BlueCallom™

BlueCallom TRANSFORM

Intelligent Productivity Transformation

Healthcare Business Case

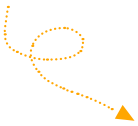
Executive Summary

Operational Efficiency & AI Strategy

Customer operates one of the country's largest rehabilitation clinic networks and is positioned for measurable cost savings and quality gains through targeted efficiency improvements and AI integration. This analysis identifies short-term savings opportunities of CHF 4–8 million, representing 5–10% of total operating costs, within 24 months across clinical, operational, technical, and administrative processes, as well as strategic levers for long-term transformation. Customer has significant and actionable opportunities to improve efficiency without compromising care quality. Through immediate process optimization and AI deployment, combined with a long-term digital and cultural transformation, the organization can realize millions in recurring savings and strengthen its leadership in Swiss rehabilitation.

High-Level Potential Savings (with Ambitious Execution):

Process Area	Estimated Annual Savings (CHF)	Savings (% of process cost)	Key Levers
Clinical Services	CHF 1–2 million	5–10%	AI-assisted documentation, scheduling, outcome prediction
Operations (Facilities & Support)	CHF 0.5–1.5 million	~10%	Lean workflows, smart energy, AI-based procurement
Technical Services	CHF 0.3–0.6 million	8–12%	Predictive maintenance, IT unification, smart monitoring
Administration	CHF 2–4 million	~15%	RPA, e-records, centralization, AI chatbots



Key Bottlenecks & Cost Drivers

- High staffing intensity in Swiss rehab vs. international benchmarks
- Paper-heavy and manual workflows in administration and clinical documentation
- Energy-intensive infrastructure with limited optimization
- Redundant admin/IT systems across clinics
- Underutilized medical and technical assets due to scheduling inefficiencies

Long-Term Strategic Levers (2–5 Years Horizon)

To sustain and deepen efficiency gains, Customer should pursue:

- Personalized AI-driven rehabilitation to reduce length of stay and improve outcomes
- End-to-end automation of administrative workflows
- Tele-rehabilitation scale-up via digital programs (e.g., “Reha to go”)
- Expansion into facility services outsourcing (from cost center to profit center)
- Cultural transformation through continuous improvement (Lean/Six Sigma)

These long-term measures could yield 20–30% cost-per-case reductions, position CUSTOMER as a benchmark provider in value-based rehabilitation, and mitigate reimbursement pressure.

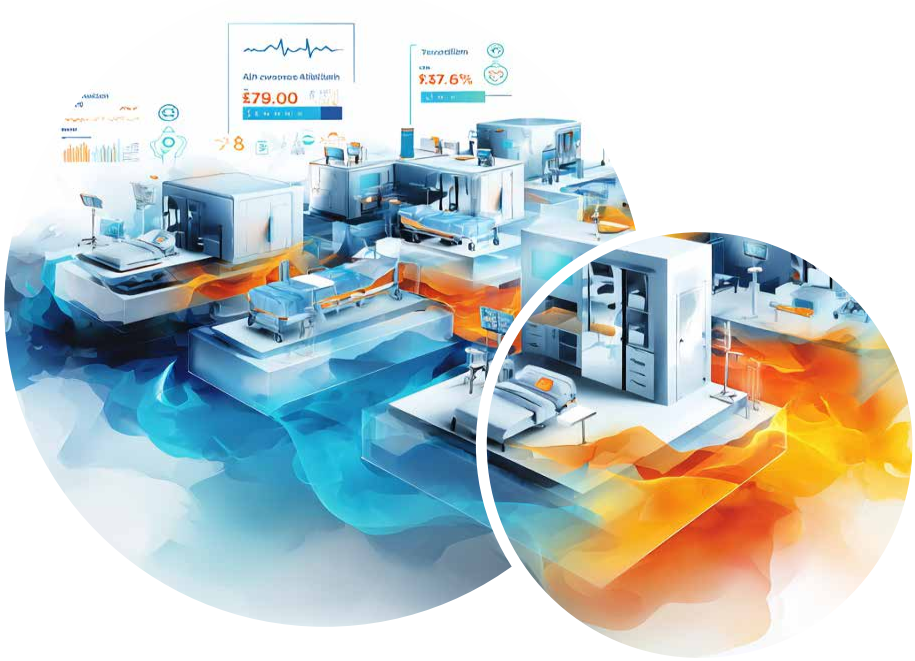
Operational Efficiency Analysis for Customer

(Rehabilitation Clinics)

— Customer operates several rehabilitation clinics and related services, making it one of the largest rehab providers in the country. This analysis examines its key operational, clinical, technical, and administrative processes to identify cost drivers, bottlenecks, and inefficiencies. We estimate potential savings (in CHF and percentage terms) for each area and suggest how modern AI agents (e.g. generative AI, process automation, predictive models) can help realize these efficiencies. The focus is on short-term actionable improvements (within 24 months), followed by a section on long-term strategic levers (beyond 2 years). All estimates draw on publicly available information about Customer's Swiss rehab clinics, comparative healthcare data, and proven process optimization approaches.

