

Federico – Hospital Administrative Operations platform

(Software Requirements Specification)

Team: 16_Federico

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Authors:

- Hamiz Ahmed
- Mohammed Kaamraan Ahmed
- Qasim Sheikh
- Sachin
- Venkata Rahul

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1. INTRODUCTION

1.1 Purpose

Federico is a non-clinical hospital operations system designed to maintain a single source of truth for patient administrative data, from initial appointment preference to efficient system of patient stay to final billing settlement. It deliberately focuses on the administrative sub-problem of the broader hospital management problem, excluding all clinical diagnosis and treatment workflows.

1.2 Problem Statement

Hospitals struggle to maintain a consistent, transparent flow of administrative information from appointment booking through admission, bed allocation, non-clinical inventory usage, and final billing. This is a **sub-problem** of the much larger challenge of end-to-end hospital information management. Federico addresses only the **non-clinical, administrative** portion of this larger problem by creating a single source of truth for patient administrative data and workflows.

1.3 Project Scope

Problem Context

The overall problem space of hospital information systems is very large and includes both clinical workflows (diagnosis, prescriptions, lab reports, treatment planning) and non-clinical workflows (appointments, admissions, bed management, billing, inventory, and administrative coordination). Federico explicitly focuses on a non-clinical sub-problem within this larger space.

Specifically, Federico addresses the sub-problem of non-clinical hospital administrative operations: capturing appointment preferences, coordinating admissions and bed allocation, tracking non-clinical inventory usage, and generating transparent billing summaries. All clinical decision-making and medical documentation remain outside the scope of this system and are handled by existing Electronic Medical Record (EMR) or Hospital Information Systems (HIS), if any.

Federico manages the **administrative lifecycle** of a patient, excluding diagnosis and treatment decisions.

It provides:

- Appointment finalization
- Admission and discharge tracking
- Bed and inventory state management
- Automated, auditable billing aggregation

Clinical decisions and verbal coordination occur **outside the system** and enter Federico only as finalized inputs.

1.4 Non-Clinical Focus (FFSD Project Context)

Under the FFSD curriculum, this project concentrates on non-clinical hospital operations.

The intention is to design, implement, and test a robust, production-like workflow for:

- Out-patient appointment scheduling and confirmation
- In-patient admission and bed/room allocation
- Tracking patient stay from admission to discharge in terms of time and bed occupancy
- Posting non-clinical inventory usage (e.g., admission kits, linens, amenities) to the patient ledger
- Generating a transparent, itemized billing summary before payment

Clinical activities such as diagnosis, prescription entry, nursing notes, lab result interpretation, surgery workflows, and clinical decision support are out of scope. Federico should be seen as a module in the larger ecosystem of hospital information systems, solving a well-defined administrative sub-problem.

1.5 Definitions and Acronyms

- EMR: Electronic Medical Record
- HIS: Hospital Information System
- IPD: In-Patient Department
- OPD: Out-Patient Department

- PII: Personally Identifiable Information
- EARS: Easy Approach to Requirements Syntax
- FFSD: Foundations of Software Development (course name)
- PRE: Patient Relation Executives

1.6 Out of Scope

- Clinical diagnosis, treatment planning, and prescription management
- Entry and storage of clinical notes, lab results, imaging reports, or nursing observation charts
- Clinical decision support (e.g., suggesting treatments, flagging drug interactions)
- Detailed insurance claims processing beyond basic billing summary (if you are not building it)
- Integration with external EMR/HIS systems in the current FFSD scope (can be considered future work)

2. OVERALL DESCRIPTION

2.1 User Needs

- Efficiency: Automated movement of patient data from "Appointment" to "Billing."
- Visibility: Real-time dashboard for bed and stock management.
- Clarity: A transparent, itemized breakdown for patient payments.

2.2 Assumptions and Dependencies

2.2.1 Business Assumptions

- The hospital already has established clinical workflows (diagnosis, prescriptions, lab tests) handled through verbal communication, paper records, or a separate EMR/HIS. Federico does not replace or replicate these systems.
- Doctors and clinical staff provide final decisions (e.g., “admit patient”, “discharge patient”, “consultation completed”) out-of-band, and administrative staff are responsible for entering those decisions into Federico.
- Non-clinical billing components such as room charges, registration fees, and non-clinical supplies can be priced independently from medical procedures and investigations.
- The hospital has a centralized billing policy and rate catalogue that can be configured once and reused across patients.

2.2.2 Operational Assumptions

- Manual Communication: Coordination between Patient-Relation-Executive, Doctors, and Hospital Operations Manager regarding slot availability, admission decisions, and discharge readiness occurs outside the system (phone, in-person, or WhatsApp) and is later recorded in Federico.
- Data Entry Responsibility: It is assumed that Patient-Relation-Executive and Hospital Operations Manager roles are trained and accountable for accurately entering finalized decisions into the system.
- Network and Power: The hospital environment provides reasonably stable power and network connectivity during operational hours; long offline modes are not required in the current scope.
- Scale: The target hospitals are small to medium-sized facilities (up to 50–100 beds and 150–300 daily OPD visits).

2.2.3 Technical Dependencies

- Federico is a web-based application and depends on a modern browser (Chrome, Firefox, Edge, or Safari) on desktop or tablet devices.
- A relational database (e.g., PostgreSQL/MySQL) or equivalent persistent storage is available for patient, bed, and billing data.
- Optional: Integration with an SMS/Email service for sending appointment confirmations and billing summaries to patients, if implemented.

3. SYSTEM FEATURES AND REQUIREMENTS

3.1 Functional Requirements

3.1.1 Core Requirements

- **FR-01: Slot Preference Capture**

The system shall provide a portal for the Patient to submit preferred dates and time windows for a consultation.

- **FR-02: Appointment Matching Dashboard**

The system shall present a consolidated view to the Patient-Relation-Executive to finalize a specific appointment time based on the Patient's preference.

- **FR-03: Consultation-to-IPD Trigger (based on a clinical decision taken outside the system)**

The system shall allow the Patient-Relation-Executive to flag a Patient for "Admission" following a manual directive from the doctor (taken outside the system), which then populates the Hospital Operations Manager queue.

- **FR-04: Real-Time Bed Registry**

The system shall maintain a visual map of all hospital beds, allowing the Hospital Operations Manager to assign an available bed to a Patient with a single action.

- **FR-05: Automated Daily Metering**

The system shall automatically record a "Daily Room Charge" on the Patient's ledger for every 24-hour period a bed is marked as "Occupied" in the registry.

- FR-06: Inventory-Ledger Integration (non-clinical supplies)
The system shall allow the Hospital Operations Manager to deduct non-clinical supplies (e.g., admission kits, linens, amenities) from stock and simultaneously post the cost to the associated Patient's billing record.
- FR-07: Consolidated Summary Generation (administrative/billing summary, not clinical report)
The system shall aggregate all consultation fees, room charges, and non-clinical inventory costs into a final itemized billing breakdown for the Finance Associate to review. No clinical notes or medical history are included in this summary.

