Anonymized Business Cases

Downloadable business case pack

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This anonymized case study is prepared for website publication and downloadable business case use. Client names, country identifiers, and location-specific references have been removed or generalized.

Contents

Multi-Specialty Outpatient Health Centre

Operational blueprint for transforming a non-clinical building into a regulatory-ready ambulatory care centre.

1,043 m2 net clinical area specified	135 rooms fully specified	10 medical specialties
57 h/week operating model	8 workstreams delivered	2 building levels integrated

Executive summary

A complex outpatient centre planning engagement converting a structurally fixed office building into a multi-specialty clinical facility through operational design, room-by-room specification, clinical pathways, infrastructure gap analysis, digital health workflows and regulatory-ready documentation.

Project scope

- Transformation of an existing non-clinical building into a multi-specialty outpatient health centre.
- Development of the operational organization concept to guide architecture, technical planning, regulatory review and implementation.
- Definition of clinical scope, patient flow, access logic, infrastructure gaps, medical gases, ventilation, power, hygiene, logistics, room functions and digital health workflows.

Project volume

- 1,043 m2 net clinical area, 135 specified rooms and 10 medical specialties.
- Specialist consultations, diagnostics, procedure suite, physiotherapy, occupational therapy, advisory services, administration and general infrastructure.
- Digital patient journey including portal, self-check-in, telemedicine and clinical documentation workflow.

Duration

- Full operational planning engagement from blank brief to regulatory-ready blueprint.
- Structured across assessment, operational design, technical specification, regulatory alignment and implementation handover.

Results

- Complete operational foundation for architecture, contractor planning and regulatory review.
- Room-by-room specification including function, infrastructure class, occupancy, medical gases, ventilation and safety logic.
- Clear service lines and patient pathways, including senior health, dementia, diabetes and pre-operative assessment services.
- Demonstrated ability to align buildings, equipment, workflows, regulations and digital health strategy before launch.

Women’s Diagnostics & Digital Imaging Pilot

Managed digital imaging, electronic prescribing, pharmacy control and executive dashboard for public hospitals.

2 pilot hospitals	2 digital mammography units	10 pharmacy points
18 months training and support	USD 1.48-2.75M setup range	USD 27-52K/mo managed service range

Executive summary

A digital health pilot concept for two public hospitals combining digital imaging, women’s diagnostic imaging, electronic prescriptions, pharmacy control, Arabic-language training, support and an executive dashboard for activity, drug dispensing and procurement visibility.

Project scope

- Implementation of digital imaging to replace physical film and enable remote specialist review.
- Digital prescriptions and pharmacy control with safety checks and validated dispensing workflows.
- Executive dashboard showing imaging activity, drug dispensing, patient numbers and procurement data.

Project volume

- Two pilot hospitals, two digital mammography machines and ten pharmacy points.
- Eighteen months of Arabic-language training and support.
- Patient data stored locally under public-sector ownership.

Duration

- Two-week readiness assessment followed by contracting, configuration, installation, training and go-live.
- Expected full go-live within approximately six months, followed by ongoing managed service and expansion planning.

Budget

- One-time setup range: USD 1.48M-2.75M.
- Monthly managed service range: USD 27K-52K.
- Payment options include monthly service fee, milestone payments or per-use transaction pricing.

Expected results

- Mammography results within 24 hours instead of multi-week delays.
- Reduced lost imaging through digital storage and remote review.
- Medication safety checks before dispensing.
- Procurement and drug-dispensing visibility through live executive dashboard.
- Detectable and preventable procurement leakage through digital controls.

National AED Emergency Readiness Infrastructure

Government-sold, locally operated public safety system for public access defibrillation and readiness reporting.

200 AEDs pilot scope	3,000 AEDs national target	1,200 pilot trainees
€640K pilot value	€8.08M national rollout value	10% programme management fee

Executive summary

An asset-light emergency-readiness model where the programme director designs the national AED architecture, qualifies local operators, manages compliance reporting and maintains the governance layer while local partners procure, install, maintain and train on the ground.

Project scope

- Design of a national public AED readiness network across high-density public zones and later national population centres.
- Three-party operating model: government buyer, local operator and international programme director.
- Compliance dashboards, performance reporting, technology specification and standards-based programme architecture.

Project volume

- Pilot phase: 200 AED units in priority public zones and training for 1,200 persons.
- National rollout target: 3,000 AED units with annual managed service.
- Quarterly compliance dashboards and annual performance reporting.

