



BRAZILIAN HEALTHCARE

delegation
meets

ORTEC

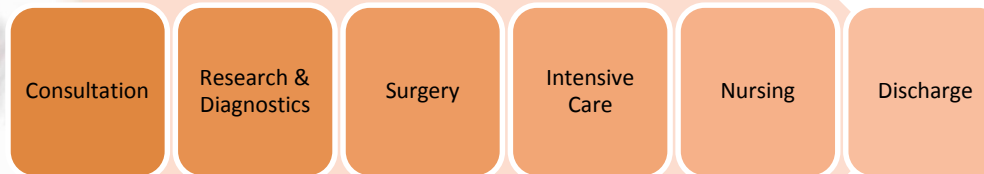
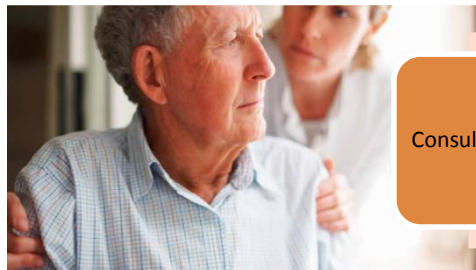
15 June 2016, the Netherlands

What is required to achieve highest quality of care at lowest costs?



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

Outstanding professionals and equipment/facilities



Excellent healthcare delivery processes

The future is to excellent healthcare service providers

It is about

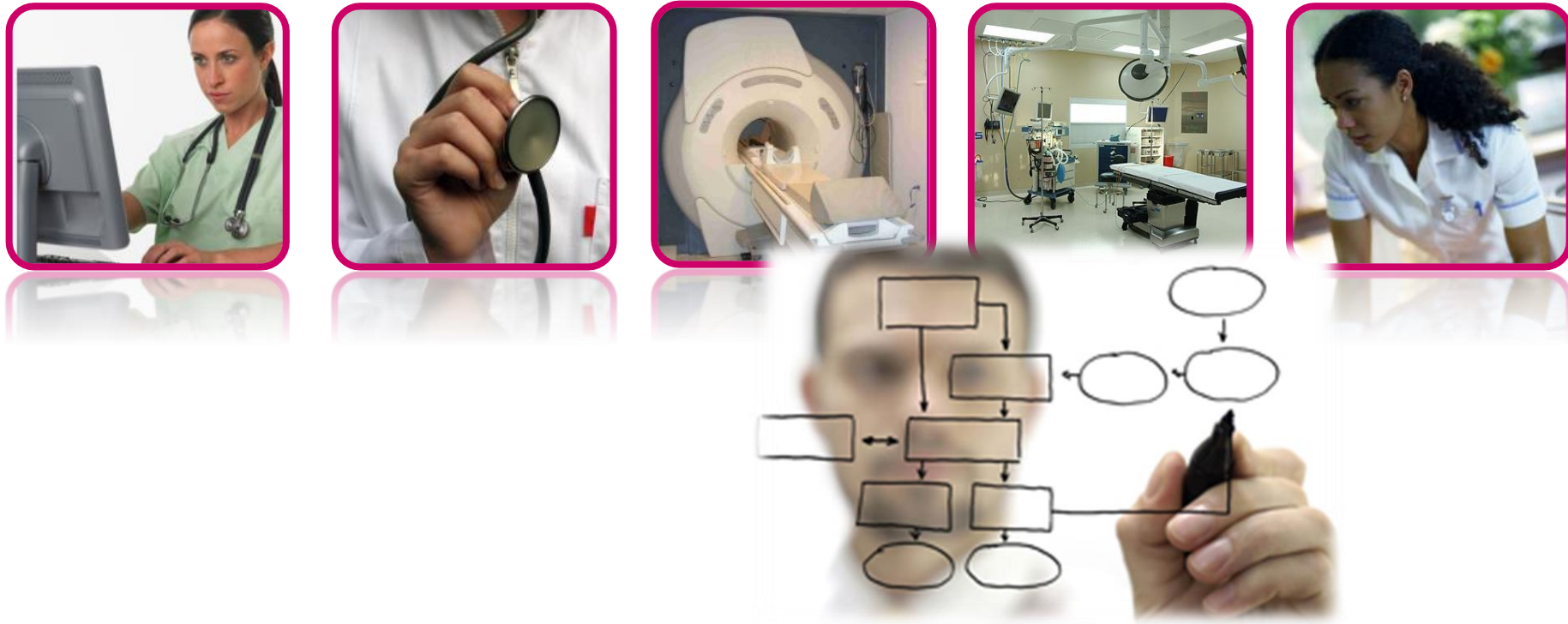
being smart in what to do and how to deliver it...



