
Leveraging ROI to make a business case for the value of clinician-led improvement



Executive summary

Measuring value in healthcare is often an elusive task. Return on investment (ROI) calculations can help quantify value; however, such training is scarce in nursing circles, and ROI processes are not always standardized. In addition, value is often hard to quantify with regard to nursing care. This position paper explores the challenges and benefits of leveraging ROI to demonstrate how the value of improvement initiatives can be measured objectively.

Introduction

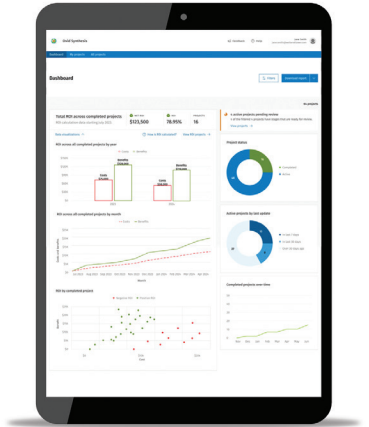
“Value” is a weighty yet elusive term in healthcare because it means something different to every stakeholder. Carl Kirton, DNP, MBA, RN, ANP, FAAN, Editor-in-Chief of the American Journal of Nursing, demystifies value by explaining that a fundamental component of it is return on investment (ROI), which is “a representation of monetary returns from a single perspective during a specific time frame.”

The value of nursing is undisputed. But nursing-led research and improvement initiatives contribute to both the quality and improvement of care.

ROI states the business case for care. It shows how investments in improvement initiatives — and technology that can measure ROI — can pay off.

Integrating nursing-sensitive indicators with financial metrics is a challenging task. Despite the benefits of using ROI, nursing schools do not consistently teach that type of data science.¹ For example, a 2023 article authored by Chief Nursing Officers (CNO) from eight leading U.S. hospital systems highlights the continuing call for data collection and ROI to demonstrate the incremental value of Doctor of Nursing Practice programs.¹ More broadly, the lack of ROI data may hamper innovation.

Nursing-led research and improvement initiatives contribute to both the quality and cost of care.



When ROI goes unspoken: The cost to nursing innovation and excellence

Budget vs. impact

Leadership struggles with the cost of justifying new expenditures, but are accountable for:

- Improving patient outcomes
- Driving returns on value-based purchasing
- Reducing HCAPS.

Lack of ROI standard

No standard to guide teams in approaching ROI calculations for improvement projects, making it challenging to implement changes.

Inconsistent reporting

Without the right tools and visibility, it is difficult to demonstrate the value of nurse-driven initiatives, despite their potential to improve outcomes and reduce costs.



EBP, QI, and how ROI fits into each

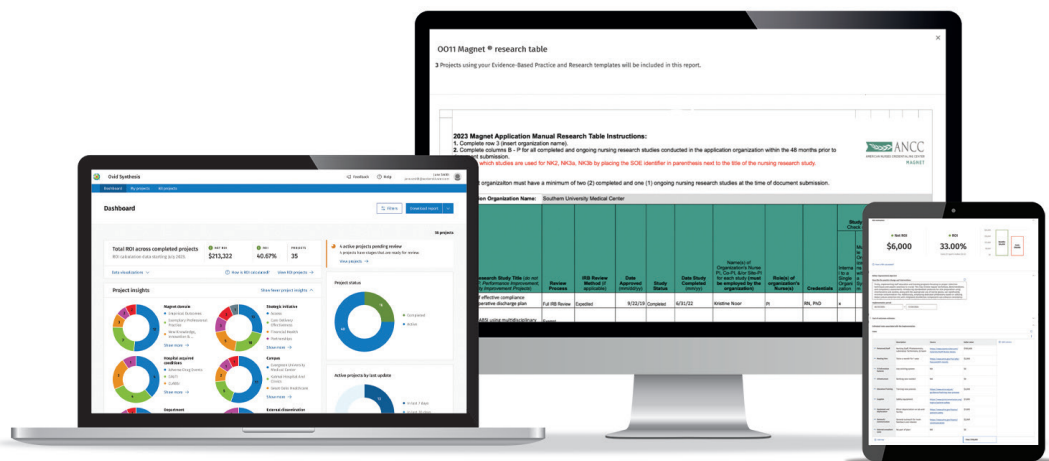
To appreciate ROI, it's important to first understand how it functions in different workflows. ROI can be used with both evidence-based practice (EBP) and quality improvement (QI) projects. However, the two initiatives differ fundamentally — as do their ROI calculations. Grasping those principles informs how to approach ROI in each case.

QI improves local processes and outcomes by identifying gaps in care and systematically testing changes to a discrete process (e.g., new standing orders for rapid response teams). The outcomes are often immediate and readily measurable, like cost savings or shorter lengths of stay.

In contrast, **EBP finds and puts the best available evidence into practice**, resulting in a delayed, more diffuse long-term effect (e.g., patient safety or satisfaction, coaching patients on lifestyle changes). Those effects are often harder to quantify with ROI.

Many clinicians are building expertise of the structured steps used in EBP and QI — and how each process differs. A 2024 scoping review of EBP projects showed that 92.5% of the articles screened didn't meet the basic requirements for EBP implementation.² Without such foundational knowledge, any attempt at ROI will falter or fail. That same review noted that, in the final analysis, only 19% (121) of the articles measured ROI.²

A clear view of EBP versus QI and how ROI operates in each arena is invaluable for showing which projects are working well and where improvements are needed. Most importantly, ROI helps answer the question of, "What more can be done — and how do we know it will make a difference?"³ When you can answer that, you will have scalable, sustainable improvement.



What do people look for with ROI?

It depends on who is looking at the numbers.⁴



CNOs seek ROI to support cost avoidance, Magnet® readiness, and hospital quality ratings (such as Leapfrog, HCAHPS, CMS).



CFOs look for financial rigor.



CMOs seek to demonstrate clinical excellence, particularly in relation to patient outcomes.



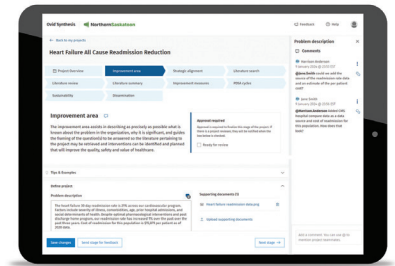
The CEO and board of directors seek financial benefits, strategic alignment, and human impact for clinical leadership.

Alignment across stakeholders is key

A 2024 independent survey of 75 hospital leaders that included operational and clinical leaders (CNOs, CNOIs, CSOs, and CMOs) showed both groups agreed the top three reasons for evaluating ROI were to demonstrate⁴:



Nursing executives may have clinical insights into key metrics related to ROI, but often lack financial knowledge.



This speaks to the importance of achieving alignment across stakeholders regarding ROI priorities — and evaluating a software solution that can generate ROI for you. Bernadette (Bern) Melnyk, PhD, APRN-CNP, EBP-C, FAANP, FNAP, FAAN, former VP of Health Promotion and Chief Wellness Officer for The Ohio State University and co-founder of EBP Solutions, urges, “Don’t settle for a warm, fuzzy outcome. Whether you’re doing EBP, QI, or research, ROI outcomes can really help the system.”

From principles to practice: Tell the value story

Nursing executives may have clinical insights into key metrics related to ROI, but often are disconnected from financial initiatives due to siloes. That raises thorny questions. How should the data be collected? What should be measured, and how? How can we evaluate intangible outcomes versus hard dollars? How do we prove causation within a complex system? Is an outcome directly due to the QI project or another influence? How can we track short- versus long-term ROI? Perhaps most importantly, how can we arrive at a reasonable ROI estimate before a project starts so we can gain buy-in and approval for the project?

Nurse executives who successfully articulate ROI do more than just present clinical improvements. They translate nursing-sensitive indicators into outcomes with associated costs, link them to organizational strategy, then tell a compelling narrative that resonates with financial and operational leaders.



Where saving lives meets spreadsheet logic

Many barriers hinder nursing management from calculating ROI for improvement projects:³

- Lack of a standardized process
- Difficulty in establishing a reliable baseline
- Problems translating qualitative results and intangible benefits into quantifiable numbers
- Administrative costs and inefficiencies
- Leadership and mentoring issues

All these barriers can cause fragmented and inefficient improvement projects. Without built-in ROI functionality, the effectiveness and value of an improvement project are difficult to prove in a measurable way. Thus, it's impossible to know whether it's worth trying to scale it hospital- or enterprise-wide.



