

# A system architecture supporting the agile coordination of homecare services

*S. Zefouni<sup>1,2</sup>*

*E. Lamine<sup>1,2</sup>, R. Bastide<sup>1</sup>, H. Pingaud<sup>2</sup>*

1. IRIT-ISIS, Université. Champollion,  
Rue Firmin Oulès, 81100 Castres, France  
{sabrina.zefouni, remi.bastide}@univ-jfc.fr

2. Université de Toulouse - Mines d'Albi, CGI  
Campus Jarlard, Route de Teillet, 81013 Albi Cedex 09, France  
lamine@enstimac.fr

**PRO-VE'10**

11-13 Octobre 2010

—Saint-Etienne—

- ❖ Increased life expectancy
  - Europe counts today about 80 million senior citizens
  - This number will almost double by 2050

- ❖ Increase of 'fragile' persons and the development of chronic diseases
  - Require monitoring and care management on a long-term basis

PASPORD research project

## Collaborative platform to help persons with restricted autonomy

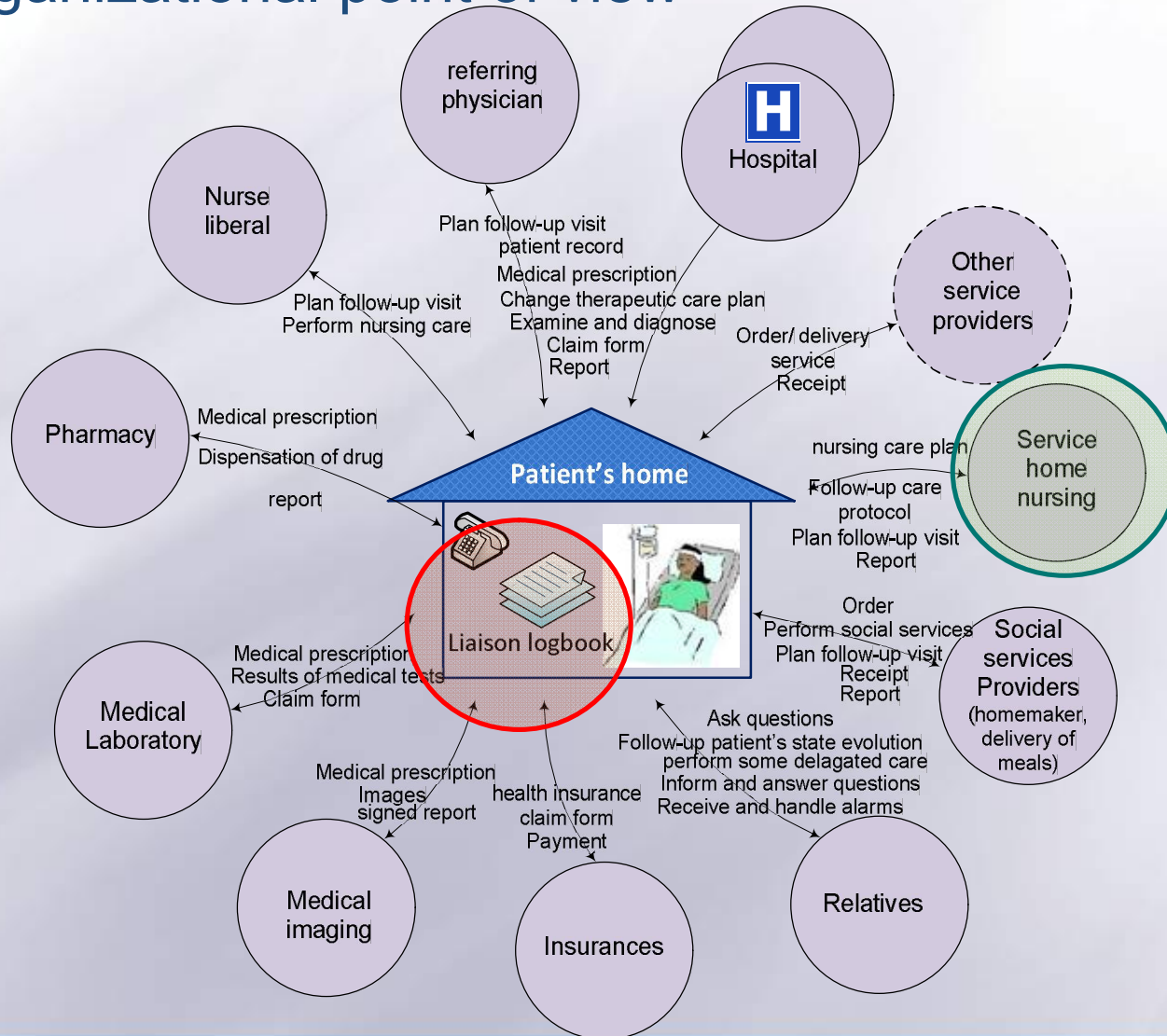
- ❖ The increase of the population of senior citizens
  - Limit spending of the state, insurance and insured
- ❖ The field of eHealth is currently the subject of intense research projects and commercial development
  - Obvious lack of integration of existing ICT health services
- ❖ Establishment of an information system and use of Information and Communication Technologies (ICT)
  - Essential for improving the global efficiency of healthcare systems