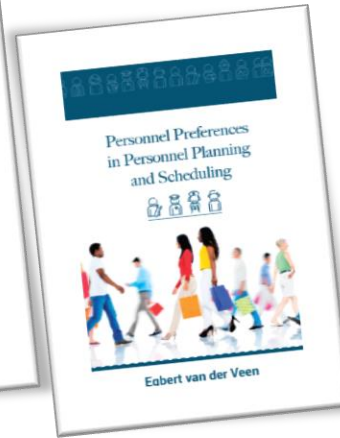
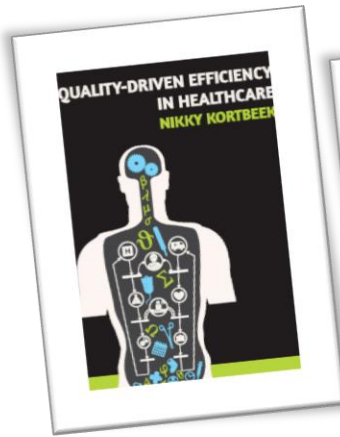
Applied Mathematics

- ✓ Process Innovation
- ✓ Business Analytics and Optimization
- ✓ Building on the latest scientific insights in Applied Mathematics

Optimizing CAPACITY & OPERATIONS MANAGEMENT



- ❑ Who is doing what, when, where, and with which equipment?
- ❑ Essence: adhere supply to demand



PEOPLE



TECHNOLOGY



ANALYTICS & CONSULTING

ORTEC
OPTIMIZE YOUR WORLD

knowledge + capabilities



*valorisation
innovate practice*



University of Twente

WE ARE...

ORTEC

dr. Bart Veltman

ORTEC, Partner
Rhythm, co-CEO
CHOIR – University of Twente



UNIVERSITY OF TWENTE. - CHOIR

Prof. dr. Richard Boucherie

Applied Mathematics



Prof. dr. Erwin Hans

Healthcare Operations Management



Rhythm

dr. Nikky Kortbeek

CEO
CHOIR – University of Twente





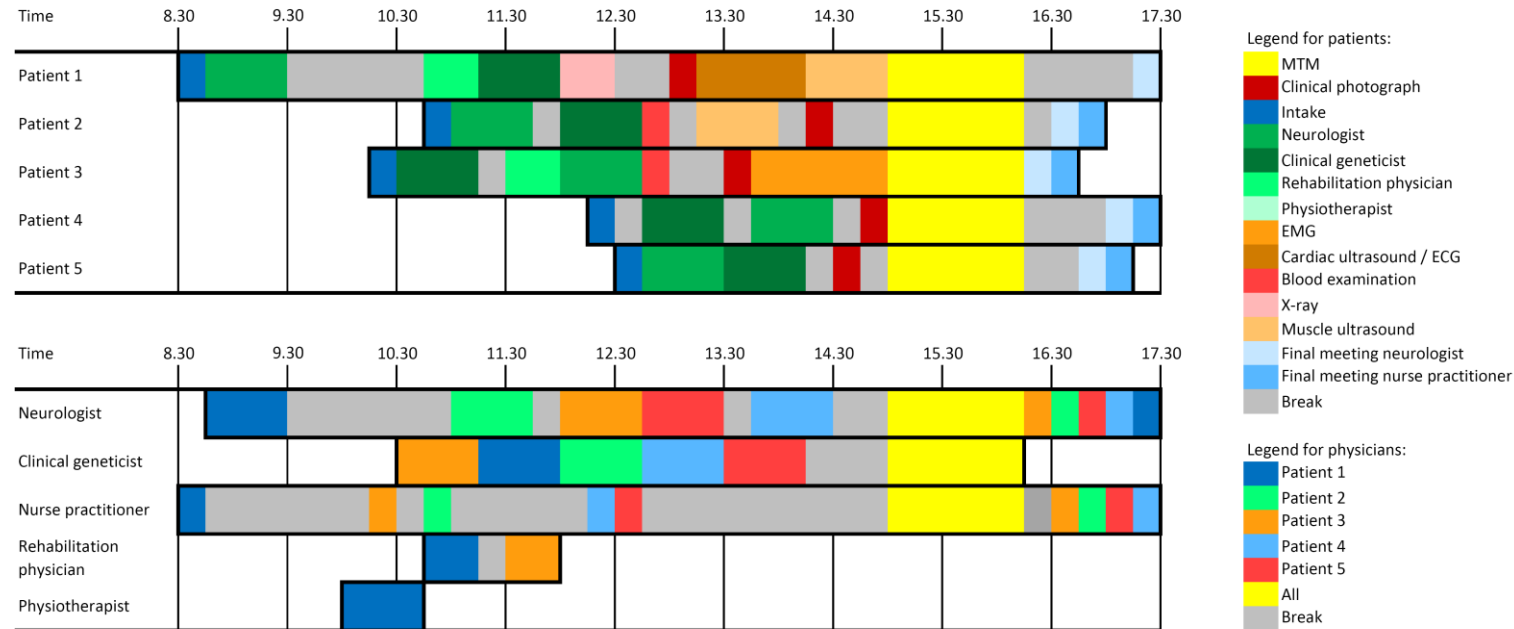
Outpatient clinic: Reduction of 6 – 8 visits per year to 1 visit per year

