**Business Case Template**

**Advanced Nursing/Midwifery Practitioner Services 2018**

**Introduction**

Advanced nursing and midwifery practitioner services are developed as a direct response to current, emerging and future patient/women and their babies/service/health needs and organisational requirements at local and national level. Advanced practice services must have a vision for areas of nursing/midwifery led practice, developed beyond the current scope of nursing/midwifery practice. The focus will be on person-centredness, quality, safety, driving integration between services, improving timely access to services, promoting hospital avoidance, improving patient flow and allowing early discharge, along with a commitment to the development of these areas (Department of Health 2017). The value of the nursing/midwifery contribution as a distinct profession must be safeguarded and articulated in the development of new services led by RANPs/RAMPs (NMBI 2017 p.9; NMBI 2018 p.7). The steps outlined in the Strategic Framework for Role Expansion of Nurses and Midwives (Department of Health 2011) support the necessary considerations for nursing and midwifery service development.

The identification and confirmation of these specific service developments within HSE and HSE funded service areas is the responsibility of Chief DoNM Hospital Groups/DONs/DOMs/Service Managers. The ONMSD through the NMPDUs provide support and guidance to the DON/DOM/services in the preparation of business cases for presentation to the Senior Management Teams for approval and sign off. The business case should be supported with all available evidence.

**Guidance on next steps**

* Compile and present a business case to senior management team for approval and sign off
* Financial approval for WTE
* Recruit and appointment of ANP/AMP candidate
* Establish a Key Stakeholder Governance Group/ Local Implementation Group
* Support the cANP/cAMP in meeting the eligibility criteria for registration as a RANP/RAMP with the Nursing and Midwifery Board of Ireland: Academic Preparation; Clinical Supervision; Clinical Practice; Portfolio Development

***References:***

* *Adapted from: Service Needs Analysis: Informing Business and Services Plans, National Council for the Professional Development of Nursing and Midwifery, November (2009)*
* *Department of Health (2017) Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice, Dublin: Office of the Chief Nursing Officer, Department of Health*
* *Nursing and Midwifery Board of Ireland (2017) Advanced Practice (Nursing) Standards and Requirements*
* *Nursing and Midwifery Board of Ireland (2018) Advanced Practice (Midwifery) Standards and Requirements*
* *The Department of Health (2011) Strategic Framework for Role Expansion of Nurses and Midwives: promoting quality patient care*

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| **Template for Business Case** |
| **Name(s) and title of DON/DOM/Service Manager developing the business case**  |  |
| **Name of hospital/hospital group/CHO area** |  |
| **Name & Addresses of other organisations involved - if applicable** |  |
|  | **Business Case should address** |
| **Proposition** | This should include the: Title, role, and location of the proposed serviceNumber of ANPs/AMPs proposed for the serviceProposed hours of the service |
| **Context** | **Brief rationale for the proposed post to include details of the service:*** What service does the unit/service/catchment area provide?
* What client group is served by the unit/service/catchment area?
* What are the possible future developments for the service?
* What is the team structure?
* What area is covered by this service?
* How the proposed post fits into the service plan for the organisation
* How the post will impact on the service user and the healthcare setting
* Integration of the role including collaboration with other specialties and with other services e.g. hospitals/ hospital groups/ CHO area
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| **Service Needs Analysis**  | The identification of the need for advanced practice roles is the first vital step in the process of establishing the post or service.**International/national/local evidence forms part of the needs analysis and involves reviewing relevant information for example:*** Epidemiology or disease patterns
* Population health/demographics
* Scale of the challenges within the organisation
* Hospital/service data/organisational drivers i.e. local service plan, local statistics on disease trajectory/results of audits/waiting list targets/Key Performance Indicators/ED attendance & presentation categories/ PET in ED and AMAU/ Length of stay/delayed discharges etc
* Relevant regional and national health policy documents e.g. National Clinical & Integrated Care Programmes, National Service Plan, Healthy Ireland Strategy, Slainte Care, CNO DoH Policy documents, Local Organisational requirements
* Geographic context of service provision e.g. population served, catchment area, outreach service options, care closer to home etc.
* Current roles and potential areas for development of services to patients/clients i.e. nursing/midwifery role differentials

**Data supporting the identification of the need for RANP/RAMP service to include:** * Identification of gaps within services that an RANP/RAMP service can address
* How the RANP/RAMP service will contribute to the overall delivery of patient care
* How will the proposed RANP/RAMP service meet objectives of access to services, hospital avoidance, early discharge, addressing waiting lists, improving patient flow, and integration of care/services - Demonstrate by using data and highlight the skillset /competencies that the RANP/RAMP will bring to the service.

