
MOBILE UNIT BUSINESS PLAN TEMPLATE

LifeLine gratefully acknowledges the assistance of St. Rose Hospital in Hayward, California, and Ms. Monicka E. Guevera, Business Development Director at St. Rose Hospital, for allowing us to use excerpts from their mobile unit business plan as sample text in this document.

TABLE OF CONTENTS

[insert your own table of contents, once you have finished your Plan]

I	Executive Summary & Introduction
II	Description of Program
III	Program Objectives
IV	Strategic Position and Risk Assessment
V	Marketing the Program
	A. The mobile program services
	B. Competitive analysis
	C. Competitive advantages
	D. Specific market targets
	E. Promotion
VI	The Operational Structure
	A. Equipment and services
	B. Staffing & licensure
	C. Management
VII	Community Involvement & Social Responsibility
VIII	Sustaining the Program in Future Years
IX	Financial Projections
	A. Year 1
	B. Year 2
	C. Year 3
IX	Activity Planning
	A. Year 1
	B. Year 2
X	Appendices

I.
EXECUTIVE SUMMARY / INTRODUCTION

Insert your summary once you have finished your plan. This is the most frequently read part of your plan, but you must complete the rest of the sections before you write the executive summary.

II
DESCRIPTION OF THE PROGRAM

Our department management has conducted both primary and secondary research into the mobile health market and has identified a significantly underserved segment within it.

We are uniquely positioned to serve this segment of the healthcare market because of its [characteristic 1], its [characteristic 2], and its [characteristic 3]. We estimate that the [underserved segment] of the market will generate [market estimate] and that [organization] will [list accomplishments] by [year].

III
PROGRAM OBJECTIVES
OR "MISSION AND STRATEGY" OR "GOALS FOR THE PROGRAM"

Long Term Goals

Sample text

Our mission is to serve with integrity all those who come to us in need, regardless of their ability to pay; and living our values of justice, stewardship, compassion, and charity. We present for your approval the business plan for the St. Rose Hospital's Mobile Clinic.

In order to provide perspective to the problems affecting the Eden Area, it is important to discuss briefly the issues affecting the children throughout the country.

It is estimated that as many as 10 million children have no health insurance, and millions of others are

only partially covered. Children who have no health coverage or who are partially covered, are likely to experience care that is delayed, fragmented, and episodic. Often, these children may obtain medical care only when medical problems are acute or readily apparent. In addition, they are much less likely to receive regular care for chronic problems, anticipatory guidance, preventive screening interventions, and other reasons included under the umbrella of good primary care for children. Such standards of care have long been recognized and described by professional organizations such as the American Academy of Pediatrics (Kutnik, 1991).

Like the national picture, the numerous analyses on the health care needs of the population of Southern Alameda County have evidenced the need

for accessible, affordable, and convenient pediatric services.

Short Term Goals

Sample Text

The Mobile Clinic is one of several projects St. Rose Hospital will implement in order to realize its vision of becoming the health care provider of choice in Southern Alameda County. With the imminent changes in the health care industry, St. Rose is cognizant that becoming the provider of choice entails a transformation from a fee-for-service acute care institution into a managed care oriented health care center. This transformation will equip St. Rose

Hospital with the necessary tools to deliver exceptional outpatient, inpatient, skilled and home health services to the residents of Southern Alameda County.

Through the Mobile Clinic, St. Rose Hospital will be able to provide regular, accessible, affordable and convenient primary health care services to many needy children in the Eden Area.

IV STRATEGIC POSITION AND RISK ASSESSMENT

V MARKETING THE PROGRAM

[Organization's] marketing strategy is to represent its [product, service] as the best and most logical solution to patients' [needs, problems]. We are positioning the [department] as the [low-cost, highest quality, best value] [producer, provider] of [product, service] in the marketplace. The organization will use a variety of marketing approaches and materials including [brochures, white papers, trade shows, seminars, list all or others that apply].

Introduction of the organization's [products, services] will be handled by an [internal, external] workforce [or reps]. A [telemarketing, direct mail, advertising] firm will be hired to assist with building brand awareness and generating inquiries.

A. MOBILE PROGRAM SERVICES

Insert your basic program services statement here.

