

Jos de Blok

Visit Denmark jan. 8th 2015



Buurtzorg: Humanity above bureaucracy!

Buurtzorg – Quick Scan

- New organization and care delivery model
- Started in 2007 with 1 team/4 nurses
- Delivering Community Care/working together GP's
- 2014: 9000 nurses in 800 independent teams.
- 45 staff at the back office and 15 coaches
- 70.000 patients a year
- Turnover: € 280.000.000,- in 2014.



WHY: a transition was needed!

- Fragmentation of cure, care, prevention
- Standardization of care-activities: products!
- Lower quality / higher costs: wrong incentives: delivering much care against low cost is profitable
- Nurses quit working because of losing their autonomy and craftsmanship
- Big capacity problems due to demographic developments
- 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 5.000-10.000 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: TRUST
- 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!
- 50% Bachelor educated nurses
- Their own education budget
- Informal networks are much more important than formal organizational structures



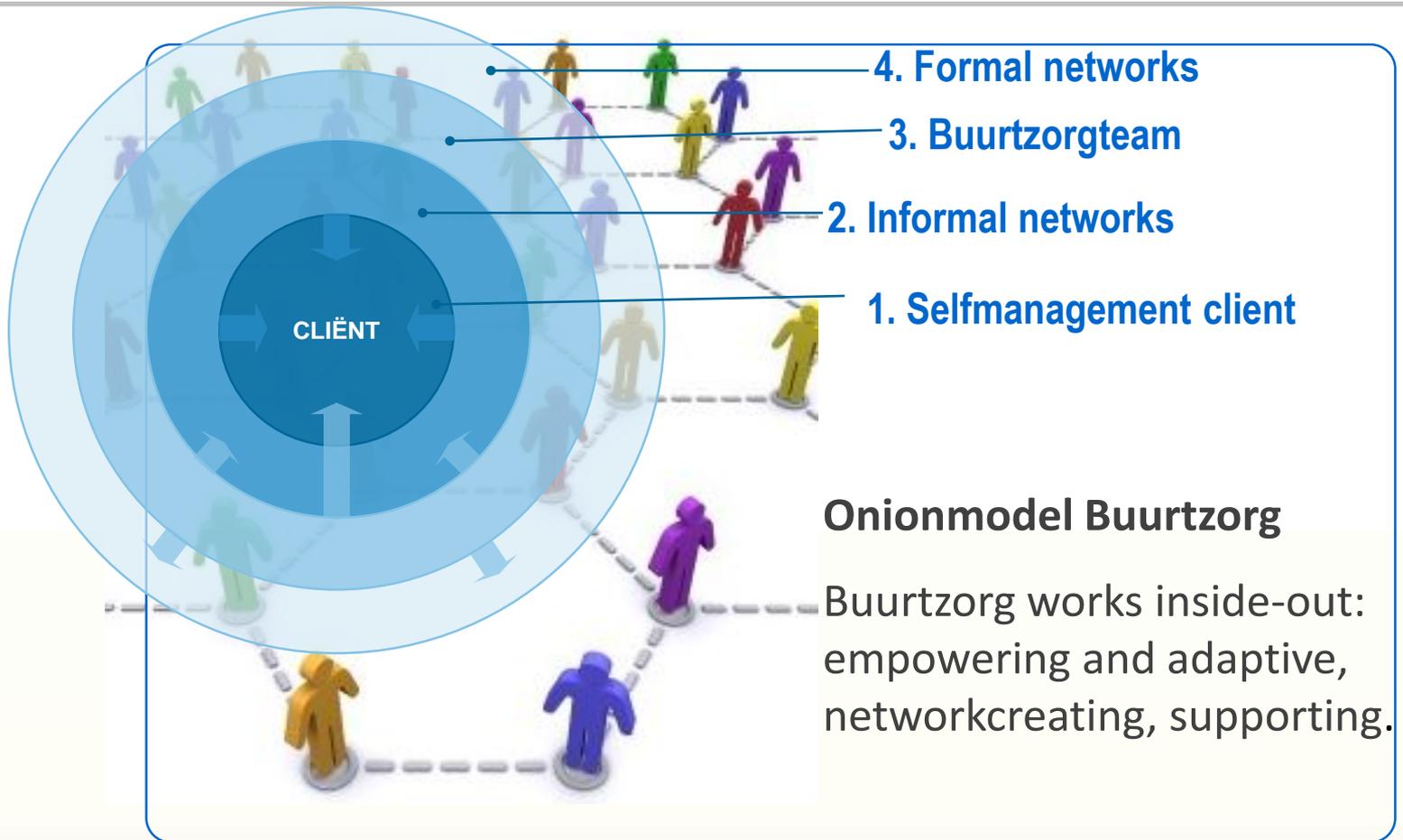
BUURTZORG



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!



