

**Tool 3.3: BUSINESS CASE TEMPLATE & SAMPLE**

**Section in Planner: Phase 1, Step 3 (3.3)**

**Why is this important?**

Some planning teams will need to persuade internal and external municipal or health authorities to view this exercise program as a priority worthy of funding and resources. A strong business case will help justify expenditures, obtain administrative approval, and negotiate the necessary support; it is often a key submission requirement in grant applications. Preparing a business case will ensure you have the necessary data - and confidence - needed to convince others of the need and value of your proposal.

**How to use this tool:**

The business case is a means to summarize the information and support the decisions you’ve made to date. Use the ‘evidence’ you gathered in Phase 1 (and will continue to gather in Phase 2) to complete the template. Your business case can be as simple or as comprehensive as your situation demands. A sample plan is provided. Use and adapt this template to suit your own setting and circumstances, as needed.

**User Comments:**

*“This business case is great because it is short and to the point...It would make sense to me filling out the business case template first for a program and then based on the business case, if* [management] *feel it’s appropriate, then we provide more details as needed.”* (Program Coordinator)

*“I found the business case template really good. I did slightly change the names of the categories. This type of outline would be what I’m presenting to my manager…we’re trying to give a summary of what we’re planning to do and that we’ve determined it’s probably going to be successful based on having gone through discussions of problems and solutions.”* (Physiotherapist)

For full planner visit: [**https://www.afterstroke.ca/resources/srimp/**](https://www.afterstroke.ca/resources/srimp/)

**Phase 1, Step 3: Business Case Template**

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| --- |
| **Cover:** |
| * Title, Subtitle, Author and Address/Contact information, Date |
| **Table of contents** |
| **Executive Summary:** |
| * Brief description of problem (or opportunity) that program is intended to solve (address) * Brief description of organization goals and how program relates to organizational mandate * Brief description of each option considered * Brief explanation of which option is recommended and why * Description of resources, organizational capability, and timeframe required to deliver program * Value statement: predicted benefit (return on investment) and when this will be achieved * Statement outlining request (action, support, funding?) |
| **The Problem (health care issue/gap) Statement:** |
| * Simple statement outlining the issue that the program is meant to address and why this is important |
| **The Business Objective Statement:** |
| * Simple statement defining how the proposed program aims to address the identified issue |
| **Analysis of the Situation:** |
| * Background information: describe scope, urgency, impact of issue/problem; help reader understand the motives and objectives for introducing the program * Environmental scan: provide regional data; target population, available resources * Data and Methods: specify sources of data and method of analysis * Financial analysis: include figures on program investment and operating costs, ROI, cost-benefit analysis and financial sustainability assessment (if available) |
| **Alternative Solutions:** |
| * For each potential solution (exercise program option) identified, describe benefits (with supporting evidence), costs, feasibility, applicability, risk assessment, barriers and facilitators * Also consider the implications of *not* taking any action; the ‘do nothing’ option |
| **Recommended Solution:** |
| * Rank the alternatives: develop/use criteria, voting or scoring mechanisms; document decision process in the business case * Provide rationale for program choice – focus on value, benefits, best fit within local context, impact on community health |
| **The Implementation Approach:** |
| Provide a general outline of work needed to deliver the program, including:   * Scope – who/what is included, not included * Main activities and deliverables * Budget and overall timeframe * Roles and responsibilities - project team and stakeholders * Project governance and decision-making structure * Any regulations or standards that need to be considered * How project performance will be measured and reported |
| **Required Funding and Support:** |
| * Clear statement of what is being asked of intended audience |
| **Appendix:** |
| * Any relevant supporting documentation |

**Phase 1, Step 3: Business Case Sample**

*Note: This sample is provided with permission from a study participant. The names of people, organizations, and places have been removed. In this case, the planning team aimed to form a partnership between the municipality and their regional physiotherapy services. Each planning environment is unique and should consider the partners and resources that best meet their needs.*

**Community-Based Stroke Exercise Program in [Name of community]**

**A collaboration between [Name of health authority] Physiotherapy and [Name of municipality] Recreation**

**[City, Province]**

**[Date]**

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**Executive Summary**

Stroke Rehabilitation occurs on a continuum and each patient’s needs are individual. The general progression of an individual following a stroke is Inpatient Rehabilitation 🡪 Adult Rehabilitation 🡪 Community Support Physiotherapy 🡪 Community-Based Exercise Program. Some individuals may transition from acute rehabilitation directly to a community-based exercise program depending on their need upon discharge from acute care. The population this program is targeting are those who have mild to moderate deficits from a cerebrovascular accident (CVA) and are not appropriate to participate in a general population community exercise program.

**Problem Statement**

There are currently no community-based exercise programs for individuals who have experienced a stroke in the [name of community] region. Therefore, there is no transition from formal Physiotherapy treatment into the community setting.

**Objective**

The objective of this program is to provide accessible exercise programming to the [name of community] region for individuals who have experienced a stroke by creating a partnership between the [name of municipality] and [name of health authority] Physiotherapy.

**Local Analysis**

There are on average [insert number] new CVA’s per year at [name of local hospital] that are discharged into the community in the region. Upon discharge from formal Physiotherapy services, patients are prescribed a home exercise program with the goal of continuing to improve or maintain the gains they have made. Individuals may gradually discontinue these exercises for a variety of reasons, such as limited motivation or exercises becoming too easy. Additionally, some individuals require a general exercise program tailored to those who have experienced stroke, but do not necessarily require formal Physiotherapy treatment. A community-based exercise program that is tailored to this population and organized by a Physiotherapist would fill this current gap in services for individuals with stroke. This service is not currently being offered in the [name of community] region. This will also allow more efficient use of Physiotherapy services in the region as it will redirect some referrals and allow quicker discharge to cut down on wait times for in the Community and Adult Rehab programs.