CT/Radiology: From 4 weeks waiting time to walk in (same day, next day)

Operating Theatre: 20% increase in surgeries (OT capacity) without additional capacity in nursing wards

Nursing wards: higher quality, less capacity, higher productivity

Outpatient settings: One-stop shopping at Children's Muscle Center Amsterdam



Reducing the number of visits for these children from 6-8 times a year, to **1** time a year

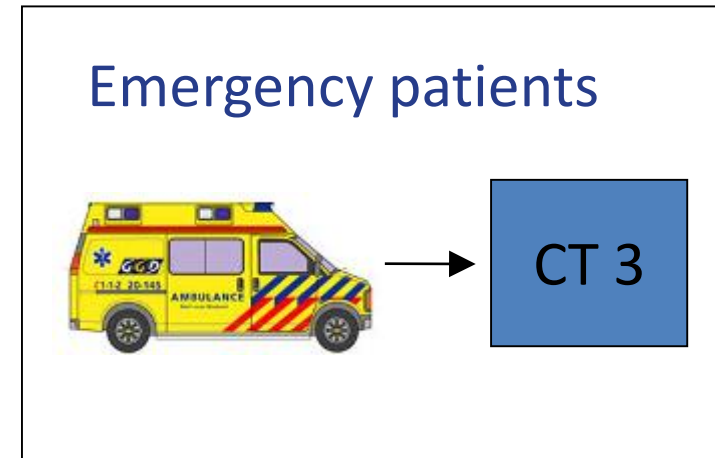
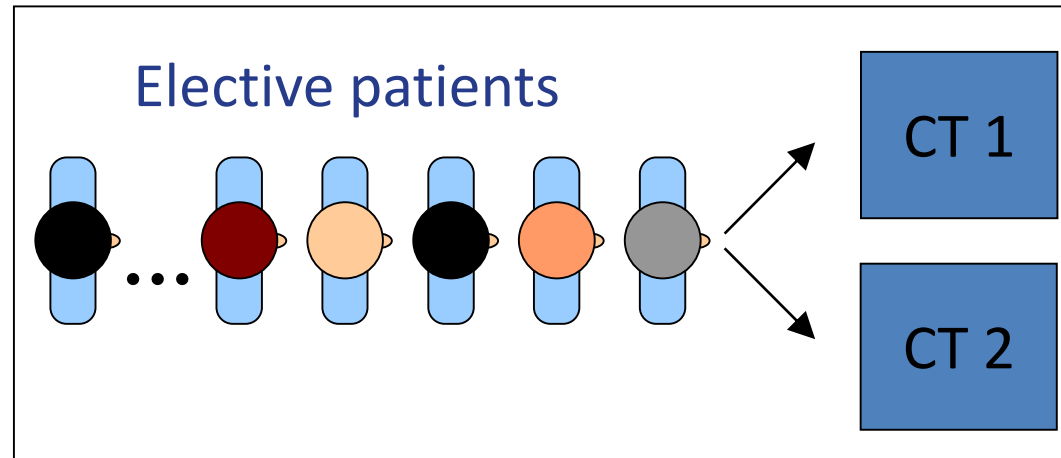
Kortbeek et al. (2012). Organizing multidisciplinary care for children with neuromuscular diseases. University of Twente.

