

Buurtzorg



Humanity over bureaucracy: How an innovative management model drives social impact around the world (The Buurtzorg Story)



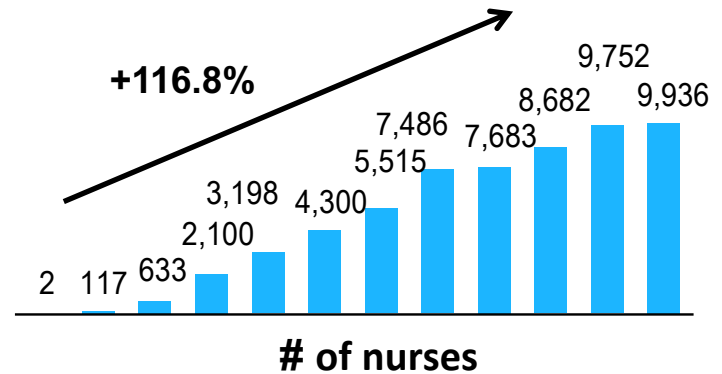
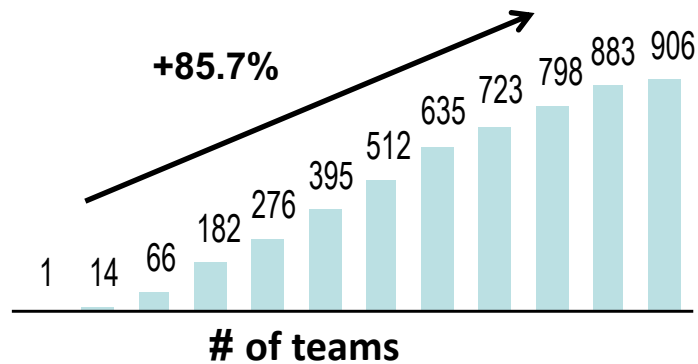
Agility - Better Worlds Conference 19.9.2018 Sydney

Agenda

- **Buurtzorg overview**
- Buurtzorg Concept
- Results
- Buurtzorg in Asia
- Q&A



Buurtzorg: An unique success story



- Started in 2007 with 1 team / 4 nurses
- Delivering Community Care / working together GP's
- 2017: 10.000+ nurses in 1.000 self-organizing teams
- 4.200 care workers
- 50 staff at the back office, 18 coaches
- 80.000+ patients a year
- 400 million Euro revenue (2017)

Agenda

- Buurtzorg overview
- **Buurtzorg Concept**
- Results
- Buurtzorg in Asia
- Q&A



Starting situation: Homecare in Holland 2006 (similar to most Western countries)

- Fragmentation of cure, care, prevention
- Standardization of care-activities
- Lower quality / higher costs and wrong incentives: delivering much care against low cost is profitable
- Scarcity of nurses
- No information on costs per client and outcomes
- Clients unhappy with care
- Professionals were very unhappy – nurses do not want to work like factory workers!

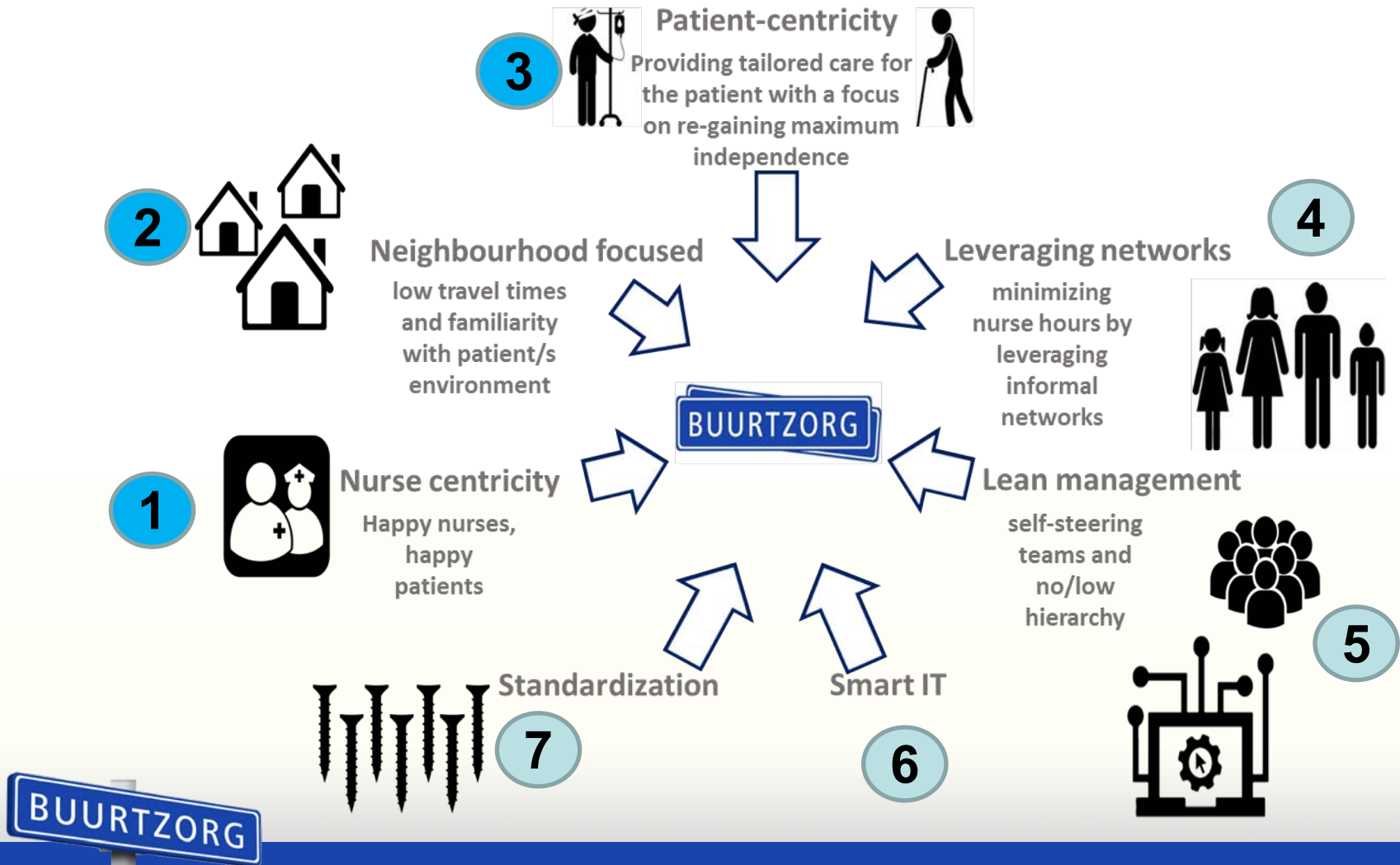
Buurtzorg's response to the situation in Holland: A disruptive change

Starting an organization and care delivery model for community care with:

- Re-inventing the role of the community nurse
- Independent teams of up to 12 nurses
- Working in a neighborhood of 5.000-10.000 people
- Teams responsible for complete process



