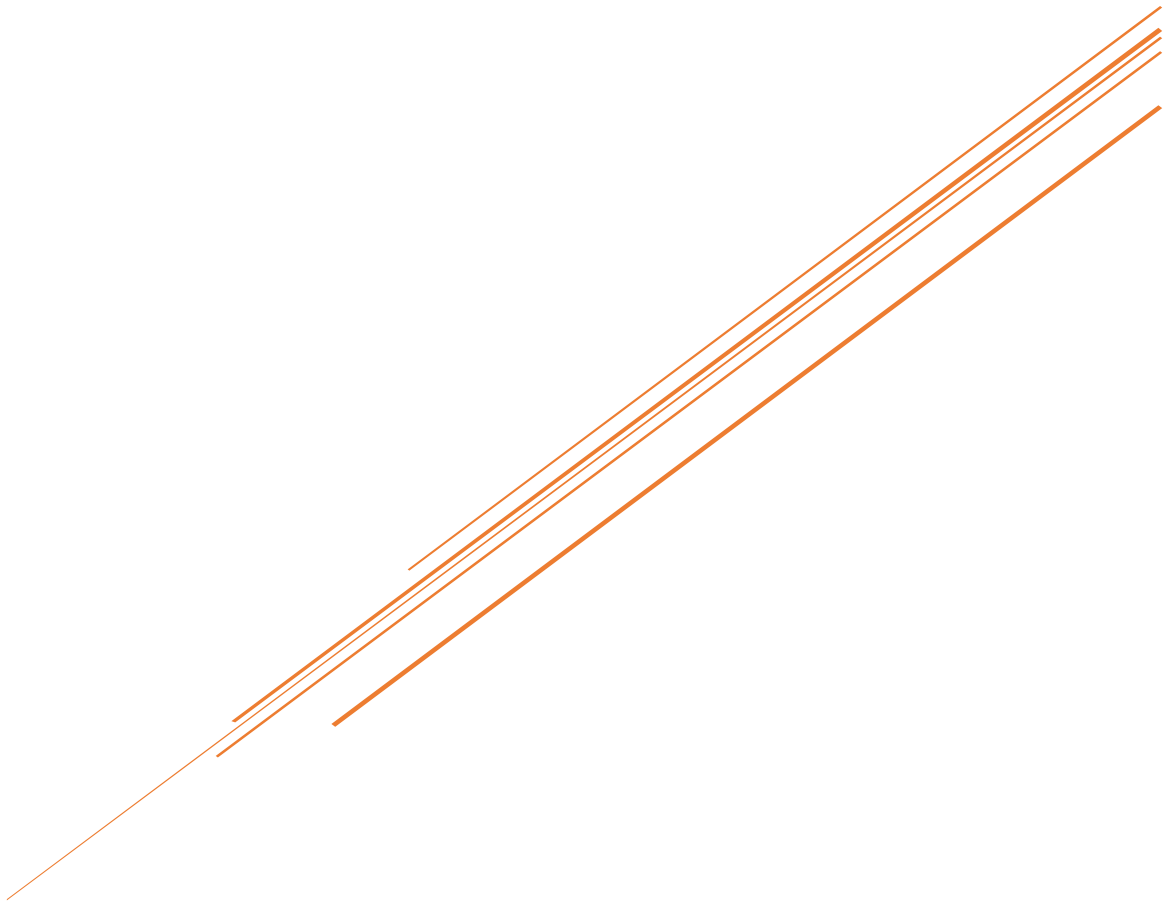# ONLINE APPOINTMENT FOR HEALTHCARE CLINIC

Requirements Elicitation – Questionaries (Stakeholders)

1.   INTRODUCTION

During the initial requirement elicitation interview with the **Manager (IT Operations)**, a comprehensive stakeholder analysis was conducted. This session aimed to identify all parties with a vested interest in the system's development, revealing key stakeholders including ***Doctors and Medical Staff***, ***Reception and Administrative Staff***, ***Patients***, and the ***Finance Department***. These stakeholders will be crucial in shaping the system's functionality and ensuring its successful implementation.

2.   DOCTORS AND MEDICAL STAFF

*2.1.   **What challenges do you currently face in manual scheduling appointments?***

Answer: Well, to be honest, it's a bit of a mess. We're constantly dealing with double bookings, which creates a lot of frustration for everyone. Then, people cancel at the last minute, leaving these awkward gaps in the schedule. And, honestly, just getting messages back and forth about appointments takes forever, which really slows things down.

*2.2.   **Do you prefer manual approval for appointments or automated scheduling?***

Answer: Definitely automated! But, you know, we still need to be able to jump in and adjust things when needed. So, automated, but with the option to manually tweak things when special situations pop up.

*2.3.   **How do you generate reports on appointment data with the current manual system?***

Answer: We don't really generate reports. It's too difficult and time-consuming. If we need something, we have to manually count and tally things from the appointment book, which is just not practical for regular analysis.

3. RECEPTION AND ADMINISTRATIVE STAFF

*3.1. **Could you walk me through the typical process of scheduling an appointment from start to finish?***

Answer: Sure. A patient calls, we look at the physical appointment book, try to match their request with available slots, manually write it in, and then often have to call them back to confirm, especially if there are changes.

*3.2. **What are the most common errors or frustrations you encounter with the current manual system?***

Answer: Definitely the double bookings, like we mentioned. It's also hard to keep track of changes – cancellations, reschedules – because it's all written down. And, honestly, just finding available slots quickly is a pain.

*3.3. **How do you currently handle appointment reminders, and what are the limitations of that process?***

Answer: We mostly rely on phone calls, which is time-consuming. Sometimes we send out postcards, but those can be lost or delayed. We don't have a reliable way to track if people actually got the reminders.

