**HIMSS-ELSEVIER DIGITAL HEALTHCARE AWARD 2015**

**AWARD CATEGORY: OUTSTANDING ROI ACHIEVEMENT AWARD**

**CASE STUDY TEMPLATE**

***Part 1***

***General Information***

**Award Objective**

To showcase return on investment (ROI) and the substantial benefits and value derived from the use of health ICT.

To help other healthcare organizations better understand the benefits of adopting ICT; and to justify ICT investments, especially for small and medium-size hospitals.

To demonstrate the value of ICT to funding bodies and government agencies; and to expand public support for increased ICT investments.

**Guidelines for Case Study Submission**

1. Case study development team should include representatives from clinical, performance improvement and information technology teams.

2. Submission should be no more than five pages plus appendix which includes any graphs or charts. No additional links to other sites will be reviewed.

3. Submission should be in English and be in electronic format in font size 12, Times New Roman.

5. Includes metrics and key measures within the case study.

6. Appendix: May include graphs, charts and supporting evidence or any case study previously developed on the same case as the submission

**Judging Criteria**

The following criteria will be considered in assessment.

**General Judging Criteria**

1. Provides financial assumptions for time horizon for ROI calculation
2. Provides financial assumptions for Cost of Capital\*
3. Provides financial assumptions for depreciation cost
4. Provide financial assumption for other desirable attribute

*\*Cost of Capital is defined as all investment cost incurred for the project’s implementation.*

*Including but not limited to*

* *Fixed costs, e.g. Purchase of software and hardware, etc.*
* *Indirect costs, e.g. Training Cost, Auxiliary Cost, etc.*
* *Other investment cost*

***Part 2***

***Cover Page & Executive Summary***

The Cover Page should include all the information below, if applicable, answered to the best of your ability. The cover page will act as an initial impression for our judges to better understand the project and organization before the judging process.

However, the cover page information does not count towards your overall page count.

1. ***Applicant’s Background Information***
   1. Submitter’s Name
   2. Submitter’s Job Title
   3. Submitter’s Email and Phone
   4. Name of Applicant Organization
   5. Organization Address and Country
2. ***Hospital Background Information***
   1. EMRAM Stage Level
   2. Total Number of Staff based on job function
      1. Clinician
      2. Nurses
      3. Admin Staff
      4. Others – Please add in as accordingly
      5. No. of Beds available
      6. Total Admissions last year

***Total Admissions:*** *Includes the number of adult and pediatric admissions only (excluding births). This number includes all patients admitted during the 12-month reporting period, including neonatal and swing admissions****.***

* + 1. Total Discharges last year
    2. Total Patient Days last year

*Refers to each calendar day of care provided to a hospital inpatient under the terms of the patient’s health plan, excluding the day of discharge. “Patient days” is a measure of institutional use and is usually stated as the accumulated total number of inpatients (excluding newborns) each day for a given reporting period, tallied at a specified time (like midnight) per 1,000 use rate, or patient days/1,000. Patient days are calculated by multiplying admissions by average length of stay (ALOS).*

* + 1. No. of Outpatient visits

*The total number of patients seen on an outpatient basis including clinic activity and any hospital outpatient services during the hospital’s last fiscal year. ER and home health visits are excluded.*

* + 1. Total Annual Operating Revenue

*This does not include non-operating revenue, it is also equal to the name of Net Patient Revenue + Other Revenues; a common name for this used in Annual Reports is "Total Unrestricted Revenue and Other Support".*

* + 1. Total Annual Operating Expenses

*Represents the sum of total labor cost, professional fees-admin physicians and other contractors, consulting and legal fees, contracted non-salary costs, supply expense, repair and maintenance expense, lease and rent, utility expense, insurance, depreciation, interest and all other operating expenses.*

1. ***Project Overview***
   1. Name of Project
   2. Total Time taken from Design to Roll-Out
   3. Cost Benefit Overview
      1. Overall Investment Budget
      2. Ongoing Operational Cost
      3. List of Financial Benefits, if applicable,

E.g. increased revenue and/or reduced costs

* + 1. Non-Financial Benefits,

E.g. Length of stay reduced, errors reduced, duplicated avoided and etc.