3.1.2 EARS Format

- When the Patient-Relation-Executive confirms a manually matched appointment slot, the system shall transmit a digital confirmation notice to the Patient UI.
- When the Hospital Operations Manager marks a Patient as "Admitted," the system shall transition the assigned bed status to "Occupied."
- When a "Discharge" command is initiated by authorized staff, the system shall calculate the total stay duration and lock the Patient's billing ledger from further edits.
- When the Finance Associate finalizes the itemized summary, the system shall generate a unique digital payment link for the Patient.

3.1.3 Error Handling Requirements

- If a bed is unavailable at admission time, the system shall block admission and display a conflict warning.
- If billing rates are missing, the system shall prevent discharge and surface configuration errors.
- Ledger entries once finalized shall be read-only.

3.2 Non-Functional Requirements

3.2.1 Performance and Timing Constraints

- **Response Time**

The system shall process and display search results for the patient database in less than **1.5 seconds** under a load of 100 concurrent users.

- **Throughput**

The system shall be capable of handling at least **500 appointment requests** per hour without degradation in service.

3.2.2 Security and Compliance Standards

- **Access Control**

The system shall restrict data access based on the user's role; for example, a Receptionist shall be constrained from viewing the "Purchase Cost" of inventory items.

- **Data Privacy**

All patient personal data (PII) must be stored and transmitted in compliance with local healthcare data protection standards (e.g., HIPAA or GDPR principles).

3.2.3 Availability and Reliability

- **System Uptime**

Federico shall maintain an availability of **99.9%** during hospital operational hours (24/7), excluding scheduled maintenance windows.

- **Fault Tolerance**

In the event of a database connection failure, the system shall enter a "Read-Only" mode to allow staff to view current bed occupancy while preventing new data corruption.

- Audit Trail

The system shall maintain an immutable audit log of all billing-related transactions (room charges, inventory deductions, ledger finalizations) for compliance and dispute resolution.

3.2.4 Usability & Development Constraints

- Interface Consistency

The system shall follow a unified CSS framework to ensure that the UI components (buttons, fonts, colours) are consistent across the Patient, Admin, and Clerk modules.

- Platform Compatibility

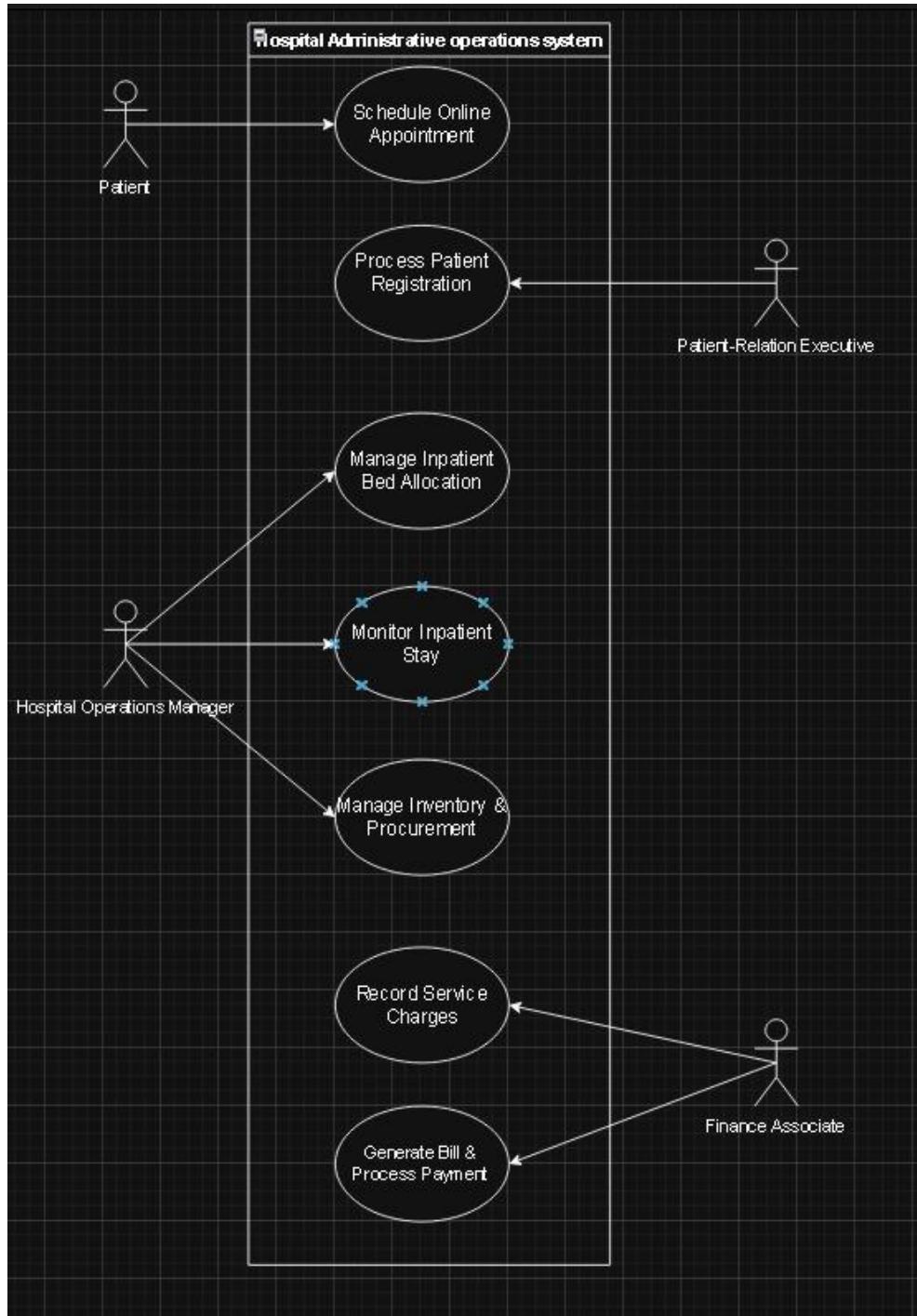
The administrative dashboards must be fully functional on standard desktop web browsers (Chrome, Firefox, Safari) without the need for additional plugins.

3.2.5 Project-Level Assumptions (FFSD Implementation)

- The initial deployment is assumed for one hospital, multi-hospital, multi-branch configurations are considered future enhancements.
- Formal healthcare regulations (HIPAA/GDPR) are used as design guidelines, but full legal compliance certification is outside the scope of this academic FFSD project.

4. UML DIAGRAMS

4.1 Use Case Diagram



A Use Case Diagram is a visual representation of the interactions between **users (Actors)** and the **system**. It defines *who* uses the system and *what* they can do with it, without getting bogged down in the technical "how."

