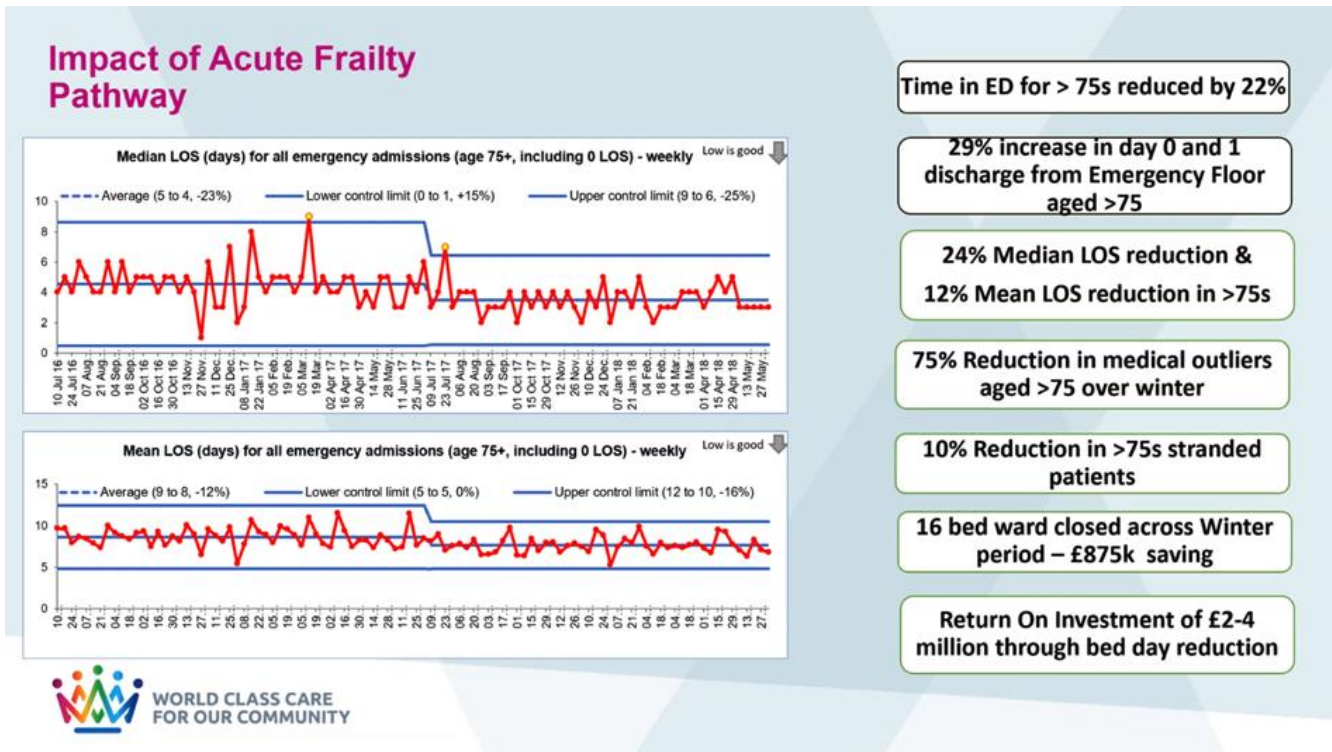


Surrey acute frailty pathway: measurable impact

The original pathway evidence shows significant improvements in emergency-floor flow, length of stay, stranded patients and bed-day productivity.



Time in ED for > 75s reduced by 22%

29% increase in day 0 and 1 discharge from Emergency Floor aged >75

24% Median LOS reduction & 12% Mean LOS reduction in >75s

75% Reduction in medical outliers aged >75 over winter

10% Reduction in >75s stranded patients

16 bed ward closed across Winter period – £875k saving

Return On Investment of £2-4 million through bed day reduction

22%

Time in ED for patients aged over 75 reduced

29%

Increase in day 0 and day 1 discharge from Emergency Floor

24%

Median LOS reduction, with 12% mean LOS reduction

75%

Reduction in medical outliers aged over 75 over winter

£2-4m

Return on investment through bed-day reduction

Healthcare improvement that patients and teams can feel

The supplied healthcare results show a repeatable route to faster access, smoother flow, safer care and released capacity.

