Creating a Business Case for Infection Prevention
Presenter

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Learning Objectives

• Explain the rationale for developing a business case for infection prevention

• List the benefits of having a business case

• Describe key elements that make an effective business case

• Identify resources that can be used to help develop a business case
Why Have a Business Case?

• Health care reimbursement is changing
• Resources, such as money, time and people are limited
• Consumers and providers demand continuous improvements
Why Invest in Infection Prevention?

- Healthcare-associated infections (HAIs) cost between $28 and $45 billion annually and result in almost 100,000 deaths in the United States.
- Cost-effectiveness models continue to emerge showing financial benefits of infection prevention efforts.
- Investing in infection prevention provides an opportunity for improving patient outcomes and the financial health of an organization.

Impact of Infection Prevention Programs

American Journal of Infection Control

A decade of investment in infection prevention: A cost-effectiveness analysis

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Key Words:
- Central line—associated bloodstream infections
- Ventilator-associated pneumonia
- Cost analysis
- Economic evaluation
- Quality of life
- Long-term costs

Background: Health care—associated infection (HAI) rates have fallen with the development of multifaceted infection prevention programs. These programs require ongoing investments, however. Our objective was to examine the cost-effectiveness of hospitals’ ongoing investments in HAI prevention in intensive care units (ICUs).

Methods: Five years of Medicare data were combined with HAI rates and costs and quality of life estimates drawn from the literature. Life-years (LYs), quality-adjusted LYs (QALYs), and health care expenditures with and without central line—associated bloodstream infection (CLABSI) and/or ventilator-associated pneumonia (VAP), as well as incremental cost-effectiveness ratios (ICERs) of multifaceted HAI prevention programs, were modeled.

Results: Total LYs and QALYs gained per ICU due to infection prevention programs were 15.55 LY and 9.61 QALY for CLABSI and 10.84 LY and 6.55 QALY for VAP. Reductions in index admission ICU costs were $174,713.09 for CLABSI and $163,090.54 for VAP. The ICERs were $14,250.74 per LY gained and $23,277.86 per QALY gained.

Conclusions: Multifaceted HAI prevention programs are cost-effective. Our results underscore the importance of maintaining ongoing investments in HAI prevention. The welfare benefits implied by the advantageous ICERs would be lost if the investments were suspended.

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(Dick AW, AM J Infect Control, 2015)
Benefits of an Infection Prevention Business Case

• Helps secure sufficient resources

• Summarizes the vision, goals, impacts, and evaluation of infection prevention initiatives

• Defines how the organization will avoid errors and prepare teams for success

• Provides an opportunity to connect infection prevention with other quality and safety initiatives

• Connects infection prevention and organizational performance
Key Elements Of An Effective Business Case

• Executive summary
• Situation summary
• Program overview
• Financial analysis
• Non-financial impact
• Risk analysis
• Evaluation
• Conclusions and recommendations

(New Ways of Working in Hospitals: A step-by-step guide to work and role design changes to improve patient care delivery and use hospital staff skills and time more effectively, AHA, 2008)
Executive Summary

• Align the infection prevention goals and vision with overall patient safety goals

• Identify the high-level strategies and action steps needed to meet infection prevention goals and vision

• List the clinical and support areas that need to be actively involved in the spread of the infection prevention practices

• Include key time frames from development to execution and evaluation

• List key success factors that include resource commitment, process changes and leadership engagement
Situation Summary

• Describe the infection prevention work to date
• Discuss how infection prevention efforts integrate with the organization’s patient safety and quality programs
• Provide information concerning accomplishments to date
• Identify critical success factors, such as resources, time, people and leadership commitment
Program Overview

- Briefly describe your vision for the hospital’s infection prevention program
- Outline specific implementation steps by key roles
- Develop a high-level implementation timeline
- Describe the resources needed to address opportunities
Financial Analysis

• Outline a budget for the work
  – Salaries and contracted services
  – Supplies, equipment and other materials
  – Any expenses requiring allocation of capital or operating funds

• Determine a return on investment that ties to reduced patient harm
Non-Financial Impacts

• Describe how infection prevention practices could impact:
  – Harm events
  – Patient and family experience
  – Staff experience
  – Community reputation and market position

• Explain how the work can enhance the skills, knowledge and confidence of the workforce
Risk Analysis

• Include the risks associated with allocating insufficient time, money or people

• Include potential risks to the organization if the practices and principles are not fully implemented
Evaluation

