

“We stumbled across Buurtzorg” – Christina Brunnschweiler, CEO Spitex Zurich Limmat

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About half a year ago, Spitex Zurich Limmat reorganized part of the business as a pilot project. Since then, customers have been cared for by the principles of the Dutch Buurtzorg model and by self-organized teams. "We have to gain experience first," says Christina Brunnschweiler, CEO of Spitex Zurich Limmat. "Overall, the pilot is going well."

Why does the Spitex Zurich Limmat need self-organized teams?

We pursue the strategic goal of providing good service to our customers and having the right employees for them. At Spitex, the expertise and nursing knowledge of the employees is based on the basics. So we need to empower them so that they can better fulfil their responsibilities. Three years ago, we began to align our processes accordingly. By chance we stumbled over Buurtzorg. The Buurtzorg model is about having a clear focus on the customer as well as his ability to use his own resources. In addition, the model is based on self-organized teams. This way of working meets the needs of many employees who want to work independently. The Buurtzorg model fits perfectly. So we did not say, "Oh - Buurtzorg is great, we'll do it." Rather, the model helps us achieve our strategic goals.

Why did you start the pilot project in Zurich-Schwamendingen?

The centre manager wanted to retire earlier. We considered whether we should again look for a centre management in the knowledge that we really do not want this model anymore. That's why we decided on the pilot project in Zurich-Schwamendingen. Originally, we wanted to start with two teams of about thirty employees. At an information event we presented our project. With the result that almost all 100 wanted to join. Now there are seven teams.

What are your experiences after the first half of the year?

We are moving forward very carefully, which corresponds to the nature of Spitex employees. We care for approximately 450 customers. We do not know much yet and therefore have to gain experience first. The pilot project takes place during ongoing operation. The experiences are positive in the sense that the teams take over the responsibility and are able to organize themselves very well in everyday life. Another insight is that they also want this - for example, take over the planning themselves. They do holiday planning, duty planning and two teams also the mission planning itself. They use the given IT system. Self-organization also means that they recruit their own team members - with the support of Human Resources. And here too, we have had good experiences. Finally, we find that they stand by and take responsibility when something does not work as desired. It is slowly developing a new kind of feedback culture.

How do you manage teams that organize themselves?

Over defined standards, over values and over certain KPIs. It is clear that legal requirements, for example, with what qualification should what disease pattern be treated, must be complied with. Our behavioural principles are also binding. We have developed them together, and they apply to all employees in our organization. Likewise, the IT system that we provide must be used. But the teams themselves decide whether to enter the data on an

ongoing basis or at the end of the day. But there is a binding deadline as a principle. After all, for example, the hourly wages must be calculated from the data and the customer bills must be provided.

If the teams are more autonomous, does it need a common organization in the background?

Yes absolutely! We provide services and services that are necessary for the teams to work efficiently: we have support systems for computer science, human resources, etc. We ensure the quality and access to special functions such as palliative care. We are discussion partners for health insurances, for the city of Zurich, which also co-finances us as an issuer of the service contract and for suppliers, such as hospitals and so on. Our job is to keep the teams as free from burden as possible to be able to do the frontline work well.

The reorganization entails that a leadership level disappears ...

... in our case there are even two management levels disappearing: the centre management and team management.

Is the conversion to the Buurtzorg model not simply an elegant cost-cutting program?

No, that's not it. The changes mean that certain tasks can become redundant or automated. Part of the entire project is lean management. But we will probably have about the same number of employees. There is a deliberate shift to the base or frontline. Initial indications are that we have lower costs due to fewer illness failures. Also, lower recruitment costs, because employee satisfaction increases, which reduces the turnover rate. But again: Our strategic goal is: "Satisfied customers with the right employees". It's not about simply cutting costs.

Medium-sized managers in a company go ahead, translate the guidelines of the management into everyday life and shape the corporate culture. Can you do without it?

Ideally, mid-management takes on such tasks, yes. But the reality is more complex. Thanks to digitization, there are also completely new possibilities, for example in communication. I do not know how the conversion will affect our company in the long term. We have about 50 to 60 members of staff affected. We have told everyone that we basically want to work with them. But everyone must be ready to change their job or function. After all, certain tasks no longer exist in the future organization, which incidentally also applies to the management. As a company, we are challenged to find out what new features we need in the future. At the same time, those affected are required to consider where they can contribute in the future. With us, the whole company is in a development process. Leaders who are actively involved in this change project acquire knowledge and experience for later tasks.

When do you change the whole organization?

First, it is about systematically collecting, weighting and evaluating the experiences of the pilot project. The results from progress made by other divisions are also included. Then we decide if, when and how it will continue.

What do you recommend to anyone interested in implementing the Buurtzorg model?

First, it needs a healthy organization, and in the beginning the reorganization costs money. Then, above all, it requires the right mindset of the leadership: you have to let go as a leader. You must not be a micromanager. It needs trust, trust, trust. You have to be ready

for risk. After all, the ultimate responsibility lies with the management, regardless of how the company is organized.

Are you still sleeping peacefully?
(laughs) Yes!

Christina Brunnschweiler is CEO of Spitex Zurich Limmat, one of the largest non-profit Spitex organizations in Switzerland. Spitex Zurich Limmat employs around 1,000 people and in 2017 provided 515,747 hours of service to 6724 customers.

Christina Brunnschweiler is highly networked: she is a member of the administrative board of the zmed, Zurich medical association; Board member of the RehaClinic Bad Zurzach; Chairman of the Board of Directors of TriaPlus, Integrated Psychiatry Uri, Schwyz and Zug; Board member at the fmc Swiss Forum for Integrated Care; Foundation councilor of the old-age center Hochweid in her residential community Kilchberg; Co-President of the Health Network 2025. In addition, Christina Brunnschweiler is particularly interested in the self-management of chronically ill people. She is President of the Evivo Network and works closely with the Careum and other health organizations in the DACH region.

Christina Brunnschweiler has been in charge of Spitex Zürich Limmat since 2010. Before that she managed Spitex Vitalis for ten years. Prior to her involvement in outpatient healthcare, Christina Brunnschweiler was Senior Consultant at Price Waterhouse. She originally studied economics at the HSG in St.Gallen.