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Buurtzorg Nederland

A nurse-led model of care has revolutionized home care in the Netherlands.

In 2006, a grassroots effort led by nurses introduced a new model of home care to the Netherlands. Called Buurtzorg—Dutch for "neighborhood care"—this model was founded in reaction to a system that emphasized paperwork and highly regulated care rather than time spent with patients. Buurtzorg is designed to improve patient outcomes while reducing costs and increasing nurse and patient satisfaction.[1-3] Buurtzorg nurses form self-directed teams that provide home care services with minimal administrative oversight and in collaboration with patients, their families, physicians, and the community.

Buurtzorg Nederland, the nonprofit organization that oversees the provision of this care, began about seven years ago with just one self-directed community nursing team. Now, approximately 6,000 nurses work in 500 Buurtzorg teams throughout the Netherlands. And what started as a small revolution has grown into a new national standard of care—government health policies have changed as a result of Buurtzorg's success, and some Dutch home care agencies have altered the way they provide care because of the enthusiastic response of nurses, primary care providers, and home care patients to the model. One of the goals of Buurtzorg continues to be to foster a more humane, efficient, and effective way for nurses to work together.

Buurtzorg nurses help maintain patients' independence in communities by taking time to understand each patient's situation and personal goals. Photos courtesy of Buurtzorg Nederland.

ORIGINS

In the Netherlands, home care is a national benefit funded by tax revenue. Until the 1980s, Dutch community nurses had considerable autonomy and worked closely with patients and their families. However, because of market incentives that were introduced to reduce costs, home care subsequently became highly regulated, with reimbursement tied to individual nursing actions and services. The result was fragmentation of care, more paperwork, and less time spent caring for patients.

Growing dissatisfaction among home care nurses represented an opportunity to introduce a new way to provide care.[1] Coauthor Jos deBlok, a home care nurse with management experience and a background in business administration, had long envisioned a new care model in which nurses would provide community care in self-directed teams, supported by an infrastructure made possible by new technology and minimal administrative oversight.

After years of planning, and after establishing which financial model would work best with this type of care, deBlok and his colleagues created the first Buurtzorg team. Gonnie Kronenberg and Ard Leferink, PhD, developed the lean, technology-enabled administrative system that operates within the organization's intranet and clinical documentation platform, called the Buurtzorgweb. Edith Molenkamp, RN, and deBlok were the first two Buurtzorg nurses.

COMMUNITY CARE

Buurtzorg teams care for patients in need of home, hospice, and dementia care, working with the family, primary care providers, and community resources to help patients maintain their independence in the least restrictive environment possible.[1,3] Nurses provide

A Buurtzorg nurse provides wound care to a patient, followed by the application of support stockings.

complete patient care, ranging from bathing to the provision of medications and treatments to simple meal preparation (they don't provide housekeeping support).

Holistic, practical approach. Nurses provide holistic care and emphasize creativity, simplicity, and common sense. To help an elderly woman with dementia remain safely in her home despite her cognitive limitations, for instance, a team of nurses developed a care plan to ensure she took her medications appropriately. The medications were placed out of reach, on top of a kitchen cabinet, and each morning a nurse from the team visited the patient and invited her to sit down and have a cup of coffee. The nurse prepared the coffee and served it with the medications. In addition, once a week, a member of the team arrived earlier than usual to assist the patient with bathing. The nurses and this patient established a relationship of mutual respect that enabled the patient to live according to her wishes.

In another case, one of the first Buurtzorg teams received a referral for hospice care for a woman with amyotrophic lateral sclerosis. Her husband was unemployed, and they had two young children. Four nurses took total responsibility for her care, day and night, working closely with her family, community, and health care providers to coordinate services and minimize disruptions. This ensured that she and her family experienced the best possible quality of life during this difficult time. The nurses maintained contact with the patient's family after her death.

A network of support. Beyond their clinical work, Buurtzorg nurses strive to connect with patients, families, other health care providers, and local community services and political leadership to create a network that supports health among their patients—in particular among the elderly. Nurses on Buurtzorg teams work closely with primary care providers and often locate their offices nearby to facilitate these relationships. Buurtzorg teams also work with other informal partners, such as occupational and physical therapists and other caregivers.

Teams may propose projects to extend the reach and impact of the Buurtzorg model of care. For example, members of a Buurtzorg team in Amsterdam created a weekly radio show, *Radio Steunkous* (Radio Support Stockings), on which they broadcast neighborhood health news and activities, live music, and patient interviews. Other nurses regularly write articles for local publications about, for instance, the effect of mobility on patients with dementia.

One team of Buurtzorg nurses organized a race for patients using walkers or other assistive devices after a patient pointed out how few competitions exist for the elderly. Knowing that such a race would help increase activity levels among older patients and promote a sense of community among the homebound, the nurses solicited funding from local businesses, and the team promoted the race in the surrounding community. This first race was a big success and led to the creation of several such races throughout the Netherlands (for a video clip of one such race, see http://tinyurl.com/cjtxmnm). Finalists in local races participate in a national competition, which will be held this year in the Olympic Stadium in Amsterdam.

SELF-DIRECTED TEAMS

Buurtzorg teams comprise up to 12 nurses. Nurses form teams independently—typically they're a small group of community nurses who've worked together previously—and then approach Buurtzorg Nederland to officially request to be declared a Buurtzorg team. They are interviewed, during which they discuss their vision and goals to ensure these align with Buurtzorg Nederland's philosophy—that nursing skills are used to improve the quality of life of patients and support their independence. Once a team signs a contract with Buurtzorg Nederland, it is given a stipend for office space.

Approximately 70% of Buurtzorg nurses have level 5 education (the equivalent of a bachelor's degree), and 30% have level 3 (two to three years of nurse training). Some of the teams include nurses with advanced degrees.[1,3] Because home care companies in the Netherlands are reimbursed for the hours of care delivered, most nursing activities are provided by less-educated caregivers (only 5% to 10% are RNs). Buurtzorg, however, believes that care provided by

higher-educated nurses results in better outcomes, patients becoming independent sooner, and, therefore, lower costs.

Teams receive referrals through primary care providers and hospitals, competing for these with the other 4,000 nonprofit and for-profit home care agencies in the Netherlands. In some villages where Buurtzorg has existed since 2007, almost 80% to 90% of patients are referred to its nurses. Each team usually cares for 50 to 60 elderly, disabled, and/or terminally ill home care patients.

Team members meet weekly to discuss issues such as current interventions, the use of community resources, and the skills and knowledge needed to fulfill each of their roles. At a team meeting we observed last January, one nurse described a difficult situation: her patient, a community-dwelling adult, was obese and in danger of losing her independence owing to frequent falls that required the assistance of emergency personnel. The 20-minute conversation with her colleagues generated a list of potential solutions that targeted many aspects of the situation: using informal support people (family members, friends, neighbors) to check on and assist the patient during transfers, rearranging the furniture to prevent falls, discussing with the patient the need to move to a long-term care facility if the situation continued, and requiring that the patient call the Buurtzorg team for support before contacting emergency personnel for assistance with a transfer. This consultation was particularly remarkable to the American nurses observing it, because they don't typically know the other nurses caring for their patients and don't usually have the opportunity to discuss the patient's care in such a manner.

Each team develops its own "personality," functioning as a unified whole.[1,3] This uniqueness and self-directedness is at the heart of the Buurtzorg model of care. The nurses decide together what to do, and each team is recognized for its collective wisdom and knowledge of what is best for its patients and community.

MINIMAL ADMINISTRATION

Buurtzorg has successfully leveraged the benefits of information technology to nearly replace the administrative layer of home care, passing on cost savings to third-party payers and nurses, who earn the highest salaries of any home care nurses in the Netherlands. Profits are managed by Buurtzorg Nederland to support continuing education for its nurses, innovation within the Buurtzorg organization, and team projects (often in conjunction with other health care providers) to advance health in communities.[1]

Technology infrastructure. Buurtzorg Nederland employs only 35 administrative staff members. Nurses use its Web-based operations to access scheduling, educational, and electronic records systems. This system was designed with nurses in mind, to foster usability and support professionals' autonomy, networking, and communication. In fact, software engineers met with Buurtzorg nurses over the course of a year to develop nurse-friendly software.

Self-management. The Buurtzorg motto is "*Leidinggeven aan professionals? Niet doen!*" which translates as, "How do you manage professionals? You don't!"[4] Weggeman suggests that, instead of being managed, professionals need the opportunity to learn how to self-manage through an organizational philosophy that values a collective ambition.[4] If you give nurses autonomy, they'll organize their work in an effective way. Management is needed only to keep (1) the outside world outside, particularly if it's disturbing the work of the nurses, and (2) the collective ambition and organizational principles alive. This organizational structure aligns with the neurophysiologic drivers of successful social functioning, fostered by an environment of mutual trust and collaboration that includes reward systems, communication systems, decision processes, information flow, and remuneration systems.[1,3,5]

Nurses don't need management. They need each other.

In accordance with this philosophy, team members schedule and provide all care, together deciding the optimal schedule and services for each patient. When necessary, nurses involve the primary care provider in the care process, working in close collaboration with physicians but deciding themselves how much and which type of care is best. This approach supports the primary nursing model,[6] limiting the number of nurses who care for a patient to increase mutual satisfaction among nurses and patients, enhance the relationship between them, and avoid fragmented care.

One Buurtzorg team, for instance, cares for a patient who's an artist but has limited mobility because of multiple sclerosis. He'd previously received services from an agency that sent more than 30 people to visit him in one month. Now, one of three nurses on the team bathes, toilets, and dresses him in addition to providing medications and preparing simple meals. Visits (two to three per day) last 30 minutes to an hour and demonstrate the bond he's formed with this nursing team: he reports that each visit is characterized by pleasantries, singing, jokes, and laughter.

