Phase 2: Org Setup & Configuration

After finishing Phase 1, where we studied the problems of the healthcare and pharmacy industry and identified the needs of doctors, patients, and pharmacists, the next step is to actually prepare our Salesforce environment. This phase is all about **setting up the basic structure of our system** so that it can later handle prescriptions, refills, and patient interactions.

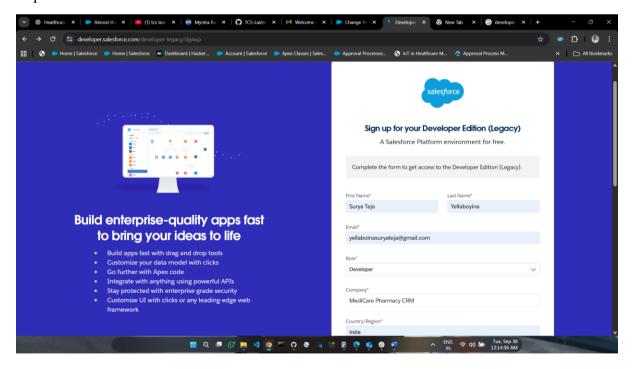
Think of this phase like preparing the **groundwork for a building**. If the foundation is strong, everything we build on top of it (data model, automations, integrations, etc.) will work smoothly.

1. Setting Up the Org – Creating Our Workspace

The first step is to create a dedicated **Salesforce Developer Org** for our project. This org will act as our workspace where we will design, test, and showcase the MediCare Pharmacy CRM.

We give the org the name "MediCare Pharmacy CRM" so that its purpose is clear from the start. Once the org is created, we also configure some basic settings such as time zone, currency, and language so that they match the region of our pharmacy operations.

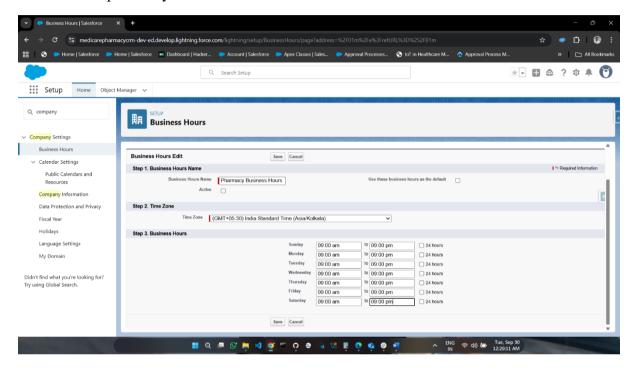
This is like **setting up a new clinic or pharmacy office** before bringing in doctors, patients, or pharmacists.



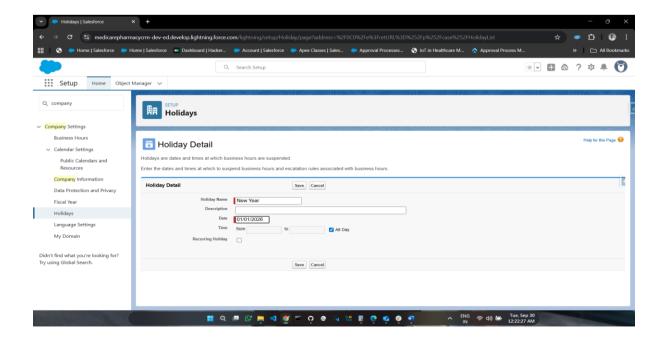
2. Company Profile Setup – Reflecting Real-World Pharmacy Timings

Every healthcare system runs on a proper schedule. For example, pharmacies usually have fixed working hours and are closed on certain holidays. In Salesforce, we capture this by setting up the **company profile**.

• We set **business hours** from **9 AM to 9 PM**, which reflects the actual operating hours of the pharmacy.



• We also add **holidays** (like national holidays or Sundays) so that the system doesn't send reminders, create tasks, or expect approvals when the pharmacy is closed.