Sample text

Mobile care is growing in the U.S. at a remarkable rate. There are several reasons that health care organizations are looking outside their doors for providing services:

1. Equipment can be amortized over more patient locations to help justify our investment.
2. Staff is able to reach patients located in challenging areas that may be all but unreachable through fixed clinics in outlying locations.
3. Mobile care insures patients regular access to true medical and preventive care if they are located in outlying areas.

4. Patients will visit a mobile unit near their homes, especially if mass transit involves transfers.
5. Many patients see mobile unit care as specially designed and tailored to their needs, and a valued community service.
6. We can use our mobile unit to spot busy sites, where our next outlying fixed clinic should be located. Used properly to analyze our market area growth sectors, the mobile unit may enable us to save the building of a fixed clinic in the wrong area.

Sample text [from St. Rose Hospital's Plan]

Through the implementation of the Mobile Clinic project, St. Rose Hospital will acquire valuable experience in the area of outpatient services. This experience will place St. Rose Hospital in an advantageous position in relation to other hospitals as health care continues to change.

The use of the Mobile Clinic will augment St. Rose Hospital's recognition in the community and will serve as an effective marketing tool as the Alameda Alliance for Health becomes operational.

To ensure the project's success, research has been conducted on approximately 20 Mobile Clinic projects operating throughout the country. The

proposed business plan is largely based on written and verbal information received from these projects. In addition, St. Rose Hospital has been developing and solidifying partnerships with Hayward Unified School District, Hayward Police Department, California State University-Hayward, Salvation Army, Alameda Health Care Services Department, and community-based organizations serving the Eden Area. These partnerships will assist St. Rose Hospital to provide services that are culturally and linguistically appropriate, and to build on the existing strengths of individuals and the community at large.

B. COMPETITIVE ANALYSIS

If appropriate, list all of the other mobile programs from other health care providers in your marketing area.

Strengths:

- | | |
|------------|---|
| Location | What areas do you (or the competition) cover? |
| Services | What services are they providing? |
| Pricing | How are fees assessed? |
| Management | Who is operating the program? |

Sample text

Health care is inaccessible to many families in the community because either they live below the poverty line, but are unable to access Medi-Cal. or they live just above the poverty level and have no insurance. Access to Medi-Cal providers or county services requires a vehicle or a long bus ride. Concern regarding the passage of Prop. 187 also has had an affect on the perception of accessible health care services for the community residents. Families tend not to seek early intervention or prevention treatment. The infant mortality rate of 18.1 per thousand is significantly higher than the average county average of 14.5 per thousand (Hayward Healthy Start Planning Grant, 19__).

Eden Area - The 250,000 Eden Area residents comprise 23% of the County's population and 22% of the County's youth population. Their ethnic and economic diversity is representative of the County's. The Latino and Asian/Pacific Islander populations make up 18% and 13% respectively. African Americans make up 7% of the population. Other ethnic groups make up 7.8%. Precise figures for the Afghan population are not available.

On the surface, available figures present a picture of positive economic gains, a closer look however reveals sub-areas that do not fare as well. Census information indicates that of the 18 tracts identified as having prevalence rates at or higher than the County rate, thirteen are in the Eden Area.

Hayward - A city of 118,000 residents, Hayward is the most ethnically and economically diverse city in Southern Alameda County. When compared with the other cities in the region, Hayward has the highest percentage (8%) of families living below the poverty level (9,440). The number of AFDC (Assistance for Families with Dependent Children) and MediCal eligibles account for 14,000 and 21,000 respectively (see appendix __).

Harder-Tennyson Neighborhood - As stated earlier, the positive economic gains seen in the Eden Area have not reached sub-areas such as the Harder-Tennyson neighborhood. Located in the heart of South Hayward, this neighborhood is home to 11,529 residents, including 4,128 children. It is a densely populated, ethnically and linguistically diverse community without a community open space or park within the neighborhood for the children. It is a population with limited education, limited training or poor job skills, and limited English proficiency which has resulted in low incomes families.

The average annual income of the residents of the Harder-Tennyson neighborhood is \$26,173. with 44.6% of residents living below the poverty level and 62.4% living in a lower income household. Renter-occupied households account for 77.1% of the available housing stock: it is a highly transient area. Over 95% of all students in the three neighborhood elementary schools qualify for free or subsidized

school lunch. This is a far greater percentage of

eligible students than at any other school in Hayward.

