ST. MAARTEN

INSPECTORATE
MINISTRY OF PUBLIC HEALTH,
SOCIAL DEVELOPMENT AND LABOR.

Kanaalsteeg 1
Philipsburg | Sint Maarten W.I.
Ph. 1721-5422059 | F:1721-5422936

Gelieve bij beantwoording datum en nummer te vermelden en in elke brief slechts ÉÉN onderwerp

info@smn-news.com
SMN News
Attn. Mrs. B. Shaw

Our number: IVSA - 425/2016 **Division:** Healthcare
Subject: LOB request regarding report on Mr. Allen

Philipsburg, December 9th 2016

Dear Mrs. Shaw,

With reference to your e-mail dated October 25th, 2016, in which correspondence you request – with reference to the Ordinance on open government (Landsverordening openbaarheid van bestuur, hereinafter "LOB") – to receive the full Inspectorate reports of three investigations, you are hereby informed as follows.

Pertaining to the request to receive a copy of the investigation report on Mr. Allen, the Inspectorate has decided to partially honor your request. Attached to this document you'll find an abbreviated report with all relevant information, whereby personal and medical information has been made unreadable a/o left out in order to protect the privacy to the maximum extent while honoring the principle of transparency as laid down in the LOB.

The Inspectorate has fulfilled its obligation to provide the requested information in accordance with article 7 of the LOB.

Trusting to have informed you sufficiently,

Yours sincerely,

Dr. E.W.A. Best, Inspector General

If you do not agree with this decision, you can – within 6 weeks after the date you have received it – to lodge an objection with the Inspectorate (address: Kanaalsteeg 1, Philipsburg). In the notice of objection you have to mention the decision it pertains to (reference number) and the grounds for objecting. Please do not forget to also state your name and correspondence address and to date and sign the document.

Report

Inspectorate Public Health, Social Development and Labor

Kanaalsteeg # 1 (Above Diamond Casino) Tel. 5422059/79 Fax 5422936

INSPECTORATE REPORT

Dossier name and number:	Mr. [redacted] - IVSA 01/2016
Date investigation:	Oct. 12th – Oct. 26th , 2016
Date final report:	Nov. 3rd 2016
Investigator(s):	Dr. E. Best
Distribution list:	Mr. G. Carty, CEO USZV
	Mr. R. Dennaoui, COO USZV
	Mr. K. Klarenbeek, director SMMC
	Dr. [redacted], SMMC
	Dr. [redacted], SMMC
	Dr. [redacted], Jet Budget
	Mr. C. Chassel, director Jet Budget

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1. Introduction

Mr. [redacted], born [redacted], was admitted at the SMMC via the ER on September 29th 2016 around 12.15 noon. The patient was [redacted]. Apparently the days prior to his admittance he seemed to have had a [redacted].

The specialist on call for internal medicine Dr. [redacted] was called into consultation. Based on the signs and symptoms, lab and CT-scan he was diagnosed with an [redacted]. The [redacted] and [redacted] were initiated. [redacted].

Patient was transferred to the ICU [redacted] Because of a [redacted] for [redacted], [redacted] was also administered. A CT scan was to be repeated after 24 hrs.

In view of the condition of the patient after a visit around 10.00 PM Dr. [redacted] decided that the patient needed to be transferred to a clinic with neurological, neurosurgical and MRI capabilities. He had not consulted with a neurologist as he was not aware of the existence of such protocols in the SMMC. He wrote a referral letter and called the USZV nurse, Ms. [redacted], around 11.45PM on the 29th of September. The referral letter was e-mailed to the USZV emergency e-mail address.

USZV initiated the arrangements for a medevac to [redacted] in the Dominican Republic. Initial contact with the air ambulance provider Jet Budget was made by e-mail on September 30th at 5.37AM. Jet Budget's initial reply by e-mail was at 7.31AM. Dr. [redacted] from Jet Budget, after having visited the patient, called USZV around 10.02AM indicating that they would be unable to transfer the patient. This was acknowledged by USZV upon which they started making arrangements by e-mail with air ambulance provider Helidosa from the Dominican Republic around 10.22AM. At 11.32AM Dr. [redacted] from Jet Budget informed USZV officially by e-mail that they were not able to accept the medevac for various reasons.

