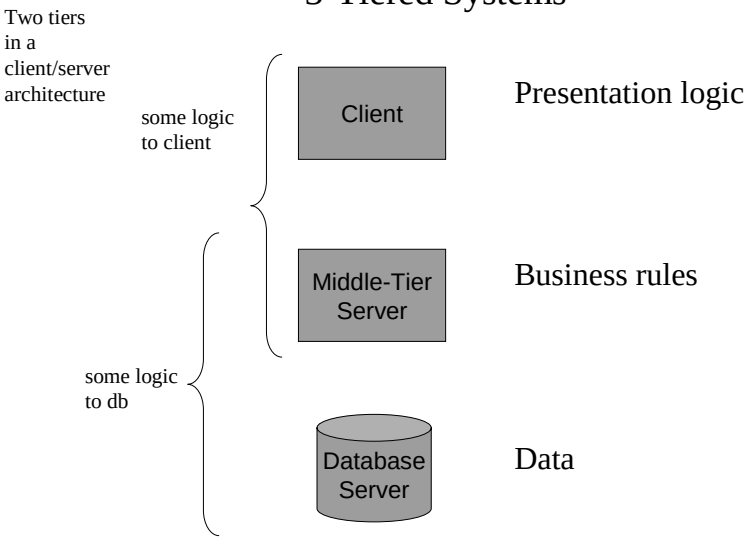
# N(=3)-Tiered Systems



## System Architecture Choices

- Monolithic
  - 1 large program, imports/exports data
- Client/Server
  - collection of clients, updates database
  - “fat client”
- 3-tiered
  - collection of clients, 1 mid-tier process for “business rules”
  - “thin client”

## 3-Tiered Systems






## Example Business Rule

- pay = hours_worked * pay_rate
- In a client/server architecture:
  - Prompt the user for employee_number & hours_worked
  - Fetch pay_rate from db
    - select pay_rate from pay_table where employee_id = <id>
  - Calculate the pay for the employee
  - Generate and execute an SQL statement to update the db
    - update payroll
      set pay = <calculated_pay>
      where employee_id = <id>

## Change to a Business Rule

- Suppose you need to change the system to account for overtime

```
if(hours_worked < 40)
    pay = hourseWorked * payRate;
else {
    pay = 40 * payRate;
    overtimeRate = payRate * 1.5;
    overtimeHours = hours_worked – 40;
    pay += overtimeHours * overtimeRate;
}
return pay;
```

- Multiple client program needs to be modified, re-compiled, re-tested, and re-installed.
  - N.B. separation of concerns at code level can be maintained.



## Alternately

- A database stored procedure could be used to compute the pay.
  - e.g., Oracle PL/SQL
  - Java extension to db
- Clients could then concentrate exclusively on presentation.
- Single database would have to be changed, re-tested & migrated.

## Basic Problems with this Approach

- Want to change the db as little as possible.
  - the most fragile component
- DB is not a great execution engine
  - inefficient
  - limited choice of language
  - hard to interact with outside services
  - poor development environment
  - poor error recovery
- Vendor lock-in



## Architectural Problems

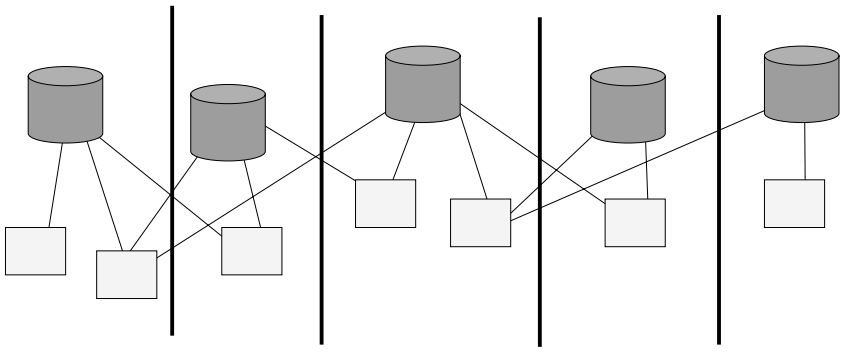
- Client-resident business rules
  - client bloat + lack of scalability on client machines
    - need to address lowest common denominator machine
      - 386 with 16M
  - transactions involving more than just db (e.g., queues)
    - must configure all client machines!
- DB-resident business rules
  - db bloat (too much for the db to do – runs out of steam)
- Common Issues
  - large # db connections
  - lack of support for caching
  - wide-area data distribution (data partitioning strategy)
  - fault tolerance

## Some Industry Statistics

- 2/3 of respondents had a formal system architecture
  - Monolithic
    - 14%
  - client/server
    - 26%
  - n-tier client/server
    - 54%
  - web centric
    - 3%
- Source
  - Cutter Consortium
    - Jan, 1999
    - survey of Fortune 1000 internal IT projects
  - “Client-server in general, and n-tier client-server in particular, gives IT the flexibility to deploy available computing resources most effectively."

