

Buurtzorg & ICT

Ard Leferink

Buurtzorg Nederland Quick Scan

- New organization and care delivery model
- Started in 2007 with 1 team/4 nurses
- Delivering Community Health Care
- working together with GP's and others
- 2016: 10.000 nurses in 850 'independent' teams.
- 50 staff at the back office and 15 coaches
- 70.000 patients a year

Results policy on homecare 2006

- Fragmentation of cure, care, prevention
- Standardization of care-activities/tasks
- Lower quality / higher costs: wrong incentives: delivering much care against low cost is profitable
- Big capacity problems due to demographic developments
- Clients confronted with many caregivers
- Information on costs per client/outcomes: none!

Results ICT on homecare 2006

- Organisation
 - Backoffice more important than the fieldwork
 - Complex processes around 'time & task'
- Healtsystem
 - Lots of silo's with their own 'solutions'
 - A national architecture under construction based upon on-premises software
- The client / patient was nowhere

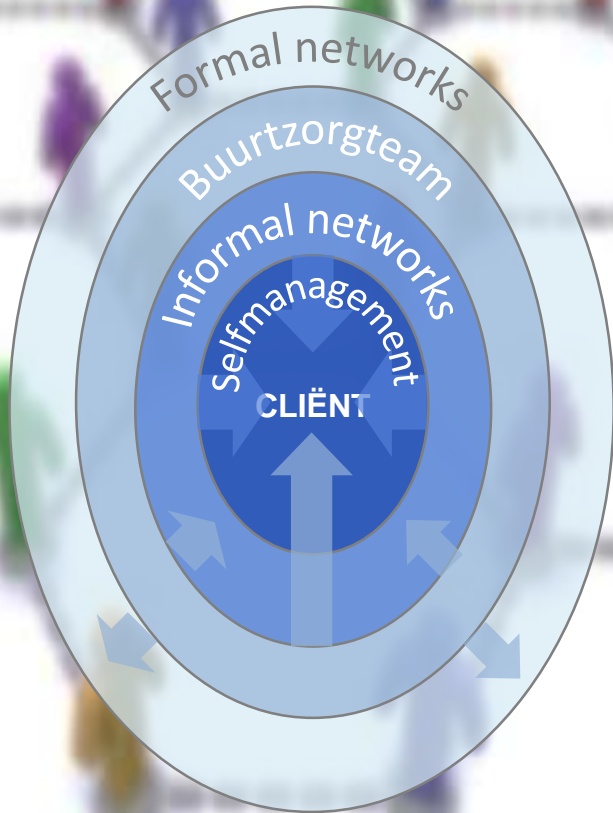
Start Buurtzorg organization 2007

- Starting an organization and care delivery model for community care with:
 - **independent teams** of max 12 nurses
 - Working in a neighborhood of 5000-10.000 p.
 - who organize and are responsible for the **complete process**:
 - clients, nurses, planning, education and finance;
 - and all kind off coordination activities!!!!
 - Integrating nursing/medical and social care

(Self)Organisation

- Optimal autonomy and no hierarchy: TRUST
- Complexity reduction
- Max of 12 nurses a team, 40 à 50 clients
- Generalists: taking care for all type of patients
- 70% registered nurses/40% bachelor degree
- Their own education budget
- Informal networks are much more important than formal organizational structures
- Training SIM: selfsteering and coaching

Onionmodel



- Inside-out
- Empowering
- Adaptive
- Network creating
- Supporting

Start Buurtzorg IT 2007

- Concept – Buurtzorg Web
 - Fully based on the Internet (SaaS)
 - No IT department, no applicationmanagement, no investements in IT, no desktopmanagement (BYOD)
- Ecare Services as full service partner (Fee for transaction)
 - Agile
 - Functional:
 - Relationship Caregiver & Client is Key
 - Teamprocesses is 2nd focus erea
 - Organisation & Backoffice has to follow

Agile

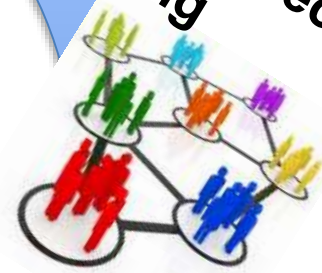
- 1 sprint in 6 weeks? No! 6 sprints in 1 week!
- BZ-teams and Ecare were pushing each other
- Integration of traditional IT and Social IT
- When they don't use IT, IT's not good enough! Rebuild or destroy.