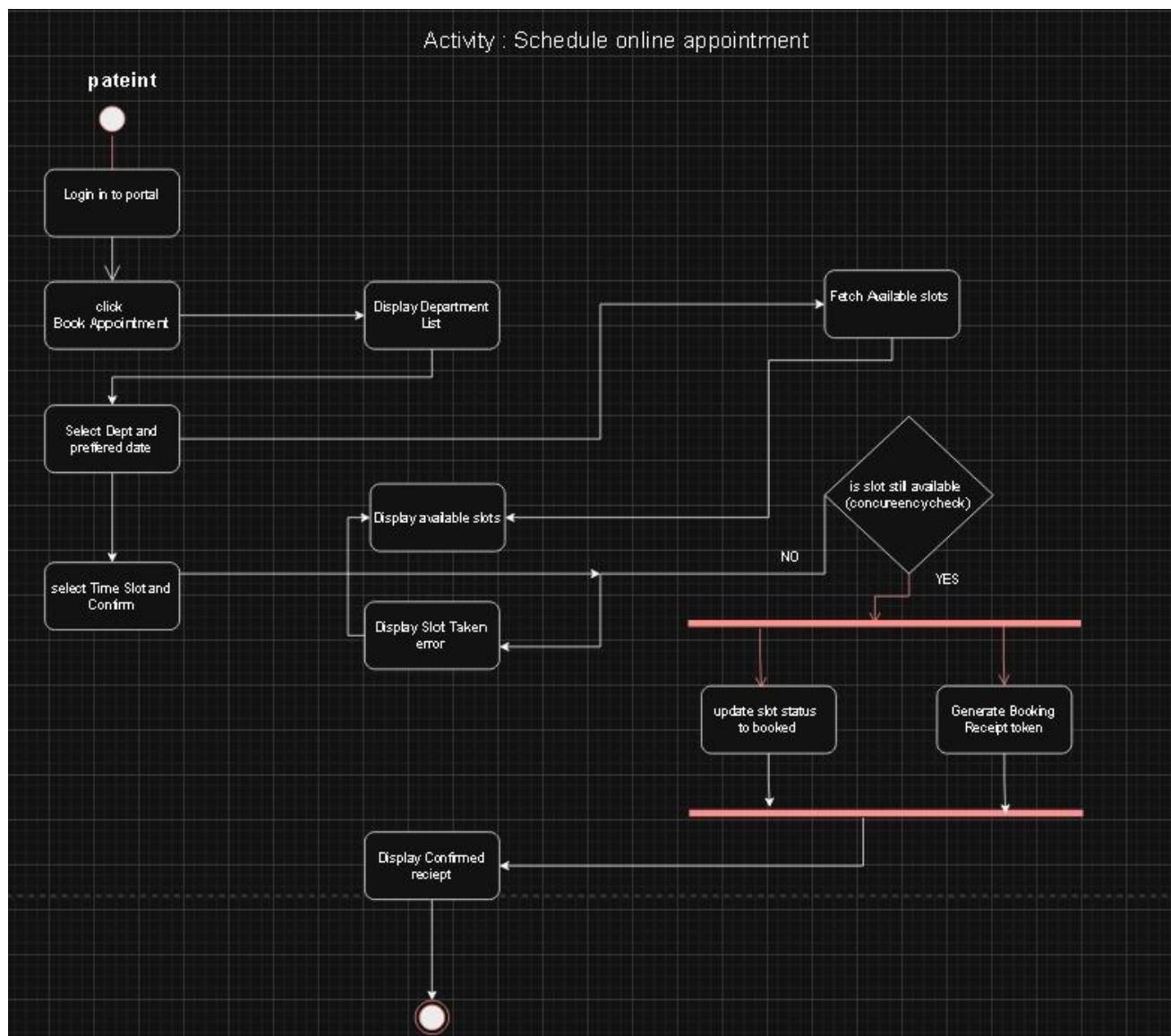
Use Cases:

- Schedule Online Appointment
- Process Patient Registration

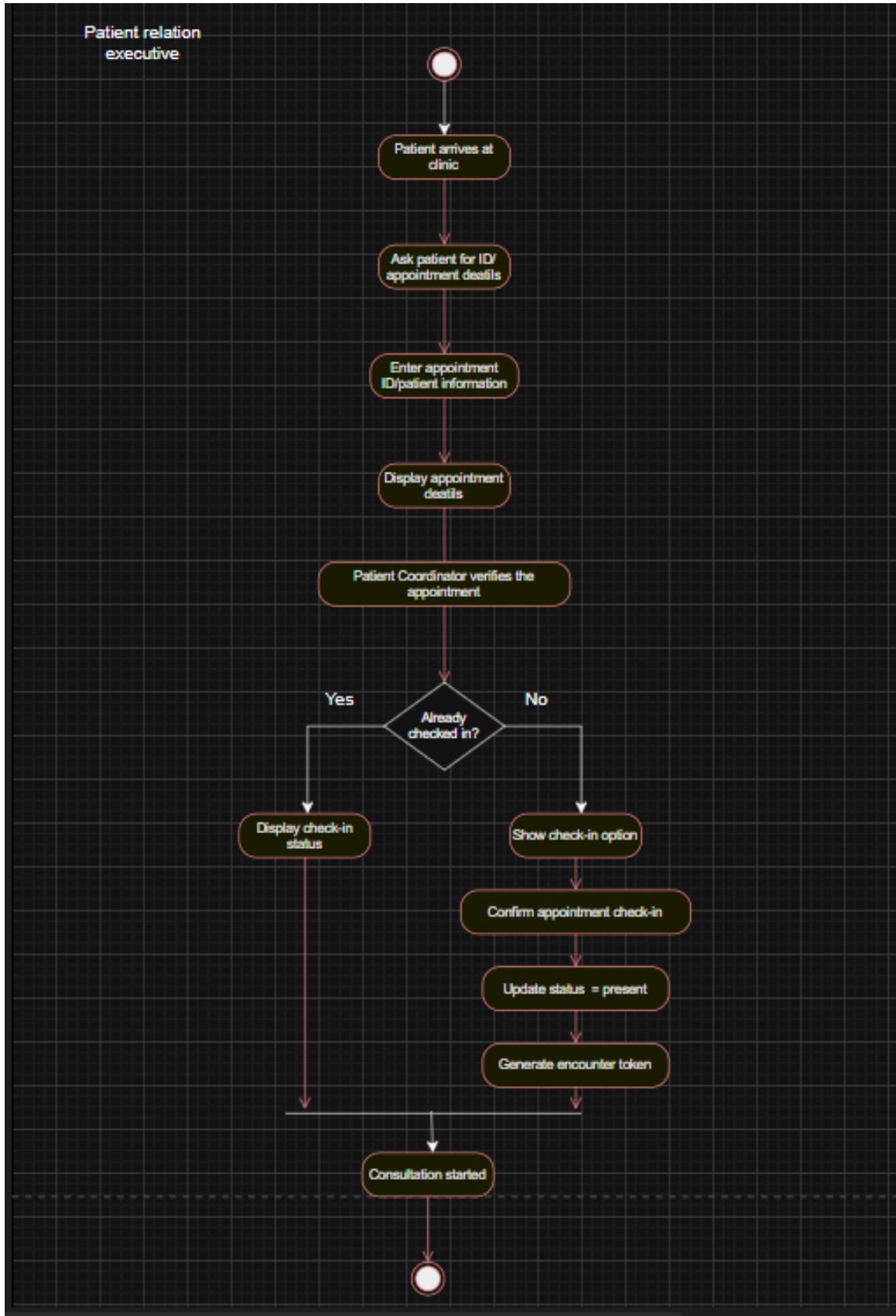
- Manage Inpatient Bed Allocation
- Monitor Inpatient Stay
- Manage Inventory & Procurement
- Record Service Charges
- Process Payment