23 to 7

days length of stay in one pathway

87%

ED patients navigated in under 10 minutes

60%

reduction in ophthalmology waiting time

GBP 2.4m

annual saving in one programme

What the evidence says

Healthcare teams can improve quality, flow and productivity together when they redesign the work around the patient journey and make problems visible.

What this means for leaders

A focused improvement programme can start with one pressing operational challenge and build confidence through measurable results that matter to patients and staff.

Access and patient flow: reduce delay at the front door

Healthcare improvement starts by making the patient journey visible and removing avoidable waiting, handoffs and queues.

87%

Doncaster ED navigated in under 10 minutes

82%

East Lancashire OPRA patients discharged in 24 hours

26%

East Lancashire length-of-stay reduction

23%

Hillingdon ward length-of-stay reduction

A better front door

Doncaster reported safer initial assessment, early senior assessment, improved team working and a better patient journey.

A commercial outcome

East Lancashire paired improved flow with a reported GBP 2.4m annual saving.

Emergency and diagnostics: return time to patients and clinical teams

Small changes to flow, visual control and handover routines can release capacity quickly in pressured services.

23%

reduction in ambulance handovers over 15 minutes

100 to 14

one-hour handovers: September to March

45%

reduction in time from majors to CT

30%

increase in CT throughput

Ambulance availability

The Hillingdon handover work was accompanied by a rise in paramedic crew availability.

Clinical responsiveness

Derby combined frailty screening, visual management, multidisciplinary working and a CT pull system to reduce time from majors to CT.

Discharge: remove friction from the patient journey

Discharge improves when teams simplify the work, establish clear ownership and control the process visually.

50%

increase in pre-12 discharges:
Derby

65%

increase in pre-12 discharges:
UHP

80%

decrease in pharmacy chase
calls

0.5 days

average LoS reduction after one
ward event

Time back for care

A Dudley ward event reduced a 26-minute TTO process delay to 30 seconds and removed repeated staff movement.

A repeatable pattern

Standard work, visible capacity information, earlier medicines preparation and multidisciplinary coordination improve discharge reliability.

Pathways and planned care: improve experience and release capacity

The evidence library includes examples across ophthalmology, oral and maxillofacial services, day cases and pathway redesign.

60%

reduction in ophthalmology waiting time

36

day-case patients through one 8-hour session

80%

day-case patients finished in under 6 hours

100%

timetable reopened with 50% capacity in OMFS

Design around the patient

The day-case experiment paired faster flow with positive patient and staff feedback, including reduced waiting and closer clinical teamwork.

Adapt under pressure

OMFS redesigned patient movement during COVID-19, removed unnecessary contacts and introduced virtual feedback where appropriate.

Primary care: improve access, coordination and productivity

The supplied international examples illustrate the scale of opportunity when primary-care workflows are redesigned around patient need.



Illustrative evidence

The supplied summary cites Group Health Cooperative and Virginia Mason examples with improved access, shorter cycle time and increased provider productivity.

Commercial message

Improvement is not a trade-off between quality and productivity. Better-designed work can improve patient experience while releasing clinical capacity.

A focused route from operational pressure to better care

Show ME Improvement helps healthcare leaders expose the real constraint, redesign work with frontline teams and build capability that lasts.

1. Diagnose

Map the patient journey, identify delay and dependency, and quantify the impact on care, capacity and staff time.

2. Prove

Transform one high-value pathway and deliver visible, measurable improvement with the people closest to the work.

3. Scale

Embed leadership routines, visual control and capability-building so improvement becomes part of everyday delivery.

The conversation to start:

Where is avoidable delay having the greatest impact on patient care, staff time or capacity today?

Unified healthcare results table (1 of 13)

Rows 1-4 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Surrey Frailty Pathway	CQC Outstanding rating; 80% of frail ED patients discharged same day; 75% reduction in ED time; 24% reduction in length of stay; £2.4M ROI.
Community Frailty Integration (Surrey)	37% fewer GP contacts; 22% fewer nursing visits; 38% fewer ED attendances.
Team Up Derbyshire	24,259 home visits; 2,367 fewer ambulance callouts; 1,467 fewer hospital stays; 6,982 urgent response visits; 95% staff recommendation rate.
University Hospitals Plymouth (SDEC)	21,609 overnight admissions avoided; ED 4-hour performance improved from 54% to 72%; ambulance handover delays reduced by 66%.

