

Design (on paper) a complex product suitable for use by computer novices and the elderly. Design the user interface for major application and program a "story-board" prototype to illustrate its user interface. Prepare a complete plan for a usability evaluation of the interface. Present this work to the class and prototype system in Access or Visio (group project)

<http://www.healthsouth.com>

HEALTHSOUTH is the nation's largest healthcare services provider, with nearly 1,700 locations nationwide and abroad. Our vast network of highly skilled physicians and therapists and the latest equipment and technology guarantees that all patients have easy access to high quality healthcare.

1. **Hospital** Calls Health South (CS) with new case
The hospital has basic information available on the case for a patient
2. **CS call center** fills out *Admission Form* on new patient..
3. **Different Types of user**
 - Traveling Nurse
 - Manager
 - Approval
 - Department
4. **Key user Traveling Nurse**
 - a. Traveling Nurse calls in to get assignments
 - b. The nurse interviews the patient for the case
Verify patient data, contacts, medication, hospital data and any special needs.
 - c. After the Interview is complete the form is used to update the patient database
5. **Manager**
 - a. Reviews New Cases
 - b. Reviews On Hold Cases
6. **Approval User**
 - a. Checks Case Forms for Interview Completed
 - b. Case is Approved, Rejected, or Hold
7. Department user based on needs of the department look at approved cases or other cases
8. **Types of Cases**
 - New Case
 - Approved Case
 - Rejected Case
 - Hold Case
9. **Approved Case**
 - Patient is going to be admitted to Heath South.
 - Notify Hospital telling them that Health South wishes to admit patient
 - Notify Admissions at Health South informing them of a new patient
 - Notify pharmacy and Transportation Company.

10. **Hold Case**
The record is put on hold for a reason
Send e-mail to selected user with message from Hold Form
11. **New Case**
12. **Rejected Case**

Fields on Screen:

The Referral Date drop down list

Case Number Automatically generated

Patient Information

Name

First Name, Middle Name, Last Name

Address

Street Address, town, State, Zip, Phone:

SSN:

DOB

Age

Religion

Race of patient

W, H, B, I, A

English Speaking

Yes, No, Partial

Marital Status

S, M, W, D, X

Sex

Male, Female

Hospital Stay in the last 60 days

Yes, No

Hospital stayed in name

Organ Donor

Code Status

Patient Insured

Please check any additional contact information available

Emergency Contact Information, Secondary Contact Information

Emergency Contact

Name

First Name, Middle Name, Last Name

Address

Street Address, town, State, Zip, Phone:Fax

E-Mail:

Living with,

Durable Medical P.O.A

Name of Durable Medical POA

Secondary Contact Information

Facility:

Case Manager

Room:

Physicians Attending

Referring:

Primary Care:

Primary Insurance

Insurance Name

ID:

Address:

Group:

Phone:

Policy Holder

Case Manager

Manager Name:

Phone:

Fax:

Patient's Employer

Employer Name :

Phone :

Address

Medication

Special Physical Needs: