

Buurtzorg: The Nurse-Centric Community-Based Care Model with Happy Nurses and Happy Patients



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Tell us more about how Buurtzorg is redesigning health and social care in Asia.

Stephan: Buurtzorg provides cost-efficient quality care for people in need at their homes in a unique community-based care model. The concept is globally respected, broadly awarded and globally the fastest growing model for community-based home care. Patients, nurses and payers are highly satisfied, documented by highest rankings in patient satisfaction surveys and highest employee satisfaction. Buurtzorg's unique community care model is based on 7 cornerstones:

1 Nurse-centricity: We understand what motivates and drives nurses. We strive to lift up the image and attractiveness of the nurse profession in elderly care and to contribute to effective nurse education and training. Our core belief is: Happy nurses, happy patients.

2 Neighborhood-focused: Buurtzorg's success is based on local communities: Low travel distances and we can leverage the local resources and capabilities.

3 Patient-centricity: Our nurses don't provide "industrialized" standard services but what patients really need. They are taking holistically care for their patients.

4 Leveraging networks: Nurses are scarce resources. We minimize nurse hours by supporting the client/patient to regain more independence and by leveraging caregivers and informal networks.

5 Lean management based on self-managed teams: Flat structures ensure an efficient workflow and reduce management costs. Coaches/nurse trainers ensure quality.

6 Smart IT/Buurtzorg Web (BZ Web): Our nurse-driven IT solution ensures work efficiency and minimizes administrative work. Each nurse in Holland has a tablet computer as her core working tool. It uses the Omaha System (<http://omahasystem.org/index.html>) to guide and document the entire care process from assessment to interventions to outcomes.

7 Back office efficiency: Buurtzorg rigorously standardizes all non-patient-facing processes to increase efficiency and reduce overhead costs (in Holland: overhead cost ratio 8% vs. 25% market standard).

In Asia we started 2.5 years ago with various pilot projects, trying to understand whether the concept works in the specific context of those countries and what adaptations are needed. Meanwhile we are operational in Japan (Franchise model) and China (own operations or Joint Ventures in 5 cities) and we do have pilot projects in Taiwan, South Korea, India and hopefully soon also in Singapore.

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Buurtzorg started as a team of 4 and has grown immensely in the last decade. Share with us how the use of technology has expanded alongside this growing team.

Stephan: As already mentioned smart IT/our Buurtzorg Web (BZ Web) plays an important role in our very decentral organization, securing the same way of working among all teams, work efficiency and communication: This proprietary IT solution has been developed from nurses for nurses, hence is extremely user friendly/intuitive for nurses and allows our nurses to work efficiently with minimal administrative work. Each nurse in Holland uses an iPad for BzWeb which is core working tool, access to the ICT platform and also contains training manuals and guidelines.

With a huge team of nurses, how does Buurtzorg ensure that every nurse is equipped with the right digital fluencies and competencies to carry out nursing led roles?

Stephan: The core "ingredients" to provide quality care are high education level (70% of our nurses are Registered Nurses), training, effective IT tools incl online trainings, SOP's and best practice documents and – most importantly – the team with a culture of know how sharing, open feedback and discussion culture.

No healthcare system in the world is the same – what is one lesson stakeholders and decision makers can learn from Buurtzorg in order to successfully create a patient centered healthcare model?

Stephan: I would say that the key lesson is to provide what the patient really needs to become better and more independent again and not what a SOP or "routine" dictates: Buurtzorg nurses not only have the freedom but also the mandate to comprehensively understand the situation and needs of the patient and to address those needs accordingly. And leave those decision to the nurses – they know best what to do and do not need managers to tell them!

Dr. Stephan Dyckerhoff will be speaking on 12 September at HIMSS AsiaPac17. View the program [here](#).

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