Weaknesses

Service	List any weaknesses to the competing program.
Dedication	Will you be covering areas that the competition is not?
Equipment	Explain why your new LifeLine mobile unit will be better than your competitor's health van[s]. (We'll help you with this one!)

Sample text

The information presented in this section will confirm that St. Rose Hospital through the Mobile Clinic will not only provide sorely needed health care services, but it will play an important role in the realization of St. Rose Hospital's vision; that of becoming the provider of choice in Southern Alameda County.

Overview of Existing Area Providers - Alameda Alliance for Health, the County's Medi-Cal Managed Care Plan acknowledges that South County is in need of 4.6 more providers to meet the needs of the Medi-Cal population as opposed to North County's need of 0.8 providers. The studies conducted by the Alliance indicate that very few providers are willing to serve the growing number of perinatal and pediatric Medi-Cal eligibles.

According to the Alliance, of the 20 pediatricians who provide services in the Eden Area, five have served Medi-Cal patients in the past. Presently, the

three pediatricians located in San Leandro do not accept new Medi-Cal patients. The other three pediatricians located in Hayward accept new Medi-Cal patients only under certain conditions.

Eleven private pediatricians associated with St. Rose Hospital were surveyed in preparation of this business plan. Of these, only one pediatrician accepts new Medi-Cal patients. This pediatrician is in Castro Valley. Three accept only Medi-Cal newborns that they have seen in the hospital. Of these, two are in Hayward and one in Union City. One pediatrician, located in San Leandro, accepts Medi-Cal patients by physician referral only.

In preparation for this business plan, one community-based clinic and one county operated clinic, both located in the Eden Area, were also surveyed. The waiting period to access pediatric appointments reported by these clinics was between three to six weeks.

C. COMPETITIVE ADVANTAGES

[If appropriate, list your particular strengths over others in the market.]

The distinctive competitive advantages which [your health care organization] brings to this market are:

Experience in this market.

[Where have you experience now?]

Innovation in the market.

[List your ideas for the future..]

Sophistication in management and finance.

[List your internal organization's strengths in the market place, and why you can capitalize on them in a mobile program.]

Summary

Sample text

Target Population

It is estimated that Eden Area's total population is 250,000. Of these, approximately 56,000 are children between the ages of 1 and 21, and 31,000 are Medi-Cal eligibles. As stated earlier, the market that will be

served first by the Mobile Clinic is Hayward, specifically the 94545, 94544, and 94543 zip code areas.

According to the Alliance for Health report, the total number of Medi-Cal eligibles between 0 and 21 years of age for the aforementioned zip codes is

10,173. Considering that only 36% of these children are currently being served, it can be said that approximately 6,511 are unserved Medi-Cal eligibles. Precise figures on the number of indigent children are not available. Thus, St. Rose hospital's ER statistics

will be used. In 1994, the proportion of indigent children to Medi-Cal eligibles was 22%. Therefore, we can say that approximately 2,238 children are indigent (Alameda Alliance for Health Report, 1994).

D. SPECIFIC MARKETS

General history of mobile care in your market area

Entry strategy for the mobile program

We are offering a unique service, so informing the public of our capabilities is of the utmost importance.

- The state-of-the-art design of your new LifeLine mobile unit
- Promotion of the mobile project to the community
- Services offered at program initiation
- Sites to be covered by the mobile unit initially ... and later

Sample Text

Through the Mobile Clinic, St Rose Hospital will deliver accessible, affordable, and convenient primary health care services. Specifically, it will address the following barriers to access:

1. Critically limited number of pediatric providers;
2. Long waiting periods to access appointments;
3. Long distances of travel required to access care;
4. Lack of bilingual and culturally appropriate services.

St. Rose Hospital's Mobile Clinic will provide the following services:

1. CHDP exams;
2. Childhood immunizations;
3. Coordination of care for chronic and acute health problems;
4. Screening procedures;
5. Referral for hospitalization as necessary;

6. Specialty referral as necessary;
7. Referral to available primary care providers when possible;
8. Other services as warranted by need and financial capacity.

