

Welcome to Maasstad Hospital!

Health~Holland Visitors Programme 2022

We will start at 13.45



Santeon's Strategy Towards Smart and Sustainable Healthcare



Renske Veenstra
Programmamanager Health
Intelligence Platform
Santeon





Santeon's strategy towards smart and sustainable healthcare

Renske Veenstra, program manager IT at Santeon

Renske Veenstra, Msc

- Health Scientist with an interest in improving health care with technology and through data
- Background in quality registries in healthcare and the use of data for KPI's in diverse settings in the Netherlands
- Collaboration in multidisciplinary teams, connecting IT and healthcare
- Program manager of the CIO Innovation Award winning Health Intelligence Platform Santeon (HIPS)



Content



Introduction Santeon

Santeon Strategic
Priorities

Santeon Virtual Care



**Santeon:
short introduction**

Santeon is the largest hospital group in the Netherlands and takes on a pioneering role in the delivery of virtual care


Santeon is a cooperative association of 7 teaching hospitals across the Netherlands




Santeon: a platform for innovation through a unique combination of scale and striking power




 Santeon is the **largest hospital group in the Netherlands** (11% of the total Dutch hospital care volume); they **employ ~34,000 people** and generate **€3.0 billion** in annual revenue

Santeon operates a learning system 'Better Together' which has put them in a **leading position within VBHC** for years 

 Their common mission: **offer the best possible care and control the cost when demand increases**

Shared **knowledge** and **expertise, data, scale** and **innovation power** 

 Proven **implementation capabilities**, valuable **projectmanagement** skills and a trusted and reliable **cooperation**



1 Patients are actively involved in their treatment choices



2 Professionals work closely together



3 Shared forces in innovation and research



4 Quality of care is transparent



5 Make care affordable and accessible

**Value Based Health Care (VBHC)
is our guiding principle**

$$\text{Patient Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$





**“If you want to go fast,
go alone...
Want to get far, go
together...”**

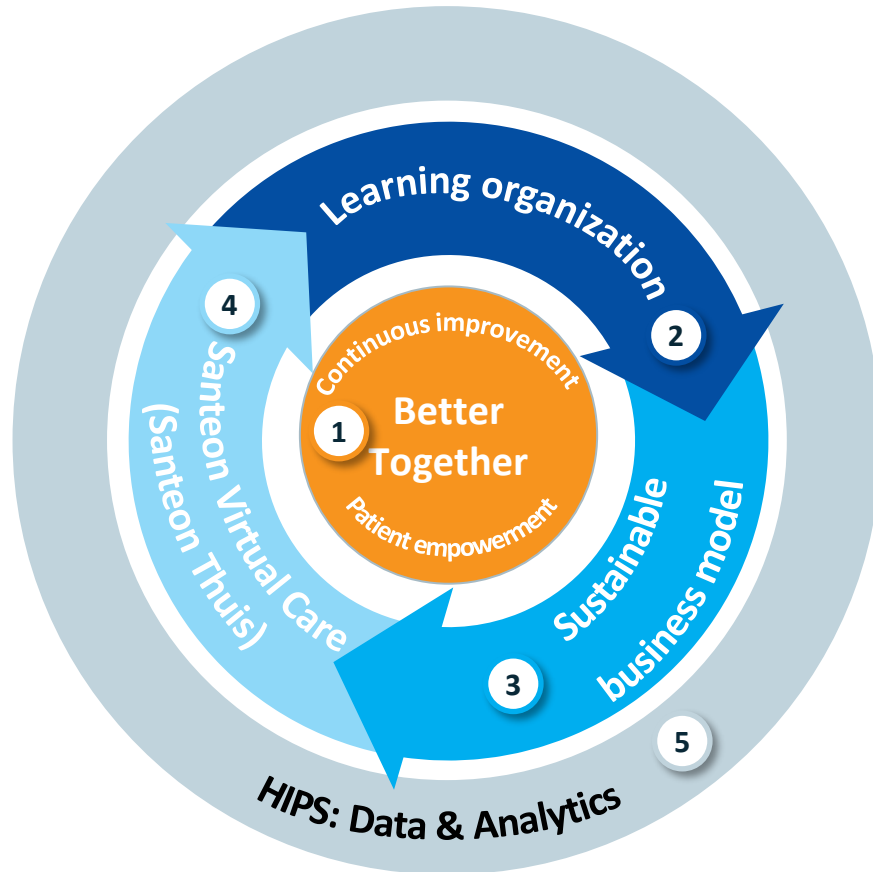
- Kenian saying



**Santeon:
5 strategic priorities**

Santeon's main goal is to create value through the joining of forces and to leverage its scale by investing in the development of virtual care

In 2021 Santeon formulated five strategic priorities for 2025



- 1 Better Together**
Personalized care as part of a system in which we continuously improve said care
- 2 Learning organization**
Inspire (through) healthcare professionals and increase impact of innovation through scaling- and implementation support
- 3 Sustainable business model**
Develop a sustainable business model to enable investments in – and acceleration of joint strategic priorities
- 4 Santeon Virtual Care (Santeon Thuis)**
Bundling strengths and leveraging economies of scale to optimally organize virtual care and strengthen each hospital's position
- 5 HIPS: Data & Analytics**
A shared data- and analysis platform, with which we work towards Real Time VBHC

In June 2021, a decision was reached to make a leap forward in establishing a unique virtual care proposition, of which the first care path is scheduled to go live in October

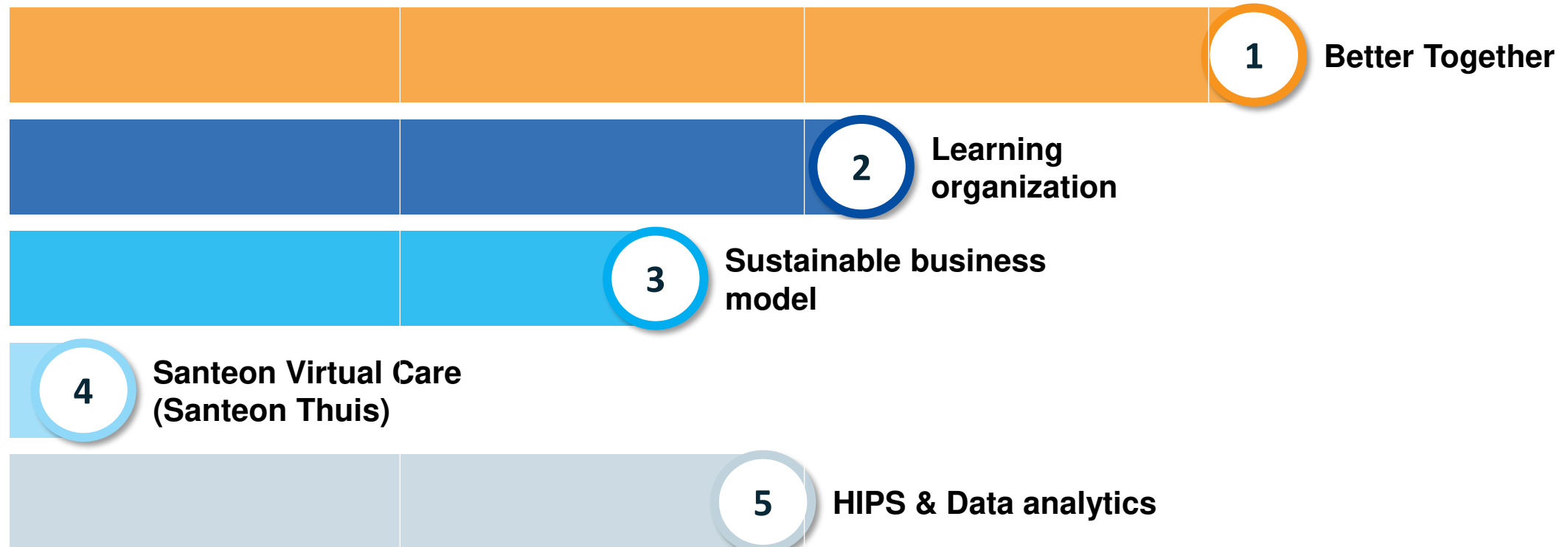
Status of 2021 priorities

MISSION & VISION

AMBITION & STRATEGY

EXECUTION POWER

GUARANTEE





Santeon and virtual care

Santeon Virtual Care rises to the urgent challenge the Dutch healthcare system faces

Why Santeon Virtual Care?



Demand in health care is increasing

Driven by an aging population, an increasing number of people with chronic diseases and an increasing multimorbidity



Shortage of healthcare professionals is increasing

The number of hospital employees increases from 1 in 17 to 1 in 13 in 2020



The result is increasing pressure on access, quality and cost of care

Described trends cause serious pressure on maintaining the current high standards on access, quality and cost



These challenges are currently insufficiently addressed

Existing initiatives focus on fragmented 'point' solutions and lack the desired scale

Therefore, a **radical change in the way of working** is needed to keep health care **affordable** and up to **quality standards** in the long term

Through Santeon Virtual Care hospitals pool their strength and leverage their joint investment and development capabilities to build out virtual care



- Santeon Virtual Care is the initiative where the Santeon hospitals **pool their strength** to provide **tailored care** through a **digital transformation**
- Santeon Virtual Care offers an **integrated experience** for both patients and health care professionals, for treatment at the **right time** and at the **right place**; at home if possible, in the hospital if needed
- Through digitalization, Santeon wishes to increase both the capacity and quality of healthcare for equal or lower cost per patient

By delivering virtual care in cooperation, the Santeon hospitals have a unique position and opportunity to create higher impact

Why in Santeon cooperation?

Learn and innovate

By learning from each others' best practices and building upon our value-driven care processes, we can deliver virtual care paths faster

Efficiency

Together we can realize more efficient business operations by leveraging economies of scale

Investment power

Care digitalization requires a lot of time and money; only together we can bring what it takes

Bargaining position

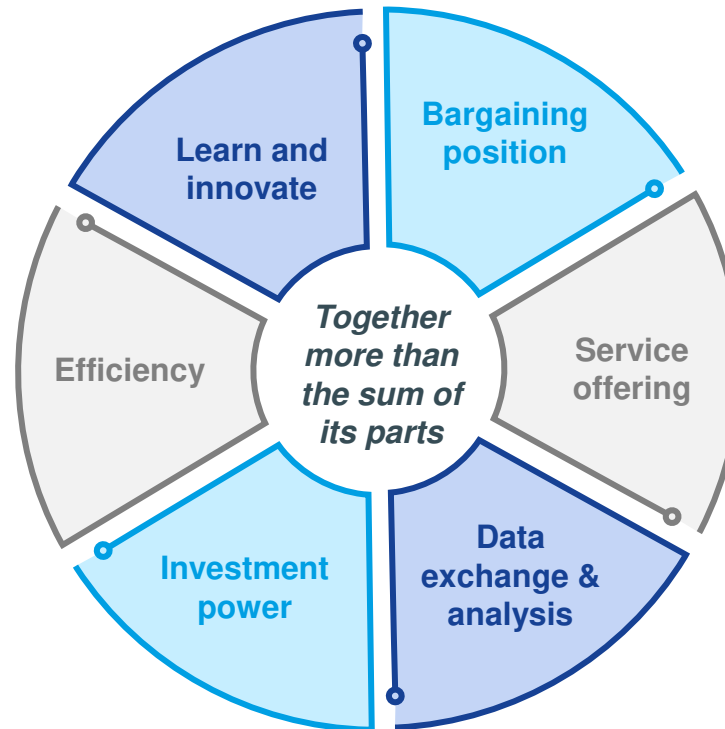
By sticking together, we improve our bargaining position with (technology) partners

Service offering

Jointly we can offer services that would not be feasible locally (e.g., 24/7 availability)

