

***FY 2013 Prosthetics Patch 101 Completion  
Work Effort Unique Identifying #20130608  
Business Requirements Document***



**July 2013**

## Revision History

**NOTE:** *The revision history cycle begins once changes or enhancements are requested after the initial Business Requirements Document has been completed.*

Date	Description	Author
06/11/2013	Initial version. This document is versioned in the Clear Case tool.	NAME REDACTED
06/27/2013 BRD submitted to Business Owner(s) and Health Enterprise Systems Manager for sign-off	Approved version	NAME REDACTED
Date BRD submitted to Customer Advocate for sign-off	Approved version	NAME REDACTED
Date BRD submitted to OIT for sign-off	Approved version	NAME REDACTED

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# Business Requirements Document

## 1. Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner identified within the New Service Request (NSR) [#20130608](#), “FY 2013 Prosthetics Patch 101 Completion.” The BRD provides insight into the AS-IS and TO-BE business area, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and Other Considerations identified. This document does not state the development methodology. The intended audience for this document is the Office of Information and Technology (OIT).

## 2. Overview

This new service request (NSR) is supported by the Office of Patient Care Services. This request addresses a few changes and needs within the business environment for the Prosthetics and Sensory Aid Service (PSAS) package.

### Completion of Patch 101

A previous Prosthetics development effort, Prosthetics Release RMPR\*3\*101 (Patch 101), associated with the Strategic Asset Management (SAM) Program was “paused” in 2011 ([Appendix B](#)) and is now being reactivated. Patch 101 includes requirements for:

- Enhancements to the Prosthetics VistA Suite (PVS);
- Modifications to existing Prosthetics software to support the functional replacement of the current Prosthetics Inventory Package (PIP); and
- Interface support for issuance of stock items from the Prosthetics VistA Suite (PVS).

## 3. Customer and Primary Stakeholders

**NAME REDACTED**, Chief Consultant, Rehabilitation and Prosthetics Services in the Office of Patient Care Services, is the primary stakeholder for this request. Review [Appendix C](#) for the complete list of primary and secondary stakeholders.

## 4. Scope

This request includes the requirements needed to complete Patch 101 development, testing, and release. The requirements were originally documented in the BRD for [NSR #20110322, FY 2012 Prosthetics Enhancements](#). The requirements from Patch 101 have been removed from the original BRD and used to create this limited scope BRD in order to clearly describe the development work to be done to complete and test Patch 101.

## 5. Goals, Objectives and Outcome Measures

Goal/Objective and Desired Outcome	Impact	Measurement
Completion of Patch 101	A large part of the workload would be moved from a roll and scroll to a Windows environment so that the user can operate in	The Electronic Health Record (EHR) will be updated correctly 100% of the time based on the notes posted as comments within PVS for consults.

	one system.	The Prosthetics record is updated appropriately based on the items issued from stock (inventory).
International Classification of Diseases 10 <sup>th</sup> Edition (ICD-10) Compliance	Changes will not function with ICD-10 procedure or diagnostic codes.	Patch 101 will continue to use ICD-9 codes until ICD-10 codes are deployed.

## 6. Enterprise Need/Justification

The Office of Inspector General, Office of Audits and Evaluations issued an audit report in March 2012 titled, Audit of Prosthetics Supply Inventory Management (see [Appendix A](#)). The report directs Veterans Integrated Service Network (VISN) and VAMC directors to eliminate excess prosthetic inventories, avoid prosthetic shortages, develop a plan to implement a modern inventory system, and strengthen management of prosthetic supply inventories. Patch 101 was developed to address a portion of the recommendations from this report. The changes in Patch 101 provide the prosthetics end user with the needed information for an optimal workflow, ensure 508 compliance, and allow PVS system to exchange the necessary information to an inventory system.