Key Process Areas & Savings Opportunities

To provide an overview, the table below summarizes major process areas, their primary cost drivers/inefficiencies, and estimated savings potentials. These estimates combine evidence from Swiss healthcare benchmarks and typical improvements seen with process optimization and AI interventions:



Process Area	Key Inefficiencies / Cost Drivers	Examples of Savings Opportunity	Est. Annual Savings Potential	% Cost Reduction
Clinical Processes (Rehab care delivery)	– Lengthy patient stays (idle time between therapies)– Underutilization of therapy capacity– Extensive manual documentation by clinicians	– Optimize therapy scheduling to reduce average length of stay by ~5% (faster throughput)– Streamline documentation (e.g. voice-to-text notes) to free 10–15% of clinicians' time for patient care	~CHF 1–2 million (via increased throughput or lower per-patient cost)	~5–10% of clinical service costs
Operational Processes (Facility services & support)	– Inefficient resource use in housekeeping, catering, transport– High energy and facility operating costs– Siloed procurement across clinics	~Implement lean workflow for support services (10%productivity gain)– Use smart building systems to cut energy use ~15%(utility savings)– Consolidate procurement for bulk discounts (save ~5% on supplies)	~CHF 0.5–1.5 million (e.g. energy saving ~CHF 0.3m; supply chain ~CHF 0.2m)	~10% of facility & support costs
Technical Processes (Maintenance & IT)	– Reactive maintenance leading to downtime and high repair costs– Multiple IT systems (historically) increasing support cost– Equipment not used at optimal capacity	– Deploy predictive maintenance to reduce maintenance cost by ~10% and breakdowns by ~70%– Centralize IT systems (already underway with unified KIS) to eliminate legacy system costs	~CHF 0.3–0.6 million (less emergency repairs, extended equipment life)	~8–12% of maintenance and tech ops costs
Administrative Processes (Admin & back-office)	High administrative staffing (Switzerland rehab clinics often ~2× Germany)– Manual paperwork (billing, claims, HR) causing delays– Duplicate admin functions across sites	Automate repetitive admin tasks (billing, data entry) to cut admin labor ~15–20%– Digitalize records (e.g. e-patient file) to eliminate paper handling (saves time & storage)– Shared service center for multi-clinic admin (reduce redundancy)	~CHF 2–4 million (fewer admin FTEs, faster billing cycle)	~15% of admin overhead costs (~3–5% of total costs)

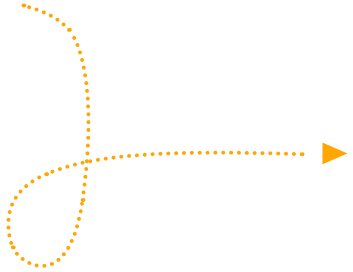


Table 1: Short-Term Efficiency Opportunities by Process Area

Each area is detailed below, with identification of specific bottlenecks and inefficiencies and how AI-driven solutions can address them in the short term.

Clinical Process Efficiency (Patient Care and Therapy)

Cost Drivers & Inefficiencies: Clinical services in rehab are labor-intensive, involving physicians, nurses, and therapists. A Swiss study found rehab clinics in Switzerland employ 2.2× more full-time staff per patient-day than in Germany, with little added benefit to care quality for much of that difference. This suggests structural inefficiencies in care delivery and workflows. Within Swiss clinics, personnel use varies wildly – some clinics have up to six times more staff per patient-day than others, indicating that best practices are not uniformly adopted. Key inefficiencies include:

- Lengthy stays with idle time: Patients may experience gaps between therapy sessions or longer inpatient stays due to scheduling suboptimal therapy intensity. Without competitive pressure, Swiss rehab clinics haven't been pushed to shorten stays. This drives up cost per case.

- Manual clinical documentation: Therapists and doctors spend significant time on paperwork (writing reports, progress notes, insurance forms). This reduces time for direct patient care and requires more staff to handle the same patient load.

- Variation in care processes: Lack of standardized protocols across different clinics (historically independent) can lead to duplicated assessments or suboptimal therapy planning, which in turn can extend recovery times.

