HealthFirst Care Requirements Traceability Findings

Capstone Project M01L01

Adwoa Boama Acheampong | IBM Business Analyst learning project

Purpose and traceability approach

The accompanying editable matrix traces each proposed functional or nonfunctional requirement from the simulated case need through objective, stakeholder, MoSCoW priority, acceptance criterion and planned UAT. It is a planning and review control, not evidence that a hospital owner has approved or tested the requirement.

FR-01 through FR-13 and NFR-01 through NFR-05 each map to a distinct planned scenario, UAT-01 through UAT-18. No scenario is reused or marked passed; the scenario records and owner sign-off remain to be produced during a real pilot.

Open the editable requirements traceability matrix

Requirement inventory and review findings

Measure	Finding
Requirements	18
Functional	13
Nonfunctional	5
Must priority	11
Open governance	UAT execution, ownership sign-off, quantitative thresholds and implementation remain unverified

Review checklist: stable IDs and planned scenarios are documented; source/objective links are analyst-proposed; priorities and thresholds await sponsor review; UAT has not been executed; change history remains at the initial draft.

Findings from the supplied data

Evidence IDs below are cross-referenced from the RTM workbook. Exact source filenames, denominators and inference boundaries are recorded in its Evidence Findings sheet. The data support prioritization; they do not prove that a proposed system has been implemented or that any stakeholder approved a requirement.

ID	Exact source and measure	Finding with denominator	Trace
E01	HealthFirst_Appointment_Source.csv — Outcome distribution	56 completed, 46 no-show, 45 rescheduled, 44 cancelled and 9 missing status; completion 28% and no-show 23% of all rows. Denominator: 200 appointment rows Caveat: No-show data do not identify its cause or prove double-booking.	FR-03; FR-04; FR-13
E02	HealthFirst_Appointment_Source.csv — Peak hour	18:00 has 27 appointments; 9 appointment times are missing. Denominator: 191 rows with parseable time Caveat: Volume alone does not measure capacity or prove a wait-time cause.	FR-02; FR-07; FR-13
E03	HealthFirst_Feedback_Source.csv — Source cleaning	18 wholly blank rows excluded; 6 missing scores imputed with the valid-score mean 6.270833; 3 wait times remain blank. Denominator: 216 raw rows; 198 substantive rows Caveat: Imputation is a course exercise, not an observed patient rating.	FR-12; FR-13; NFR-03
E04	HealthFirst_Feedback_Source.csv — Department experience	General Medicine has the lowest named-department mean score (5.38/10) and highest mean wait (43.85 minutes). Denominator: 26 General Medicine feedback rows with recorded waits Caveat: Descriptive department comparison; no causal inference.	FR-07; FR-13
E05	HealthFirst_Feedback_Source.csv — Low-score concentration	Orthopedics has 8 scores below the lab threshold of 4, the most among named departments. Denominator: 29 Orthopedics feedback rows Caveat: Threshold of 4 is specified by the lab and is low on a 1–10 source scale.	FR-07; FR-13
E06	HealthFirst_Resource_Source.csv — Resource source quality	13 exact duplicates removed; resource observations can be summarized by department and availability. Denominator: 213 raw rows; 200 unique substantive rows Caveat: No patient key or complete capacity denominator; shortages are not established by these rows alone.	FR-02; FR-08; FR-13; NFR-03
E07	HealthFirst_Appointment_Source.csv; HealthFirst_Feedback_Source.csv — Patient-key linkage	184 nonblank unique feedback PatientIDs, including 10 repeat patients; 16 appointment patients have no feedback match. Denominator: 200 appointments; 198 substantive feedback rows Caveat: Aggregate repeated feedback by patient before lookup; a matched score is not event-specific.	FR-12; FR-13; NFR-03
E08	200927-011 M1L1 Stakeholders Profile-for Requirement Gathering -2-.pdf — Stakeholder-described needs	Patient access/notice concerns, scheduling conflicts, clinical resource needs, handoff gaps and IT controls are described in the profiles. Denominator: 10 supplied simulated profiles Caveat: Qualitative case statements, not measured operational effects or approval.	FR-01 to FR-11; NFR-01; NFR-02; NFR-04; NFR-05

- Every ID needs a source need and planned validation route; reject orphan rows before a baseline is approved.
- MoSCoW priority is provisional; the sponsor and affected owners must reconcile clinical, patient, operations and IT trade-offs.
- Requirements involving privacy, continuity, accessibility and data integrity must be treated as release gates rather than optional polish.
- Record actual UAT result and evidence link only after a stakeholder executes the scenario. No pass is inferred from a written test case.