4.2 Activity Diagrams

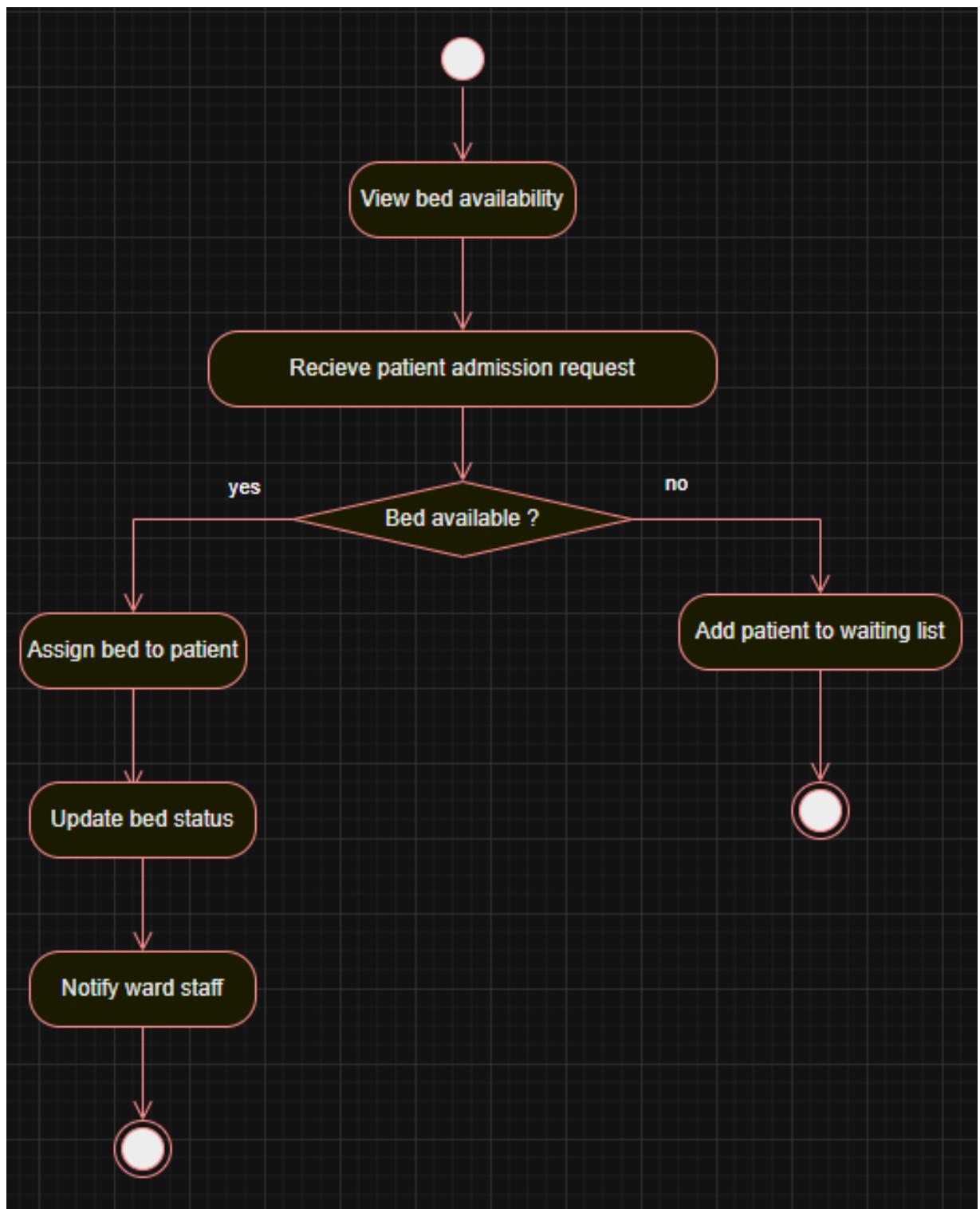
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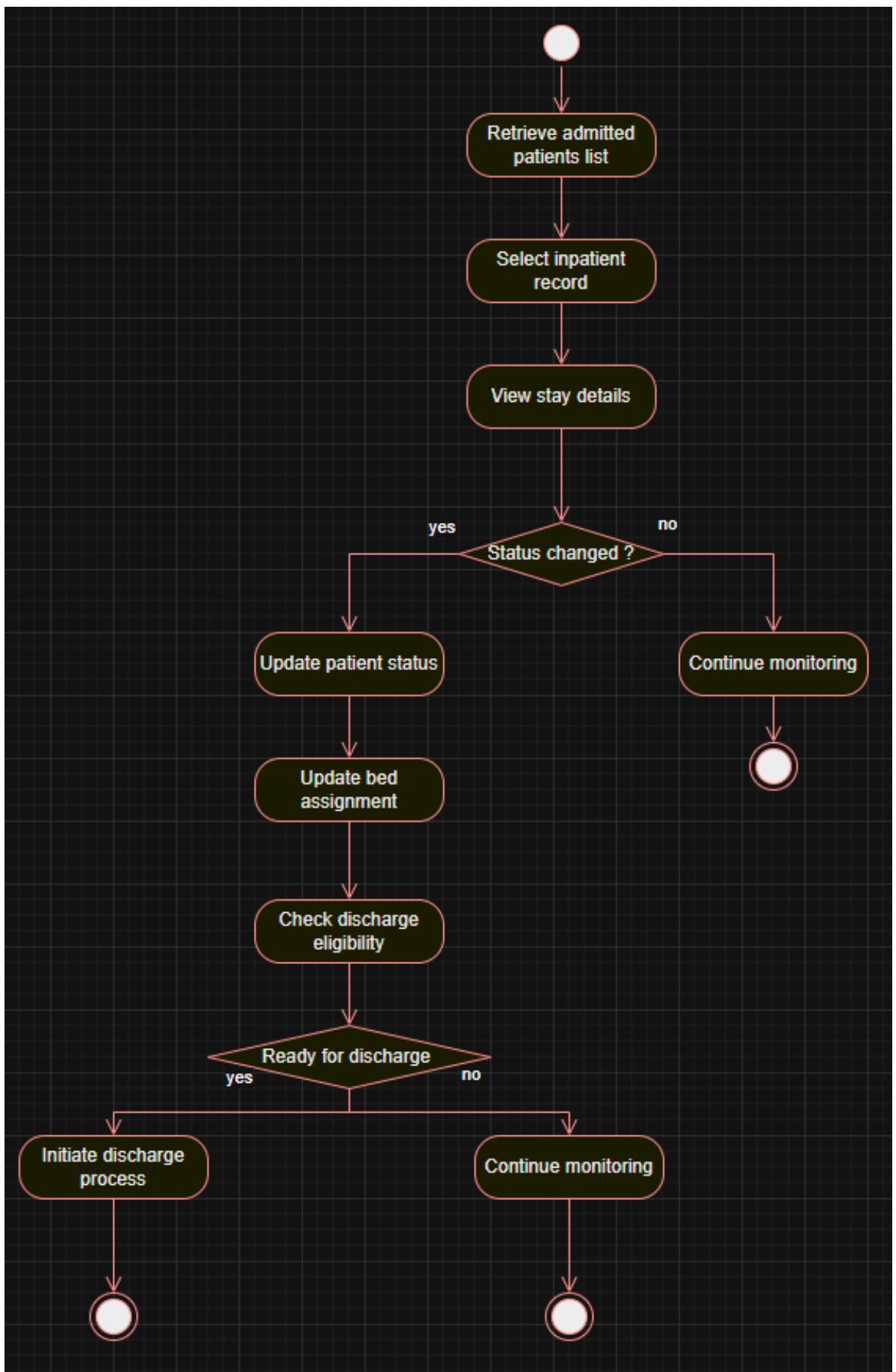
2. Process Patient Registration