Standardize EBP, QI, and ROI processes



Set measurable goals that align with organizational priorities



Establish an accurate baseline for ROI



Track key metrics through its interactive dashboard



Configure the dashboard to organizational needs, such as Magnet domains



Develop diagrams for root cause analysis and discernment of factors that will create the greatest improvement



Collaborate with team members, mentors, and managers in real-time



Estimate ROI before a QI project, benchmark it afterwards, and track year-over-year data



Monitor projects enterprise-wide to prioritize which ones need to be adjusted, continued, or stopped



Quantify financial gains and generate reports visualizing those gains.

How Ovid Synthesis impacts quality and quantity of improvement projects (the return on investment achieved) — results from a 2025 user survey:

111%

increase in completed projects — more than doubling annual output

25%

fewer hours spent on project execution

26%

reduction in time spent on monthly reporting

27%

fewer hours required for project oversight



Kirton states, “The challenge for any nurse leader or nurse executive is how to take a microsystem approach like an EBP project or a nurse residency project and scale the results to a macro level – that is, apply it to other scopes in a health system. Few [software] systems today can quantify project outcomes and their financial return at the macro-system level. Ovid Synthesis is an important vehicle that brings both micro- and macrosystem stakeholders together to demonstrate efficiency, collaboration, dissemination, and how they affect patient outcomes.”

Melnyk agrees. “Ovid Synthesis can capture and communicate the ROI of your initiatives. Then, when you demonstrate positive ROI to executive leadership, tell them you want half of those dollars to come back to nursing to fuel future improvement projects.”

Devin Carr, DNP, RN, RRT, ACNS-BC, NEA-BC, CPPPS, Chief Nursing Officer, MaineHealth Maine Medical Center, adds, “We want to demonstrate the value of nursing, not just the cost of nursing. By leveraging Ovid Synthesis and its ROI features, nurses will no longer be seen as cost centers but as strategic drivers of value, equipped with tools that demonstrate their positive impact.”

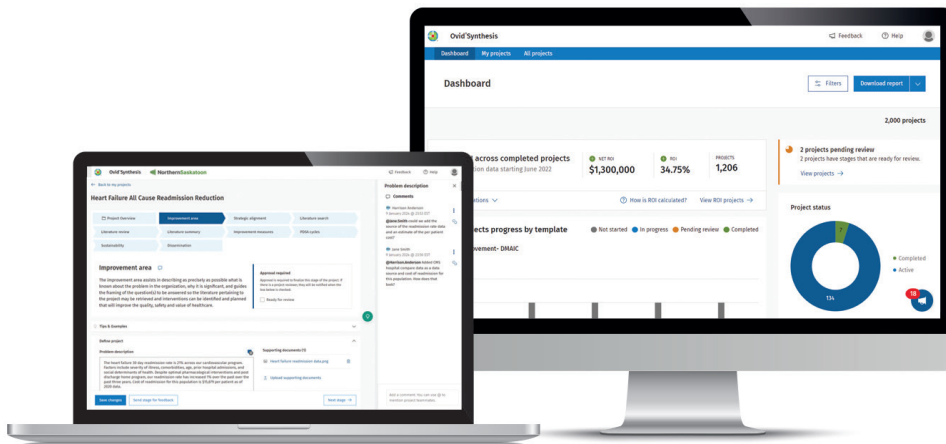


“Ovid Synthesis can capture and communicate the ROI of your initiatives.”

– Bernadette Melnyk, PhD, APRN-CNP, EBP-C, FAANP, FNAP, FAAN

MaineHealth’s Experience

Project Type	Before Ovid Synthesis	After Ovid Synthesis
Research	4.3 per year	32 projected per year
QI	6.9 per year	12 projected per year
EBP	N/A	8 projected per year
Lit Review	N/A	8 projected per year
TOTAL	233 projects (previous 10 years)	600 projects (projected next 10 years)



Ovid® Synthesis
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Conclusion

When nursing leaders can articulate ROI, they can clearly demonstrate the value of nurse-driven initiatives. This increases visibility while ensuring support, budget, and sustainability for work that truly impacts the organization – its financial bottom line, national recognition, scores, and quality of care.

Contact your Ovid representative to learn more, or email sales@ovid.com



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- **Devin Carr**, DNP, RN, RRT, ACNS-BC, NEA-BC, CPPPS, Chief Nursing Officer, MaineHealth Maine Medical Center

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