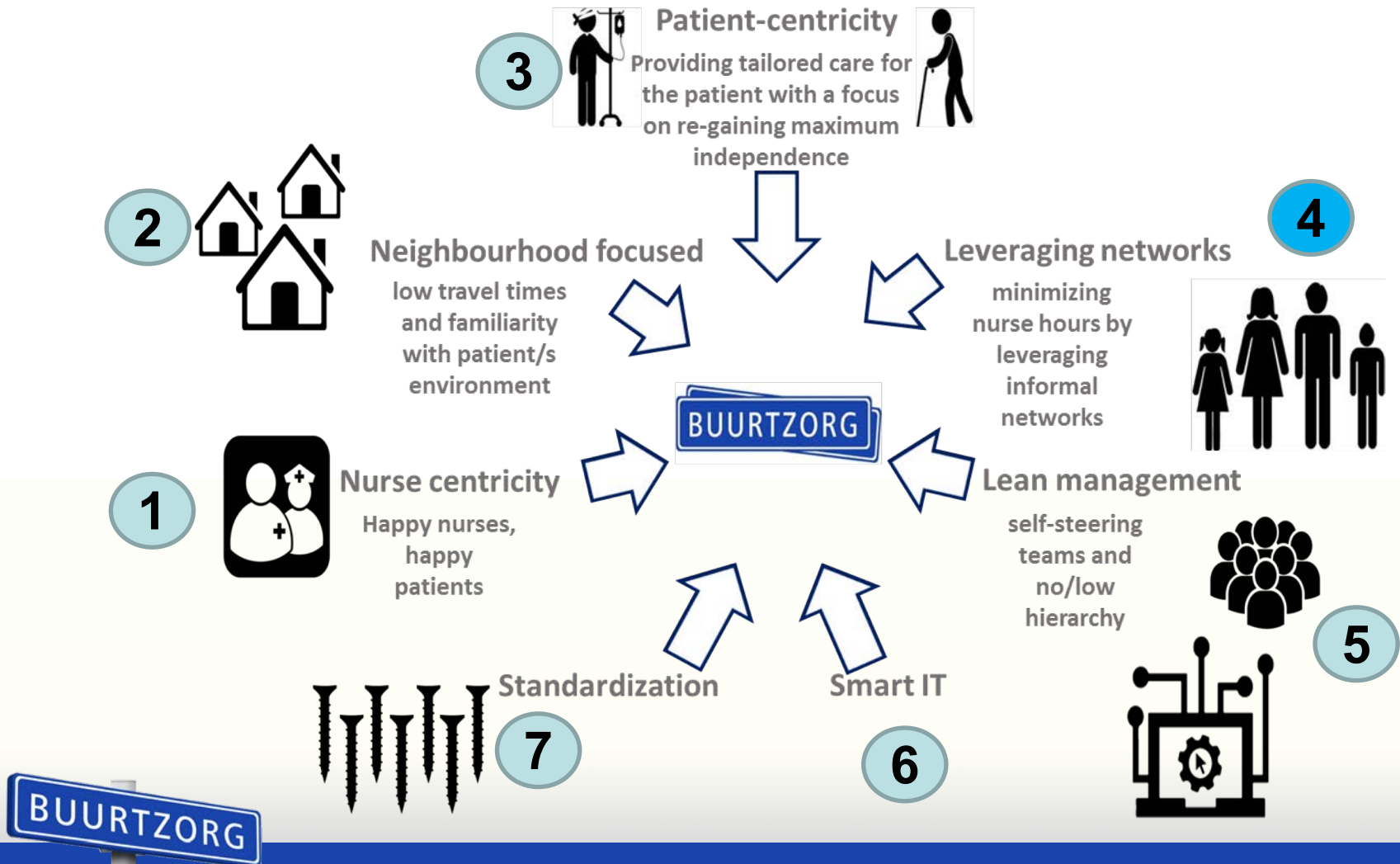
The seven Buurtzorg key success factors



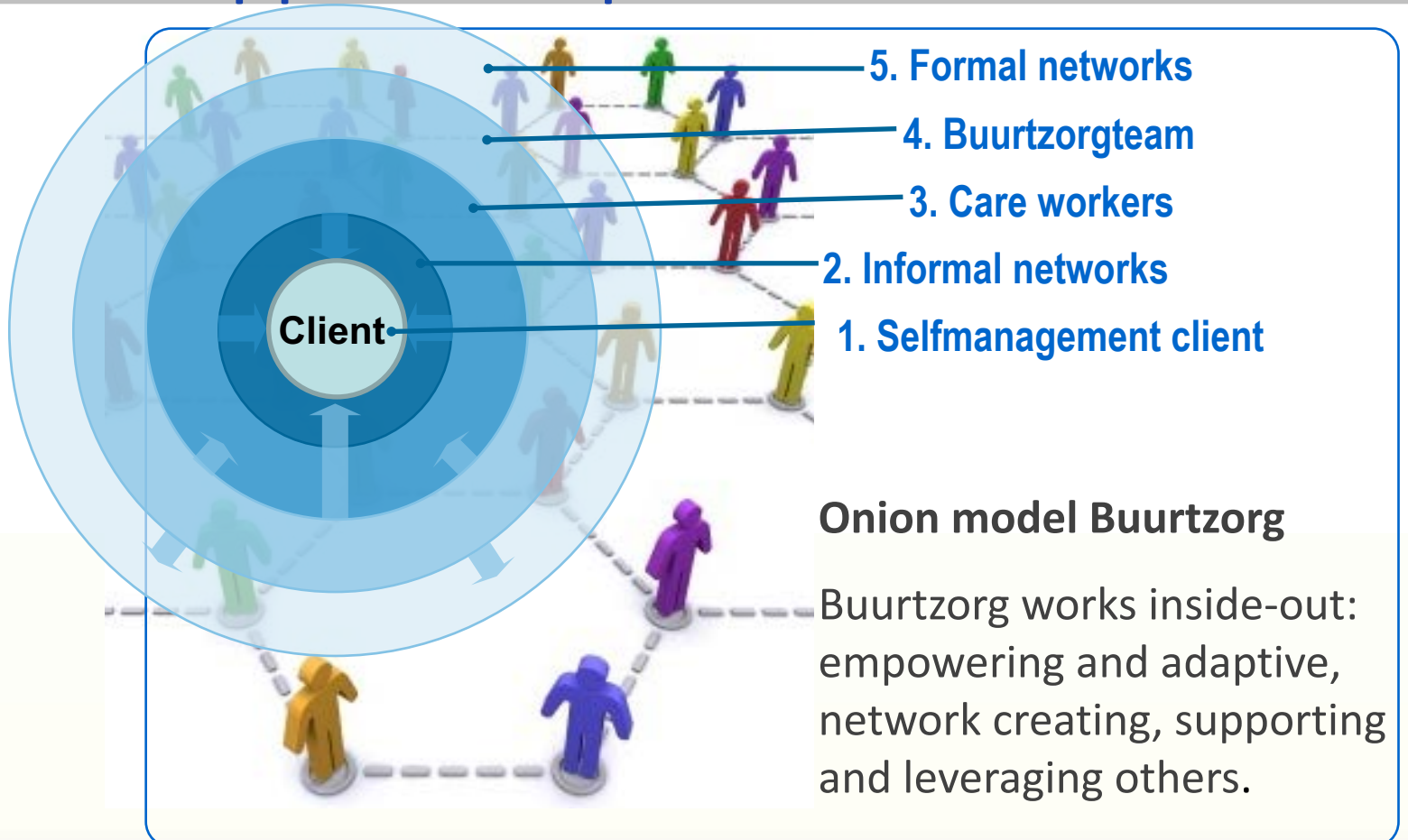
First Coffee,
then Care!



