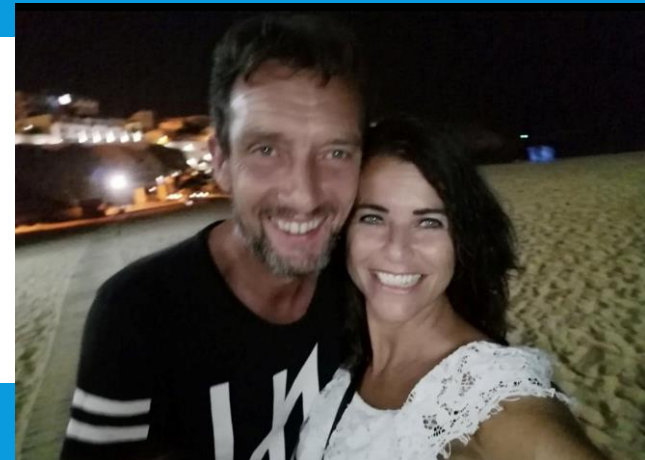


YOU CAN'T EVADE YOUR
DESTINY.

IT'S HOW YOU DEAL WITH
IT.

Linda Burger

Inspire to live, annual 2020



- 49 year old
- Mom of 2 lovely sons, 18 and 20 y.o. and loving partner of Kees
- Former nurse
- Former manager multiple clinical wards, outpatient wards, ICU, OR, ER
- Master of management and innovation
- Now: Manager outpatientwards Amsterdam UMC
location AMC





- 2016 breastcancer, triple negative
- No BRCA (BRCA 'like')
- Everything seems to be alright after chemo en surgery
- But 1 year ago
- Not feeling wel
- Multiple metastases in my liver, not looking good
- In the middle of chemotherapy and hopefully immunotherapy





MY VISION

Since 49 years I am the **specialist of my OWN life.**

As a doctor you are specialist in sickness and treatments

Only together we can realise the best possible care.

The current system makes me very **dependent.**

Instead of that I want to be in control of my OWN care process

And it's causing a lot of unnecessary stress.

I receive the best possible medical care and everyone is very kind and emphatic.

But what bothers me is how we have structured our system

But that is also my job!



CARE PATH, FROM THE ORGANISATIONS VIEW:



FROM THE PATIENTS VIEW:



UNNECESSARY THINGS, AS A PATIENT

- Replacing my appointment, **so i called the hospital**
- Forgotten appointments, **so i called**
- Placing Urgent appointments to far in time, **calling again**
- Forgotten recipes....**Guess what i did**
- Giving recipes twice....**calling**
- Losing my registration (**at the Vumc...**)
- Many different processes: we sent you a letter with your appointment, we call you, we sent you a sms, you have to call US.....



MY ANALYSIS AS A MANAGER

- In AMC About 40% replaced appointments, by us, not the patient
- Long term appointments are placed before urgent
- So urgent patients or patients in the middle of their treatment have to wait
- Or are overbooked
- Causing long waiting at the outpatient wards
- A lot of double work, a lot of costs (€500.000) down the drain

I have other things to do, I have a live



I have to wait so long

Well, next time I don't show up

Put this patient on the list tomorrow

I am sorry, I have to cancel yur appointment for tomorrow again

It's too busy!!



Here we go again

Oops, tomorrow I have to teach students, so cancel the patients

It's too busy!!

Sending the patient home with nothing, because...

- “I want the neurologist to think with me, but he is not working today
- So come back later”
- “We are waiting for the test results”

- patients have to travel a lot for nothing
- and their care take days of for nothing
- Unnecessary stress

Recognizable i guess



WE HAD TO IMPROVE THIS

- My own patient experiences learned me a lot
- We had to change this
- Improvement was necessary

- With a college I created a new idea
- And with patients, doctors, nurses we developed a new structure

INTERVENTIONS

- **Together with the patients**, doctors, assistants, nurses transforming the carepaths
- Taking the unnecessary things out
- Put innovations in like video consulting
- No appointments placed after 8 weeks
- No replacing appointments in 8 weeks
- We start our scedul with high priority patients, and fill the scedul up with long term patients (which is a big turn around)

BUT ALSO

- Know your patient
- ASK HIM:
 - Who are you
 - What is important for you
 - How can I help you with that
- When we know the patients wishes, we now can realise it, instead of let him be dependent of our scedul.

RESULTS SO FAR

- Reduced waitinglists at all participating wards
 - from 8 weeks to zero, (poli vasculitis)
 - Less overbooked outpatient wards
 - Less waiting in the hospital
- Patient much more satisfied
- Less working stress for doctors and assistants
- Reducing replaced appointments to almost zero
- Reducing double work

- Changed/improved at 14 wards in the AMC
- And counting
- Started at the location VUMC at 2 wards
- One of the 3 most important strategic goals at the Amsterdam UMC.

- And, which makes it very very special to me, we are starting at the AVL at the breast cancer ward, because my oncologist was very curious when i start talking about this (and then i can't stop)

- Here stands a proud patient.

NEXT GOALS

- Improve all out patient clinics at the AMC and VUMC
- Improve my own hospital, AVL
- Better care for every patient

REFLECTION

- I hate my sickness, I don't want it
- But, i have it
- It is what it is
- My experiences as a patient gave me a life goal
- **I would't miss that for a million**

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