- ❖ Homecare is becoming increasingly common in healthcare delivery
  - Management challenges in terms of coordination and follow up of activities

- ❖ Homecare ecosystem
- ❖ Proposed system architecture
- ❖ Case study: management of undernutrition
- ❖ Conclusion and future work

## ❖ The organizational point of view



## ❖ Liaison logbook

- The main communication tool
- Unstructured

Information on the work carried out

Date

## ❖ Several limits

- Not always clear and reliable
  - Stockholder must seek information about him, a long process of transmission not very reliable
- Lack of privacy and security

Information on the status of the individual care

2 août ~~Je~~ suis là pour le repas de midi  
d'après Charlotte

2 août : a pris le traitement. J'ai AS. ISA 7

19 août Repas Huit: - beefsteak de cheval  
- courgette  
- fromage  
- sauce aux poires

Soir - Avait fini la tarte aux poires  
- 2 tomates farcies  
- 1 cuillère

21/08 - Tomates farcies (3) (n'a pas voulu du melon)  
- fromage

30.08 à 15H15

51 Kg

Soir: fatiguée, n'a rien voulu  
Elle dit qu'elle avait mangé - du potage  
+ 1 tranche de jambon?

Signature

ent stakeholders

Logistical information

on

## ❖ Characteristics of the homecare process

### ● Collaborative:

- *An assembly of distributed business processes among several participants composed of heterogeneous elements, with various levels of autonomy, implemented jointly to achieve a common goal*

### ● Custom:

- *Each patient being a specific case due to particular health conditions, social networking, geographic location, etc.*

### ● Dynamic:

- *According to health conditions, social networking, etc.*

### ● Extending over long periods of time:

- *Especially in the case of chronic diseases,*

- ❖ The homecare ecosystem is still in a primary stage of maturity
  - Lack of real-time access to information and of communication between stakeholders which hampers the management and the follow up of the homecare activities.
- ❖ Many ICT can be used to enhance global homecare ecosystem efficiency

▪ Visadom



*Visiophone system allowing communication between patients receiving homecare and hospital*

▪ DigiCare



*Automatic Information System*

▪ Carroussel

*Autonomous controlled drug dispensing system*



## System architecture integrating existing eHealth ICT

▪ Columba

*Guardian-angel bracelet locate the geographic position Alzheimer's sufferers from wondering away*



▪ Vivago

*continuously monitors the patient daily activity levels and prevent a sustained inactivity*



