

# The transformation and evaluation of an integrated nurse-led care model



Sybren Slimmen  
& Lois van der Molen



# CARE4 2022

International Scientific Nursing and Midwifery Conference, 4<sup>th</sup> edition

**8 – 10 February 2022, Ghent, Belgium**





Sybren  
Slimmen



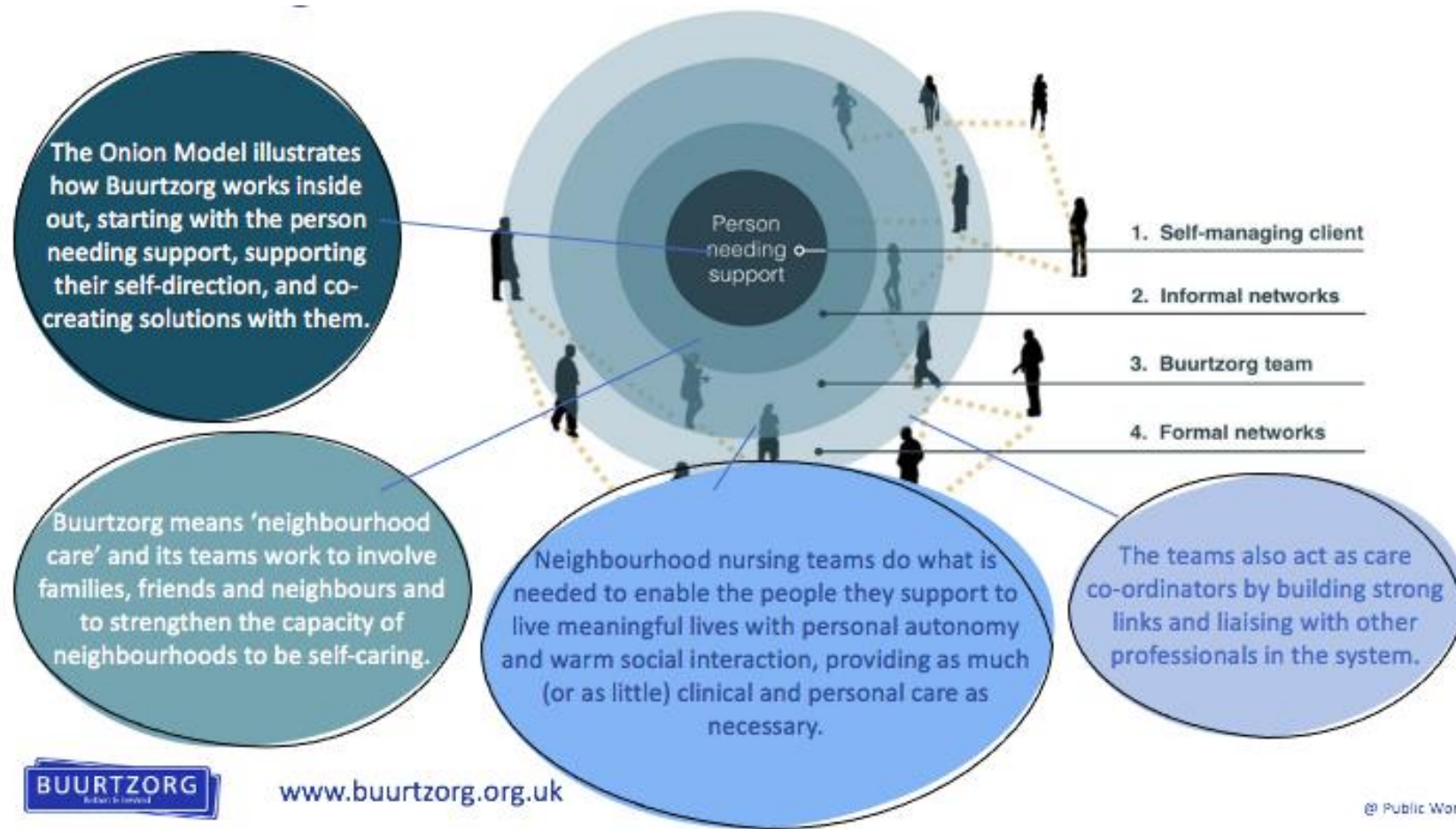
Lois van der  
Molen



Contributors:

- Olaf Timmermans
- Nicolette De Klerk – Jolink
- Iris ten Barge
- Anton Engels





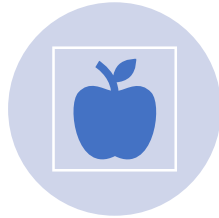


# Buurtzorg's central elements

---



INTEGRATED CARE



HOLISTIC AND  
PREVENTIVE  
APPROACH



SELF-MANAGING  
CLIENT



SELF-MANAGING  
TEAMS



OMAHA SYSTEM

**CARE4** 2022

International Scientific Nursing and Midwifery Conference, 4<sup>th</sup> edition

8 – 10 February 2022, Ghent, Belgium



# TICC Interreg 2 Seas

---

- Partners
- Implementation of a nurse-led care model
- Training and coaching by Buurtzorg
- Evaluation, barriers and challenges
- Development of a blueprint



**CARE4 2022**  
International Scientific Nursing and Midwifery Conference, 4<sup>th</sup> edition  
8 – 10 February 2022, Ghent, Belgium