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Problem: up to 4 weeks access time

Suggestion management: extra CT scanner

Data analysis shows:

- ☐ 39% of the time the CT scanners are in use
- ☐ 39% of the time the CT rooms are empty
- ☐ 22% of the time is spent on waiting for patients

- ☐ Each patient is planned in a 20 minute slot
- ☐ For most patients CT scan requires 8-12 minutes

Variability was caused by:

- ☐ administration of contrast fluids
- ☐ patients not arriving on time

Solution: reduce load and variability

- ☐ Administer contrast fluids in adjacent room, prior to the scan
- ☐ Let patients arrive 10 minutes earlier
- ☐ Elimination of “time blocks”:

- ☐ Mathematical model to evaluate the access time
- ☐ Discrete Event Simulation to visualize improvements

Access time has been reduced to just **1 day**

And CT now implemented as a **walk-in facility**

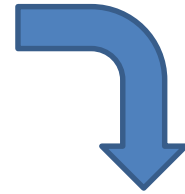
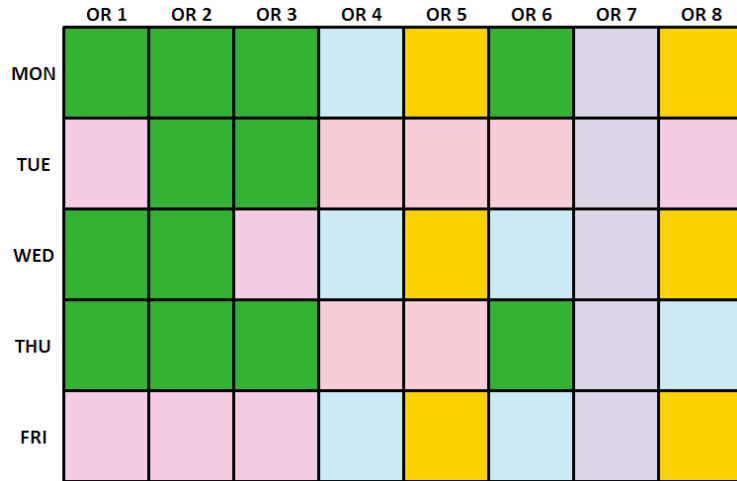
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CT/Radiology: From 4 weeks waiting time to walk in (same day, next day)

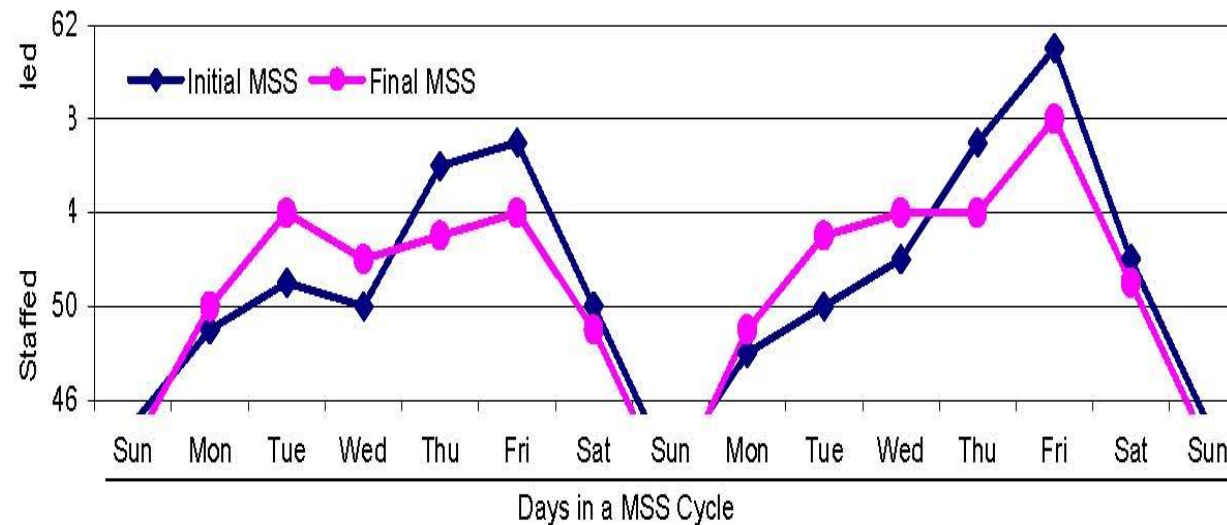
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Nursing wards: higher quality, less capacity, higher productivity

