**🏥 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*