Short-Term Improvement Potentials: By streamlining clinical workflows, 5–10% cost savings in clinical operations (or equivalent capacity increase) appears feasible in ~24 months. For example, better scheduling and patient flow management can reduce average length of stay by about 5% without harming outcomes (e.g. ensuring no therapy slots go unused, scheduling weekend therapies if needed to avoid idle days). Freeing up even half a day to a day per patient via efficiency means more patients can be treated with the same bed count, improving throughput. If each inpatient rehab case costs e.g. CHF 20,000, a 5% reduction (~CHF 1,000 saved per case) scaled over hundreds of cases yields millions in savings or additional capacity. Lean process techniques can help identify and eliminate "waiting" waste. In hospitals up to 30% of costs are due to many small process inefficiencies and errors in daily work. Addressing these through staff training and process redesign (e.g. ensuring tests, therapies, and doctor rounds are coordinated to minimize downtime) can lower labor needs while maintaining quality or even improving it (as Lean hospitals have shown higher quality at lower cost).

AI/Automation Approaches (Short-Term): Modern AI tools offer concrete ways to support clinical staff and optimize care processes:

- Generative AI for Documentation: Therapists and physicians can use AI assistants to autogenerate reports and summaries of therapy sessions or discharge notes. For instance, AI-driven documentation tools (like the FICUS system for rehab docs) can draft medical reports that clinicians then simply verify. This could save 20–30% of clinicians' time spent on paperwork, effectively allowing staff to handle more patients or reduce overtime. It also improves documentation quality and consistency.

- Scheduling Optimization: AI-based scheduling systems can match patients with therapy slots and clinicians in an optimal way, considering constraints and real-time changes. This minimizes idle therapist time and patient waiting. Hospitals using AI for scheduling have reduced overtime and improved resource utilization notably (often >10% efficiency gains) by aligning staffing with predicted patient flow. In a rehab setting, a predictive scheduling tool could ensure, for example, that as one patient cancels or finishes early, another session is brought forward. This maximizes use of expensive therapy resources (physiotherapy gyms, hydrotherapy pools, etc.) without additional staff.

- Patient Outcome Prediction: Machine learning models can analyze patient data on admis-

sion to predict recovery trajectories and optimal discharge times. This helps clinicians set appropriate therapy intensity and identify patients who could safely transition to outpatient ("Reha to go" home programs) earlier. By avoiding unnecessarily prolonged inpatient stays (while ensuring follow-up at home), clinics save costs per patient. Customer is already piloting a digital aftercare program "Reha to go" for home-based rehab continuation – predictive analytics could reinforce such programs by selecting candidates who can be discharged sooner with tele-rehab support.

- AI in Clinical Decision Support: Although primarily aimed at quality, AI can also improve efficiency by reducing trial-and-error in treatment. For example, AI analysis of therapy outcomes might suggest when a patient is ready to progress to the next rehab phase, or flag patients at risk of complications who need early intervention (preventing costly setbacks). These improvements can shorten the total rehab duration needed per patient.

Expected Benefits: In the short run, these interventions could yield a 5–10% improvement in clinical efficiency, translating to savings on the order of CHF 1–2 million per year (depending on Customer's volume of patients and current cost base). More importantly, they can maintain or improve outcomes even as efficiency rises – supporting Customer's "Mehr als Reha" quality ethos. For instance, speeding up documentation with AI not only cuts cost but also lets clinicians focus more on patient interaction, potentially improving care quality while cutting overhead.

Operational Processes (Facility Services & Support)

Cost Drivers & Bottlenecks: "Operational" processes refer to the non-clinical workflows that keep the clinics running – including facility management, internal logistics, catering, cleaning, and supply chain management. In a rehab hospital, these support services represent a significant portion of operating cost (utilities, food, laundry, maintenance, etc.). Key issues include:

- Facility services inefficiencies: Housekeeping, food service, and internal transport may have suboptimal scheduling and high downtime. For example, cleaning staff might be idle at certain hours but rushed at others due to uneven patient discharge schedules; or kitchens may prepare more meals than needed due to inaccurate patient counts. Such inefficiencies drive up labor and material costs.

- Energy and utility costs: Running multiple clinic sites is energy-intensive (heating pools for therapy, climate control, lighting, etc.). If buildings are not optimized, energy waste can be significant. Many hospitals have older infrastructure that doesn't adjust energy use dynamically. Energy cost in Swiss healthcare facilities can be 5–10% of the operational budget, so any waste here is costly.

- Fragmented procurement: If each clinic purchases supplies (medical consumables, linens, food, etc.) separately, CUSTOMER misses out on economies of scale. Fragmentation leads to higher unit costs and also excess inventory (tying up capital and risking expiry of stocked items).