The seven Buurtzorg key success factors



Working in neighborhoods with the Mission: Support independence!

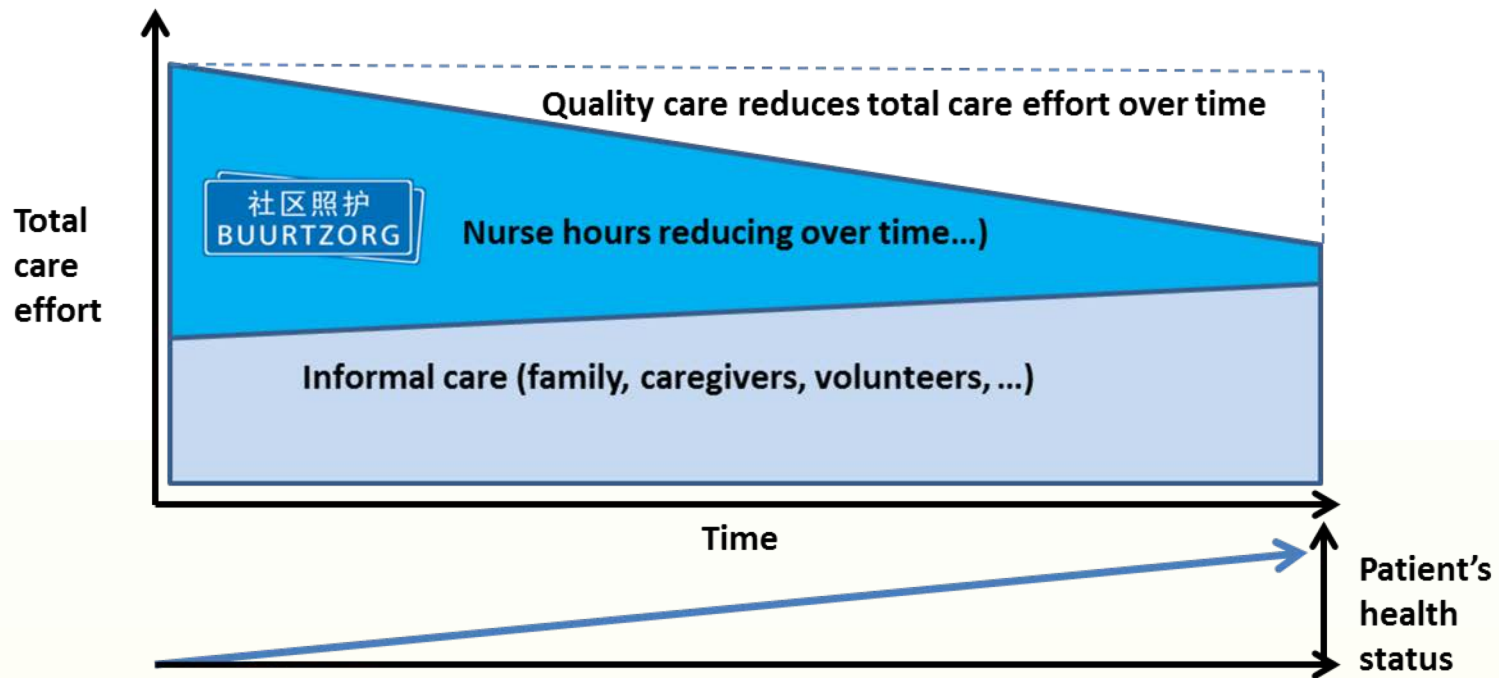


BUURTZORG

Community care in close collaboration with GPs/doctors

Another mission: Minimizing scarce and expensive nurse hours

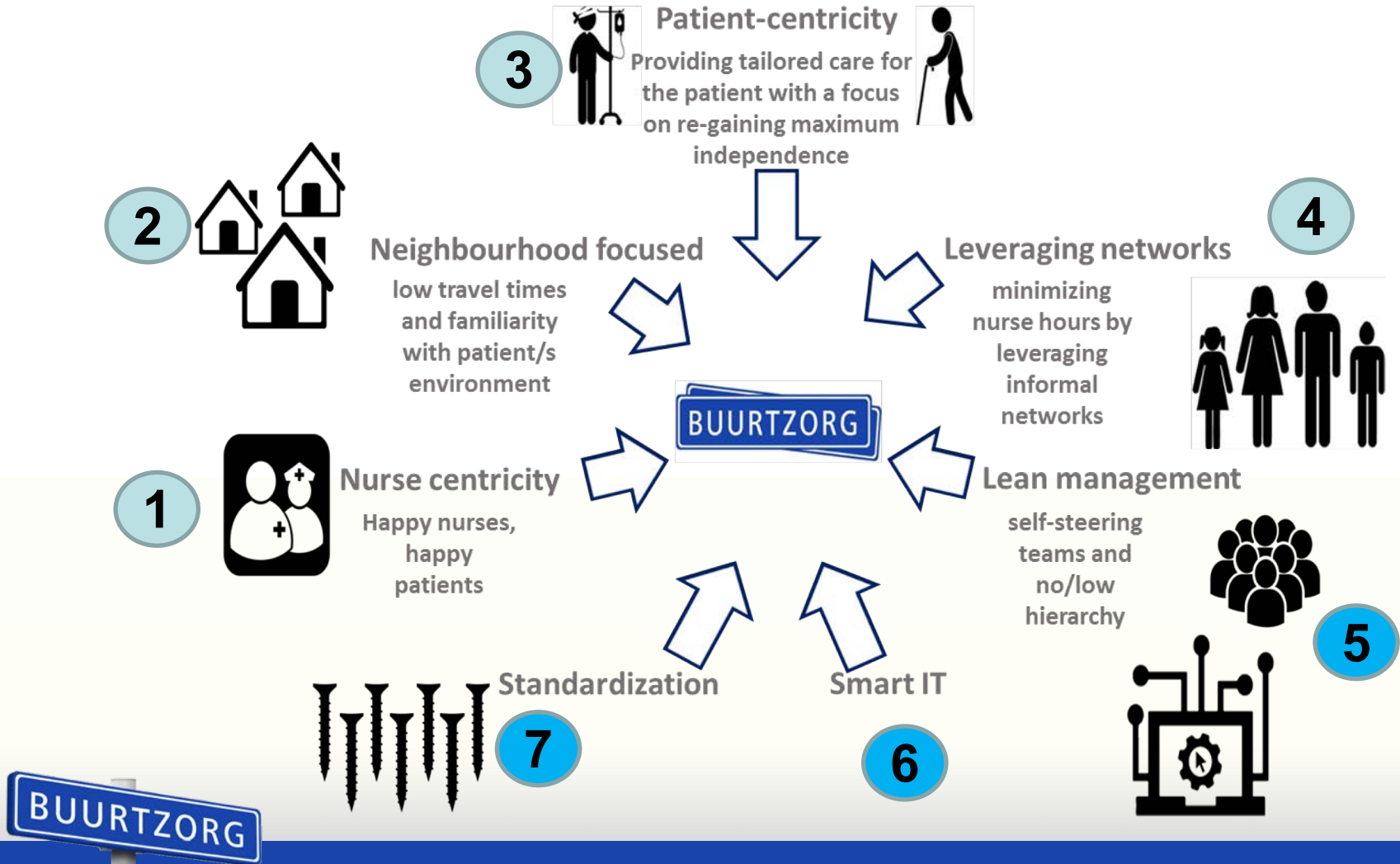
Leveraging networks, minimizing nurse hours



According to a KMPG study Buurtzorg delivers high quality care at 35.7% less care hours compared to market average!



