Practices in Hospital Quality Management and Patient Safety in Vietnam: Challenges and Achievements

Based on Proceedings and Discussions in the 3rd Vietnam Forum
on Quality Management and Patient Safety,
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Volume **3**

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Foreword

Healthcare is application of medicine into society[1]. To tackle quality in healthcare, it is essential to discuss "What are requirements of quality in healthcare in a society?". Then there comes another question: "Can an international cooperation project led by an outsider help generate such discussion in one country and its localities?" This has been the theme challenged in the project of "Strengthening Management Capability for Quality and Safety in Healthcare" by National Center for Global Health and Medicine, Japan for three years from 2015 to 2017.

Similar to other international cooperation projects, the project conducted trainings on quality and safety in healthcare in Japan. The Project invited a total of 26 heads or vice heads of quality management departments in 25 hospitals in Vietnam, one person from UNICEF and two people from Ministry of Health, Vietnam. However, we can imagine such trainings alone will only encourage individual hospitals to strengthen their practices of quality and safety in healthcare. Therefore, the project created an opportunity for those who actually work on Hospital Quality Management and Patient Safety (HQM/PS) to share practical experiences and to discuss application of practices of HQM/PS. That was "Vietnam Forum on Hospital Quality Management and Patient Safety". It was an opportunity for graduates and others who are in charge of HQM/PS to learn about practical experiences in other hospitals and to seek for better approaches that are applicable in Vietnamese context.

In Vietnam, efforts and progress of HQM/PS still differ in different hospitals. If hospitals with slow progress knew practical experiences in hospitals with rapid progress, it would provide hints for them to progress faster. If certain approaches need more discussion on how to apply them into hospitals in Vietnam, participants from several hospitals could discuss it based on their practical experiences. We believe such wave of sharing and discussion among people who are in charge of HQM/PS would contribute to significant advance in HQM/PS in Vietnam.

Finally, as development partners, do we really know what efforts on HQM/PS are going on in hospitals in Vietnam? As members of the project team, two editors of this book had several opportunities to observe hospitals in Vietnam, to meet people in charge of HQM/PS, and to conduct trainings and to support Vietnam Forum on HQM/PS. However, when we study the forum's discussion, we still learned more about how wide and how deep application of practices on HQM/PS were discussed among practitioners in Vietnam.

So the research project "Visualization of progress of efforts on quality and safety in healthcare in developing countries (27 Shitei 2)" made an English book by compiling and editing abstracts and presentations in the Vietnam Forum on Hospital Quality Management and Patient Safety. We hope this book will help development partners to know more about ongoing efforts in hospitals in Vietnam. When we know efforts and difficulties in hospitals in Vietnam, we believe we could discuss and offer better international cooperation in the field of Hospital Quality Management and Patient Safety.

The research team of Visualization of progress of efforts on quality and safety in healthcare in developing countries

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1   All Japan Hospital Association (AJHA) 2016 What hospitals ought to be - Report of the Committee on the Future of Hospitals 2015-2016 http://www.ajha.or.jp/voice/arikata/2016/02.html, Access: 16 March, 2017

Abbreviation

CQI	Continuous quality improvement
DOH	Department of Health
GPD	General planning department
HQS	Hospital Quality Standards
IRS	Incident reporting system
ISO	International Organization for Standardization
IT/ICT	Information technology/Information and communication technology
KPI	Key performance indicator
KQI	Key quality indicator
LAN	Local area network
MOH	Ministry of Health
NHOG	National Hospital of Obstetrics and Gynecology
OPD	Outpatient department
PDCA	Plan – Do – Check – Act
PDSA	Plan – Do – Study – Act
PS	Patient safety
QI	Quality improvement
QM	Quality management
QMD	Quality management department
RCA	Root cause analysis
SOP	Standard operating procedure
SOPP	Standard operating procedure policy
WHO	World Health Organization

Session 1   Incident Reporting System
Summary of Discussion

1.   How to implement incident reporting system?

1.   We need to set up necessary conditions to run Incident Reporting System (IRS) in a hospital. Such conditions include (1) IRS staff in Quality Management Department (QMD), (2) a list of incidents for mandatory report, (3) Procedures for reporting, handling the reports, and responding to the reported incidents, (4) an incident reporting form needs to be prepared by paper basis and/or online basis and (5) an intranet, receiving mailbox and phone line will induce staff to easily report incidents. We need to continuously improve IRS today to be more easy to use.

