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FEATURES AND IMPACT OF THE BUURTZORG APPROACH

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THE CASE OF BUURTZORG NEDERLAND[1]

Buurtzorg Nederland is a community care organization which was founded by Jos de Blok, a community nurse by profession and manager of a home care organization. His model has been awarded several prizes and has become a best practice for other existing home care organizations in the Netherlands and abroad, such as in the United States, Sweden, and Japan. Several organizations have even started to recognize the model as a best practice of organizational innovation in general. What makes Buurtzorg interesting? Key components are its development from scratch during a period where many organizations had difficulties in realizing financially sound outcomes, the huge growth it has realized, and the satisfied employees and clients[2] that keep catching the attention of many to learn from its vision and operational approach. Several organizations are experimenting with self-managed team structures and decentralization of decision making at the level of frontline nurses and nurse assistants, but implementing the vision of Buurtzorg requires a more holistic approach. There are two organizations that have implemented the model in such a way, in close collaboration with the founder of Buurtzorg and the information technologies (IT) expert who has been considered the creative thinker for Buurtzorg. In this paper these two cases, Zorgaccent and Amstelring, will be explored, and the outcomes that can be realized with the Buurtzorg model will be discussed. But first the main features of Buurtzorg will be described, followed by these two cases, and finally an explanation will be given for the Buurtzorg way of working by briefly introducing a new theory that has been developed by studying Buurtzorg while applying the Grounded Theory Methodology. The rationale for this is that a theory provides the possibility to embrace the unique characteristics of the context where the principles could be applied, rather than implementing a model as a recipe.

BUURTZORG MODEL—THE VISION

Below are the main features of Buurtzorg's philosophy, which is changing the community of care by taking a patient-centered approach.

- It functions on ideals of community building.
- It acknowledges and respects each individual's professional expertise.
- It focuses on the needs of the clients.
- Every employee shares in the responsibility.
- It incorporates reflection, sharing, and dialogues to continuously rethink practices for improvement.
- Employees work from an open mind and self-motivation to build trust with their clients. Their main motivation is to serve their clients, not to clear their to-do lists. At the same time the to-do lists get effectively addressed. The employees are more autonomous in their tasks and the decisions they make.

- Their primary aim is to serve the client in the best possible way. They integrate their three-dimensional focuses of prevention, caring and curing, and achieving healthy economic outcomes.

UNIQUE FEATURES OF THE BUSINESS MODEL

At Buurtzorg the following innovative solutions were implemented:

- All the products were grouped together, resulting in an average fee instead of using several fees per category of care, prevention, and guidance, which has been the norm in the industry. Then the tasks that could be delivered for this fee were scheduled and offered while keeping the client as a main focus.
- Attention to overhead was observed. It was considered that high expenditures were partially caused by the increase of health care managers in many organizations. An aim at Buurtzorg was to keep the overhead costs as low as possible, around 0.5 percent.
- It was also decided to keep the organization of the work as simple as possible while bearing in mind the needs of the client to offer him the best possible care. This resulted in a small headquarters that supports the frontline nurses and nurse assistants. Additional expertise is sought outside the formal structure, such as IT support and training in team dynamics.
- Another aim was to reduce the fragmentation of care per client by scheduling the work in such a way that the number of nurses and nurse assistants per client is reduced (by around three or four).
- The profession of the nurses was arranged in such a way that there was room again for their natural tendency to serve the client in the best possible way, which will revive the meaningful work for which they were trained. They get room for developing their entrepreneurial attitude and craftsmanship as a nurse.
- There are virtual platforms to enable effective schedule planning for the nurses and a forum for sharing experiences and developing innovative solutions to problems through joint effort and for sharing knowledge and e-learning modules.
- There is a management structure in the organization that is particularly suited for the business of community care, consisting of two directors and 14 coaches as facilitators of 630 self-managed teams spread all over the country.
- Coaches are appointed as facilitators of teams across the country. They have a nursing background themselves to be able to give the best guidance to the teams.

