Writing a business case

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At a time of cuts and savings in the healthcare system, how can nurses convince decision makers to put money into improving or expanding services? A clear, concise and comprehensive business case is a good place to start. This article provides nurses with strategic recommendations and practical tips, stressing that a strong business proposal will need to be linked to local and national priorities, and articulated in the language of financial constraints. Nurses are often reluctant to write business cases but, with the right knowledge and support, they can successfully bring a service improvement idea into the strategic arena.


The Business Planning Framework: a tool for nursing and midwifery workload management (BPF) provides nurses and midwives with a process to assist in determining appropriate nursing and midwifery staff and skill mix levels to meet service requirements and evaluate the performance of the nursing and midwifery services.
Rationale and development of a business case for antimicrobial stewardship programs in acute care hospital settings.  
Antimicrobial resistance and infection control. 2018;7:104.

Background: Antimicrobial stewardship programs (ASPs) have been shown to reduce inappropriate antimicrobial use and its consequences. However, these programs lack legislative requirements in many places and it can be difficult to determine what human resources are required for these programs and how to create a business case to present to hospital administrators for program funding. The objectives of the current paper were to review legislative requirements and outline human resource requirements for ASPs, and to create a base business case for ASPs. Methods: A working group of antimicrobial stewardship experts from across Canada met to discuss the necessary components for creation of a business case for antimicrobial stewardship. A narrative review of the literature of the regulatory requirements and human resource recommendations for ASPs was conducted. Informed by the review and using a consensus decision-making process, the expert working group developed human resource recommendations based on a 1000 bed acute care health care facility in Canada. A spreadsheet based business case model for ASPs was also created. Results: Legislative and/or regulatory requirements for ASPs were found in 2 countries and one state jurisdiction. The literature review and consensus development process recommended the following minimum human resources complement: 1 physician, 3 pharmacists, 0.5 program administrative and coordination support, and 0.4 data analyst support as full time equivalents (FTEs) per 1000 acute care beds. Necessary components for the business case model, including the human resource requirements, were determined to create a spreadsheet based model. Conclusions: There is evidence to support the negative outcomes of inappropriate antimicrobial use as well as the benefits of ASPs. Legislative and/or regulatory requirements for ASPs are not common. The available evidence for human resource recommendations for ASPs using a narrative review process was examined and a base business case modelling scenario was created. As regulatory requirements for ASPs increase, it will be necessary to create accurate business cases for ASPs in order to obtain the necessary funding to render these programs successful. 

Ideology, evidence and the business case for the doctor of nursing practice.  

Spellberg B, Bartlett JG, Gilbert DN.  
How to Pitch an Antibiotic Stewardship Program to the Hospital C-Suite.  
Hospitals will soon require antibiotic stewardship programs. Infectious diseases specialists must craft business plans to engage hospital leadership to fund such programs. In this article, we review key cost and revenue elements that should be covered in such plans.
Society is placing increasing emphasis on the importance of antimicrobial stewardship programs (ASPs). New regulatory standards require hospitals to implement ASPs. Infectious Diseases (ID) specialists will need to help design and implement such programs at hospitals. A critical component of establishing such programs is submitting a business plan to hospital leadership justifying the cost and structure of the ASP and explaining what benefits the hospital will gain in return. In this article, we explore typical elements of such business plans and describe how hospital leadership may evaluate and determine the value of such plans. Understanding hospital costs and revenue models is critical to creating a viable and realistic business plan to support ASPs.


Queenan K, Hasler B, Rushton J.

A One Health approach to antimicrobial resistance surveillance: is there a business case for it?


Antimicrobial resistance is a global problem of complex epidemiology, suited to a broad, integrated One Health approach. Resistant organisms exist in humans, animals, food and the environment, and the main driver of this resistance is antimicrobial usage. A One Health conceptual framework for surveillance is presented to include all of these aspects. Global and European (regional and national) surveillance systems are described, highlighting shortcomings compared with the framework. Policy decisions rely on economic and scientific evidence, so the business case for a fully integrated system is presented. The costs of integrated surveillance are offset by the costs of unchecked resistance and the benefits arising from interventions and outcomes. Current estimates focus on costs and benefits of human health outcomes. A One Health assessment includes wider societal costs of lost labour, changes in health-seeking behaviour, impacts on animal health and welfare, higher costs of animal-origin food production, and reduced consumer confidence in safety and international trade of such food. Benefits of surveillance may take years to realise and are dependent on effective and accepted interventions. Benefits, including the less tangible, such as improved synergies and efficiencies in service delivery and more timely and accurate risk identification, should also be recognised. By including these less tangible benefits to society, animal welfare, ecosystem health and resilience, together with the savings and efficiencies through shared resources and social capital-building, a stronger business case for a One Health approach to surveillance can be made.


