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d2) Development of mobile eHealth services to empower patients and enable patient-centric care, using mobile devices and converging software platforms



UNWIREDHealth

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Agreed Use cases definition at each
territory

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1 Context

RSD and Scotland have national standards that are used consistently within each jurisdiction for the transfer of medical information between systems. Both have plans to move to international standards, and their suppliers are working on product roadmaps to accommodate this. Potential App developers will need to be mindful of this.

The following table provides a high level description of the context which the detailed Use Case Scenarios support. The detailed Use Case Scenarios are below.

Table 1. Context for the Use Case Scenarios

Step	Stage	Actors	Activity	Messages/Alerts
1		Cardiologist	Referral into service is made. Cardiologist assesses and accepts into clinic	HFN notified of new patient into the service
2		Care Manager Cardiologist Patient	Cardiologist develops the Plan in conjunction with the Patient. Iterative development as trust is built	Each visit generates a standard clinic letter to the GP
3		Cardiologist Care Manager Patient Care Network	Once a plan has been developed and agreed with the patient, the Cardiologist issues a copy to the GP and CCs in the Care Manager advising them all of the existence of the plan. Care Manager generates referrals on agreed actions	Copy of Plan with Patient Letter to GP with Plan Referrals to Care Network (as appropriate)
4		Care Manager Patient Care Network	Care Manager retains oversight of the plan. Follows up on defined actions. Communicates with Care Network and Patient on regular basis	Referrals to Care Network Follow ups with Care Network where scheduled activity hasn't been completed.
5		Cardiologist Patient Care Manager	Either a regular review point is reached or an early review is triggered. Cardiologist reviews the plan with patient and re-assess needs. Once Plan updates are agreed, go back to step 3	
6		Care Manager Patient Care Network	Patients condition is deteriorating and moving towards end of life. Different parts of the Care Network take on more responsibility for care	Referrals to Care Network
7		Patient Care Manager Care Network	Patient has died at preferred location of death. Care Manager notifies Care Network Care Manager follows up with patients family or the nominated member of Care Network on bereavement care	Letter to Care Network

1.1 Actor Catalogue

The solution must support the following actors who are users of the Cardiac Palliative Care Pathway:

Table 2. Actors identified for Use Cases

Id	Name	Use Case (prime)	Requirement Ids
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A01	Cardiologist		
A02	Patient		
A03	Care Manager		
A04	Care Network		
A05	General Practitioner (GP)		
A06	Carer		
A07	GP System		
A08	Acute System		
A09	Clinical Portal		
A10	Patient Associations		

1.2 Actor definition <A01: Cardiologist>

Description		The specialist doctor in Cardiology who is located in the hospital. The Cardiologist will deal with patients as ‘outpatients’ – patients attending specialist heart failure appointments at the hospital, but who are not staying in hospital, as well as managing ‘in patients’ – patients who are staying in hospital and occupying a hospital bed.	
Characteristics		<p>In general the Cardiologist will have contact with the patient through various referral mechanisms – admission to hospital via another specialist in the hospital; admission to hospital via the Accident and Emergency service; referral from a GP; referral from a Heart Failure Liaison Nurse.</p> <p>The Cardiologist determines whether a Patient is suitable for the clinic, and if they are works with the Patient to develop their Heart Failure Management Plan, or Medical Anticipatory Care Plan (as appropriate). The cardiologist writes to the GP advising them of the patient being part of the clinic, and the development of a plan.</p> <p>The Cardiologist will have ultimate responsibility for developing the Plan with the Patient. The Cardiologist is the medical professional with in-depth knowledge of the patient’s medical requirements and will advise on the prescription requirements for the patient to manage their condition.</p>	
Number	Location	Growth	Notes
Up to 30	Acute Hospital with access via Hospital based system or Clinical Portal		

1.3 Actor definition <A02: Patient>

Description		The referred Patient into the Clinic. Ultimate owner of the Plan.	
Characteristics		<p>This is a Cardiac Patient who has been referred into the clinic, and after vetting by the Cardiologist, is accepted into the clinic.</p> <p>The Patient works with the Cardiologist to develop their Plan, and once agreed, will be supported by the Care Manager and the Care Network.</p>	
Number	Location	Growth	Notes
100s	Accessible via Internet through a range of devices (PC, Laptop, Tablet, Phone).	Expected to grow numbers as clinic services expanded. Pan Europe could be in the 1000s	

