

FINGERPRINT ACCESS CONTROL FOR E-HEALTH RECORDS IN HOSPITALS

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ABSTRACT

In most of the hospitals, patients medical records are maintained in traditional methods as large paper files and documents. Technological advancements are evolving rapidly and improving the quality of life substantially. One of the advancements is Electronic Medical Records [6]. An Electronic Health Record is the systematized collection of a patient's health information which is electronically stored in a digital format. E-Health Records can improve the kinship between the patients and doctors. Identifying a person using the biometric characteristic is a necessary method to increase the security. Though there are many biometric features available for authentication, fingerprint is used because it is more practical one to capture. The use of biometrics for identification has a major role in sustaining the privacy and security [8] of the healthcare system. Efficiency and secured access of the patients health record is required to prescribe medicine. The paper proposes to develop a health record management system with fingerprint biometrics and login with passwords for authentication. Both the front end and backend is done using MATLAB. To connect the database with MATLAB, PostgreSQL is used. The proposed work includes retrieval of patient's data from the health records of the hospital database when the fingerprint is matched and the creation of

login portal for authentication.

Keywords:

Fingerprint recognition, electronic health record, MATLAB

1. INTRODUCTION

On a daily basis, millions of patients visit doctors in hospitals and other healthcare clinics [9]. Each of these visits increases the new medical record or modify the existing record. For storing and retrieving of records, a user authentication technology is required. Patients should have the assurance that the privacy of their records will be well kept safe. And for that purpose, the E-Health Record (EHR) management system is created which is accessed with biometric to provide security for patients and healthcare professionals.

This system is proposed to reduce the large paper work in hospitals and to address the deficit of healthcare staff. Both physicians and patients have to trust and rely on the data which may be complete, accurate, and secure. The use of technology for enhancing healthcare services has received significant outcomes in recent years. Due to digitization of health records, quality of patient care will increase along with large efficiency. As more and more hospitals and healthcare systems migrate to computerized electronic health records, more health informat

ion exchanges are built to coordinate care across networks and with effective data management to ensure it is kept free from corruption, modification, or unauthorized access.

Biometrics plays a major role in this system as it is the identification of an individual based on features they have. Biometric recognition is necessary as identity of an individual cannot be distributed or lost and it creates a really powerful tool in identity management. The issue of security is often a concern when it comes to the confidentiality of medical information. Here the fingerprints of the patients are used to provide access to their medical records. It is a pattern recognition system that recognizes a person by his or her fingerprint. Passwords and PIN authentication are used to secure the computer systems from unauthorized access since incomplete or misinterpreted health care records can lead to wrong medications and complexities.

2. LITERATURE REVIEW

There are various methods to access electronic health records in hospitals. Identification cards or smart cards can be given as proposed by Hinkamp [3], which stores the information regarding the patient. The information can be retrieved by a server network and displayed on a screen. This method provides a good solution for real-time access to emergencies while the difficulty in using this approach is that the patient should always carry the identification card or smart card while visiting the hospital. This makes the approach unfeasible for the health system.

Microsoft Health Vault and former Google Health [2] provide space to store medical information for any registered user. These web services are effective in storing information. It depends on the patient's credentials, such as username and password. But this approach will become unsuitable if the patient forgets such credentials or is unable to provide such information in a given situation.

The other approaches require smartphones as described by Gardner et al. [4]. The patient who enters the hospital carries the health records in his smartphone. The patient can access the records by providing the right combination of passwords or biometrics. Another method is using contactless fingerprint sensors and face recognition systems [1]. This method uses a secure, touch-less data acquisition from the distance to reduce the risk of impersonation or fraud. This method also reduces the risk of users contracting infections. But there is significant expense involved in the implementation of these sensors.

3. PROPOSED WORK

This section deals with the model of our system and the

process of extraction and thinning of fingerprints. The other details and architecture of the system will be explained in the subsequent sections. Our main objective is to provide paperless consultation and check-ups with high efficiency and privacy preserved access to the medical health records of patients. We matched the fingerprint in order to provide permission to retrieve the patient's records, which ensures no record mix-up takes place. We aimed to provide a centralized database access that can be used by any hospitals, pharmacies, scanning centers and test laboratories. The system design of EHR is in Figure 1.