Unified healthcare results table (2 of 13)

Rows 5-8 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Liverpool Day Case Flow Experiment	36 patients treated in one 8-hour session; 80% completed within 6 hours; strong patient and staff satisfaction feedback.
Emergency Department front door	87% of ED patients navigated in under 10 minutes, with safer initial assessment, early senior assessment, stronger team working and a better patient journey.
OPRA / older person flow	82% of OPRA patients discharged within 24 hours; 26% length-of-stay reduction; reported £2.4m annual saving.
Ward flow and ambulance handover	23% ward length-of-stay reduction; 23% reduction in ambulance handovers over 15 minutes; one-hour handovers reduced from 100 to 14 between September and March.

Unified healthcare results table (3 of 13)

Rows 9-12 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Frailty, diagnostics and discharge	45% reduction in time from majors to CT; 30% increase in CT throughput; 50% increase in pre-12 discharges through visual management, multidisciplinary working and CT pull.
Ward discharge and medicines	TTO process delay reduced from 26 minutes to 30 seconds; 80% decrease in pharmacy chase calls; 0.5 day average length-of-stay reduction after one ward event.
Planned care access	60% reduction in waiting time through pathway redesign.
Planned care productivity	36 patients treated in one 8-hour session; 80% finished in under 6 hours; positive patient and staff feedback.

Unified healthcare results table (4 of 13)

Rows 13-16 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
COVID-era pathway adaptation	Timetable reopened with 50% capacity; unnecessary contacts removed; virtual feedback introduced where appropriate.
Primary-care workflow evidence	Illustrative examples cited: 45% increase in same-day appointment access; 40% cycle-time reduction; 50% waiting-time reduction; 25% provider productivity increase.
Orthopaedic Never Event Improvement (SASH)	Implant storage redesigned; visual management boards introduced; three-step implant pause tool and “Stop the Line” safety system implemented.
Scheduling & Orders Processing	Abandoned calls reduced from 58/day to 19/day (68% reduction); estimated annual financial benefit of £185,000; duplicate orders eliminated.

Unified healthcare results table (5 of 13)

Rows 17-20 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Evidence-Based Guidelines (Acute Coronary Syndrome)	Six-phase implementation process created; planned 40% improvement in Arrival-to-EKG time and 15% improvement in Arrival-to-Cath Lab time.
Medication Reconciliation	Complete medication reconciliation process implemented; significant reduction in risk of adverse drug events and medication errors.
Surgical Instrument Processing (VSA)	Future-state design, metrics and improvement roadmap established for 100+ surgical suites.
Family Practice Access	40% reduction in wait for 3rd next available appointment; 4% increase in patients seeing their own provider; £30,606 new revenue opportunity identified.

Unified healthcare results table (6 of 13)

Rows 21-24 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Surgical Site Infection Reduction	Bundle compliance improved from 62% to estimated 77%; real-time tracking and process checkpoints implemented.
Cancer Navigation Services	Patients assigned a navigator increased from 57% to 90%; duplication eliminated; 17% labour cost reduction (0.5 FTE).
Physiatry Patient Flow	19% reduction in appointment backlog; improved patient education and transition process; estimated £99,456/year additional revenue.
Walk-In Clinic Patient Preparation	10 of 12 handwritten data points eliminated; improved patient privacy; paper cost savings of £2,161/year (small clinic) and £23,458/year system-wide potential.

Unified healthcare results table (7 of 13)

Rows 25-28 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Surgical Site Infection (IHI 100K Lives Initiative)	Standard work, antibiotic timing control and compliance processes implemented.
Orthopaedic Clinic Facility Design (2P)	Capital cost reduced from £7M to £4M; no land purchase required; facility delivered 3–4 months faster; potential to double revenue.
Orthopaedic Sub-Acute Care Expansion	Capacity expansion from 10 to 30 beds supported; forecast achievement of 100% MDS/FIM compliance and occupancy-related revenue gains.
Central Hospital Pharmacy Layout Redesign	Prescription lead time reduced from 3,600 sec to 252 sec (93% reduction); pharmacist travel reduced from 1,000 ft to 0; pharmacy technician travel reduced from 15,480 ft to 1,000 ft; pharmacist staffing reduced by 66% and redeployed to clinical care teams.