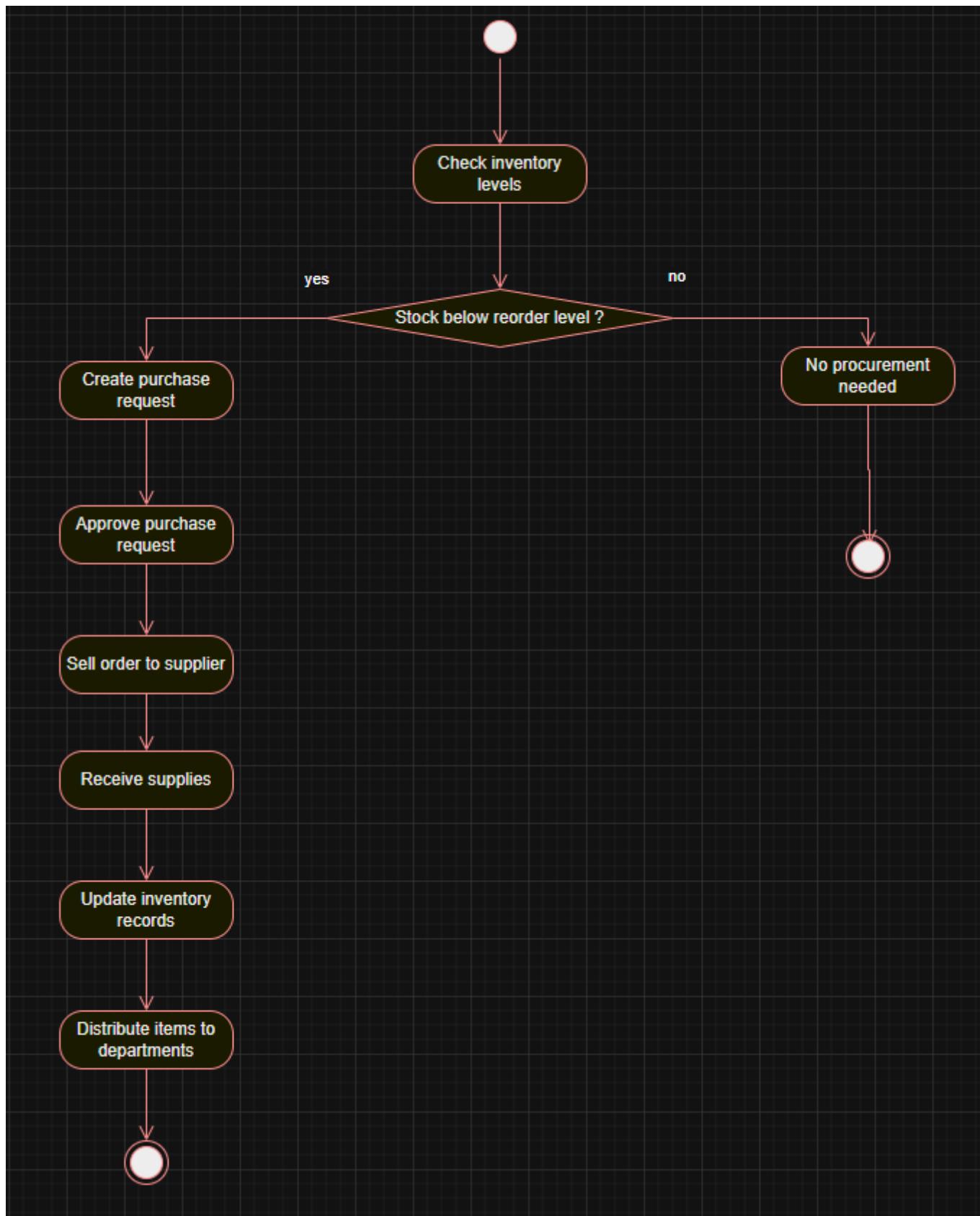
3. Manage Inpatient Bed Allocation



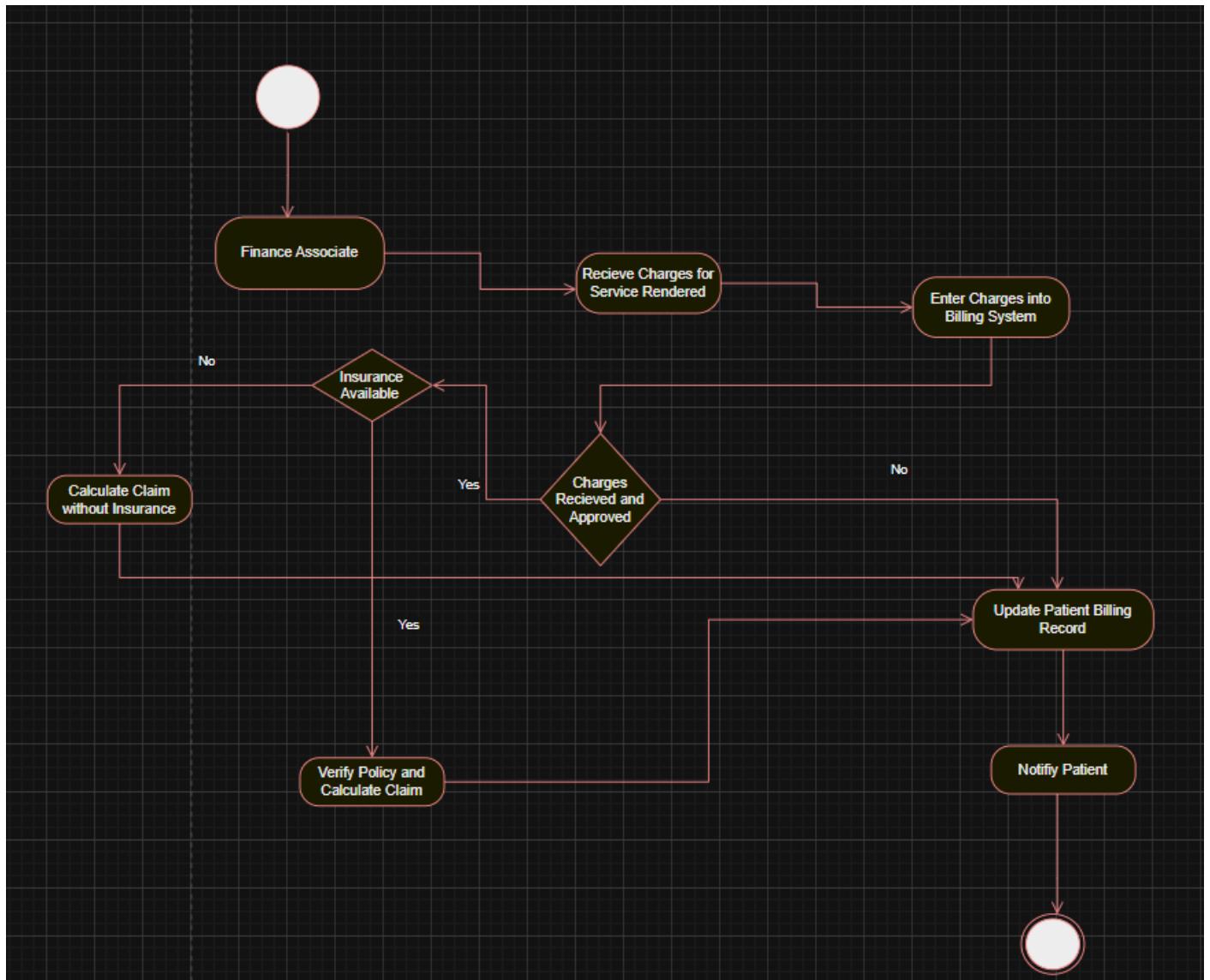
4. Monitor Inpatient Stay



