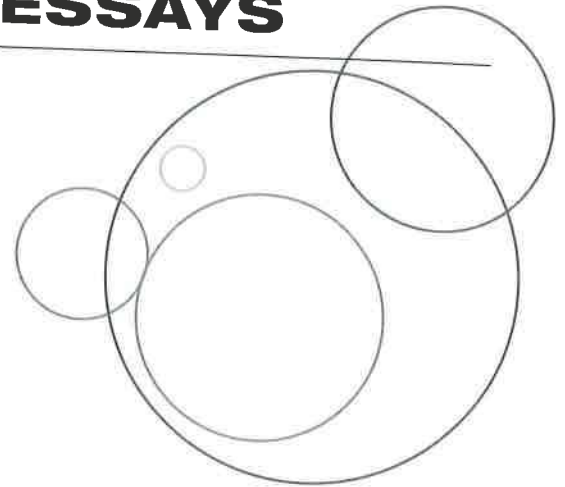


ARTICLES AND ESSAYS

Buurtzorg: Nurse-Led Community Care

Karen A. Monsen, PhD, RN, FAAN
Jos de Blok, RN



Buurtzorg is a nurse-led, nurse-run organization of self-managed teams that provide home care to patients in their neighborhoods. Championing humanity over bureaucracy, autonomous teams work with primary care providers, community supports, and family resources to bring patients to optimal functioning as quickly as possible. The award-winning organization grew out of a common sense approach based on principles of trust, autonomy, creativity, simplicity, and collaboration. These organizational principles translate into highly effective and efficient care, satisfied patients, and enthusiastic nurses. The model is being replicated worldwide, with teams starting in Minnesota, Sweden, Japan, and other countries.

Innovation in health care is a *new* process that has potential to drive change, creates an observable competitive advantage (better health outcomes at a good price), is compatible with existing values of the organization, and has an acceptable level of risk (Weberg, 2009). Design thinking principles provide a conceptual basis from which to operationalize the innovation process.



Karen A. Monsen, PhD, RN, FAAN, is an Associate Professor in the University of Minnesota School of Nursing; Co-Director of the Center for Nursing Informatics; a faculty member of the Center for Spirituality and Healing; an Affiliate Fellow in the Institute for Health Informatics; and Director of the Omaha System Partnership.

DESIGN THINKING AND INNOVATION

Design thinking is a human-centered, exploratory approach to problem solving that fosters innovation and creativity, consisting of three iterative and overlapping spaces: inspiration, ideation, and implementation. Problem solving is viewed as a project with real-world constraints that are addressed and harmonized in a timely solution. The role of design thinking in business is to synthesize people's needs, technological capacity, and business strategies using a designer's sensibility and methods (Brown, 2009). Design thinking principles underlie the success of Buurtzorg, a recent health care innovation in the Netherlands.

Buurtzorg (meaning "neighborhood care" in the Dutch language) is a nurse-led, nurse-run organization of community nursing teams (de Blok & Kimball, 2013). The success of this new, award-winning model is remarkable. In 2007, a team of four nurses began Buurtzorg in the city of Almelo. Today, there are approximately 6,000 nurses within 520 teams located throughout the Netherlands. The Buurtzorg model consists of professional nurses who provide the highest quality of care in

TABLE 1. Guiding Principles of Buurtzorg Nederland

Trust

- Fosters an environment in which patients, nurses, and other team members thrive.
- Enables nurses to plan and provide the right amount and type of care in a timely manner.
- Reduces or eliminates the need for administration.

Autonomy

- Supports professional, autonomous, comprehensive, and holistic nursing care.
- Promotes nursing leadership within the team, the community, and the organization.
- Encourages curiosity and a culture of continuous learning.
- Critically examines regulations that negatively influence care quality.

Creativity

- Enables novel solutions that involve patients and their formal and informal networks.
- Promotes low-cost, high-impact care.
- Encourages interaction within the community to foster health.

Simplicity

- Replaces administration with team self-management.
- Maximizes benefits of information technology as a team management tool.
- Keeps team and organizational financial data accessible and transparent.
- Facilitates outcomes reporting.

Collaboration

- Creates effective information sharing and builds community.
- Increases understanding among all team members and the community.
- Fosters effective working relationships with primary care providers and politicians.



