Jos de Blok

Buurtzorg: better care for lower cost
Buurtzorg – Quick Scan

- New organization and care delivery model
- Started in 2007 with 1 team/4 nurses
- Delivering Community Care/working together GP’s
- 2013: 6500 nurses in 630 independent teams.
- 35 staff at the back office and 15 coaches
- 60,000 patients a year
Results policy on homecare 2006

- Fragmentation of cure, care, prevention
- Standardization of care-activities
- Lower quality / higher costs: wrong incentives: delivering much care against low cost is profitable
- Big capacity problems due to demographic developments (shortage of 400,000 nurses within 10 years)
- Clients confronted with many caregivers
- Information on costs per client/outcomes: none!
Start Buurtzorg 2007

Starting an organization and care delivery model for community care with:

- **independent teams** of max 12 nurses
- Working in a neighborhood of 10,000 inh.
- who organize and are responsible for the **complete process**:
  - clients, nurses, planning, education and finance;
  - and all kind off coordination activities!!!!
(Self)-Organisation

• Optimal autonomy and no hierarchy
• Complexity reduction (also with the use of ICT)
• Max of 12 nurses a team, 40 à 50 clients
• Assessment and taking care of all types of clients: generalists!
• 70% registered nurses
• Their own education budget
• Informal networks in the neighborhood and close collaboration with GP’s
Different types of clients

- Chronically ill and functionally disabled clients
- Elderly clients with multiple pathology
- Clients in a terminal phase
- Clients with symptoms of dementia
- Clients who are released from the hospital and are not yet fully recovered
Vision: support independence!

Onionmodel Buurtzorg
Buurtzorg works inside-out: empowering and adaptive, network creating, supporting.

1. Selfmanagement client
2. Informal networks
3. Buurtzorg team
4. Formal networks
Quality system

- Monitoring outcome instead of production: the Omaha system: Big Data on problems, interventions and outcome
- Roles and activities instead of processes
- High education level: 70% is RN (average 10%)
- Buurtzorg academy: the new bachelor nurse
- And of course: clientsatisfaction!
Supporting the independent teams

• 35 people in 1 back office; 15 coaches, managers 0!
• Taking care of inevitable bureaucracy, so the nurses won’t be bothered with it!
  – The care is charged.
  – The employees are paid
  – Making financial statements
ICT makes it possible! - Buurtzorgweb

- Shared values
- View on quality of care, transparency
- Position in the care-chain, relationship with other caregivers.
- Grip on the business

Community
Instruments
Communication in the care chain
Production
Relationship professional and client
Buurtzorgweb – some aspects

- Community
- Clients and employees data
- Hour registration.
- Sharing documents
- All the necessary administration for accountability to cost providers, inspection etc.
- Planning
Community

- Shared values. Nurses work all over the country but feel like ‘one’
- Nurses can ask for good examples from colleagues all over the country.
- Man. Dir. can easily check the ideas of the teams.
- The back office has an easy way of communication with all the nurses.
- Contact between nurses and informal care and other caregivers from the neighborhood.
Buurtzorg is Dutch most fast growing organization

Started in 2007
2013: 6500 nurses in 630 teams
Buurtzorg in the whole country
Satisfied employees

- Thousands of nurses quit their job at traditional organization and went to work for Buurtzorg
- They appreciate:
  - Working in small teams
  - Working autonomous
  - Independency
  - Strong team spirit
  - User-friendly ICT
- Price for best employer of the year 2011/2012
Satisfied clients

• Good quality of care.
• "Compaired to 307 other organizations for community care they give the highest score to Buurtzorg. (NIVEL 2009)"
• from 2010: highest clientsatisfaction rates: 9,0
• Supported by patient- and elderly organizations
Radio Steunkous

102.4
op de kabel
dinsdag
15.00-15.30

live bellen 020 7884331
Rollatorrace

http://www.youtube.com/watch?v=Q-fPDrN5pBU
Cost effectiveness for the organization

- Overhead costs: 8% (average 25%) → more money for the care and innovation
- Profit rate: 8% (Buurtzorg is NON profit)
- Sickness rate: 3% (average 7%)
Cost Benefits for the Care!

- The home care would be ½ the costs (Buurtzorgs model leads to more prevention, a shorter period of care and less spending on overhead)
- More satisfied employees and clients
- The government an all political parties are stimulating other care organization to work like Buurtzorg.
- Other sectors are interested in the organization model
Thank you for your attention