Award after Award for Buurtzorg but also for Ecare.

Documenting care



Connecting



Organizing your work



Team performance



Thank you for your attention

Adapting and Adopting Buurtzorg in the UK

James Archer
Associate

The Atlantic Systems Guild Ltd and
Director Public World

Similarities between England & Holland



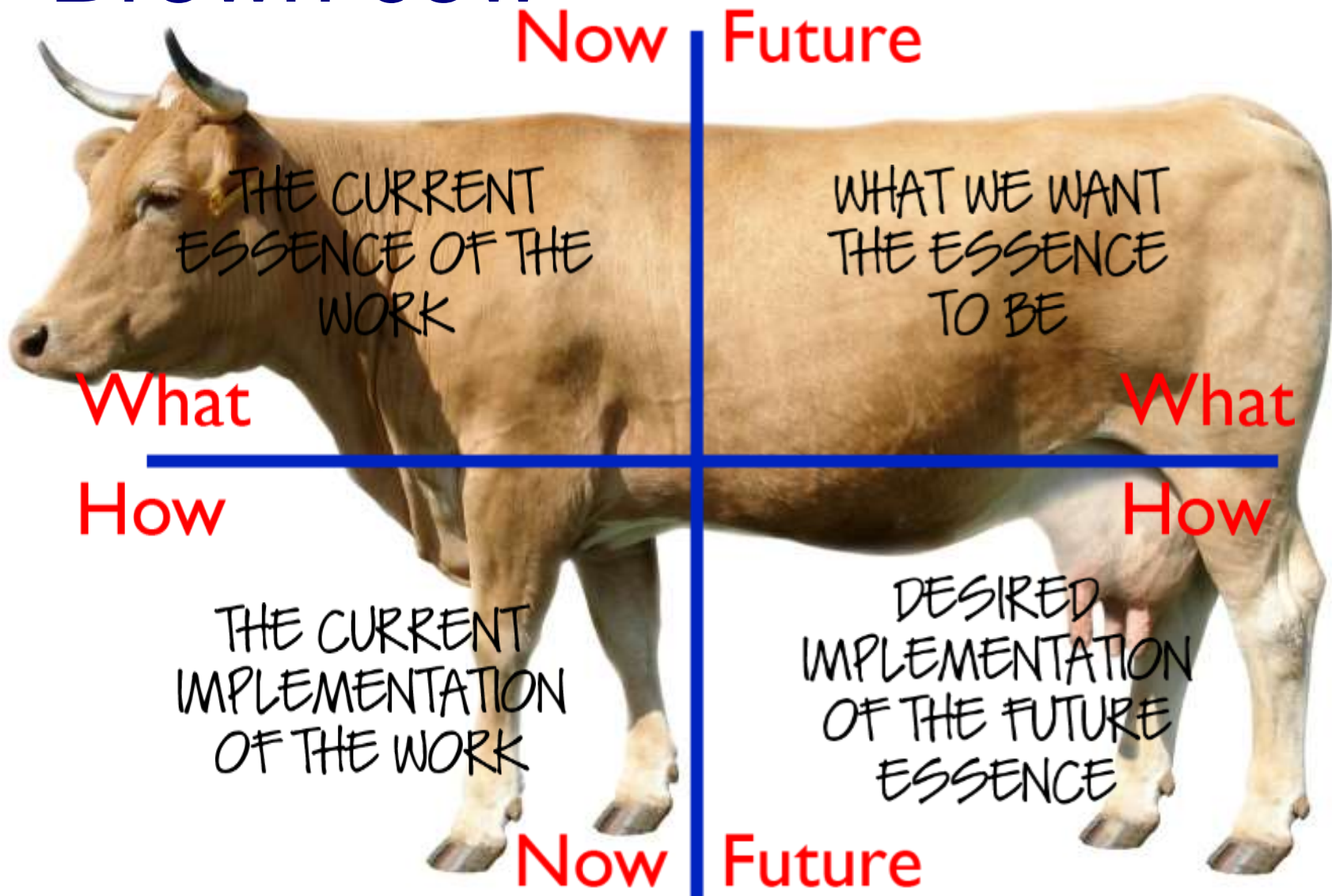
Challenges

- Ageing populations
- Exploding costs
- Time & task care model
- Nursing undervalued
- Nurse vacancies
- Fragmented care

Vision

- Focus on prevention
- Focus on self management
- Reduce hospital admissions
- Faster discharge from hospital