1.4 Actor definition <A03: Care Manager>

Description		Coordinates activity with the Care Network in support of the Patient's Plan (either Heart Failure Management Plan' or 'Medical Anticipatory Care Plan').	
Characteristics		The person identified to oversee the coordination of care of a patient who will be cared for and supported in the community. The Care Manager is the 'coordinator' of the 'Heart Failure Management Plan' (HFMP) and 'Medical Anticipatory Care Plan' (MACP). They will oversee the plan and ensure that the different 'Actors' involved are communicated with and that care is followed up. The Care Manager is a Heart Failure Nurse.	
Number	Location	Growth	Notes
100+	Acute and Remote settings. Would need access via Hospital based system, Clinical Portal and Internet	As the service is further deployed across Europe, this would expect to grow to 1000s	

1.5 Actor definition <A04: Care Network>

Description		This is the group of professionals and organisations supporting the Patient in their preferred place of care.	
Characteristics		The Care Network includes primary and secondary care professionals, Community Nursing staff, Local Authority bodies, Voluntary Sector and other members of the support network for the Patient. They are collectively viewed as the 'Care Network'	
Number	Location	Growth	Notes
1 for each patient	Varied.		Will include other actors that have specific roles within the App.

1.6 Actor definition <A05: General Practitioner (GP)>

Description		Is the Patient's Primary Care provider.	
Characteristics		The GP is not a specialist in heart failure, but a general community doctor. The GP is the local doctor and the 'gatekeeper' to specialist treatment in hospitals. The GP deals with on-going monitoring of the patient in the community and their prescriptions and general medical requirements. The GP refers the patient into specialist areas in the hospital if required.	
Number	Location	Growth	Notes
100+	Primary Care and Remote settings. Would need access via Paractice based system, Clinical Portal and Internet	As the service is further deployed across Europe, this would expect to grow to 1000s	

1.7 Actor definition <A06: Carer>

Description		Primary care provider to the Patient.	
Characteristics		The Patient will have an identified individual(s) or organisation that supports the majority of their care. This could be a spouse, family member, children or voluntary organisation.	
Number	Location	Growth	Notes

100+	Accessible via Internet through a range of devices (PC, Laptop, Tablet, Phone).	As the service is further deployed across Europe, this would expect to grow to 1000s	
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1.8 Actor definition <A07: GP System>

Description		IT System that supports GPs (A05) in their clinics	
Characteristics		GPs within NHS GG&C have access to an electronic Patient Management System (EMIS) which is used to support the gP in providing all facets of care to the Patient. This is an open system and can generate/accept messages in HL7 format.	
Number	Location	Growth	Notes
1 system, multiple instances	GP Practice	In Scotland there are 2 systems in use. Across Europe this will be varied	

1.9 Actor definition <A08: Acute System>

Description		IT System that supports Acute clinicians across a variety of hospital based settings.	
Characteristics		NHS GG&C has implemented a single Patient Management System (PMS) across all of their acute hospital settings. This system provides in-patient management, bed management and outpatient clinic management. The system generates and consumes electronic messages that are HL7 compliant.	
Number	Location	Growth	Notes
1	Acute clinic setting	As the service is further deployed across Europe, this would expect to grow	

1.10 Actor definition <A09: Clinical Portal>

Description		IT System to facilitate the single view of the patient	
Characteristics		NHS GG&C has implemented a Clinical Portal that pulls together patient information from a range of systems across Primary and Secondary care to generate a single view of the Patient. Access to information is controlled through Role Based Access Control, and determines what context a user is viewing the data, and what data would be available.	
Number	Location	Growth	Notes
1	Internet based technology.	As the service is further deployed across Europe, this would expect to grow	

1.11 Actor definition <A10: Patient Associations>

Description	This is a set of organisations that support patients with cardiac conditions, such as the British Heart Foundation
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Characteristics		These are groups (generally voluntary) that provide information and support to cardiac patients and their carers. They are not clinically focused, but provide the 'softer' support required for patients to understand their condition, and what lifestyle changes they can expect. These groups usually have fellow patients and carers working within them to give users of the services a 'lived in' experience.	
Number	Location	Growth	Notes
Unknown	Varied	As the service is further deployed across Europe, this would expect to grow	