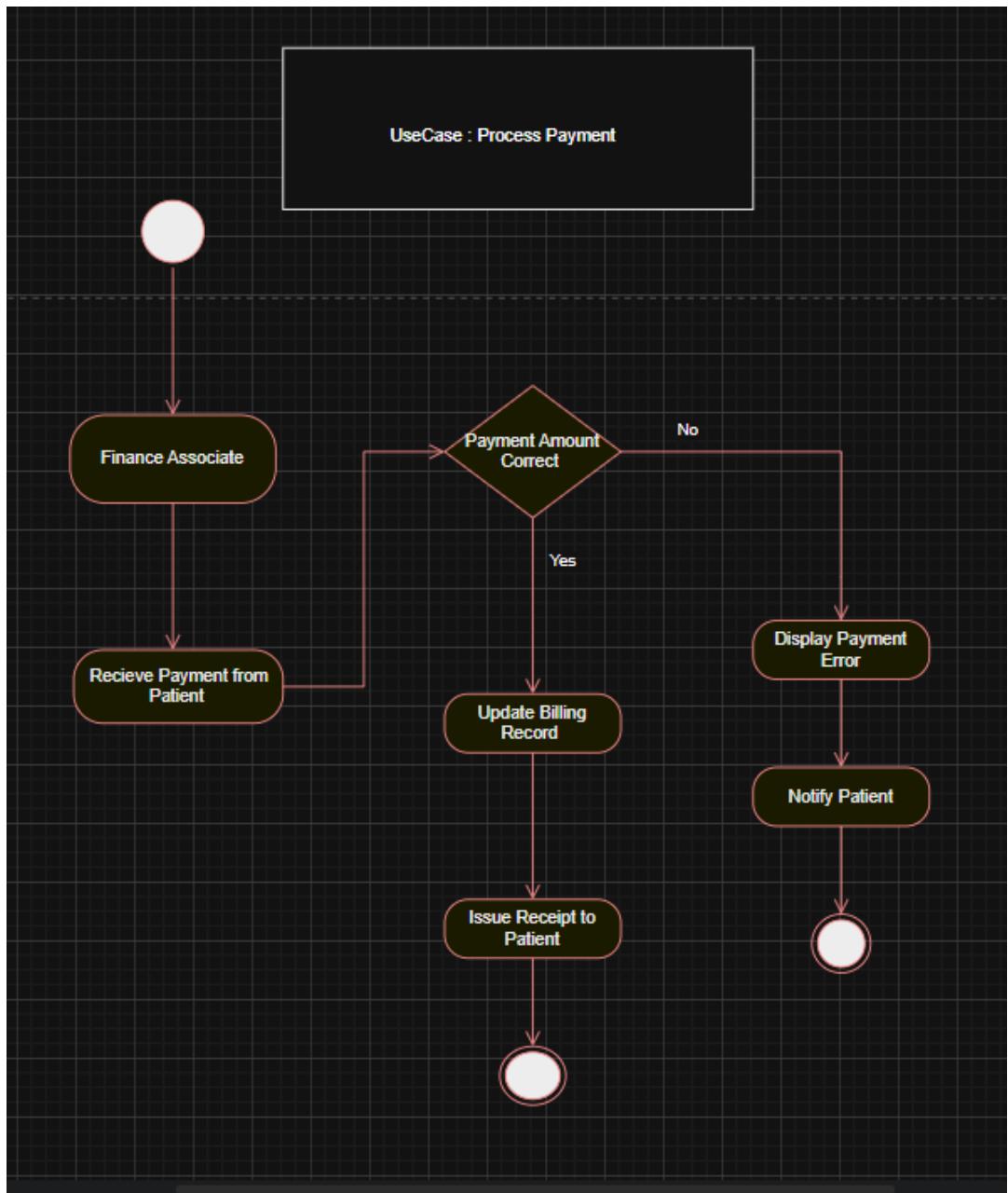
5. Manage Inventory and Procurement



6. Record Service Charges

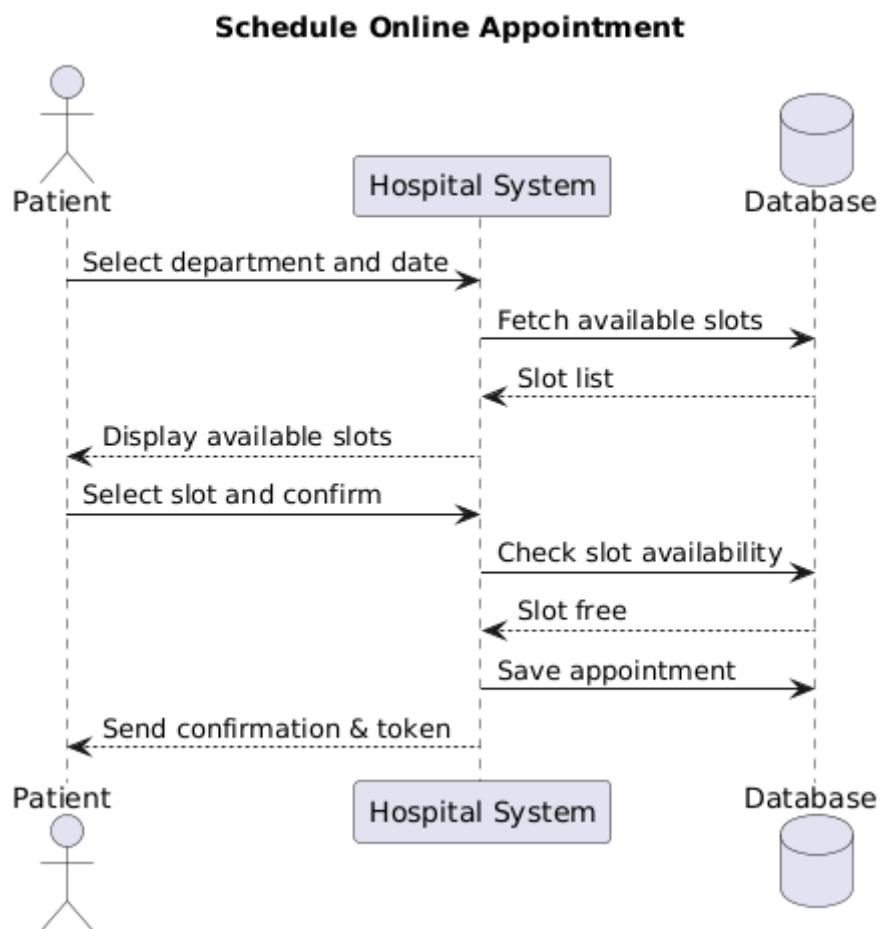