The seven Buurtzorg key success factors



Lean organisation: 10.000 nurses, 50 backoffice staff, 21 coaches, 2 managers



BUURTZORG

Lean Management by self-organization in the teams

- Autonomy, no hierarchy, TRUST
- Reduction of complexity - also by means of use of ICT
- Generalists: taking care for all type of patients
- 70% registered nurses / 40% bachelor degree
- Own education budget
- Informal networks are much more important than formal organizational structures



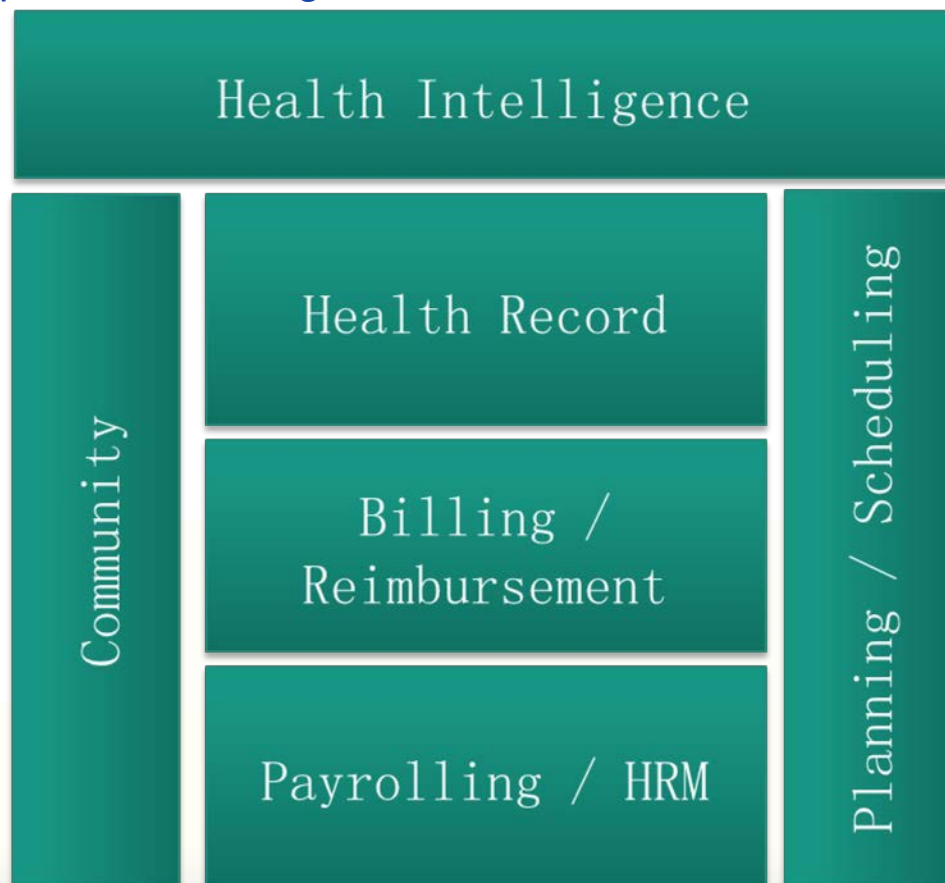
Strong ICT-platform BuurtzorgWeb to orchestrate decentral teams

Planning, Admin, KPIs, Quality, eLearning, Experience Sharing

~10.000
Nurses



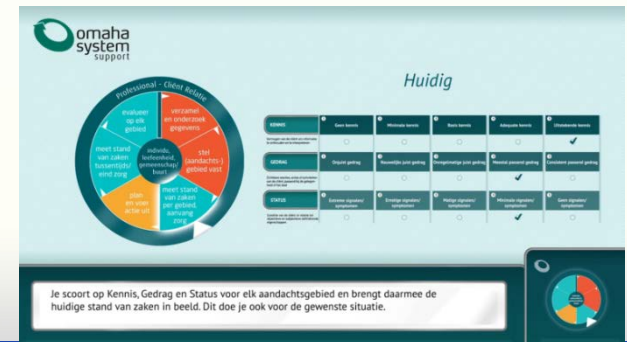
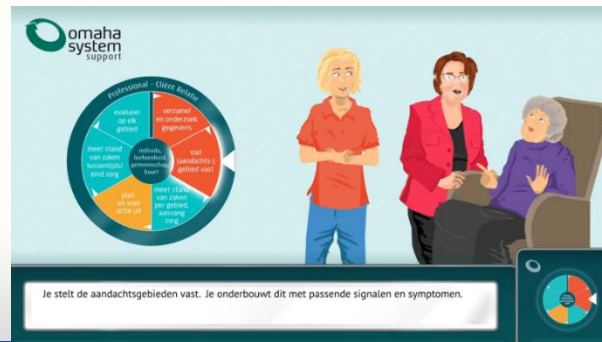
~10,000
ipads



Realtime & paperless – core working tool for nurses
Making Admin work quality time with the patient

OMAHA: A tool that helps nurses and institutions to work professionally

- International (US) classification system of problems, interventions and outcome for care at home, not yet used in community care in China
- OMAHA covers the care management process: From assessment, care planning, process management to outcome evaluation, providing a strong and professional tool for nurses and institutions, is an indispensable tool for professional community care
- Every item has a unique code, providing detailed data for individuals, institutions and government in the future



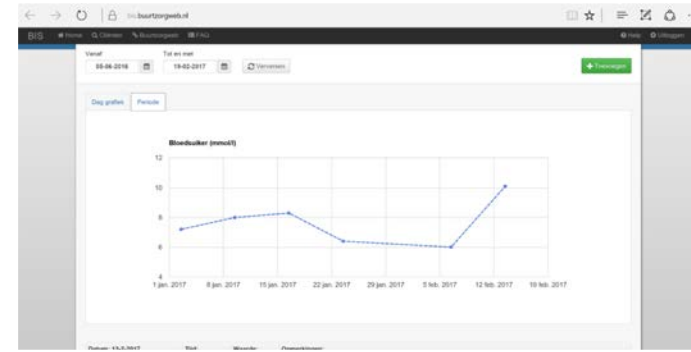
BUURTZORG

OMAHA: A tool that helps nurses and institutions to work professionally

Care plan based on the assessment

| Onders | Soort | Actierijk | Zorgbeschrijving |
|-----------------------------|---------------------------------|--------------------------|---|
| Geestelijke gezondheidszorg | Advies, Instructie, Begeleiding | Opvoedingsovername | Assesseren van de gevolgen van DSM symptomen Organiseren van de zorg voor jongeren met DSM symptomen Begeleiden in zelfhulp, voor Mogelijk: Advies wordt niet in alle gevallen aan het leven Aanpak van problemen Opmerken van tekenen van depressie (moedeloosheid, gebrek aan interesse in activiteiten en vermogen naar behoren te functioneren) sociale interactie |
| Medicatie | Advies, Instructie, Begeleiding | Medicatiebeheer | De patiënt wordt verzocht om advies te vragen |
| Medicatie | Betekendings | Medicatiebeheer | De patiënt wordt verzocht om advies te vragen |
| Voeding | Advies, Instructie, Begeleiding | Anamnese/voeding | Letten op tekorten in voeding Letten op tekorten in voeding Letten op tekorten in voeding |
| Voeding | Monitoring, Bewaking | voeding, beleid / beleid | Monitor van tekorten, voedingplan opgesteld op basis van Gebruik van de gezondheidszorg voor kinderen in multimedialiteit |