- Capacity bottlenecks: Operational bottlenecks (like delays in cleaning rooms or transporting patients to therapy) can slow down clinical workflows, indirectly causing higher costs (e.g. a ready patient waiting an extra day for an MRI slot or transfer due to logistic delay incurs another inpatient day cost).

Short-Term Improvement Potentials: By adopting best-practice operational management, Customer can likely save on the order of CHF 0.5–1.5 million annually in facility and support costs (roughly 8–15% of those costs). Several measures can contribute:

- Lean service processes: Applying Lean management in support departments can eliminate wasted effort. For example, streamlining meal ordering to exactly match patient need can reduce food waste (saving food costs by, say, 10%). Reorganizing cleaning schedules to a "flow" (clean rooms as soon as they are free, using smaller teams in shifts rather than a big batch in the morning) can improve turnaround and reduce overtime. Swiss hospitals that implemented lean projects reported shorter wait times and lower stress for staff, and notably reduced waste in processes. Even a modest efficiency gain (e.g. 10% less labor hours for same output) in departments like cleaning and cafeteria can save several hundred thousand CHF.

- Energy management: Installing smart building systems (sensors and AI-driven controls for HVAC, lighting, etc.) can trim energy usage significantly. Industry data shows 15–20%reductions in energy cost are achievable via modern building automation and AI optimization (e.g. automatically turning down HVAC in low-use areas, predictive control of heating based on weather forecasts). These savings could be on the order of CHF 200–300k/year across Customer's facilities, given their size. Such measures often pay back quickly (within 1–2 years), fitting the short-term focus.

- Centralized procurement and inventory management: In the near term, CUSTOMER can negotiate group contracts for all its Swiss clinics (if not already in place) for common supplies – leveraging volume to get 5–10% lower prices. Additionally, using AI-based demand fore-

casting can optimize inventory levels (ensuring each clinic stocks just what it needs, and sharing surplus across sites). This reduces waste from expired products and avoids emergency expensive purchases. A conservative estimate might be 5% savings on a large subset of supplies, which could be CHF 100–200k annually.

- Process automation in operations: Some operational tasks can be automated or digitized. For instance, digital task management for support staff (via an app that assigns cleaning tasks as soon as a room needs turnover) can improve responsiveness and reduce delays. Also, RFID tagging and tracking of equipment or supplies can cut the time staff spend searching for assets and prevent loss. These improvements boost productivity – effectively doing more with the same staff. If each support staff's productivity rises even 5%, that's equivalent to saving 5% of their labor cost.

AI/Automation Approaches (Short-Term): A number of targeted AI and automation solutions can be deployed relatively quickly in the operations domain:

- Predictive resource allocation: AI models can forecast patient admissions, discharges, and even meal or laundry demand based on historical data and upcoming schedules. With a reliable forecast, managers can staff support services optimally, avoiding overstaffing (saving labor costs) or understaffing (which causes overtime or service delays). For example, predicting a surge in admissions allows housekeeping to schedule extra staff only when needed instead of keeping excess staff all the time.

- Robotic Process Automation (RPA) in supply chain: RPA bots can automate inventory reordering processes – when stock of an item falls below a threshold, the bot could place an order or alert procurement. This ensures just-in-time inventory, reducing holding costs and preventing shortages without manual tracking. RPA can also reconcile invoices from suppliers, freeing staff from tedious data entry. Such automation has been shown to cut operational procurement costs significantly; McKinsey research suggests automating 50–70% of tasks can yield 20–35% cost efficiency gains. For CUSTOMER, even automating the simpler half of procurement tasks could save a few FTE worth of effort and eliminate ordering mistakes (avoiding rush orders that carry high fees).

- IoT and AI for equipment utilization: In rehab clinics, equipment like therapy devices or mobility aids often need to be shared and tracked. IoT sensors combined with AI scheduling can optimize equipment use – e.g. ensuring a therapy device is scheduled back-to-back for patients who need it, rather than sitting idle. This maximizes the value of each asset and might allow the network to purchase fewer devices (capital savings) or at least defer purchases.

- Chatbots for internal service requests: An AI chatbot could handle routine internal service requests (e.g. "room needs cleaning," "patient in room 204 ready for transport"). Staff could simply message the bot, which then dispatches the request to the right team automatically. This speeds up communication and ensures nothing is overlooked. Faster turnaround of such requests directly affects efficiency – e.g. if a discharged patient's room is cleaned and prepared faster, the next patient can be admitted sooner, improving bed occupancy rates.

By focusing on these operational improvements, short-term savings ~10% of support costs are attainable alongside smoother operations. Patients may also feel the effects (cleaner facilities, timely services), indirectly boosting satisfaction and outcomes.