Although St. Rose Hospital's long-term goal is to serve the entire Eden Area (Hayward, San Leandro, San Lorenzo, and Castro Valley) the market that will be served first by the Mobile Clinic is Hayward, specifically the 94545, 94544, and 94541 zip code areas. These three zip codes account for 63.3% (8,639) of all pediatric visits to St. Rose Hospital's Emergency Room in 1994.

It is estimated that Eden Area's total population is 250,000. Of these, approximately 56,000 are children between the ages of 1 and 21, and 31,000 are Medi-Cal eligibles.

Growth strategy for the mobile program

After successfully introducing the mobile program into the market, our expansion will be in _____ separate areas:

- increasing services on the mobile unit
- increasing the number of sites that we visit
- others

Sample text

St. Rose Hospital recognizes that the involvement of the community is a critical component to the Mobile Clinic success, and thus, a planning committee will be formed to determine the number and location of sites, the information gathered from the numerous Mobile Clinic projects operating

throughout the U.S., and the socio-economic information presented in this document.

An important piece of information gathered from the Mobile Clinic projects throughout the country is that the selection of sites and schedule of the Mobile clinic's services need to be finalized at least a month before the first day of operation. The primary purpose of the Mobile Clinic is to provide services through the

schools, but when schools are not in session over the summer months, the clinic will increase the number of sites such as neighborhoods and day care centers. In addition, it will be available for other community as other special community events.

education and medical activities. These might include: health fairs, health screening at malls, senior centers, churches, and daycare centers, as well

Market size and share

Cite statistics regarding your targeted services.

Sample text

St. Rose Hospital's Emergency Room - In 1994, there were 36,509 visits to the St. Rose Hospital Emergency Room. This is an increase of 767 visits compared to 1993. Of the 36,509 visits, 13,713 were pediatric visits (0-20 years). This is an increase of 1,008 visits compared to 1993. Similarly to 1993, eight of the ten pediatric diagnoses were medical illnesses as opposed to traumatic injuries. These eight illnesses are common to childhood in most cases and are not usually emergencies if managed with appropriate primary care.

The average number of pediatric visits per month in 19__ was _____. This is an increase of 137 visits compared to prior year. Approximately 70.1% were Medi-Cal and 15.4% were "Self Pay," or indigent. The average number of daily pediatric visits were 37.5 (see appendix ____).

Of the 13,713 visits to the Emergency Room, 77.4% were between 0 and 13 years of age. The largest ethnic groups seen were White (36.2%), Hispanic (34.5%), and African American (21.7%).

Access to Primary Medical Care Study - In 1992 there were 30,466 Medi-Cal eligibles (ages 0-20) in Southern Alameda County. Of these, 37.20% (11,266) lived in the city of Hayward. Utilization of pediatric services by Medi-Cal eligibles in Southern Alameda County was 65.9% of that experienced by the general pediatric population.

In 19__, only 10,981 (36%) of the 30,466 Medi-Cal eligible children in Southern Alameda County received CHDP (Child Health and Disability Prevention) exams. In addition, two pediatricians in Southern Alameda County accepted Medi-Cal children with an average waiting period of ____ months. In order to serve the eligible population for CHDP exams, the study concluded that current capacity needed to be tripled (see appendix ____).

E. PROMOTION

To continue our mobile program growth, we will be using these methods to expand our market and to increase our new business:

- Patient contact - find out the needs of current patients
- Patient referrals
- Adding complementary services
- Attending special events
- Work with state officials on increasing services
- Provide an on-line computer presence on our own Web page
- Use market surveys to analyze our program

Sample Text

Service delivery will be coordinated and provided via partnerships with Hayward Unified School District, Alameda County's Children's Medical Services, Head Start, Salvation Army, Public Health Department, Alliance for Health, Hayward Healthy Start Program, Hayward Police Department, California State University-Hayward. Alameda Health Care and Social

Services Departments, community-based organizations, and the media.

Presentations at community meetings, media coverage, and preliminary meetings with representatives from the aforementioned entities, have indicated a strong support for the Mobile Clinic project and a desire to collaborate in the design and execution of this project. An example of this collaboration is the possibility of having several

California State University-Hayward students who could provide case management and community education.

Efforts will be made at all times to avoid or minimize disruption of existing health services. Referral protocols will be developed with private and public health care and social services providers in the area.