2.   QMD needs to take a role of monitoring and reminding hospital staff of reporting incidents. Then when the incidents were reported, QMD should work with relevant departments to handle the incidents and generate solutions and prevention measures to prevent recurrence of the similar incidents for the future patients.

3.   Trainings on how to run IRS need to be provided to Quality Management (QM) staff. Also IRS and Patient Safety trainings would be necessary for key staff (head nurses, department leaders) and/or all staff. Trainings should be repeated overtime.

4.   A proper rewarding and punishment mechanism will motivate staff to report incidents.

2.   How to use incident reports to prevent recurrence of the similar incidents?

1.   QMD could summarize lessons learnt from the incidents and disseminate the lessons in the hospital by several ways such as email, newsletter, website, standby screens etc.

2.   However, there are still limited experiences in evaluating the effectiveness of prevention measures for the similar incidents.

3.   Challenges and Overcomes

1.   **Lack of understanding of incidents**

Currently hospital staff look having difficulty of understanding what incidents are. Understanding and interpretation of incidents differ by staff. For example, near misses are not recognized as incidents.

2.   **Cultural barriers**

Staff are afraid of punishment and deduction of their bonus. Such afraid discourage staff to share incidents with their colleagues. They don't want to report other people's incidents either to avoid conflicts. They fear they may get into trouble.

3.   **Patient Safety Culture**

Patient Safety Culture survey will help to identify specific cultural factors that inhibit fostering patient safety culture in a hospital. Once we understood the current situation of patient safety culture, we could provide necessary interventions to strengthen patient safety culture such as soft skill trainings for department leaders to improve communication and relationship between department leaders and their staff etc.

4.   **Technical barriers**

1)   Currently, a hospital has difficulty to find the root causes of the incident. An assignment of a staff who works specifically on incident management would help. Investigation of incidents should be conducted right after receiving the incident reports. Meeting should be held to analyze incidents as soon as possible, with people who can understand well about the incidents and the situation. This meeting can be a part of hospital's

weekly meeting.

2) Even though root causes may not be always identified, analysis of affecting factors could help understand the incident and work as clues to consider solutions.

3) Even after the hospital's decision of the solution and the prevention measures, the hospital has dilemma being not always sure whether the proposed solutions are effective in preventing the recurrence of similar incidents.

5. **Weak support mechanisms**

1) Support from leaders is weak. Hospital leaders, department leaders and staff could give signatures for their commitments on patient safety.

2) There is no rewarding mechanism in a hospital so that a hospital needs to create a proper rewarding-punishment mechanism.

3) Response to the incident is slow due to difficulties in analyzing incidents and proposing solutions. However, through experience, QMD staff learn how to analyze incidents (including Root Cause Analysis) and propose solutions better and faster.

5. Further discussion

1. **Does a large number of incident reports mean unsafe condition in a hospital?**

1) A large number of incident reports does not necessarily mean unsafe condition in a hospital. This is because the number of incident reports includes near-misses. QMD wants hospital staff to report near-misses, which did not affect patients but provide important suggestions to prevent the similar incidents that may affect other patients in the future.

2) A small number of incident reports does not mean safe condition in a hospital. This is because hospital staff cannot recognize all incidents in a hospital. If this is true, how can hospital staff have prevention measures that protect patients?

2. **How should a rewarding-punishment mechanism function? When to reward? When to punish?**

1) To be rewarded in Quang Nam Central Hospital, a department needs to report the incident, analyze the incident and handle the incidents. Only submission of the incident report is not rewarded.