Data exchange & analysis

By bundling patient data and with the help of analysis and AI, we can generate more relevant clinical insights



We do not start from the ground up, but build upon the hard work that has already been done in terms of virtual care and our Better Together program

The best initiatives within Santeon



Focus on **all aspects** of **digitalization** (interaction, home- and central monitoring, care at home and care path guidance)



Patient portal has **high adoption rate** (65%), push to 'Mijn Catharina' through **inquiry patient contact preference**



CWZ offers **home monitoring** through **15 CWZ Thuis apps** supported by Luscii, **patient portal** has **very high adoption** (84%)



Virtual consultations through BeterDichtbij, many **ongoing initiatives to transfer care to home situation**



A lot of **user research** for 'Mijn Martini' and an implemented **information portal for general practitioners**



Initiative to **improve cross-pollination** through **establishment of living lab**, for which financing of growth fund has been realized



Many **tele-guidance solutions** and establishment of **virtual ward initiative for wider regional platform** in network



Improvement programs to **continuously improve** and measure results for **value-driven care**



The starting point of Santeon Virtual Care

- Santeon Virtual Care **builds upon** the best initiatives of the Santeon hospitals (and others)
- These initiatives are the **starting point** of Santeon Virtual Care: the first phase will focus on i.a. **consolidating existing, successful solutions**
- There is **trust** within the Santeon hospitals, **professionals know each other** and **respect each other**, hence they are open to borrow solutions
- Santeon Virtual Care also looks at **external solutions**: we learn from others and where possible **integrate existing offerings**

To maintain current health care standards, a different way of working is required, which is a major transformation that requires a lot from the professionals

Transformation Santeon Virtual Care

- Digital health care is a **major transformation** and not simply implementing hardware and software
- It requires a **different way of working** with a **different deployment** of **medical specialists** and **other health care professionals**
- Health care adopts a **hybrid character**, which demands a huge (change) effort from the health care professionals, but will create:
 - More job satisfaction
 - More time for the patient
 - The right information from the right patient at the right time and place

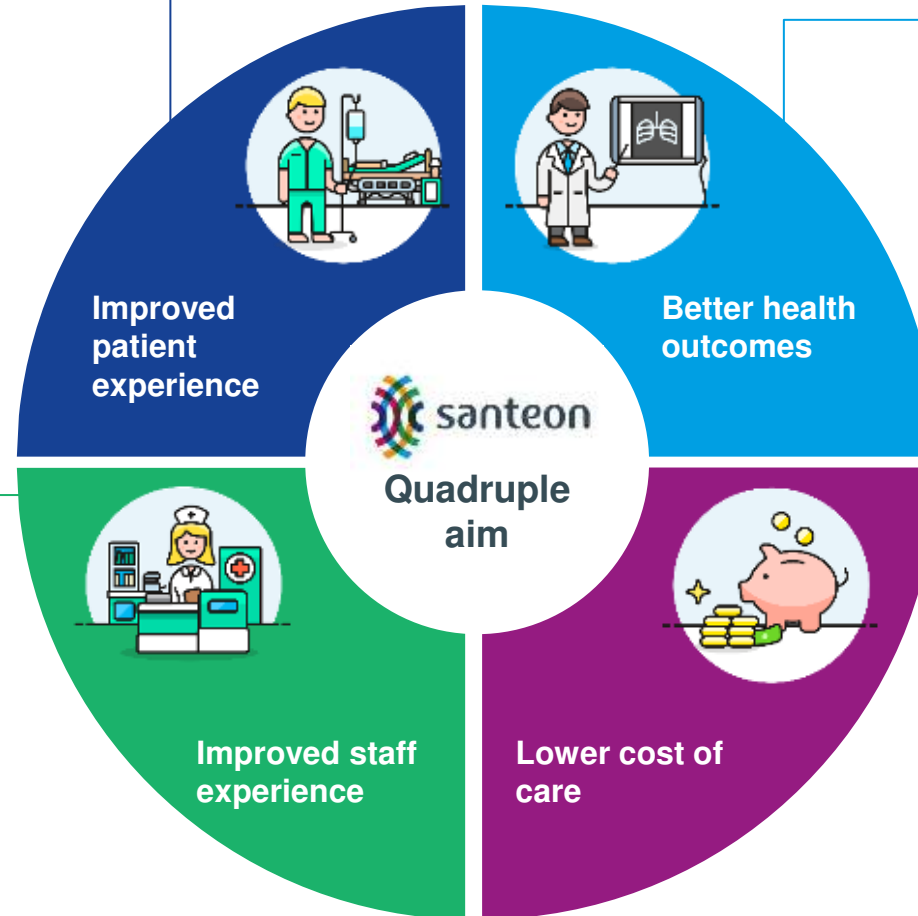
Digital health transformation principles of Santeon Virtual Care

- **At home** when possible, in the hospital when necessary
- **Monitoring and self management** when possible, a consult with a professional when needed
- **Digital first, always on, 24/7** help available for the patient

With these services, Santeon Virtual Care is contributing to realizing a quadruple aim

Value creation of Santeon Virtual Care – Quadruple aim

- High quality 'consumer-like' experience
- Earlier involved
- Better informed
- Involved in decisions
- Health care where and whenever the patient wants to (mobility)
- Higher quality
- 24/7 availability to health care



- Early detection / prevention
- Feeling of safety
- Increasing / maintaining accessibility
- Just in Time treatment

- Delivering care at the right time and more time for patients when they really need it, decreasing workload due to availability of alternative
- More job satisfaction because of the right information of the right patient on the right time
- Less administrative tasks
- Lower workload

- Less appointments
- Shorter stay in the hospital
- Less acute hospitalization
- Less supporting staff in the hospital due to the central patient monitoring and coordination centre
- Right care, right place, right time

Health insurers and other external stakeholders show great enthusiasm, acknowledging the value of Santeon Virtual Care



Health insurers

Four large health insurers have agreed to cooperate to realize Santeon Virtual Care and have responded with great enthusiasm

- Health insurers acknowledge that Santeon is currently the only party in the Netherlands that is positioned to drive a meaningful, scaled transformation with the desired pace
- Health insurers agreed with the request for funding of the development, implementation and realization of the MVP



Commercial partners

Technology partners were eager to join, because they see Santeon Virtual Care as a platform that could fulfill a central role in the future healthcare system

- A 'Best of Breed scenario' with three partners was opted
- Through co-creation, these partners have contributed to the development of the MVP



Other stakeholders

Other stakeholders, such as the ministry of health, have responded with enthusiasm as well. The ambition of Santeon Virtual Care is a great fit to recent plans they announced

- The ministry supports the initiative, especially to maintain accessibility of health care in case of a new Covid wave, but also to control health care cost in the long term

Through its 'bold move', Santeon strives for a cooperative, radical transformation of the Dutch healthcare system

The 'bold move' of Santeon Virtual Care



The patient is leading, controls its own personalized health care path, and receives **the right care at the right moment at the right place**



Health care for the patient is smoothly integrated and contact flows through a 24/7 available virtual 'front door'



Santeon Virtual Care is an **open platform** with **uniform solutions and standards** that are accessible for all healthcare organizations in the region



Processes of treatment are **optimized** and coordinated over different (types of) health care professionals



Health care professionals work **on their level of education and experience**, and focus on **valuable health care**, which results to more **job satisfaction** and **time for the patient**



Data collection and **AI** allow to **research larger populations** once at a time, permitting better results

Closing remarks

- Transformation towards digitalization is not only technical, but requires a multidisciplinary approach
- Challenge: to go from innovation towards adoption and implementation in a diverse health ecosystem
- Collaboration is key! Organize, facilitate and stimulate extensive collaboration for succes



Health Intelligence Platform Santeon (HIPS) program



Sjoerd Niehof
Staff chairman
Maasstad Hospital

MAASSTAD ZIEKENHUIS





Health Holland

Health Intelligence Platform Santeon (HIPS)

Sjoerd Niehof, staff chairman Maasstad hospital

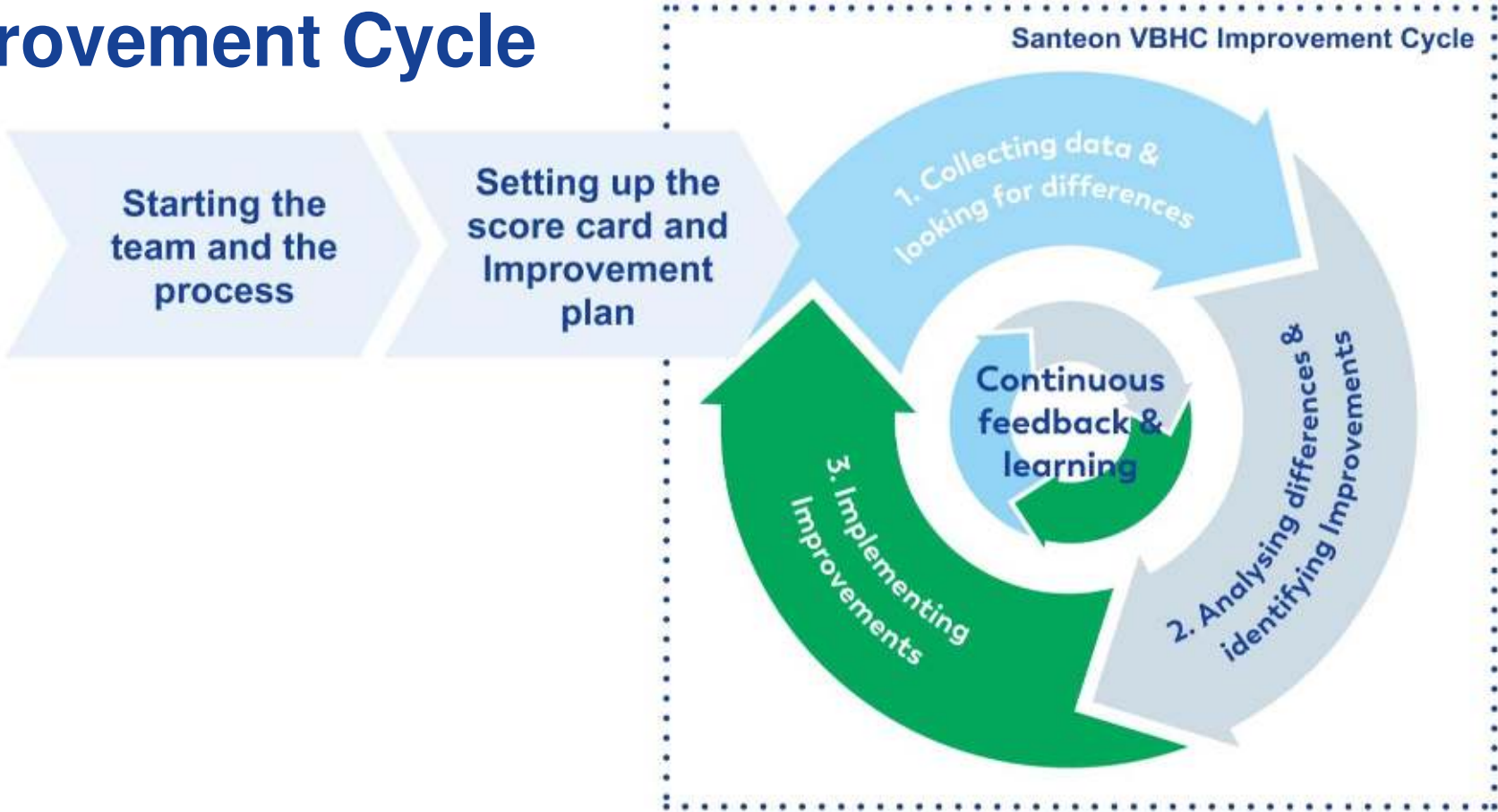
Introduction

- Chairman Medical Staff Association Maasstad Hospital, Rotterdam
- Clinical physicist
- Medical Manager Information Medical Technology and Service