Vital signs measurement data analysis



Process management of condition, cognition and behavior analysis

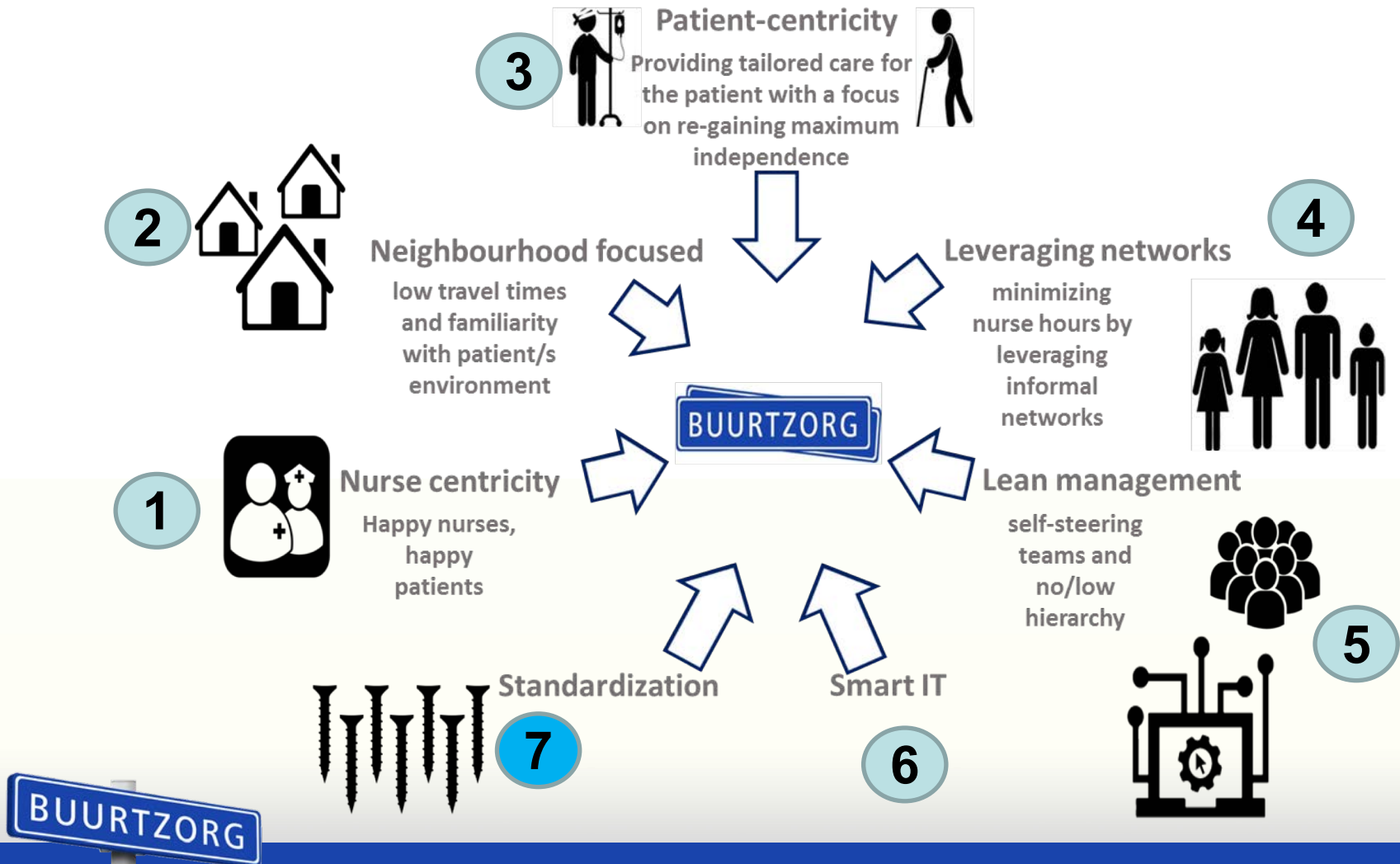
| Status signaal | Kenis | Biding | Gedplande evaluatiedatum |
|-----------------------------|-------|--------|--------------------------|
| Geestelijke gezondheidszorg | 100% | 100% | 19-4-2017 |
| Medicatie | 100% | 100% | 19-4-2017 |
| Voeding | 100% | 100% | 19-4-2017 |

Care report

- Centrale en medicatie bediening** (19-4-2017 12:33)
De patiënt is op de verpleegafdeling met het CAS aangetreden. Het is de verpleegafdeling te zien dat het CAS niet meer werkt. Het is met het CAS op maat komen. Dit is te zien dat het CAS niet meer werkt en het per maand.
- Ochtendzorg** (19-4-2017 09:15)
De patiënt is op de verpleegafdeling te zien dat het CAS niet meer werkt.
- Ochtendzorg** (19-4-2017 10:15)
De patiënt is op de verpleegafdeling te zien dat het CAS niet meer werkt. Het is met het CAS op maat komen. Dit is te zien dat het CAS niet meer werkt en het per maand.
- Ochtendzorg** (19-4-2017 11:15)
De patiënt is op de verpleegafdeling te zien dat het CAS niet meer werkt. Het is met het CAS op maat komen. Dit is te zien dat het CAS niet meer werkt en het per maand.



The seven Buurtzorg key success factors



Highly efficient back office with rigorously standardized processes

50 people in 1 back office, taking care for 14.000 employees

Back office taking care of inevitable bureaucracy, so the nurses won't be bothered with it ("serving")

Tasks of back office:

- The care is charged
- The employees are paid
- Making financial statements



**Overhead cost at Buurtzorg 8%
vs 25% market standard**



Continuous focus on keeping things small & simple

What we **don't** do

- No strategy meetings. In fact, no structured meetings at all....
- No policy making
- No (team)budgeting
- No formalized management of...
 - Customer relations
 - Supply chain
 - Human resources
 - Communication or Public Relations
-

What we do

- Performance monitoring
- Learning from trends, discussions (Knowledge System)
- Stimulating innovation&learning
- Coaching “on demand”
- Quality System
- Focus on **what** nurses should do, not on **how**
- Roles and activities
- Buurtzorg academy
- ...

Agenda

- Buurtzorg overview
- Buurtzorg Concept
- **Results**
- Buurtzorg in Asia
- Q&A











Gefeliciteerd met uw Verjaardag
Mevrouw Groenewald - den Akker

100 jaar

All stakeholders extremely satisfied

Happy nurses: They just love their work!


- Thousands of nurses quit their job at traditional organizations and went to work for Buurtzorg
- They appreciate:
 - Working in small teams
 - Working autonomously
 - Independency
 - Strong team spirit
 - User-friendly ICT
- Award: best employer of the year 5 times in past 8 years

Happy clients: They just love the care!