## 7. Requirements

### 7.1. Business Needs/Owner Requirements

ReqPro Tag BN/OWNR Number	Business Need (BN) / Owner Requirement (OWNR)	Priority*
NEED1555 BN 1	Adhere to the Enterprise Level requirements as specifically addressed in <a href="#">Appendix D</a> of this document.	
NEED2159 BN 4	Provide capabilities needed to complete Patch 101 development	
OWNR9098 4.1	Provide the ability to search for, display all transactional records and process a suspense record for a single patient within the Prosthetics VistA Suite (PVS).	High
OWNR9099 4.1.1	Provide the ability to display all transactional records for a single patient within the Prosthetics VistA Suite (PVS).	High
OWNR9100 4.2	Provide the ability to process a suspense record for a single patient within the Prosthetics VistA Suite (PVS).	High
OWNR9101 4.2.1	Provide the ability to convert Stock Issue menu option to Prosthetics VistA Suite (PVS).	High
OWNR9102 4.2.2	Provide the ability to establish an inventory framework that will support other inventory packages that may be introduced in the future.	High
OWNR9103 4.3	Provide the ability to more quickly add comments to a consult within the Prosthetics VistA Suite (PVS) without processing the consult.	High
OWNR9104 4.4	Provide the ability to prioritize consults.	High
OWNR9105 4.5	Provide the ability to clone a consult in different areas of the Prosthetics VistA Suite (PVS).	High

ReqPro Tag BN/OWNR Number	Business Need (BN) / Owner Requirement (OWNR)	Priority*
OWNR9106 4.6	Provide the ability to view data when a patient is designated Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) from multiple Prosthetics VistA Suite (PVS)screens.	High
OWNR9107 4.7	Provide the ability in Prosthetics VistA Suite (PVS).to automatically add a patient to the Prosthetics Patient file in order to create a 2319 record for a patient.	High
OWNR9108 4.8	Provide the ability to add several new eligibility codes/patient categories.	High
OWNR9109 4.9	Provide the ability to change the main menu on the Prosthetics VistA Suite (PVS).to depict the functionality more accurately (e.g., Suspense Processing screen).	High
<i>OWNR (from RSD)</i>	Provide the ability to provide service or to issue equipment under certain circumstances (Create Manual Record).	High
<i>OWNR</i>	Provide the ability to comply with 508 requirements	High
<i>OWNR</i>	Provide ability for Patch 101 changes to work with both ICD-9 and ICD-10 codes	High
<i>OWNR</i>	Provide the ability to validate currency and accuracy of all functionality that was coded in Patch 101.	High

\*All listed requirements are needed by the business community. The Priority is merely a mechanism to suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as **High** priority.

## 7.2. Non-Functional Requirements

ReqPro Tag	Operational Environment Requirements
	The primary and back-up sites for data storage (for the Prosthetics VistA Suite and the interfaces) shall be e.g., in the Corporate Data warehouse or a national repository and available to local all sites for use.
	The system shall respond to user actions in 3 seconds or less in 99% of the attempts, and never more than 5 seconds.
	System response times and page load times shall be consistent with VA standards e.g., CPRS.
	Maintenance, including maintenance of externally developed software incorporated into the VistA Enhanced Prosthetics application(s), shall be scheduled during off peak hours or in conjunction with relevant VistA maintenance schedules.
NONF1608	Information about response time degradation resulting from unscheduled system outages and other events that degrade system functionality and/or performance shall be disseminated to the user community within 30 minutes of the occurrence. The notification shall include the information described in the current Automated Notification Reporting (ANR) template maintained by the VA Service Desk. The business impact must be noted.
NONF1609	Provide a real-time monitoring solution during the maintenance windows or when technical issues/problems occur which may require a preventative back-up.
NONF1610	Notification of scheduled maintenance periods that require the service to be offline or that



