

[CONFIDENTIAL]

UNARCHIVES

SERIES 51002

BOX 37

FILE 2

ACC. 1998/0284

C

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 693-6-1

Correspondence No. _____

To: FMO

Remarks/Action: WR

Med Ops 1/11

Med Log

FHO

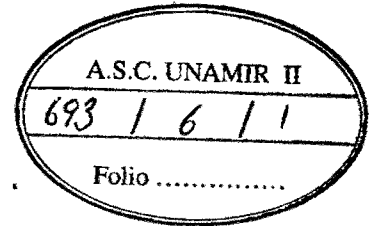
.....
Please initial and date when action complete then pass quickly.

RESTRICTED

ASC MED SPT FORCE RWANDA



MINUTE



1803
/94

OC MED COY

For Info:
COMASC
CO
SNO
OC OP TH

**REPLY ON WORKING RELATIONSHIPS BETWEEN AUSMED & NGO
"EMERGENCY"**

Reference: A: 1802 MED /94 Working relationships between AUSMED & CHK NGO's

1. No written memorandum of understanding between the ministry of Health, Rwanda and the NGO "EMERGENCY" has been cited by me so the following comments summarize my appreciation of the current modus operandi of "EMERGENCY".
2. Patients presenting to CHK with surgical problems are referred preferentially to "EMERGENCY" by reviewing clinicians, be they Rwandese clinicians or other NGO expatriate clinicians, such as those of "SAMARITAN'S PURSE". CHK surgical support is provided by "EMERGENCY" as stated in ref A: para 2 sub para d.
3. AUSMED has and will continue to provide additional assistance in times of peak load, on occasions when a life threatening delay in response might jeopardise a patient, and in a consultative capacity when its clinicians will assist "EMERGENCY" or any other CHK surgeon if their surgical expertise is requested by these latter people. This AUSMED capacity is only offered when it does not conflict with its principal tasking to provide level 1 to 3 care of UNAMIR II members.
4. "EMERGENCY" salaries the staff of the operating theatres currently functioning, and the staff of the Postoperative Wards Salle 7 and Salle 1 & 2. I have been told by "EMERGENCY" staff that consequently they have administrative control of these beds and of the theatres.
5. At no time have MAJ NEW or CROZIER operated on patients admitted under "EMERGENCY's" care without fully informing "EMERGENCY" staff. Further at times when "EMERGENCY" staff have experienced intraoperative difficulties, AUSMED surgeons have

RESTRICTED

RESTRICTED

provided rapid assistance, on occasion scrubbing out of AUSMED procedures to provide service in the NGO theatres. They are happy to do this and will continue to do this.

6. Instances have occurred where AUSMED clinicians have been asked to provide advice by other than "EMERGENCY" NGO staff and then subsequently discovered that "EMERGENCY" clinicians have already made appropriate management plans. As soon as these situations of conflict have been identified, "EMERGENCY" staff have been notified and compromise solutions mutually agreed upon.

7. Combined ward rounds would relieve some of these perceived problems. To this end, AUSMED has indicated a willingness to participate in such rounds. In discussion with "EMERGENCY" and "SAMARITAN's PURSE" representatives, and at "EMERGENCY's" suggestion, AUSMED has been conducting CHK ward rounds at 0800hrs commencing in Salle 7. Despite suggesting the 0800 start time, "EMERGENCY" representatives have only participated in one round at the time which they nominated, and that the morning after the suggestion - none since.

8. Patient transfer to NGO wards from AUSMED beds has always occurred in consultation with NGO representatives. Where the source of referral has been "EMERGENCY", it has been "EMERGENCY" staff who have been informed. Where the referring source has been otherwise, notification has been to this source. AUSMED has left the responsibility of liaising in respect of allocation of a transfer bed to the referring source. This may have been the source of possible conflict, in that the various NGO's currently working on CHK may be unaware of lines of demarcation in terms of the allocation of CHK beds.

9. As agreed at a meeting with "EMERGENCY" and "SAMARITAN's PURSE" representatives in OC MED OFF, with CO present, on MON 16 OCT 94 at 1500 hrs, General Surgical Outpatient Clinics have commenced on WED afternoons from 1400 hrs in rooms in the CHK ED. The clinic is administered by a "SAMARITAN's PURSE" nurse and a Tanzanian doctor was also in attendance. Twenty patients (20) attended the clinic on WED 26 OCT 94. Eighteen (18) of these require surgery for conditions ranging from osteomyelitis, abscesses, to symptomatic herniae. These are not trivial conditions and semi-urgent theatre time will need to be allocated on a formal basis. The rapid increase in referral numbers from two (2) patients the week before, highlights how great this need will be as Rwandese become aware of the existence of this Clinic.


10. AUSMED is keen to exercise its capacity for provision of humanitarian aid. It will not do this at the cost of jeopardising working relationships with ANY of the NGO's working within CHK. Its main role will always remain the provision of medical care to UNAMIR.

11. SUGGESTIONS:

- a. NGO initiated and convened meeting to clarify demarcation of CHK beds, with CHK CEO in attendance
- b. Citing of MOU of "EMERGENCY" and "SAMARITAN's PURSE" with CHK administration
- c. Combined ward rounds at mutually agreeable times


MAJ J CROZIER
SURGEON


MAJ B HANRAHAN
ANAESTHETIST


MAJ C NEW
SURGEON

RESTRICTED