- Highest satisfaction rates: Recently Dutch Healthcare Inspection inspected Buurtzorg based on 5 aspects. On all subjects Buurtzorg scored a 100%
- Dutch Zorgkaartnederland (independent organization): Based on 1410 questionnaires Buurtzorg has 9.1 out of 10!
- Strong support by patient organisations

Recent study by
KPMG: Buurtzorg
delivers best care at
35.7% less service
hours/patient

Happy payors: Highly cost efficient!

- All homecare by Buurtzorg would halve the cost in NL (Buurtzorgs model leads to more prevention, shorter period of care and less spending on overhead)
- 
- Dutch government stimulates other care organization to work like Buurtzorg

BUURTZORG

Contribution of Buurtzorg to transformation in Dutch Long-Term Care (LTC)

| Dutch LTC 15 years ago | New characteristics in Dutch LTC | Contributions of Buurtzorg |
|---|---|--|
| Culture | | |
| Focus on disease or disability | Focus on health or resilience (quality of life) | Holistic mindset , meaningful relationships of nurses, patients, social network |
| Taylorism : hierarchy, top-down, focus on efficiency and standardization | Self-management Paradigm : bottom-up problem-solving, ownership, autonomy | Introducing the Self-Management paradigm |
| Structure | | |
| Financial structure that supports “ production of care ” | Financial structure that support prevention and health | One average hourly fee in which all products or services are grouped together |
| Lack of societal integration of care stakeholders | Integrating long-term care in the local community | “ Onion Model ” of neighborhood care |
| Practices | | |
| Focus on rules, regulations and procedures: bureaucracy driven | Focus on well-being of patient : demand driven | Empowerment of patients and professionals in self-managed teams |
| Fragmentation : task differentiation and multiple care professionals for one patient; lack of cooperation between healthcare providers | Integration : patient-oriented care tasks by small number of highly educated care professionals; patients best interest base for collaboration between providers | Integrated care delivered by community nurses , who build up meaningful relationship with patients and their social network |

Source: Françoise Johansen, Dutch Research Institute for Transitions(DRIFT), Erasmus University Rotterdam, Postbus 1738, 3000 DR Rotterdam, The Netherlands. Suzanne van den Bosch , SUSi-Independent Transition Researcher&Facilitator, Noordwijk, The Netherlands

Numerous new services launched beyond home nursing

BUURTDIENSTEN

BUURTZORGPENSION

BUURTWONEN

BUURTZORGHUIS

BUURTZORG JONG

BUURTZORG+

BUURTZORG KRAAM

STICHTING MAJA 

BUURTZORGT

BUURTZORG

Albert Medal awarded to Jos de Blok for breakthrough innovating homecare



The **Albert Medal of the Royal Society of Arts (RSA)** was instituted in 1864. In presenting the Medal, the Society looks to acknowledge individuals, organizations and groups that lead progress and create positive change within contemporary society.

The impressive list of **Albert Medal awardees** comprises names like **Michael Faraday, Carl Wilhelm Siemens, Louis Pasteur, Thomas Edison, Alexander Graham Bell, Sir Andrew Noble, Marie Curie, Franklin D. Roosevelt, Winston Churchill, Queen Elizabeth, Yehudi Menuhin or Stephen Hawking.**

In November 2014 **Jos de Blok** was added to the list by receiving the Albert Medal for his **pioneering role as founder and CEO of Buurtzorg**, and to show how the movement can now spread to the rest of the world



Many publications all around the world

Buurtzorg: The Dutch word that could revolutionize healthcare | World Economic Forum

https://www.weforum.org/agenda/2017/06/the-dutch-community-care-revolution/?utm_content=buffer9b2b&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer&from=singlemessag&isappinstalled=0

What a group of Dutch nurses can teach Silicon Valley about the future of work <https://www.linkedin.com/pulse/what-group-dutch-nurses-can-teach-silicon-valley-future-heimans/?published=t>

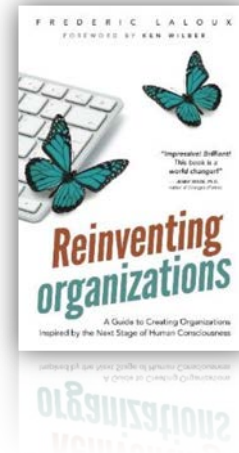
Jos de Blok @ TedTalk

<http://tedxtalks.ted.com/video/Healthcare-humanity-above-burea>

Jos de Blok presentation when receiving the Albert medal:

<https://www.thersa.org/discover/videos/event-videos/2014/11/Jos-de-Blok-on-Organizational-Structures>

And many more articles, TV reports, conferences ...



BUURTZORG

Agenda

- Buurtzorg overview
- Buurtzorg Concept
- Results
- **Buurtzorg in Asia**
- Q&A



Operations and projects in >25 countries



In Australia initial focus on transformation consulting by our licensed partner Future Proof (www.future-proof.com.au)

Asia is not Holland: Adaptations of Dutch model to the Asian markets

Local Asian market requires adaptations in team leadership, management and in the operating model.

Key differences between the West and Asian markets

- **Home nursing not known** in most countries
- **Role of the community nurse does not exist**
- **Lack of care infrastructure** in communities
- “Laoban culture” = “**obey the boss**”
- Nurses are **used to work in hierarchies** in hospitals and not deciding by themselves
- Nurses are **used to follow SOP’s** and not to take initiative by themselves
- **Lack of service culture/** lower level of responsibility among the nurses
- **Nurses do not perform ADL** work (e.g. support with personal hygiene)

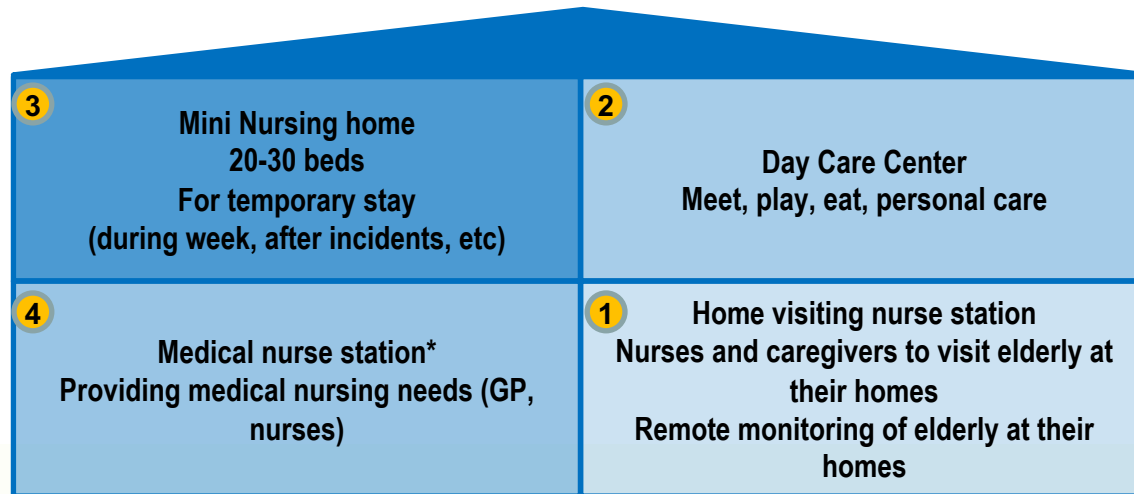
Model adaptations

- **Facility driven perception of trust**, i.e. have facility = is trustworthy => need to have physical nurse stations
- **Broader scope of services** (mini-nursing home, day care center, home visiting nurse and care stations, medical stations)
- Stepwise building of the **profession of community-nurse**
- Hierarchies: Need a **Lead nurse per team** (50% lead role, 50% care); step by step transformation to less hierarchy and more self responsibility
- Acknowledgement of the **role of the caregivers** and active integration into care process (preferably from partner organizations)
- More **management needs**
- **Marketing & sales function**

Preferred operating model in Asia: Integrated Care Center (IECC)

Integrated care center (IECC) model incorporates features of institutional care and home care.