▪ Serviligne

*A surveillance system to detect dangerous situations*

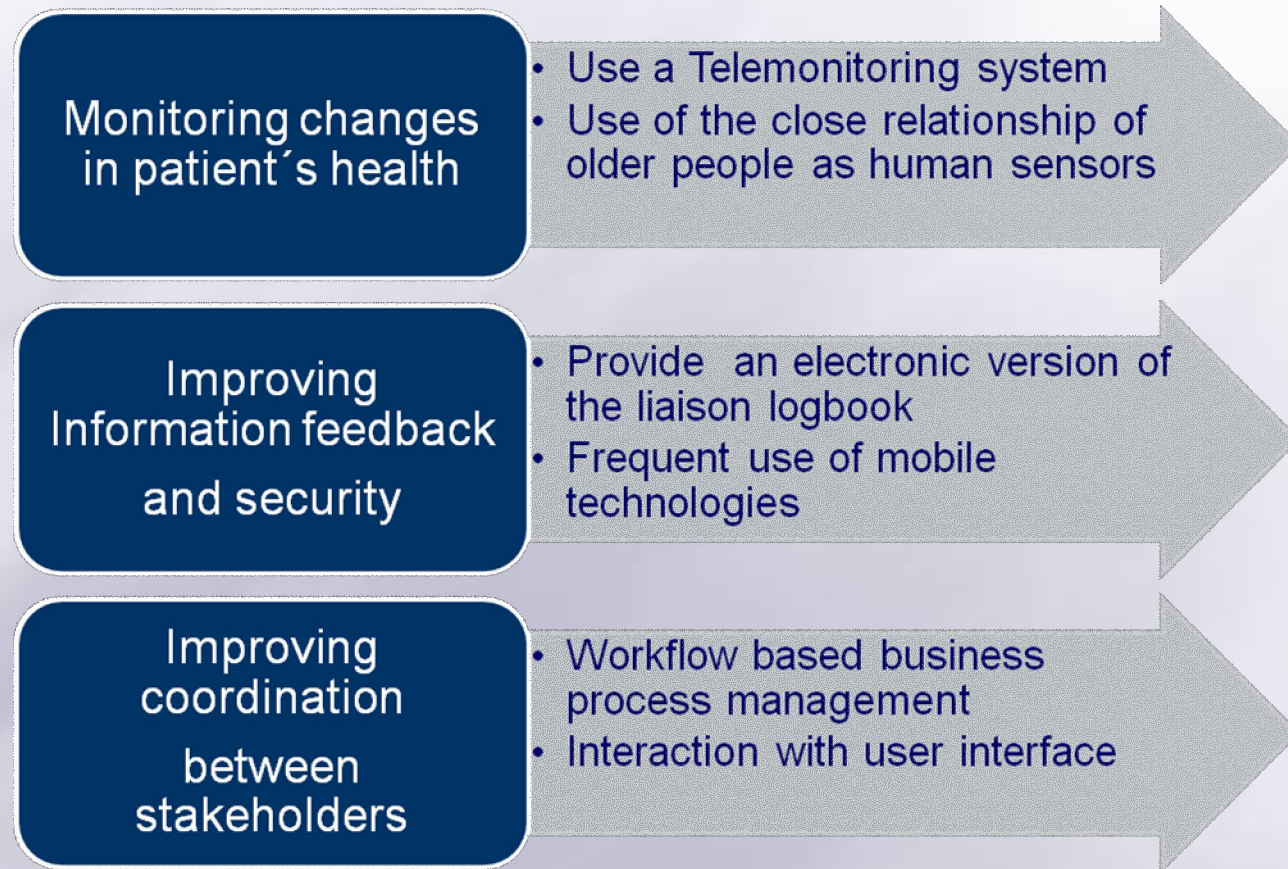


## ❖ Conceptual framework

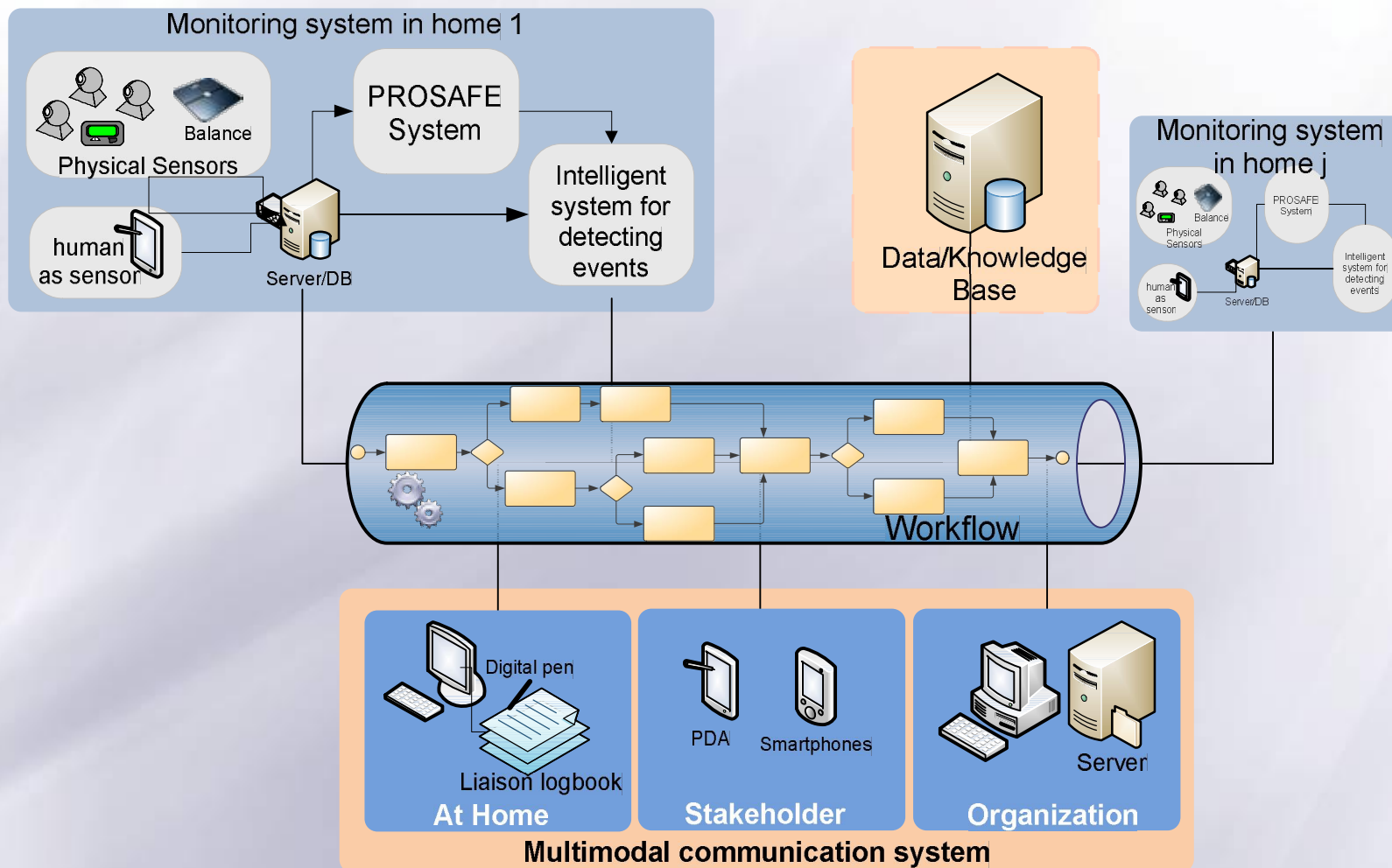
Characteristics of the homecare process	Expected characteristics of the system to support the homecare	
Collaborative	Inter-organizational coordination Collective communication	
Custom	Reconfigurable "on demand"	
Dynamic and uncertain environment	Agile	<ul style="list-style-type: none"> <li>- <i>Ability to anticipate</i></li> <li>- <i>Ability to react</i></li> </ul>
Governed by regulatory constraints	Compliance with business rules	
Requirements related to health	Quality of services in Exchanges and executions	<ul style="list-style-type: none"> <li>- <i>Security</i></li> <li>- <i>Privacy</i></li> <li>- <i>Reliability</i></li> <li>- <i>Traceability</i></li> </ul>
Heterogeneity of stakeholders	Interoperable	