Technical Processes (Maintenance, Infrastructure & IT)

Cost Drivers & Inefficiencies: The technical operations of Customer's clinics – including building maintenance, medical equipment upkeep, and IT systems – underpin the quality and safety of care. However, they also present cost challenges:

- Maintenance is largely preventive or reactive: Traditional maintenance schedules (e.g. fixed periodic servicing of rehabilitation equipment, or waiting for something to break) can be inefficient. Either assets are serviced too often (unnecessary downtime and cost) or too late (breakdowns that disrupt therapy and incur high repair/replacement costs). Unplanned downtime of critical equipment (e.g. therapy robots, imaging devices) also interrupts clinical services, potentially extending patient stays.

- Aging infrastructure: Some rehab facilities may have older building systems (heating, ventilation, therapy pools, etc.) that are energy-hungry and prone to failure. Without modern monitoring, small issues (like an HVAC running abnormally) may go unnoticed until they escalate, incurring higher repair costs and energy waste in the meantime.

- IT fragmentation (historical): Until recently, Customer's Swiss clinics used different hospital information systems, each with its own maintenance and support needs. This meant duplicate IT efforts, higher licensing fees, and challenges in consolidating data. Although a unified KIS (Dedalus ORBIS) is being implemented to cover all processes and sites, the transition phase requires careful management. Legacy systems phase-out and data migration are themselves resource-intensive processes in the short run.

- Underutilization of tech capabilities: Clinics might own advanced rehabilitation devices (e.g. robotic gait trainers, VR systems) that are not used at full capacity due to limited trained staff or scheduling issues. The ROI on such technology diminishes if not fully integrated into patient care pathways.

Short-Term Improvement Potentials: By enhancing maintenance strategies and finishing IT integration, savings of around 8–12% of technical costs (maintenance and IT operations) appear achievable (roughly CHF 0.5 million range given Customer's scale). Key short-term actions include:

- Implement Predictive Maintenance: Shifting from purely preventive maintenance to predictive maintenance can yield significant savings. By using sensors and AI to monitor equipment condition (vibration, temperature, usage patterns), maintenance can be done only when needed – just before a failure is likely. A European Commission study found condition-based maintenance can save 8–12% compared to routine time-based maintenance, cut maintenance costs by 14–30% and reduce breakdowns by 70%. In Customer's context, applying this to building systems (e.g. boilers, HVAC) and medical devices means fewer emergency repairs and extending equipment lifespan (capital savings by deferring new purchases). For example, if annual maintenance and repair spend is CHF 3–5 million, an ~10% saving is CHF 300–500k yearly.

- Energy efficiency upgrades: In addition to smart energy management mentioned earlier (operational processes), technical upgrades like LED lighting, smart thermostats, or efficient boilers can be quick wins. Many of these have payback <2 years in energy savings. While they may require small capital investment, incentives from Swiss energy programs could support them. Short-term, focusing on the worst energy offenders (e.g. old heating systems) can cut utility costs by a high percentage at that site (often 20%+ after retrofit).

- Finalize IT system unification: Customer's move to one integrated hospital information system and a digital archive will reduce IT complexity. In the short term, completing this rollout and retiring redundant systems will save on license and support costs. It also streamlines workflows (one system for all patient data). The immediate savings might be modest (perhaps CHF 100k+ in IT costs by eliminating duplicate systems), but the productivity boost for staff using a single platform is significant. Clinicians can enter data once, and it's available across all departments, avoiding rework. Moreover, going paperless (scanning incoming documents into the digital archive) saves archivist labor and physical storage space. CUSTOMER expects a "noticeable space gain and time savings" from the disappearance of paper records – for example, less time spent retrieving files, and possibly repurposing file storage rooms for clinical use.

- IT process automation: Within IT operations, tasks like user account management or routine data backups can be further automated. Additionally, adopting cloud services for some applications might reduce the need for in-house servers and maintenance. While these are incremental improvements, they contribute to lower IT overhead and improved reliability (downtime reduction).

AI/Automation Approaches (Short-Term):

- AI-driven monitoring: Using AI anomaly detection on sensor data from equipment can alert technicians to issues before they cause failure. For example, if a therapy device's motor shows unusual vibration patterns, an AI can flag it for inspection. This prevents costly downtime during patient sessions and avoids larger repair bills. Over 50% of asset failures' repair costs are higher if problems are fixed after a breakdown rather than before – catching issues early thus yields substantial savings and ensures continuous service to patients.

- Digital twin for facilities: Creating a "digital twin" of critical facility systems (a virtual model updated in real-time with sensor data) enables simulations to find optimal settings. An AI could continuously adjust environmental controls for comfort at lowest energy, or simulate stress on equipment to schedule maintenance at the ideal time. While more cutting-edge, such tools can be piloted within 2 years on a smaller scale (e.g. for one clinic's HVAC system), potentially demonstrating energy savings and smoother maintenance scheduling.