The intended exercise program (TIMETM) has been extensively researched and shows improvements in falls risk (Dean et al, 2000; Salbach et al, 2004; Pang et al, 2005; Marigold et al, 2005; Salbach et al, 2014; Sherrington et al, 2008; Stuart et al, 2009). This indicates the program could possibly assist in reducing falls and falls-related medical visits in the region. There are also benefits in quality of life, depressive symptoms, and independence – all of which could lead to reduction of healthcare costs (Eng & Reime, 2014). These benefits stem from the exercise program itself but also from peer support.

The program will be in partnership between the [name of municipality] and [name of health authority] Physiotherapy staff. To maintain the program long term there will need to be commitment from both organizations to provide the necessary staffing, such as recreation staff to run the program and a Physiotherapist to oversee training and quality management. The goal is to have it offered at minimal cost to the participants to allow accessibility for all. Referrals to the program will be completed primarily by physicians or Physiotherapists and a screening will be completed by [name of municipality] Recreation staff to confirm eligibility. Eligibility criteria are based on the participant’s physical abilities including with lower and higher functional limit.

**Implementation Approach**

Currently there has been a planning team formed including all levels of Physiotherapy for stroke rehabilitation in [name of health authority] (Inpatient, Rehab, and Community) and 2 members of the [name of municipality] Recreation staff. This team was formed to discuss the needs of the stroke population and how these needs can be met through this program. The team is also connected to a research project using a planning guide to assist with development of the program.

A plan is underway to begin the first session of the community-based stroke exercise program in fall 2021. Referrals for this initial stage will be provided by [name of health authority] Physiotherapy staff. Ten to 12 participants will be screened through the [name of municipality] Recreation staff. One Physiotherapist will complete a 1-3 hour training of all recreation staff that will be involved in implementation of the program. A minimum of 3 instructors will be trained to meet the 4:1 participant to instructor ratio. This Physiotherapist will attend the first few sessions to observe and ensure successful implementation. Sessions will be completed 2 times per week for one hour, and the program will run for 10-12 weeks. The Physiotherapist will be available for consultation over the 10-12 week period and will complete on-site follow-ups as needed. Upon completion of the program, a satisfaction survey and additional subjective outcome measures will be completed by participants to assist in program evaluation. Upon assessment of these outcomes, a report will be completed stating the possible benefits of the program and the feasibility within the community.

**Required Funding and Support**

Initial purchase of 2-3 exercise steps and a blood pressure cuff will be required by the [name of municipality]. They will also be providing an accessible space to provide the program, staffing to implement the program and additional equipment that is already in place (i.e., chairs). Support from [name of health authority] will also be required for one Physiotherapist to provide consultative services to the program and training as needed. Once the program is fully implemented, this time commitment is expected to be minimal (approximately 1-2 hours per month).

**References**

Dean, C.M., Richards, C.L., Malouin, F. (2000). Task-related circuit training improves

performance of locomotor tasks in chronic stroke: A randomized, controlled pilot trial.

*Arch Phys Med Rehabil*, 81, 409-417.

Eng, J.J., Reime, B. (2014). Exercise for depressive symptoms in stroke patients: a systematic

review and meta-analysis. *Clin Rehabil*, 28(8), 731-739.

doi:10.1177/0269215514523631.

Marigold, D.S., Eng, J.J., Dawson, A.S., Inglis, J.T., Harris, J.E., Gylfadottir, S. (2005). Exercise

leads to faster postural reflexes, improved balance and mobility, and fewer falls in older

persons with chronic stroke. *JAGS*, 53, 416-423.

Pang, M.Y.C., Eng, J.J., Dawson, A.S., McKay, H.A., Harris, J.E. (2005). A community-based fitness

and mobility exercise program for older adults with chronic stroke: A randomized

controlled trial. *JAGS,* 53, 1667-1674.

Salbach, N.M., Mayo, M.E., Wood-Dauphinee, S., Hanley, J.A., Richards, C.L., Cote, R. (2004). A

task-oriented intervention enhances walking distance and speed in the first year post

stroke: A randomized controlled trial. *Clin Rehabil* 18, 509-519.

Salbach, N.M., Howe, J., Brunton, K., Salisbury, K., Bodiam, L. (2014). Partnering to increase

access to community exercise programs for people with stroke, acquired brain injury or

multiple sclerosis. *J Phys Act Health*, 11, 838-845.

Sherrington, C., Pamphlett, P.I., Jacka, J.A., Olivetti, L.M., Nugent, J.A., Hall, J.M., Dorsch, S.,

Kwan, M.M., Lord, S.R. (2008). Group exercise can improve participants’ mobility in an

outpatient rehabilitation setting: a randomized controlled trial. *Clin Rehabil,* 22, 493-502.

Stuart, M., Benvenuti, F., Macko, R., Taviani, A., Segenni, L., Mayer, F., Sorkin, J.D., Stanhope,

S.J., Macellari, V., Weinrich, M. (2009). Community-based adaptive physical activity

program for chronic stroke: feasibility, safety, and efficacy of the Empoli Model.

*Neurorehabil Neural Repair,* 23(7), 726-734.