User Requirements Specification SUMC management system

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Document Control

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Revision history

Version	Issue date	Author/editor	Description/Summary of changes
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Reviewed by

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Approvals

Approval refers to the approver's acceptance of the content and overall intention of this document, including acceptance of any commitments described in order to successfully deliver the initiative. The approver, where relevant, also confirms that this document complies with relevant strategies, policies and regulatory requirements.

Version	Issue	Name	Position	Approval date	Signature
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V. 1.0	19 th Feb	Mrs.Harriet Koyoson	Director medical		
	2015		services		
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1 INTRODUCTION

1.1 Objectives

The objective of this document is to give a monitor all the progress of the requirements required for the system to work in the system.

1.2 Scope

The scope of version is that the system should be able to run the basic functionalities or services required by the system users in the clinic. The basic functionalities should include the basic and normal processes the users have to go through on a normal day using the manual process.

2 Requirements

All requirements are defined in point form and are rated either Mandatory (M) or Highly Desirable (HD) or Desirable (D), dependent on business need and University Policy.

2.1 Functional Requirements

2.1.1 Common Features

Requirement
Reception Module
Doctors Module
Accounts Module
Administration Module
Nurse Module
Dental Module
Pharmacy Module
Laboratory Module
Physiotherapy Module
Ultra sound Module

Ch	ecl	ked	$\mathbf{B}\mathbf{v}$:

Date:

Signature:

2.2 System Requirements

2.2.1 Software

Reception Requirement
Adding staff records
Adding students records
Adding other patients records
Adding staff dependants records

Date:

Signature:

	Reception Requirement			
	Booking appointments			
	Searching for patients records			
	Initiating a visits			
	Browsing through visits			
Check	ed By:			

Nurse / Doctor Requirement
Creating and monitoring of vitals
Creating and managing patient lifestyle
View patient visit vital history
View patient medical history
Management of a patient visit SOAP records
Initiating a visits
Browsing through visits
Billing procedures
Lab test request
Pharmacy test requests
Medical Check-up report
View visit trail

Checked By:
Date:

Signature:

	Pharmacy module Requirement	Name & signature		
	Dispensing drugs			
	Managing drugs inventory			
	View patient pharmacy history			
	View visit trail			
Chock	ed By:			
CHECK	Date:			
Sigr	nature :			
	Laboratory module Requirement	Name & signature		
	Managing lab test requested by the doctor			
	Managing lab test inventory and set up			
	View patient lab test history			
	View visit trail			
Check	ed By :			
	Date:			
Sign	nature :			
	Accounts module Requirement	Name & signature		
	Invoicing a patient			
	Receipting payments of a patient			
	View patients billing records			
Check	Checked By:			
Ciar	Date :			
Signature :				

	Dental module Requirement	Name & signature			
	Managing patients vitals				
	Patient billing information				
	View visit trail				
		1			
Check	ed By:				
	Date:				
Sign	nature :				
	Ultra sound module Requirement	Name & signature			
	Managing patients vitals				
	Patient billing information				
	View visit trail				
		1			
Check	ed By:				
	Date:				
Sign	nature:				
	Physio therapy module Requirement	Preference			
	Managing patients vitals				
	Patient billing information				
	View visit trail				
Check	Checked By:				
	Date:				
Sign	Signature:				

	Counselling module Requirement	Preference		
	Counselling consultation billing information			
		<u> </u>		
Checked By:				
Date:				
Signature:				
	Administration module Requirement	Preference		
	Managing clinic services			
	Managing clinic service charges			
	Managing personnel records and access rights			
	Importing staff and students records			
	Management reports			
Checked By:				
Date :				
Signature:				
2.2.2 Documentation				
	Documentation			
	User manual documentation			
	Technical documentation			
Checked By:				
Date:				
Signature:				

3. Document sign off		
Strathmore Clinic Representative	Name:	Date
	Signature:	
Strathmore ITD Representative	Name Signature	Date
MAJ group Representative	Name Signature	Date