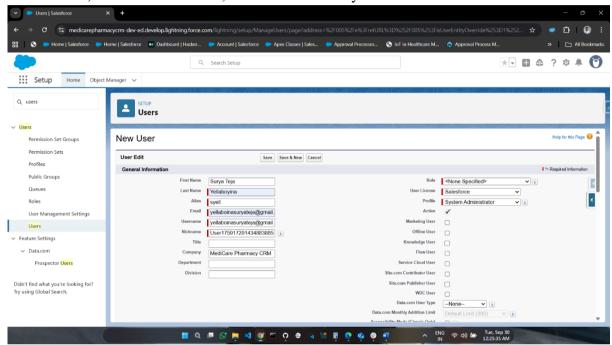


This setup ensures that all future automation (like reminders, approval processes, or notifications) work **in sync with real-world timings**, not when the pharmacy is unavailable.

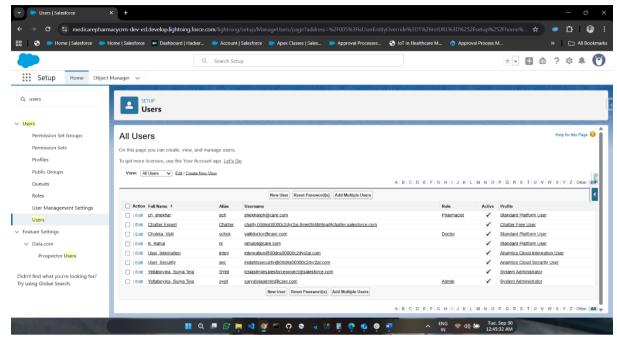
3. User Setup – Adding the Right People to the System

In Phase 1, we identified the key people who will use the CRM: doctors, pharmacists, patients, and administrators. Now we bring them into the Salesforce system as **users**.

• **Admin (Superuser):** Has complete control of the system. This is the person who sets rules, creates automations, and ensures security.



- **Doctor:** Issues prescriptions, approves refill requests, and monitors how well patients are following their medication.
- **Pharmacist:** Handles medicine stock, dispenses drugs, and processes refills after doctor approval.
- Patient: Uses the Experience Cloud portal to view prescriptions, request refills, and get reminders.



By setting up these users, Salesforce becomes a living system with real actors. This is like registering staff and patients in a hospital system so that everyone has an identity and a role.

4. Roles & Profiles – Controlling Who Can Do What

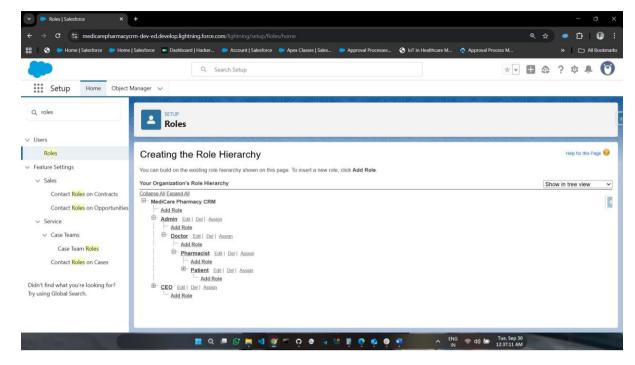
In real life, not everyone in a hospital or pharmacy has the same access. A patient should not see another patient's data, and a pharmacist should not be able to approve prescriptions. To make sure this control is maintained, Salesforce uses **Roles and Profiles**.

• Roles (Hierarchy):

We design a role structure that mirrors the chain of responsibility:

Admin \rightarrow Doctor \rightarrow Pharmacist \rightarrow Patient.

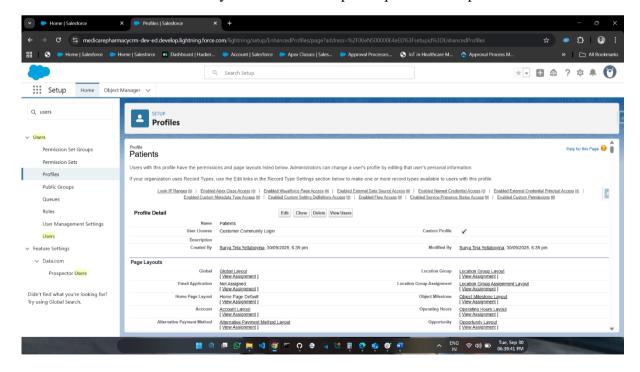
This means Admins can see everything, doctors can see patient records, pharmacists can see stock and refills, and patients can only see their own information.