[Other services] can be implemented as alternatives in case the pediatric services cannot reach break-even levels. These contingency plans can be implemented as additional services to enhance St. Rose Hospital's visibility in the community and increase its market share.

Perinatal Services - St. Rose Hospital is well aware that the perinatal needs of the women in the Eden Area are as great as the pediatric needs. Contingent upon the success of the Mobile Clinic project, St. Rose Hospital will study the possibility of expanding the Mobile Clinic's range of services to include perinatal services.

Urgent Care Pediatric Services - The Alameda Alliance for Health report identified the lack of urgent care facilities (as opposed to emergency care) as a barrier to access. Also, it suggested that urgent care centers located in close proximity to hospital emergency rooms (if not within the same facility utilizing shared triage) would enable providers to assess and direct members to the appropriate level of care. St. Rose Hospital has begun discussions with Children's Hospital regarding the design and implementation of urgent care pediatric services (5:00 pm - 9:00 pm). Utilization of the Mobile Clinic for the provision of these services is part of these discussions.

Extended Hours - According to the Alliance, another barrier to accessing care is the lack of medical appointments available in the evening and weekends. Financial incentives (i.e. enhanced

capitation rates) may be utilized to encourage providers or groups of providers to maintain extended hours of service. Experience in other counties has shown that providers increased their reimbursement levels by providing extended hours, through enhanced capitation rates and through shared savings due to decrease in the number of patients utilizing the Emergency Room for primary care. Research on this subject will be conducted during planning committee and community meetings.

Occupational Health Services - In the past, the Occupational Health Services that have been provided on-site to employers in the area have been limited. These services include on-site training, screening testing, education, and inoculations. Historical statistics for these particular services have not been kept. A break-even analysis will be needed to determine the specific services that could be offered through the Mobile Clinic. Discussions with the Occupational Health Services staff on this subject have begun.

There is no doubt that increasing the number of on-site services to employers would serve as effective marketing tools and revenue enhancement activities for St. Rose Occupational Health Services. In addition, this would place St. Rose Hospital at an advantageous position, especially now that Kaiser plans to open an Occupational Health Clinic at the end of 19__.

Senior Citizen Services - Senior citizens, a growing population in Hayward is another group which can be served by St. Rose Mobile Clinic. According to the Area Agency on Aging (AAA) there are eight Mobile Home Parks where medium to low-income senior citizens reside. A large percentage of the residents in these Mobile Home Parks are unable or have difficulty accessing health care due to physical limitations, lack of public transportation, and long distances required to access care.

VI THE OPERATIONAL STRUCTURE

A. EQUIPMENT AND SERVICES

Description

We have chosen a mobile unit manufactured by LifeLine Shelter Systems, of Groveport, Ohio.

There are several important criteria that we used for selecting LifeLine among the other alternatives available:

- LifeLine uses a truck chassis as the “foundation” for their mobile unit. Others use recreational vehicle chassis, which are fine for occasional use, but will not hold up to heavy traffic and commercial use.
- A strong steel, 110,000 psi yield strength, truck frame is twice the strength of most other chassis frames.
- Commercial grade equipment is used exclusively in LifeLine units, where recreational vehicle manufacturers frequently use residential-grade materials.
- LifeLine offers patients a professional look and feel inside. When patients and staff step inside a LifeLine van, they don't see a shift lever or gas pedal: they see a professionally-appointed clinic environment.
- LifeLine has full-height ceilings and straight walls with maximum exam and consultation floor space. There are no curved walls that look like a bus or r.v.
- A one-piece, leak-proof roof system is used, so that roof leaks common to r.v.'s, are omitted.
- LifeLine offers greater floor plan flexibility because the truck chassis has no wheel boxes or step wells inside.
- LifeLine offers automatic transmission for easy driving, and no special driver's license in most states, if the weight of the van is kept under 26,000 lbs.
- LifeLine offers Caterpillar diesel or GMC gas engines, with service at more than 550 locations. And, there is a complete bumper-to-bumper warranty for 2 to 5 years, unlimited miles.
- Lifeline's references provide unanimous approval of after-the-sale service and the quality of their LifeLine mobile unit product.

