

The Buurtzorg way

Happy Clients & Happy Nurses



London, Happy Conference, 09-02-2016

Alieke van Dijken, District Nurse Buurtzorg

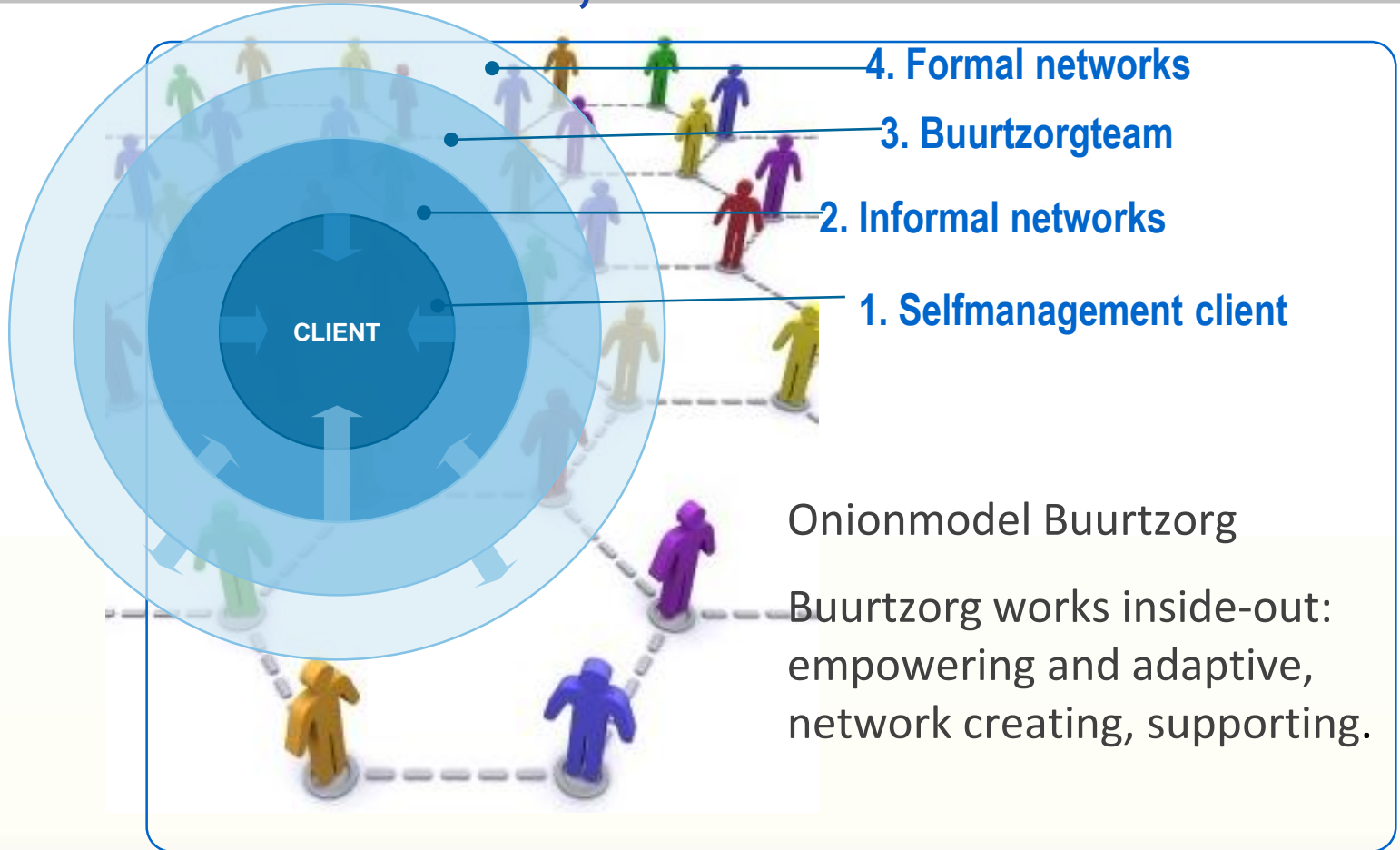
Tamsin Fulton, Public World consulting, partner of Buurtzorg Nederland

Buurtzorg – Quick Scan

- New model of organisation and care delivery
- 2006: 4 Community Nurses, 1 team
- 2016: 10.000 nurses in 850 self-managed teams.
- Back office: 45 staff, 18 coaches
- 80,000 patients/year
- Overhead costs: 8%
- Internationalisation: Sweden (2012), US (2013), Belgium (2013), Japan (2014), China (2015), South Korea (2015)



