From: **Dorette Courtar** dorette.courtar@gmx.net
Subject: Update Covid support and observations.
Date: June 30, 2020 at 12:10 PM
To: plv-reg-commissaris@statiagov.com, reg-commissaris@statiagov.com

Honorable Government Commissioner, Deputy Commissioner,
Dear Ms. Francis, Dear Mr. Van Rij,

The 3 months term assisting the Covid-19 team has completed.
I would like to express my gratitude to have been part of this process.
Given the opportunity to gain insight into our healthcare structure, has been a valuable experience.
As mentioned earlier, without the proper authority, a profound analysis of any eventual obstacle for quality care or improvement remains limited.

Nonetheless, from my perspective I made some observations, which I would like to share with you with the hope they could contribute to an improvement.

The Covid-19 work plan is in its final stages. I am certain that in the event of, the island will be able to manage individual confined cases. However, due to the limited capacity, external assistance is required in case of a larger outbreak.
With the current Covid-19 plan, regular healthcare becomes very fragile or may collapse in case of a Covid-19 community outbreak.

Some challenges:

The hospital is not fully operational. With the new slackening of measures on the island, this should also mean fully opening of the hospital doors and restoring full patient care. Who will safeguard the continuity?

There remains a large sum of pending referrals for specialized care.
A comparable work plan as exists for Covid-19 for the regular care could bring more structure into the overall healthcare system. This will enable more efficient coordination and also highlight potential hazards. This requires a two-way communication channel between ZVK and hospital.

Communication between the distinctive healthcare organizations has improved since the start of the pandemic. Regular meetings were organized to establish the Covid-19 work plan. A similar scenario for the regular care is needed pertaining patient care and organizational structuring.

The QBMC may need a more detailed structure in medical management and patient care. This would provide more transparency within the organization and individual responsibilities.

There exists a challenge in the work environment that may impact the quality of care. This could be attribute to grievances among the nurses and paramedical staff pertaining poor communication between the management team and workers. This was very visible during the preparations for the Covid-19 work plan.
The installment of regular structured meetings between management and staff could provide a basis for enhancing communicative skills, improvement of work ethics and work processes. Regular feedback and information exchange could improve the team spirit.

Besides good communication and organization skills, a medical manager could be very instrumental in a more efficient structuring of the referral process. This on the long run could give relief to the limited staff.
Continuous Medical Education (CME) within the hospital could keep the staff up to date on new developments in the medical field. Is there a goal to meet certain standards?

It remains questionable whether the amount of medical staff is appropriately measured to the level of care demand. There is a reported high level of co-morbidities among the population. Statistics are not presented.
The actual calculated amount of staffing is based on averages as used in the Netherlands. The Caribbean population has for example twice as much diabetes, obesity and hypertension when compared to the European population. These differences may account for a higher demand on care.
For example the amount of GPs available for healthcare are comparable to Saba with one third of the population size. Additionally, the GP's are responsible for all urgent care. In times of crisis, referral off island remains a challenge, which contributes to increased burden on the staff.
More insight in the demography of the population, for example the "reasons for referral" and the actual diagnosis could provide a better understanding of the health challenges among the population, but also provide a basis for development of preventative strategies for the future. What is the status of our health?

The expected level and quality of care is vaguely defined. What are the goals for improvement on the intermediate and long term? Where are we now in level of care? What measures are being taken to work toward improvement?

The referral process is considered lengthy and not always transparent. For example the waiting time for an appointment for a similar indication can vary from weeks to months. Besides the available access to healthcare, installment of a maximum waiting time for certain known conditions could improve the quality of care and thus patient outcome. On the long term this could be reflected in reduction of costs spent on acute and semi-acute illnesses, often caused by long waiting.

Patient education is lacking. There are limited patient education programs existing. This could be due to lack of manpower within the healthcare sector or simply unawareness.
Based on the high amount of co-morbidities on the island, regular patient education programs on prevention could improve patient responsibility, which may create disease awareness. Investment in patient education and prevention programs could on the long run reduce the demand on healthcare.
Patient education folders or workshops could be very helpful in this process. The contact time between patient and physician is too short for this purpose.

An independent complaint department /committee for patients, is lacking on the island.

To conclude, I have met some very ambitious persons working within the healthcare on our island. These individuals are highly motivated in the improvement of our care product. However, there is also lack of skills and knowledge in some areas that needs much attention.
Our main source of care is the QBMC. In order to improve there should be a strong collaboration with the public Health department, ZVK and VWS.

For now, the set-up appears to be on a demand and provide basis. A strategic approach on healthcare for the intermediate and long term will eventually lead to improvement. The key is communication and collaboration between the individual health organizations.
Factors like basic education and training are only a few aspects that need assessment in order to determine our level.

As always I am prepared to explain all the above in a personal meeting should there be any questions. I am certain that our crisis manager Peter Glerum was able to give his perspectives on this topic. There is still a lot left to do. Please let me know if I can be of service.

Kindest regards,

Dorette Courtar