HealthFirst Care Stakeholder Analysis and Engagement Plan

Capstone Project M02L01

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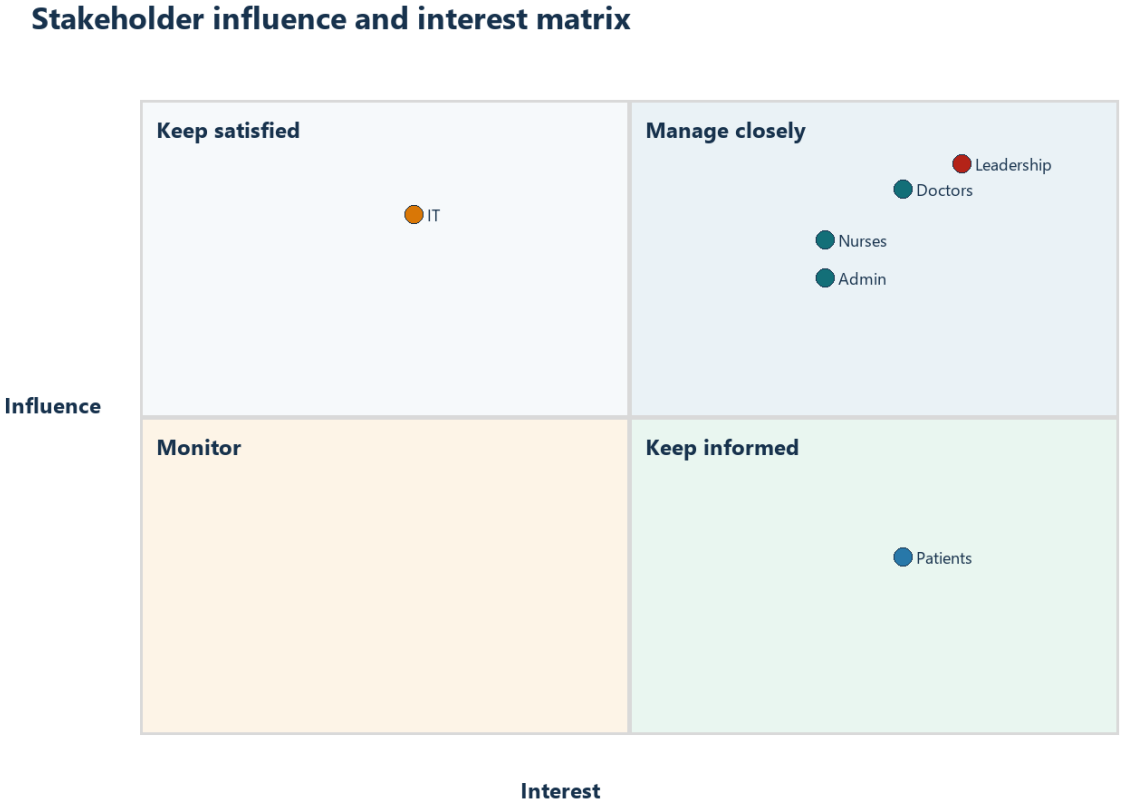
Purpose and method

The analysis uses the ten supplied simulated stakeholder profiles and the case data. Hospital leadership is added as an inferred governance stakeholder because scope, risk and pilot decisions require an accountable sponsor. Influence and interest ratings are planning judgments for review, not interview findings.

Stakeholder register

Stakeholder	Role	Interests and concerns	Influence	Interest	Strategy
Sarah Ayvazyan	Patient	Simple online booking, timely cancellation and delay notices, clear next steps	Low	High	Keep informed
Lak Ayer	Patient	Assisted/in-person booking and reachable prescription support	Low	High	Keep informed
Dr. Aftab Khan	Cardiologist	Balanced schedules, diagnostic access, timely lab results and transfers	High	High	Manage closely
Dr. Robert Lee	Orthopedist	Operating-room and equipment access, referral clarity, physiotherapy updates	High	High	Manage closely
Santa Murmu	Pediatric nurse	Shift capacity, supplies and transfer notification	High	High	Manage closely
Jessica Gomes	Emergency nurse	Weekend staffing, bed/monitor access, diagnostic results and ICU handoffs	High	High	Manage closely
Maria Carter	Appointment scheduler	Conflict prevention, live availability and easier record retrieval	High	High	Manage closely
Ivan Walker	Billing administrator	Complete scheduling and treatment data for reconciliation	High	High	Manage closely
Rajesh Singh	IT manager	Integrated systems, network resilience and scalable architecture	High	Low	Keep satisfied
Laura Simkow	Software developer	Usable interface, security remediation, notifications and analytics	High	Low	Keep satisfied
Hospital leadership	Inferred governance stakeholder	Service performance, risk, scope and benefit decisions	High	High	Manage closely

Influence and interest matrix



Planning matrix based on supplied profiles. Individual patient influence is low while interest is high; clinical, administrative and leadership stakeholders require close management.