Sample text

Three mobile van manufacturers were contacted and LifeLine Shelter Systems was selected. Of the four models built by LifeLine Shelter Systems, the 40 information please see appendix ___).

ft., fully-equipped, self-propelled model seems best to meet St. Rose Hospital's needs. (For pictures, floor plans, and other

B. STAFFING & LICENSURE

Licensing and Insurance

Sample text

Information on licensure requirements has been obtained. According to the Department of Health

Services-Licensing and Certification Office, the process to obtain a license is approximately one month.

Describe your staffing plan.

Sample text [from St. Rose Hospital]

The ethnic composition of the Eden Area as well as the information gathered from the research conducted on the other Mobile Clinic projects

throughout the county indicate that flexible, bilingual, and experienced staff are a critical component to the project's success. Due to the ethnic composition of Hayward and the Eden Area at least two members of

St. Rose Hospital's Mobile Clinic will need to be bilingual.

A flexible staff is another important component to the success of the project. The projects that have maintained low fixed costs are those whose staff perform two or more duties. In some cases, the driver registers patients and distributes informational brochures. Personnel hired for the Mobile Clinic will be cross-trained and will be expected to perform

additional duties as needed. For example, one of the staff members will be trained as a back-up driver.

The outreach to the community and the project coordination during the first year will be critical to the long-term success of the Mobile Clinic. The Project Coordinator, and especially the Project Outreach Worker will be expected to have worked with low-income populations. Candidates with prior experience working in Southern Alameda County will be preferred.

Describe your state or county licensing requirements.

Provide job descriptions, if you wish.

Sample text [from the Children's Health Fund and from St. Joseph's Hospital in Houston.]

Program Coordinator

Requires flexibility and superior organizational and communication skills. Works closely with, and reports to, the Medical Director.

Staffing

Input on hiring of administrative and medical staff.
Supervise administrative staff.
Handle personnel matters for all staff.
Organize regularly scheduled staff meetings.

Sites

Organize site schedule with Medical Director.
Research and open new sites.
Plan community outreach and publicity activities.
Evaluate success of new and existing sites.

Operations

Manage office, secure equipment & supplies.
Arrange for maintenance of mobile van, stocking, etc.
Resolve any operational issues arising.

Medical records

Develop, implement, and maintain information system for patient tracking.

Budget & Fund-raising

Prepare annual budget.
Plan & implement fund-raising strategy; write grants; organize fund-raisers; work with development office.

Publicity/outreach

Publicize the project; organize press events; produce pamphlets; work with Institutional P.R. office.
Conduct community outreach; supervise outreach staff, network with organizations, churches, etc.
Serve as spokesperson for the project.

Planning/evaluation

Formulate long/short term plans with Medical Director.
Evaluate program performance; track encounter and patient numbers.
Institutional administration
Report to institutional administration regarding project status, budget, etc.

Medical Director

Serves as the key person to articulate the project mission and lead the program to the highest possible level of function.

Staffing

Hire medical staff.
Supervise delivery of medical services.

Programmatic/operational

Develop and implement clinical protocols for the delivery of medical services.
 Provide direct patient care on the mobile van.
 Serve as main liaison to referral institution.
 Develop and coordinate medical student and teaching programs on the van.
 Supervise residents in training on the van.
 Lead regularly scheduled staff meetings to review program issues.
 Publicity/outreach
 Inform medical professionals within the institution and community about the project.
 Serve as general spokesperson for the project.

Planning/evaluation

Have input into all areas of project operation, program planning, quality assurance, and evaluation, working closely with the project coordinator.
 Institutional administration
 Report to institutional department head or divisional head.
 Meet with administration to review project status, and to provide input on project budget and staffing.

Driver/Assistant Program Coordinator

Requires superior detail orientation, and superior communication skills. Works with, and reports to, Program Coordinator.
 Safety
 Maintains safety codes and standards. Drives to and from clinic sites. Establishes routes. Maintains security on and for van.
 Maintenance
 Responsible for periodic maintenance on van, as well as daily set-up of the van at each location.
 Provides security for all medical & office supplies, logs, security system, and any on-site personnel security problems.
 Patient Contact
 Assists with patient registration, data collection, assist with reports, assists with supply inventory, performs b/p checks, height, weight, and other invasive screenings as needed. Assists patients in and out of van, when and as needed.
 Trouble Shooting
 Liaison with outside contractors for van maintenance. Guides tours. Reports van damage. Tracks and reports van moves & storage.
 Van Set-Ups
 Set stabilizers, awning, stairs/rail, table/chairs, start generator, verify all systems operating, secure cab.
 Van Closings
 Verifies stabilizers up, awning secure, refrigerator off, generator off, toilet secure, stair/rail up, all doors secure, all equipment