Jos de Blok, RN, is a community nurse and the founder and CEO of Buurtzorg in Almelo, the Netherlands. He provides consultation internationally on the Buurtzorg model.

collaboration with patients, physicians, and communities. Buurtzorg teams of up to 12 nurses provide community care in neighborhoods. Each team of 12 nurses cares for 50–60 home care patients who are older adults, have disabilities, and/or have terminal illness with chronic health conditions and/or dementia. The nurses schedule and provide all cares, together deciding the optimal schedule for each patient. Each patient receives care primarily from a few of the team members. Instead of managers, Buurtzorg employs 12 coaches (nurses who have demonstrated aptitude for mentoring teams) for the entire organization.

The goal of Buurtzorg is to maintain or restore patients' health and independence, extending this simple and effective approach throughout the Netherlands. Buurtzorg grew out of a common sense approach and design thinking based on principles of trust, professionalism, creativity, simplicity, and collaboration. These organizational principles translate into highly effective and efficient care (see Table 1). The principles align with the neuroscience of optimal human interaction describe by Rock (2008), and the recommendations of the Institute of Medicine Future of Nursing report (2011).

GUIDING PRINCIPLES OF BUURTZORG NEDERLAND

Trust

Trust fosters an environment in which patients, nurses, and other team members thrive. Patients, nurses, and other team members respond best and share information most freely within the context of positive personal relationships (Rock, 2008).

Buurtzorg nurses provide the right amount of care, working with the patient, family, and informal networks to provide only the care that is needed, not the maximum possible amount of care.

The assumption that employees can be trusted creates the foundation for nurse autonomy and shared leadership, decreases need for administrative oversight, and supports a positive response from employees regarding their work.

Trust enables nurses to plan and provide the right amount and type of care in a timely manner. Buurtzorg nurses provide the right amount of care, working with the patient, family, and informal networks to provide only the care that is needed (not the maximum possible amount of care). This reduces the likelihood of iatrogenic effects of care and promotes optimal patient outcomes. Trust reduces or eliminates the need for management. In the Buurtzorg model, trust in employees is fundamental to the organizational structure. The organization assumes that employees will do well and can be trusted. Rare exceptions occur and are addressed as needed. The assumption that employees can be trusted creates the foundation for nurse autonomy and shared leadership within the team structure, decreases need for administrative oversight and management, and in turn supports a positive response from employees regarding their work (Rock, 2008).

Autonomy

Buurtzorg champions autonomous professional nursing. The Buurtzorg motto is "Leidinggeven aan professionals? Niet doen!" translated as "How do you manage professionals? You don't!" (Weggeman, 2007). Instead of imposing, the organizational leadership inspires, observes, and really communicates and has an attitude of service (Weggeman, 2007). The premise of the Buurtzorg model is that when professional, experienced nurses work directly for patients, the patients improve and become independent more quickly. This autonomous nursing model supports professional, comprehensive, and holistic nursing care. Buurtzorg does not employ non-nursing personnel such as schedulers, personal care attendants, home health aides, or medical assistants. Instead, the nurses plan and provide the patient care, administer medications and treatments, consult with other providers, and even make a simple meal or share a cup of coffee with the patient. The Buurtzorg experience demonstrates that teams of professional nurses can provide patients with the comprehensive, holistic care necessary to efficiently achieve optimal outcomes. Teams of professional nurses have the necessary autonomy and responsibility to achieve optimal health outcomes. Nursing autonomy promotes nursing leadership within the team, the community, and the organization.

Autonomy gives nurses the ability to make decisions and act upon them as a team. This provides an environment in which nurses experience success and build upon successes, and in turn encourages curiosity and a culture of continuous learning. The opposite occurs when autonomy is restricted by management, generating a strong threat response and undermining health and social outcomes for nurses, patients, and the organization (Rock, 2008). Therefore, Buurtzorg critically examines regulations (internal and external to the organization) that negatively influence care quality. Such regulations are eliminated (internally) or renegotiated (externally) to continuously support the robust autonomous nursing model. For example, Buurtzorg has successfully leveraged information technology to replace the administrative layer of home care. Administrative support for all 520 teams is provided by only 37 people, with the help of an online information system that includes scheduling, education, and electronic record systems.

The information system was designed with nurses' input regarding utility and usability to support professional nursing autonomy, networking, communication, and documentation. Nurses use the Omaha System (Martin, 2005) to plan and document care. The efficiency of this information system has enabled Buurtzorg to save 30% compared to expected expenses by eliminating typical home care administrative

costs. At Buurtzorg, indirect costs accounted for approximately 10% of total costs, compared to 30% of total costs at comparable organizations. These savings are in turn passed along to Buurtzorg nurses, communities, and third party payers.