* 1. Which Delivery System was used for the Project?
     1. Commercial Off The Shelf System
     2. Inhouse software development
     3. Consultant Help
     4. System Integrator
     5. Other?
  2. Target Audience Impacted
     1. Percentage and Numbers of Wards impacted
     2. Percentage and Number of Staff using new system, By Job Function
        1. Clinicians
        2. Nurses
        3. Admin Staff
        4. Others
     3. Percentage of Patient Impacted

***Part 3***

***Submission Template***

We highly recommend that case studies be submitted using the guideline and format provided below.

1. **Overview of the health ICT project**

Please provide detailed description of your health ICT project, the workflow as well as the intended benefits.

1. **ROI Calculation**

When a hospital invests in a new health ICT project, the biggest concern that the management has is what would be the financial return that justifies the original investment.

Return on investment (ROI) analysis is a way to calculate the net financial gains (or losses), taking into account all the resources invested as well as all the financial gains either through increased revenue, reduced cost, or both.

For example, there are 2 types of ROI

1. **Hard ROI**: These are quantifiable returns that can be easily demonstrated in financial terms such as:
   1. Displays an increase in admissions after project implementation
   2. Provides materials and staffing reductions after project implementation
   3. Show evidence in billing improvements after project implementation
2. **Soft ROI**: The implementation of the health ICT project has many positive effects on patient outcomes. Although these effects may not have a direct monetary value, they do affect the hospital’s revenues and expenses, which should be estimated in the ROI analysis as well. For example:
   1. Shows signs of higher bed turnover rate and increased revenue after project implementation
   2. Shows signs of reduction in infection rates after project implementation
   3. Shows signs of reduction in adverse events after project implementation
   4. Shows signs of improvement to patient satisfaction level

**Financial Assumptions:**

**Please provide your financial assumptions such as the time horizon for ROI calculation, cost of capital, depreciation cost (if there is any), all government taxes, etc.**

**3. ROI CALCULATION TEMPLATE**

\**The template below is served as a guide only. Please modify as and where needed.*

|  |  |
| --- | --- |
| **INVESTMENT** | **Dollar Value ($USD)** |
| **I.EMR Software** |  |
| 1. EMR software (licenses for providers, users and enterprise) |  |
| 1. EMR-related software (scanning, voice recognition, report writer, etc.) |  |
| 1. EMR software billed yearly (e-prescribing, medical necessity, CPT/ICD, etc.) |  |
| 1. Interfaces (labs, PM system, devices, hospitals, etc.) |  |
| 1. Yearly EMR and EMR-related software maintenance and support. |  |
|  |  |
| **II. Hardware** |  |
| 1. Local servers (for EMR, images, etc.) |  |
| 1. EMR user devices (PCs, tablets, laptops, scanners, upgrades to existing PCs, etc.) |  |
| 1. Networking equipment (racks, switches, wireless, cabling, UPS, generator, etc.) |  |
| 1. External connectivity (internet, T1 lines, etc.) |  |
| 1. External services (hosting, disaster recovery, data center, etc.) |  |
|  |  |
| **III. Additional Cost** |  |
| 1. Training costs for EMR and EMR-related software |  |
| 1. Ancillary costs related to training (travel, temporary classrooms, etc.) |  |
| 1. Technical support |  |
| 1. Server software (SQL, Windows, backup software, faxing software, etc.) |  |
|  |  |
| **REVENUE/BENEFITS** | **Dollar Value ($USD)** |
| **I. Increase in Revenue** |  |
| 1. Increase in admission |  |
| 1. New services provided |  |
| 1. Increase in payment from insurer |  |
| 1. Increased procedure charges |  |
|  |  |
| **II. Decease in Cost** |  |
| 1. Decrease in staffing cost |  |
| 1. Decrease in other operating costs like reduction in paper chart supplies, reduced need for paper chart space and storage, etc. |  |
| 1. Decrease in readmission 2. Decrease in length of stay |  |
| 1. Avoidance of liability litigation or penalties from insurer for “malpractice cases” |  |
|  |  |
| **FINANCIAL ANALYSIS** |  |
| **ROI** |  |
| **Net Present Value (NPV)** |  |
| **Payback Period** |  |
| **IRR** |  |

**Disclaimer:**

**The financial data provided in the submission will be used for evaluation purpose only. The information will not be published unless prior consent from the submitter is given.**