## **MS Nurse Business Case Template**

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| **Title** | *Request for additional funding for*….or  *Request for additional nursing resources EFT allocated to* |
|  | **FOR DECISION** |
| **Prepared by** | Name and Title |
| **Endorsed by (sponsor)** | Name and Title |
| **Urgency** |  |

**Recommendation**

That the (*meeting name*) endorses the proposal to (*approve additional funding/approved additional hours/approve additional nursing hours allocated to*…) at a cost of $xxx per annum.

**Executive Summary**

*This usually appears first but is written last, summarising the following areas:*

* *Background of funding context/model and resource allocation*
* *Current need and options explored (briefly) which can include a sentence on consultations or how you informed this need (i.e., data/workload/ quality and safety considerations/risks and urgency).*
* *Benefits of endorsing this proposal i.e., clinical best practice care, patient and economic benefits (cost analysis).*

**Compliance/Impact Assessment**

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| **Strategic Alignment** | *Review your workplace’s strategic planning documents and highlight where this proposal aligns with each strategy i.e. just dot point headings* |
| **Patient Care** | *This section could be informed by the Statement of Duties (see attachment 3):*  The (position title) is essential to the efficient and effective management of patients with multiple sclerosis (MS). The role provides extensive support, assessment and care in specialist clinics as well as a consult service to outpatients via the (*insert name of outpatients*).  The role is also integral in preventing unnecessary Emergency Department (ED) presentations or elective admissions by providing a comprehensive service to patients and carers in the community. The role will involve establishing a database of patients with MS. The role will also allow the identification of patients suitable for clinical trials. |
| **Financial & Resource implications** | Total salary and other employee cost of $XX per annum  Site/Co-location availability |
| **Previous decisions** | *NIL/or date and Item number of last decision and outcome* |
| **Consultation** | *Demonstrate and provide the titles of those consulted with i.e.:*   * *The reporting departmental director/manager (budget/resources implications/management implications and more)* * *The manager in ED* * *The relevant manager in Outpatients/Ambulatory Care* * *The relevant HR manager and someone with an administrative role, your data department (i.e. number of separations, admissions and length of stays)* * *External stakeholders (referral pathways/other funding sources or sponsors)* |

**Background**

*This section should highlight:*

* *Current data on demand in setting/region/area covered: highlight here the number of patients you see or the role is likely to see. Provide a breakdown of current Disease Modifying Therapies (DMT) used if available.* 
  + *Our neurology department has approximately xxx MS patients. Of these, they comprise:* 
    - *General DMTs add number of patients*
    - *Tysabri add number of patients*
    - *Lemtrada add number of patients*
    - *Ocrevus add number of patients*
* *The primary role and scope (according to the Statement of Duties) of this position i.e.:* 
  + *Nurse-led immunotherapy patient education sessions*
  + *Comprehensive disease management and improved continuity of care:* 
    - *early diagnosis and treatment*
    - *triage of referrals and provision of liaison with pathology and other providers*
    - *nurse-led rehabilitation referrals*
    - *disease and medication monitoring*
    - *symptom management*
    - *nurse-led inpatient support and in-service education*
    - *nurse-led relapse assessment and management involving hospital admission avoidance*
    - *protocol for oral methylprednisolone*
    - *coordination with ambulatory care*
  + *Nurse-led immunotherapy compliance and safety monitoring;*
  + *Psychosocial patient management and support;*
  + *Promotion of self-management and individual and systemic capacity building of the multidisciplinary team;*
  + *Nurse-led outpatient coordination, support at immunotherapy clinics and specialist neurologist clinics;*
  + *Coordination of research protocols and logistics;*
  + *Data and evidence-based practice.*
* *How role relates to the provision of best practice care, referring to the International* [*Brain Health Initiative*](https://www.msbrainhealth.org/) *and best practice standards*
* *A statement on how this position is likely to impact on the neurology waitlist? If this position were to cease to exist, what would be the implications? Do you have evidence an MS Specialist Nurse (MSSN) position in the department resulted in a reduction of the waitlist? (high level statements)*
* *If you get this position, could you have an MSSN-led outpatient clinic? If this already occurs, how many patient contacts have been recorded i.e., phone consults, clinic visits for the past 12 months? Is there a waiting list? (high level statements)*
* *Potential impact on Ambulatory Care i.e., impact and provision of relapse management in ambulatory care versus ED (high level statements)*
* *Potential impact on Acute Care: impact on ED/admissions and length of stay? Can you show a reduction in bed days and ED presentations that can be attributed to having this nurse position? As a result of this position, have any protocols been developed that resulted in ED avoidances and admissions? (high level statements)*
* *Revenue to hospital e.g., WIES funding (VIC Department of Health’s funding model) due to admissions/discharge funding for patients receiving infusion therapies and reflect how this has grown with the introduction of infusion therapies.*
* *Nurse Practitioner benefits e.g., ability to prescribe limited medications, manage relapses, reducing time neurologist needs to refer etc.*
* *The impacts of early diagnosis and treatment by employing a specialist nurse-led model (reflect on above data to demonstrate economic and patient benefits). Other indirect benefits include work productivity, GP liaison and interactions and coordination function with other departments.*
* *The impacts of new treatment options, monitoring protocols and the complexity of their administration and ongoing management – refer to Attachment 2.*