Open the standalone stakeholder matrix

Engagement and communication plan

Group	Purpose	Method	Frequency	Owner	Escalation
Patients	Validate access, notices and next-step clarity	Assisted interviews, usability sessions, accessible SMS/email survey	At discovery, prototype and pilot review	Patient experience lead	Escalate accessibility or consent concern to sponsor and privacy lead
Doctors and nurses	Validate capacity rules, handoffs and patient-safety exceptions	Workflow workshop, clinical huddle and scenario review	Weekly during design and pilot	Clinical lead	Escalate patient-safety or unresolved ownership conflict
Administrative staff	Validate booking, check-in, billing data and exception handling	Walkthrough, working session and UAT	Twice weekly during configuration and UAT	Operations manager	Escalate repeated conflicts, missing data or reconciliation failure
IT team	Validate integration, resilience, security and support model	Architecture review, technical backlog and incident rehearsal	Weekly; immediate for release gates	IT manager	Escalate security, outage or interface control failure
Hospital leadership	Decide scope, targets, risk acceptance and scale	Decision brief, dashboard and risk review	Biweekly and at stage gates	Project sponsor	Record approve, reject, defer or request evidence

Conflicting needs and engagement risks

- Patients need simple access while security teams require identity and privacy controls. Design must retain assisted channels and proportional authentication.
- Clinical staff need schedule flexibility while operations need predictable capacity. Exceptions require named approval and auditability.
- IT may prefer phased integration while users want immediate end-to-end visibility. The RTM should distinguish pilot capability from later integration.
- Leadership needs concise measures while data owners need visible quality caveats. Dashboard summaries must preserve denominator and freshness definitions.

Feedback and decision control

Every engagement records decisions, actions, owner, due point and unresolved question. Changes affecting requirements are added to the RTM. Changes affecting baseline scope follow the scope-control process. Patient-safety, security and privacy concerns bypass routine cadence and move directly to the accountable lead.

Conclusion

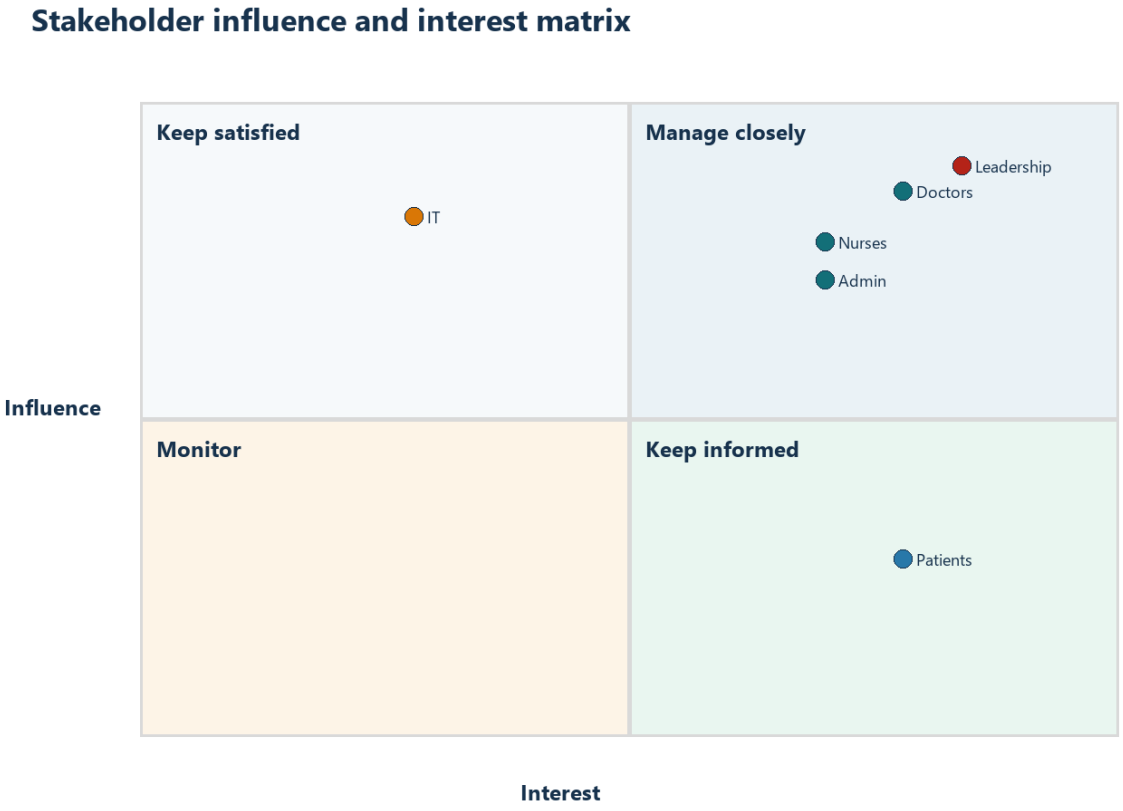
The engagement plan gives the strongest participation to the groups who operate or govern the workflows while maintaining accessible patient feedback. It supports the BRD objectives by connecting each stakeholder concern to a requirement, workflow decision or control.

Appendix A: supplied profile digest

The ten named profiles below are condensed from the supplied course document; hospital leadership is an inferred governance stakeholder and is not in that source. The unmodified three-page source is appended to the PDF export as Appendix C.