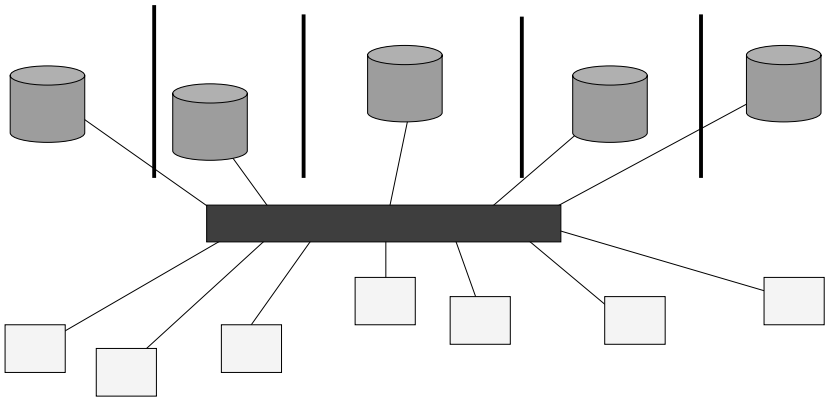


## Legacy Issues



- In large corporations, different departments develop their own client/server systems
- Inevitable in the case of mergers and acquisitions

## Solution



- Add a middle tier to isolate clients from databases.
- Re-engineer the databases going forward.



## Case Study

- Source:
  - AMIA (American Medical Informatics Association) 1998 Conference
  - **"A Software Architecture to Support a Large-Scale, Multi-Tier Clinical Information System "**
    - **J.A. Yungton, D.F. Sittig, J. Pappas, S. Flammini, H.C. Chueh, and J.M. Teich,**
- Partners HealthCare System
  - Merger of two Boston-area hospitals
    - Brigham and Women's Hospital
    - Massachusetts General Hospital
- Clinical Information System
  - patient health records
  - tests and results
  - …
- Each hospital had its own HOMEGROWN system
  - decision was made to merge the systems
  - neither was superior to the other
    - each system had its strengths

## Case Study

- Major requirements
  - Ease of software distribution/installation
    - 20,000+ workstations in the network
  - A solid data access tier
    - software services
    - data access routines
    - reusable modules to
      - minimize duplication of effort
      - maximize application interoperability
  - Intuitive, consistent, clinical computing environment
    - diverse end-user population
    - distributed client development
      - "In the absence of a unifying force, applications would take on their own look and feel leaving end-users to sort out a myriad of different styles and functionalities"



## Case Study – Software Distribution

- Options
  - network architecture
    - applications resident on servers
      - pro: applications always up-to-date
      - con: excessive load on servers for menial tasks
  - client-server architecture
    - local executables
      - pro: frees server from download and execution
      - con: program and patch distribution
        - » initial distribution: Micorosoft Systems Management Server
        - » update distributions: ?
        - » uses "push" on reboot, therefore stale client potential

## Case Study – Software Distribution

- Hybrid approach
  - Client maintains local program cache
    - executables, support files, shared libraries
  - On each execution, cache checked against server to ensure most recent updates are installed.
  - "Launcher" installed on each client
    - "Version Console" resides on a network server
      - front-end to version control database
    - Uses "pull" ("client pull")
  - 2 key features
    - defines projects = collection of files
      - project dependencies
      - project + dependents bundled on-the-fly as a "release"
    - workstation types
      - architecture
      - class: alpha test, beta test, production



## Case Study – Data Access Tier

- Faced with challenge of enterprise-wide data consistency and data acess
  - no existing common denominator
  - inevitable that additional systems would need to be integrated
  - corporate strategy:
    - add an abstract "data access" tier
      - provides common data objects & services to client applications while hiding the details of disparate back-end systems
- Technology
  - Microsoft COM
    - robust, easy to use, relatively fast
    - allows application development to proceed in parallel with middle-tier development
- Location
  - could reside anywhere
  - chose to distribute data access servers to client workstations
    - better performance

## Case Study – Data Access Tier

- Analyzed to identify key objects and services
  - PatientObject
  - UserObject, UserSecurity
  - OrderEntry-based objects:
    - Order, Test, Medication, …
  - Service-based objects:
    - PatientLookup, Observation, Procedure, Therapy, …
  - Results-based objects
  - PCISClientManager
    - MGH data stored on Tandem Nonstop SQL



## Case Study – Data Access Tier

- Client-to-data access tier communications
  - callable well-defined interface
    - names of callable routines
    - parameters
      - set in stone
      - modifications require justifications and approvals
    - returning well-known objects
    - heavily documented online
    - objects can be plugged into applications
  - proven system agility
    - built web-based clinical info viewer
    - built web-based phone directory
    - longitudinal medical record application
    - back-end redirected to first look into a data cache before attmepting a retrieval

## Case Study – Data Access Tier

- client-to-client communications
  - e.g.,
    - PatientObject can be passed from one application to another.
    - UserSecurity object can be passed
- Security
  - with servers resident on clients,
    - e.g., can use Excel/VB to interface to COM objects such as PatientLookup.
  - sol'n:
    - db of authorized applications
    - launched applications receive an ALK (application launch key)
    - using ALK, will get an SLK that must match the local server's SLK, or server will not respond.



## Case Study - Application Framework

- Clinical Application Suite
  - a framework used to house applications
    - merges multiple clinical applications into a single visual a functional context
    - maintains a single CurrentPatient and CurrentUser object across all applications
    - consolidates common system services
      - e.g., only one connection to PatientLookup objects
      - one GUI for displaying patient fields
  - button bars along top and down sides
    - launch apps and switch between them
  - because of its persistence on the screen, CAS provides a constant point of reference for the user
  - app builders code to the CAS API