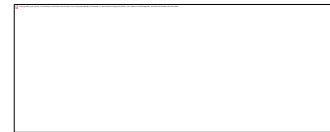# Buurtzorg & Ecare
quality of homecare
& quality of ICT

BUURTZORG

Buurtzorg

Originated in 2007, few local teams

- Community care, community nursing
- Self-managing teams, no managers, just coaches and administrative support
- Nurse is central 'player'

Now national, 500+ teams and 5000+ employees

- High cliënt satisfaction
- High employee satisfaction
- Award for Best Employer Netherlands, 2011 en 2012

Outsourcing ICT to Ecare

Web-based IT-system

- Cliëntdata
- Employee-portal
- Teammodule: planning, Teamkompas, etc.
- Central documents, forms, protocols
- Sociale Media: nursing forum
- Administrative module (backoffice):
  - Cliënt, employee, teamdata, national data, etc.
  - Data-exchange with financers:
    - According to national AZR rules and coding
    - Other forms of financing
- Business Intelligence: realtime reports

The Challenge in (Home-)care in NL

In current systems abundant data on:

- Referrals from 'national referral agency'
- Hours / week, terms
- 'Functions': Nursing, Care / Home Health Aide
- Allocations, start of care, end of care, etc.
- Minutes-registration in order to get reimbursement
- Waiting lists

Patient files, mostly unstructured and on paper, at the client's home, + word files in company software

How to measure the best care?

- A lack of useful and meaningful data

Valuable and meaningful data

Buurtzorg en Ecare developed an EHR based on the Omaha System.

Many interested third parties in NL, for example insurance companies.

- o Unique in the Netherlands
- o Many files
- o Clients in all of Holland
- o Opinion leading firm
- o Measurable data
- o Data on outcomes

Vision

Vision on quality of care:

Buurtzorg is an organization driven by its well defined vision.

It's aim is to empower the client to be independent from care as soon as possible, working from a professional and caring relationship.

Buurtzorg works effectively and efficiently and wants to help improve care quality and lower the costs of care.

Data reflecting vision on quality

How can we measure our quality of care?

Because Buurtzorg works according to this vision, care is tailormade for each client and his carers.

It is not driven by referrals or limited by strict limitations

To work with the client to reach his goals and Buurtzorg goals, a mixture of all Omaha System interventions may be used.

EHR's reflect care given through what is believed as best care.

Research Pilot project

- 1 large national insurance company

- Buurtzorg; 10 teams and their cliënts

- Ecare Services; IT support, consultancy, data-analysis

Focus of target client group: frail elderly clients and clients with dementia

Research Pilot project

The tailor made approach is combined with a description of standardized care for the targetgroup.

In this description, the desired outcomes for a set of problems (essential for the targetgroup) will be used.

For example: the demented elderly will have problems concerning safety at home, medication, cognition, personal care and caretaking. KBS ratings will be described for the hole group when they get their 'best care'.

Research Pilot project

Data from daily practice from 10 teams will be compared to see whether the problems, interventions and expected outcomes match the description.

Data will be analyzed on the relationship between the selected problems and the socres on the Groningen Frailty Index.

Focusgroup of nurses, projectmembers and the insurance company will discuss data and possible quality indicators.

Research Pilot project

What makes this project special?

First time the Omaha System data is used to evaluate best care in the Netherlands for this target group, and with this other validated instrument.

First time a project like this is done by Buurtzorg with an insurance company, providing them an unusual 'look into our kitchen'

Creating openness to define quality indicators together

Next steps

- Preparing instruction material
- Instructing teams
- Organize kick-off meetings with teams
- Making digital version of Groningen Frailty index in EHR
- Define and describe standard care with focus group
- Patient inclusion

….to be continued….