HOW IT WORKS OPERATIONALLY

Self-Managed Teams

Teams have decision power when it comes to day-to-day activities. According to the Buurtzorg principle, there is a difference between washing someone and bringing a solution to the client's problems. The latter requires a wholesome or integral view of the client and not the single task orientation. At other organizations you have one person for scheduling the work, but at Buurtzorg, the idea is that you have 8 to 12 nurses and caregivers per team. A larger team means greater potential for discovering solutions and an enrichment of ideas. A small headquarters facilitates the teams.

ICT Facilities

Information and communication technology (ICT) is part of the Buurtzorg model. Buurtzorg uses it to simplify tasks, lessen bureaucracy, communicate quickly and effectively, and support professionals in their daily work. Buurtzorg could not have performed the way it has without the ICT and ICT services they are using. In the start-up phase, Excel spreadsheets were used while a handful of nurses and two software developers started building a software system "from scratch." They had learned that traditional software did not serve the primary process in home care in the first place, let alone in a way that embraced the company's mission. Apart from the software, the overall ICT-landscape had to be defined, consisting of hardware, software, and staff to support ICT, including developers, a help desk, business intelligence (BI), maintenance, and consultancy. The founder and the ITC expert had learned from what they had witnessed in the companies they had worked for previously. They had seen excessive budgets and spending on ICT technology such as in-house servers, expensive software, numerous software packages, software installed on numerous personal computers, and staff necessary to manage this complexity.

Omaha Quality System

The client focus is facilitated by an electronic health record that allows assessing client needs from a holistic view on health and human functioning. The health record also automated the making of high-quality care plans, choosing interventions that are either evidence-based or best-practice based, and monitoring outcomes. The Omaha System was automated for this purpose. The Omaha System is a coded and validated classification system and taxonomy designed for home care and public health and to cover integrated care and support multidisciplinary work. The electronic health record ensured quality data collection that supports the professional and suits the vision on quality of care. The Omaha System also facilitates methodical ways of working, the use of a unified language and understandable terms, exchangeable data, and data that can be used for internal quality assurance and quality improvement purposes.

Coaches

The professional coaches act as facilitators to the teams. They usually have experience as community nurses to ensure that their facilitating expertise suits the context of community care. Their main tasks are to:

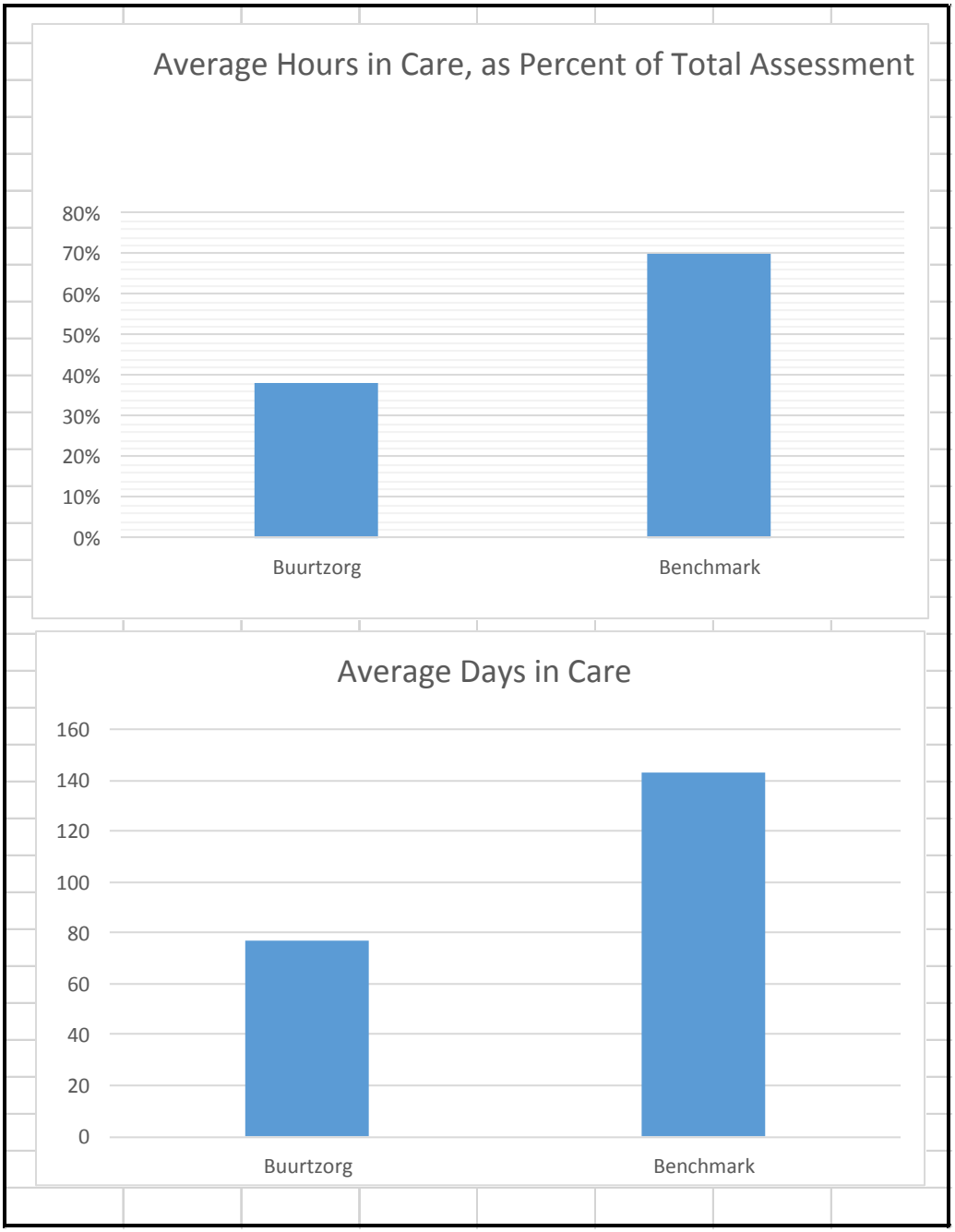
- Support new start-ups as well as established teams.
- Encourage teams to take responsibility and improve their problem-solving abilities.
- Coach and support teams and individual members in increasing their productivity and realizing other team outputs.
- Coach a team in coping with illness absences.
- Discuss the trends perceived in a team. A coach often facilitates about 30 to 40 teams and develops expertise to be shared when coaching other teams. He can share what has been a good practice somewhere else without proposing a specific approach, as teams have autonomy in developing approaches for their specific context.
- Discuss any deviances in regard to arrangements that have been agreed within a team, if there are deviances in team practices considering where policy and norms have been agreed upon in the whole organization.

THE CLIENTS—IN CONTEXT OF COMMUNITY

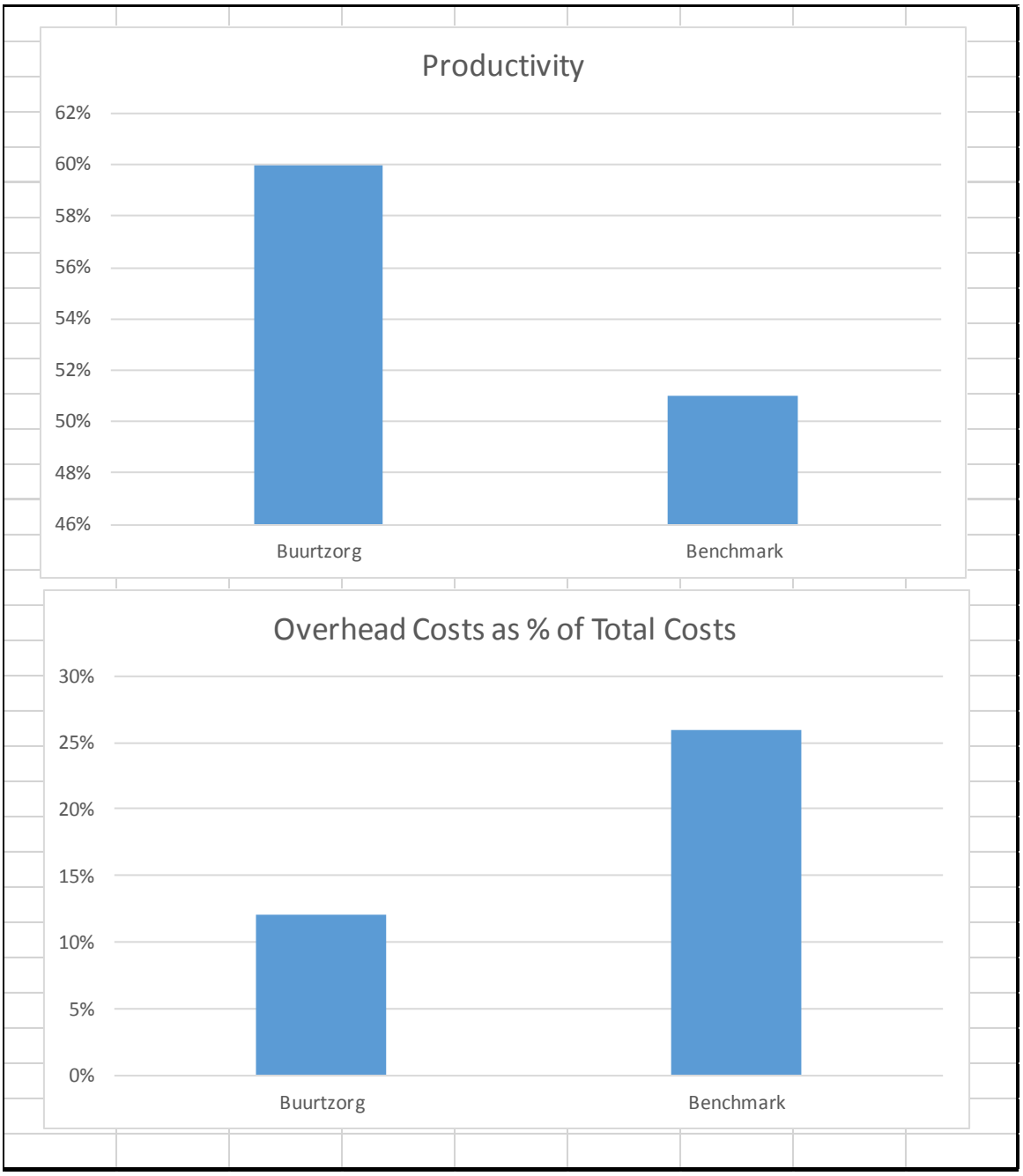
The nurses are generalists who can handle a full range of activities from personal care to highly technical care such as infusion therapy and palliative care with morphine therapy. The nurses help with personal care if needed. The nurses involve the clients' families making sure that they are fully equipped to take care of the clients in their absence. This is especially the case for chronically ill people, for example, those suffering from dementia. If required and the clients are open to it, volunteers in the community may be added to the team of helpers. They work with social workers, physiotherapists, therapists, and psychiatric nurses.

THE OUTCOMES[3]

A business case research project revealed several positive outcomes for Buurtzorg compared to a benchmark. The following figures demonstrate a few of these outcomes.



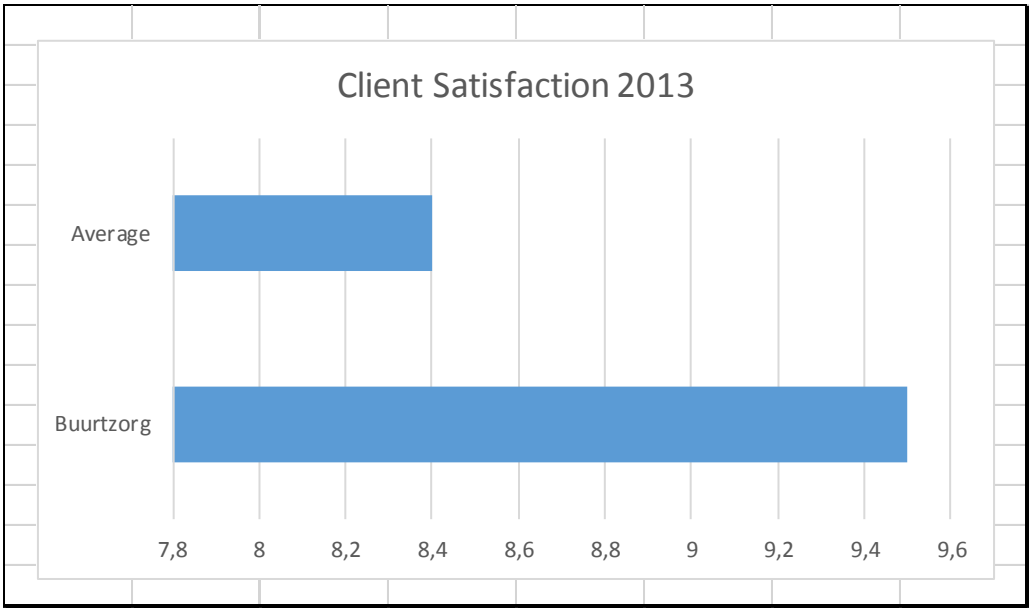
Source: Social Business Case.



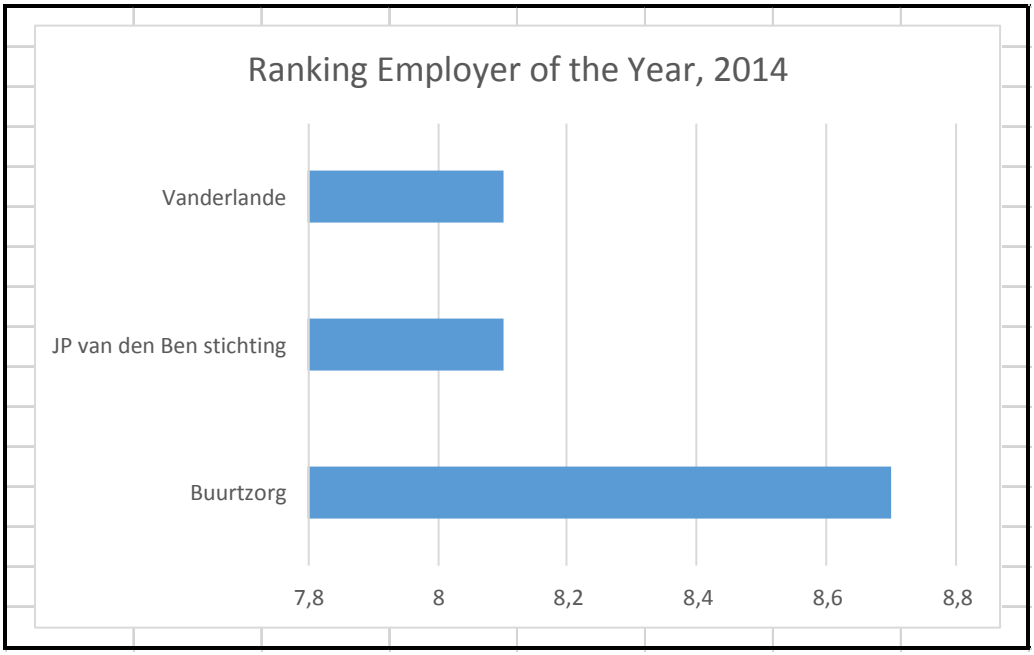
Source: Social Business Case.

Every year the overhead costs are kept low. The high growth in the past seven years is obvious. By the end of 2007, there were 300 clients. By the end of 2013, there were 55,000 clients served by 630 teams spread across the country. The growth is about 100 new locations in the period 2012–2013.

Based on the Consumer (Client) Quality Index of 2012, it can be concluded that clients' satisfaction is high, with a score of 9.1. In 2013 this index was even higher at 9.5.



The employee satisfaction score of 8.9 in 2013 is high as well, based on the study of Effectory, an independent market research institute. Buurtzorg was named best employer of the year in 2011, 2012, and 2014 (in 2013, Buurtzorg was the runner-up to KLM Royal Dutch Airlines). The next figure provides the scores for employee satisfaction on a 10-point scale of the top three in the ranking of best employer of the year.



Figures from December 2013 show that teams were supported by a small headquarters comprised of 49 employees (39.44 full-time equivalent [FTE]), 14 coaches (12.72 FTE), and nine employees working on projects (6.77 FTE). By the end of 2013, the total number of employees was 7,188 and the turnover was 220 million euros. About one-third of employees are community nurses, one-third are nurses, and one-third are nurse assistants. By end of March 2014, the total number of employees was about 7,900.

Performance Indicators

End of Year	Number of Clients in December	Turnover in Millions	Number of Employees in December
2007	300	1	100
2008	5,000	12	1,000
2009	15,000	40	2,200
2010	25,000	80	3,000
2011	35,000	130	4,000
2012	45,000	180	5,500
2013	55,000	220	7,188

Source for 2007-2011: corporate presentation Buurtzorg,
Source: Annual reports 2012 and 2013 Stichting Buurtzorg Nederland

Furthermore, it is interesting to notice the continuous innovative attitude at Buurtzorg. There are a few spin-offs being executed, some in the pilot phase: 70 teams are delivering only household services (Buurtdiensten), with a turnover of 7 million. Buurtzorg Youth (Buurtzorg Jong) consists of 10 teams. Additionally, there is a program offering temporary care in nursing homes (Buurtzorgpension), and a program offering hospice care has just recently started (Buurtzorghuis).

THE BUURTZORG MODEL AT ZORGACCENT AND AMSTELRING

Two organizations have successfully transformed units by implementing the main features of the Buurtzorg model: Zorgaccent and Amstelring. Both were challenged by the increased bureaucracy and alienation of employees often leading to departure of highly qualified nurses. The impact of the transformation will be demonstrated here.[4]

Zorgaccent

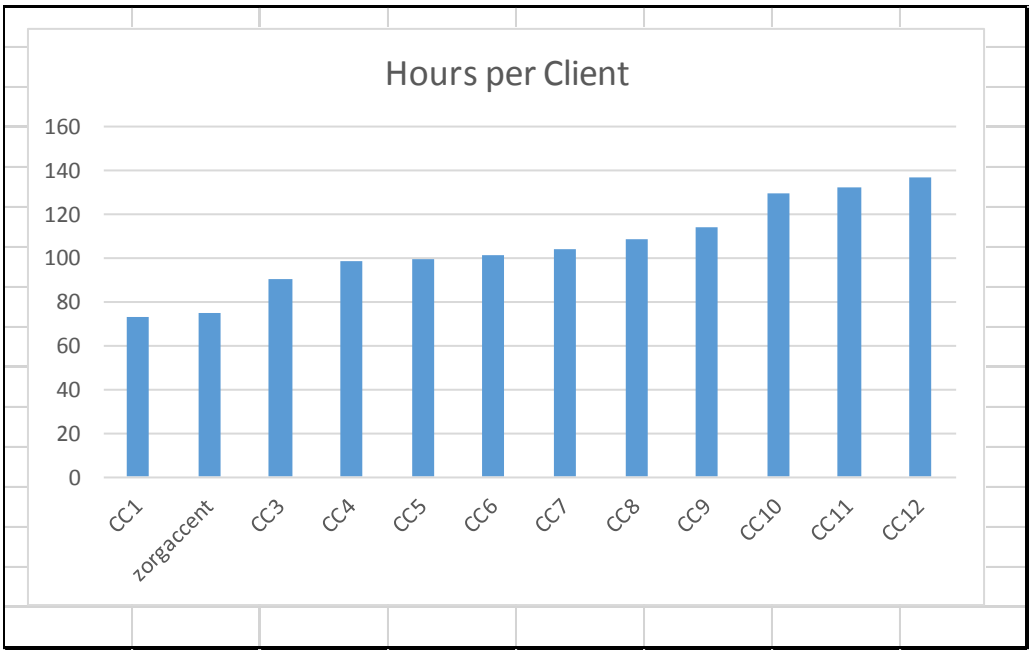
Zorgaccent provides community care and elderly care to 3,300 clients in a local region, close to the headquarters of Buurtzorg. Due to big losses of clients to competitors in 2010, the organization had chosen to reform its organization radically by introducing a policy with self-

managed teams based on the approach of Buurtzorg. Implementing self-managed teams induced changes in the IT infrastructure as well. Two coaches were appointed to guide the transformation process: one for the overall process and one for the IT infrastructure. At the beginning of 2013, there were 55 self-managed teams. The mission is to simplify the organizing process for delivering humane and high-quality care.

Goals for the Transformation Process	**Achievements at Zorgaccent**
Reduction of overhead by 15%	The reduction is 20%
Simplifying the organization, communication, coordination, and administration	Decentralization Less hierarchy Integration of staff Reorganization of staff Decrease in number of nurses and nurse assistants per client from 12 to 7
Empowering the client	Average number of hours per client has decreased due to the empowerment approach (the average was higher than 10 and decreased to a maximum 7 hours per client)
Increase in employee satisfaction Decrease in turnover	Both goals realized; results could be felt in terms of job pride expressed by employees
Increase in client satisfaction	Increased from 3 to 4.5 on a 5-point scale
Increase in employee expertise	More highly educated (community) nurses increased from 20 to 45 FTE

Overall, researchers have concluded that there is 20 percent more care with only 1.3 percent more FTEs. Based on a benchmark with 11 other organizations, they estimated an overall cost reduction between 7 percent and 14 percent, based on the estimated budget per client. If other similar organizations would follow the Zorgaccent policy, they estimated a cost reduction of up to 25 percent in the public budget.

The number of hours per client, compared with the benchmark, reduced at Zorgaccent, positioning them second in this ranking.



Source: Terugkijken naar resultaat Rapportage retrospectieve analyse: Zorgaccent. Juli 2013. In voor zorg.

Amstelring

About mid-2012, Amstelring initiated a pilot inspired by the Buurtzorg concept with the mission to provide community care with self-managed teams. They operationalized this by focusing on leadership style, self-management, IT, and shared services founded on three core values: attentiveness, trustworthiness, and togetherness.

After half a year (June-November 2012) the productivity of the pilot teams improved from 64 percent to 71 percent. The productivity for the whole organization was 54 percent in 2012. The pilot teams already showed a high productivity at the start compared to the score in the whole organization. After half a year they increased their productivity. The goal set for the pilot teams is 70 percent based on results from the Buurtzorg model. Based on a survey among the pilot teams, several pieces of advice were gathered. It is interesting to note that the chief executive officer (CEO) of Amstelring was the overall coach for guiding the process at Zorgaccent. There she learned how the Buurtzorg approach could be implemented successfully. Because she had experienced the dynamics of the transformation at Zorgaccent, she knew how important it was to get the employees engaged from the start, resulting in a transformation from within while being guided by an external coach for the whole process. The professionals then naturally take ownership of the concept.

Currently there are 12 teams at Amstelring working according to the new approach. The CEO started with those who were willing to experiment, and now everyone knows that this will be the approach for some time to come. This has the advantage that the CEO could show results at a high pace, but the disadvantage is that the rest of the organization lags behind in the transformation. Getting them on board requires a radical change in their mindset. While the

vision is top-down, it fits the employees because of the idea that everyone will learn and experiment in this "adventure" on their way to the desired achievements and goals they set at the start.

Both CEOs, at Zorgaccent and Amstelring, stressed the importance of integrating the activities for realizing success, for example, by eliminating unnecessary hierarchy. At Amstelring, it almost becomes a norm that if someone has a question, she needs to call just one person to get the answer. Another norm is the question of added value. Managers were confronted with this question, making them realize that they matter only if they really add value to the primary process in some way. Integrating at Zorgaccent means working simultaneously on different dimensions, such as IT, organizational structure, organizational culture, and team building. Such approaches result in avoiding complexity and enhancing trust-building, enhancing learning, and empowering clients.

INTEGRATING SIMPLIFICATION AS THE CORE FOR MAXIMIZING VALUE

If we consider these cases, we see several outcomes. The main outcomes are:

- highly satisfied clients
- empowered clients
- gratified employees
- good production rates
- cost reduction.