Team support. Buurtzorg Nederland employs experienced Buurtzorg nurses, some with advanced degrees, as "coaches" who support the teams as questions, clinical concerns, or other issues arise.[1,3] These 12 coaches have a unique role in the Buurtzorg organization in that they may help nurses to resolve conflict but aren't responsible for them in the traditional management sense.

In one instance, a team asked to meet with a coach after one of the nurses was diagnosed with breast cancer. They wanted advice about how best to deal with her diagnosis, both collectively and as individuals. The Buurtzorg philosophy recognizes the importance of the nurses' feelings, just as it emphasizes the need to take into account the patient's feelings when making a plan of care.

Buurtzorg nurses work in close collaboration with physicians but decide themselves how much and which type of care is best.

EVALUATING OUTCOMES

From the beginning, Buurtzorg Nederland has focused on measuring the outcomes of the Buurtzorg model, specifically in regard to the satisfaction of patients and nurses and in terms of efficiency and cost savings. The latter are measured at the team level and the organizational level through the use of simple metrics—care approved versus care delivered—whereas national polls tend to measure employee satisfaction.

Satisfaction rates. In October 2012, Buurtzorg Nederland was named the best employer in the Netherlands for the third year in a row, according to a survey by Effectory, a Dutch company that collects, analyzes, and uses feedback from employees and customers. Similar results were found in a study measuring patient satisfaction by a research institute at the University of Groningen conducted from 2008 to 2010.[2] Patient satisfaction was measured on a 10-point scale, and the average patient satisfaction score among those cared for by Buurtzorg nurses was 9.1.

Cost. In 2009, Ernst and Young conducted a structured cost and outcome analysis of Buurtzorg as part of a Dutch Ministry of Health program.[2,7] The analysis compared Buurtzorg with other home care organizations, with organizational efficiency calculations based on three criteria: labor productivity, overhead costs, and rates of sick leave and nurse turnover. Ernst and Young found that Buurtzorg care was more efficient and effective in improving patient outcomes and in reducing ED visits. Compared with that of other home care organizations, Buurtzorg's productivity in 2008 was 6.4% higher, overhead costs and sick leave were less than half, and nurse turnover was 50% less. Patients improved twice as fast in half the time, with one-third fewer ED visits, as patients cared for by other home care organizations.[2]

Productivity. The Buurtzorg organization continuously measures productivity at the team and organizational level. Prior to the initiation of care, the nursing team establishes the approved number of hours and cost of an episode of care. On average, Buurtzorg nurses utilize only 40% of the approved hours, whereas other home care providers use about 70% of the approved hours.

This is because a Buurtzorg team works with the patient and family in planning care that will result in independence as soon as possible. Working in this way—with the nurse providing the necessary care and skills while coaching the patient and family—may result in more hours spent on initial care but far fewer spent on the entire episode of care. Teams self-monitor productivity and efficiency, looking for creative solutions to keep care efficient and to ensure that patients reach optimal functioning as quickly as possible.[1,3]

Quality of care. Nursing care quality is emphasized throughout Buurtzorg Nederland, which strives to employ bachelor's degree–prepared nurses. In fact, 70% of all Dutch bachelor's degree–prepared community nurses work for Buurtzorg Nederland. Continuing education is also a high priority for the organization, which offers the Buurtzorg Academie, a professional continuing education resource, on the Buurtzorgweb and at annual conferences to support the educational needs of nurses and to ensure continuous care quality improvement.

Buurtzorg embraces evidence-based nursing care and encourages nurses to creatively apply evidence to each patient situation. On the Buurtzorgweb, nurses have access to all national standards of care. Moreover, the organization's clinical records use the Omaha System as a foundation for describing evidence-based practice within individualized patient care plans, documenting care, and reporting outcomes.[8,9]

BEYOND THE NETHERLANDS

The complexity of health care in the United States has been well documented.[10] Fiscal constraints negatively affect staffing patterns and influence service availability and quality. These trends are expected to continue, contributing to low nursing job satisfaction

and burnout. New models of care are clearly needed, and nurses are ideally positioned to take the lead in making changes to the way health care is provided.[10]

Buurtzorg has demonstrated that a nurse-led transition to an effective, efficient, and humane outcomes-based home care system is possible. This care model can be established anywhere, and Buurtzorg International has been established to help support such initiatives in other countries, including one in Sweden and another that is forthcoming in the United States.

Nurses don't need management. They need each other, a coach for professional and team development, and a structure that allows them the freedom to practice nursing. Often, new Buurtzorg nurses enthusiastically exclaim, "I've been given back my profession." Nurses and patients alike will be happier and healthier when autonomous nurses work together to meet the health needs of a community. ▼

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