Brown cow

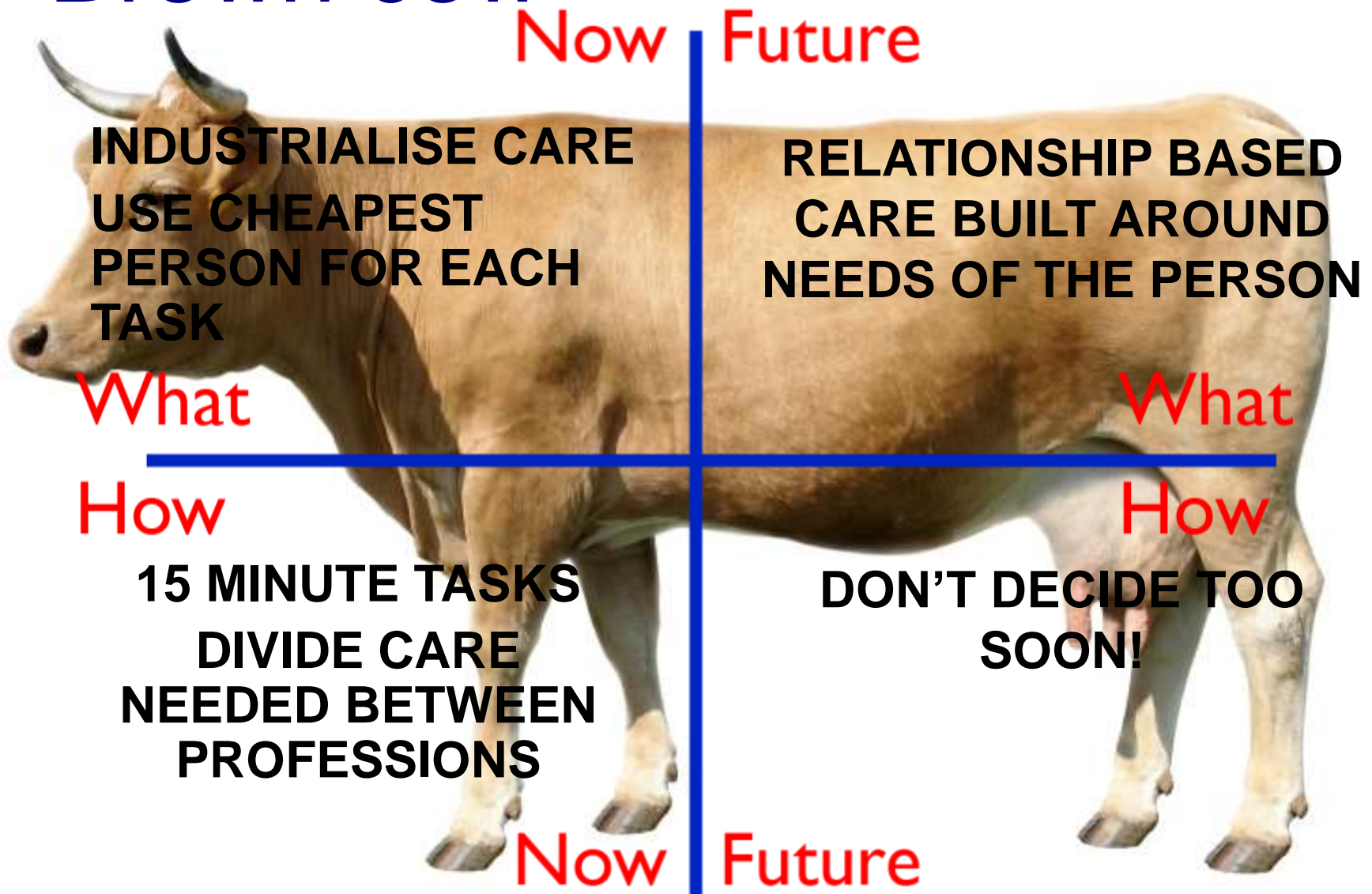


The essence of the problem

“We fail more often because we solve the wrong problem, than because we get the wrong solution to the right problem.”

– Russell
Ackoff

Brown cow



Solution to the wrong problem:

AS A UK COMMUNITY HEALTH
PROVIDER

I CAN TRAIN OUR NURSES IN
GETTING PATIENTS TO MANAGE
THEIR OWN CARE

SO THAT WE MAKE PATIENTS
MORE INDEPENDENT AND
REDUCE THE DEMAND ON OUR
SERVICE

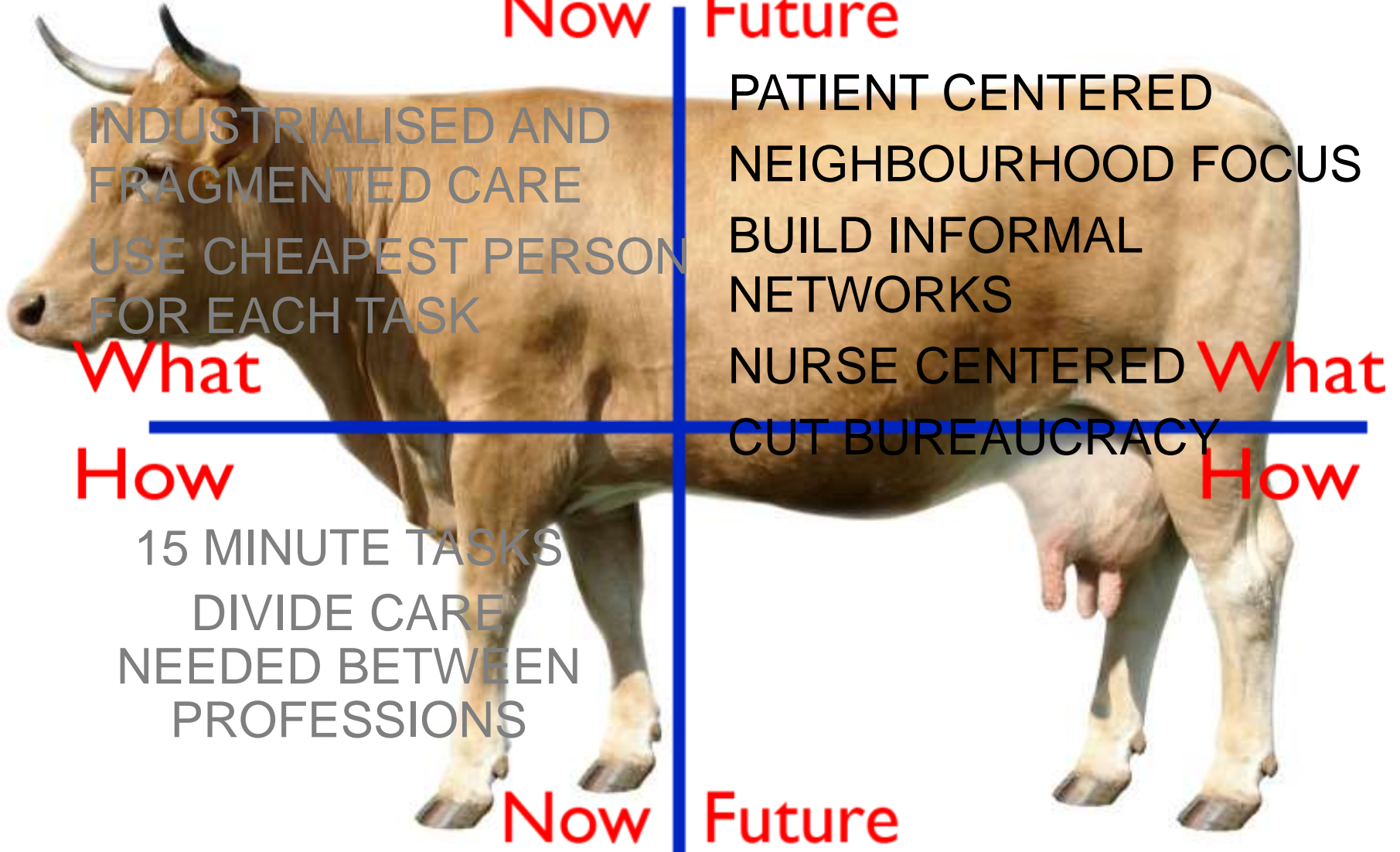
Challenge:

AS A SMALL UK SOCIAL
ENTERPRISE

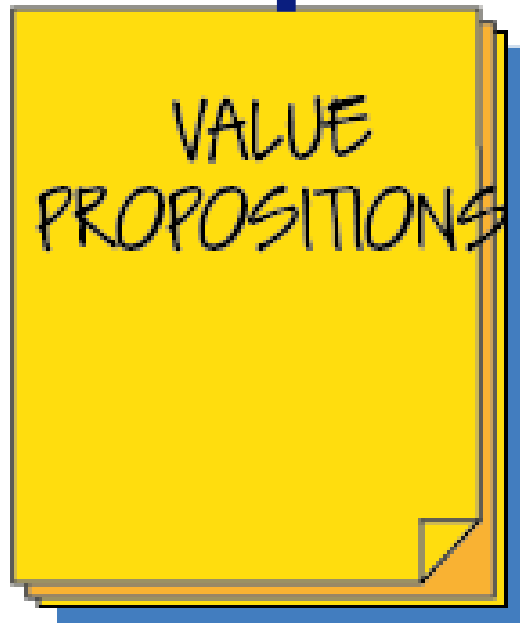
PUBLIC WORLD CAN HELP HEALTH
CARE ORGANISATIONS ADAPT
AND ADOPT THE BUURTZORG
MODEL

SO THAT THEY CAN DELIVER
BETTER QUALITY CARE AT
LOWER COST

Brown cow



Value propositions



CUSTOMER
SEGMENTS

Value

propositions

- For each customer segment write the appropriate propositions
- For example:

AS A COMMUNITY HEALTH PROVIDER

I CAN TRUST RESPONSIBLE NURSES TO
BECOME MORE RESPONSIBLE

SO THAT I CAN REDUCE OVERHEADS AND
DELIVER BETTER QUALITY CARE WITH
SHORTER INTERVENTIONS

Think of the
work, not the
solution

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Revisit the solution to the wrong problem:

AS A UK COMMUNITY HEALTH PROVIDER

I CAN TRAIN OUR NURSES IN

The real objective

GETTING **PATIENTS TO MANAGE THEIR OWN CARE**

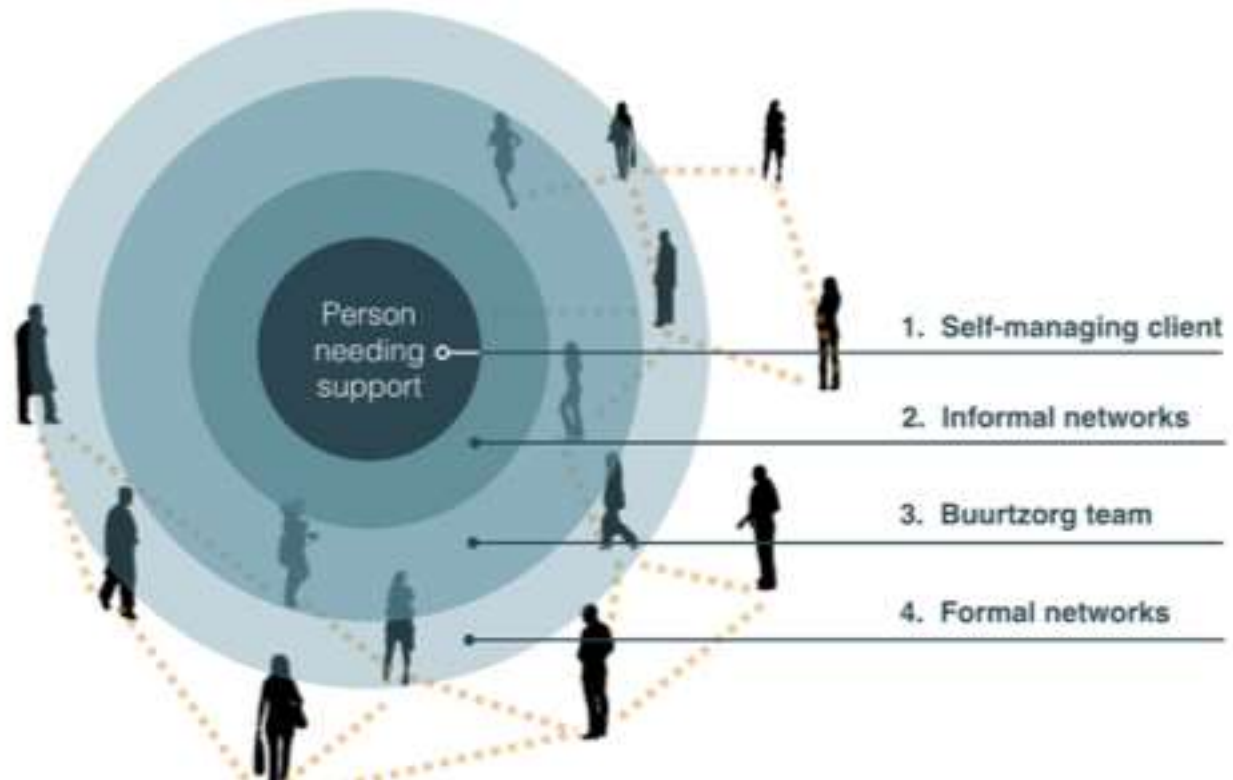
SO THAT WE MAKE PATIENTS MORE INDEPENDENT AND REDUCE THE DEMAND ON OUR SERVICE

Scope



Step back

Use the future what to establish a real value proposition!



