



HealthCare

# Digital Transformation of Hospital Admissions & Clinical Workflow.

Transitioning from Paper-Based  
Manual Systems to a Centralized  
EMR.

**Project Name : Streamlining Hospital operations by Business Analysis**  
**Presented By : Omkar Ajit Vartak**

**7nd Jan, 2026**



# Problem and Scope

**Current Manual Workflows Create Significant Bottlenecks.**



**20+ minute wait times**

**handwriting errors**

**physical file loss**

**Scope :**

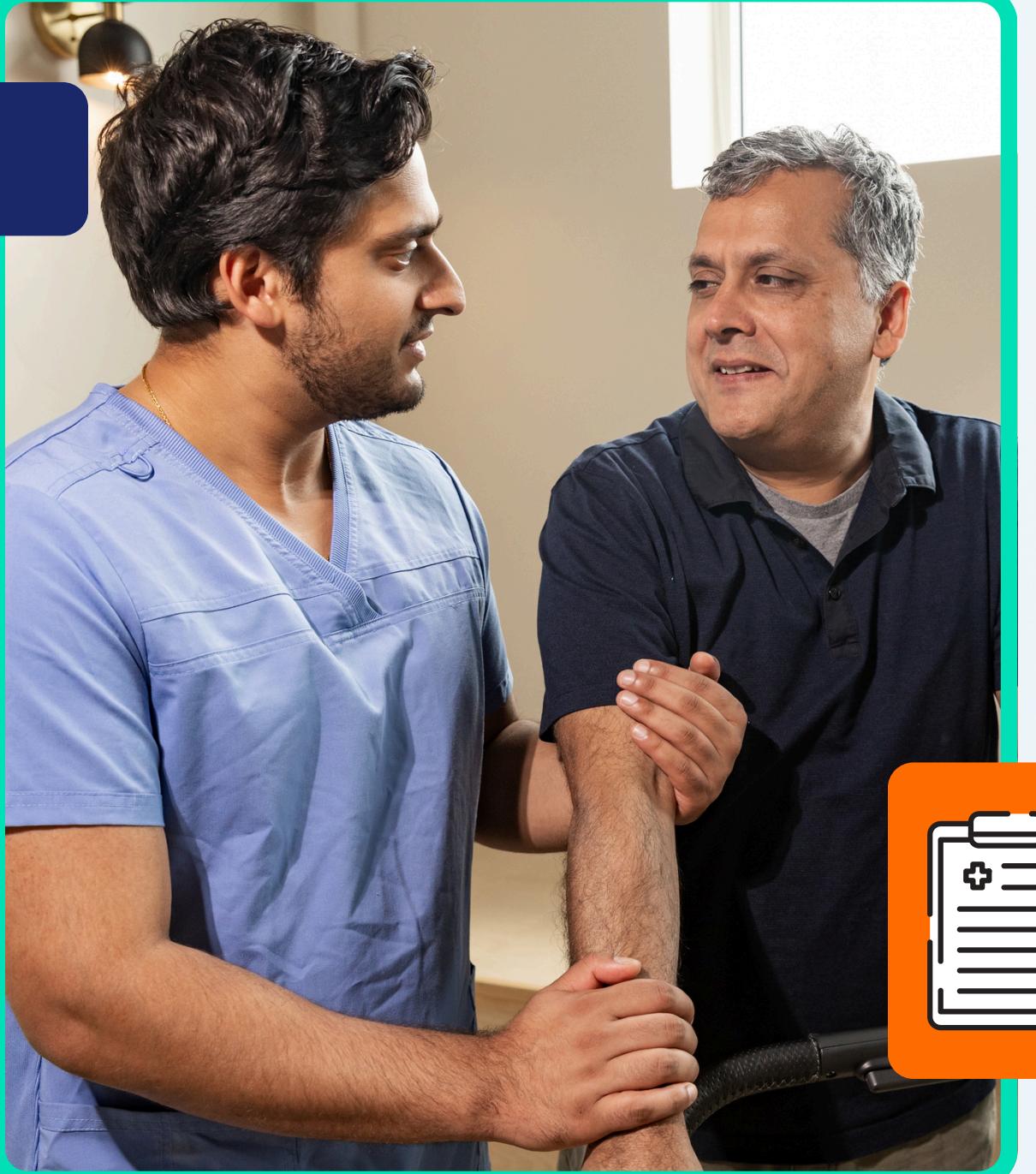
**Admissions Department**

**Clinical Ward**

**Pharmacy departments**



# BRD



- **Core Requirements Focus on Automation and Accuracy.**