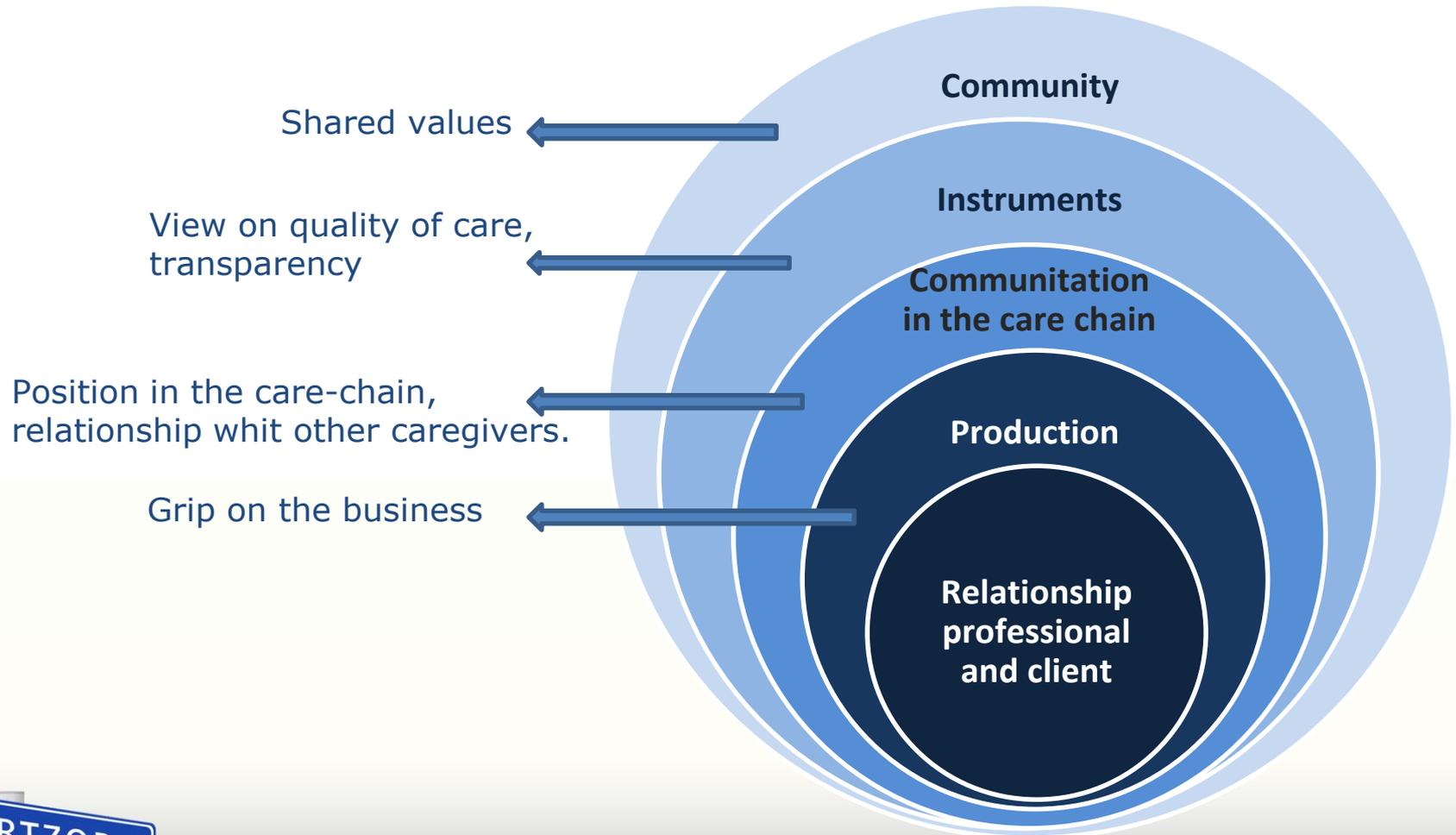
Quality system

- Monitoring outcome instead of production: the Omaha system (becoming the national standard)
- Roles and activities instead of processes (ISO)
- High education level: 70% is RN (average NL10%)
- Buurtzorg academy: E-learning environment
- And of course: clientsatisfaction!

Supporting the independent teams

- 45 people in 1 back office; 15 coaches, managers 0!: 2 directors: a happy couple!
- 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



Buurtzorgweb – some aspects

- Community: sharing experiences; blogs
- Sharing values: the Buurtzorg identity
- Clients and employees data
- Sharing documents; innovations
- All the necessary administration for accountability to health insurance, inspection etc.
- Planning, scheduling, reporting, registration

Innovations

- E-Health: new services at home: INR selfguidance
- My Shopeye: serving the teams
- Neighborhood clinics with GP's
- EHR: E-messages: everything is digital

Buurtzorg in the whole country



BUURTZORG



BUURTZORG

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 teamspirit
 - User-friendly ICT
- Price best employer of the year 2011/2012/2014





BUURTZORG

Satisfied clients

- Good quality of care.
- "Compared to 307 other organizations for community care they give the highest score to Buurtzorg. (NIVEL 2009)"
- Highest clientsatisfaction rates: 9,1
- Supported by patient- and elderly organizations

Rollatorrace: bottom-up innovation

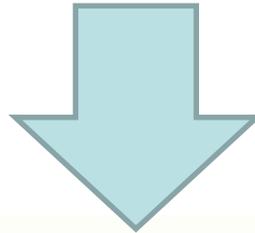