On September 30th the condition of the patient remained the same [redacted] and the patient was [redacted] around 9.15AM by Dr. [redacted] for the transfer. The [redacted] around 10.20 AM. [redacted] by Dr. [redacted]. During this procedure the patient [redacted].

Around 4.30PM the patient left the SMMC with the Helidosa crew for the airport and transfer to the Dominican Republic.

The patient was admitted at [redacted] on the ICU. His condition upon admittance was bad. [redacted]

[redacted]
[redacted].

On October 1st at 2.20AM patient passed away [redacted]
[redacted].

3. Conclusions

- **In the case of this referral, the alerting protocols USZV has in place for being notified by a referring specialist at the SMMC and for ordering an air ambulance may cause unnecessary delay in the medevacs by air ambulance in urgent cases, especially when this happens overnight.**

  Both types of notifications are primarily done by an e-mail procedure. During office hours where USZV staff might be easily accessible and behind their computer this may not pose a weak link in the alerting chain as long as internet is available. However if internet is not available and overnight this poses a risk. USZV staff and air ambulance companies should be accessible also by phone 24/7 to make necessary arrangements. This procedure may serve the purpose of proper documentation, but may cause delay in case of internet failures or relevant persons not having access to e-mail.

- **In the case of this referral it became clear that the SMMC doesn't have official protocols in place for urgent consultation with specialists abroad in specialties that are not available in the SMMC.**

  Many of the specialists at the SMMC, especially those in internal medicine, have to be knowledgeable in many areas. However sometimes urgent situations may arise which require consultation with a specialist in a specified area. Some specialists at the SMMC use their own contacts/network.

  It is not clear whether USZV evaluates a referral decision by an SMMC specialist in urgent cases and what criteria are applied. So far it seems that the decision is left to the treating specialist.

  In the case of the ZV patient consultation with a neurologist could have made a difference.

- **It is not clear how the foreign air ambulance operator performed a proper assessment of the patient to be flown out seeing the fact also that they are not able to communicate directly with the referring specialist. A full medical report of the transfer was not submitted by the air ambulance company with the insurance company within 24 hrs.**

  This assessment is important to calculate risks of the transfer including flight operational aspects, to have the most competent crew, to determine required equipment and medication. In this way the optimum match is achieved for a safe and medically responsible transfer. Air ambulance companies have the right to deny a request. Usually assessment protocols are in place by companies.

  Language barriers add to the risk when using non-English speaking companies. Contracted air ambulance companies must be able to operate the routes legally to get to the destinations USZV refers patients to. In addition air ambulance companies must be accredited and certified by relevant authorities both for air worthiness, medical standards

and maintenance of medical equipment. This is the most important (quality) requirement when contracting these services.

So far, it can be concluded that USZV is the entity that contracts the air ambulance and provides the medical information based on what has been received in writing from the referring specialist. It's not clear what expertise USZV has in this regard and what criteria USZV applies when contracting these air ambulance services.

Medical records of the transfer by Helidosa were not provided.

4. Recommendations

1. Alerting protocols of USZV staff by the SMMC and air ambulances by USZV have to be revised and should include backup mechanisms.
2. Ensure that local (referring) specialists and specialists abroad are able to communicate directly in order to exchange medical information on a patient and keep patient files up to date. Upon return the medical file from the specialist abroad must be made available to the local treating specialists and GP
3. It is recommended that the SMMC has formal agreements on consultation in place with selected specialists abroad in specialties not available in the hospital. This is important when having to make decisions on the necessity and urgency of referrals. This cannot depend on the individual specialists network, especially when knowing that the SMMC employs replacement and rotating specialists on a frequent basis.
4. The USZV referral department must be able to critically evaluate an urgent medical transfer request and any referral decision by a SMMC specialist. Objective decision criteria or flow charts must be established.
5. Standardized forms, as part of the assessment process, should be used for supplying the medical information required by an air ambulance operator. The air ambulance operator must be able to communicate directly with the referring specialist at the SMMC. A referral letter from the specialist is not enough.
6. Contracting of air ambulance services should be primarily based on quality parameters. One of these is the completion of a medical file on the transfer and making sure the insurance company and referring specialist receive it within 24 hrs.

These conclusions and recommendations will be added to the final audit report of the medical referral department of USZV.