- Assistive AI for IT support: AI chatbots can handle L1 IT support queries from staff (password resets, software how-to, etc.), reducing IT helpdesk workload. Also, AI can help prioritize IT tickets by analyzing language to detect urgent issues (e.g. something affecting patient care vs a minor request), ensuring critical tech problems are fixed faster, thus minimizing disruption to operations.

In summary, technical process improvements supported by AI not only cut costs but also increase the reliability and safety of the hospital environment. Fewer breakdowns and faster IT systems mean the clinical staff can deliver care without interruption, which has an indirect financial benefit (no lost productivity due to downtime). Within 24 months, Customer's Swiss clinics can expect these measures to tighten technical operations significantly, setting a foundation for more advanced tech enhancements long-term.

Administrative Processes (Back-Office & Administration)

Cost Drivers & Inefficiencies: Administrative overhead in healthcare is a well-known cost driver, and Swiss rehabilitation clinics are no exception. The Beobachter investigation highlighted that a large share of the cost gap between Swiss and more efficient foreign clinics comes from administrative and other non-medical personnel. Key pain points include:

- Labor-intensive admin tasks: Patient admissions, insurance billing, medical coding, discharge planning, HR and payroll, procurement paperwork – many of these are still handled through manual data entry and paper forms. This not only consumes a lot of staff time but also introduces errors (leading to rework or claim denials). For example, if billing codes are entered incorrectly, claims may be rejected, requiring resubmission and delaying reimbursement.

- Decentralized administration: Each clinic historically may have had its own administrative teams for finance, HR, etc. Without central coordination, this can lead to duplicated roles and inconsistent processes. One clinic might have staff performing tasks that could be consolidated (e.g. a single insurance billing center could handle all clinics, rather than each clinic doing the same work separately).

- Paper-based workflows: Although CUSTOMER is introducing a digital archive, there are still incoming paper referrals, physician letters, and consent forms that require handling. Paper workflows are slow – documents can sit in interoffice mail or on someone's desk, causing delays. Paper also makes data hard to analyze; you can't easily track how many discharges are pending if they're on paper forms.

- Complex insurance and regulatory requirements: Swiss insurance (KVG/LAMal and others) demands detailed justification for rehab stays, which generates a lot of admin work compiling reports for payers. In an inefficient system, staff may spend excess time gathering data that could be automated from clinical systems. Additionally, compliance tasks (quality reports, accreditation) add to administrative burden if not streamlined.

These factors make admin a major cost center. Some estimates suggest over 40% of hospital budgets go to administrative tasks in some systems, although integrated systems aim to lower this. In Swiss rehab, it was noted that over one-third of the excess cost vs. German clinics was due to admin and non-medical personnel. This implies substantial room to trim fat without harming patient care.

Short-Term Improvement Potentials: Administrative processes offer some of the clearest short-term savings opportunities because they often involve repetitive tasks ripe for automation. We estimate Customer could reduce administrative costs by 15% or more (on the order of CHF 2–4 million annually) within ~24 months, by implementing the following:

- Robotic Process Automation (RPA): RPA bots can take over high-volume, rule-based tasks. For example, bots could handle insurance claim form filling, invoice processing, appointment reminders, and data transfer between systems. McKinsey research indicates that with ~50% of tasks automated, organizations see 20–35% cost reductions. Healthcare-specific reports are even more bullish: RPA has helped some providers cut administrative costs by 30–50% or more. For CUSTOMER, candidates for RPA might include: transferring patient data from referral forms into the clinic information system, cross-checking insurance coverage, or generating standardized emails and letters. By eliminating manual steps, CUSTOMER can reduce staffing needs in billing and

and admin. Deloitte estimates medical RPA can reduce labor expenses by 60–80% on the processes it's applied to, and cut overall staffing needs by 20–60%. Even targeting a subset of workflows (say billing and scheduling) could free up a significant portion of current admin staff time.

- Digital patient records & coding assistance: With the new KIS and electronic archive, paperless administration becomes possible. In the short term, CUSTOMER should ensure all clinics adopt the electronic patient record and e-signature capabilities (as mentioned by the project leads) for things like treatment consent and discharge summaries. This will speed up information flow (e.g. the billing department can see a discharge summary as soon as it's signed, instead of waiting for a paper file). Additionally, using AI-assisted coding tools can help ensure diagnosis and procedure codes are captured correctly from clinical notes – reducing billing errors and the need for coder interventions. These tools parse clinical documentation and suggest codes for approval, speeding up the coding process by ~30% and improving accuracy (leading to fewer rejected claims). Faster, accurate billing means improved cash flow and less administrative re-work.