	may degrade system performance shall be disseminated to the user community a minimum of 48 hours prior to the scheduled event.
	The Continuity of Operations Plan for the Prosthetics VistA Suite and the facility should be updated to include processes and procedures to be followed for outages affecting the Prosthetics business operations.
	<b>Usability-User Interface Requirements</b>
	User acceptance testing personnel shall include Prosthetics purchasing agents, Acquisition contracting officers, and clinical staff that are able to confirm acceptable changes to their workflow.
NONF2353	The system shall provide meaningful prompts and error messages to aid in completing a specific task.
NONF1612	A technical training curriculum shall be developed and delivered to all levels of staff users.
	The training curriculum shall state the expected training time for primary users and secondary users to become productive at using the VistA Enhanced Prosthetics application(s).
	All training curricula, user manuals, help desk guides and other training tools shall be updated by Prosthetics and delivered to all levels of users . The curricula shall include all aspects of the enhanced VistA Prosthetics application(s) and all changes to processes and procedures.
NONF1613	The training curriculum shall state the expected task completion time for primary and secondary users.
	<b>Documentation Requirements</b>
	Updates shall be made, as necessary, to the applicable user manuals and Operations and Maintenance (OM) manuals related to the VistA Enhanced Prosthetics application(s) located on the VA Software Documentation Library. If no User or OM documentation exists, it shall be produced.
	<b>Implementation Requirements</b>
	An implementation plan shall be developed for all aspects of the Enhanced Prosthetics program.
	Technical Help Desk support for the application shall be provided or users to obtain assistance with system software issues.
NONF1614	The IT solution shall be designed to comply with the applicable approved Enterprise Service Level Agreements (SLA).
	The update will be implemented in the following manner: Phased approach
	Implementation will not require a system downtime.
	<b>Data Protection/Back-up/Archive Requirements</b>
NONF1615	Provide a back-up plan for when the system is brought off-line for maintenance or technical issues/problems.
	Data protection measures, such as back-up intervals and redundancy shall be consistent with systems categorized as critical.
	<b>User Access/Security Requirements</b>
NONF1616	Due to patient safety considerations, data protection measures such as backup intervals and/or redundancy shall be consistent with systems categorized as critical.
NONF1617	Ensure the proposed solution meets all VHA Security, Privacy and Identity Management requirements including <a href="#">VA Handbook 6500</a> . (See Enterprise Requirements Appendix).

The table below defines the different levels of user access to the Prosthetics application:

Name	Description	Prosthetics Package Access
Primary Users	Prosthetics Managers	Contribute
	Prosthetics Clerks	Contribute
	Contracting Specialists	Contribute
Secondary Users	Clinicians for the Remote 2319	View
	National Prosthetic Patient Database (NPPD) Manager	View
	System Administrators	Full control

## 7.2.1. Performance, Capacity, and Availability Requirements

### 7.2.1.1. Performance

<b>If this is a system modification, how many users does the current system support?</b>
Full implementation would be 2000 +/- 5%. depending on how it is pushed out (national vs local) with peak hours from 8am-4pm. EST and 11am to 4pm EST for Pacific users.
<b>How many users will the new system (or system modification) support?</b>
The number of users should not change dramatically from the current 2000 users.
<b>What is the predicted annual growth in the number of system users?</b>
The workload is expected to increase by 15% each year. The number of system users may grow proportionally.

### 7.2.1.2. Capacity

<b>What is the predicted size (average) of a typical business transaction?</b>
Unknown
<b>What is the predicted number of transactions per hour (day, or other time period)?</b>
85,000 prosthetic related transactions per year works out to approximately 1700 transactions per week (assuming 50 work weeks per year) or 340 transactions per day.
<b>Is the transaction profile expected to change (grow) over time?</b>
The transaction profile is expected to grow over time. The average transactions per day in 2010 was 340 and that number should increase due to an expected 15% increase in workload.
<b>What are the dependencies-interactions-interfaces with other systems?</b>
No external interfaces Internal: Integrated Funds Control, Accounting, and Procurement (IFCAP), Computerized Patient Record System (CPRS), Patient File, Billing, Decision Support System, Electronic Contract Management System (eCMS), Federal Procurement Data System
<b>What is the process for planning/adjusting capacity?</b>
This BRD would have an impact on a number of IT services including: 1) The individual CPRS instances.



- 2) Application hosting for the national prosthetics application.
- 3) Data storage and management for the various records created.
- 4) Network for the data exchanged among systems.

Each of these elements needs to be monitored for usage and the appropriate capacity requested from the IT line of business through the Capacity Planning process.

**Does the update require a surge capacity that would be different from the base application?**

At the beginning and end of the fiscal year/quarters there is typically more user usage due to data cleaning, reconciliation and processing of orders etc.