7. Process Payment

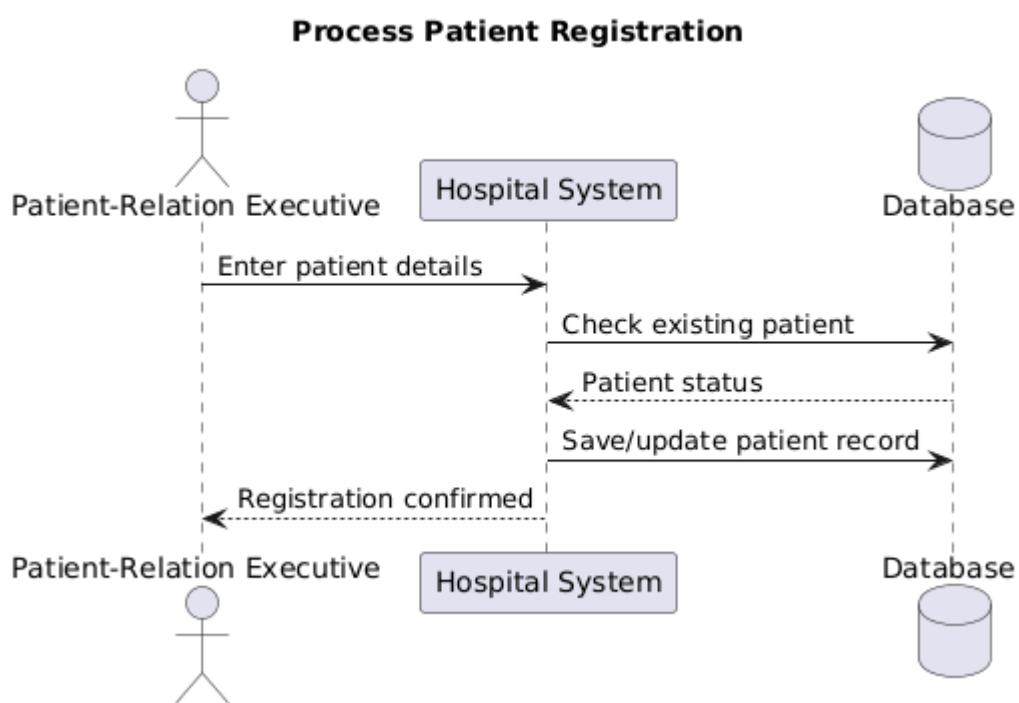


4.3 Activity diagrams

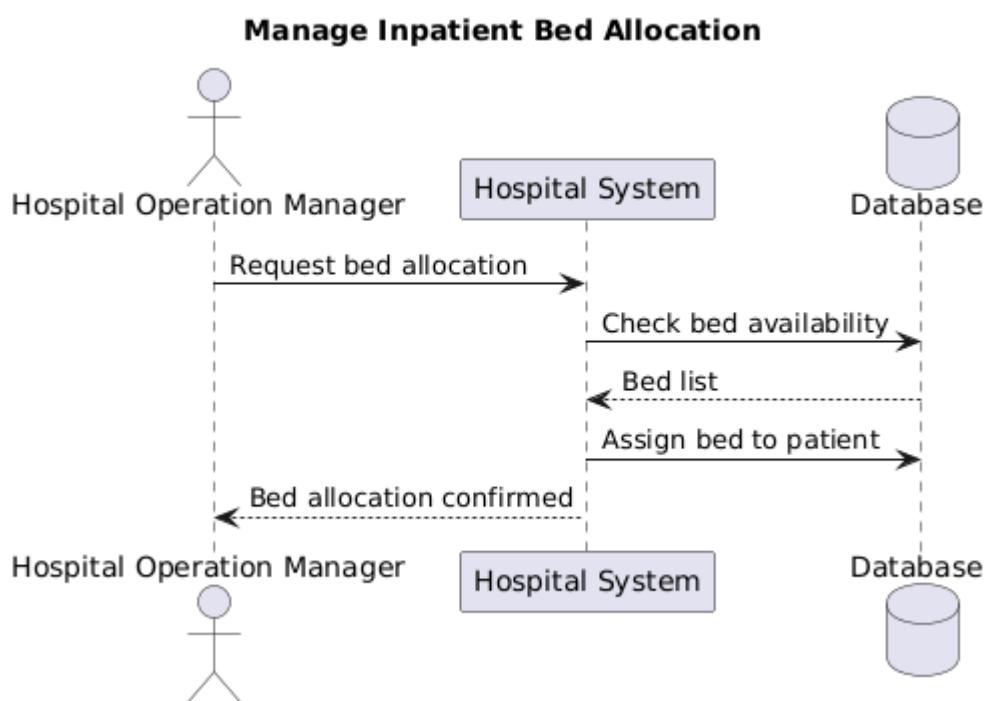
1. Schedule Online Appointment :