2) In Hung Vuong Hospital, rewarding is a temporary mechanism which was employed at the beginning. Both quantity and quality of incident reports are taken into account. Rewarding is for a department that reported many incidents which helped generating useful lessons for other departments and other staff. Later, even without rewards, the number of reports is increasing.

3) In principle, the incidents should be reported so if a department did not report the incidents in reality, the relevant department was punished. Voluntary reports are encouraged so if the reports were actually reported, the relevant department was rewarded.

3. **Individual errors v.s. systematic errors. What to do with human errors?**

1) A popular view is that when an incident occurred, it was due to both individual errors and systematic errors.

2) Generally speaking, QMD should only care about systematic errors because they help improvement.

3) Systematic errors usually stand behind individual errors.

Session 1-1

Challenges in Implementation of Incident Reporting System in Quy Hoa National Leprosy and Dermatology Hospital

Nguyen The Toan

General Planning Department, Quy Hoa National Leprosy and Dermatology Hospital

Quy Hoa National Leprosy and Dermatology Hospital has been implementing medical incident[1] reporting system (IRS) since August 2016. After one year of implementation, the hospital has gained some intitial results. However, there are still many difficulties in implementation.

1. Basis for implementation

- Circular number 19/2013/TT-BYT dated July 12, 2013 of the Ministry of Health (MOH) guiding implementation of quality management (QM) of medical services in hospitals.

- Decision number 4858/QD-BYT dated December 03, 2013 of MOH promulgating Hospital Quality Standards (HQS).

2. Incident reporting system

2.1. Reporting in document form

A report form was developed and sent to every department, then departments fill in information and send reports to QM Unit. (The reporting form is below.)

2.2. Reporting via network

• LAN: a folder for incident reporting was created in LAN; departments send reports using the available form.

• Email: the mailbox baocaosuco.bvqh@gmail.com was created to send information to departments; departments report via email.

• Software installed in mobile phone: members of QM network had the reporting software installed in their mobile phones (Android operating

system), so they can report anytime and anywhere, attach photos of the incident and stay anonymous if necessary. The software saves reports and extracts some reporting files. It is a work in progress.

3. Results

Since implementation, QM Unit has received some voluntary incident reports as follows:

	Document	LAN	Email	Software	Total
Number of reports	12	2	5	12	27
Related to medical incident	3	-	2	2	7

- Most of the reports were about incidents related to equipment, very few were related to patients' health.

- The incident reporting software was introduced at the end of August 2017 but we have received many incident reports, most of which were non-medical though.

4. Difficulties and challenges

- Hospital staff do not understand well about incidents and medical incidents[1]. Chiefs of departments assume that head nurses or members of the incident reporting network are responsible for reporting.

- Staff cover one another's mistakes, are afraid of being involved as an individual and as a department, afraid of being affected financially.

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1 Incidents is defined as "an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient in the system*. "The definition does not mention causes of an incident. However, in Vietnam, historically incidents that seemed to be caused by medical practices were called "medical incidents", which has been handled by General Planning Department in a hospital. Incidents that seemed to be caused by other than medical practices have been handled by newly established Quality Management Department (QMD) since 2013. To distinguish these two types of incidents, the term "medical incidents" is used in Vietnam.

*: Jennifer Cooper et al. Classification of patient-safety incidents in primary care. Bulletin of the World Health Organization. Vol.96, Number 7: 2018, 441-512.

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Annex

- Safety culture in the hospital: habits, incidents are not considered incidents.

- Some near-miss cases were detected and solved timely but not reported as incidents.

- QM Unit's staff are working part-timely for QM, so reports have not been evaluated timely, root cause analysis (RCA) has not been conducted, and solutions have not been proposed.

- Rewarding and encouragement mechanisms are not available yet.

5. Solutions

- Strengthen trainings for all hospital staff; integrate trainings into hospital scientific activities or meetings.

- Develop safety culture, in which staff voluntarily report incidents and one's incident is considered a lesson for others.

- Develop patient safety (PS) newsletters and share them with hospital staff and patients. Therefore, encourage more departments to actively report via the hospital IRS.

- Commitment of hospital leaders in rewarding.