Measures used to track:

– Patient outcomes

– Process measures

– Surveys (safety culture, infection prevention practices)

– Patient safety indicators

– Competencies, audits, education program performance
Conclusions and Recommendations

• Focus on three to four key conclusions or recommendations

• Be specific concerning what is needed to sustain or spread infection prevention practices in your organization

• Reflect the overall benefits to the organization and its goals

Roberts RR, Med Care, 2010; Sanders G, JAMA, 2016; Guidelines for Regulatory Impact Analysis, HHS, 2016
Case Example: Catheter-associated Urinary Tract Infection

A hospital with persistently elevated catheter-associated urinary tract infection (CAUTI) rates would like to implement the following interventions as part of a CAUTI prevention program:

- Improve teamwork and communication by having a dedicated clinical quality advisor, or unit champion, lead daily catheter rounds to assess catheter necessity
- Improve staff competency by retraining all staff who insert catheters in a CAUTI boot camp training program
- Reduce catheter use by providing more options for urinary catheter alternatives
Case Example: Building Your Case

- Use internal and external resources to build your business case
- Partner with individuals who can support the case
- Review models and examples of infection prevention business cases
Case Example: Outline the Situation Summary

- Annual infection control plan and reappraisal
- Infection control committee minutes
- Unit council minutes
- Retrospective quality improvement study – root cause analysis
- Targeted Assessment for Prevention (TAP) report
- Infection control assessment and response (ICAR)
Case Example: Describe the Program Overview

- Illustrate how the vision and goals of the program align with the organizational vision and goals
- Map the time frame of implementation
- Describe the drivers for change

**New Evidence**
- Example: The Ann Arbor Criteria for Appropriate Urinary Catheter Use in Hospitalized Medical Patients

**New Standards**
- Example: The Joint Commission 2017 Updated CAUTI Standards

**New Data**
- Example: CDC’s NHSN Targeted Assessment for Prevention (TAP) CAUTI reports
Case Example: Calculate the Financial Impact

- Demonstrate return on investment
- Estimate costs per HAI and excess patient days
- Use cost calculators
  - APIC
  - Catheterout.org
- Show the value in infection prevention

(Healthcare-Associated Infection Cost Calculator, APIC, 2011)
Financial Tools and Resources

- **Demonstrating Return on Investment for Infection Prevention and Control**
  Published by Pennsylvania Patient Safety Authority, 2010
  Includes several case examples of organizations that have successfully improved patient outcomes while reducing overall costs.

- **Dispelling the Myths: The True Cost of Healthcare-Associated Infections**
  Published by APIC, 2007
  Provides a step-by-step strategy to use infection data and HAI-related costs to formulate a detailed reflection of cost-effectiveness of infection prevention strategies

*(Murphy D, APIC, 2007; PA Patient Saf Advis, 2010)*
Demonstrate the Non-Financial Impact

Sources for non-financial information:

- Patient experience survey
- Patient and family advisors
- Staff safety culture survey
- Harm events
- Community relations and marketing initiatives
<table>
<thead>
<tr>
<th>Key Issues</th>
<th>How likely is the key issue to worsen without a CAUTI prevention program?</th>
<th>If a CAUTI prevention program is not implemented effectively, to what degree would the key issue affect our patients/staff?</th>
<th>How effective are our current procedures that address the key issues?</th>
<th>Risk Level</th>
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<td></td>
<td>High</td>
<td>Med</td>
<td>Low</td>
<td>None</td>
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<td>Patient Outcomes</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<td>Catheter-associated urinary tract infections</td>
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<td>Increased patient length of stay</td>
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<td>Increased urinary catheter utilization</td>
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<td>Clinician Competency</td>
<td>2</td>
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<td>Demonstrate aseptic insertion technique</td>
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<td>Demonstrate proper catheter maintenance procedures</td>
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<td>Demonstrate knowledge of appropriate catheter indications</td>
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<tr>
<td>Demonstrate knowledge of appropriate catheter alternatives</td>
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<td>Infection Prevention Resources</td>
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<td>Increased time performing CAUTI surveillance</td>
<td>3</td>
<td></td>
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<tr>
<td>Increased time performing CAUTI root cause analysis</td>
<td>3</td>
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Score 1-3 indicates low risk
Score 4-6 indicates medium risk
Score 7-9 indicates high risk
Summary

