

BUSINESS CASE TEMPLATE

(To be completed by hospital)

REQUEST FOR DESIGNATION UNDER THE *HEALING ARTS RADIATION PROTECTION ACT (HARPA)* TO INSTALL AND OPERATE CT SCANNERS / EQUIPMENT

Hospital Name:

Mailing Address:

Contact name and Title:

Phone:

Email:

LHIN:

CT Scanner/Equipment (*new or replacement*)?

If the new CT equipment is replacing old/obsolete CT equipment, will the old equipment be decommissioned once the new CT is installed?

Will this equipment be located in a regional cancer centre (*Yes or No*)?

When is the hospital planning to install the new CT equipment?

What will be the total number of CT scanners designated at this specific hospital site once the new/replacement equipment is installed?

A. OVERVIEW & CURRENT STATUS

1. Outline the purpose / rationale / reason for developing this business case at this time:

(*response / comments*)

2. Include a brief environmental scan:

(*response / comments*)

3. List the individual CT scanners/equipment currently operating at each hospital site as listed on the ministry website. For each CT scanner, provide the information outlined below.

(*A separate list may be attached to this document*)

Name of hospital / hospital site	Total number of CT scanners at this site	Name of each device per specific	Number of slices (ie. 8, 16, 32, 64), if	Date installed	Type (Research/Clinical/Hybrid (eg. SPECT-CT) or Dental)
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		hospital site	relevant		

4. Attach a statement from the hospital which includes the following confirmation:

- The number of base hours of operation for the new/replacement CT equipment
- That the hospital will have a balanced budget (or LHIN-approved plan to balance) in that same fiscal year
- That there will be no additional base budget implications with respect to the purchase and operation of this new CT equipment
- That the CT equipment will be purchased with previously secured funds (ie. donation, etc)

5. Include a brief description of the sponsoring hospital which includes the following information:

- programs/services available
- overall bed numbers
- catchment area, etc

(response / comments)

6. Identify any “unique” factors that would make this proposal critical for the community / stakeholders.

(response / comments)

B. STRATEGIC ANALYSIS

1. Provide impact analysis for both hospital and LHIN - to verify that the hospital's CT implementation plan is consistent with service provision goals outlined in LHIN's *Integrated Health Services Plan* (IHSP). Include target benefits, future success measures, dates for achievement, and critical deliverables, as appropriate.

(response / comments)

2. Describe any impact on existing community service providers (eg. Independent Health Facilities [IHF]) as well as other nearby hospitals that may provide CT services. This impact analysis should include the requesting hospital and the LHIN in general.

(response / comments)

3. List key assumptions and any dependencies which exist with other projects or initiatives.

(response / comments)

4. Describe any infrastructure work (ie. renovations or new construction) which will be required to accommodate the new/replacement CT equipment.

(response / comments)

5. Describe the proposed “reach” of the CT services to other communities within the district, county, and/or region.

(response / comments)

C. RESOURCE ANALYSIS

1. List all start-up, one-time capital, and annual operating costs.

(response / comments)

2. Conduct a cost-benefit analysis which includes a multi-year financial plan addressing the sources of funding for both capital and operating costs. For operating costs, this should include a description of the hospital's current financial position, sustainability of resources and the hospital's ability to maintain a balanced budget position, as required in its *Hospital Service Accountability Agreement (H-SAA)*.

(response / comments)

3. Include an analysis of the health human resources impact, impact on other services, and utilization management strategy.

(response / comments)

D. CAPITAL COMPONENT

The hospital must clearly confirm that the following four conditions will be met:

In planning for the space for the proposed CT scanner(s), the hospital must meet the requirements of CSA Z8000 – Canadian health care facilities, including the OASIS principles and all applicable codes and standards.

As part of its business case, the hospital must respond to the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1) Will the proposed CT scanner project limit the future growth potential/vision for the facility and/or its site(s) (e.g., master plan)? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2) Does the hospital require any funding beyond hospital/Foundation resources to fund the equipment and/or any required construction and/or renovations? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3) If the hospital is in the planning or construction phase of an approved major project, does the proposed CT scanner project: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| a) impact the major project (e.g., schedule, budget, etc.)? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b) negatively impact the hospital's Local Share plan? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4) Will the CT scanner(s) be installed into existing internal space that requires reconfiguration/ renovation such that the hospital must acquire a building permit, as per the <i>Ontario Building Code Act</i> ? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5) Will new/modular construction, as per the <i>Ontario Building Code Act</i> , be required to accommodate the CT scanner(s)? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6) Will there be any physical impacts to adjacent clinical patient areas (e.g., clinical programs, departments)? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Completed By (Print Name , Title, Organization):

Signature:

Date: