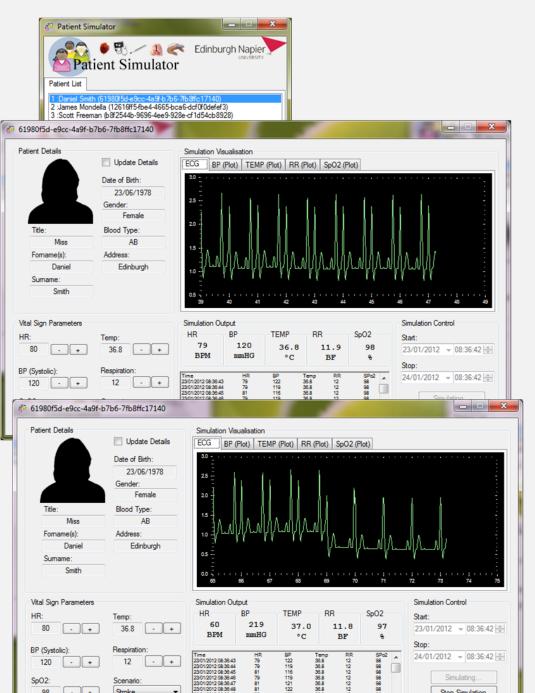


Simulator





Patient



23/01/2012 08:38:48

23/01/2012 08:38:47

23/01/2012 08:36:48

23/01/2012 08:36:49

SpO2:

98

Scenario:

Stroke

36.8 36.8 36.8

36.8

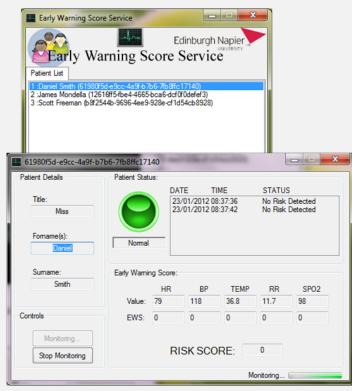
12

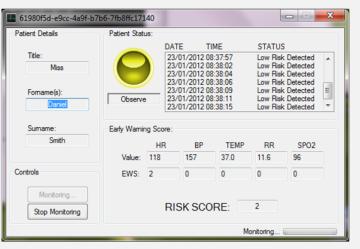
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Simulating...

Stop Simulation

Simulating...





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