Projected personnel analysis and expenditures [for Year]

Total number of staff	0
Total expenditures for staff	\$00,000

C. MANAGEMENT

The core management team of [Department] includes several executives with successful backgrounds in the our industry and experience with startup operations:

[CEO name], [CEO age] is CEO. His/Her experience includes [no. of years] with [prominent Department name] where he [state one or two noteworthy achievements: grew sales, cut expenses, launched a new product].

[CFO name], [CFO age] is [Department]'s Chief Financial Officer. Mr./Ms. [CFO Name] has held financial positions with [Department #1] and [Department #2] and has also served as a Public Accountant with [name of CPA firm]. His/Her accomplishments include [state one or two noteworthy achievements: grew sales, cut expenses, implemented tax-saving measures].

[CIO name], [CIO age] is [Department]'s Chief Information Officer. Mr./Ms. [CIO Name] has extensive experience with innovative technology at [Department #1] and [Department #2] and also held a consulting position with [name of consulting organization]. His/Her accomplishments include [state one or two noteworthy achievements: managed implementation of new software, launched corporate web site].

VII COMMUNITY INVOLVEMENT & SOCIAL RESPONSIBILITY

Department Philosophy

Recognizing the importance of the department's relationship not only to the marketplace, but also to the community at large, we have outlined the following philosophy:

- Point 1
- Point 2
- Point 3
- Point 4
- Point 5
- Point 6
- Point 7

Community Activities

In [month, year], our employees volunteered their time to [worthy cause]. This [charity, organization] is involved with [involvement]. As a result of our efforts, the organization was able to [state accomplishment]. The program was win-win: Employees gained great satisfaction from being able to help others in the community, the department received favorable press coverage from [media organization], and the [charitable organization] [state benefit].

VIII SUSTAINING THE PROGRAM IN FUTURE YEARS

What is your ultimate destination? And what will your business look like at different intervals along the way?

Goals

[Department] management's vision includes the continued development of our concept and the establishment of our department as a [Lifestyle provider, innovator, quality provider, growth department, and niche leader in the [industry] industry. [Number] years

from now, we expect to have [state one or more goals to have accomplished at that time].

Strategies

Discuss strategies that the department will implement to achieve the goals outlined above. Explain priorities especially in terms of strategies for which significant expenditure is required.

Milestones

- Hire [CEO/CFO/CMO/COO] [Status/Completion date]
- Open service [Status/Completion date]
- First dollar revenue [Status/Completion date]
- Other milestone [Status/Completion date]
- Other milestone [Status/Completion date]
- Achieve profitability [Status/Completion date]
- Cash flow breakeven [Status/Completion date]
- Other milestone [Status/Completion date]
- Other milestone [Status/Completion date]

Risk Evaluation

Although management is convinced that the Department's project will succeed and provide an outstanding return for our organization, there are inherent risks in its plan:

-
- Risk #1
 - Risk #2
 - Risk #3
 - Risk #4
-

Include such risk considerations as market acceptance, changing demographics, new competition, new customer tastes, management performance, operating costs, regulatory and licensing issues.

Exit Plan

[Department] management is projecting that it will have a profitable business with a relatively small expense and asset base. Its forecast of \$[dollar amount] of income in its third year of operation is evidence of this belief.

Alternatively, discuss another exit option such as sale to another similar organization, employee buy, or close.

IX FINANCIAL PROJECTIONS

This discussion should include all facts pertaining to your financial statements.

Income Statement

Discuss both positive and negative aspects of your income statements.