# TICC's expected results

- Higher patient satisfaction
- Increase in autonomy of patients and professionals
- Better quality of care
- Decrease in healthcare costs



# Focus Groups

- Sessions with staff at two different time points
  - End 2019: Belgium & UK (x2)
  - Beginning 2021: Belgium & UK (x2) & FR (x2)
- Conducted by care organisations
- Structured topic list
- Transcribing and coding



**CARE4 2022**

International Scientific Nursing and Midwifery Conference, 4<sup>th</sup> edition

8 – 10 February 2022, Ghent, Belgium



# Results – Transition period

- Transition to self-managing was difficult as people are often used to a certain way of working. Might be easier for new teams.
- Increased advertisement to promote awareness is recommended, especially amongst external stakeholders and other nursing teams.
- Teams would like to have had more clarity on what is and what isn't allowed, especially related to finance.
- Not all team bases were adequate at the start.
- Visit to a Buurtzorg team in the NL was inspiring.



*"When I started ... it wasn't easy as I couldn't define spaces where I wasn't thinking about my patients and the amount of things we have to deal with. With time I learned to trust my team and not to worry during my days off."*



*"... other nursing teams didn't appreciate exactly what we did. All they could see was that we had reduced visits, and I think that still stands in some cases...so that's been quite hard to overcome...because there's no hierarchy within the teams, people didn't like it, the staff ranked staff"*





# Results - Staff

---

- Overall positive evaluation.
- Additional responsibility is challenging and can cause stress but is also rewarding and contributes to satisfaction.
- More satisfying working conditions are also due to smaller caseload, more meaning in work, providing person-centred care, improved relations within the team.
- Improved relationships within the team and more engagement can make it difficult to fully disconnect.
- Environment for personal and professional growth.
- Strong communication resulting in more complete and efficient handovers and sharing ideas = higher quality of care.
- Admin is time consuming, could be at the cost of patient care.



*“If I had a fear, it would be that we would go back from this evolution that facilitates our daily work and gives meaning to our jobs.”*



*“...we feed off each other...we've all got different, um, skills or knowledge, um, and everyone's approachable, you know, what I might think is a silly question, sometimes it is (laughs), but other times it's that's a good idea and we could perhaps try that method of treatment*



# Results - Patients

---

- Strong communication resulting in more complete and efficient handovers and sharing ideas = higher quality of care.
- More person-centred and holistic, facilitated by more time available.
- More consistency in treatment and the care professional.
- Better relationships between staff and both patients and informal caregivers.
- Increased focus on patient autonomy.



*"We take better care of them and the families are reassured because we are the ones who manage the care from A to Z. We take care of the meals, the food, we make appointments, we take care of special requests if the needs change. No need to go through the office, it's much faster and more reliable."*



*"...You know, we've got this man who is a long-term diabetic and rather than just accept the status quo she said well, why don't we try this, or try that and that's just got us, you know, trying to think of other ways of..."*



# Results – Facilitators & Barriers

- Trust from host organization is important, not taking away responsibilities or overruling decisions.
- Relationships with external disciplines (esp. GPs) are key. Location of team base can impact this.
- Working in this way might not be for everybody.
- Insufficient clarity on opportunities for career progression.
- Way of care (focus on self-management) might require some getting used to for some patients.
- IT systems can be a time-saver, but only when fully aligned with staff needs.



*"Trust! If we have the right to do all this, it is because we are trusted! And because we are trusted, we have gained confidence in ourselves. As a result, we feel capable of doing these new missions which broaden our field of vision and our skills."*



*"...Because you're the Healthcare Professional they think you should be doing everything for them. When a new patient comes in, there's a lot of effort that goes into that person to get them to think in a new way to think actually I can self-care for myself with the help of the nurse to educate them."*





# Results – Country differences

---

- Majority of findings are shared across countries.
- BE somewhat more difficult to compare as they also implemented in residential setting.
- In the UK, the hierarchical structure in care organizations impacts the implementation and execution of the new way of care (e.g. needing senior band nurse for authorization).
- In the UK, the trust made changes to the new way of care and sometimes overrode decisions or took back responsibilities. As a result, not all elements of the Buurtzorg model could be implemented according to the teams' expectations and training.



# Conclusion

- Transitioning from a hierarchical organization to Buurtzorg teams can be challenging.
- However, the focus group results suggest a completed transition can be beneficial for both staff and patients.
- Evaluation continues to support these suggestions with additional evidence.
- Blueprint for implementation



**CARE4 2022**

International Scientific Nursing and Midwifery Conference, 4<sup>th</sup> edition

8 – 10 February 2022, Ghent, Belgium

# More information

- Website:  
<https://www.interreg2seas.eu/nl/ticc>
- Contact HZ's TICC Interreg 2 Seas team
  - Sybren Slimmen: [s.slimmen@hz.nl](mailto:s.slimmen@hz.nl)
  - Olaf Timmermans: [olaf.timmermans@hz.nl](mailto:olaf.timmermans@hz.nl)





# Thank you for your time!

**Website:**  
[www.care4-2022.org](http://www.care4-2022.org)

**Email:**  
[info@care4-2021.org](mailto:info@care4-2021.org)