• Profiles:

Profiles decide what a user can actually do. For example:

- o Doctors can create prescriptions but cannot modify inventory.
- Pharmacists can manage stock and refill requests but cannot create prescriptions.
- o Patients can only access their own prescriptions in the portal.



This ensures **clarity**, **security**, **and discipline**, just like in a real hospital setup where responsibilities are well defined.

5. Security Model – Protecting Patient Data

Healthcare systems deal with very sensitive information. That's why protecting patient data is not optional — it's mandatory. Salesforce provides strong tools to ensure security.

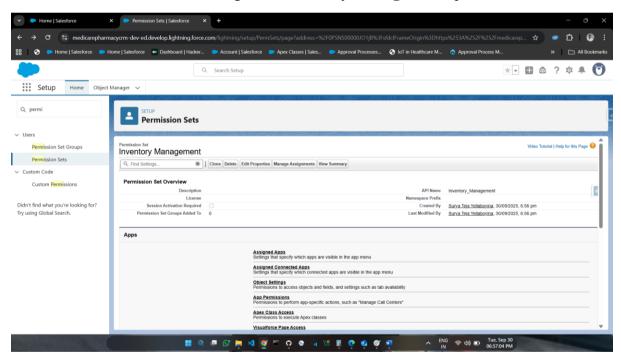
• Organization-Wide Defaults (OWD):

Patient records are kept **Private**. Only the patient and their doctor can see them. Pharmacists can see inventory and refill data, but not personal details of patients unless required.

Permission Sets:

These give extra permissions when needed, without changing a user's profile. For example:

- o Doctors can be given a special "Prescription Approval" permission set.
- o Pharmacists can be given "Inventory Management" permission sets.



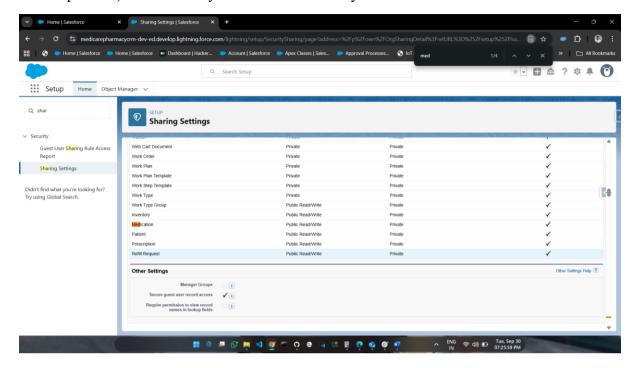
This layered approach ensures that the CRM follows global healthcare compliance rules like **HIPAA** (for the US) and **GDPR** (for Europe).

6. Sandboxes - Testing Before Going Live

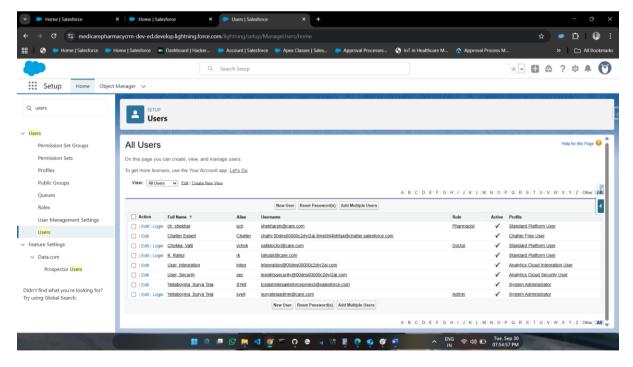
Finally, before we make the system live, we need safe environments to test everything. This is done using **Salesforce Sandboxes**.

• In the **Development Sandbox**, we can build and experiment with new features.

• In the **UAT (User Acceptance Testing) Sandbox**, real users (doctors, pharmacists, patients) can test the system in a realistic way before launch.



This ensures that **errors are caught early** and the live production environment remains stable. It's like testing medical equipment in a lab before using it on real patients.



Conclusion of Phase 2 Phase 2 is where our MediCare Pharmacy CRM moves from paper into practice. By creating the org, defining working hours, setting up users, assigning roles and profiles, applying a strict security model, and preparing sandboxes, we build the **foundation of the CRM**. This phase makes sure that the system is both **usable and secure** before we move to the next steps of data modeling, automation, and integration. It is the bridge between planning (Phase 1) and action (upcoming phases).