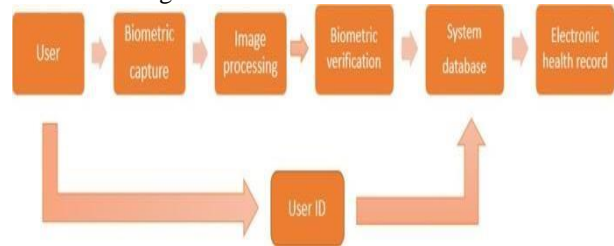


Fig1: System design of EHR

3.1 User approaching the system

The user is the patient who has come to visit the hospital in order to treat the ailments or may be for a normal check-up. He or she need not bring any files or test reports or medical prescriptions of the previous visits as all the information right from the diagnosis to treatment to medicines prescribed will be stored in the records. This provides the patients a hassle-free environment.

3.2 Biometric capture

First the biometric sample of the individual is loaded into the database. When the patient wants to access the health record, the fingerprint is given as an input image. Fingerprints are obtained by the replication of a fingertip epidermis, when a finger gets contact with the smooth surface. After this the unique features are then extracted from the biometric sample to create the user's biometric template [7].

3.3 Image processing

The fingerprint image of the individual is converted into a template. The system remembers the minutiae information like its location, direction, and user's demographic data as a template in the enrollment database.

3.4 Biometric verification

The newly formed template is compared with the stored template and matching is found based on the maximum match of minutiae points. The biometric verification is done by the matching of minutiae points extracted from the input fingerprint with the minutiae points of already stored fingerprint.

3.5 Storage database

The fingerprints are stored in a folder and its location is stored by a name in the database. In order to access the E-Health Records, if the fingerprints do not match after fingerprint verification, we have created a dialog box where the user has to provide his or her user ID and password. The given details should match with the details in the database. Only then the records can be viewed. We adopted this approach in order to maintain confidentiality of data and to avoid data thefts. The database in excel format is shown in figure 2.