- Centralizing and standardizing admin workflows: In 24 months, CUSTOMER could create a centralized administrative hub for functions like billing, procurement, and HR for all its Swiss facilities. Even if physically distributed, a "center of excellence" approach with unified processes and cross-site teams can yield efficiency. Standard operating procedures (SOPs) should be developed so that every clinic uses the same forms, the same software, and the same process steps for common tasks. This standardization is often a prerequisite to effective automation (RPA works best on well-defined, uniform processes). Centralization avoids each clinic reinventing the wheel – for example, HR onboarding for new employees can be handled by one team using one system, rather than five separate HR departments. This could reduce overall headcount through natural attrition (as people retire or leave, roles can be combined) without layoffs, while also improving service (a dedicated billing team will develop deeper expertise and potentially collect revenue faster).

- Self-service and AI for routine queries: Administrators spend time fielding calls/emails from patients (or their families) about admission procedures, insurance coverage, scheduling, etc. Deploying AI-driven self-service portals or chatbots can offload a lot of these inquiries. For instance, a chatbot on the clinic website (or a voice bot on the phone) can answer "What do I need to bring for my rehab stay?" or "When is my next therapy session?" automatically, 24/7. This reduces the workload on front-office staff. Internally, staff might use a similar self-service approach for HR (checking vacation balances, requesting certificates) rather than asking HR personnel. The result is fewer administrative staff needed to handle common questions, and existing staff can focus on higher-value tasks.

Expected Benefits: Achieving a 15% reduction in administrative overhead could translate to significant savings, given administrative/"other" staff is a sizable portion of total employees (recall that in leaner foreign clinics, that portion is much smaller). For CUSTOMER, this might mean, for example, that instead of needing (hypothetically) 200 admin/support FTEs, they could run with 170–180 by reassigning or not replacing attrition – saving salary costs in the millions. Beyond cost, patients and clinical staff will notice smoother admin processes: quicker admission paperwork, fewer billing errors, and more rapid responses. This can improve patient satisfaction (no frustrating bureaucratic delays) and even health outcomes indirectly, as clinicians get administrative support promptly (e.g. quicker scheduling of follow-up appointments, less time chasing paperwork).

Notably, digitalization of admin processes can yield dual benefits: cost savings and error reduction. For example, online interactions and paperless data handling account for the largest share of healthcare cost reduction potential – in one study, they made up 28% and 24% of total savings identified, respectively. Switzerland's overall healthcare system could save an estimated CHF 8.2 billion (11.8%) annually through such digital efficiency gains. Customer's efforts in this direction (like introducing a unified digital system) are aligned with capturing its share of these savings, by cutting out paperwork and redundant admin labor.

Long-Term Strategic Levers (Beyond 24 Months)

While the measures above focus on actionable changes in the next 1–2 years, Customer should also position itself for long-term, strategic transformations (2–5 year horizon) to sustain and deepen efficiency gains. These longer-term levers often require more significant investments or structural changes but can deliver step-change improvements in cost structure and service quality:

- Advanced AI for Personalized Rehab: In the long run, CUSTOMER can leverage its large patient data (across multiple clinics) to develop predictive and prescriptive AI models that tailor rehabilitation programs to each patient for optimal outcomes/cost. For example, an AI could predict which therapy techniques work best for a specific patient profile (neurological rehab vs. musculoskeletal) and suggest a treatment plan that speeds recovery. This not only improves outcomes but avoids "wasted" therapy sessions that aren't effective – potentially reducing overall therapy hours needed per patient. Over years, as these models learn, the clinics could achieve materially shorter average stays or higher throughput without quality loss. Additionally, AI could predict risk of readmission or complications after discharge; focusing resources on high-risk cases (extra follow-up calls or preventive treatments) could avert costly re-hospitalizations. These kinds of AI-driven care optimization will keep CUSTOMER efficient as a value-based healthcare approach (better results at lower cost).

- Full Automation of Administrative Workflows: Looking beyond 2 years, hyperautomation (combining RPA, AI, and process re-engineering) could drive admin costs down even further. For instance, end-to-end digital patient onboarding might be implemented: a patient referred to rehab fills out an online form that populates all necessary systems, an AI verifies insurance and eligibility in seconds, and a schedule is auto-generated – with almost no human intervention. Only exceptions or complex cases would require manual review. Achieving this level of automation might cut administrative workload by 50% or more from today's baseline. While culturally it requires adaptation and trust in technology, the trend in healthcare is moving this way, and CUSTOMER could be at the forefront among Swiss rehab providers.