In recent research, I have studied the Buurtzorg approach with the attempt to develop principles to be used in several contexts because I believe the principles rely on universal human values of caring for others. I have induced the theory of Integrating Simplification by using a grounded theory methodology. Buurtzorg Nederland provides an evidence-based organizational innovative practice. The theory of Integrating Simplification comprises a greater role for an entrepreneurial and innovative mindset and smart, simple, and systematic operational strategies and application of IT. It provides the ingredients for a new management paradigm at three levels:

- the mindset
- the organizational architecture
- leadership.

Integrating Simplification is a process of engaging in simplicity and refraining from complexity to avoid organizational disintegration.[5] Disintegration is wastage in the organization. Integrating is harmonizing toward a whole, a unity, or a common goal or higher purpose.[5] Integrating Simplification has been defined as a form of organizational innovation consisting of three core concepts:

1. Systematically identifying and assessing what is needed by asking the questions: What are the needs of the client? Why do we do things as we always do? How does it help the client? This is the *needing principle.*
2. Continuously connecting and responding to different types of cues and reconstructing the perception of reality by asking: What is really going on? Is there a simpler way of doing things? How would this improve the client's quality of life? This is the *rethinking principle.*
3. Designing and implementing tasks according to the current circumstances or new perceived reality until this doesn't work because the context has changed again or someone has a better alternative. Questions that are being asked here are: What do I require for this novel approach? How do I bring this simpler method into practice? How does the new practice improve the client focus? This is called the *common-sensing principle*.

Integrating Simplification aims at avoiding what could lead to disintegration in the primary organizational process and avoiding any kind of wastage (in time, money, and material) in terms of unnecessary complexity in realizing organizational goals. It has as main building blocks or dimensions, a smart assessment of management resources, structures, and processes. Translating this into pragmatic approaches creates room for:

- an entrepreneurial mindset to enable innovation;
- a deep understanding and mindful assessment of the nature of craftsmanship;
- a holistic, physical, and emotional evaluation of the needs and capabilities of the client (as a whole person); and
- a dedication of the leader to a common higher purpose, leading to creating space for contribution by those who get themselves involved in the organization.

While this paper has displayed several impressive outcomes and therefore indicated how to maximize value, there is more. Following the Integrating Simplification approach is a holistic way of managing and designing a client-focused approach that yields several additional outcomes that have not yet been assessed. In research so far, mainly client satisfaction, employee

satisfaction, and productivity have been studied, hailing from an economic perspective. Given the conclusion that the approach at Buurtzorg covers the three levels— mindset, organizational architecture, and leadership—outcomes could be studied at these three levels as well, directly for the organization and indirectly for community care, the health industry in general, and even for societies. Hence, there are two potential fields for future policy and research: first, implementing the Integrating Simplification theory in other health care organizations while embracing their unique context; and second, building a holistic index for assessing the added value of such approaches. Both approaches will be helpful for building a high-performing health care system while caring for clients based on their needs.

Notes

[1] A detailed explanation of the Buurtzorg case is published in an international book by Springer by this author: Organizational Innovation by Integrating Simplification: Learning from Buurtzorg Nederland, 2015 Springer, Switzerland. http://www.springer.com/business+%26+management/organization/book/978-3-319-11724-9.

[2] At Buurtzorg the term client is used instead of patient.

[3] More details about the outcomes can be found in the following study: Social Business Case ("Maatschappelijke Business Case" Netherlands: Transition program/Buurtzorg; 2009). Available from: http://www.transitiepraktijk.nl/files/maatschappelijke business case buurtzorg.pdf.

[4] Information was taken from: De nieuwe thuiszorg: naar wijkgerichte en zelfsturende teams: evaluatie uit de eerste teams bij Thuiszorg Amstelring. February 2013. Movida-advies. Terugkijken naar resultaat Rapportage retrospectieve analyse: Zorgaccent. Juli 2013. In voor zorg.

[5] Organizational Innovation by Integrating Simplification: Learning from Buurtzorg Nederland, 2015 Springer, Switzerland.