

Buurtzorg  
**humanity over  
bureaucracy**



# Buurtzorg Foundation quick scan

- 2006: new organization and care delivery model
- Self-managing teams, no managers
- delivering nursing- and community health care
- working together with GP's and others

1 team  
4  
nurses

ca. 10,000  
nurses in  
850  
'independent'  
teams

2007 -- 2008 -- 2009 -- 2010 -- 2011 -- 2012 -- 2013 -- 2014 -- 2015 -- 2016 -- -- and growing ...

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# Results of 90's policies on homecare

- fragmentation of cure, care, prevention
- standardization of care-activities/tasks
- talking of 'products', price x quantity
- wrong incentives: delivering much care at low cost = profit ->
- lower quality and higher costs
- 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 nursing- and community care with

- **independent teams** of max. 12 nurses
- working in a neighborhood of 5000-10.000 people
- who organize and are responsible for the **complete process**:
  - clients, nurses, planning, education and finance
  - and all kinds of coordination activities
  - integrating nursing/medical and social care



# Buurtzorg serving purpose

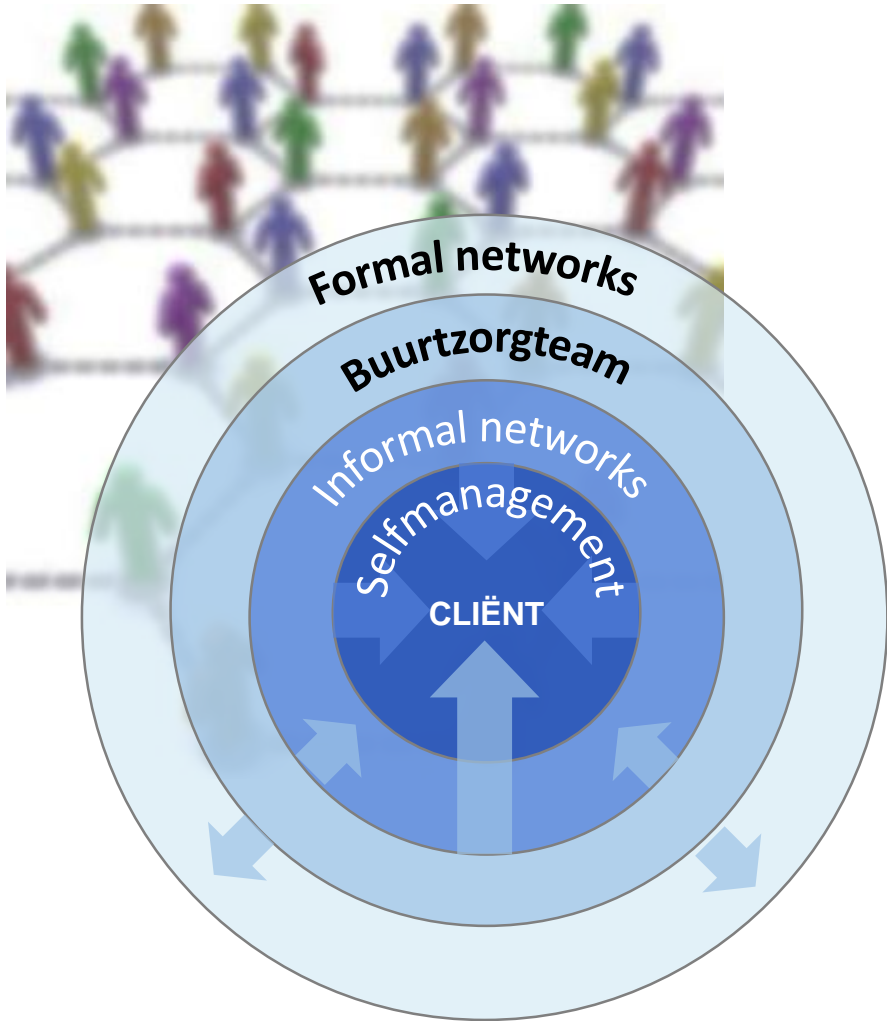
Self-organizing teams were:

- not a goal
- simply the most logical way to **serve purpose**

Free & empowered to:

- adapt to individual needs of clients, colleagues, local circumstances
- build healing relationships
- be agile: being alert, and easy and quick to move

# Onionmodel



- inside-out
- empowering
- adaptive
- network creating
- supporting

# (Self)Organization

- optimal autonomy and no hierarchy: TRUST
- complexity reduction; also with the use of ICT
- max. of ca. 12 nurses / team, 40 to 50 clients
- generalists: taking care for all type of patients
- ca. 70% registered nurses (of whom ca. 40% bachelor degree)
- own education budget
- informal networks more important than formal organizational structures
- training SIM: selfsteering and coaching



