# Case Studies of Requirements Engineering for Medical Software

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CS 846 project Presentation

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## **Contents**

- Current trends in the healthcare industry.
- Industrial Requirements Engineering challenges.
- Case Study Health Informatics System
- Case Study Specifications for a System for public entity.
- Best practices



# The company

- World leader in healthcare IT, in-vitro and in-vivo medical devices.
- In-vivo devices such X-ray devices, CT, MR and Ultrasound scanner
- In-vitro devices such as blood, nucleic acid and near patient testing.

























# **Business Trends and challenges**

Rate of innovation is increasing

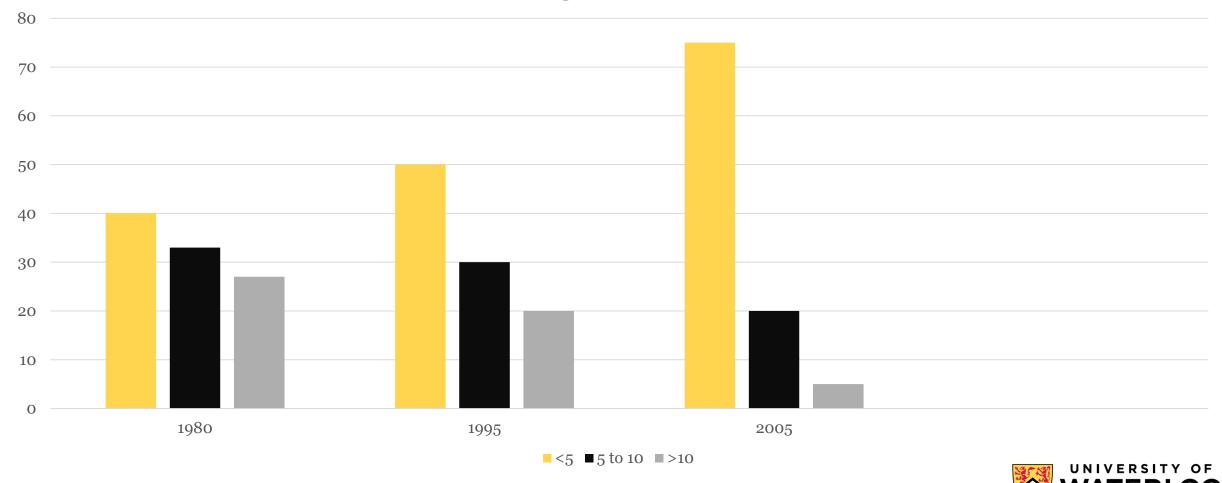
Increasing competition leads to pressure for higher efficiency.

Challenges with regards to regulatory approval/compliance (FDA)

• Solution development fails due to insufficient requirements engineering.



#### Increasing rate of innovation



# RE challenges in healthcare projects

- High complexity of customer requirements.
- Unclear stakeholder expectations
- Rapidly changing technology
- Distributed teams
- Ad-hoc change management and lack to traceability
- Change of scope



# **Impact of insufficient RE**

Observation	<b>Business Impact</b>
Insufficient RE	High likelihood of project failure  • Quality requirements not done  • Increase rework (>50)
Lack of end to end upstream and down stream integration	<ul> <li>Mismatch with market needs</li> <li>Difficult to manage dev from portfolio perspective, react to changing market</li> <li>Tracing is difficult to manage</li> </ul>
Inadequate process and modelling technique	<ul> <li>Clinical workflow requirements difficult to capture</li> <li>Risk of implementing inadequate product features</li> <li>Roadblock for automating dev tasks</li> </ul>
Distributed teams interact inefficiently	Communicate product requirements in a global context • Inefficiencies in dev, expect lower quality
Benefits of reuse not realized	<ul> <li>High amount of overheads and rework for variants</li> <li>Requirements not mapped towards product lines/platforms</li> <li>No reuse of architecture, testing or coding artifacts</li> </ul>

# Development of Health informatics system prototype

#### Objectives

- 1. Deliver end to end high quality workflows
- 2. Redesign user interface to achieve optimized usability

#### Description

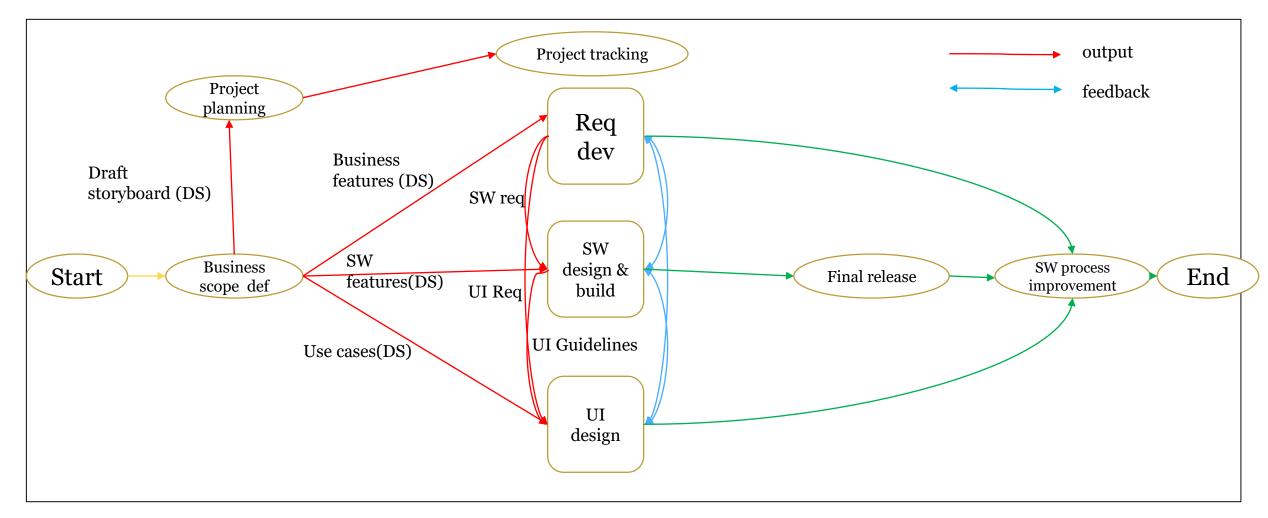
- 1. 40 staff, 6 scrum teams requirement engineer, UI designer, architect, developer, product manager, clinician
- 2. Rapid prototyping jot JIT requirement development.