An extra Operating Theatre (higher volume of surgeries), without increase in Ward and Nursing capacity



A different assignment of OT-capacity leads to an more stable workload on nursing wards; it allows to facilitate a higher productivity of the Operating Theatre: **20% increase in productivity**



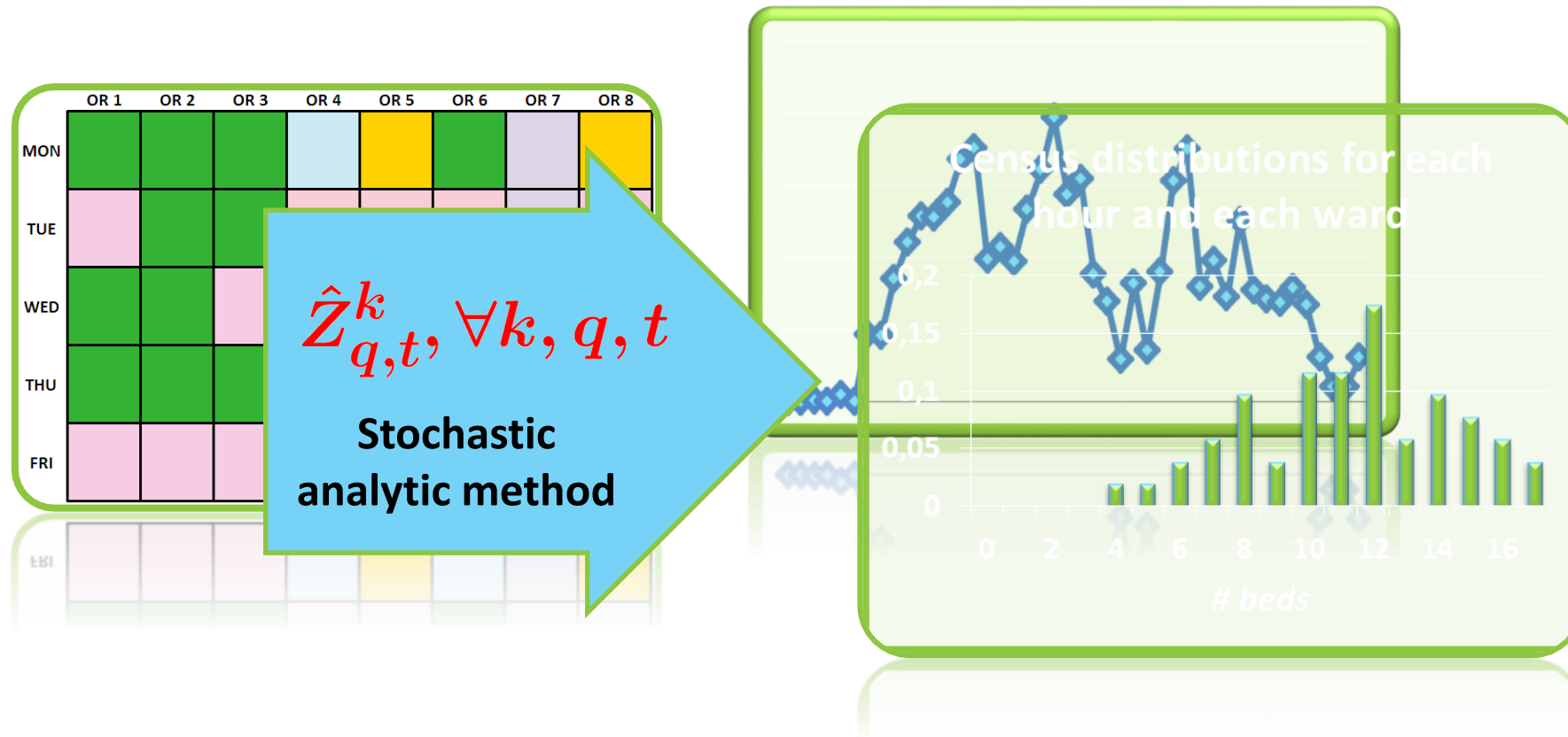
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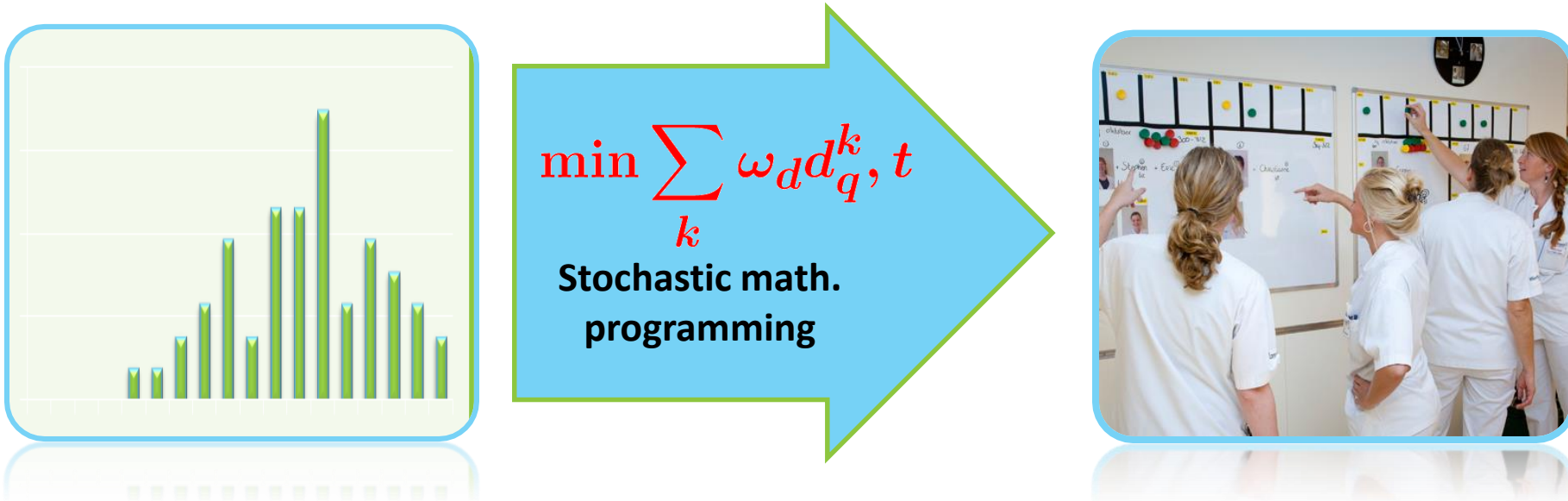
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Nursing wards: higher quality, less capacity, higher productivity