Four pillars: Nursing home for temporary stays, Day Care Center, Home care/nurse station, Medical Nurse Station



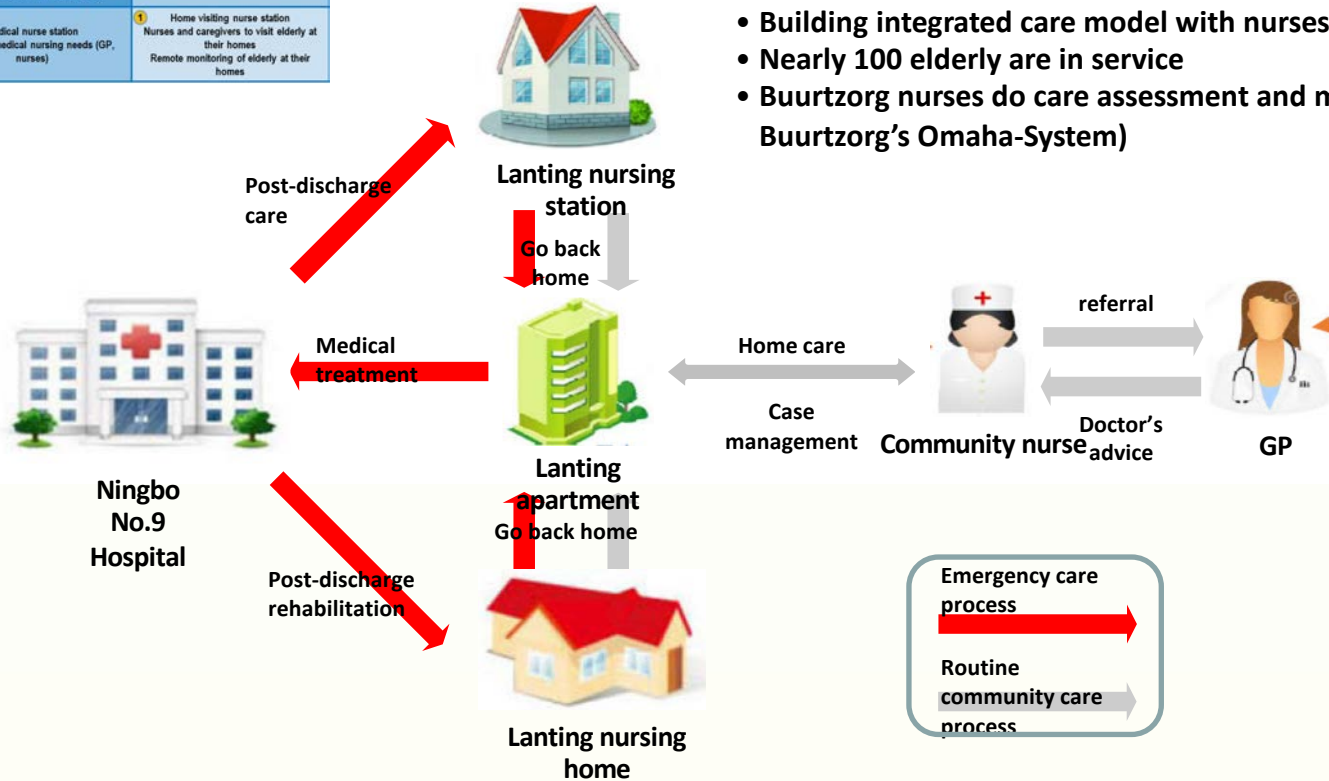
- One integrated station, closely linked to the local community, taking care for the elderly living in that community
- Different types of care levels according to the individual needs
- Efficient resource utilization, training and management due to resource exchangeability and short distances
- Preferred business model: Public Private Partnership (PPP) – local government provides facilities
- 4 different models possible **1** **1 2** **1 2 3** **1 2 3 4**

Success model in Ningbo in CCRC Continued Care Retirement Community (Sungin Garden)

| | | | |
|---|---|---|---|
| 3 | Mini Nursing home 20-30 beds For temporary stay (during week after incidents, etc) | 2 | Day Care Center Meet, play, eat, personal care |
| 4 | Medical nurse station Providing medical nursing needs (GP, nurses) | 1 | Home visiting nurse station Nurses and caregivers to visit elderly at their homes Remote monitoring of elderly at their homes |

Key elements

- Building integrated care model with nurses as the service starting point
- Nearly 100 elderly are in service
- Buurtzorg nurses do care assessment and make personal care plan (using Buurtzorg's Omaha-System)



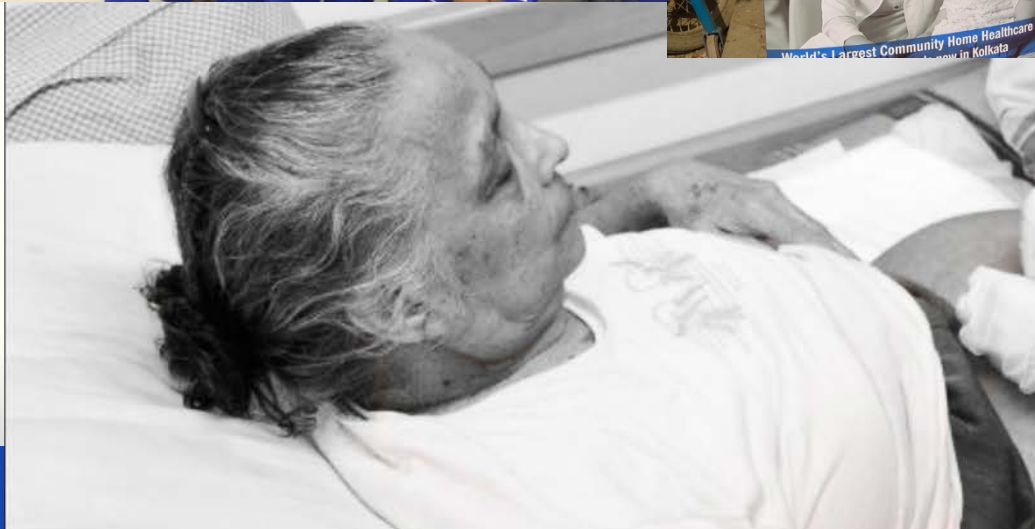
Nurses Scope of Work

- Trained Buurtzorg Nurse provides medical care and orchestrates the care
- Nurse is responsible for referral if elderly needs other services beyond home care
- The home care part of the care plan is directly provided by the nurses.
- The other parts of the care plan are allocated by nurses to others.