**Options\***

1. Maintain the status quo and implications
2. Fund the proposal in full
3. Fund a staged transition to full operational funding over a period of two years.

*\*This section is sometimes easier to do in a table format or perhaps you can combine it with risks? (See below)*

**Proposal**

That the existing XX FTE of (*insert name of role*) be funded with operational budget from 1st July 2019 at a cost of $xxx per annum.

**Risks**

*Point out the risks of not endorsing this proposal i.e.*

* *The service will be at risk*
* *Inability to meet research agreements and grants*
* *Pharmacological management and risks of prescribing DMTs without appropriate monitoring, management and patient surveillance including limited access to treatment pathways*
* *Patient safety including waiting time implications*
* *Quality of Care issues including increased length of stay of multiple sclerosis inpatients due to loss of specialised discharge planning and liaison with community providers*
* *Impacts on bookings, education and scripts*
* *Consequences of delays in initiating treatment*
* *Inability to effectively complete symptom triaging and relapse management*
* *Increased ED presentations and admissions*
* *Longer inpatient stays*
* *Inability to manage patients within outpatients and supported nurse-led and neurologist clinics, thus reduced patient numbers seen in the outpatient department*
* *Potential loss of activity based funding (provide estimate or figure of previous financial year)*
* *Oral methyl prednisolone protocol savings*

**Financial Analysis**

* Total salary costs $XX per annum.
* Offset by the following REFENUE AND SAVINGS

*i.e. what is the cost of establishing or increasing funding for this position compared with the potential cost of neurologists/registrars/other positions and what potential costs can be saved by implementing this model? Can you estimate the reduced ED presentations and avoidances and inpatient admissions as a result of this position?*

* + *The average inpatient episode funding for XX year is $xxx and has decreased to $xxx YTD resulting in an annual saving of $xxx*
  + *Funded separation have reduced from $xxx in year xx to $xxx in (year) and are on track to reduce further by $xxx in (year)*
  + *Inpatient separations have reduced from xx in (year) to xx YTD (Month)(Year)*
  + *Use of Nurse hours compared to doctor or specialist hours and impact on budget i.e.:* 
    - *110 – $132.30 (new patient)*
    - *116 – $66.25 (review)*
    - *132 - $231.35 (extended normal consult/new)*
    - *133 - $115.85 (extended review)*
  + *Emergency Department presentations have reduced from xx in year to xx YTD (month) (year). Some centers have focused on just admissions for urinary tract infections on avoidance of hospital admissions.*
  + *Additionally there has been a xx bed day reduction / reduced length of stay for the same number of patients from year period to year period*
  + *Reduced demand for outpatient clinic (e.g. MSSN spends more time with patient, therefore reducing the time a neurologist needs to) or replacement with Nurse-led clinic?*
  + *There has been a consistent downward trend for methylprednisolone bookings from year to year with the implementation of oral methyl prednisolone protocol.*

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| **Year** | **Total Funded Separations** |
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*\*\*You can also add a table, chart or other visual data formats to demonstrate your data pictorially.*

*Costing might be difficult to establish if this is the first time a MSSN is in the setting.*

*There is limited Australian literature available which provides an economic rationale for employing an MSSN. Please refer to the* [*MS Nurse Care in Australia*](https://www.msaustralia.org.au/wp-content/uploads/2022/04/msa_ms-nurses-report_web.pdf) *report.*

*Very basic measure of costing can be used i.e., service based on additional staffing costs, reviewing the potential savings by reducing relapse management burden on the hospital. This is where your stakeholder consultation with other departments (legal/data and finance will pay off), but other centers might also be willing to share their data for the purpose of securing this position.*

**Management Responsibility for implementation**

* The plan will be implemented through (insert)
* HR and finance will be managed through (insert)
* No actual change to existing program or service required?

**Proposed evaluation (and timing)**

Annual evaluation of program as per current practice.

**Attachments**

* *Attachment 1:* Information Needs
* *Attachment 2:* List of duties relating to Disease Modifying Therapies
* *Attachment 3:* Position Description