Named profile	Role	Need captured for the plan
Sarah Ayvazyan	Patient	Simple online booking, timely cancellation and delay notices, clear next steps
Lak Ayer	Patient	Assisted/in-person booking and reachable prescription support
Dr. Aftab Khan	Cardiologist	Balanced schedules, diagnostic access, timely lab results and transfers
Dr. Robert Lee	Orthopedist	Operating-room and equipment access, referral clarity, physiotherapy updates
Santa Murmu	Pediatric nurse	Shift capacity, supplies and transfer notification
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Rajesh Singh	IT manager	Integrated systems, network resilience and scalable architecture
Laura Simkow	Software developer	Usable interface, security remediation, notifications and analytics

Appendix B: matrix record



Matrix reproduced for review; editable positions and strategies are recorded in the linked workbook.

Appendix C: original profile source

The complete source PDF follows this report in the PDF edition. It is kept intact, allowing the reader to compare the stakeholder plan against the course profiles.

Capstone Project: Applying Business Analysis Skills

Case Study: Enhancing Operational Efficiency in a Multi-Specialty Hospital

Stakeholder Profiles

1. Patients

Profile 1: Sarah Ayvazyan (Age: 35, Software Engineer)

- Feedback on scheduling:
  - Difficulty booking appointments online, often needs to call the hospital directly.
  - Appointments are canceled without timely notifications.
- Wait times:
  - Frequently waits over 30 minutes past her appointment time.
  - Frustrated with the lack of updates during delays.
- Communication issues:
  - Limited information was provided about her next steps after the consultation.
  - Prefers clear instructions sent via email or SMS.

Profile 2: Lak Ayer (Age: 62, Retired Teacher)

- Feedback on scheduling:
  - Finds the online scheduling system confusing and prefers in-person scheduling.
- Wait times:
  - Recently waited nearly an hour for a cardiology consultation, leading to dissatisfaction.
- Communication issues:
  - Difficulty reaching the support desk for follow-up questions about prescriptions.

2. Doctors

Profile 1: Dr. Aftab Khan (Specialization: Cardiology)

- Resource allocation:
  - Overbooked schedules leave insufficient time for patient consultations.
  - Often lacks access to required diagnostic equipment during peak hours.
- Inter-departmental communication:
  - Delays in receiving test results from the lab, impacting patient care.
  - Inefficient handoff process when transferring patients to other departments.

Profile 2: Dr. Robert Lee (Specialization: Orthopedics)

- Resource allocation:
  - Experiences frequent delays in accessing operating rooms due to overbooking.
  - Limited availability of specialized equipment like orthopedic drills during peak hours.
- Inter-departmental communication:

- Rarely receives timely updates from physiotherapy regarding patient progress, impacting follow-up consultations.
- Finds the referral system cumbersome, often leading to confusion for both staff and patients.

3. Nurses

Profile 1: Santa Murmu (Role: Pediatric Nurse)

- Resource allocation:
  - Struggles with an uneven nurse-to-patient ratio during night shifts.
  - Limited availability of essential supplies like gloves and syringes.
- Inter-departmental communication:
  - Poor coordination with the emergency department for patient intake.
  - Rarely receives advance notifications about patient transfers.

Profile 2: Jessica Gomes (Role: Emergency Room Nurse)

- Resource allocation:
  - Faces challenges during shift overlaps when resources (e.g., beds, monitors) are in high demand.
  - Inadequate staffing during weekends, leading to burnout and reduced efficiency.
- Inter-departmental communication:
  - Reports delays in receiving diagnostic results from radiology, which impacts patient triage decisions.
  - Encountered frequent miscommunication during patient transfers to the ICU, causing duplication of efforts.

4. Administrative Staff

Profile 1: Maria Carter (Role: Appointment Scheduler)

- Challenges in scheduling:
  - Frequently deals with double bookings due to system glitches.
  - Limited visibility into doctors' real-time availability, leading to scheduling conflicts.
- Record management:
  - Finds the current patient record system outdated and difficult to navigate.
  - Experiences delays in retrieving patient histories during busy hours.

Profile 2: Ivan Walker (Role: Billing Administrator)

- Challenges in scheduling:
  - Often receives complaints from patients about billing discrepancies due to incomplete scheduling information.
- Record management:
  - Struggles with reconciling billing records with treatment data from various departments.

5. IT Teams

Profile 1: Rajesh Singh (Role: IT Manager)

- Technical limitations:
  - Current scheduling and record management systems are not integrated, leading to data silos.
  - The hospital network experiences frequent downtimes, impacting online services.
- Potential enhancements:
  - Proposes integrating an advanced Hospital Information System (HIS) for seamless data flow.
  - Recommends implementing a cloud-based appointment system for scalability.

Profile 2: Laura Simkow (Role: Software Developer)

- Technical limitations:
  - The online appointment system lacks user-friendly interfaces, causing user complaints.
  - Security vulnerabilities in the legacy systems need urgent attention.
- Potential enhancements:
  - Suggests adding real-time notifications via email/SMS for appointment updates.
  - Advocates for data analytics tools to monitor patient trends and resource usage.