社区照护
BUURTZORG

Benefit for Sungin Garden: Credible, best practice and high quality model for the care

“First coffee, then Care” also in India: Start up with a “supervised Nurse-Attendants model”



- B2C model/private pay
- Nurse attendants serving 12h/24h shifts
- 1 head nurse and 1 doctor do assessments, care plan and supervise 4 teams
- Partner is education company for rural young people → double social impact

Strong support by Dutch government and Royal Couple – 1st MoU in Tokyo in 2014



Dutch Royal Couple witnessed MoU signing ceremony in Tokyo in 2014



2015 MoU signed for China with Dutch Prime Minister Rutte



Dutch Prime Minister Rutte witnessed signing ceremony



2015 JV contract signed for China with Dutch King and Foreign Affairs Minister Koenders

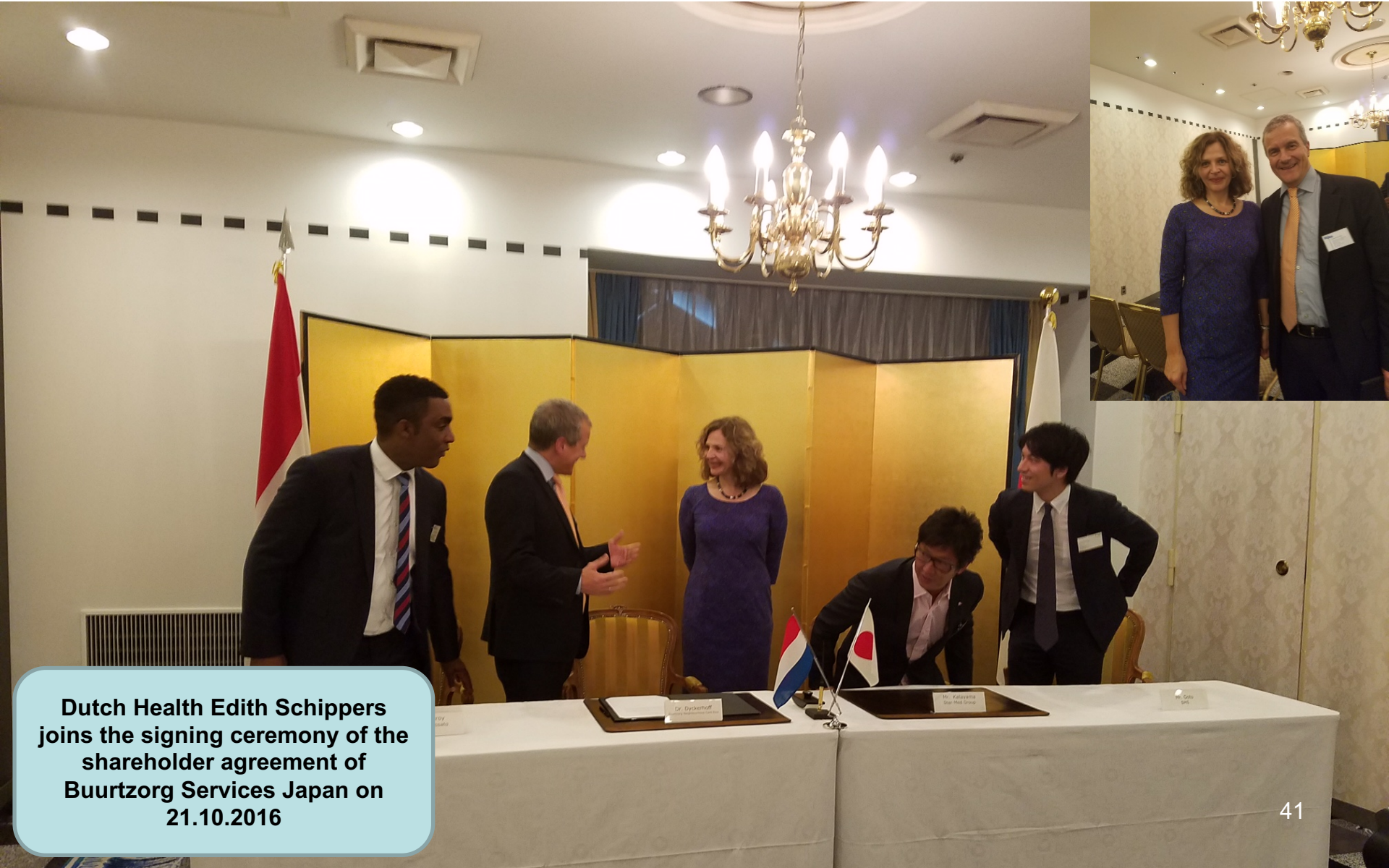
Royal Visit to China
Majesties King Willem-Alexander
n Máxima of the Netherlands to

王威廉 亚历山大 下 王后 克西



His Majesty King Willem-Alexander of the Netherlands, Vice Health Minister van Rijn and Dutch Minister for Foreign Affairs Koenders witnessed signing ceremony

2016 BZ Services Japan founding act with Dutch Health Minister Edith Schippers



**Dutch Health Edith Schippers
joins the signing ceremony of the
shareholder agreement of
Buurtzorg Services Japan on
21.10.2016**

2018 Introducing Buurtzorg to West Bengal Chief Minister and Finance Minister

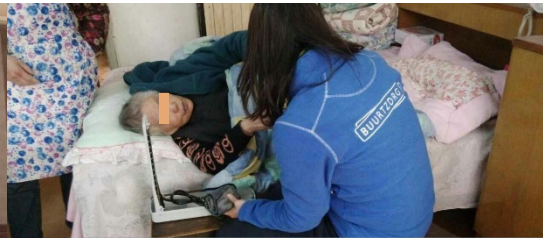


**Introducing
Buurtzorg/Edugreen to the
Chief Minister Ms Mamata
Banerjee and Finance Minister
Mr Amit Mitra of West Bengal**

More than 2.000 patients cared for in 2017 – A good base for scaling up in 2018!



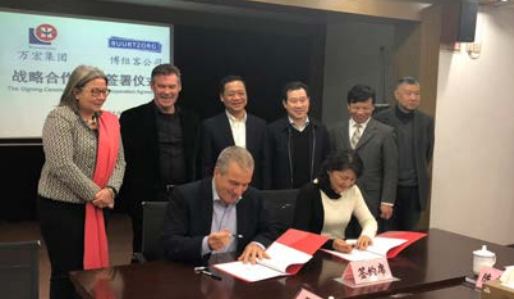
Collaboration Agreement Signings
Qingdao and Changning District/Shanghai



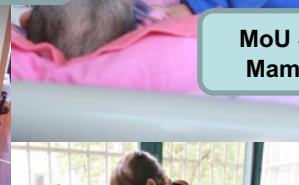
Nurses in Action:
More than 2.000 patients cared for in Asia



MoU Signing India with West Bengal Chief Minister
Mamata Banerjee and Finance Minister Amit Mitra



Taiwan CIC Project Delegation visit in
Holland



Partnership
Signing Hangzhou

MOH/AIC Conference
Singapore

2017



Agenda

- Buurtzorg overview
- Buurtzorg Concept
- Results
- Buurtzorg in Asia
- **Q&A**



社区照护
BUURTZORG

Contact Information

S.dyckerhoff@buurtzorg.com
www.buurtzorg.com

Wechat: Buurtzorg



谢谢聆听

THANKS FOR YOUR ATTENTION