2 Use cases

2.1 Use Case Catalogue

The App would be able to support the following high level use cases

Table 3. Use Cases identified

Id	Name	Actor (prime)	Requirement Ids
UC01	Plan agreed by Cardiologist and Patient	Cardiologist	
UC02	Regular review of Plan	Care Manager	
UC03	Care Network appointment reminders for Care Manager	Care Manager	
UC04	Patient query - standard question	Care Manager	
UC05	Patient Observation - Personal measurements and data	Patient	
UC06	Cardiac Care 'Self Help' Information	Patient	
UC07	Patient Community Forum	Patient	
UC08	Carers/Relatives viewing rights	Patient	

2.2 Use Case outline: <UC01 - Plan Agreed by Cardiologist>

Use Case control	
Version	0.1
Status	Draft
Use Case description	
Brief Description	<p>Once the patient has been accepted into the clinic, the Cardiologist works with them to consider the Plan that suits their needs. This can be either a Heart Failure Management Plan; or Medical Anticipatory Care Plan</p> <p>The Cardiologist can develop the plan with the Patient through a series of consultation that would generate letters to the GP. Once a Plan has been agreed, it becomes the 'Current' Plan for use by the Care Manager and the Care Network.</p> <p>The intention of the Plan is to provide care at the place which best reflects the Patients needs and desire.</p>
Prime Actor	A01 Cardiologist

Secondary Actor(s)		A02 Patient A03 Care Manager A04 Care Network A05 General Practitioner
Trigger(s)		The Cardiologist and Patient agree the Plan
Pre-Conditions		Patient has been vetted and accepted into the Clinic Cardiologist has discussed the Plan with the Patient
Post-Conditions - success		Care Manager will have access to the agreed Care Plan GP will have access to the agreed Care Plan Patient will have access to the agreed Care Plan
Post-Conditions - failure		Patient will not have agreed Plan.
Main success path		
Step	Actor	Action
1	A01	Appointment scheduled with Patient (A02) to discuss Plan
2	A01	Patient and Cardiologist agree the Plan reflects the needs and desires of the Patient, and is now 'Agreed'
3	A01	The Cardiologist updates the Plan status from 'Draft' to 'Agreed'
4		The App records the change of status by the Cardiologist. The plan is now visible to the Care Manager and Care Network(A04) agreed in the Plan.
5	A01	Cardiologist generates Letter to GP (A05) outlining the existence of the Plan. Copy of the Plan is included.
6	A01	Cardiologist notifies Case Manager (A03) that Care Plan is now agreed
Extension path		
Ext Step	Condition	Action or sub-Use Case

2.3 Use Case outline: <UC02 - Regular Review of Plan>

Use Case control	
Version	0.1
Status	Draft
Use Case description	
Brief Description	<p>Every Plan requires a regular review with the Cardiologist and the Patient. The Care Manager may be part of that review.</p> <p>The App is expected to remind the Care Manager of the dates for the next review. The dates for regular reviews should be no less than quarterly, however they may occur more frequently, and this would be configured on a Patient by Patient basis.</p> <p>The review can include all aspects of the Plan.</p> <p>Once the new Plan is agreed, it is re-issued to the relevant people/organisations as per UC01</p>
Prime Actor	A03 Care Manager
Secondary Actor(s)	A01 Cardiologist A02 Patient A08 Acute System
Trigger(s)	The elapsed time since the last regular review has passed
Pre-Conditions	Patient does not require an earlier review due to change in condition



Post-Conditions - success		Review is completed and recorded Changes to Plan are agreed and re-distributed as per UC01
Post-Conditions - failure		Regular review in line with clinical good practice will not have been completed
Main success path		
Step	Actor	Action
1	A03	Reminder from App received by Care Manager
2	A03	Care Manager checks Clinic Schedule in Acute System to see if Patient has appointment
3	A03	Appointment is already scheduled
4	A03	Care Manager updates Cardiologist on activity from Care Network
5	A02	Patient arrives for appointment
6	A08	Acute system records attendance and updates App
Extension path		
Ext Step	Condition	Action or sub-Use Case
2	No appointment scheduled	Care Manager gets in touch with Patient to schedule appointment
4	No significant activity from Care Network	Care Manager discusses with Cardiologist, agree that Patient attendance is not necessarily required. Cardiologist communicates with Patient and agree no clinic appointment is required. Acute System (A08) records interaction and updates App

