

Covid-19 management from a Dutch employers perspective



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Covid-19 crisis in the Netherlands

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- Crisis started in the beginning of March and peaked in the first week of April.
- Currently 48.000 positive tests, 6000 deaths
- Initial focus on Intensive care and cure
- Long term care sector badly affected
- 50 percent of deaths in nursing homes



General patterns ActiZ during crisis

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1. Trust in National Policies (Outbreak Management Team)
2. Building an information architecture for employers
3. **Organizing the continuity of services during the crisis**



Continuity of services



1. Availability and distribution of scarce resources

- Big problem in Long Term Care
- 12 Regional Councils for resource distributions



Continuity of services

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2. Safety and wellbeing of service workers and users

- Testing policies
- Limiting “unnecessary” care
- Replacing care by family/kins
- Limiting visitors in nursing homes
- Continuously trying to find a balance between safety and continuity in a context of scarce resources and limited information.



Continuity of services



3. Simplifying flows of service users

- Care 'Hotels'
- Preparing large event locations
- Covid-19 rehabilitation units
- Simplifying intake processes



Continuity of services

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4. Simplifying flows of (potential) service workers

- Labour market shortages already a big problem
- National Platform for 'extra' personnel
- National Platform for crisis education (The National Care class)
- Collaborations with other sectors (e.g. tourism, aviation)
- Care reservists for future crisis



Continuity of services

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5. Minimalising bureaucracy, building trust

- Dutch long term care sector known for being very 'bureaucratic'
- Over 450 rules/protocols/check lists concerning quality
- Double medication checks, hygiene guidelines, privacy protocols etc.
- Limiting investigations of regulatory associations during crisis
- Alarmline for inconvenient rules



Lessons learned

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- Initial focus on intensive care and cure lead to problems in long term care
- Bureaucratic system became more fluid
- Effective and innovative collaborations
- Financial compensations necessary
- More trust in professionals and care organizations
- Future possibilities to replace formal care
- Continuing dilemmas between continuity of care and safety
- Challenge to make current innovations sustainable