• Building a business case takes time and effort

• Resources are widely available to assist

• Work with partners within your organization to maximize the effectiveness of the business case
References


Speaker Notes
Welcome to the first module designed to help you form a business case for infection prevention. This module, titled “Creating a Business Case for Infection Prevention” will provide an overview of the benefits and reasons for developing a business case, provide a description of what makes up an effective business case and highlight useful tools and resources.
This module was developed by national infection prevention efforts devoted to improving patient safety and infection prevention efforts.
Once you finish this module, you will be able to:

• Explain the rationale for developing a business case for infection prevention;
• List the benefits of having a business case;
• Describe the key elements that make an effective business case; and
• Identify resources that can be used to help develop a business case.
A business case provides the justification for a proposed project or undertaking, which for this module refers to an infection prevention program. The healthcare industry is experiencing changes in how services are reimbursed. Health care payment models are increasingly emphasizing value-based payment and accountable care. This pay for performance, or “value-based purchasing” model, requires that hospitals, physicians and other healthcare providers meet certain performance measures in order to receive full payment for care. Adverse outcomes, including healthcare-associated infections (HAIs), may result in lower reimbursement. Prevention of HAIs can prevent patient harm and also result in higher reimbursement.
Financial and human resources to maintain a strong workforce, expand services and develop new programs may be limited. Also, consumers want and deserve evidence-based care that meets their needs and is continuously improving. Requests to support expanded or new activities, such as infection prevention and control, should include an explanation of the expected benefit to patient safety, patient experience and patient outcomes. Highly successful hospitals have business cases for key programs and services, including their infection prevention efforts.
HAIs cost between $28 to $45 billion annually and are associated with almost 100,000 deaths in the United States. These infections take a financial and human toll and require a coordinated approach to prevention that is not only supported by hospital leadership through words, but also financially. Over the past decade, there has been an increased effort to create cost-effective models that demonstrate the financial benefits of infection prevention. Infection preventionists must work together with hospital leadership to improve patient outcomes and improve the financial health of the organization.
A number of research efforts have focused on the impact of infection prevention programs. One study published in 2015 in the American Journal of Infection Control modeled at the cost-effectiveness of investments hospitals have made in HAI prevention in intensive care units (ICUs). The study reviewed the literature on HAIs and modeled life years gained and cost savings realized due to infection prevention programs. This study estimated that 15 life years were gained per ICU due to infection programs and ICU costs were reduced by $174,000 for central line-associated bloodstream infections and $160,000 for ventilator-associated pneumonia.
This study demonstrated that multifaceted HAI prevention programs can be cost-effective and suggests that organizations should continue to invest in ongoing infection prevention efforts. Now let’s examine how a healthcare organization may benefit from a good business case to prevent HAIs.
First, a business case for infection prevention will help secure sufficient resources to perform infection prevention practices. Most business cases include recommendations to ensure that historical investments of time, money and human resources are preserved by continually identifying and sustaining successful efforts.

Next, a documented business case will help summarize the vision, goals, expected impacts and the evaluation of infection prevention initiatives. Successful organizations are clear about why certain resources are needed to prevent errors and to prepare teams and systems for long-term success.
A business case can also be used to reinforce how infection prevention efforts are part of the organization’s overall commitment to patient safety and quality improvement. It is useful to describe how infection prevention work is not just a separate program or project. Emphasis about this connection can help ensure that requests are not viewed as just another requirement. Connecting your infection prevention plan with the organization’s financial and non-financial goals can demonstrate a clear linkage between organizational performance and infection prevention initiatives. This module will describe each element of a strong business case to support infection prevention across a healthcare facility and organization.
There are many models for writing a business case. One example is the American Hospital Association’s “Making a Business Case.” This resource lists the key elements of a business case as:

- An executive summary
- A situation summary
- A program overview
- A financial analysis
- A non-financial impact description
- A risk analysis
- An evaluation, and
- A list of conclusions and recommendations
Each of these elements provides important information about how the infection prevention plan aligns with the organization’s goals and how performance in infection prevention efforts will be tracked. Together, the key elements of an effective business case provide a compelling story that includes any research and assumptions about the program. You should first ask, though, whether or not your organization has already adopted a business case template or format for leaders to use when they are developing new or expanded initiatives. If so, then use what your organization uses to provide the information necessary to make decisions, set priorities and allocate resources.
At a minimum, you could also use a SBAR (Situation, Background, Assessment, Recommendation) format that defines the current situation, that summarizes the past efforts, or background, documents an assessment of gaps or opportunities for improvement and lists any recommendations, including potential risks, if infection prevention practices are not appropriately supported. The business case format should also be tailored to the audience to be addressed.