#### Deliverables

- 1. 15 end to end workflows implemented
- 2. 160000 loc in java
- 3. Novel UI for admin workflows



## **Flowchart**





#### Challenges addressed:

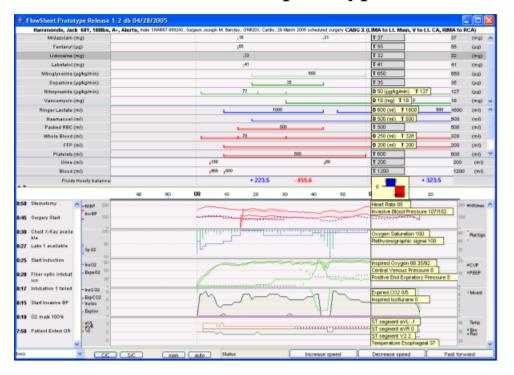
- Medical workflow capture and visualization
- Communicate product req in a global context

#### Benefits:

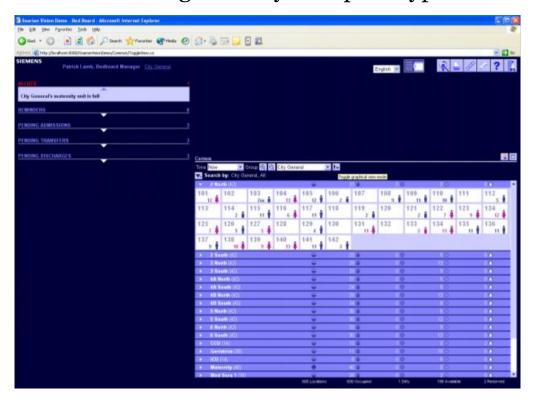
- Reduced time to market
- Quick capture of medical workflow



#### Electronic flow sheet prototype



#### Bed management system prototype





### **Results**

Use storyboards to capture clinical workflows

- Outcomes learned
  - Establish storyboards as an artifact to serve as requirement, UI and test artifact.
    - Allows to map successful paths and failure paths
  - Review requirements with different stakeholders
  - Challenge evolution/changing scenarios



# Case study 2: Public system

- Objectives
  - Develop high quality system requirement specs
  - Define RE approach including process, tools, skills
- Description
  - 4 requirement engineers to deal with more than 5000 requirements.
  - Distributed teams
  - High value project.
- Deliverables
  - System Requirement Specification
  - RE management plan
- Approved specifications will allow development team to streamline work and reduce risk.



## Challenges with feature hierarchy and dependency relationships

- High complexity
- Distributed teams
- Lack of traceability/ ad-hoc change of management
- Outcomes learned
  - Late changes are expensive
  - Understanding feature dependencies and complexities is key
  - Several iterations needed
  - Work in domain logical heirarchy



# Challenges with obtaining a good understanding of customer requirements

- Change of scope
- Change in tech

- Outcomes learned
  - Customer does not have complete understanding of requirements
  - Start with domain glossary and prototyping asap
  - Under promise and over deliver



# Develop specifications for problem and solution space

- Requirements change as solutions are prototyped and shown to customer
- Identify risks involved in changing requirements during analysis
- Try to minimize the cost of changing requirements
- Analyze the trade-off between abstraction and detail
- Try to reduce the changes to requirements.



# Challenges with consistently implementing and maintaining traceability

- Change in management
- Change in scope

- Outcomes learned:
  - Maintaining traceability yields an ROI over 5 years
  - But it also needs effort that must be budgeted for, this will reduce overall cost in the long run
  - Establish feasible traceability model from the beginning
  - Insist on impact analysis, progress tracking and testing



# Challenges with establishing effective RE standards and review processes

- Distributed teams
- Poor requirement quality
- Change in management
- Change in scope
- Outcomes learned:
  - Enforce documentation standards, industrial standards like IEEE 830 can be used.
  - Value consistency, homogenise content using templates for easier documentation.
  - Budget for reviews



# **Best RE practices for Healthcare projects**

- Use storyboards for clinical workflows
- Define feature hierarchy and dependencies
- Understand the market requirements clearly
- Develop specifications for problem and solution space
- Implement traceability
- Establish effective RE standards and review processes.