Santeon Improvement Cycle



- Two cycles of 6 months annually
- Around a patient group (not medical procedure)
- Full transparency on patient outcomes, costs, processes

14 diseases

- Breast cancer
- Prostate cancer
- Lung cancer
- Colorectal cancer
- Hip osteoarthritis
- Knee osteoarthritis
- Cerebrovascular accident (stroke)
- Chronic kidney disease
- Pregnancy and birth care
- Rheumatoid Arthritis
- Coronary Artery Disease
- Inflammatory Bowel Disease
- Diabetes
- Hip fracture



Our improvement teams go through different stages of transparency

Internal transparency

Create trusted environment to have open discussions

Reliable data

Implement “obvious” improvement opportunities

External transparency

Results available for everyone

Deepen the analyses more sophisticated actions

Shared decision making:
Discuss expected outcomes with patients

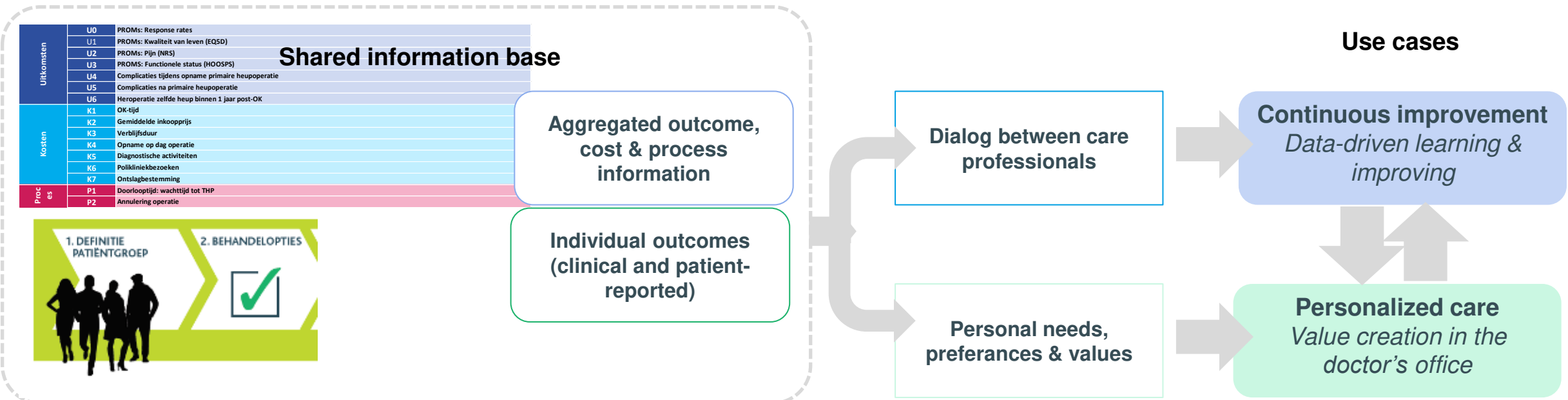
Santeon Standard of Care

Method fully embedded:
Continuous improvement

Innovation and research

Value based contracting with insurers

Santeon Better Together



Continuous improvement with multidisciplinary teams

- Patients
- Medical specialists
- (Specialized) Nurses
- Pharmacists

Medical / experience experts
Data (end)users

- Data engineers
- Data analysts
- Project leaders

Data / innovation experts
Data extraction, transformation,
change implementation /
valorisation





Health Intelligence Platform Santeon (HIPS) program

Everywhere is data, but it is difficult to make use of it

Water, Water
everywhere,
Nor any drop to drink

~ Samuel Taylor Coleridge



What is the Health Intelligence Platform Santeon (HIPS)?

Santeon's shared data & analytics platform:

- Scalable cloud-based IT infrastructure
- Santeon Information Model (SIM)
- Network Data Governance Model



Why we need HIPS

- We want to work more efficiently with existing resources (problem: scarce resources)
- We want to cocreate: develop once, implement seven times (problem: upscaling)
- Create more value for our hospitals: cocreating in this program leads to data to be used for multiple purposes (problem: 'yet another data project')



HIPS longterm vision

Supporting the Santeon collaboration by gathering (real-time) data through a centralized dataplatform HIPS, from primary sources and to proces this in reports, research and management information and shared decision making. Both on a central level as on the level of the healthcare professional;

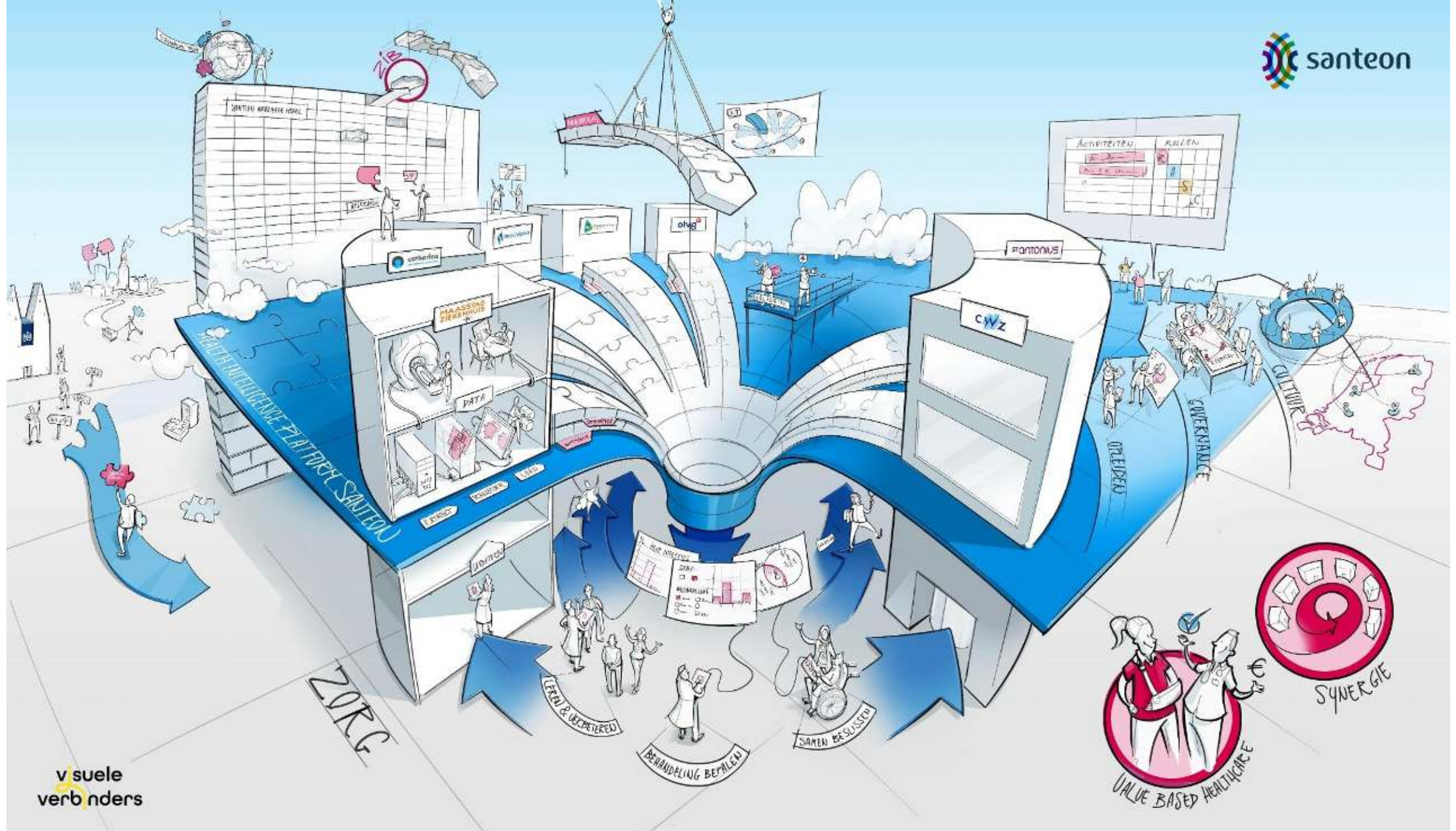
HIPS supports data-driven

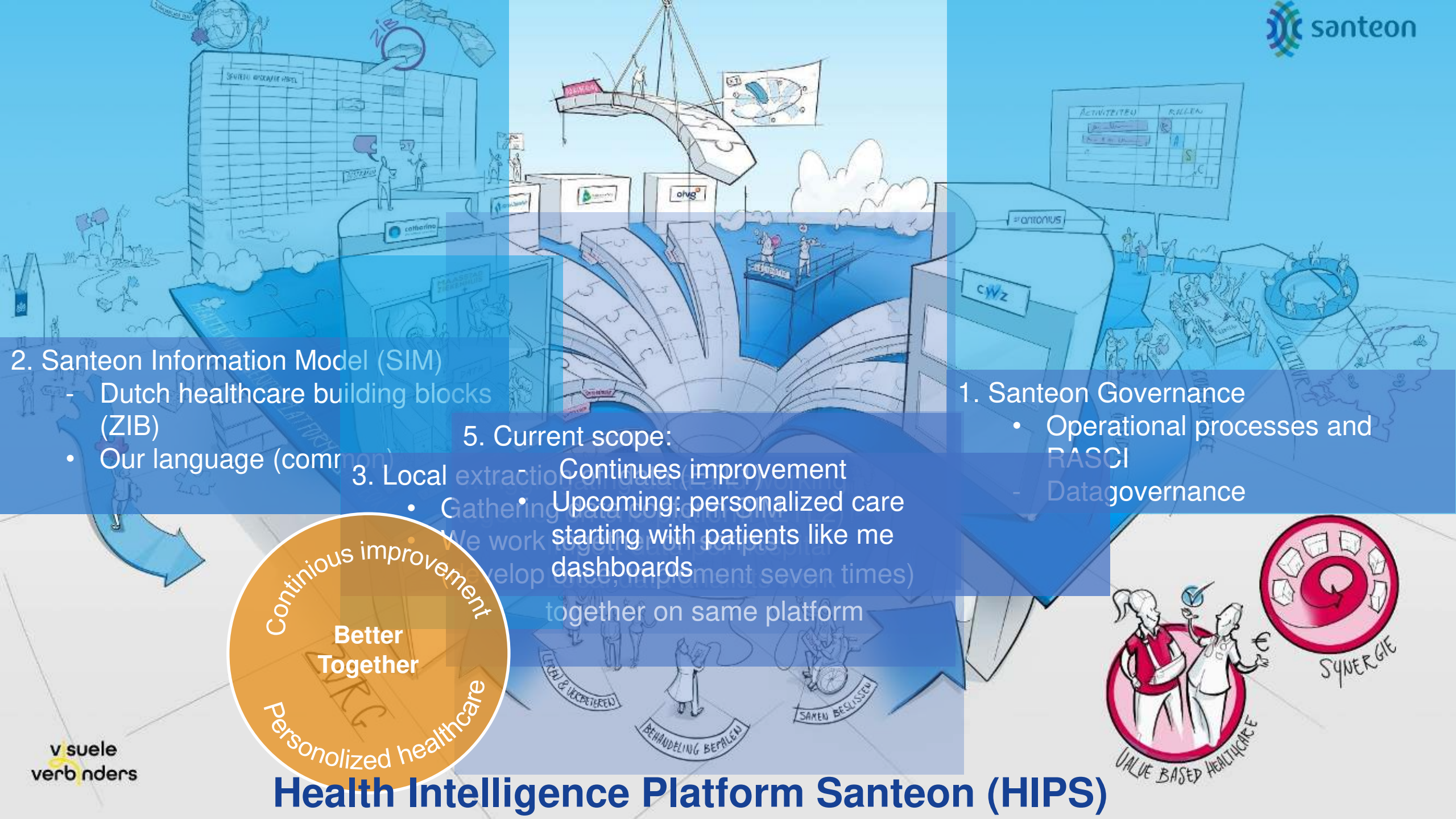
Value Based Healthcare



HIPS Animation



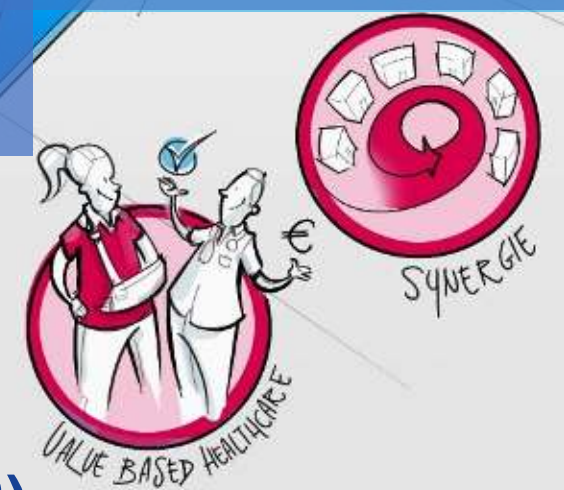




2. Santeon Information Model (SIM)
- Dutch healthcare building blocks (ZIB)
 - Our language (common)

5. Current scope:
- Continues improvement
 - Upcoming: personalized care starting with patients like me dashboards
3. Local extraction of data (ZIB)
- Gathering data to form a platform
4. We work together on scripts that develop once, implement seven times)
- together on same platform