Duration

- Months 1-3: partner vetting, engagement and programme architecture.
- Months 4-10: pilot delivery.
- Months 10-36: phased scale-up across major population centres.
- Year 2 onward: annual managed service, maintenance and reporting.

Budget

- Pilot government contract value: €640,000.
- National capital phase value: €8.08M.
- Annual recurring managed service value: €960,000/year.
- Programme management revenue: 10% of contract value.

Expected results

- Public AED coverage and trained institutional first responders.
- Auditable maintenance, readiness and training data.
- Scalable public safety infrastructure without direct inventory or logistics exposure for programme director.

- Clear separation of governance, execution and liability.

Tertiary Cardiac Care Network

Three-centre cardiac network with registry, chest-pain pathways, quality office and phased capital expansion.

3 cardiac centres	3 chest-pain units	€12M recommended phase 1
€8-15M phase 1 options	€40-80M phase 2 capital range	12 months stabilisation period

Executive summary

A national tertiary cardiac network concept connecting three cardiac centres through defined roles, a central registry, chest-pain units, STEMI protocols, foreign referral review, procurement control, workforce development and a quality/performance office.

Project scope

- Creation of a coordinated tertiary cardiac network instead of competing standalone cardiac hospitals.
- Defined complementary roles for advanced care, high-volume acute cardiac work and regional access/stabilisation.
- National registry, chest-pain SOPs, STEMI pathway, transfer criteria, 14-day follow-up and procurement control.

Project volume

- Three cardiac centres, three chest-pain units and a national cardiac registry/dashboard.
- Workforce audit covering interventional cardiology, cardiac surgery, anaesthesia, nursing, biomedical engineering and rehabilitation.
- Foreign referral review and reduction pathway.

Duration

- Phase 1: 12-month stabilisation programme.
- First 90 days: baseline audit and registry design.
- Months 3-6: chest-pain units operational and first dashboards live.
- Months 6-12: second training cohort, rehabilitation setup and Phase 2 readiness review.

Budget

- Recommended Phase 1 budget: €12M.
- Lean option: €8M. Accelerated option: €15M.
- Indicative Phase 2 capital expansion: €40-80M, released only after audited Phase 1 performance.

Expected results

- Standardised acute cardiac pathways and measurable performance.
- Improved equipment uptime, consumables control and registry completeness.
- Reduced unnecessary foreign referrals and better capital allocation.
- Evidence-based decision-making before major tertiary expansion.

Blindness Prevention, Vision Restoration & eHealth Programme

Lean hub-and-spoke ophthalmology programme with screening, treatment, automated recall and digital dashboards.

USD 4.01M optimized year 1 funding	USD 1.59M year 1 saving	17-18 FTE core team
30-45K year 1 digital registrations	13 months full launch	USD 879.6K annual subsidy after recovery

Executive summary

A national blindness-prevention programme concept addressing cataract, diabetic retinopathy, glaucoma, keratoconus and refractive error through a hospital-based treatment hub, screening spokes, teleophthalmology and an automation-driven eHealth layer.

Project scope

- Hub-and-spoke blindness-prevention and vision-restoration programme using an existing hospital as central treatment hub.
- Screening spokes in diabetes clinics, schools, primary care, employer clinics and mobile units.
- eHealth layer for registration, triage, recall, teleophthalmology review, stock alerts and executive dashboards.

Project volume

- Year 1 targets: 1,200-1,500 cataract surgeries; 12,000-18,000 diabetic-eye screenings; 700-1,000 retinal treatments.
- Additional Year 1 targets: 5,000-7,500 glaucoma screenings; 3,000-5,000 keratoconus screenings; 20,000-30,000 school/workforce screenings.
- Year 3 scale target: 100,000-150,000 digitally registered patients.

Duration

- Thirteen months to full launch.
- Months 1-2: approval and setup.
- Months 3-7: planning, procurement and build.
- Months 8-12: installation, training and soft launch.
- Month 13 onward: full operations and quarterly audit.

Budget

- Optimized Year 1 funding request: USD 4,013,800.
- Capital expenditure: USD 2,554,200.
- Annual operating cost: USD 1,459,600.
- Identified annual cost recovery: USD 580,000.
- Five-year cost: USD 9.9M versus USD 16.8M original model.

Expected results

- National pathway for avoidable blindness reduction.
- Automated recall and registry system to reduce loss to follow-up.
- Lean staffing enabled by automation instead of manual administration.
- Measurable screening, treatment, outcome and equipment-uptime reporting.