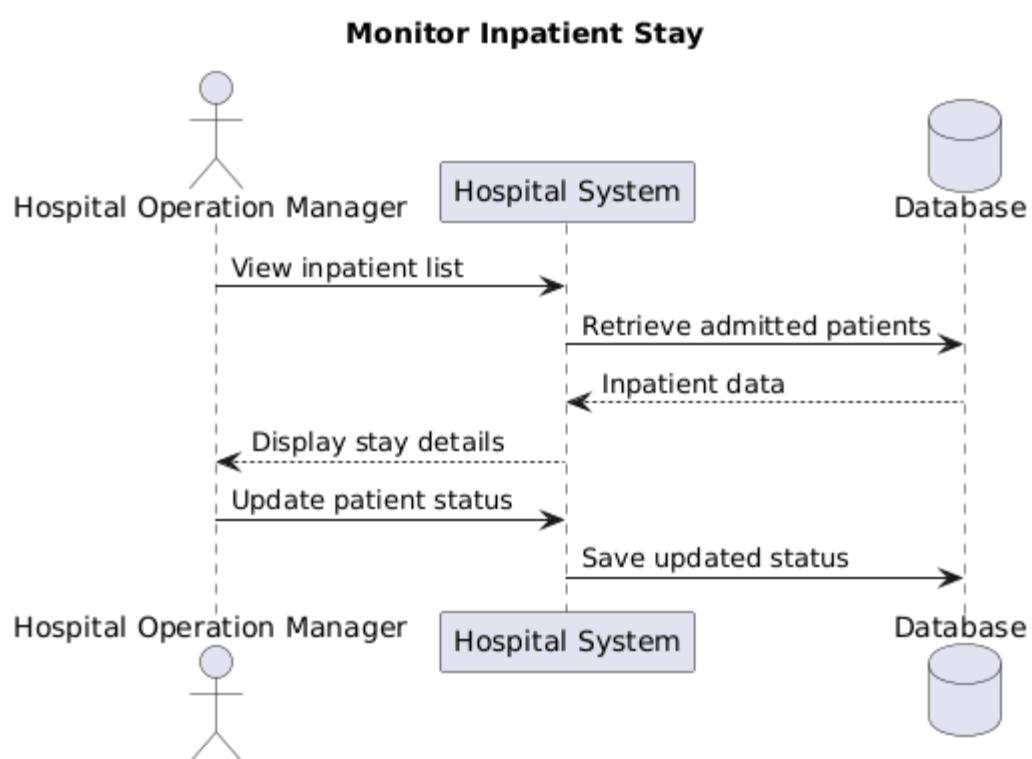
2. Process Patient Registration



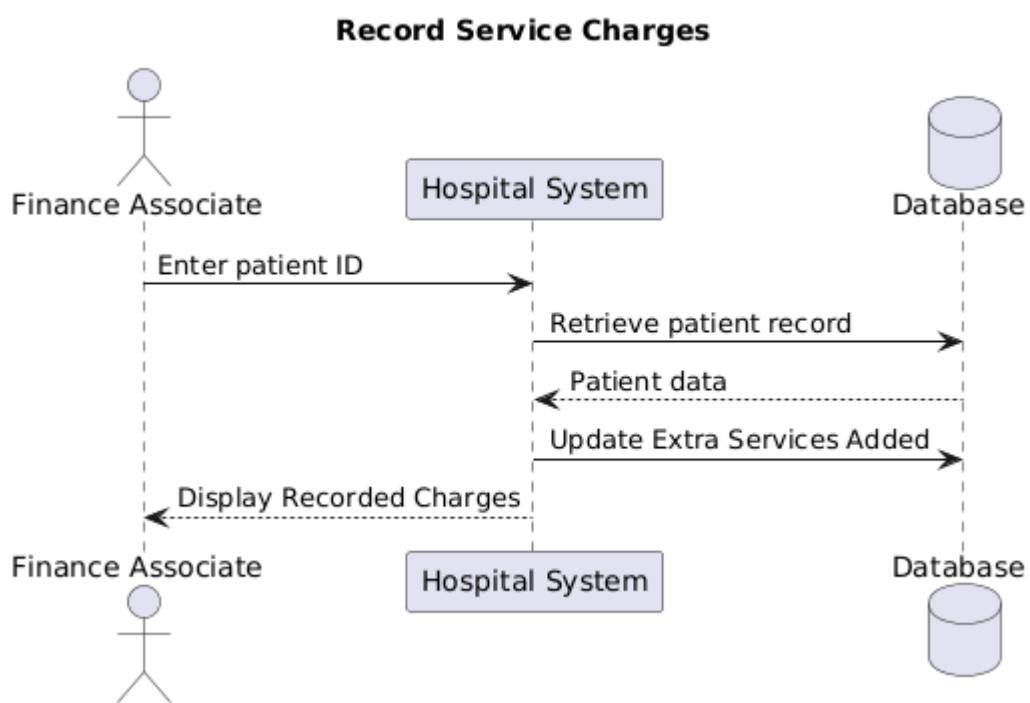
3. Manage InPatient Bed Allocation



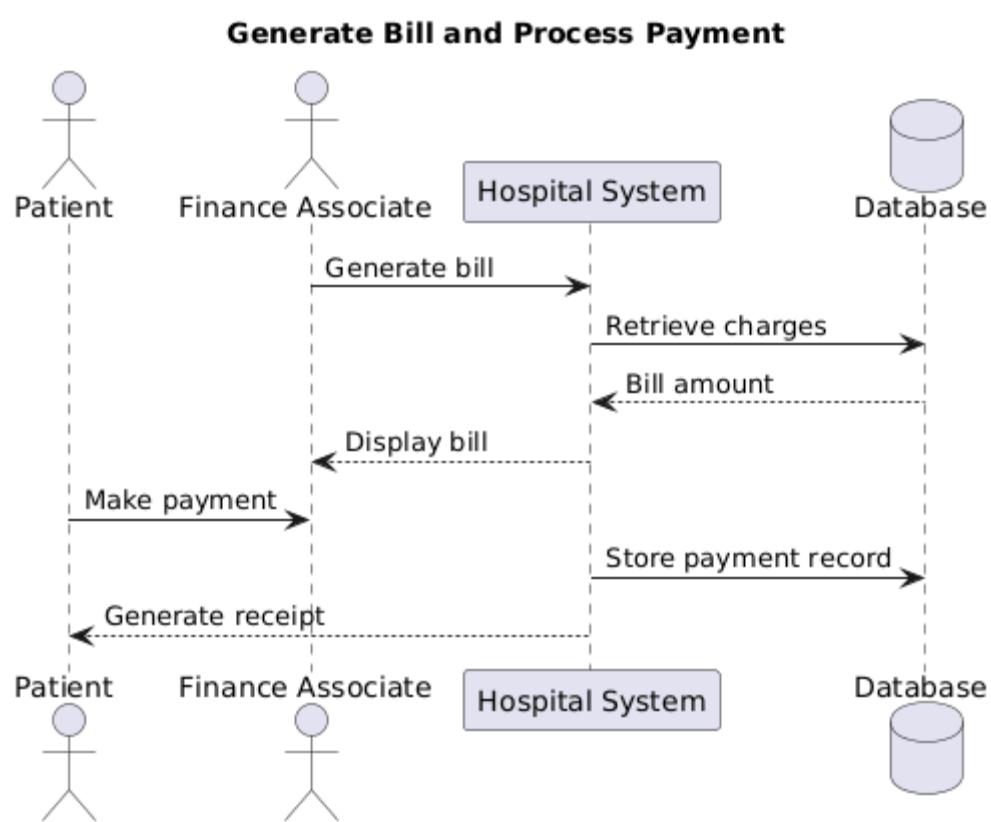
4. Monitor Inpatient Stay



5. Record Service Charges



6. Process Payment



7. Manage Procurement