2.4 Use Case outline: <UC03 - Care Network Appointment Reminders for Care Manager>

Use Case control		
Version	0.1	
Status	Draft	
Use Case description		
Brief Description	The Care Network includes actors from across the Health and Social Care spectrum. At different points in the management of the plan, these service providers will be scheduling appointments and home visits to support the patient in their preferred place of care. The role of the Care Manager will be to confirm that schedule visits and appointments occurred, and to follow up if they didn't, acting on behalf of the Patient	
Prime Actor	A03 Care Manager	
Secondary Actor(s)	A02 Patient A04 Care Network A06 Carer	
Trigger(s)	Appointment is scheduled with Care Network member	
Pre-Conditions	Appointment has been scheduled with Patient Appointment is within set days of reminder being generated	
Post-Conditions - success	Appointment is conducted when agreed with the Patient Notification of Appointment happening is received by Care Manager	
Post-Conditions - failure	Appointment missed	
Main success path		
Step	Actor	Action



1	A04	Appointment scheduled with Patient (A02) to facilitate care. The relevant Care Network providers system generates an appointment notification for the App
2	A03	The Care manager receives a notification of an upcoming appointment for the Patient (A02), based on profile reminders.
3	A03	Care Manager follows up on specific actions to facilitate the appointment. This may include arranging transport or reminding the Patient(A02) or Carer (A06) of the upcoming appointment.
4	A04	Care Network appointment is completed. Care provider updates their system. Notification sent to App of the completion of the appointment
5	A03	Care Manager receives confirmation of appointment being kept
Extension path		
Ext Step	Condition	Action or sub-Use Case
2	Patient admitted to Hospital	Care Manager advises Care Network of admission to hospital and appointment changes.
3	Patient/Carer has forgotten appointment and no longer available	Care Manager prompts the Patient to reschedule, or where appropriate advises the Care Network provider of patient unavailability.
5	No notification of successful appointment received.	Care Manager is advised by the App that the appointment was missed. Care Manager follows up with provider to confirm non-attendance. Follows up with Patient or Carer as appropriate.

2.5 Use Case outline: <UC04 - Patient query - Standard Question >

Use Case control		
Version	0.1	
Status	Draft	
Use Case description		
Brief Description	<p>The Patient will have the ability to ask questions of the Care Network from a pre-selected set of questions.</p> <p>The questions are then routed to the appropriate individual for a response. the Care Manager is advised when a question is asked, and when a response is given.</p> <p>Where a pre0set time limit is reached and no answer issued, then the Care Manager follows up with the relevant member of the Care Network to ensure an answer is given to the Patient.</p> <p>The App records the question and the response given.</p>	
Prime Actor	A03 Care Manager	
Secondary Actor(s)	A02 Patient A04 Care Network	
Trigger(s)	Question raised by Patient from preselected set of queries	
Pre-Conditions		
Post-Conditions - success	Question answered within agreed timeframe	
Post-Conditions - failure	Question remains unanswered	
Main success path		
Step	Actor	Action
1	A02	Patient raises a query from within the App.
2		The App routes the question to the relevant Care Network member as per the agreed pathway.
3	A03	Care Manager receives a notification that a question has been asked and routed to relevant Care Network provider.



4	A04	Care Network provider responds to question. This could be directly (phone, visit, email), or through the App. Care Network provider updates the App with response provided
5	A03	Care Manager advised that a response has been given.
Extension path		
Ext Step	Condition	Action or sub-Use Case
2	No Care Network member identified	If there is no Care Network member for that patient, the query is sent to the Care Manager.
4	Response to question not given.	The Care Manager is reminded that an outstanding query exists for that patient. This is based upon agreed threshold for queries. Care Manager continues to get notified of outstanding question until a response is issued.

2.6 Use Case outline: <UC05 - Patient Observation – Personal measurements and data>

NOTE - Was GGC "UC05 - Patient Observation - Weight data"

Use Case control		
Version	0.1	
Status	Draft	
Use Case description		
Brief Description	<p>As part of the management of the symptoms for the Patient regular monitoring of vital data is a key indicator of potential changes in condition.</p> <p>Patients with a Plan are advised to monitor personal data such as their weight, blood pressure and heart rate, and if they see significant changes for the worse (based on a defined set of parameters), they are advised to contact the Care Manager and discuss with them any other symptoms they may experience.</p> <p>It would also be useful for patients to monitor an input data about their diet and exercise, so that Carers and the Care Network can follow the lifestyle of the patients and encourage them to make changes if the clinical data shows that it is necessary to manage and improve their condition.</p> <p>The Care Manager (in consultation with the Cardiologist and/or GP) can then take action to prevent unscheduled hospital attendances.</p>	
Prime Actor	A02 Patient	
Secondary Actor(s)	A03 Care Manager A04 Care Network	
Trigger(s)	Reminder from the App to input personal data and measurements	
Pre-Conditions	Patient has opted to self monitor vital data Cardiologist and Care Manager agree that self monitoring is appropriate	
Post-Conditions - success	Personal data is successfully logged into the App	
Post-Conditions - failure	Personal data not recorded	
Main success path		
Step	Actor	Action
1	A02	Patient is prompted by App to take measurements and input data
2	A02	Patient takes measurements and records readings in App
3		App logs the input, date and time of reading.
4		App assesses measurements against agreed threshold for that patient.