ID	name	surname	diagnosis code	email	gender	phone	birth date	address	date joined	password	image
1	Dael	Paten	Atresia of vas deferens	qpaten@yale.edu	Male	33(629)576-1281	8/1/1987	4796 Sugar Terrace	11/5/2017	5h56a4dfc3ba762000094	0000_01_bmp
2	Reena	Ruhan	Ptch of abd wall w/ foreign body w/	rhyruan@yawa.com	Female	86(356)188-1188	20/05/88	39063 Randy Crossing	23/10/17	5h56a4dfc3ba762000095	0000_01_bmp
3	Magda	Anderson	Toxic effect of formaldehyde	mranderson2@reilian.com	Female	86(312)181-0168	10/9/1990	42774 Star Lane	29/12/17	5h56a4dfc3ba762000096	0000_02_bmp
4	Nady	Wann	Obtention of disease classd after man	nadywann@hugobos.com	Female	53(232)983-8843	4/2/1997	79 Newland Circle	25/06/18	5h56a4dfc3ba762000097	0000_03_bmp
5	Wynne	Billings	Fracture wound without foreign bod	wynnebillings@economics.com	Female	43(232)483-3381	8/6/1975	18331 Lone Wolf Cross	12/02/2017	5h56a4dfc3ba762000098	0000_04_bmp
6	Simone	Francisco	Deep fx of base of second MC bone. I	sfrancisco5@nasy.cz	Male	36(48)822-8833	20/10/59	399 Myrtle Place	18/09/17	5h56a4dfc3ba762000099	0000_05_bmp
7	Joseph	Kimpton	Toxic effect of venom of other snake.	jkimpton6@pioneer.com	Male	23(788)176-6484	1/2/1985	8655 Eggenstadt Alley	28/06/17	5h56a4dfc3ba762000100	0000_06_bmp
8	Cybil	Joselyn	Other secondary post. right wrist	cjoselyn7@edthill.com	Female	63(803)777-4723	3/2/1983	75 Surrey Parkway	9/9/2018	5h56a4dfc3ba762000100	0000_07_bmp
9	Chance	Lapsley	Inj extr musc/tend at forearm le	clapsley@wiley.com	Male	46(125)728-8783	14/06/82	22234 Glacier Hill Drive	14/12/17	5h56a4dfc3ba762000100	0000_08_bmp
10	Gaz	Kahn	Dry eye syndrome	dkahn9@nbc.ly	Male	86(412)781-3891	26/02/78	27 Welton Way	10/2/2017	5h56a4dfc3ba762000100	0000_09_bmp
11	Delta	Mercus	Lateral epicondylitis right elbow	lmercus10@reventus.ru	Female	78(55)558-7775	22/08/78	34625 Lutherville Pkwy	30/03/18	5h56a4dfc3ba762000100	0000_10_bmp
12	Lutty	Kiddie	Uninj extr musc/tend at shou/lu	lkiddie@edg.com	Female	43(232)483-4384	12/12/97	229 Prairie Rose Center	25-08-18	5h56a4dfc3ba762000100	0000_11_bmp
13	Dennis	Kierkegaard	Displaced dome fx left talus, sub	dkierkegaard@prod.gov	Male	63(68)636-1787	24/01/66	2798 Kim Alley	34-09-18	5h56a4dfc3ba762000100	0000_12_bmp
14	Gertruda	Bruckner	Dislocation of radiocarpal joint of	gbruckner14@kan.ac.uk	Female	86(978)376-3933	6/12/1997	58 Kennedy Plaza	25-07-18	5h56a4dfc3ba762000100	0000_13_bmp
15	Tim	Kettise	OTH complication of internal prosth	tkettise@imay.cz	Male	7(482)417-0453	10/9/1959	45833 Mitchell Court	27-11-16	5h56a4dfc3ba762000100	0000_14_bmp
16	Ferrell	Benett	Person on outside of snowmobile	fbennett@huffingtonpost.o	Male	59(904)783-2897	27/12/92	38534 Division Drive	11/3/2018	5h56a4dfc3ba762000100	0000_15_bmp
17	Sim	Quarant	ABO incompatibility with hemolytic	squarant@squarepace.co	Male	86(111)459-4534	18/08/66	36 Welfin Court	6/5/2017	5h56a4dfc3ba762000100	0000_16_bmp
18	Osber	Scott	Malignant neoplasm of tongue, unsp	osbertscott@qinet.com	Female	78(564)748-4241	28/09/69	30773 Mountview Mill	7/3/18/18	5h56a4dfc3ba762000100	0000_17_bmp
19	Loze	Bernberg	Fract of 76-79% of body surface w	lbernberg@imail.com	Female	55(772)994-2744	22/01/60	12 Procter Trail	8/5/2017	5h56a4dfc3ba762000100	0000_18_bmp
20	Mindi	Antoni	OTH diab with postf diab-rop with	mandantoni@bbq.org	Female	38(538)752-625	7/12/1993	2 Amelody Street	17-02-17	5h56a4dfc3ba762000100	0000_19_bmp
21	Shaman	Macraig	Accidental punct & lac of a venous s	smacraig@amazon.de	Male	86(125)689-6569	23/04/92	1620 Waywood Road	6/4/2017	5h56a4dfc3ba762000100	0000_20_bmp
22	Jerilyn	Slay	Avoidance of scalp, initial encounter	jslay@networkadvertising.c	Female	31(848)783-7020	28/08/77	35 Bartlett Crossing	9/7/2018	5h56a4dfc3ba762000100	0000_21_bmp
23	Wendell	Corke	Other specified congenital defects	wcorke@time.com	Male	38(277)915-882	18/11/65	454 Dunning Drive	10/1/2018	5h56a4dfc3ba762000100	0000_22_bmp
24	Reilly	Ormsion	Driver of pk-up van injured in c	ormsion@yale.com	Male	7(648)442-8855	15/11/59	78 Wolmberg Road	10/4/2018	5h56a4dfc3ba762000100	0000_23_bmp

Fig2: Database in excel format

3.6 Electronic health records (EHR)

The E-Health Records are the digital records of the clinical data up to date of the patient along with the medical history. It contains Name, Diagnoses, E-Mail, Gender, Phone number, Date of Birth, Address, Date joined and Password. Every time the patient visits the hospital, the entire information will be updated. This makes the work of the patient as well as functioning of hospitals easy.

4. IMPLEMENTATION

As stated in section 3.2, our technique involves fingerprint extraction, fingerprint matching and data retrieval which has been implemented using Matlab [5] and PostgreSQL. Fingerprints are peculiar patterns made of ridges and furrows, which can be seen on all fingers. All people have unique fingerprints and they cannot be the same even for identical twins. The fingerprint identification is used in almost all areas like background checking, security access, during disaster determination, and criminal offenses. The two important features of fingerprint are its uniqueness and existence. In addition, each person's fingerprints remain unchanged in their entire lifespan. The new skin cells formed get blended with the existing furrow pattern and friction ridge.