**BR-01 : Digital Intake**

**BR-02 : E-Prescribing**

**BR-03 : Digital Patient Profile**

# Stakeholder Landscape



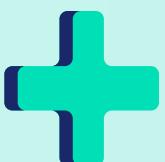
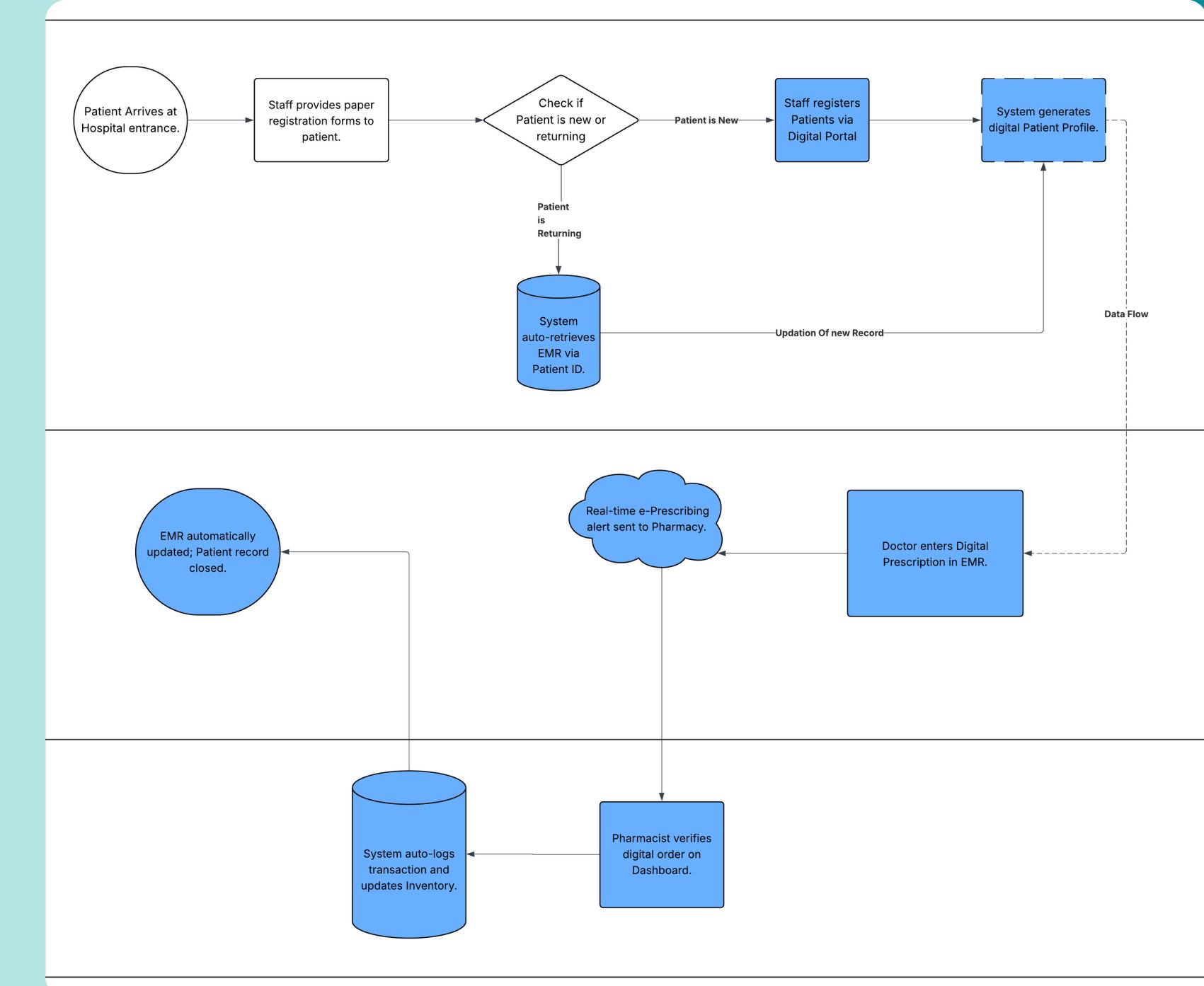
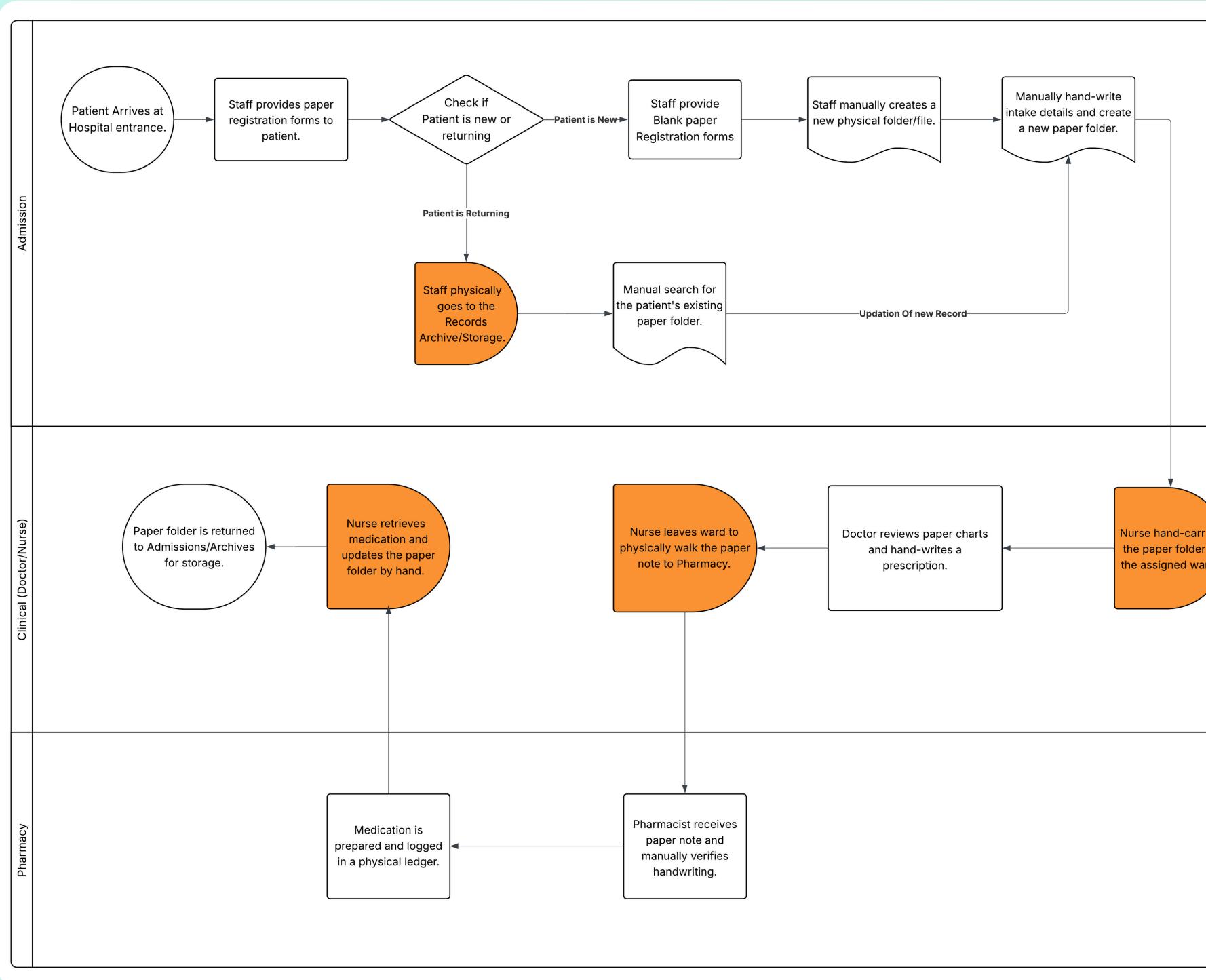
- Chief Medical Officer (CMO)
- IT Director
- Doctors and Nurses
- Pharmacists
- Admission Staff
- Pharmacy Entire Team
- Patients
- Regulatory Bodies