Extension path		
Ext Step	Condition	Action or sub-Use Case
3	Patient fails to log personal data	Care Manager advised that Patient has not logged data when reminded. Care Manager contacts Patient
4	Threshold(s) for vital parameters breached	Care Manager advised that the agreed threshold for the Patient has now been reached. Care Manager contacts patient

2.7 Use Case outline: <UC06 – Cardiac Care 'Self Help' Information>

NOTE - Was RSD "UC01 - Patient Information"

Use Case control	
Version	0.1
Status	Draft
Use Case description	
Brief Description	<p>After discharge the patient often has a lot of general questions and needs access to relevant information which will help them manage their disease in the best way possible. As the mobile solution/app will be a key component in their self-management it will be natural for them to also use it as a source of information.</p> <p>Therefore it would be beneficial to have an information section where the patient can find information about heart disease and how to manage it – this information already exists in website of eg. the patient associations in Europe and nationally, so it would be useful to link this information to the app.</p> <p>As diet is very important for heart patients, it could perhaps include information about dietary recommendations and even recipes for meals designed for heart patients.</p> <p>It would also be of great value if the app information section included research findings and could notify patients of important results and changes in clinical practice which it might be useful for them to know so they can adjust their life style (diet, exercise, etc.) to the new guidelines.</p> <p>This should also include information resources to support non Heart Failure professionals in understanding heart failure and palliative care</p>
Prime Actor	A02 Patient
Secondary Actor(s)	A01 Cardiologist A03 Care Manager A04 Care Network A06 Carer (relatives) A10 Patient Associations
Trigger(s)	The patient has questions about their condition, and a high information need to be able to manage their condition.
Pre-Conditions	Patient has been vetted and accepted into the Clinical platform
Post-Conditions - success	<p>Patient will have access to information about heart disease and how they should manage their condition to improve their quality of life</p> <p>Carers can also use the 'information library' to get information and stay informed on how best to support the patient.</p> <p>Non Heart Failure professionals can also use the 'information library' to get information and stay informed on how best to support the patient.</p>

Post-Conditions - failure		The appropriate information is not available for patients or they are unable to find it. The information is not appropriate or updated and thus of no value to the patient.
Main success path		
Step	Actor	Action
1	A10	Patient associations(A10) have collected relevant information about heart disease and makes this available in the app
2	A03	Care Manager(A03) identifies relevant information to managing care pathways and makes this available to the app.
3	A01	Cardiologist(A01) makes sure that patient(A02) know that they can find information in the app after discharge
4	A03	Care Manager(A03) helps patient(A02) and carers(A06) find information through the App to teach them to find it on their own
5	A02	Patients(A02) and Carers(A06) are aware of the functionality and use it actively to find information and stay up to date
6	A10	Patient Associations(A10) review information available through the app and keep it up to date.
7	A03	Care Manager(A03) reviews information available through the app and keeps it up to date.
Extension path		
Ext Step	Condition	Action or sub-Use Case

2.8 Use Case outline: <UC07 - Patient Community Forum>

NOTE - Was RSD "UC02 - Patient Community Forum"