1. Santeon Governance
- Operational processes and RASCI
 - Datagovernance



HIPS so far

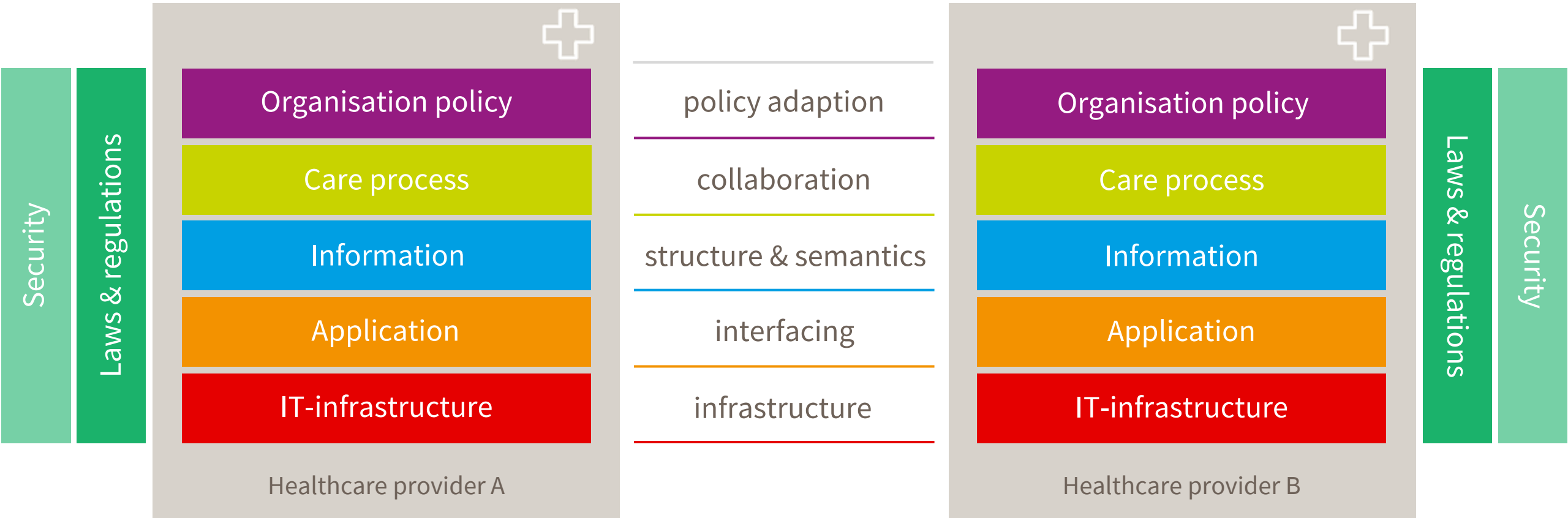
- Unity in data language based on (inter)national standards.
- Governance structure in accordance with laws and regulations.
- The diseases Breastcancer, Hip osteoarthritis, Knee osteoarthritis and Cerebrovascular accident are successfully implemented on HIPS and the associated dashboards are in use.
- Winner of the 2022 CIO Innovation Award for most innovative ecosystem



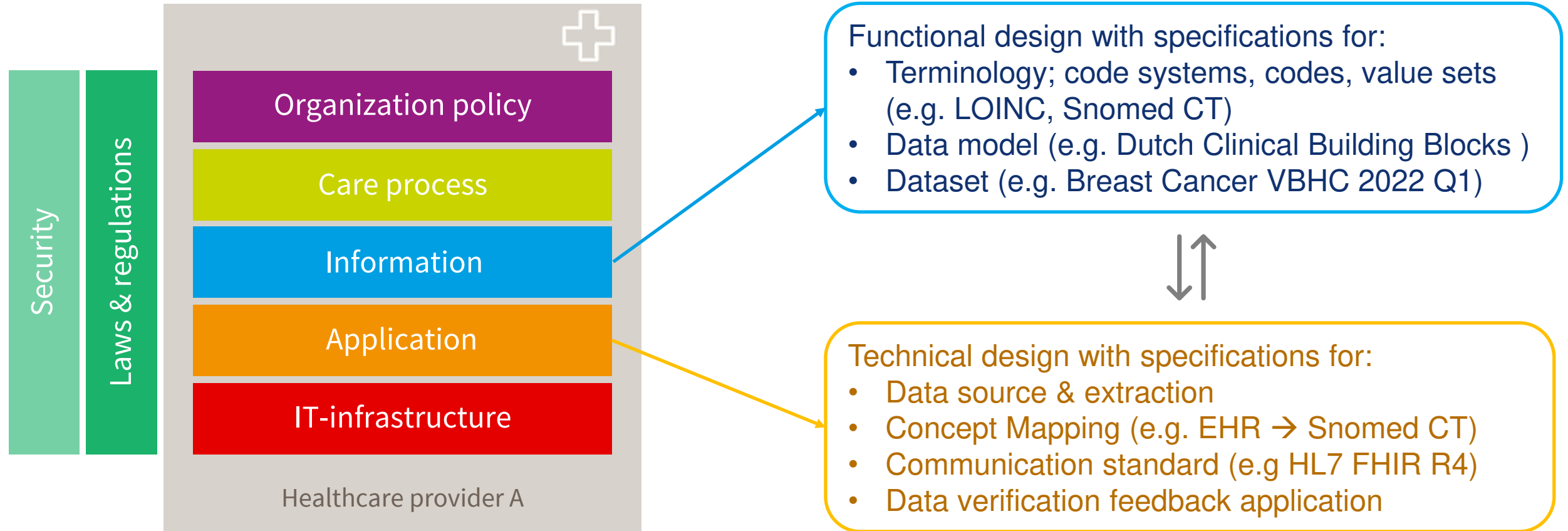


HIPS & interoperability

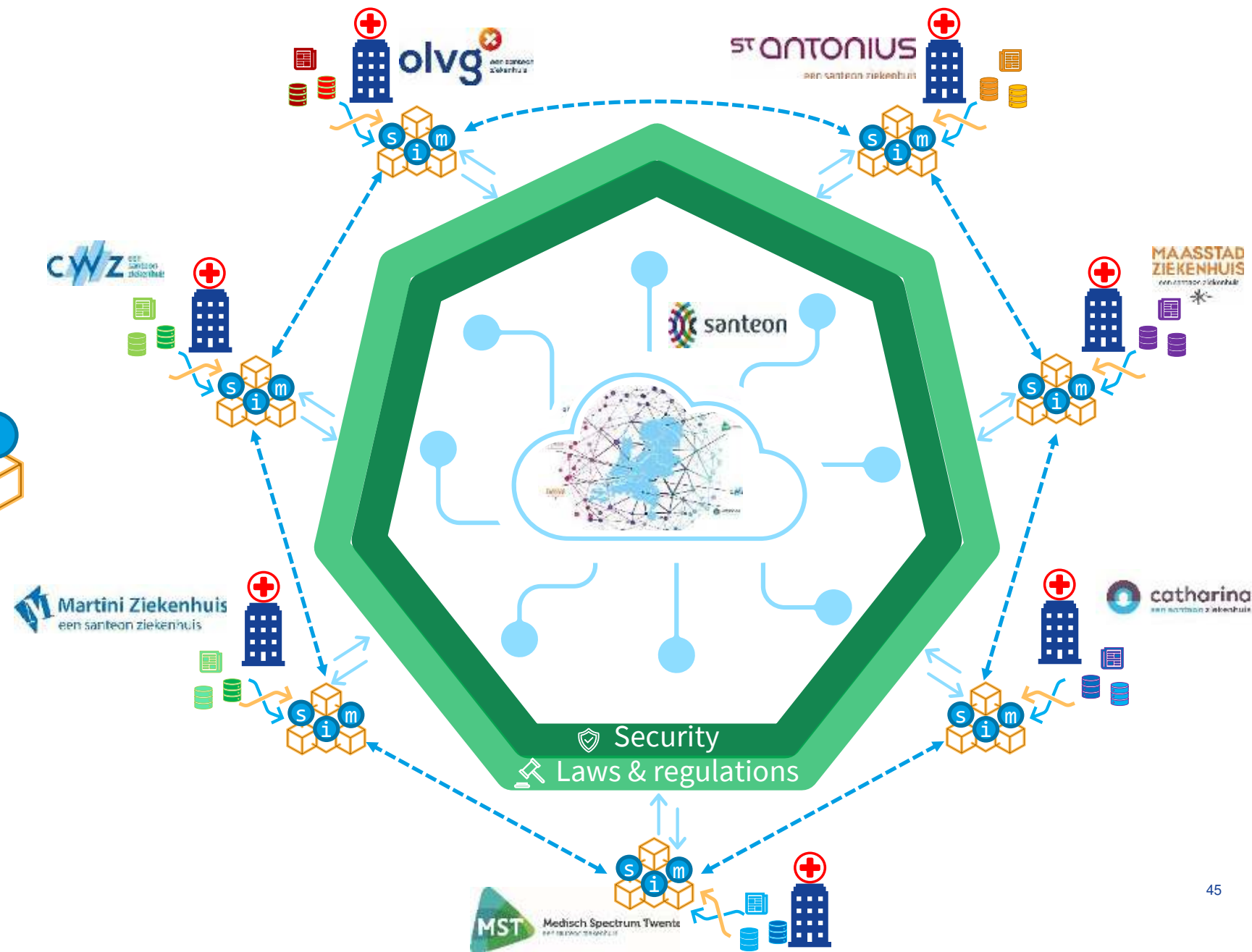
Multi-level Interoperability model (NICTIZ)



Interoperability & the Santeon information Model



SIM for FAIR, privacy preserving advanced analytics





Dashboards for VBHC, some examples

Example benchmark dashboard Knee osteoarthritis

- Overview
- TKP per Ziekenhuis
- TKP Benchmark
- Conservatief Benchmark
- Inkoop
- Registratie kwaliteit