<http://www.youtube.com/watch?v=Q-fPDrN5pBU>

Cost effectiveness for the organization

- Overhead costs: 8% (average 25%) → more money for the care and innovation
- Profit rate: 5% (for innovation, education)
- Sickness rate: 4% (average 7%)

Cost Benefits for the Care!

- The home care would be 65% of 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 and all political parties are stimulating other care organizations to work like Buurtzorg.
- Other sectors are interested in the organization model

New concepts based on same principles

- Buurtzorg Jong: youthcare: 15 teams
- Buurtdiensten: domestic care: 85 teams
- BuurtzorgT: psychiatric homecare: 12 teams
- Buurtzorgpension: short stay/rehabilitation
- Buurtzorghuis: hospicecare
- Buurtzorgplus: OT and PT
- Sweden, Belgium, USA, ASIA.....



New paradigms needed

- Integrating simplification theory: Sharda Nandram
- Reinventing organizations: Frederic Laloux
- The Netherlands is flipping: Prof. Jan Rotmans
- Leading professionals: don't! Prof. M.Weggeman
- In the shadow of the care system: A. van Dalen
- Humanity above bureaucracy: Jos de Blok/A. Pool



BUURTZORG

A black and white photograph of a park bench. The bench is made of wooden slats and has a blue rectangular sign with white text that reads "BUURTZORG". The bench is situated on a paved area next to a grassy field. In the background, there are trees and another bench. The overall scene is a peaceful park setting.

BUURTZORG

Thank you for your attention