# **Re-use, Rethink, Reduce**

The Netherlands





## **Overview** (1/2)

#### The Green Deal Healthcare Agreement 3.0

 Reducing carbon dioxide emissions by 49% by 2030 and achieve carbon neutrality by 2050

### **Environment Thermometer for Healthcare**

- Certification system
- More cooperation, more visibility and more commitment

### **Green Teams**

• Enable the change from a bottom - up approach



## **Overview** (2/2)



## A few examples to start with...













ເຮຂໄຊ

## **Re-use** in the Operating Room



25% of the waste of Maasstad Hospital is produced in the Operating Rooms

10-15 kg of waste per surgery

- Re-using the anaesthetic tubing. Saved €20,000 and 700kg of plastic in one year
- Re-using surgical caps rather than using the disposable ones
- Re-using blankets
- Re-using the suction containers using "Neptune"



## **Rethink** Patient Pathways



### Visiting the Sick, Michael Sweerts, c. 1646 - c. 1649

"Helpful visitors enter the home of a poor family to minister to the sick. Seated next to a bed, a doctor points his finger upward, as though to say that only God holds man's fate in his hands. Standing by the side of an old woman is a child, who gazes imploringly at the viewer."

## **Rethink** Patient Pathways

Why? Aging Demographic, Shortage of Staff, Quality Standards, Sustainable Practices

#### **Rethink Patients Flow - Focus on Home Care!**

E-Health: tele consultations and tele monitoring

Around 50% of follow up consultations are tele consultations in the Netherlands



## **Rethink** Patient Pathways



### **Benefits?**

- More convenient for patients
- Improve hospital capacity
- Avoids possible CO2 emissions caused by patients commuting  $\rightarrow$  road traffic responsible for 17% of total CO2 emissions in the Netherlands.

## **Reduce** Use of Gloves

Why? To reduce CO2 emissions, costs and the spread of microorganisms



## *Refuse* unnecessary care

GP (General Practitioner) is the gate keeper

94% of all complaints treated by GP

Evidence based recommendations

Avoid over treating and over diagnose

#### RESEARCH

## Identifying and prioritizing do-not-do recommendations in Dutch primary care

Check for

**Open Access** 

Simone A. van Dulmen<sup>1\*</sup>, Ngoc Hue Tran<sup>1</sup>, Tjerk Wiersma<sup>2</sup>, Eva W. Verkerk<sup>1</sup>, Jasmine CL Messaoudi<sup>1</sup>, Jako S. Burgers<sup>2,3</sup> and Rudolf B. Kool<sup>1</sup>







### Take home message

Everyone can look at quality and cost effectiveness through *Green Glasses (and there is no excuse...!)* 

Start now