Ziekenhuis

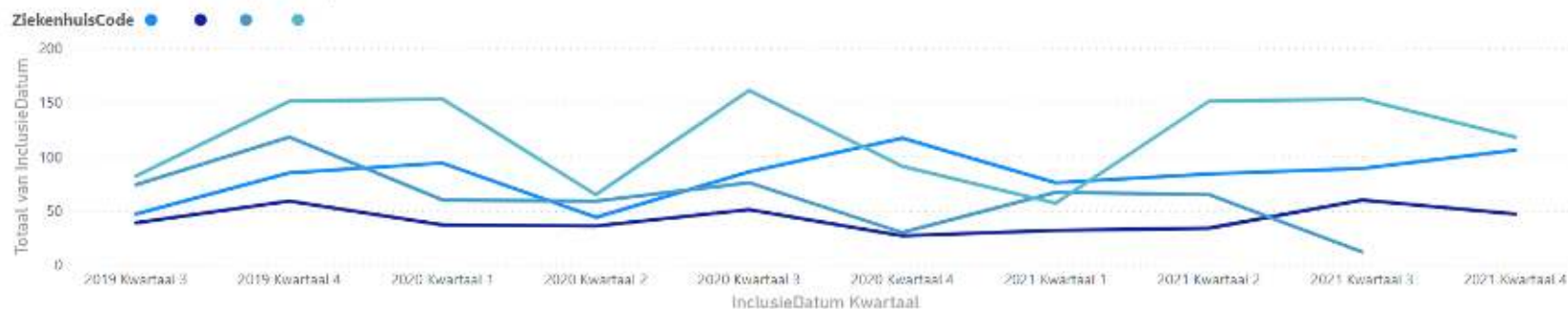
Alle

InclusieDatum

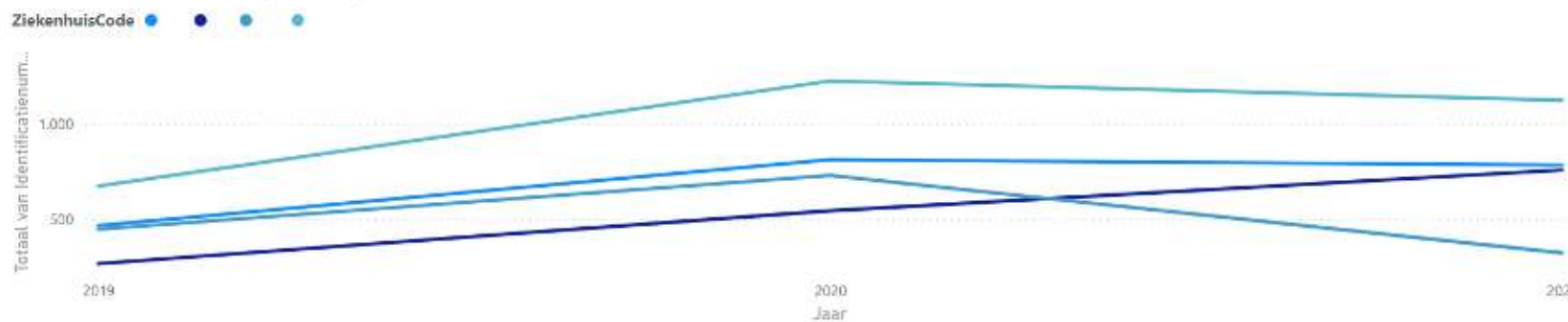
28-7-2019 31-12-2021



Totaal aantal totale knie operaties per ziekenhuis



Totaal aantal conservatieve patiënten per ziekenhuis



Example benchmark dashboard Knee osteoarthritis



Example Hospital Dashboard Knee osteoarthritis



Uitkomsten

Zoeken

- K1.1 | Bruto OK-tijd per patient in minuten
- K1.2 | Netto OK-tijd per patient in minuten
- K3 | Verblijfsduur per patient inclusief heropnames
- K3.1 | Aantal verpleegdagen per patient
- K3.2 | Aantal dagverplegingen per patient
- K3.3 | Aantal verkeerde beddagen per patient
- K3.4 | verblijfsduur per patient rondom totale knieoperatie
- K4 | Opname op dag van operatie
- K5.1.2 | % patienten dat een of meer rontgenfoto krijgt
- K5.1.3 | aantal rontgenfoto's per patient die een of meer rontge...
- K5.1.4 | aantal rontgenfoto's per patient die een of meer rontge...
- K5.1.5 | aantal rontgenfoto's per patient die minimaal 1 rontge...

aantal verpleegdagen per patient (dagen per patient)

1.424,00

Teller

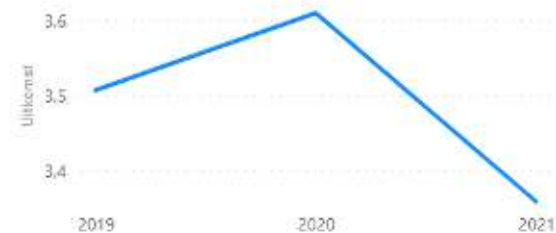
407

Noemer

3,50

0

Missing



Example benchmark Dashboard Knee osteoarthritis

Overview

TKP per Ziekenhuis

TKP Benchmark

Conservatief Benchmark

Inkoop

Registratie volledigheid



Groep

TKP

InclusieDatum

1-1-2020

31-12-2021

Registratie volledigheid (% missend)

Indicator Omschrijving

ASA-score	1,1%	3,7%	100,0%	1,3%
Benaderrichting	6,6%	100,0%	100,0%	100,0%
BMI	0,8%	3,0%	0,0%	11,3%
Bruto OK-tijd per patient in minuten	0,0%	0,0%	100,0%	100,0%
Charnley score	7,1%	7,0%	100,0%	0,9%
Fixatie	25,6%	6,0%	0,0%	1,1%
Geslacht	0,2%	0,0%	0,0%	0,0%
KL-score	100,0%	100,0%	100,0%	38,6%
Leeftijd	0,0%	0,0%	0,0%	0,0%
Netto OK-tijd per patient in minuten	0,7%	0,7%	100,0%	100,0%
Opname op dag van operatie	2,0%	0,3%	100,0%	100,0%
Roken	0,3%	45,3%	0,0%	91,8%
trombose/longembolie	0,0%	0,0%	0,0%	0,0%
Type prothese	15,3%	5,7%	0,3%	43,5%
Wachttijd tot operatie per patient in dagen	87,4%	0,3%	100,0%	0,0%

Example Patient like me dashboard Breastcancer

Patients Like Me Borstkanker




Welkom bij deze patiënten-zoals-ik informatiebron.


In het volgende scherm kunt u uw gegevens opgeven. Hiermee kunnen we samen een overzicht maken van de behandelopties die patiënten met gelijke kenmerken hebben gekozen en wat daarvan de uitkomsten zijn.

Wij hopen dat dit u helpt om samen met uw arts keuzes te maken voor uw behandeling.

Klik op de pijl in de balk hieronder om te starten



Volgend →

881 Patients Like Me Borstkanker


Leertijd: 10:00 - 11:00
 Dinsdag 12-11-2020
 M 10:00


Keuktype van leven: Nieuw, Overvloedig, Complexeer

Moment: 1 jaar, 2 jaar, 3 jaar

Vergelijk behandeltrajecten:

<input type="checkbox"/> Amputatie met (neo) adjuvante anti-hormonale therapie	159 Amputatie met (neo) adjuvante anti-hormonale therapie
<input type="checkbox"/> Amputatie zonder (neo)adjuvante therapie	64 Amputatie zonder (neo)adjuvante therapie
<input type="checkbox"/> Borstsparend met (neo)anti-hormonale therapie	604 Borstsparend met (neo)anti-hormonale therapie
<input type="checkbox"/> Borstsparend zonder (neo)adjuvante therapie	54 Borstsparend zonder (neo)adjuvante therapie

222



Vreesbaarheid




92




Slaperigheid




91




Pijn




86



Borst symptomen (zoals pijn of jeuk)



83



Arm symptomen (zoals pijn of zwelling)




84




Kortademigheid




78




Obstipatie




69



Gicrek aan overlast



55



Diarree



23



Misleijheid / braken



← Terug
Volgend →
Predict 2.0
Santeon

Targets Q4 2022/Q1 2023

- In total 6 diseases are available on HIPS.
- Evaluation and further development



Q&A with Sjoerd Niehof en Renske Veenstra

- Santeon collaboration and policy
- External collaborations
- Lessons learned

7 different hospitals, 7 different cultures



Health Intelligence Platform Santeon (HIPS) program



Prof. dr. Angelique Weel-Koenders
Rheumatologist & Clinical
Epidemiologist
Maasstad Hospital

MAASSTAD ZIEKENHUIS



**MAASSTAD
ZIEKENHUIS**

een santeon ziekenhuis



**Erasmus School of
Health Policy
& Management**



Evidence based value creation in patient care

Prof. dr. Angelique Weel-Koenders, Rheumatologist, Clinical Epidemiologist



1970



130 hospital days / yr



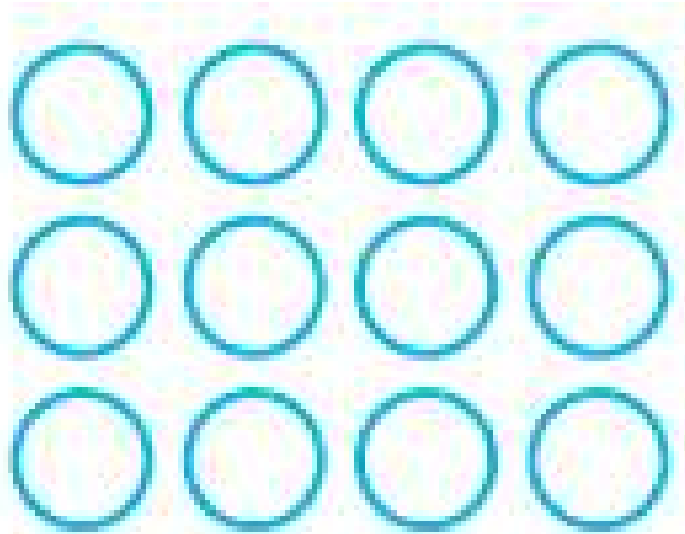
2000



Early , Intensive treatment, treat to target

Since 2000

ONE SIZE FITS ALL



PRECISION MEDICINE



Randomized Controlled Trial > BMC Musculoskelet Disord. 2009 Jun 18;10:71.
doi: 10.1186/1471-2474-10-71.

