# Stakeholder Analysis and Engagement Plan

Project: HealthFirst Care – Enhancing Patient Experience

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Document: Capstone\_Project\_M02L01\_Stakeholder\_Analysis.doc

## 1. Introduction

The HealthFirst Care project aims to improve the patient experience through an integrated digital scheduling and communication system. Effective stakeholder analysis ensures that every individual and group involved, from patients to IT teams, has their expectations addressed, and their inputs incorporated into the design process. This document identifies, classifies, and outlines engagement strategies for all key stakeholders to ensure project success and alignment with organizational objectives.

## 2. Stakeholder Identification and Categorization

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| --- | --- | --- | --- |
| Stakeholder Group | Representative Profiles | Primary Responsibilities | Key Concerns / Requirements |
| Patients | Sarah Ayvazyan, Lak Ayer | End users of hospital services and appointment systems | Easier online booking, real-time updates, shorter wait times, accessible communication |
| Doctors | Dr. Aftab Khan, Dr. Robert Lee | Provide consultations, diagnose and treat patients | Reduced overbooking, timely test results, better resource allocation |
| Nurses | Santa Murmu, Jessica Gomes | Deliver bedside care, manage patient flow | Improved coordination, balanced workload, timely updates |
| Administrative Staff | Maria Carter, Ivan Walker | Manage scheduling, billing, and patient records | Updated record system, fewer double bookings, error-free billing |
| IT Teams | Rajesh Singh, Laura Simkow | Maintain technical systems and implement solutions | Integrated system, cloud-based scheduling, improved security |
| Hospital Leadership | Board/Executive | Oversee budget, performance, compliance | Strategic alignment, cost-effectiveness, improved patient satisfaction |

## 3. Stakeholder Influence and Interest Analysis

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| --- | --- | --- | --- | --- |
| Stakeholder Group | Influence Level | Interest Level | Category | Rationale |
| Doctors | High | High | Key Players | Core service providers, high involvement in operational workflow. |
| Administrative Staff | High | High | Key Players | Manage systems central to project success (scheduling, billing). |
| Hospital Leadership | High | Low | Keep Satisfied | Provide funding and strategic oversight, limited operational involvement. |
| IT Teams | High | Low | Keep Satisfied | Control technical infrastructure but less patient-facing. |
| Patients | Low | High | Keep Informed | Primary beneficiaries, need transparency and updates. |
| Nurses | Low | High | Keep Informed | Operational executors of process changes, require communication and support. |
| Support Staff | Low | Low | Monitor | Limited influence and involvement, require minimal updates. |

## 4. Stakeholder Matrix

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Stakeholder Name/Group | Role/Responsibility | Influence Level | Interest Level | Key Requirements | Engagement Strategy | Frequency of Interaction | Communication Method |
| Patients | Service recipients | Low | High | Real-time notifications, reduced wait times, easy scheduling | Surveys, newsletters, dashboards | Monthly | Email, SMS, patient portal |
| Doctors | Core healthcare providers | High | High | Streamlined scheduling, diagnostic access, reduced overbooking | Regular meetings, progress updates | Weekly | Meetings, dashboards |
| Nurses | Patient care delivery | Low | High | Workload balance, improved communication, supply availability | Feedback sessions, team briefings | Bi-weekly | Meetings, internal memos |
| Administrative Staff | Scheduling, billing, records | High | High | Integrated systems, error-free scheduling | Joint working sessions, reports | Weekly | Meetings, shared dashboards |
| IT Teams | System maintenance, technical support | High | Low | Integrated HIS, secure data system | Status updates, technical reports | Bi-weekly | Email, dashboards |
| Hospital Leadership | Governance and funding | High | Low | Strategic performance metrics, ROI | Executive summaries, presentations | Monthly | Reports, review meetings |
| Support Staff | Assist operations | Low | Low | Basic awareness of system changes | Occasional briefings | As needed | Notice boards, memos |

## 5. Stakeholder Engagement Plan

### A. Key Players (High Influence, High Interest)

Stakeholders: Doctors, Administrative Staff  
Goal: Maintain collaboration and active participation.  
Strategies:  
- Conduct weekly meetings to review scheduling improvements and resource optimization.  
- Use a shared project dashboard for real-time task tracking.  
- Encourage feedback loops for early issue identification.

### B. Keep Satisfied (High Influence, Low Interest)

Stakeholders: IT Teams, Hospital Leadership  
Goal: Maintain confidence without overloading with detail.  
Strategies:  
- Deliver bi-weekly progress reports to IT teams with concise updates.  
- Provide monthly executive summaries for leadership, highlighting performance metrics and ROI.  
- Involve leadership during major milestone reviews.

### C. Keep Informed (Low Influence, High Interest)

Stakeholders: Patients, Nurses  
Goal: Keep them informed and engaged.  
Strategies:  
- Use patient newsletters and SMS notifications for updates on scheduling and system improvements.  
- Hold bi-weekly nursing briefings to discuss workflow changes.  
- Deploy a patient feedback dashboard for monitoring satisfaction scores.

### D. Monitor (Low Influence, Low Interest)

Stakeholders: Support Staff  
Goal: Ensure minimal disruption and awareness.  
Strategies:  
- Include them in internal announcements or memos when major changes occur.  
- Provide as-needed training on updated systems.

## 6. Alignment with BRD and RTM

The engagement plan directly supports BRD and RTM objectives by ensuring:  
- Stakeholder feedback shapes system requirements (patient booking, notification features).  
- Doctors and admin input validate functional priorities and workflows.  
- IT and leadership maintain system integrity and strategic compliance.  
- Continuous communication ensures that requirements traced in RTM are validated through stakeholder interaction.

## 7. Appendices

Appendix A: Stakeholder Profiles (Source Document)

Appendix B: Stakeholder Matrix Template (Source Document)

Appendix C: Data Sources - appointment\_data.csv, feedback\_data.csv, resource\_data.csv