4.1 Ridge patterns

Friction ridges are classified into three types as

shown in figure 3. Loops, whorls, and arches are with incomparable variations, depending on the shape and relationship of the ridges.



Fig 3: Loop, Whorl & Arch of a fingerprint

4.2 Thinning of the image

During thinning process, width of the ridges are reduced to one pixel which helps in extracting minutiae points from binary images. The pixel wise computation of fingerprint image is shown in figure 4.

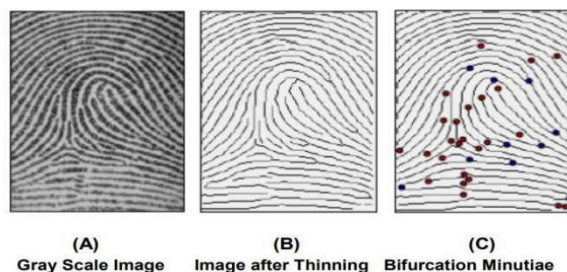


Fig 4: Pixel wise computation

Fingerprint thinning is the technique of reducing the thickness of every ridge pattern to a single pixel width. After extracting the minutiae from the improved, binarized and thinned image, post processing is carried out on this image to remove false minutiae. The input fingerprint image and thinned fingerprint images we obtained are shown in figures 5 and 6 respectively.



Fig5: Input Fingerprint Image

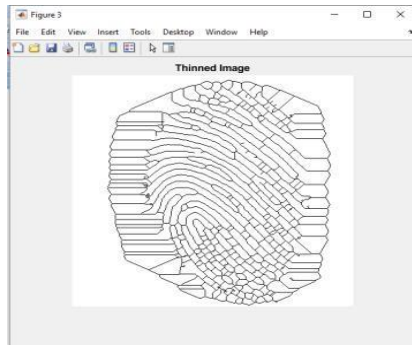


Fig6:Output image after Thinning

4.3 Minutiae extraction

This is the most popular and widely used technique, being the basis of the fingerprint comparison. Minutiae are extracted from both fingers and are stored as sets of points in the 2D plane. Then matching is done among the template and input minutiae to identify maximum quantity of minutiae pairings. The Minutiae comparison is based on loop, whorl or arch for initial comparisons and further analysis.

An

investigator of a crime scene first gathers fingerprints from the crime scene and compares the prints side by side with the known fingerprint database to identify a match. Generally, a fingerprint of good quality will contain 40–100 minutiae points. The figure 7 shows the fingerprint image after minutiae extraction.

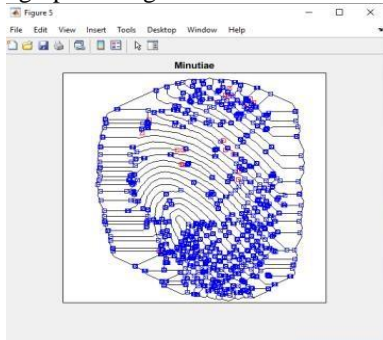


Fig 7: Output image after Minutiae Extraction

4.4 Ridge end finding & bifurcation

In poor quality fingerprint images it is very difficult to extract the minutiae points. However, local orientation, frequency, ridge shape, and texture information of each fingerprint are extracted which may not show high distinctiveness. The approaches belonging to this family compare fingerprints in terms of features extracted from the ridge pattern. Minutiae, from a simple perspective, indicate where a significant change in the fingerprint occurs. These changes are shown in Figure 8. The dark lines in the image represent ridges and light lines represent valleys, Arrow A shows a region where one ridge splits into two ridges called a Bifurcation and Arrow B shows where a Ridge ends.

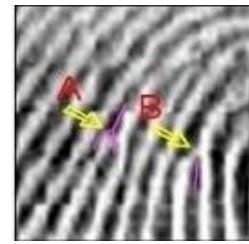


Fig 8: Example of Fingerprint changes

The two most prominent local ridge characteristics are Ridge Ending and Ridge Bifurcation. A ridge ending is a ridge end suddenly and a ridge bifurcation means the point where a ridge diverges into branch ridges. Collectively, these features are called minutiae. After locating these features in the fingerprint, the minutiae extraction software determines a significant direction of the change using Arrow B as an example, the significant direction starts at the end of the ridge and moves downward. The set of minutiae are shown in figure 9.