Use of risk stratification to target therapies in patients with recent onset arthritis; design of a prospective randomized multicenter controlled trial

Susanne J J Claessen¹, Johanna M W Hazes, Margriet A M Huisman, Derkjen van Zeben, Jolanda J Luime, Angelique E A M Weel

PhD defence

- Pascal de Jong 2013
- Martijn Kuijper 2018
- Elise van Mulligen 2021
- Nathalie Luursen 2022

Evidence based medicine



Organisation of care

Patient-centered-care

PATIENT-CENTERED CARE

& Mana



The belief that you are delivering patient-centered care does not ensure that it is actually delivered

Gray M, Gray J, Howick J.
J R Soc Med. 2018;111(2):51-56



$$\text{Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$

Creating a Value-Based Health Care Delivery System The Strategic Agenda

1. Organize Care into **Integrated Practice Units (IPUs)** around Patient Medical Conditions
 - Organize primary and preventive care to serve **distinct patient segments**
2. Measure **Outcomes** and **Costs** for Every Patient
3. Move to **Bundled Payments** for Care Cycles
4. Integrate Care Delivery **Systems**
5. Expand **Geographic Reach**
6. Build an Enabling **Information Technology Platform**

**ValueBased
HealthCare** | *Collaboration
Award 2020*

JOINT VALUE



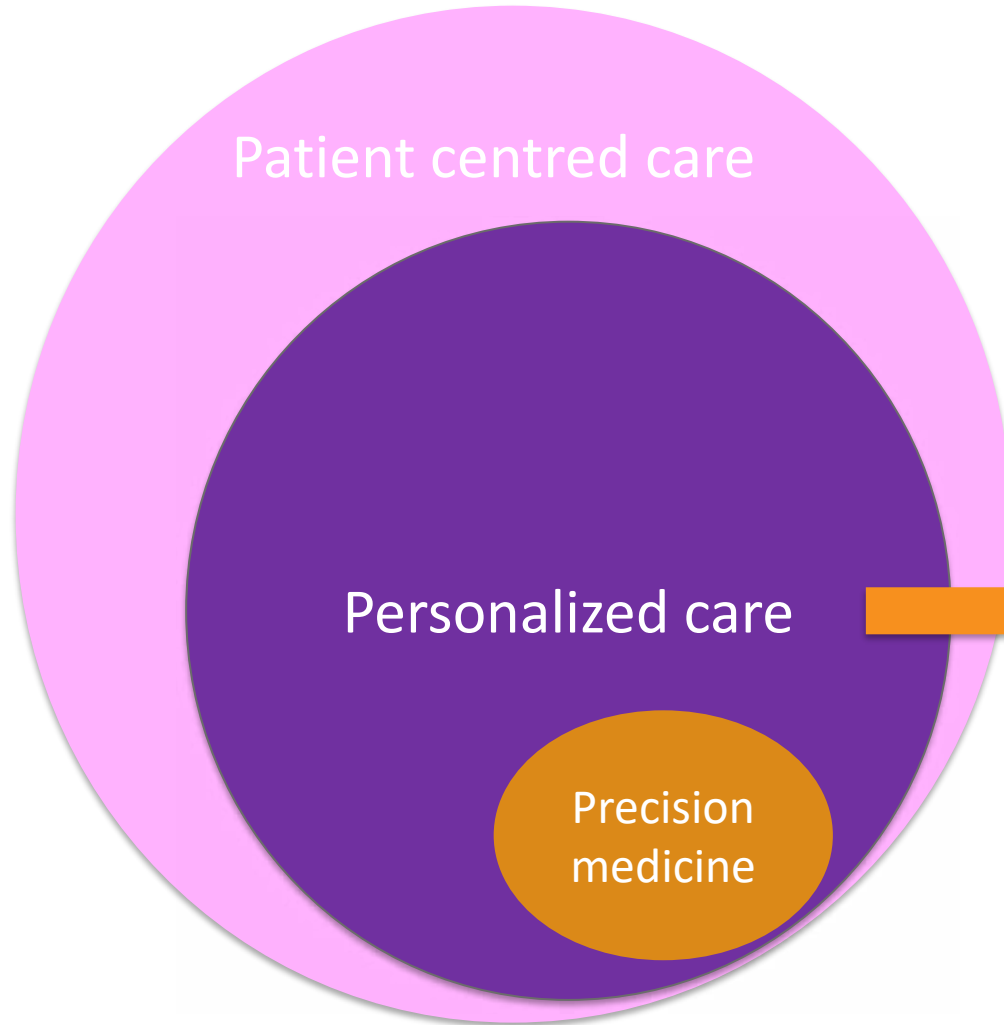
Netherlands:

Frontrunners *Linnean initiatief, NFIU, Santeon*

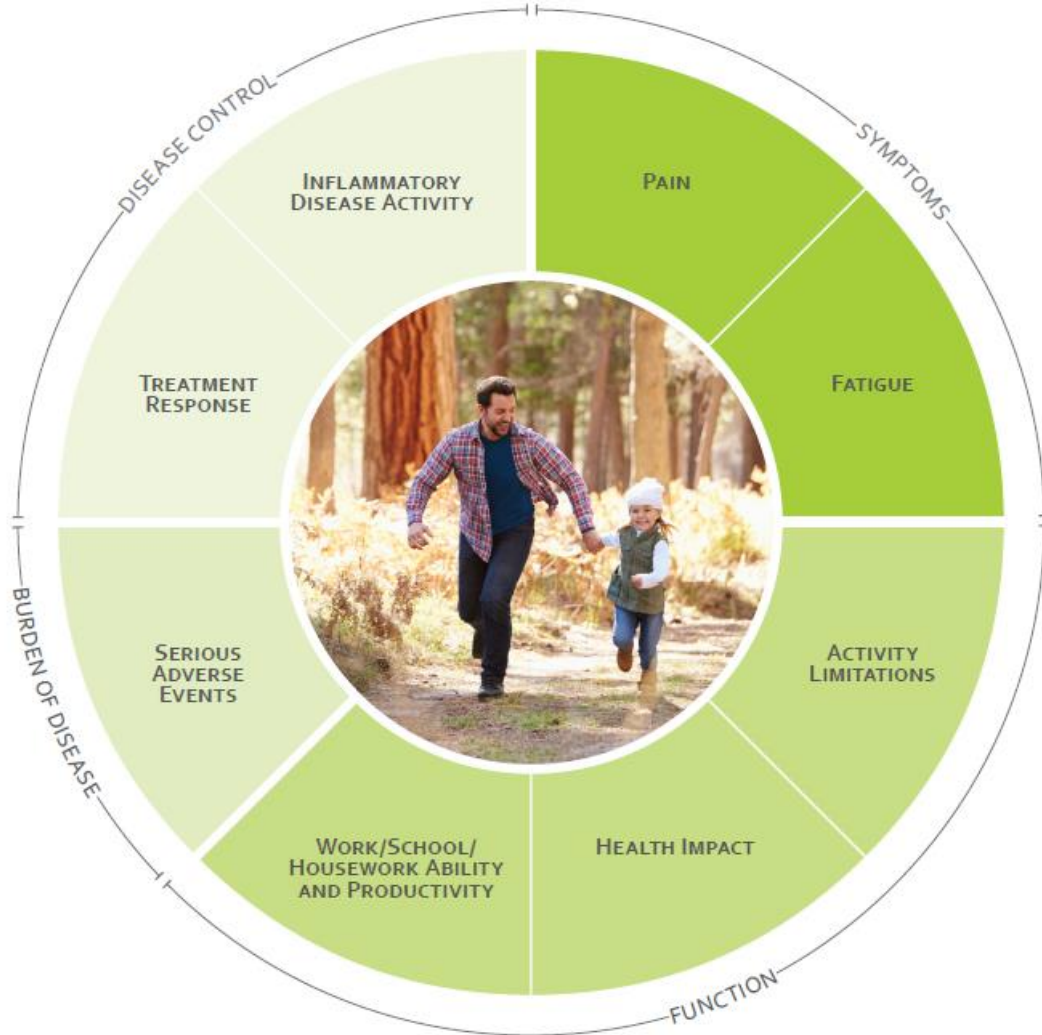
Implementation programm *Uitkomstgerichte zorg, Samen beslissen, Zorgevaluatie en Gepast gebruik 2.0, Juiste zorg op de juiste plek, etc*

Recently *'Passende zorg'*

JOINT VALUE

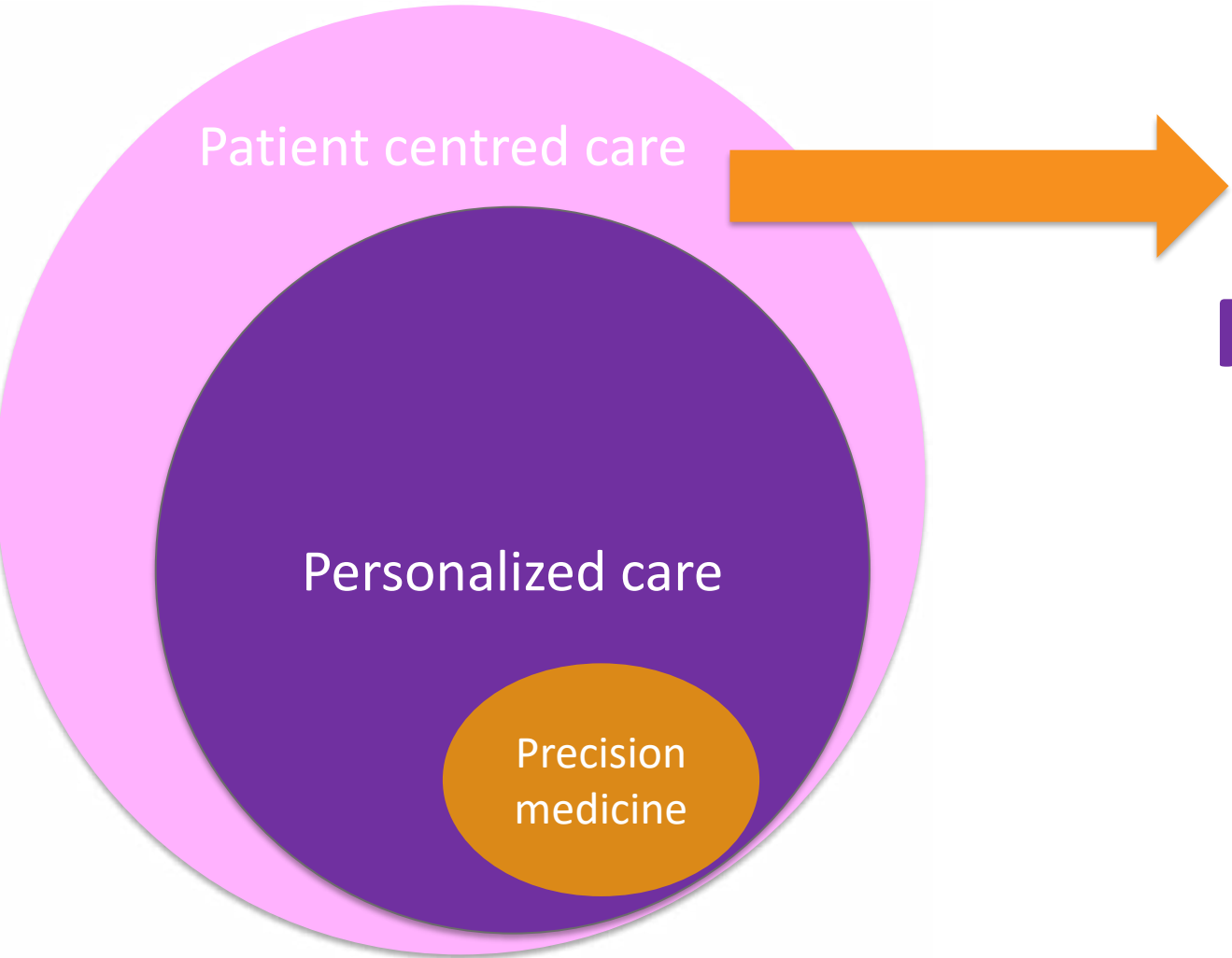


Inflammatory Arthritis



Voshaar et al. Arthritis Care Res . 2019 Dec;71(12):1556-1565.