In the next slides, we will review each of the key elements of an effective business case.
The first element in an effective business case is the executive summary. This summary should be a brief description of your business case and it should be less than one page. It can include a very concise description of the goals, vision and high-level strategies and action steps needed to achieve the goals. It should be clear in your summary how the work aligns with your organization’s overall patient safety goals.

One way to show this alignment is to describe how your business case syncs with the current infection prevention plan in your hospital.
List the clinical areas and some of the key stakeholders that are involved in your infection prevention plan and show how the desired action steps in your business case connect to the priorities in these clinical departments. Critical deadlines or time frames from execution to evaluation can also be referenced in the summary. Close the executive summary with a brief description of the key success factors for any process changes, leadership engagement and resource needs. Consider developing the executive summary after you have composed the other elements of the business case. This way you can determine the most important information to highlight in your executive summary.
The next section of a business case is the situation summary. This section should describe the infection prevention work to date in your organization. Here, you can include examples of how you have, in the past, engaged various clinical and support departments and how you implemented best practices or new programs. List key champions and leaders who have supported these efforts and describe how the historical and current infection prevention program connects with the organization’s patient safety and quality programs.
Provide information concerning your accomplishments to date, as well as any identified opportunities for improvement. This can include audits of practices, observations by staff and leaders and any evidence demonstrating successful implementation practices or gaps in the current program.

Identify what you believe are the critical success factors that helped your organization achieve its goals in the past. These factors may include resources, time, people and leadership commitment. Prepare this section as if you were telling a story by describing the history of your organization’s infection prevention program. This history should contain your organization’s successes and opportunities for improvement.
The next step is to provide an overview of the desired program. This overview includes the vision and goals for the future of your infection prevention program. Highlight the processes that you believe should be improved in order to achieve the desired goals. Identify the champions, leaders, staff and coaches you would like to engage in these efforts. Describe any pilot projects that may need to be conducted. List educational programs and audits that you would like to conduct in order to engage staff and support the program goals. Similar to the situation summary, prepare this section as if you were telling a story.
Next, outline the specific steps or activities that must be implemented to sustain infection prevention activities. Identify who should be engaged in each step or activity. And provide a timeline so you can show how each phase or activity supports change over time. Describe needs for staff and leadership readiness and engagement in each phase in order for you to achieve the desired goals.
Your description of future prevention opportunities should include resource needs for money, time, and people. Be sure to explain how specific resources may be needed at different times throughout your implementation plan. Describe how the infection prevention program will align with other patient safety and quality efforts to ensure the work is viewed as part of the organization’s overall commitment to quality health care.
The financial analysis portion of your business case should include a budget that details costs for salaries, supplies, contracted services, equipment, materials and any other expenses that might require capital or operating funds. Consider including someone from your finance team in your infection prevention program. Consider costs that may need to be included in other departments, such as environmental services or IT. Costs of cleaning equipment and supplies, as well as staff, should be tied to the hospital’s overall goal to reduce infections and improve patient safety.
Include estimates for surveillance software or data collection resources to be sure staff have what is needed to conduct timely and efficient surveillance and audits. Engage your education department in determining costs for space to train staff or faculty to support staff education.

Use cost calculators to determine what the return on investment could be for key expenses. These tools help show the connection between reductions in patient harm and harm avoidance as a result of intentional infection prevention practices. Collaborate with finance and possibly quality personnel to determine how you can calculate the projected costs of harm events such as reimbursement loss, penalties, risk management claims or any other added cost to the patients.
In addition to the financial analysis, the non-financial impact of your infection prevention plan should also be documented. In this section you should describe how reducing infections can help lower the number of harm events as a result of infections. This kind of data can be found through sentinel event reports or a claims database.