## ❖ Functional framework ...



## ❖ Target system architecture

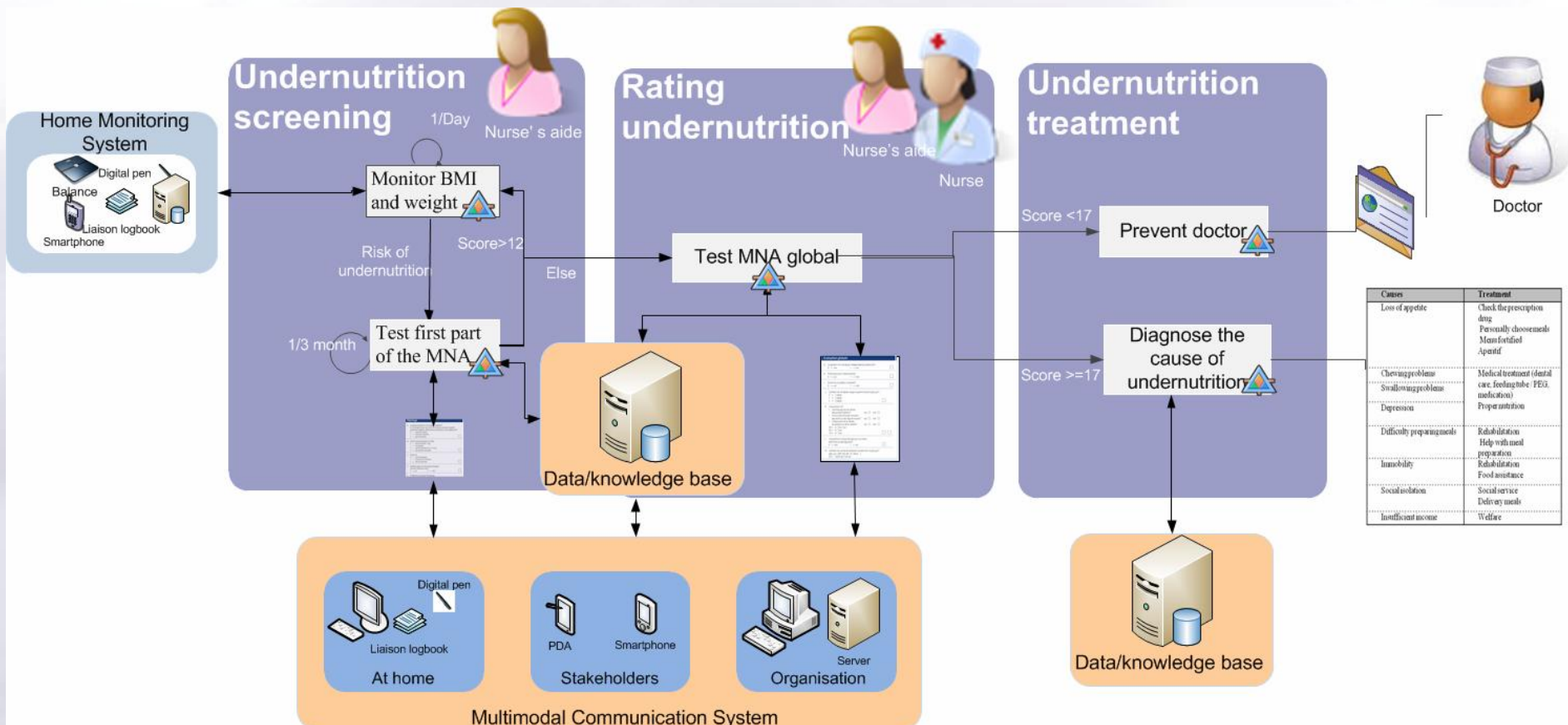


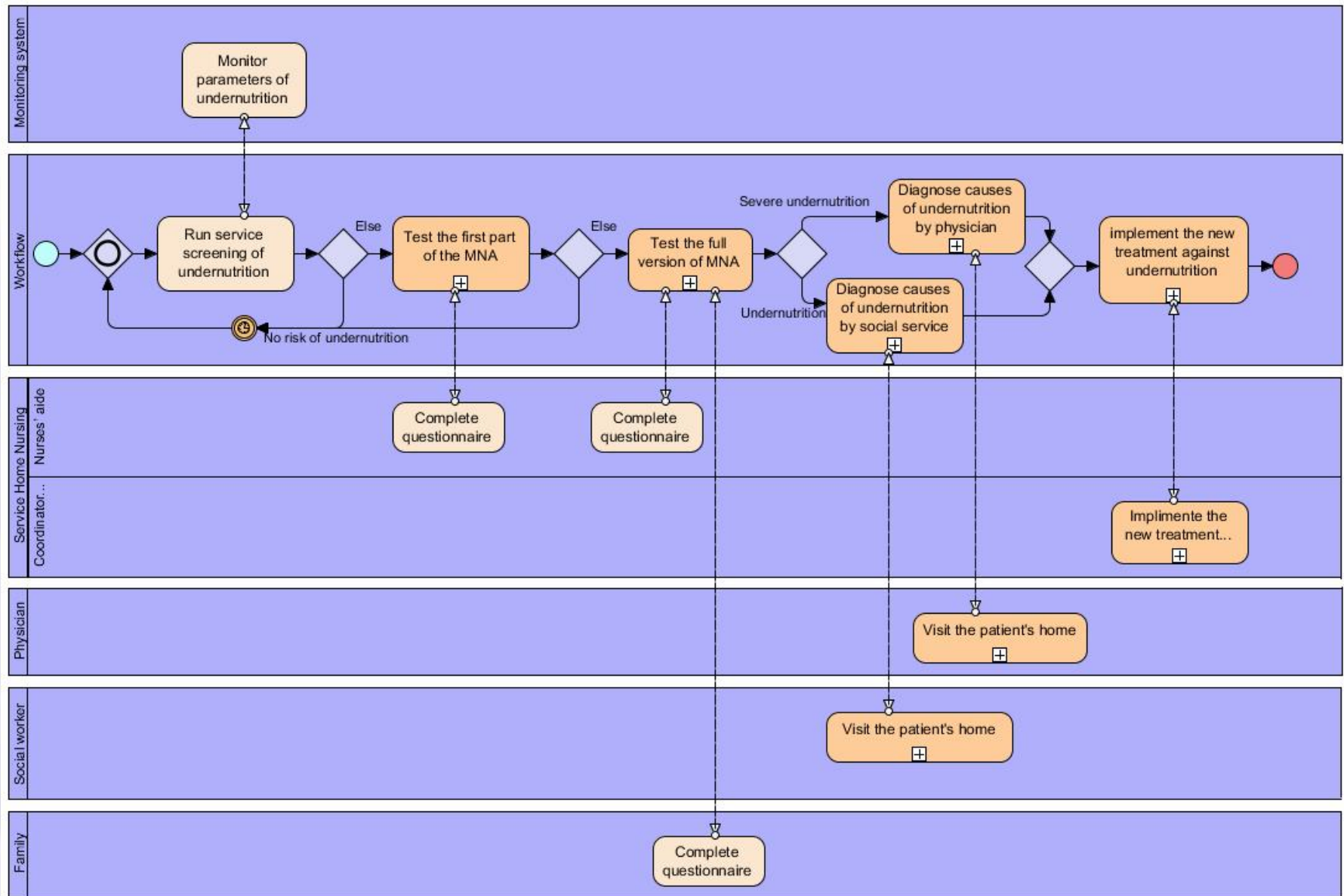
- ❖ Undernutrition: plague that affects the quality of life and economics:
  - Death 2 to 4 times higher, Increased risk of falls and time required for healing, etc.
  - In France: 350 000 to 500 000 elderly people living at home have nutrition problems
    - *Caused by depression, chewing problems, etc.*
- ❖ Methods for detecting undernutrition