**Estimated savings:*** Look at healthcare spending currently which can be different to what is budgeted for- for example unexpected rises in cases, new technologies etc.
* Identify what could be saved by the introduction of this new role.
* Outline a plan for the proposed future sustainability of the RANP/RAMP service
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| **Organisational Impact** | National and International research has identified the benefits of advanced nurse/midwife practitioner roles which lead to improved health outcomes. These include:* Shorter waiting times
* Increased patient satisfaction
* Improved health education for patients
* Increased quality and cost effective care
* Reduction in complaints
* Improved staff satisfaction
* Improved continuity and consistency of care.

(Mason et al., 2013; Cole et al., 2001; Griffen & Melby, 2006; Coopers & Lybrand Health Practice, 1996; Dolan et al., 1997; Dunn, 1997; Maclaine, 1998; Byrne et al., 2000a; Walsh, 2001; Sakr et al., 2003; Roblin et al., 2004; McGee & Kaplan, 2007; Small, 1999; Dunne, 2001).Articulate the benefits of the proposed role under the headings outlined below for e.g. **Service impact:*** Quality streamlined service
* Caseload management will be provided by an expert experienced registered practitioner
* Provision of education and support to other nursing/midwifery and other healthcare colleagues
* Quantify the impact of the role on key performance areas such as: quality, reduced waiting times, increased patient satisfaction
* Reduction in re-admission rates
* Reduction in waiting lists and times
* Identify key performance indicators to be used to obtain patient and service outcomes as a result of the introduction of the role.

**Patient Impact:** * Quality of life benefits for patients attending advanced practice service
* Reduced hospital visits for patients though access to telephone service/outreach services etc.
* Patients availing of the advanced practice service will receive comprehensive and holistic care for their condition
* Early interventions will minimise interruptions to treatment regimens and unnecessary hospital admissions thus improving patient outcomes
* Improved continuity of care which will reduce patient anxiety
* Key contact for patients or significant other if they develop any concerns
* Seamless follow-up for patients
* Acknowledge and address disease progression issues thus improve patients’ and carers’ quality of life
* Reduced waiting times for patients attending advanced practice led clinic
* Improved patient and staff satisfaction.

**Nursing /Midwifery impact:*** Opportunity to provide health promotion, education and intervention
* Opportunity to initiate and conduct nursing/midwifery research and audit, to inform future practice and care delivery
* Utilisation of evidence based nursing /midwifery research in practice
* Appropriate utilisation of nursing /midwifery resources.
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| **Governance and Supervision arrangements** | The RANP/RAMP is a senior clinical decision maker within the organisations. An integral and underpinning component of all aspects of the advanced practice role is the application of governance structures to ensure quality, risk, and safety are managed appropriately and effectively in all aspects of the role, both from the perspective of the individual practitioner, the organisation and the service user. An organisational chart should be included which outlines the reporting relationships within the organisation. The governance arrangements need to stipulate that the organisation is in compliance with the Advanced Practice (Nursing) Standards and Requirements (NMBI 2017)/Advanced Practice (Midwifery) Standards and Requirements (NMBI 2018).Reference should be made to governance arrangements that span organisational boundaries i.e. Hospital/Hospital Group/CHO area etc.A description of the professional and clinical supporting mechanisms which are in place to support the advanced practice role should be provided and needs to include the following:**Professional:**Director of Nursing and Midwifery, liaison with Assistant Director of Nursing/Midwifery/Directorate Manager, and liaison with clinical Nursing Colleagues**Clinical:**Consultants in specialist area, clinical supervision, both formal and informal and clinical exposure**Professional Development-ongoing portfolio maintenance:**Ongoing education, maintenance of competence, review of scope of practice, master classes, monthly CPD teaching sessions, poster presentations etc.**Clinical Supervision:**The Registered Advanced Nurse/Midwife Practitioner (RANP/RAMP) will undertake clinical supervision in the following ways:* Informally on a daily basis with consultant
* Case discussions: The RANP/RAMP will as part of the team present clinical cases for discussion with the consultant
* Formal clinical supervision: a scheduled thirty-sixty minute session each month will be dedicated to formal clinical supervision between the consultant and the RANP/RAMP.
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| **Human Resource & Financial considerations**  | **Human Resources:*** Whole time equivalent (WTE) allocation
* Recruitment process, appointment of a candidate ANP/AMP
* Cost of achieving educational requirements for the post
* Skills and competency development e.g. clinical exposure in another site
* Cost implications and associated backfill replacement costs
* Time costs in terms of developing the site for accreditation
* Identify savings in staff costs such as reduction in the requirement to call medical personnel.

**Other costs:**Estimated costs, non-recurring (once off) costs, * Equipment, training, evaluating and continuing costs.
* Demonstrate the commitment to provide the necessary supports for e.g. location of clinical space/office space, ICT support, etc
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**If Applicable:**

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|  |  | **Date:** |
| **Signature of business case developer** |  |  |
| **Signature of Director of Nursing/Midwifery** |  |  |