Consider how infections impact the patient and family’s experience, specifically, the impact on their quality of life, time away from work and loved ones and overall ratings of care. Provide a brief description that could include stories about real patients who have experienced HAIs and the impact of the infection on their physical, social and mental health.
The non-financial impacts can also include how this work impacts staff experiences. Again, stories involving staff reactions to caring for patients with HAIs or preventing infections can provide valuable information that reinforces the intangible benefits of having all team members participating in reducing patient harm. A commitment to a culture of safety improves staff satisfaction, which can then reduce turnover retention. These variables positively influence community reputation and market share capture, two very important outcomes in today’s competitive markets.
Finally, consider a brief description of how the work can build the skills, knowledge and confidence of the workforce. By having strong frontline staff with the resources and the skills to help reduce infection rates, the organization can be more resilient and successful in sustaining reliable infection prevention processes over time.
The risk analysis portion of your business case includes a description of the risks associated with allocating insufficient resources or lacking leadership support for infection prevention work. These risks could result in failure to achieve desired goals, meet performance measures, or maximize impact use of available resources.
The risk analysis should include a brief description of what would happen if the organization does not fully implement the work as described in the business case. In this portion of the case you can reference loss of skills, knowledge and confidence of staff and teams who are supporting the infection prevention plan. You may also want to describe the risk of staff not following best practices in infection prevention. This risk may include increased infection rates or inconsistent implementation of processes that have been shown to reduce infections. You may also want to estimate how the past investment of time, people and money may be lost if the desired programs or services are not fully implemented.
The evaluation portion of your business case should include how you will measure progress toward desired goals and targets. For example, measures that your organization used to track infection prevention performance. This step can reinforce how the infection prevention work supports the organization’s strategic priorities and patient safety and quality metrics.

Patient outcomes and process measures to highlight may include analysis of HAI rates, reports that track adherence with practices such as hand hygiene or isolation precautions, or team reviews and audits.
Surveys, such as safety culture surveys or questionnaires that describe staff and physician attitudes towards infection prevention practices can be useful in determining the effectiveness of your education and monitoring efforts. Your organization may also choose to use patient safety indicators to evaluate potential threats to patient safety such as adverse events after surgeries, other procedures and childbirth. Talk with your quality and patient safety leaders to determine which metrics are required or should be selected by your hospital to evaluate opportunities for improvement. Describe how you will evaluate the effectiveness of education or training activities through, for example, competency evaluations, audits of post-education performance, and education program evaluations.
If possible, describe what type of report you will use to share results of the evaluation; such as monthly infection prevention reports. Identify who will create these reports, how reports will be disseminated, and how opportunities for improvement will be addressed. Specify how staff will be engaged throughout the implementation of any initiatives, so that you can get their help and input.
Finally, end your business case with conclusions and recommendations. Keep this section brief by focusing on three or four key conclusions or recommendations. Be specific concerning what you need to support infection prevention in your organization. Consider the organization’s level of readiness to expand prevention efforts. Be sure to reflect on how your requests for support connect to the organization’s strategic priorities. And remember, the key elements of an effective business case can help you develop a compelling story that explains why the organization should commit time and resources to infection prevention efforts. We all want the ending of this story to be lower infection rates and improved patient safety and quality.
Now let’s consider an example to highlight tools and resources as well as important things to consider when building a business case. Let’s say a hospital with persistently elevated catheter-associated urinary tract infection (CAUTI) rates would like to implement the following interventions as part of a CAUTI prevention program:
• Improve teamwork and communication by having a dedicated clinical quality advisor, or unit champion;
• Improve staff competence by retraining of all staff that insert catheters in a CAUTI boot camp training program; and
• Reduce catheter use by providing more options for urinary catheter alternatives

The business case for this example would need to be designed in a way to support staffing, education and supply needs.
There are many resources available to help build a business case for infection prevention. These resources exist both internally in your organization and externally from sources like professional groups, like the Association for Professionals in Infection Control and Epidemiology or APIC.

You should partner with people in your organization who can help provide internal resources, such as your financial officer. Their insight will be extremely valuable when you are doing your financial analysis.

