

# Hospital Operations Streamlining Initiative

*Business Analysis Requirement Discovery Document*



Prepared For: Hospital Management

Prepared By: Mr. Omkar Vartak

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## Requirement Discovery Document:

This document outlines the strategy for gathering detailed requirements from hospital stakeholders. We will use structured interviews to ensure that the final solution addresses the specific needs of management, IT, and clinical staff

### PART 1: The Elicitation Plan

To ensure a thorough understanding of the hospital's operational gaps, we have chosen One-on-One Stakeholder Interviews. This qualitative approach ensures we gather high-quality, detailed requirements while allowing for the clarification of complex technical and clinical workflows.

#### Section 1.1 Interview Guide for CMO

**Objective:** To capture the high-level strategic vision, clinical priorities, and success metrics required to align the project with hospital leadership goals.

##### Category A: Strategic Drivers and Motivation

1. What are the primary business drivers or clinical risks that prompted the decision to pursue operational streamlining at this time?
2. Could you provide a brief overview of previous streamlining attempts? What lessons were learned from those experiences that we should apply here?

##### Category B: Operational Priorities and Bottlenecks

1. Which specific departments or service areas (e.g., Admissions, Pharmacy, ER) do you believe should be the primary focus for this streamlining effort?
2. Among the current operational challenges, which specific factor do you believe is the most dominant "bottleneck" hampering overall hospital efficiency?

##### Category C: Expectations and Success Criteria

1. What specific improvements are you expecting to see once these operations are modernized, and how will these changes personally benefit your oversight of hospital clinical standards?
2. Are there any specific deadlines, regulatory requirements, or budget milestones that the project team must strictly adhere to?

## Section 1.2 Interview Guide for IT Director

**Objective:** To identify technical constraints, security requirements, and integration needs to ensure the new system is compatible with existing infrastructure and meets hospital data protection standards.

### Category A: Current infrastructure and Legacy Systems

1. What specific software platforms are currently supporting Admissions, Pharmacy, and Clinical records, and how long have these legacy systems been in operation?
2. Regarding previous IT updates, which implementations were most successful, and what technical challenges caused others to fall short of expectations?

### Category B: Technical Priorities and Future State

1. From a technical standpoint, which outdated systems pose the highest risk to the hospital and require immediate replacement in this streamlining phase?
2. What specific technological advancements (e.g., Cloud storage, Mobile access) are you looking to implement to ensure the hospital remains efficient over the next 5–10 years?

### Category C: Integration and Constraints

1. One of our goals is "Departmental Communication." What are the technical requirements for making the Pharmacy system "talk" to the Doctors' portal in real-time?
2. Are there specific cybersecurity protocols or data privacy regulations we must incorporate into the new system design?
3. What is your realistic expected duration for a full system rollout, and do we have the internal IT staff to support this transition?

## Section 1.3 Interview Guide for Doctors and Nurses

**Objective:** To identify specific pain points in the daily clinical workflow, uncover communication gaps between departments, and define the user requirements for a more efficient patient management system.

### Category A: Daily Workflow and Time management

1. Can you walk me through the steps you take from seeing a patient to ordering a prescription? How much of this is currently manual or paper-based?
2. What is the most repetitive or frustrating task in your daily routine that you believe could be automated or simplified?
3. How long does it typically take you to find a patient's historical records or lab results when you need them urgently?

**Category B: Inter-Departmental Communication**

1. When a patient is moved from Admissions to a ward, or when you send an order to the Pharmacy, how do you currently communicate that?
2. How often do you have to "double-back" to clarify information with the Pharmacy or Admissions because the initial message was unclear or lost?
3. How would having a live "status update" on a patient's journey (e.g., knowing exactly when a drug is ready) change how you manage your ward?

**Category C: User Experience and Training**

1. Do you prefer entering data at a central desk, or would mobile/tablet access at the patient's bedside be more beneficial for your workflow?
  2. What do you dislike most about the current "outdated" systems we have in place?
  3. Given your busy schedule, what is the best way to train the clinical team on a new system without disrupting patient care?
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## PART 2: Business Requirement Document (BRD)

**Introduction:** The goal of this document is to translate stakeholder needs into clear, actionable requirements for the Hospital Streamlining Project. These requirements focus on removing manual paper processes and improving departmental communication.

### Stakeholders:

1. **(CMO) Chief Medical Officer:** Responsible for clinical vision and project success.
2. **IT Director:** Responsible for technical infrastructure, security, and system integration.
3. **Doctors and Nurses:** The primary end-users who will interact with the system for patient care.
4. **Admission Staff:** Responsible for patient intake and data accuracy.
5. **Pharmacy Team:** Responsible for receiving and fulfilling digital prescriptions.
6. **Patients:** The ultimate beneficiaries of faster wait times and better data accuracy.
7. **Regulatory Bodies:** Ensuring the system follows Healthcare Laws.

### Section 2.1 Business Requirements (BR's)

Req ID	Requirement Statement	Priority
BR-01	The solution must eliminate 90% of paper-based communication between Admissions, Doctors, and Pharmacy.	Critical
BR-02	The system must provide a unified view of the patient journey to reduce total "Admission-to-Discharge" time.	High
BR-03	The project must ensure 100% compliance with national health data privacy regulations.	Critical

### Section 2.2 Functional Requirements (FR's)

Req ID	Requirement Statement	Source	Priority
FR-01	The system shall allow Admission Staff to create a digital patient profile that is instantly viewable by the attending Doctor.	Admissions	High
FR-02	The system shall allow Doctors to transmit prescriptions digitally to the Pharmacy, removing the need for hand-written notes.	Doctors	High
FR-03	The system shall send an automated alert to the Pharmacy dashboard the moment a Doctor signs a digital order.	Pharmacy	Medium
FR-04	The system shall provide a "Single Source of Truth" where Doctors and Nurses can view a patient's full medical history in one screen.	Nurses	High
FR-05	The system shall allow Nurses to track the status of a medication order (e.g., "Received," "Preparing," "Ready for Pickup").	Nurses	Medium

### Section 2.3 Non-Functional Requirements (NFR's)

Req ID	Requirement Statement	Category
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NFR-01	Access to patient records must be restricted via Role-Based Access Control (RBAC) (e.g., Nurses see records, but not billing).	Security
NFR-02	The system must maintain an uptime of 99.9% to ensure clinical operations are never interrupted.	Reliability
NFR-03	The user interface must be intuitive enough for a new staff member to navigate the basic dashboard with < 1 hour of training.	Usability
NFR-04	The system shall load patient records in less than 2 seconds over the hospital's internal network.	Performance

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