- Telehealth and Remote Rehab at Scale: Customer's digital aftercare is an excellent start. Strategically, over the next few years, expanding tele-rehabilitation and even hybrid care models (combining shorter inpatient stays with robust outpatient/virtual follow-up) can significantly reduce costs per patient. Remote monitoring devices and apps enable patients to continue progress at home with less on-site resource usage. In the long term, CUSTOMER could handle more patients without proportionally increasing bed count or staff, by shifting portions of care to outpatient modes supported by technology. This responds to healthcare payer pressures for cost reduction – if insurers push for cheaper outpatient rehab where possible, CUSTOMER will be ready to supply it efficiently (capturing market share while controlling cost). Additionally, telehealth integration means CUSTOMER can potentially offer services beyond their clinic walls (e.g. consulting for other facilities or reaching patients in areas without rehab clinics), opening new revenue streams with relatively low marginal cost.

- Integrative Facility Management Services: Given Customer's international expertise in facility management, the Swiss branch could, in the long run, extend its efficient facility services to other hospitals or partners as a business line. By investing in top-tier facility management capabilities (IoT-enabled hospitals, AI scheduling for maintenance crews, etc.), CUSTOMER Schweiz might achieve such a level of efficiency in its own operations that it can offer outsourced facility services to other healthcare providers in Switzerland. This could turn a cost center into a profit center. Economies of scale would further reduce unit costs – if CUSTOMER manages 10 hospitals' facilities instead of 4–5 clinics, it can centralize workshops, share engineering staff, bulk purchase maintenance contracts, etc. This strategic move would be beyond 2 years (requires reputation and capacity building), but aligns with Customer's global model as a "Gesamtanbieter" (total provider) for healthcare facilities. It would ensure the technical and operational teams continuously innovate to remain cutting-edge (since they would be competing in the market).

- Continuous Improvement Culture: Embedding a culture of continuous improvement (Kaizen) and data-driven management is a long-term lever that amplifies all other efforts. CUSTOMER can invest in training staff in Lean Six Sigma methodologies, empowering frontline employees to identify waste and propose solutions continuously. Over a few years, this can transform the organization so that efficiency gains are not one-off – instead, they compound over time. Many leading hospitals have followed this path, reporting not only cost savings but also higher staff engagement (as employees see their ideas implemented and success measured). In an environment where Swiss healthcare labor is expensive and sometimes scarce, maximizing each employee's value through a culture of efficiency and innovation is a sustainable strategy. This cultural shift ensures that as new AI tools or processes are introduced, staff embrace them and help fine-tune them, rather than resist.

Long-Term Impact: By pursuing these strategic levers, Customer could potentially achieve transformative results: on the order of 20–30% lower cost per rehabilitation case over a 5-year horizon (combining short and long-term improvements). This is in line with the notion that up to 30% of hospital costs are avoidable waste and the earlier cited ~12% digitalization savings for the system (which could be even higher when AI and lean processes are fully embraced). Reaching German-level efficiency (as the comparison studies suggest) could dramatically lower

Customer's cost base, freeing up resources to invest in quality and innovation, and/or improving margins in a tightening reimbursement environment.

Moreover, these strategic moves position CUSTOMER for any future scenario: whether the Swiss rehab market stays insulated or opens to more competition, CUSTOMER would either enjoy better profitability or be able to offer more competitive pricing, respectively. It also aligns with improving care quality – e.g. personalized AI-driven rehab and telehealth typically enhance patient experience and outcomes while cutting cost, creating a win-win scenario.

Conclusion

The Customer's rehabilitation clinics have substantial efficiency potential across operational, clinical, technical, and administrative processes. In the short term, pragmatic steps like process standardization, lean workflow tweaks, and targeted AI/RPA deployments can likely trim costs by a meaningful amount (several million CHF annually, or roughly 5–10% of total costs) while maintaining high care quality. We identified specific savings such as reducing admin overhead ~15% through automation, cutting maintenance costs ~10% with predictive methods, and improving clinical throughput by ~5–10% via better scheduling – all realistic within 24 months. These measures address known inefficiencies (e.g. Swiss clinics' high staffing ratios and paper-based processes) with proven solutions.

In parallel, CUSTOMER should cultivate longer-term initiatives – advanced AI for personalized medicine, end-to-end digitalization, expansion of tele-rehab, and a continuous improvement culture – which can deliver sustainable competitive advantages and larger savings (>20% cost reduction) over time. The combination of short-term wins and long-term transformation will not only realize the identified savings potential in CHF and % but also enhance care quality and innovation. With modern AI agents and process optimization, Customer can turn structural inefficiencies into opportunities – providing top-quality rehab services in a highly cost-effective way, and potential setting new benchmarks for the Swiss healthcare sector.

set it in motion

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