Fig9: Extracted minutiae & axes

The resultant minutiae, in their simplest form are the collection of all reasonable bifurcations and ridge endings, their location and their significant direction. Figure 10 shows the ridge end findings in fingerprint image.

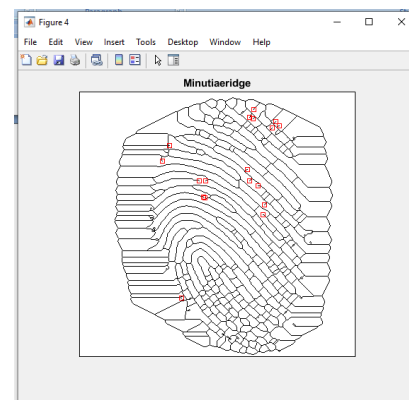


Fig 10: Output image after finding ridge end

4.5 Data retrieval

Data retrieval is the process of identifying and extracting the required information from the hospital database system. PostgreSQL native interface database connection is used to import product data from a database table into MATLAB using a PostgreSQL database. Then, a

simple data analysis is performed. The next step after fingerprint matching is the retrieval of the records.

Firstly, a database is created in PostgreSQL using queries where the dataset is linked to the database created in order to display the health record of a person once fingerprint is matched. The dataset includes the patient's name, Diagnoses, E-Mail, Address and other common information. Since fingerprint matching is done in MATLAB the database is connected with the MATLAB. The figure 11 shows a glimpse of database connected using PostgreSQL.

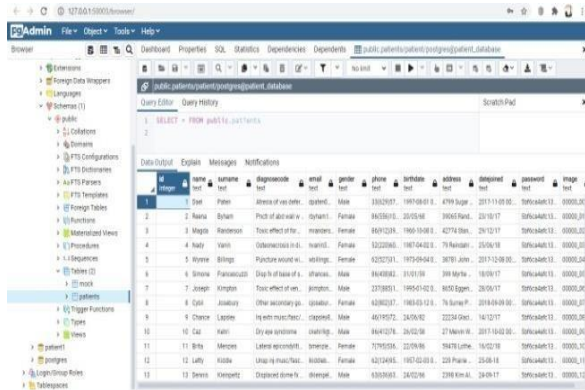


Fig 11: Database in PostgreSQL

The hospitals maintain the health record of the patient confidentially, so we downloaded a dataset consisting of patient's health record from Kaggle. This dataset is connected with the created database. The fingerprints of the patients are also linked to the database. When the input fingerprint is matched with the fingerprint of patient present in the database then the health records associated with the patients are retrieved from the database and are displayed in the command window of MATLAB. If the input fingerprint does not match with the fingerprint present in the database then a pop-up window appears asking for user ID and password. Email ID of every patient is considered as the user ID and a unique password is given to every patient. The given details should match with the details in the database. Then the patients' data can be viewed.

5. RESULTS

5.1 Fingerprint Matches

The output obtained when input fingerprint image matches with the fingerprint image in the database is shown in figure 5.1.

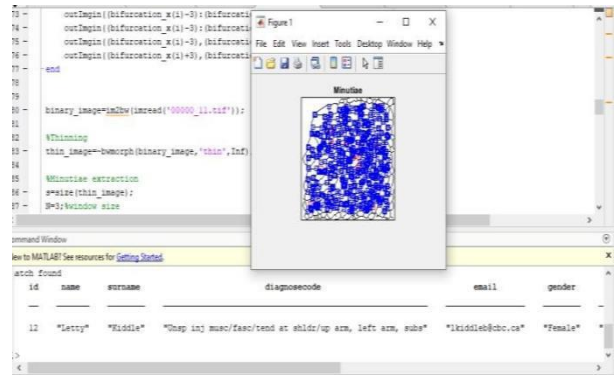


Fig 5.1 Patient's Data Obtained when Fingerprint Matches

5.2 Fingerprint Mismatch

The output image of the login portal when the input fingerprint image does not match with the fingerprint image in the database is shown in figure 5.2.