Also, be sure to review published models and examples of infection prevention business cases. Such examples will help you to understand the different options for financial analysis and effective ways to make a case for cost-effectiveness.
When outlining your situation summary, use the resources that you have complied as part of your daily infection prevention work. Using the CAUTI example, you could use the annual infection control plan and reappraisal to see if the CAUTI goals were met. Reviewing infection control committee meeting minutes can help outline past CAUTI prevention efforts. If a particular unit was involved in a CAUTI prevention collaborative, the unit council minutes might provide documentation of those efforts. Often times organizations conduct quality improvement studies, like a retrospective root cause analysis. QI (quality improvement) studies often outline detailed analyses of events and action steps that can support your business case.
Through NHSN (National Healthcare Safety Network), organizations can generate a Targeted Assessment for Prevention or TAP report. This report quantifies the number of infections that need to be prevented to achieve a goal and can be an effective tool to provide context in your situation summary. Finally, if your hospital has participated in Infection Control Assessment and Response (ICAR) assessments, those findings may be particularly helpful as well, since they identify gaps in infection prevention policies, procedures, and practices.
When describing the program overview, you will want to clearly illustrate the vision and goals of the proposed intervention and how those align with the organizational vision and goals. It is essential to map the timeframe of the implementation and outline the drivers for the change. For infection prevention, drivers can include new evidence, new licensing or accreditation standards and new data. These drivers will support and help make the argument for your request. For the CAUTI example, new evidence could be the 2015 Ann Arbor Criteria for Appropriate Catheter Use in Hospitalized Medical Patients, which gives clinicians a guide to when patients should have a urinary catheter or when an alternative method is acceptable.
An important new accreditation standard, which was released by the Joint Commission in 2017, updated the existing CAUTI National Patient Safety Goals and impacted the training of clinicians involved in the care of patients with urinary catheters. And finally, the CDC’s Targeted Assessment for Prevention or TAP strategy allows hospitals to quantify the numbers of CAUTIs to be prevented to achieve a particular target. A TAP report also allows hospitals to identify which units should be targeted for improvement.
Once you have outlined the basis for your case, it is time to show the financial implications. Return on investment is an area of high interest for leadership, so time should be dedicated to conducting a thorough preparation and analysis of the financials. Make sure to share the cost of the planned infection prevention activities, while emphasizing the return on investment by highlighting the harms and associated costs avoided. As we discussed earlier, a financial officer can be a valuable partner in completing this portion of the business case.
You will want to demonstrate how the proposed infection prevention interventions and activities will provide cost savings to the hospital. These costs can be expressed as costs related to treatment of HAI or loss of revenue due to excess patient days. There are cost calculators that are publically available for free to help with this analysis. APIC and Catheterout.org both provide calculators that may be useful. Remember though, every organization is different, so be sure to work with your financial experts to show the true value of infection prevention in your hospital.
As previously mentioned, there have been several published infection prevention business case models. In 2007, APIC published a white paper, Dispelling the Myths: The True Cost of Healthcare-Associated Infections. This paper provided a step-by-step strategy to use infection data and HAI-related costs to formulate a detailed reflection of cost-effectiveness of infection prevention strategies. In 2010, the Pennsylvania Patient Safety Authority published a guide that included several case examples of organizations that have successfully improved patient outcomes while reducing overall costs. Both of these documents provide detailed information that can be useful when creating a business case.
Showing the financial return on investment is powerful, but showing the non-financial impact of infection prevention is also critical for a business case. There are many sources within an organization that can help provide this information. Sharing the impact of HAIs on patients and their families is extremely powerful. This can be shown through data or patient stories. For the hospital in the CAUTI example, a patient and family advisory council could serve as a valuable resource in understanding the patient’s perspective regarding CAUTIs and catheter use.
For patient satisfaction data, a quality improvement department should be able to provide results from the Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS patient satisfaction survey. Additionally, a quality improvement department may have access to any staff satisfaction survey or safety culture survey results. Remember in the CAUTI example, a proposed intervention was to use a clinical quality nurse to lead catheter rounds. Reviewing a safety culture survey could show poor staff perception of interdisciplinary communication and teamwork, bolstering the need for the additional resource.
The quality or risk management department can provide data regarding infection related sentinel events, or events that caused significant harm. And finally, the community relations and marketing team could be a source of information regarding community outreach on these topics. Reviewing these sources of information can provide insight into further opportunities to improve infection prevention efforts that can be included in a case.
A critical step in building your business case is showing the risks associated with inaction or poor implementation of your proposed interventions. Infection preventionists are familiar with risk assessments, as they use them frequently to analyze risk of infection based on many different factors. Using the CAUTI example again, this risk analysis looks at three categories including patient outcomes, clinician competency and infection prevention resources.
Using a similar methodology, we can measure the risk for each category based on the proposed intervention either not being implemented at all or being implemented inadequately. The results indicate specific areas of risk within each key issue category. This analysis can help guide stakeholders in their decision making and resource allocation for proposed infection prevention interventions.
In summary, building an effective business case for infection prevention takes time and effort. There are many resources that are available to help within your organization and externally from different organizations. Finally, find those partners within your organization that can assist and work with them to maximize the effectiveness of your business case.
No notes.