JOINT VALUE



**Patient centred care
by improving
'Patient journey'**



Value Improvement

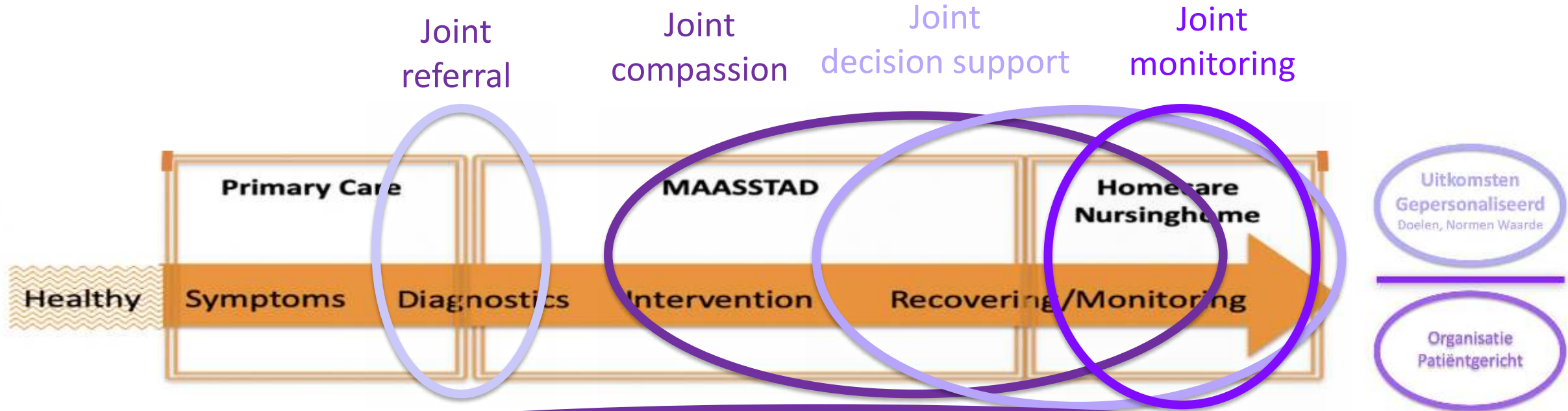


Personalized Outcome

Patient centred Cost



JOINT Value Improvement integrated patientjourney



Joint evaluation; evaluation outcome related to cost

Joint payment; development valuebased payment models

Example Joint Decision Support

Summary

Ambition

Complete and detailed outcome information	Shared decision making
Customized care	Better health outcomes

Development

Active patient participation	(Big) data in healthcare
Available ICHOM standard sets	Value Based Healthcare

Impulse

Use of outcome information in consulting room	Reinforce relationship patient-healthcare professional
Implementation ICHOM standard sets	Transparency healthcare quality based on outcome information

Joint Decision Support

“Jointly effort for optimal health outcomes”



Optimizing health outcomes
for patients by
converting outcome information
into valuable services/tools
for patients and healthcare professionals

Joint Decision Support







(Digital support for patients and treatment team during monitoring phase)

Foundation: **Joint Share Data Platform**

Feedback: **Joint Decision Dashboard**

Data collection

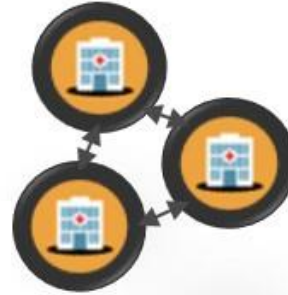
-  Laboratory test results
-  Medication
-  Score sheets
-  ICHOM Patient reported outcome measures



Data warehouse



Custom datasets



Data visualization



Rheuma web-based app



**MAASSTAD
ZIEKENHUIS**

een santeon ziekenhuis

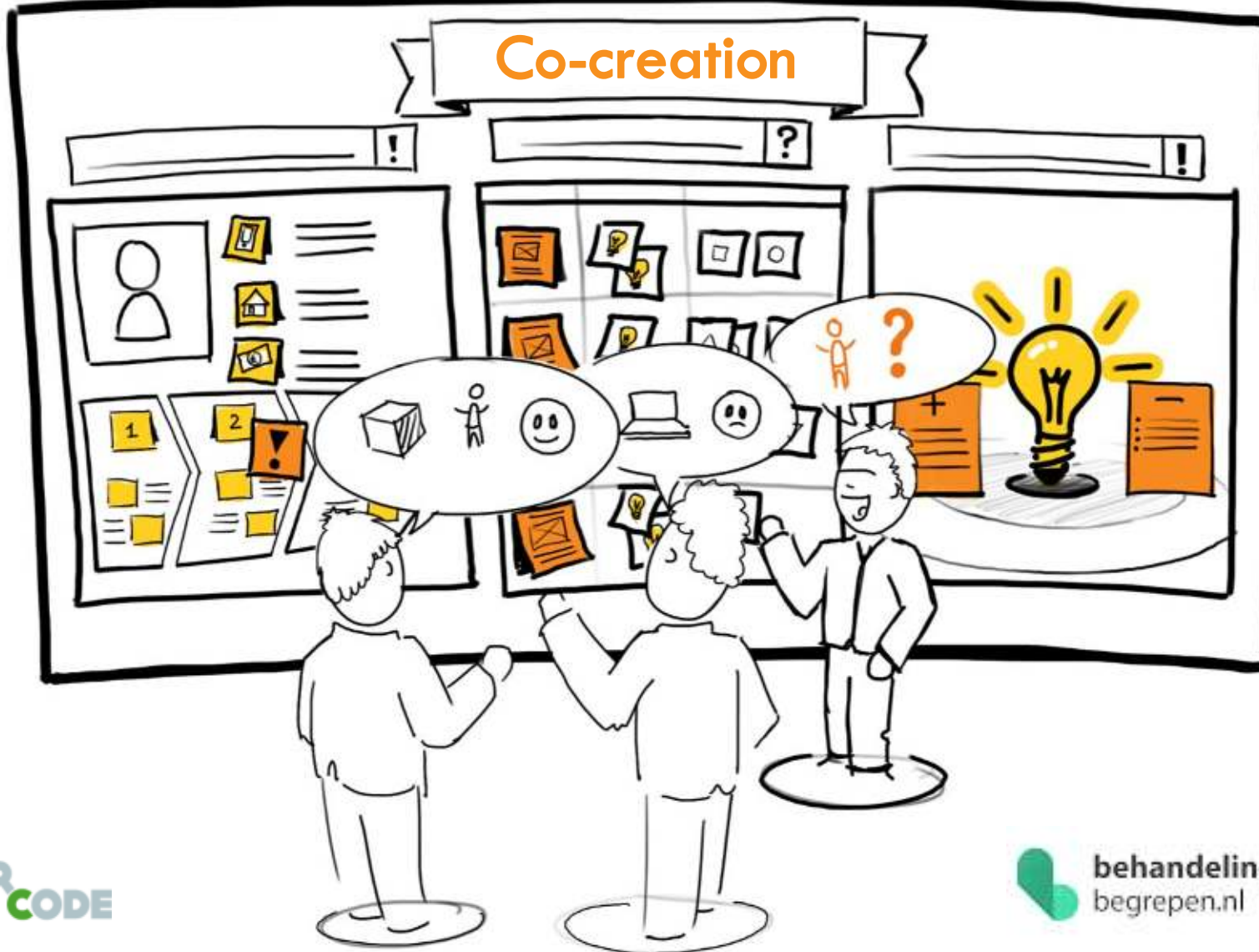


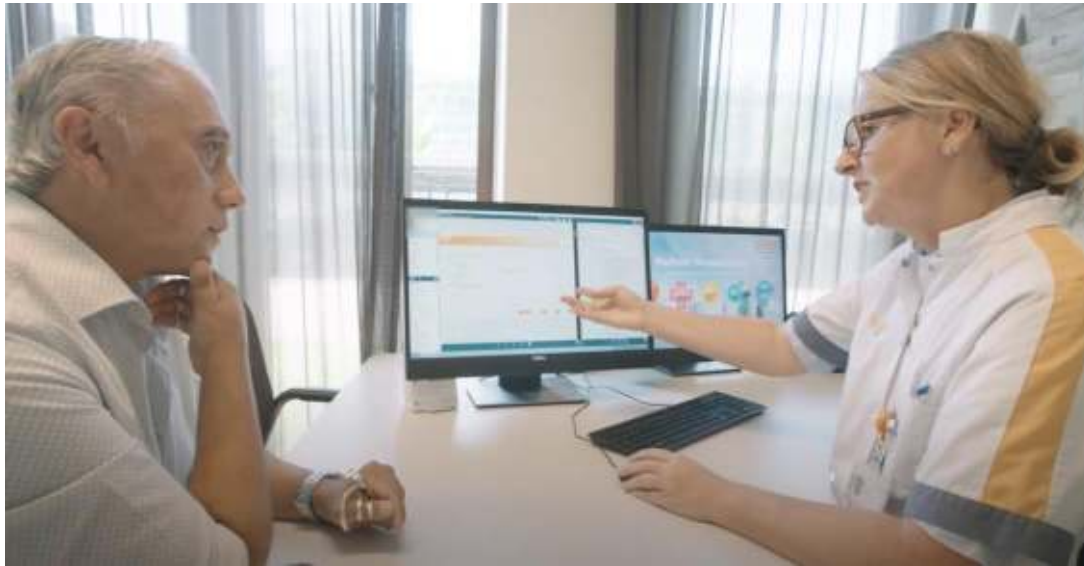
**Albert
Schweitzer**
ziekenhuis



**PEER
CODE**

Co-creation





<https://www.youtube.com/watch?v=FcBnK-tPuO8>

Vragen vooraf aan het spreekuur

Uw antwoord (04-02-2021)

Wat is het belangrijkste dat u wilt bespreken tijdens het spreekuur?

Moeite met werken

Wat is de belangrijkste klacht/symptoom die u heeft ervaren?

Pijn aan mijn pols

Welke vragen heeft u over medicatie?

Inname gaat lastig

Waar zou u zich op willen richten als behandeldoel?

Meer bewegen

Bloeduitslagen

04-02-2021 15-9-2020

Bepaling	huidig	vorig
ALAT	42,0	45,0
Anti-CCP	n.v.t.	n.v.t.
ASAT	n.v.t.	n.v.t.
Bezinking	13,0	13,0
CRP	8,0	7,0
Hemoglobine	9,4	9,3
Leucocyten	10,8	6,9
Reuma factor IgM	n.v.t.	n.v.t.
Trombocyten	333,0	292,0

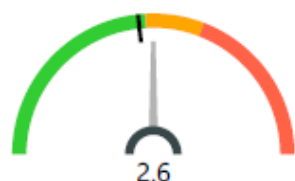
Huidige medicatie

Etiket

METHOTREXAAT SANDOZ TABLET 2,5MG

 Voor meer informatie over het leven met uw ziekte en wat u zelf kunt doen, kunt u kijken op [leven met reuma](#).


ziekte-activiteit



2.6

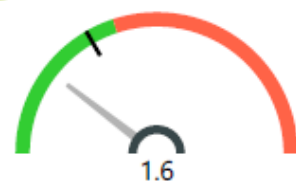
04-02-2021

vorige waarde 2,4

Er wordt van actieve reuma gesproken bij een waarde hoger dan 3,2



Bewegen



1.6

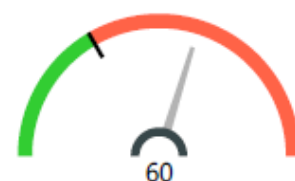
04-02-2021

vorige waarde 2,0

Waarden liggen tussen de 1 en de 4. Een waarde hoger dan 2,2 duidt op enige/ernstige problemen met betrekking tot bewegen



Kwaliteit van leven



60

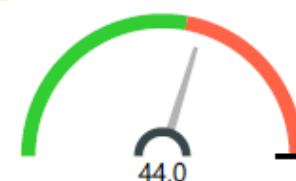
04-02-2021

vorige waarde 34,0

Waarden liggen tussen de 1 en de 100. Een hogere score dan de vorige meting duidt op een slechtere ervaren kwaliteit van leven



Vermoeidheid



44.0

04-02-2021

vorige waarde 65,0

Waarden liggen tussen de 13 en de 65. Een score hoger dan 42 duidt op enige/ernstige vermoeidheidsklachten



Meedoen



2

04-02-2021

vorige waarde 4,0

Waarden liggen tussen de 0 en de 10. Een hogere score duidt op meer problemen met betrekking tot het uitvoeren van activiteiten



Kwaliteit van leven



Om na te gaan hoe u de **kwaliteit van uw leven** ervaart, wordt gebruik gemaakt van een vragenlijst die u zelf invult. Deze vragenlijst geeft inzicht in welke mate u **problemen, ongemak of angst** ervaart bij het uitvoeren van specifieke taken in uw **dagelijkse leven**.