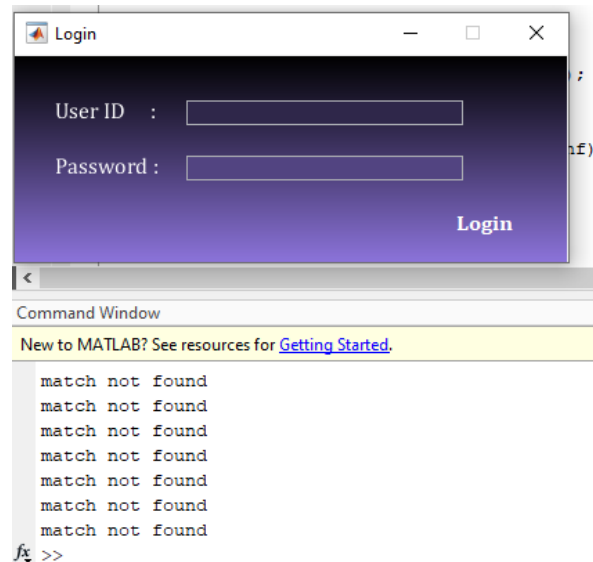


Figure 5.2 Input Fingerprint does not Match with Fingerprint Image in Database

5.3 Successful Login

The output obtained when the given User ID and password match with the User ID and password in database along with the patient's data in the command window is shown in figure 5.3.

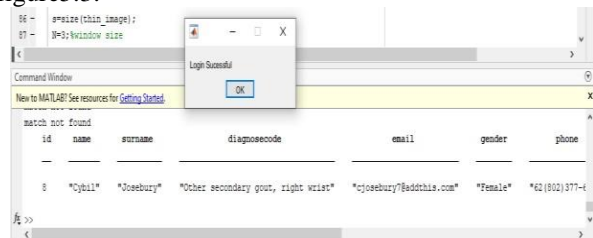


Figure 5.3 Patient's Data Obtained when Login is Successful

5.4 Unsuccessful Login

The output obtained when given UserID and password does not match with the UserID and password in database is shown in figure 5.4.

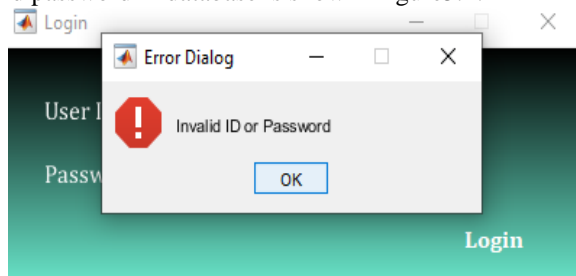


Figure 5.4 Error Dialog Box Opened when UserID or Password is incorrect

6. CONCLUSION AND FUTURE WORK

Fingerprint matching plays a major part in achieving the result of this paper. For that, firstly MATLAB 2021a application is installed. Either the fingerprint capture from the scanner or the readily available fingerprint images of the patients are stored in a folder. Health records of the patients that consist of name, ID, address, diagnose code, birth date, email ID, phone number and password in excel format is connected to the MATLAB 2021a using PostgreSQL.

When an input fingerprint is given then in a minute a point in the fingerprint are extracted and are compared with the other fingerprints stored. This can be done by minutiae thinning and extraction algorithm in MATLAB 2021a. On comparison the result is obtained, whether it is matched or not. Once matched the details of the particular patient is displayed. Health details can also be fetched using user ID and password in case of unavailability of fingerprints or any discrepancy while matching the fingerprints.

The process can be extended to a centralized login approach. In this approach the health records of any person can be accessed in any hospital all over the state or city with his or her fingerprint or login ID. The database can be linked to the scan centers, x-ray centers and pharmacies. The scan images and prescriptions can also be uploaded along with their other records. This enables that the patients need not carry the paper report everywhere.

Authentication is a second step verification process that is used for security process. It is also compatible with most of the fields. In arts, archaeology and anthropology, the common problem is to ensure that a given artifact was produced by someone or somewhere or a historical period. In computer science, verification of user identity is often required to allow access to private information or applications. The ways in which a person can be verified fall into three categories, based on what are known as authenticity factors: something the user knows and something the user has. Each authenticity

item includes a list of items used to verify or verify a person's identity prior to granting access, approving a transaction request, signing a document or other product, authorizing others, and establishing a series of authority. This can be done in future in order to avoid someone else to login illegally.

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