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Opinion

Possibilities of the Buurtzorg Model in Emergency Care

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Abstract

The epidemiological transition of aging will reflect in the increase on the demand for health services. Buurtzorg is a nurse-led model of community care, in which nurses perform important actions in the management of care for elderly people with chronic diseases at home and in the training of professionals who are part of the health teams. This way of working requires nurses to have a new attitude towards problems, as the focus needs to be directed towards finding solutions, trust in the team. Numerous indicators are managed in the implementation of the Buurtzorg model worldwide, one of which is the reduction in the number of visits to emergency services and the reduction of common iatrogenic problems in the elderly population such as: falls, urinary tract infections, and adverse drug-related reactions. In Brazil, after one year of implementation of this model, there has been a 40% reduction on average in visits to emergency care services with possible hospitalization because of the home care of acute cases by reference nurse upon their call by the patient. This infers a lower rate of hospital admission, lower costs, and greater resolution at home.

Opinion

Population getting aged is a worldwide phenomenon. Statistical data show the growing curve of this population in the world. The epidemiological transition of aging will reflect in the increase on the demand for health services, with more hospital admissions and greater risks, which impact on costs that could cost 30% of GDP in 2050 [1].

Buurtzorg is a nurse-led model of community care [2], in which nurses perform important actions in the management of care for elderly people with chronic diseases at home and in the training of professionals who are part of the health teams. This initiative emerged as a response to challenges faced by the Dutch health system, among them the fragmentation of care, the aging of the population and the increase in care costs without necessarily implying an improvement in quality. Buurtzorg is present in 25 countries such as Japan, USA, India, Germany, Sweden, UK, and China, developed and developing countries, including Brazil. The model is an innovative alternative for the organization of care through its premises, with emphasis on the self-management of nurses in the organization of care. Nurses are responsible for articulating the patients' support network, coordinating and organizing care with other competencies, carrying out care plans focused on the autonomy and independence of the elderly, and managing their work. Core principles are: continuity of care, building trusting relationships, building networks in the neighborhood, and linking patients to community resources [3,4].

In this model there is no boss; nurses are responsible for everything, as well as for the results they deliver. This way of working requires nurses to have a new attitude towards problems, as the focus needs to be directed towards finding solutions, trust in the team and team work, as well as new skills combined with technical skills to offer something different and with a new mode of operation. It is an opportunity to rearrangement and rescue of autonomy aimed at the protagonism of care, based on evidence, with quality and that adds value to the lives of patients. Numerous indicators are managed in the implementation of the Buurtzorg model worldwide, one of which is the reduction in the number of visits to emergency services due to both the effectiveness of monitoring - avoiding complications related to chronic diseases such as diabetes, hypertension, obesity and others -, and the reduction of common iatrogenic problems in the elderly population such as: falls, urinary tract infections, and adverse drug-related reactions.

In Brazil, after one year of implementation of this model, there has been a 40% reduction on average in visits to emergency care services with possible hospitalization as a result of the home care of acute cases by reference nurse upon their call by the patient. This infers a lower rate of hospital admission, lower costs and greater resolution at home. Given, the reality of an aging society, it is necessary to recognize that health care networks in general need health care models that encompass the fragility and vulnerability of the elderly, a hierarchy of care, with the need for services that solve problems [5], which involve health policy issues.

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