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# All clients welcome

- chronically ill and functionally disabled clients 30%
- clients with (symptoms of) dementia 14%
- clients who need palliative end of life care 23%
- frail elderly 31%
- clients discharged from hospital 33%

All ages, range 0-107, mean age = 74

Female : male = 60% : 40%

# Quality System

- monitoring outcomes: Buurtzorg Information System (BIS, incl. the Omaha System)
- roles and activities per role, instead of processes
- high education level: 70% is RN (av. elsewhere 20%), of whom
- client satisfaction
- team functioning feedback and transparency (online)
- employee satisfaction

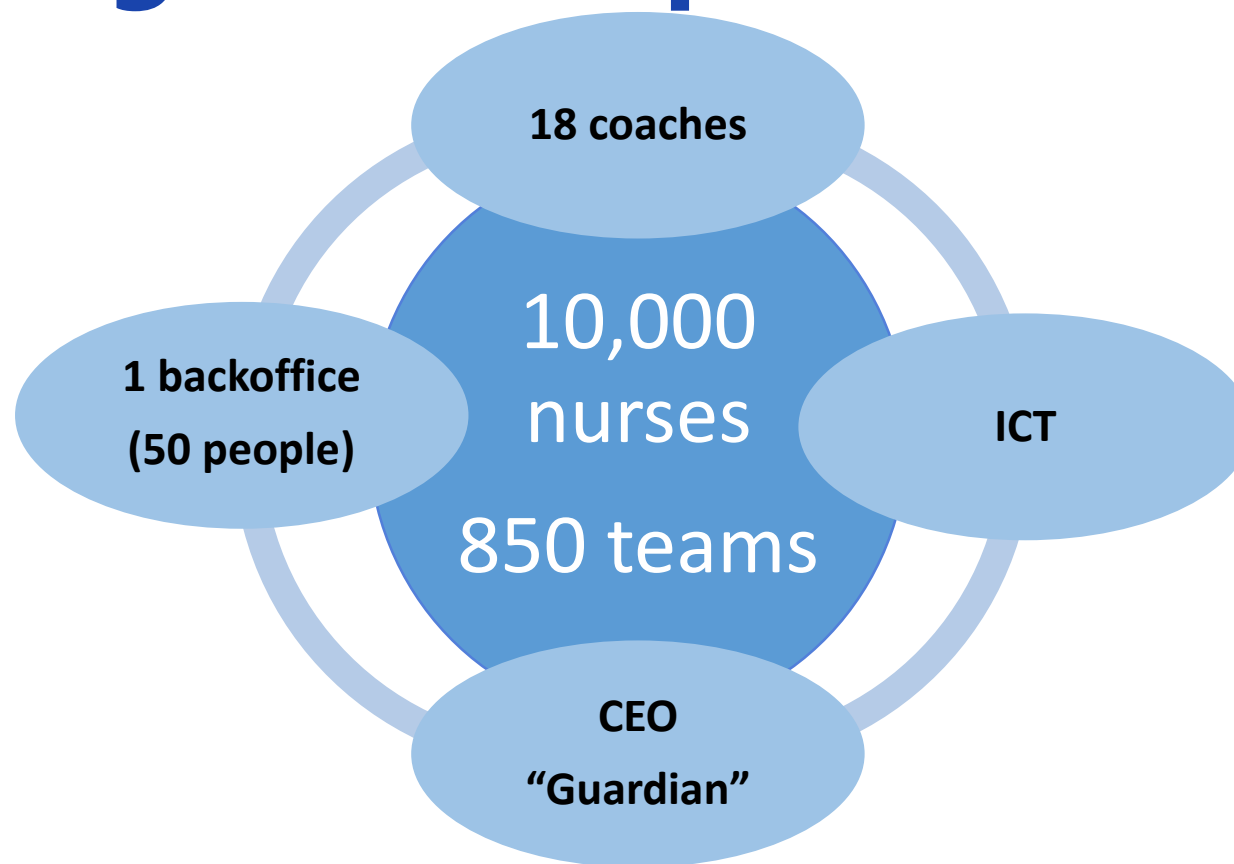
# Supporting the independent teams

50 people in 1 back office; 15 coaches, managers 0!