Value proposition

AS A BUURTZORG TEAM

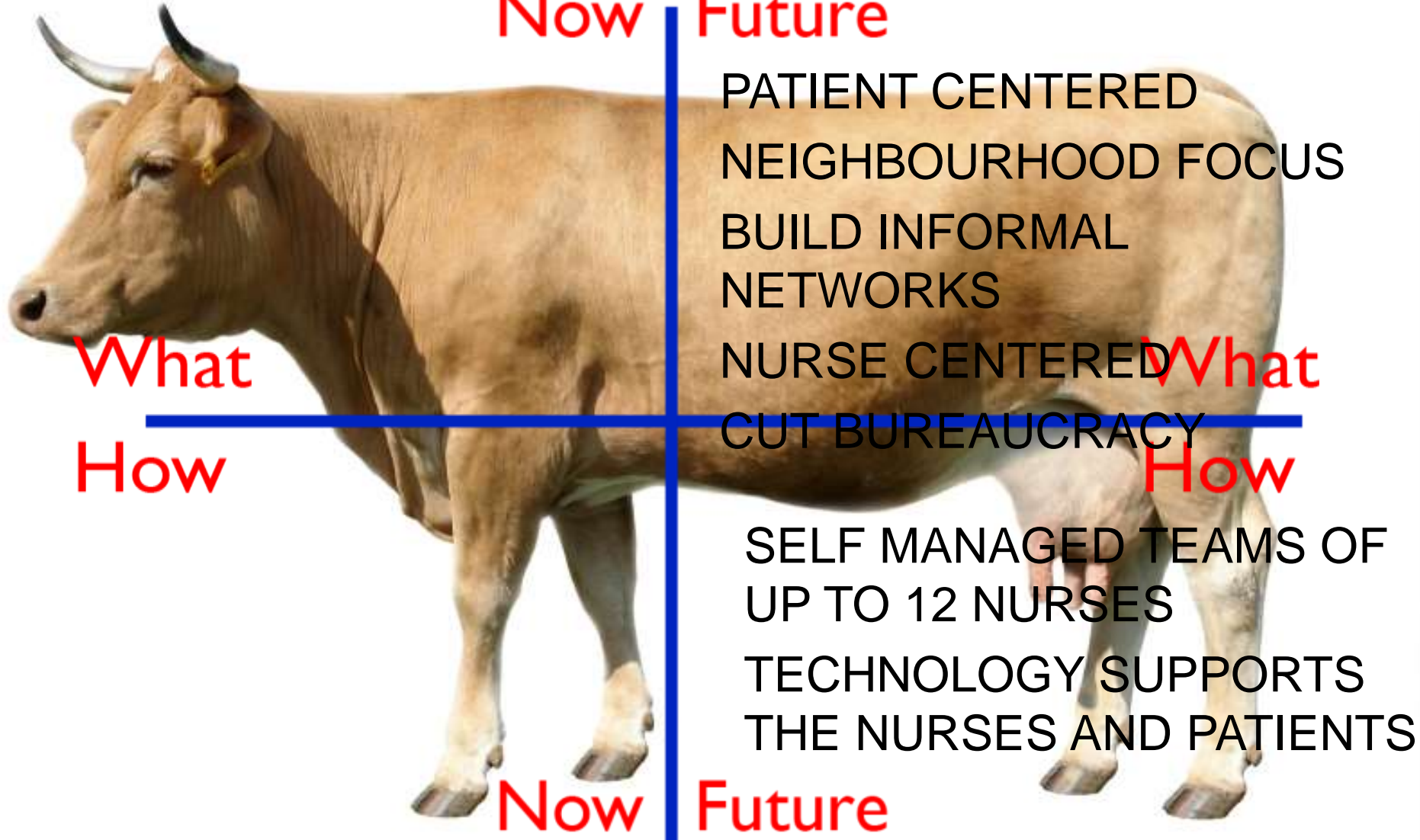
WE CAN CREATE THE CONDITIONS
FOR PATIENTS TO SELF-
MANAGE THEIR CARE

SO THAT PATIENTS NEED LESS
NURSING CARE AND BECOME
MORE INDEPENDENT

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Then work out
how to do it!

Brown cow



The goal is to deliver the value proposition

Value proposition

AS A BUURTZORG TEAM

WE CAN CREATE THE CONDITIONS FOR PATIENTS TO SELF-MANAGE THEIR CARE

SO THAT PATIENTS NEED LESS NURSING CARE AND BECOME MORE INDEPENDENT

Options for achieving this value:

- UNDERSTAND THE HOLISTIIC NEEDS OF PATIENT
- PROVIDE EASY TO UNDERSTAND INFORMATION ABOUT CONDITION
- ONLY DO THINGS FOR THE PATIENT THEY CAN'T DO FOR THEMSLEVES
- PROVIDE EASY TO USE TECHNOLOGY THAT GUIDES THE PATIENT AND PROVIDES FREQUENT FEEDBACK

Buurtzorg in the UK

- Test and learns starting this year
- Initiative taken by Community Health Providers, CCG's and Social Care
- Start small, keep it simple – give teams space to flourish ... create a heatshield
- Aim to provide simple Buurtzorgweb

Thankyou

More info on Buurtzorg in the UK
www.publicworld.co.uk

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