Use Case control	
Version	0.1
Status	Draft
Use Case description	

Brief Description	<p>After discharge the patient will often have a need to get support and share experiences with other people in the same situation. Thus, the patient would benefit from a virtual patient community where they can chat and discuss their situation with peers – access to the forum should be in the app/mobile solution where there is a secure sign in for patients (and possibly carers).</p> <p>Most likely such communities already exists within the relevant patient associations/ volunteer organisations, therefore linking the forums together would be most powerful.</p> <p>It would be optimal if patients could register for the forum function and chose whether they would like to be anonymous or use their real identity in the forum.</p> <p>The forum would ideally be able to do threads on any topic chosen by the users and perhaps even feature closed discussion between a limited number of people, if some patients would prefer to participate in smaller, closed fora.</p> <p>The intention of the virtual community is to provide social network with citizens in the same situation and with other patients that are willing to share knowledge and experiences about how they manage and interact in their own care plan – anytime and anywhere.</p> <p>The forum would not have access to the clinical record of the patient, and any information shared would be through the EXPLICIT action of the patient.</p>	
Prime Actor	A02 Patient	
Secondary Actor(s)	A06 Carer	
Trigger(s)	The Patient has the desire, need and ability to access a social community and interact with other patients	
Pre-Conditions	Patient has been vetted and accepted into the Clinical platform Patients chose to register in the community/forum and participate actively	
Post-Conditions - success	Patient will have access to a patient community Carer can be granted access to the community and can act as support to the patient	
Post-Conditions - failure	Patient would not have the desire to engage in social community or the patient does not possess the mental/physical ability.	
Main success path		
Step	Actor	Action
1	A02	Patients(A02) gets access to app and chooses to sign up for forum
2	A02	Other patients sign up for community/forum and chose to engage
3	A02	Patient(A02) explicitly allows the Carer(A06) access to the forum
4	A06	If access has been provided by the patient, the carer can now participate in the forum
5	A02	Patient(A02) withdraws access to the forum for the Carer(A06)
Extension path		
Ext Step	Condition	Action or sub-Use Case
1	Patients don't sign up and use the forum	Care Network and Patient Associations endorse forums and encourage patients to engage in the forum.

2.9 Use Case outline: <UC08 – Carers/Relatives viewing rights>

NOTE - Was RSD "UC03 - Carers viewing rights"

Use Case control	
Version	0.1

Status	Draft	
Use Case description		
Brief Description	<p>After discharge and once the patient have been added to the Clinical Portal (A09), the Carer A06 (patients relatives) often experience a need for insight into the patients activities and vital data. The carer is often a very active part in the support and well-being of the patient and would benefit from being able to have viewing rights.</p> <p>Many patients also find it difficult to relay messages to their relatives regarding their condition, improvement/deterioration, care plan, appointments with health care professionals etc., and would like it to be easier for carers to get that information directly from the health system.</p> <p>The intention of giving viewing rights is to give the carer the possibility to play an active part in the patient’s management of his/hers own care – anytime and anywhere.</p> <p>The patient and the carer will discuss this with the Care Manager, and an explicit consent will be made if the patient chooses to share their data. In situations where the patient is incapable of understanding the consequences of sharing data, then the Care Manager will refer to local data sharing guidelines in such cases.</p> <p>The patient has the ability to withdraw access to the Carer at any point</p>	
Prime Actor	A02 Patient	
Secondary Actor(s)	A03 Care Manager A06 Carer	
Trigger(s)	The Patient has the desire to give the carer viewing rights.	
Pre-Conditions	<p>Patient has been vetted and accepted into the Clinical platform</p> <p>Patient want their carer to have access to their clinical information to stay informed</p> <p>The local data sharing guidelines for sharing patient information allow this to happen.</p> <p>The patient is capable of understanding the consequences of allowing access to their information.</p>	
Post-Conditions - success	Carers can view information from the App which makes it easier for them to play an active role in helping the patients manage their medical condition	
Post-Conditions - failure	<p>Patient would not have the desire to give the carer viewing rights.</p> <p>The system doesn't allow anyone but the patients to access the information about them.</p> <p>The local data sharing guidelines do not allow for data sharing with anyone other than the patient.</p> <p>The patient is unable to understand the consequences of data sharing.</p>	
Main success path		
Step	Actor	Action
1	A03	The Care Manager explains to the Patient (A02) the ability to share access to their information using the App with their Carer(A06).
2	A02	The Patient(A02) understand and accepts the consequences of sharing data with their Carer(A06).
3	A02	Patient (A02) explicitly gives the Carer(A06) rights to view their data and exercise activities. This is recorded in the App.
4		The App records the approval of the patient and informs the Care Manager(A03) and the Carer(A06) that approval has been given.
5	A06	Carers(A06) use the platform to stay informed about the condition of their relative and use the information
6	A02	Patient(A02) withdraws permission for access from a Carer(A06)



7		The App acknowledges the withdrawal of permission. Notification is sent to the Care Manager(A03), and confirmation to the Patient(A02). NO NOTIFICATION IS SENT TO THE CARER(A06)
Extension path		
Ext Step	Condition	Action or sub-Use Case
3	Patient(A02) denies access to the Carer(A06)	No messages are sent to the Care Manager(A03) or the Carer(A06). No access is given to the Carer(A06)