- All hospital staff must unite, believe and support each other in reporting and handling incidents.

MINISTRY OF HEALTH
QUY HOA NATIONAL LEPROSY AND DERMATOLOGY HOSPITAL

PRESENTATION

CHALLENGES IN IMPLEMENTATION OF MEDICAL INCIDENT REPORTING SYSTEM IN QUY HOA NATIONAL LEPROSY AND DERMATOLOGY HOSPITAL FROM AUGUST 2016 TO AUGUST 2017

Presenter: Dr. Nguyen The Toan, MD, PhD

Vung Tau, September 2017

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1. Basis for implementation

❖ Circular number 19/2013/TT-BYT dated July 12, 2013 of the Minister of Health guiding implementation of quality management of medical services in hospitals

❖ Decision number 4858/QD-BYT dated December 03, 2013 of the Minister of Health promulgating Hospital Quality Standards

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1 Basis for implementation

2 Hospital incident reporting system

3 Results

4 Difficulties and challenges

5 Solutions

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2. Implementation of incident reporting system

Incident reporting system in Quy Hoa National Leprosy and Dermatology Hospital

In document → INCIDENT REPORTING FORM

Via network →
LAN
Folder for incident reporting

EMAIL
baocaosuco.bvqh@gmail.com

SOFTWARE
Installed on mobile phone

Incident reporting form

Reporter		Influenced person	
This item can be skipped		Full name:	
Full name:		Position:	☑Healthcare worker
Title:			☑Patient
Department:			☑Patient family
			☑Others:………………..
Time of incident		**Venue of incident**	
Date, time of report:	. .	*(Please indicate specific bed, ward, department)*	
Date, time when incident occurred:			
Briefly describe the incident			
WAYS TO REPORT		**WAYS TO RECEIVE FEEDBACK**	
1.Send/call directly to Quality Management Department *(Tel: 0905186525)*		1. Via phone: ………………………….	
		2. Via document: ……..............................	
2. Send email General Planning Department or to baocaosuco.bvqh@gmail.com).		*Note:* Please specify a phone number/email address/address to receive feedback document.	

For Quality Management Department staff

Characteristics of the incident	1. Near miss							
	2. Variance							
	3. Sentinel event							
Harmful level to patients	0	1	2	3a	3b	4	5	
The fields relating to incidence								
1. Examination and treatment procedures	6. Information technology							
2. Technical errors and medical incidents	7. Medical equipment and materials							
3. Safety in drug use	8. Security, fire safety							
4. Infection control	9. Accident, fall							
5. Medical record	10. Others:……………………………….							
Root cause analysis								
Solutions *(improvement actions)*								
Monitoring implementation of improvement actions and evaluating *(their effectiveness)*								

Procedure for recognizing, processing and reporting serious medical incidents

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3. Implementation results

Table: Statistics of voluntary reports

	Document	LAN	Email	Software	Total
Number	12	2	5	12	27
Related to medical incident	3	-	2	2	7

Comments:
- ❖ Most of the reports were about incidents related to equipment, very few were related to patients' health.
- ❖ The incident reporting software was introduced at the end of August 2017 but we have received many incident reports, most of which were non-medical though.
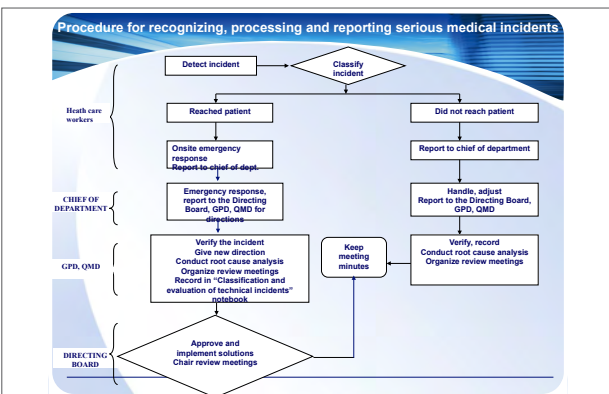
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4. Difficulties and challenges