Unified healthcare results table (8 of 13)

Rows 29-32 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Radiology Oncology	Patient lead time reduced from 19.8 days to estimated 12 days (39%); capacity increased ~20%; travel reduced 80%.
Surgical Instrument Processing RIE #2	Daily management and workforce flexibility infrastructure established.
Medical Center ED & Operating Department	ED length of stay reduced from 450 to 374 minutes (16.8%); on-time Day Surgery readiness improved from 26% to 68% (161%); revenue per FTE increased 16.5%.
Healthcare Product Manufacturer (TPM)	TPM, standard work, 6S and visual controls implemented; operator ownership and maintenance processes established.

Unified healthcare results table (9 of 13)

Rows 33-36 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Medical Device Manufacturer Assembly Cell	Cycle time reduced from 130 hours to 87 hours (33%); 4 FTE released for growth activities; one-piece flow implemented.
Emergency Department Coding	Days-not-billed reduced from 7.7 to 2 days (64%); cash-flow improvement £556,480; touch time reduced 42%; staffing need reduced 40%.
Inpatient Transfer Process	Nurse touch time reduced by 3,965 hours/year; patient waiting reduced by 23,500 hours/year.
Annual Budget Process	Lead time reduced from 105 days to 30 days (71%); staff effort reduced from 2,350 to 712 hours (70%); iterations reduced from 12 to 1; on-time completion improved from 58% to 100%.

Unified healthcare results table (10 of 13)

Rows 37-40 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Oncology Referral to First Visit	Data search time reduced from up to 60 minutes to 10 minutes (83%); nurse FTE requirement reduced 17%; 25% productivity improvement.
Bed Census Management	Census red events eliminated; bed availability improved from 25% to 90%; management effort reduced from 10 to 5 hours/day.
Microbiology Laboratory	Serology turnaround reduced to consistently ≤ 24 hours; productivity increased 15%; clerical errors reduced; overtime eliminated.
Stock Control & Supply Flow	Stock outages reduced from 50% to $< 5\%$; room restocking time reduced from 30.7 to 2.8 minutes (91%); 6S score improved from 50% to 91%; £34,040/year unbilled oxygen revenue discovered.

Unified healthcare results table (11 of 13)

Rows 41-44 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Inpatient CT Imaging	Lead time reduced from 5.1 to 2.4 hours (53%); process steps reduced from 21 to 10; phone calls reduced from 10 to 3 per patient; £167,980/year capacity gain.
Recruiting & Hiring	Hiring lead time reduced by 1–2 months; nursing agency premium costs reduced by £249,380/year.
Outpatient Admissions Registration	Patient wait time reduced from 5 minutes to 27 seconds (91%); productivity improved 20%; 1 FTE redeployed.
Physiatry Load Levelling	Appointment backlog reduced by 38% at one site and 17% at another; estimated £67,785/year financial benefit.

Unified healthcare results table (12 of 13)

Rows 45-48 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Palliative Care Rollout	Three-phase rollout process established; 70 inpatient cases identified; average stay reduced by 0.5 days; outpatient clinic planned within 6 months.
Singapore General	Strategic transformation culture of continuous improvement admired by UK Secretary of State
USAF Medical Landstuhl Military Hospital - Trauma	Unquantified - Wartime trauma pathway redesigned saves unquantified number of casualties in Iraq and Afghanistan conflict
Shiek Khaifa Medical Center UAE	Unquantified - Redesign cardiac pathway wins awards in UAE

Unified healthcare results table (13 of 13)

Rows 49-49 from Healthcare_Results_Unified_GBP.xlsx. Larger 12-point table text for readability.

AREA / PROJECT	KEY RESULTS
Cleveland Cline Continuous Improvement System	Unquantified - Implementation of Cleveland Cline continuous improvement system in UAE