Undernutrition	Severe undernutrition
<ul style="list-style-type: none"> <li>• Weight loss of <math>\geq 5\%</math> in a month or <math>\geq 10\%</math> in 6 months</li> <li>• Body Mass Index <math>&lt; 21</math></li> <li>• Albumin <math>&lt; 35\text{g / l}</math></li> </ul>	<ul style="list-style-type: none"> <li>• Weight Loss: <math>\geq 10\%</math> in a month or <math>\geq 15\%</math> in 6 months</li> <li>• Body Mass Index <math>&lt; 18</math></li> <li>• Albumin <math>&lt; 30\text{g / l}</math></li> </ul>

- ❖ The treatment plan depend to the causes

Causes	Treatment
<ul style="list-style-type: none"> <li>• Chewing problems</li> <li>• Swallowing problems</li> </ul>	<ul style="list-style-type: none"> <li>• Medical treatment (dental care, medication)</li> </ul>
<ul style="list-style-type: none"> <li>• Immobility</li> </ul>	<ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Food assistance</li> </ul>
<ul style="list-style-type: none"> <li>• Social isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Social service</li> <li>• Delivery meals</li> </ul>
<ul style="list-style-type: none"> <li>• ...</li> </ul>	<ul style="list-style-type: none"> <li>• ...</li> </ul>





## ❖ Proposed architecture

- Coupling a monitoring system to workflow engine
- Use of the close relationship of older people (family, medical and social) as human sensors to monitor changes in their health
- Use case focusing on management of undernutrition

## ❖ Future work

- Real time supervision of actors in mobility (geolocation, geofencing)
- Specialized notation for modeling healthcare processes
  - *Domain Specific Language (DSL) for modeling homecare workflows*

# A system architecture supporting the agile coordination of homecare services

*E. Lamine<sup>1,2</sup>, R. Bastide<sup>1</sup>, S. Zefouni<sup>1,2</sup>, H. Pingaud<sup>2</sup>*

1. 1. IRIT-ISIS, Université. Champollion,  
Rue Firmin Oulès, 81100 Castres, France  
{sabrina.zefouni, remi.bastide}@univ-jfc.fr

2. Université de Toulouse - Mines d'Albi, CGI  
Campus Jarlard, Route de Teillet, 81013 Albi Cedex 09, France  
lamine@enstimac.fr



## Thanks for your attention

?