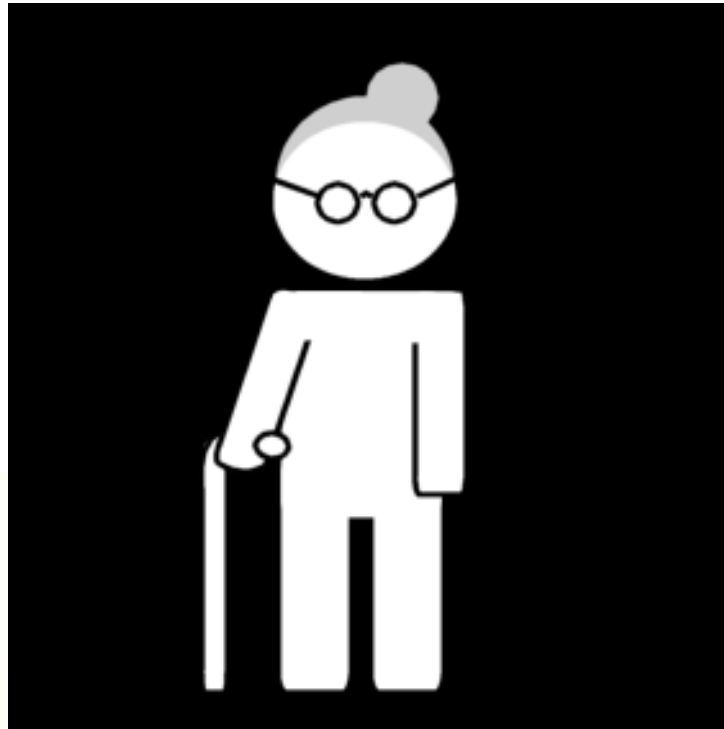
Support independence, strengthen informal networks,



Meet mrs. Granny

Widow, 85 yrs,
2 sons, good
neighbours

COPD , DM2
Dementia



Initial situation

Self-management of client

Self care independent, gardening, shopping, attending sports group by bus, messing up medication and appointments...



Social network

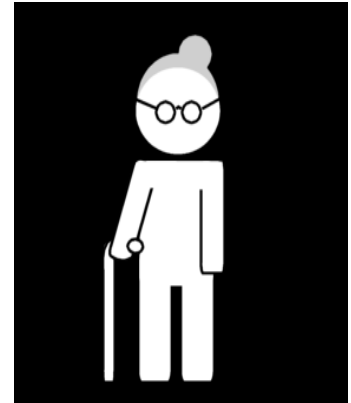
2 sons (not close), good neighbours, (sport) friends

Formal network

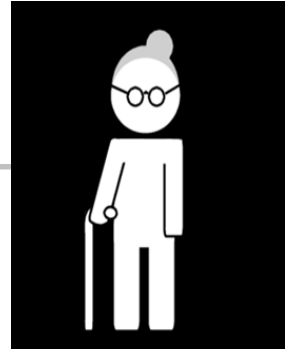
GP, case-manager dementia, Pulmonologist, Diabetes nurse specialist (primary care), housekeeper 1x/2 wks

Support independence

- As long as possible BZ 1/day
- Treatments: medication
- *Give guidance:* agenda, fridge, son
- *Monitoring:* physical signs, safety, activities
- *Case-management:* arrange resources, if needed consultation GP/practice nurse/ CM dementia, support sons



Strengthen informal network



Case-management

- Mental support for sons, with CM dementia
- Being available for social network by phone, mail, on the street
- Drinking a cup of coffee with neighbours, sharing concerns, explaining interventions
- Giving space to social contacts = Flexibility in planning!

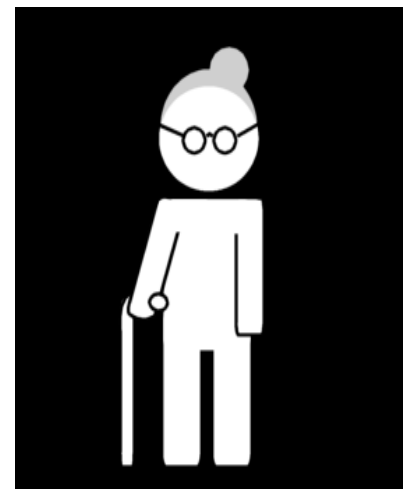
**It's all about
relationship...**



Meet again mrs. Granny

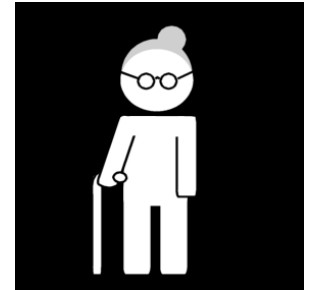
Intensity of interventions, 3x/day

- *treatments*: personal care, medication, wound care
- *Give guidance*: agenda, fridge, meals, personal care
- *Monitoring*: safety! State of mind, overburden sons
- *Case-management*: physiotherapy, arrange resources, path to admission in nursing home



Benefits of autonomy & education

- Flexibility in planning
 - Integrated care with hospital + GP
 - Time-investment in relationships with formal and social network
- Quick adjustments to health & safety risks
- No hospital admissions occurred
- Smooth admission in nursing home



New concepts based on same principles

- Buurtzorg Jong: youth care: 10 teams
- Buurtdiensten: domestic care: 85 teams
- BuurtzorgT: psychiatric home care: 12 teams
- Buurtzorgpension: short stay/rehabilitation
- Buurtzorghuis: hospice care
- Buurtzorgplus: Physio Therapy & OT