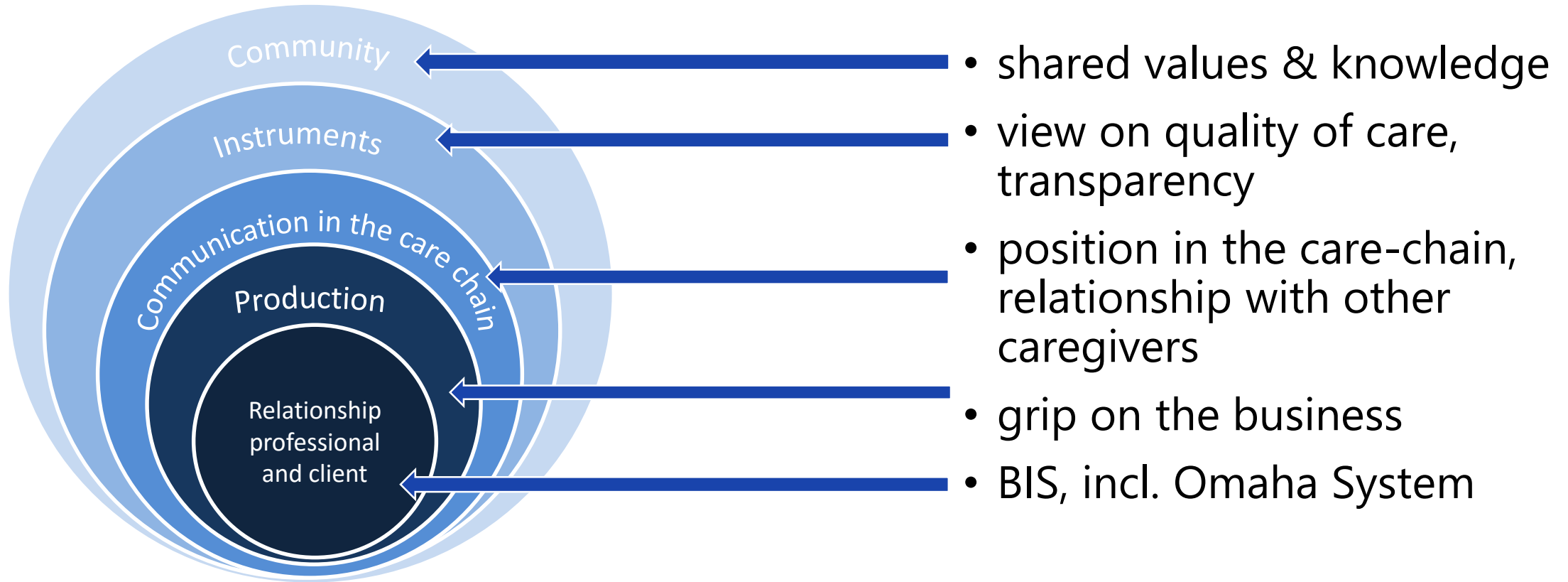
Taking care of inevitable bureaucracy, so the nurses won't be bothered with it!

- The care is charged.
- The employees are paid
- Making financial statements

# Supporting the independent teams



# ICT makes it possible! - Buurtzorgweb



# Buurtzorgweb – some aspects

- build 'agile' from scratch, to serve higher purpose
- build for small self managing teams
- reflects lack of hierarchy, lack of control-mechanisms
- open communication
- minimize bureaucracy, simplify tasks
- provide services and support teams
- Software as a Service (SaaS), outsourced

# Buurtzorgweb – some aspects (2)

- online community
- client-, employee-, team-data, planning
- hours registration, production, billing
- sharing documents
- all necessary administration for accountability (cost providers, inspection etc.)
- care-chain connection (GP's, primary care, client portal)
- connection to online services (E-learning, ordering med. equipment)



# Online Community

- **shared values**
  - nurses work all over the country but feel like 'one'
- **good examples & best practices**
  - ask & share all over the country
- **opinion check**
  - easy check of the ideas of professionals
- **easy and open communication**
  - for example for CEO and backoffice with all teams

# BIS (Buurtzorg Informatie Systeem)

- Health-record focused on health & care only
- no reimbursement items or other pollution
- automated client centered coded classification; Omaha System ->
- assessment, interventions and outcomes
- integrated exemplary care-plans
- digitalized tools & overviews
- designed with nurses & nurse-assistants, 'agile' all the way
- winner of national Spider Award 2013 (ICT prize)

# Satisfied clients

- good quality of care
- “compared to 307 other organizations for community care clients give the highest score to Buurtzorg” (NIVEL 2009)
- highest *client* satisfaction rates: 9,1
- supported by patient- and elderly organizations
- less admissions in hospitals and nursing homes

# Satisfied employees

Thousands of nurses quit their jobs at traditional organizations and went to work for Buurtzorg, appreciating:

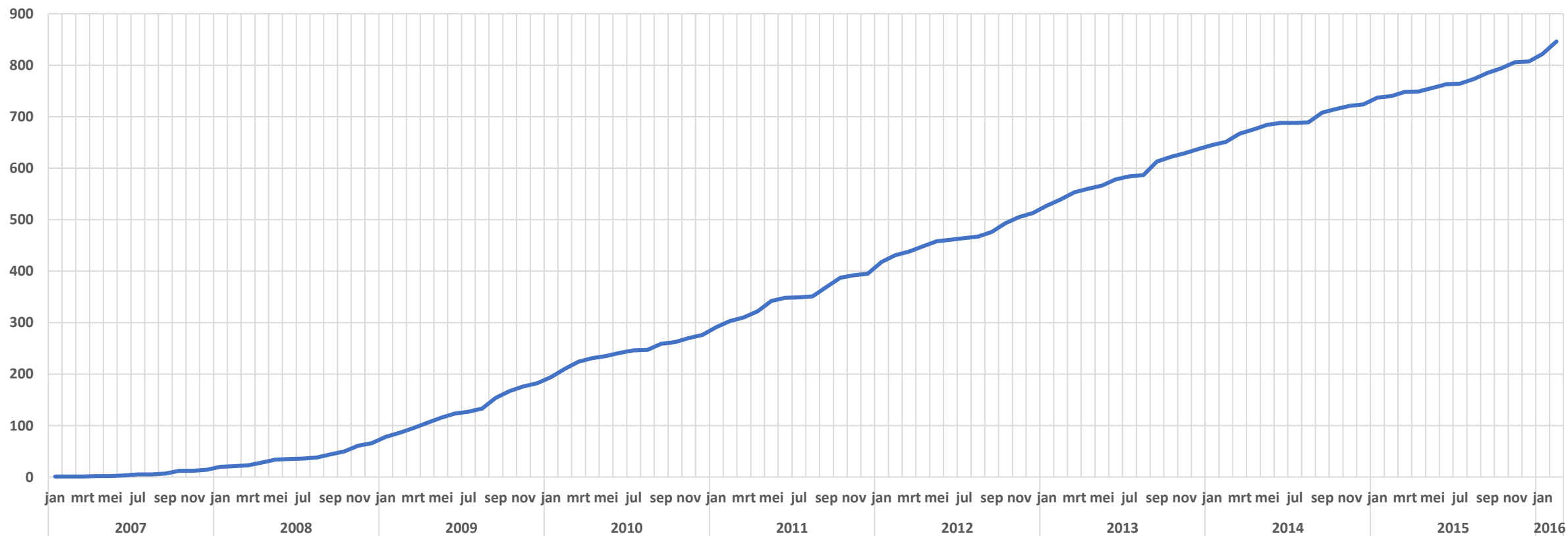
- working in small teams
- working autonomous, freed up and trusted
- strong team-spirit; *'good flow', 'bring out the best', 'never alone'*
- dignity; enabled to connect with clients, do good, achieve
- user-friendly ICT

Price for best employer 2011 / 2012 / 2014 / 2015

Repeated quotes: *'coming to work here felt like coming home'*



# Buurtzorg teams growth



# Buurtzorg in the whole country



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# Radio steunkous



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# Rollator race



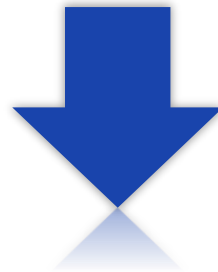
# Costs and benefits organizational

- overhead costs: 8% (average elsewhere 25%)
- profit rate: 4%
- sickness rate: 6%

more means for innovation and pragmatism: do what needs to be done  
means to support agility & adapt to fluctuations

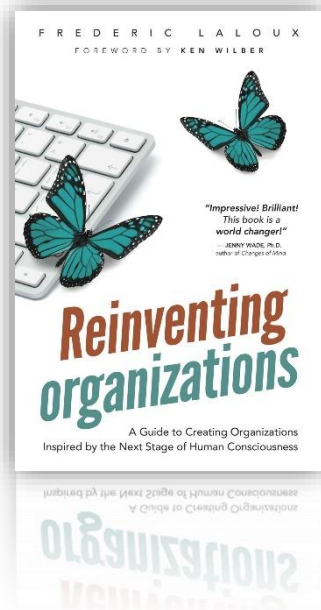
# Costs & benefits societal

- External report: "*home care would be 65% of the costs*", thanks 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 theoretical model?



Frederic Laloux:  
'reinventing  
organizations'

- selfmanagement
- wholeness
- evolutionairy purpose



Sharda Nandram:  
'organizational innovation  
by integrating  
simplification'

- needing principle
- rethinking principle
- common sense principle





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*Thank you for your attention*