



Phase 1: Requirements Gathering Checklist — Optimized for Outpatient ERP Data



1. Business Requirements



Focus: Leverage outpatient data to improve hospital efficiency, care quality, and financial performance.

- ☐ **Identify Key Stakeholders** *E.g., Operations Manager, Outpatient Care Leads, Revenue Cycle Team, Data Governance Officer*
- ☐ **Define Business Objectives** *E.g., Reduce wait times, track missed appointments, improve compliance with clinical guidelines, optimize staff allocation*
- ☐ **Determine KPIs (Key Performance Indicators)** *E.g., Average Wait Time, Staff-to-Patient Ratio, Billing Accuracy Rate, Patient Satisfaction Score*
- ☐ **Understand Outpatient Operational Processes** *E.g., Appointment scheduling workflow, physician workload distribution, billing lifecycle*
- ☐ **Elicit Strategic Questions from Stakeholders** *E.g., "Which services are underused?", "What treatments lead to avoidable readmissions?", "How can we predict no-shows?"*



2. Data Source & Technical Requirements



Focus: Understand how ERP handles outpatient data and the technical environment for ingestion.

- ☐ **Identify All ERP Data Sources** *E.g., Appointments, Procedures, Billing, Staffing Modules from systems like SAP, Oracle Health*
- ☐ **Analyze Source Attributes**
 - Format (SQL tables, CSV extracts, API feeds)
 - Access method (direct DB, API keys, ETL tools)
 - Frequency (real-time for scheduling, daily for billing)
 - Volume and growth rate (E.g., visit logs, diagnosis codes)
- ☐ **Assess Data Quality** *Evaluate consistency in procedure codes, completeness of patient records, timeliness of billing data*
- ☐ **Define Data Retention Policies** *E.g., 7 years of visit history for compliance, 2 years of appointment data for operational insights*



3. Functional & Reporting Requirements



Focus: Determine what stakeholders need from the data warehouse to make data-driven decisions.

- ☐ **Define User Personas** *E.g., Clinic Managers, Finance Analysts, Population Health Experts, Compliance Auditors*
- ☐ **Reporting Needs**

- Wait Time Trends
- Chronic Condition Outcomes
- Patient No-Show Rate
- Missed Revenue Opportunities
- High-risk Population Flags
- ☐ **Dashboards & Self-service Analysis** *E.g., Interactive dashboards for executive oversight, ad-hoc capabilities for data analysts*
- ☐ **Define Healthcare-Specific Entities & Hierarchies** *E.g., Specialty → Clinic → Physician → Procedure*
- ☐ **Specify Reporting Logic & Calculations** *E.g., No-show rate = Missed appointments / total appointments; ROI for service lines; readmission prediction flags*

✓ 4. Governance, Security, & Compliance Requirements

🔒 Focus: Meet healthcare regulations and ensure trustworthy, protected data use.

- ☐ **Identify Sensitive & Regulated Data** *E.g., PII, patient diagnosis codes (ICD-10), procedure details (CPT), insurance IDs*
- ☐ **Define Role-Based Access Control** *E.g., Care teams see their patients, finance sees billing, public health sees anonymized cohorts*
- ☐ **Document Regulatory Compliance Needs** *E.g., GDPR for UK patients, NHS Digital guidelines, local audit protocols*
- ☐ **Establish Governance Framework** *Assign data stewards, set up issue resolution workflows, document meta data policies*