#### 7.2.1.3. Availability

**Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc) to support the business.**

The system needs to be available 24/7 for continuity of operations. Monday to Friday, daytime hours are the most critical.

### 7.3. Known Interfaces

This is the business community's best understanding of known interfaces and may not be a comprehensive listing. All required interfaces will be stated as Business Needs in [Section 7.1](#).

Known interfaces include IFCAP, CPRS, Patient File, Billing, Decision Support System, Electronic Contract Management System, and Federal Procurement Data System.

### 7.4. Related Projects or Work Efforts

#### 20070423 Additional Prosthetics GUI Enhancements

**HYPERLINK REDACTED**

New Joint Commission (JC) standards were enacted related to notifications of the delivery and receipt of prosthetic items. There is also a request that the roll and scroll version of the prosthetics functionality be replaced with a Graphical User Interface (GUI) application along with enhancements to fully satisfy the JC standard. Additionally, OEF/OIF requirements have been identified to identify prosthetics work related to these patients.

#### 20070583 Order Entry/Order Management for Prosthetics

**HYPERLINK REDACTED**

The purpose of this request is to create a new functionality for ordering prosthetic items that supports the business processes and does not require manual workarounds. Conceptually this new functionality would combine selected features of the existing of CPRS orders used to order other services such as diets, medications, and lab tests and the features of orders for consults. The prosthetic "order" functionality would be used to make the initial request for a prosthetic item and to request the repair or replacement of a prosthetic item. A centralized location in CPRS would be created to display all of the ordered prosthetic items, including the items that the Veteran has received at their current site as well as items received remotely.

#### 20110322 FY12 Prosthetics Enhancements

**HYPERLINK REDACTED**

This NSR addresses two changes within the business environment: 1) the loss of purchasing warrants for items over \$3000 for Prosthetics employees, and 2) the incomplete development of the requirements identified in Prosthetics Release RMPR \*3\*101. The VA Secretary has

mandated that VA's purchasing practices must be revised. This mandate includes the deactivation of purchasing warrants. As a result, there is a need to modify the Prosthetics GUI Vista Suite - Suspense Processing for purchase orders (POs) over \$3,000 for implementation after the purchasing warrants have been deactivated. IT enhancements are needed to efficiently manage the volume of data associated with many thousands of purchase orders. The inability to use IT to manage this data, effectively, could result in not identifying or retrieving the appropriate records and putting patients at risk of not having appropriate devices. *NOTE: As a result of this BRD, the requirements for Patch 101 will be removed from the BRD for NSR 20110322.*

## **8. Other Considerations**

### **8.1. Alternatives**

There are no alternatives.

### **8.2. Assumptions**

It is assumed that:

- This request will be funded and there will be adequate human resources available to do the technical work.
- IFCAP software will continue to be available.
- Electronic Contract Management System (eCMS) will continue to be utilized.

### **8.3. Dependencies**

There are dependencies on eCMS, CPRS, IFCAP, Patient File, Billing, Decision Support System, and the Federal Procurement Data System.

### **8.4. Constraints**

No constraints identified.

### **8.5. Business Risks and Mitigation**

**Business Risks:** Noncompliance with IG recommendations for inventory control

**Mitigation:** Prioritize recommendations and estimate schedule impact/delay to incorporate changes.

**Business Risks:** Manual handoff of patient consults from clinician order to procurement requisition to award and then back to patient record increases chances for delays in patient care, reduced data integrity, and loss of fiscal integrity.

**Mitigation:** Automate consults to eliminate delays and loss of data/fiscal integrity.

**Business Risks:** Loss of opportunity to increase efficiencies for field staff.

**Mitigation:** Automate inventory processing to increase efficiencies.

**Business Risk:** If the solution is not developed there could be a delay in patient care as well as a loss of revenue.

**Mitigation:** Require staff to check IFCAP for a purchase order and pull the data from IFCAP and post it to the patient's prosthetic record.

**Business Risk:** Assignment of development work to a contractor unfamiliar with the VistA code set for PSAS, PVS and PIP could delay the project past the funded 5 month period.