Bartlett Ellis RJ, Embree JL, Ellis KG.


PURPOSE: The purpose of this article is to describe a business case framework that can guide clinical nurse specialists (CNS) in clinical intervention development. BACKGROUND: Increased emphasis on cost-effective interventions in healthcare requires skills in analyzing the need to make the business case, especially for resource-intensive interventions. This
framework assists the CNS to anticipate resource use and then consider if the intervention makes good business sense. BUSINESS CASE FRAMEWORK: We describe a business case framework that can assist the CNS to fully explore the problem and determine if developing an intervention is a good investment. We describe several analyses that facilitate making the business case to include the following: problem identification and alignment with strategic priorities, needs assessment, stakeholder analysis, market analysis, intervention implementation planning, financial analysis, and outcome evaluation. The findings from these analyses can be used to develop a formal proposal to present to hospital leaders in a position to make decisions. By aligning intervention planning with organizational priorities and engaging patients in the process, interventions will be more likely to be implemented in practice and produce robust outcomes. CONCLUSION: The business case framework can be used to justify to organization decision makers the need to invest resources in new interventions that will make a difference for quality outcomes as well as the financial bottom line. This framework can be used to plan interventions that align with organizational strategic priorities, plan for associated costs and benefits, and outcome evaluation. IMPLICATIONS FOR CNS PRACTICE: Clinical nurse specialists are well positioned to lead clinical intervention projects that will improve the quality of patient care and be cost-effective. To do so requires skill development in making the business case.


Magee MF, Beck A. Practical strategies for developing the business case for hospital glycemic control teams. Journal of hospital medicine. 2008;3(5 Suppl):76-83. Many business models may be used to make the business case for support of a multidisciplinary team to implement targeted glucose control in the hospital. Models may be hospital-supported or self-supporting. In the former, the hospital provides financial support based on improved documentation opportunities, reduction in length of stay, and improved resource utilization. In the latter, clinical revenues for diabetes management
offsets costs of salary, fringe benefits, and overheads. A combination of these strategies may also be used. The business plan presented to administration must justify return on investment. It is imperative to involve hospital administration, particularly representatives from coding, billing, and finance, in the development of the business plan. The business case for hospital support will be based on opportunities related to improving accuracy of documentation and coding for diabetes-related diagnoses, including level of control and complications present, on reduction in length of stay and on optimization of resource utilization through reduction in morbidity and mortality (cost aversion). The case for revenue generation through billing for clinical services will be based on opportunities to increase the provision of glycemic management services in the hospital. Examples from the literature and of analyses to support each of these models are presented.
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**OBJECTIVE:** To describe the steps in developing a business case for quality-enhancing interventions (QEIs) in health care. **ANALYSIS:** The development of a business case for QEIs in health care involves 11 steps. These steps include (1) describing the intervention, (2) determining perspective, (3) identifying the effects of the intervention on quality, (4) designing the study, (5) identifying and measuring cash flows, (6) considering the effects of capacity constraints, (7) selecting a measure of return on investment, (8) determining the time horizon for the analysis, (9) determining the discount rate, (10) adjusting costs and savings for inflation, and (11) determining organizational readiness for business case development. A checklist offers guidance on assessing readiness for the business case. **CONCLUSION:** The absence of a ‘business case’ for quality is frequently cited as the reason health care organizations do not implement QEIs, despite decades of careful research demonstrating their effectiveness. Our continuing commitment to advancing the discipline of business case analysis is based on a belief that delineating the cost and economic implications of investments in QEIs is a critical threshold issue to widespread adoption of evidence-based quality improvements. We believe it is appropriate and timely to consider how best to standardize approaches and move the field of business case analysis forward.
https://www.ncbi.nlm.nih.gov/pubmed/?t=17172600


Nurse executives are key contributors to business decisions in today’s cost-conscious health care arena. To make sound decisions about initiating new services or expanding existing programs, nurse executives must know how to plan and produce sophisticated business plans that win support and speak successfully for nursing.
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