To: (10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) [(10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) , (10)(2e) . ((10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) (10)(2e) [(10)(2e) @zorgverzekeringskantoor.nl]
From: (10)(2e)
Sent: Wed 5/6/2020 4:23:00 PM
Subject: Fwd: Organistional structure of COVID Care
Received: Wed 5/6/2020 4:23:16 PM
organisational structure COVID Care.pptx
Re: Follow-up meeting Covid work scheme 15th May onward.eml

FYI

---------- Forwarded message ---------
From: (10)(2e) < (10)(2e) @gmail.com>
Date: Tue, May 5, 2020 at 8:52 PM
Subject: Organistional structure of COVID Care
To: (10)(2e) < (10)(2e) @statiagov.com>, Waarnemend Eilandsecretaris < (10)(2e) @statiagov.com>, (10)(2e) (10)(2e) < (10)(2e) @statiagov.com>, (10)(2e) < (10)(2e) @gmx.net>, (10)(2e) , (10)(2e) . ((10)(2e)) < (10)(2e) @minvws.nl>

Dear all,

Today I have, as follow up of a mail sent by (10)(2e) (see attached) , talked both with (10)(2e) and (10)(2e) on the organisational structure of the medical COVID response for which I have further elaborated the structure designed in the meeting with the doctors last week.

The mail triggered the clarity on the governance of the hospitainer and the responsibility of the Hospital.

In meetings with (10)(2e) and (10)(2e) I draw sketched which I translate tonight in the attached slide.

First I talked with (10)(2e) (10)(2e) and (10)(2e) (10)(2e) about the structure in which I introduced the medical manager as coordinator and the role of the hospitainer for isolation. While I emphasized the responsibility of the GGD for isolation, quarantine and testing and tracing. (10)(2e) agreed with the concept and the need to have very detailed an clear arrangements between the organisations on who is doing what.

After this I talked with (10)(2e) (10)(2e), I introduced the scheme and we talked about the governance. He firstly very much focussed on his liability for the medical practices on the Island and how this would be in the hospitainer and thought that it would be logical that the hospitainer would be integrated in the QBMC.

I explained the current situation and the lack of trust of VWS in the QBMC and explained the current choice of VWS to be responsible for the hospitainer themselves. I agreed with him that it implies that they are responsible and bear the liability for medical care in the hospitainer.

He also agreed on a medical coordinator (who is recruited by VWS to coordinate the overall COVID response.

I also emphasized that the stays responsible for the daily care and that if no COVID related work needs to be done the staff of the hospitainer is available for support in the regular care, under the responsibility of the QBMC.

All together this implies that today that both main stakeholders (GGD and QBMC) agreed on positioning a medical coordinator (recruited as part of the hospitainer) as coordinator on the COVID medical care.

I will also inform the doctors tonight about it to guide further the discussion tomorrow with them. A discussion which should now focus on the exact responsibilities of each element of care, the needed capacity for the elements of care, who delivers the capacity and the interrelations between the elements of care.

Best regards,

(10)(2e)

Crisismanagement advisor St Eustatius Government

Mob: (whats app) (10)(2e)
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