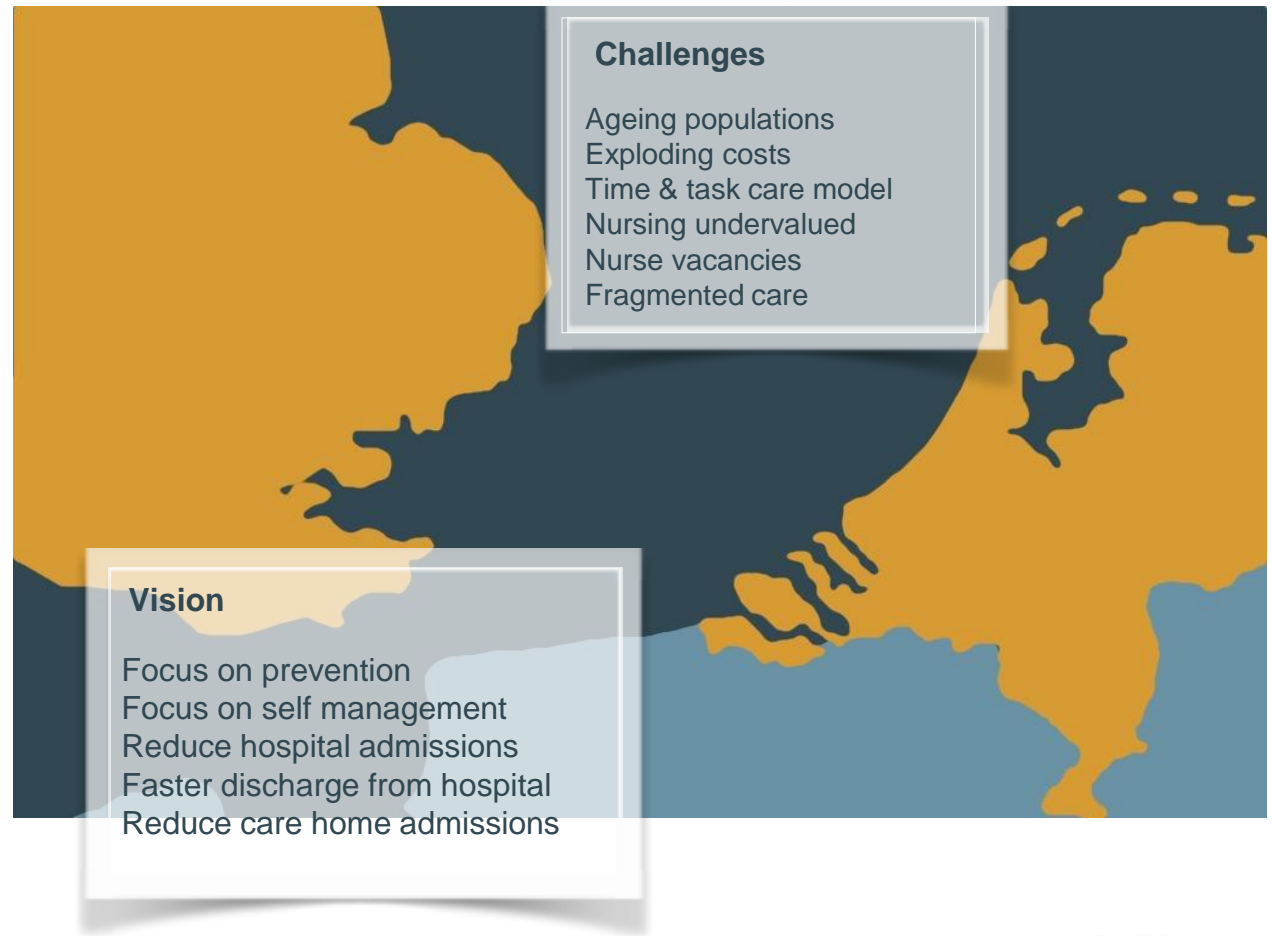
Buurtzorg publications

- Organisational Innovation by Integrating Simplification: Sharda Nandram
- Reinventing Organizations : Frederic Laloux



Similarities between England & Holland

It is easier to concentrate on the differences between Holland and the England. The Dutch culture is different, the health system is insurance based rather than free at the point of delivery. Personal care health organisations in Holland.



Tests & learning in the UK

Tests are being prepared at Guys & St Thomas' and in Gosport, Nottingham and Gloucester, and by the Scottish government.

Apply the lessons of Buurtzorg's experience in various settings and develop knowledge about how to successfully adapt it to the institutional, regulatory and cultural circumstances.



Key challenges overcoming fragmented care and support

- **Complex health and social care system**
- **Financial & Business model of health & social care**
- **Integration around person needing support**
- **Making use of informal support networks**
- **Enabling freedom with responsibility**
- **Introducing a trust-based model**
- **Not invented here**

Round #1

What is at the heart of your organisation?

Round #2

What are the barriers to self-management in your organisation?

Round #3

How could you bring more trust into your own organisation?



Thank you for your attention