Integrally shaping inpatient care services; Predicting hourly bed census



Kortbeek et al. (2012). Integral resource capacity planning for inpatient care services based on hourly bed census predictions. Memorandum 1990, University of Twente. Submitted to: JORS.



- ❑ Quality: rejections, misplacements, nurse-to-patient ratios
- ❑ Efficiency: bed utilization, #FTE nurses

*Kortbeek et al. (2012). Flexible nurse staffing based on hourly bed census predictions.
Memorandum 1996, University of Twente. Submitted to: Operations Research.*

Integrally shaping inpatient care services; Results

- Balanced inflow of postoperative patients to inpatient facilities (reducing the OR schedule outflow variance)
- Optimized match nurse staffing decisions to actual patient inflow (prediction and optimization algorithms)

**Compliance
nurse-to-patient
ratio's +10%**

higher quality

**Number of beds
-5 to -15%**

less capacity

**Number of
patients per FTE
+10 to +20%**

higher productivity



Sint Maartenskliniek



University of Twente

Examples of significant optimizations

Outpatient clinic: Reduction of 6 – 8 visits per year to 1 visit per year

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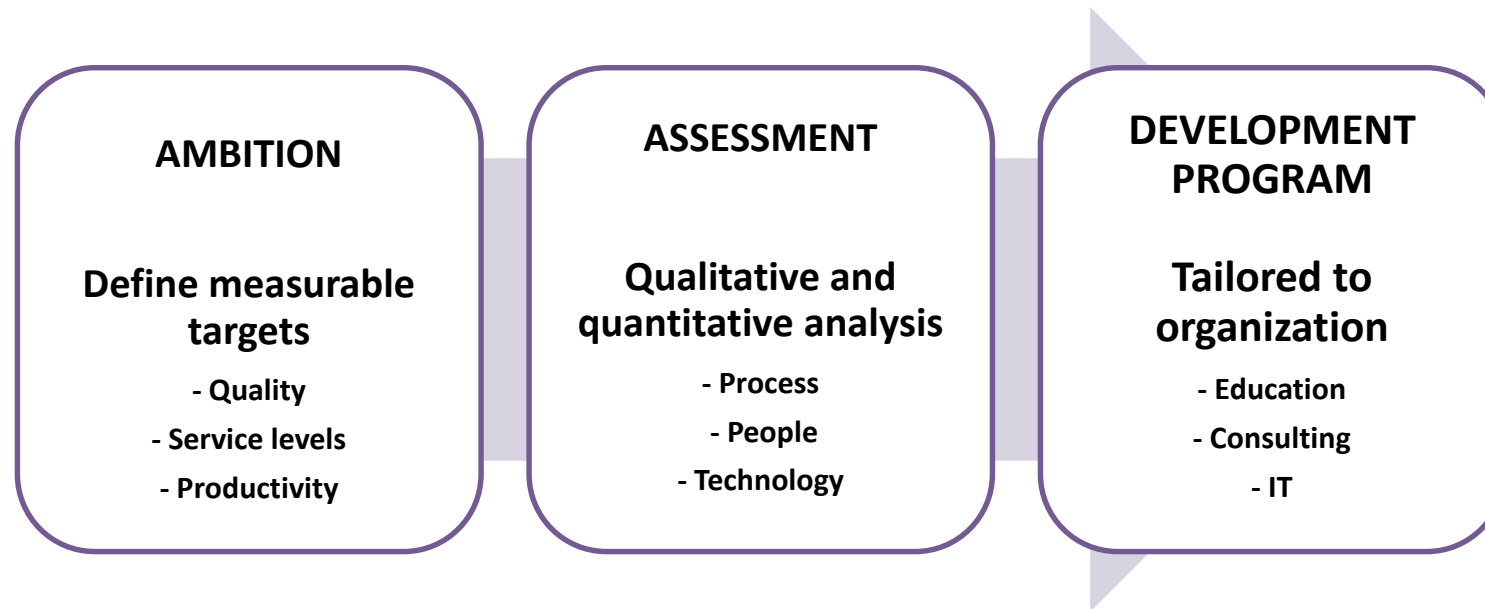
Nursing wards: higher quality, less capacity, higher productivity

Applied Mathematics

– Operations Research methods and software products –

essential to all mentioned optimizations

“the integral scientifically-based solution concept”



Thank you!



University of Twente

Bart Veltman

MSc. Mathematics 1987, University of Nijmegen, NL

PhD. Operations Research & Management Science 1993, CWI Amsterdam, Eindhoven University, NL



Rhythm (2014 – now); a joint venture of Univ. Twente professors/researchers and ORTEC

- Founder, co-CEO; valorization research results on patient logistics

ORTEC (1993 – now)

- Partner (2004 – now)
 - Initiated research & development on Capacity Planning & Patient Logistics solutions for Healthcare
 - Initiator and Director product management & product competence centers in the Netherlands and Germany
- Director Workforce Planning & Scheduling
 - Director competence centre Workforce Planning & Scheduling
 - Managed acquisition and merger of IKS Producten BV by ORTEC
- Member of MT Logistics
 - Initiator APS product-line for Concrete (Mortar) Production & Distribution
 - Initiator and product manager Workforce Planning & Scheduling

Supervisory Board Logiplan GmbH, Germany (before acquisition by ORTEC)

Industrial Board LANCS Initiative, UK (program to revive & strengthen research capacity in UK)

Research fellow, University of Twente, NL

- CHOIR: Center for Healthcare Operations Improvements and Research
- Co-Promotor for PhD-research

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