Throughout the development of the Buurtzorg model, the organization was challenged to deal with bureaucratic regulations that constrained the nurses' ability to provide the individualized care necessary to reach optimal patient outcomes. When regulations conflicted with the ability of nurses to provide care, Buurtzorg worked within the system to change or waive the regulations. For example, the home care reimbursement system in the Netherlands defines multiple types of nursing care at varying reimbursement rates. This caused an unnecessary burden for the nurses and for the Buurtzorg financial administration. Buurtzorg negotiated an agreement with the reimbursement system to accept an average reimbursement rate for all service provided. This solution simplified financial systems for nurses and for the accounting department, reducing administrative costs and nursing documentation burden.

Creativity

Buurtzorg embraces nursing creativity to invent novel solutions that involve individual patients and their formal and informal networks. Buurtzorg nurses and patients together decide the best—and most efficient—ways to meet patient needs, involving family, other health care providers, and community resources. Buurtzorg has deliberately chosen a personal approach to nursing, establishing positive, respectful relationships with patients and individualizing care based on patient perceptions and preferences. This creative approach promotes low-cost, high-impact care, and encourages interaction within the community to foster health.

Buurtzorg has demonstrated that nurses can creatively cultivate a healthy community. When community resources are needed but are not available, the teams raise awareness and work with community partners to develop new resources. Buurtzorg embraces social responsibility, in part because a socially responsible approach engenders good feeling among employees, which in turn fosters optimal well-being and nursing satisfaction (Rock, 2008).

Simplicity

Buurtzorg has demonstrated that the need for organizational control and coordination is decreased with a simple, technology-enhanced approach to organizational administration. Buurtzorg nurses are supported by a robust information technology system that makes organizational financial data accessible and transparent. The underlying financial structure of the organization is very simple, with one payment rate for services, and a goal of 60% of nursing time reimbursed. This structure eliminates administrative complexity and facilitates outcomes reporting. An organizational dashboard ensures transparency between teams and administration, and enables teams to self-monitor productivity. Reducing complexity empowers nurses to have greater influence on organizational finances and outcomes. By reducing complexity, the need for control is decreased, and overhead costs are greatly decreased. Buurtzorg is a not-for-profit organization that has a healthy 8% profit margin. This profit is reinvested in nurses (including education, team building, technology, and bonuses), innovation (including new approaches to care, such as respite holiday cottages for patients), and community projects.

The Buurtzorg motto is "How do you manage professionals? You don't!" When professional, experienced nurses work directly for patients, the patients improve and become independent more quickly.

Collaboration

Emphasis on the principle of collaboration creates effective information sharing and builds community. Collaboration among patients, nurses, other health care providers, and the community is essential to building the context for successful community health care. Buurtzorg nurses intentionally make strong community connections with individuals and organizations such as physicians, pharmacists, and politicians. Buurtzorg nurses work creatively within their communities to promote health and foster independence. This approach increases understanding among all team members and the community, and fosters effective working relationships with primary care providers and politicians.

Good relationships with primary care providers are essential at every level to maintain optimal communication and provide coordinated care across systems. The success of the Buurtzorg model is caused in large part by the trusting relationships that nurses have fostered within the community.

IMPLICATIONS

In only five years, Buurtzorg has achieved many of the health reform goals of the Accountable Care Organization legislation in the United States (CMS, 2013). The Buurtzorg model has been initiated by nurses in Minnesota and is expanding to other states. In addition, Buurtzorg is being replicated worldwide, with teams starting in Sweden, Japan, and other countries. Other professionals such as social workers, educators, and police officers are consulting with Buurtzorg in the Netherlands to consider adopting a team-based approach. There is potential to transform health care rapidly and efficiently based on the Buurtzorg model, in home care nursing and beyond.

Buurtzorg nurses synthesized the care of the elderly, leveraging information technology as administrative support and the entrepreneurial spirit of nurses working together in teams.

SUMMARY

Buurtzorg fulfills the principles of trust, autonomy, creativity, simplicity, and collaboration by upholding an inspiring vision of nursing work, supporting positive relationships within the organization, maximizing technology for communication and administration, avoiding management, and supporting clinical work by conducting necessary negotiations to reduce regulations.

Buurtzorg was developed within the real-world constraints of the health care sector. Buurtzorg nurses synthesized the care of the older adult (people's needs), leveraging information technology as administrative support (technological capacity) and the entrepreneurial spirit of nurses working together in teams (business strategies). "I've been given back my profession" is an enthusiastic comment often overheard among new Buurtzorg nurses. The Buurtzorg model demonstrates that nurse-led innovation and health reform are possible.

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