Sample text [amounts are merely examples]

ProForma Financial Data

Assumptions	
Vehicle expenses	
Gasoline	2,000
Generator fuel.....	1,100
Water treatment.....	300
Vehicle washing.....	700
Interior cleaning/janitorial.....	1,600
Sewage disposal.....	800
Vehicle routine maintenance	1,200
Contingency expenses	1,000
General expenses	
Parking fees.....	500
Generator fuel.....	1,100
Insurance & Fees	
Outside insurance.....	7,500
Licensing, state.....	500
Medical supplies	
Medical supplies	1,000
Medical supplies, non-consumable.....	1,000
Office supplies	
Supplies, general.....	1,000
Postage	250
Printing and copy service.....	100
Accounting services.....	500
Office space.....	0
Utilities	0
Staffing	
Medical director, full or part time.....	_____
Project coordinator, full or part time.....	_____
Nurse/nurse practitioner, full or part time.....	_____
Record keeping, full or part time	_____
Other staff costs	_____

Sample text [from St. Rose Hospital]

The financial projections and assumptions presented in this business plan are based on conservative forecasts. The population, projected visits, and revenue and utilization of 2,648 per thousand are based on the Alameda Alliance for

Health's report dealing with Alameda County's Medi-Cal population.

Population - The population section contains the total number of Medi-Cal eligible children residing in three zip code areas in Hayward. Precise figures on the number of indigent children are not available. The

indigent population is based on the proportion of indigent children to Medi-Cal eligibles (22%) seen in St. Rose Hospital's Emergency Room in 1994.

Services Provided - The projected number of CHDP exams, inoculations, Medi-Cal visits and office visit type needed by the population are based on the assumption that only 36% of the Medi-Cal and indigent children are presently being served. As stated earlier, the financial projections are conservative in nature. St. Rose Hospital estimates that during FY__ the Mobile Clinic will reach 35% of unmet need in terms of CHDP exams: 50% of unmet need in terms of inoculations. and 35% of office visit demand.

Revenue - The projected revenue for Year 1 is based on 5.8 procedures per hour. For Year 2 and Year 3, the projected revenue is based on 7.2 procedures per hour. The financial projections indicate in the first year the Mobile Clinic will incur a net loss of \$7,412. however, in the second year it will have a net gain of \$13,740. In the third year it will have net gain of \$18,353. St. Rose Hospital is actively

seeking ways to minimize or transform the loss of first year into a gain At the end of June, two proposals requesting start-up funds will be submitted. The total amount of the proposals is \$____,000. In addition, St. Rose Hospital will continue negotiations with California State University-Hayward and Chabot College to have several students assigned to the Mobile Clinic.

Fundraising Revenue - St. Rose Foundation expects to raise \$____,____ for the purchase of the Mobile Clinic. Alameda Health Care Services Department has granted St. Rose Hospital \$____,000 for the Mobile Clinic project. It should be noted that two proposals requesting funds for the operation of the Mobile Clinic will be submitted to potential grant-makers at the end of June. The total amount requested will be for \$____,000.

Expenses - The salaries in Year 1 and Year 2 include benefits (32%.) with an annual increase of __%. Supplies and other expenses include an annual increase of __%.

IX ACTIVITY PLANNING

A. YEAR 1

Provide a step-by-step plan for necessary implementation activities for the program.

Sample Month	Activity
1-2	Approval of Business Plan Initiate Purchase of Mobile Clinic
2-4	Organize Planning Committee Coordination of Committee's bi-weekly meetings Develop educational materials Design of Mobile Clinic's floor plan
5-6	Develop action plan (i.e. site selection) Develop policies, procedures, and referral protocols Distribute educational materials
7-8	Staff recruitment Delivery of Mobile Clinic
9-10	Begin to provide services
11-ongoing	Monitor and evaluate Mobile Clinic's operations

B. YEAR 2

Provide second year implementation activities for the program, if you desire.

X APPENDICES

The appendix is the place for supporting documents and information. The items in the appendix should only confirm, reinforce or elaborate on the major ideas and facts already stated in the main plan. Many people don't even read the appendix so include all essential items in the plan itself. If the appendix seems too long, put it in a separate binder.

Appendix Items

- Resumes and financial statements of key people
- Lease and other location information (pictures)
- Marketing information (logo, dummy ads, packaging)
- Supporting media information (newspaper articles, etc.)
- Budgets & schedules & analysis (equipment lists, project charts, flow chart)
- Design or construction information (floor plan, renderings)
- Contracts, trademarks
- Bank loans, financial statements
- Market research studies (bibliography)