# Gap Analysis

Current State	Gap/Action	Future State
Manual paper forms; redundant data entry; physical storage issues.	Implement a Centralized Patient Registration Module.	Digital registration via tablets; auto-sync with patient EMR.
Hand-written notes; high risk of illegibility; physical delivery to Pharmacy.	Develop an Integrated Pharmacy-Doctor Portal.	Electronic Prescribing (e-Rx) with digital signatures and real-time alerts.
Communication via phone or pager; no real-time tracking of patient status.	Implement an Inter-departmental Workflow Tracker.	Unified dashboard showing live status (Admissions -> Ward -> Pharmacy).



# Digital Transformation



# Prioritization Metrics

Req ID	Requirement Title	Business Impact	Cost	Feasibility	Final Priority
BR-01	Digital Patient Intake	High	Medium	High	<b>High (P1)</b>
BR-02	e-Prescribing Portal	High	High	Medium	<b>High (P1)</b>
BR-03	Centralized Records	High	High	Medium	<b>High (P1)</b>
BR-04	Real-Time Bed Dashboard	Medium	Low	High	<b>Medium (P2)</b>
BR-07	Data Security (RBAC)	High	Medium	High	<b>High (P1)</b>



# Technology Assessment

Category	Existing Infrastructure (Current)	Required Upgrade (Future State)	Gap/Recommendation
<b>Data Storage</b>	Physical file cabinets and local PC storage.	Centralized On-Premise Server or Secure Cloud Hosting.	Migrate all paper records to a HIPAA-compliant digital database.
<b>Networking</b>	Limited Wi-Fi; departments connected via phone/internal lines	High-speed, hospital-wide Fiber/Mesh Wi-Fi network.	Ensure stable connectivity for mobile tablets in wards and pharmacy
<b>Hardware</b>	Desktop PCs at registration; paper charts in wards.	Handheld tablets for nurses; barcode scanners for	Procure mobile devices to allow real-time bedside data
<b>Software</b>	Basic administrative tools; no integrated EMR.	Integrated EMR System with e-Prescribing and HL7 messaging.	Deploy a modular EMR that connects Admissions,



# Change Management

Phase	Goal	Action Item
<b>Awareness</b>	Communicate the "Why"	Town hall meetings explaining how the EMR reduces manual "walking" time.
<b>Desire</b>	Build Buy-in	Show Doctors how e-Prescribing reduces handwriting errors and saves time.
<b>Knowledge</b>	Training	Execute the role-based training sessions and "Super-User" workshops.
<b>Ability</b>	Go-Live Support	"At-the-elbow" support where IT staff stand in the wards during the first 48 hours.
<b>Reinforcement</b>	Sustainability	Monthly feedback loops to fix any "bugs" or workflow friction points.



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# Thank You

Presented By :  
**Omkar Vartak**

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