U heeft deze vragenlijst voor het laatst ingevuld op

24-6-2021

Rechts ziet u uw antwoorden. U ziet 2 waarden:

- 1 uw huidige waarde
- 2 uw vorige waarde (indien bekend)

U kunt (boven de grafiek) zelf kiezen om ook de **gemiddelde waarden van patiënten zoals u** in de grafiek op te nemen

De scores per onderdeel zijn als volgt:

- 1 **geen** problemen/pijn/angst
- 2 **een beetje** problemen/pijn/angst
- 3 **matige** problemen/pijn/angst
- 4 **ernstige** problemen/pijn/angst
- 5 **niet in staat/extreem** probleem/pijn/angst

Hoe hoger de score, hoe minder u de kwaliteit van leven ervaart

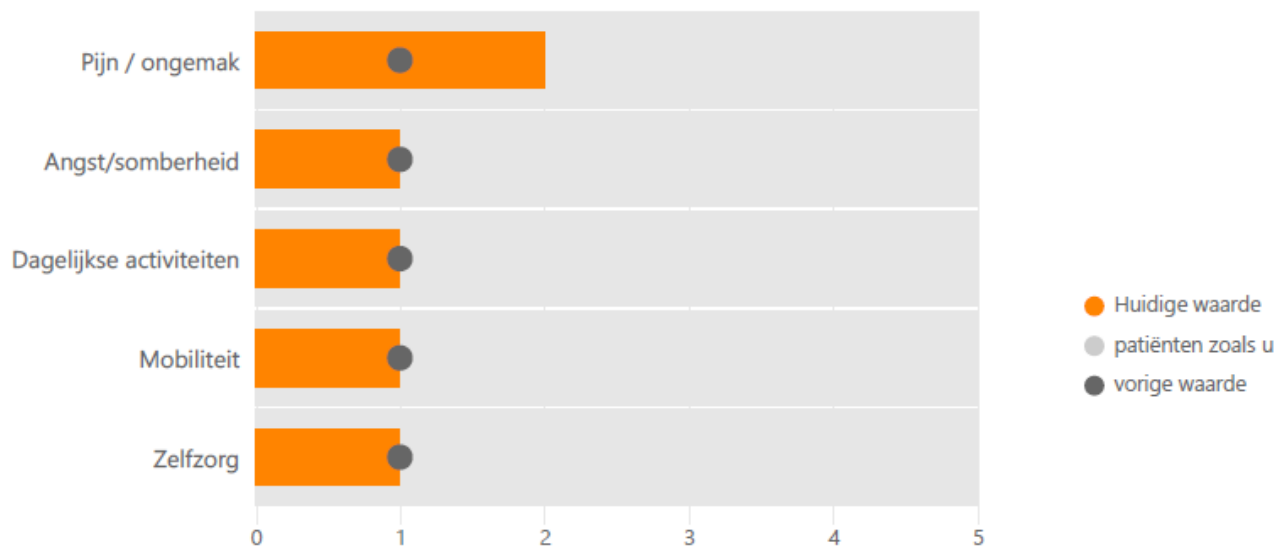
[Klik hier voor reumatips en oefeningen](#)



Wilt u de gegevens van patiënten zoals u zien?

Ja
 Nee

Klik hier voor een andere visuele weergave



Remote coaching



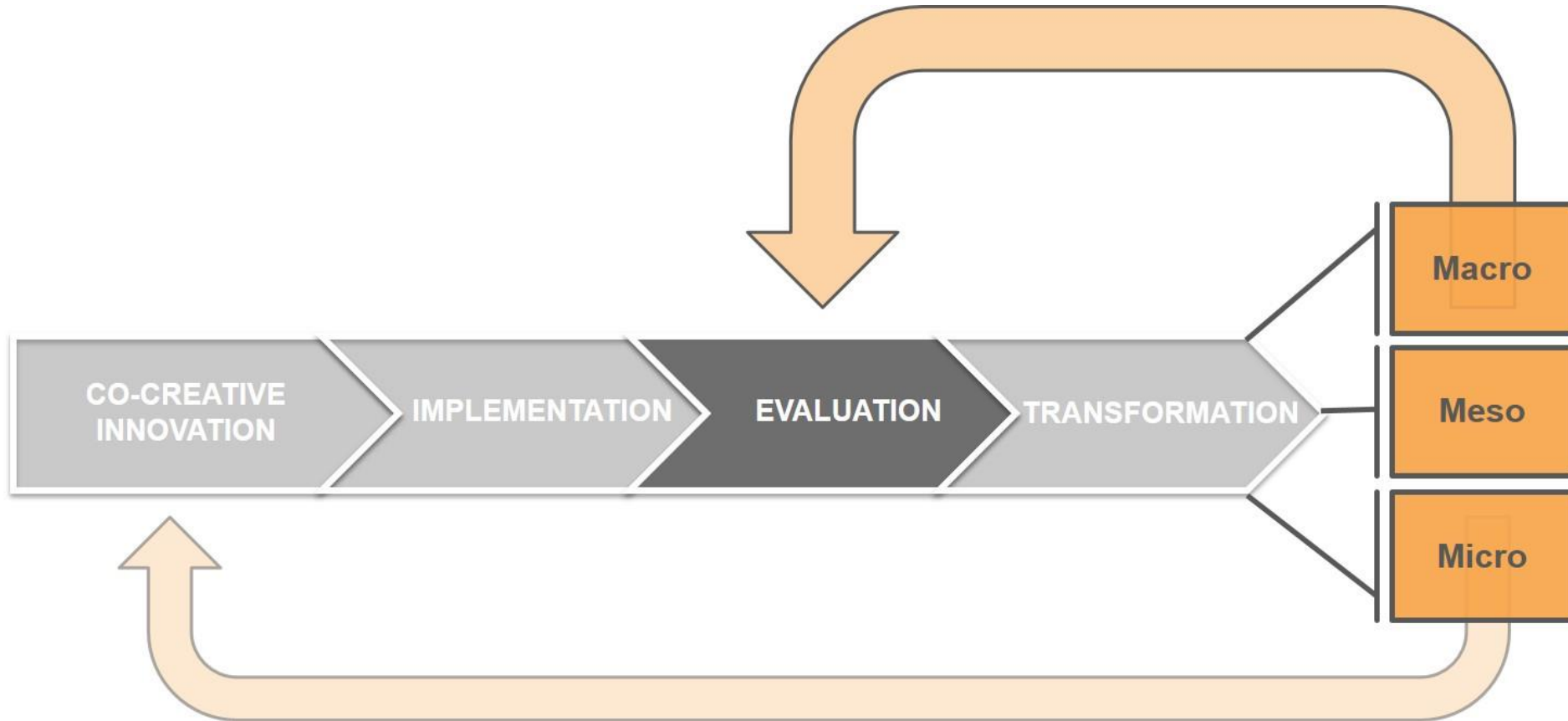
Rheuma web app
Personal online coach



Educational patient animation
“Rheuma care path”

<https://vimeo.com/521327640/5cc6c8bed9>

EVIDENCE-BASED EVALUATION



Maasstad a Santeon member

Benchmarking, improvement by learning and innovation

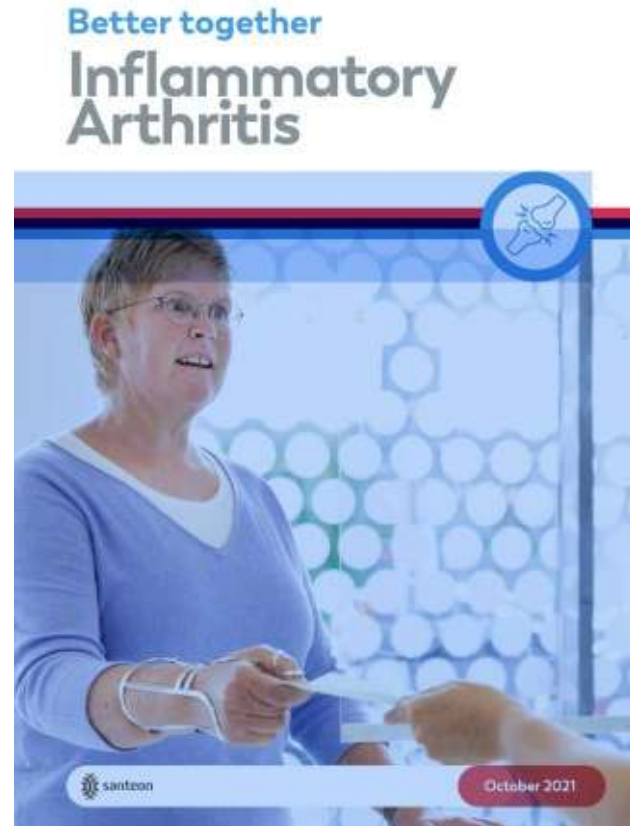


20 indications

Real World Data
Outcome and cost

Personalized
Outcome

Patient centred
Cost



Introduction

We hope to inspire other hospitals with our approach

"The engagement programme has engendered a lot of positive energy. The Santeon project marks the first time that we have gained insight into the data on outcomes, medicines and care processes of our own patients on this scale. We can now effectively compare our hospitals and understand variations within individual hospitals.

The process of making the results transparent and discussing them openly with each other may seem simple, but it is certainly not.

The most important lessons we have learned are:

- It starts with good record-keeping. Without using exactly the same definitions and completely cleaned data, the results cannot be interpreted correctly. For example, it did not take us long to find that our data included patients who had wrongly been listed as rheumatoid arthritis patients in the DRG system. We now use a common dataset with cleaned data at patient level. This makes the data even more comparable and allows us to perform more extensive analyses, including case mix corrections.

- Focus on the most relevant indicators. It is not feasible to collect, analyse and discuss all parameters. The trick is to measure only what matters. The patient is a good source of information on what is important. What outcomes are most important to them? You could also take a hospital's own approach. Where do you expect to find the most variation? Or which improvements have the

greatest potential impact on quality of care or healthcare costs?

- Support is necessary. Support is essential for all data challenges and for organizing all necessary practical matters. Our data analysts and project managers make thorough preparations down to the last detail, so that we, healthcare professionals, can cut right to the core during our improvement meetings.
- Take a multidisciplinary approach, involving people other than medical specialists in discussions about quality of care is a great way to enrich them. Rheumatology nurses, pharmacists, radiologists and patients can provide insights that we would otherwise have missed.

I hope that our approach and results will inspire other hospitals, both in the Netherlands and abroad, to adopt a similar data-led and data-driven approach to their practices and outcomes. Because that is, ultimately, the goal: improving healthcare, the care we provide together as individual doctors, departments. Santeon hospitals. We will continue along this path with undiminished enthusiasm, because there is always room for improvement."

Angelique West-Koenders
Medical Head of the Inflammatory Arthritis Improvement Programme (Rheumatologist) at Maastricht Hospital and Professor of Disease at Maastricht University (OSHP)

[https://santeon.nl/app/uploads/2021/10/Santeon Rheumatoid-Arthritis.pdf](https://santeon.nl/app/uploads/2021/10/Santeon_Rheumatoid-Arthritis.pdf)

Lessons learned

- Grant incentive schemes are essential for front-runners in the field of healthcare innovations
- Best practices and real-world data from periphery [Erasmus](#) ideal & powerful starting point
- Multidisciplinary co-creation & collaboration is key

DREAM BIG, start small

THE WORLD IS CHANGED BY YOUR **EXAMPLE** NOT YOUR OPINION

PAULO COELHO



Weela@maasstadziekenhuis.nl

THANK YOU FOR COMING!

Health~Holland Visitors Programme 2022