**Mitigation:** Utilize government development resources familiar with the VistA code set.

## Appendix A. References

Veterans Health Administration Audit of Prosthetics Supply Inventory Management, Office of Inspector General, March 30, 2012, Report No. 11-00312-127

**HYPERLINK REDACTED**

Prosthetics Manuals, VistA Documentation Library

**HYPERLINK REDACTED**

Prosthetics Service Consults, Memorandum from Deputy Under Secretary for Health for Operations and Management to Network Directors, April 6, 2007.

**HYPERLINK REDACTED**

VA Handbook 6500 – Information Security Program

**HYPERLINK REDACTED**

Project Notebook for Strategic Asset Management (SAM): Phase 2

## Appendix B. SAM Phase 2

Prosthetic Sensory Aids Service, Requirements Specification Document for Patch 101.

For a complete description of the requirements contained in Patch 101, please see the SAM – Prosthetic Sensory Aids Service, Requirements Specification Document



Prosthetics\_RSD\_FY  
12 Prosthetics Enhanc

## Appendix C. Stakeholders, Primary/Secondary Users, and Workgroups

### Stakeholders

Type of Stakeholder	Description	Responsibilities
Requester	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.
Endorser	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Owner(s)/Program Office(s)	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Provide final approval of BRD with sign-off authority. Provide strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Subject Matter Expert(s) (SME)	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
Technical SME(s)	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Provide technical background information about the current software and requested enhancements.
User SME(s)	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Ensure that the enhancements will account for current business processes and existing software capabilities.

### Stakeholder Support Team (BRD Development)

Type of Stakeholder	Description	Responsibilities
Security Requirements SME(s)	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Responsible for determining the Certification and Accreditation (CA) and other security requirements for the request.
Service Coordination SME(s)	<ul style="list-style-type: none"> <li>Name, Title, Organization</li> </ul>	Responsible for ensuring all aspects of non-functional requirements have been accurately recorded for this request.



Enterprise Systems Management (ESM) Portfolio Staff	<ul style="list-style-type: none"> <li>NAME REDACTED</li> </ul>	Serve as the liaison between the Program Office (Business Owner) and Product Development throughout the life cycle.
Requirements Development and Management Staff	NAME REDACTED	Responsible for working with all stakeholders to ensure the business requirements have been accurately recorded for this request.

### Primary and Secondary Users

Primary Users	Prosthetics Managers	Responsible for reviewing consults, procurement requests, and overseeing that things are done in a timely manner. Views the remote 2319 information.
	Prosthetics Clerks	Responsible for receiving, processing, creating 2237s, and stock issues. Views the remote 2319 information.
	Contracting Specialists	Receive the 2237 and create purchase prders
Secondary Users	Clinicians for the Remote 2319	Views the remote 2319 information.
	NPPD Manager	Pulls all data and converts the flat file into a relational database.
	System Administrators	Maintainance of the system.

## Appendix D. Enterprise Requirements

Below is a subset of Enterprise-level Requirements that are of particular interest to the business community. These requirements **MUST** be addressed within each project resulting from this work effort. If OIT cannot address these Enterprise-level requirements, the Business Owners responsible for each area **MUST** be engaged in any waiver discussions prior to any decisions being made. This section is not meant to be a comprehensive list of all Enterprise-level requirements that may apply to this work effort and should not preclude the technical community from reviewing all Enterprise-level requirements, and identifying others that should apply to this work effort as well.

ReqPro Tag	Requirement Type	Description
ENTR25	Security	<p>All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is HIGH.</p> <p>The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix C.</p>
ENTR10	Privacy	All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.
ENTR95	508 Compliance	All Section 508 requirements will be adhered to.
ENTR7	Executive Order	All executive order requirements will be adhered to.
ENTR8	Identity Management	All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons.
ENTR991	Terminology Services	Application/services shall reference the Standard Data Services (SDS) as the authoritative source to access non-clinical reference terminology.
ENTR1092	Terminology Services	Application/Services shall use the VA Enterprise Terminology Services (VETS) as the authoritative source to access clinical reference terminology.
ENTR1848	Terminology Services	Applications exchanging data summarizing a patient's medical status shall conform to standards defined by the VHA-endorsed version of C 32 – Health Information Technology Standards Panel (HITSP) Summary Documents Using Health Level Seven (HL7) Continuity of Care Document (CCD) Component.