*3.4. **How do you manage patient waitlists or urgent appointment requests with the manual system?***

Answer: We keep a separate handwritten list for waitlists, which is prone to errors. Urgent requests are usually handled on a case-by-case basis, and it's hard to prioritize fairly because we don't have a good overview of the schedule.

*3.5. **How do you generate reports on appointment data with the current manual system?***

Answer: If we absolutely have to know something, like how many patients we saw on a certain day or how many no-shows we had, we literally open the booking book and start counting. It's all manual – flipping through pages, tallying things up. It takes forever, and, let's be real, it's not something we have time for regularly.

*3.6. **What features would make your job easier?***

Answer: Oh, man, where do I even start? Automated reminders would be a lifesaver! Imagine, no more calling everyone! And, you know, easy rescheduling – like, just a click or two, instead of erasing and rewriting everything. And, honestly,

just being able to see doctor availability instantly, without flipping through pages, would be amazing. That would cut down so much of the back-and-forth.

3.7. *How do you currently handle no-shows?*

Answer: Yeah, we basically have to call each patient who missed their appointment. It's so time-consuming, and honestly, it feels like a waste of time. We're on the phone all day as it is, and then we have to add this to the list. It's just really inefficient.

4. PATIENTS

4.1. *What difficulties do you face in booking appointments?*

Answer: First off, the wait times on the phone are ridiculous. People are on hold forever, and that's frustrating for everyone. Then, actually getting through to the clinic is a challenge. The line's always busy, or no one answers, especially during peak hours.

But it's not just that. When people do get through, there's the issue of miscommunication. We might write down the wrong time or date, or spell a name wrong, since it's all done over the phone. Then, if someone wants to reschedule or cancel, it's another round of phone calls, more potential for errors.

And if we come in person to book, that takes time away from other patients, and they have to wait in line, which creates a whole other set of problems. Plus, if they need to see a specific doctor, staff got to flip through the physical appointment book, which takes ages. And the whole thing is just so inefficient, especially when people have to call back multiple times to confirm details or make changes.

5. FINANCE DEPARTMENT

5.1. *When it comes to financial data, what information do you currently try to track, and how do you do it?*

Answer: Well, we try to keep tabs on the total number of appointments, of course. We're also supposed to track revenue, which involves manually adding up payments from our physical receipts. We try to note cancellations, but it's often just

a scribble in the appointment book, so it's not very reliable. And we attempt to generate payment reports by manually going through our cash register tapes and credit card slips, which is a real chore.

5.2. ***What specific financial challenges do you face with the current, manual system?***

Answer: The biggest problem is manual payment tracking. It's just so prone to errors. We also have issues with unrecorded cancellations, which affects our revenue calculations. And then, at the end of the month, we have to do reconciliation, which is a massive headache. We're constantly trying to match up our appointment book with our payment records, and it's just a mess. It's time consuming and frustrating.

5.3. ***Could you describe the types of financial reports your department currently generates, and how you compile them?***

Answer: Well, we try to create a monthly revenue report, which is a real struggle. Basically, we gather all the physical payment slips, cash register tapes, and any notes we've made about payments. Then, we manually tally everything up, categorize it, and try to create a summary. We also attempt to track cancellation revenue loss, but that's very imprecise, as we have to estimate based on the appointment book and our memory. And, of course, we do a basic end-of-day cash reconciliation, which, again, is all manual. We don't have any automated system, so it's a very time-consuming and error-prone process. We're essentially doing everything by hand.

6. MANAGER (IT OPERATIONS) INSIGHT: EFFICIENCY AND CONTROL

6.1. ***Doctors have highlighted the need for manual adjustments to the schedule. They've mentioned instances where they need to tweak appointments. From your perspective, how critical is this flexibility? And, importantly, who should have the authority to make these adjustments?***

Should it require formal approval, or should doctors be able to do it themselves?

Answer: That's a very important point. Yes, manual adjustments are absolutely necessary. Medical schedules are dynamic, and doctors need the ability to adapt. As for approval, I'd say doctors should have the primary authority to make those changes themselves. Requiring formal approval for every adjustment would create unnecessary delays and hinder their ability to respond quickly to patient needs. However, the system should log these changes for audit purposes.

6.2. *Doctors have also mentioned that they currently generate manual reports. What specific types of reports would they find most beneficial within the new system to support their clinical and administrative tasks?*

Answer: They'd likely need reports on patient visit frequency, appointment durations, and perhaps even patient diagnosis trends. Reports on their own efficiency, like how many patients they see per day or week, would also be helpful. Ultimately, they need reports that give them insight into their patient load and practice patterns, which they cannot easily get now.

6.3. *The reception staff has pointed out that urgent appointments are currently handled manually. Can you define what constitutes an 'urgent' appointment in this context? And how do you envision the system prioritizing these appointments to ensure timely care?*

Answer: Well, there is no appointment for critical patients as they directly redirected to (or admitted if needed) in emergency department.

6.4. *The finance department is currently dealing with physical payment slips to generate revenue reports. Given the challenges they face, what's your stance on integrating payment methods into the system? Or do you prefer to keep the payment processing manual?*

Answer: For now, we will keep the payment processing manual. While integrating payments would streamline things, we have some existing procedures that we are not ready to change. So, for the time being, the payment processing will remain manual.

7. **NEXT STEPS**

The next steps will involve:

7.1. Documenting functional and non-functional requirements.

7.2. Creating use cases and user stories.

7.3. Creating process flow diagrams.

8. **CONCLUSION**

In conclusion, this interview clarified critical aspects of appointment management, reporting, and financial integration. The Product Owner's insights into flexible scheduling, doctor reporting needs, urgent appointment prioritization, and manual payment processing will guide the development of a system that addresses current challenges and enhances operational efficiency.