## Appendix E. Acronyms and Abbreviations

OIT Master Glossary:

HYPERLINK REDACTED

Term	Definition
BN	Business Need
BRD	Business Requirements Document
CA	Certification and Accreditation
CCD	Continuity of Care Document
CPRS	Computerized Patient Record System
eCMS	Electronic Contract Management System
ESM	Enterprise Systems Management
FIPS	Federal Information Processing Standard
GUI	Graphical User Interface
HISA	Home Improvement Structural Alterations
HITSP	Health Information Technology Standards Panel
HL7	Health Level Seven
HSPM	Health Systems Portfolio Management
ICD-10	International Classification of Diseases 10 <sup>th</sup> Edition
IFCAP	Integrated Funds Control, Accounting, and Procurement system
IT	Information Technology
JC	Joint Commission
NIST	National Institute of Standards and Technology
NPPD	National Prosthetic Patient Database
NSR	New Service Request
OIT	Office of Information and Technology
OM	Operations and Maintenance
OWNR	Owner Requirement
PD	Product Development
PIP	Prosthetics Inventory Package
PM&R	Physical Medicine & Rehabilitation
PO	Purchase Order
PSAS	Prosthetics and Sensory Aid Service
PVS	Prosthetics VistA Suite
RAEM	Requirements Analysis and Engineering Management
RDM	Requirements Development and Management
RSD	Requirements Specification Document
SAM	Strategic Asset Management
SDS	Standard Data Services

Term	Definition
SLA	Service Level Agreement
SME	Subject Matter Expert
VA	Department of Veterans Affairs
VETS	VA Enterprise Terminology Services
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture

## Appendix F. Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the Office of Patient Care Services. Further elaboration to these requirements will be done in more detailed artifacts.

### **Business Owner**

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
NAME REDACTED, Chief Consultant, Rehabilitation and Prosthetics Services

**From:** NAME REDACTED  
27, 2013 4:08 PM  
**To:** NAME REDACTED  
**Subject:** Approve: Approval of NSR Requirements Documents - 20130608, FY 2013 Prosthetics Patch 101 Completion

### **Business Liaison**

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
NAME REDACTED, Health Systems Portfolio Management, Enterprise Systems Manager

**From:** NAME REDACTED  
**Sent:** Thursday, June 27, 2013 6:16 PM  
**To:** NAME REDACTED  
**Cc:** NAME REDACTED  
**Subject:** Re: Approval of NSR Requirements Documents - 20130608, FY 2013 Prosthetics Patch 101 Completion

Only have BB access right now.

Please use my electronic signature for record:

Reviewed and approved - NSR Requirements Documents - 20130608, FY 2013 Prosthetics Patch 101 Completion.

V/r

//signed-, rjl, 06/27/2013//



NAME REDACTED

NAME REDACTED

**Customer Advocate**

Confirms that the request merits consideration and review by the Business Intake Review Board:

Signed:

Date:

NAME REDACTED e, Customer Advocate for VHA

[Include approval message attachments HERE](#)

**Office of Information and Technology (OIT)**

Indicates agreement that the requirements have been received, are clear, understandable, and are actionable as documented.

Signed:

Date:

NAME REDACTED, Project Manager  
OIT

**From:** NAME REDACTED

**Sent:** Friday, June 28, 2013 8:40 AM

**To:** NAME REDACTED (Hines OIFO)

**Cc:** NAME REDACTED

**Subject:** RE: Approval of NSR Requirements Documents - 20130608, FY 2013 Prosthetics Patch 101 Completion

I approve!

NAME REDACTED

**FAC-PPM Senior PM, FAC-COR**  
**Product Development**  
**Project Manager IVM & VOA**  
**Fort Worth, TX**

REDACTED

**VA**



**U.S. Department of Veterans Affairs**

Office of Information and Technology  
*Product Development*

DRAFT