- ❖ Hospital staff do not understand well about incidents and medical incidents. Chiefs of departments assume that head nurses or members of the incident reporting network are responsible for reporting.
- ❖ Staff cover one another's mistakes, are afraid of being involved as an individual and as a department, afraid of being affected financially.
- ❖ Safety culture in the hospital: habits, incidents are not considered incidents.
- ❖ Some near-miss cases were detected and solved timely but not reported as incidents.
- ❖ QM Unit's staff are working part-timely for QM, so reports have not been evaluated timely, root cause analysis has not been conducted, and solutions have not been proposed.
- ❖ Rewarding and encouragement mechanisms are not available yet.
- ❖ Hospital staff are not unified.

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5. Solutions

- ❖ Strengthen trainings for all hospital staff; integrate trainings into hospital scientific activities or meetings.
- ❖ Develop safety culture, in which staff voluntarily report incidents and one's incident is considered a lesson for others.
- ❖ Develop patient safety newsletters and share them with hospital staff and patients. Therefore, encourage more departments to actively report via the hospital IRS.
- ❖ Commitment of hospital leaders in rewarding and punishment related to reporting incidents.
- ❖ All hospital staff must unite, believe and support each other in reporting and handling incidents.

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Annex 1.

MINISTRY OF HEALTH
QUY HOA NATIONAL LEPROSY AND DERMATOLOGY HOSPITAL

BM.05.KHTH	
No:	
Effective date:	
Review no.:	

INCIDENT REPORTING FORM

Incident is an occurring event outside normal activities of a healthcare institution or outside normal patient care activities for a specific patient. Errors and incidents are unavoidable in the hospital's environment. In order to improve quality and to minimize incidents, the Directing Board encourages all hospital staff to report incidents according to following form:

Part 1: CONTENTS OF THE INCIDENT REPORT

Reporter		Affected person	
This item can be skipped.		Full name:	
Full name:		Position:	□ Healthcare worker
Title**:**			□ Patient
Department:			□ Patient family
			□ Other: department
Time of incident		**Venue of incident**	
Date, time of report:		*(Please indicate specific bed, ward, department)*	
Date, time when incident occurred:			

Briefly describe incident

WAYS TO REPORT	WAYS TO RECEIVE FEEDBACK
1. Send/call directly to Quality Management Department *(Tel: 0905186525)*	1. Via phone: ....
2. Send email to General Planning Department or to: baocaosuco.bvqh@gmail.com).	2. Via document: document
	Remark: Please specify a telephone number/email address/address to receive feedback document

Annex 2.

FOR QUALITY MANAGEMENT DEPARTMENT STAFF

Characteristics of the incident	1. Near miss						
	2. Variance						
	3. Sentinel event						
Level of harm to patient	0	1	2	3a	3b	4	5

The field related to the incident	
1. Examination and treatment procedures	6. Information technology
2. Professional errors, medical incidents	7. Medical equipment and materials
3. Safety in drug use	8. Security, fire safety
4. Infection control	9. Accident, fall
5. Medical record	10. Other: …………………………………

Root cause analysis

Solution *(improvement actions)*

Monitoring implementation of improvement actions and evaluating *(their effectiveness)*

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Annex

Session 1-2

Three Stages in Development of Incident Reporting System in Quang Nam Central Hospital

Tran Quang Dat

Quality Management Department, Quang Nam Central General Hospital

1.   The initial implementation stage

In 2013, MOH issued HQS. In order to meet the needs of hospital development, in December 2013, Quang Nam Central General Hospital established Quality Management Unit.

In October 2014, Quality Management Department (QMD) was established. QMD organized the first training course on QM for members of the hospital's QM network, introducing the concepts of hospital quality and patient safety (PS) to network members, helping them recognize near misses and hidden risks to generate preventive measures and countermeasures to handle consequences more safely and more economically. In addition, it is expected to gradually shift from a hiding and punishment culture to a culture of transparent mistakes, learning from errors, and seeking systematic errors rather than seeking individual mistakes.

In November 2014, the hospital implemented an IRS: developing procedures for reporting, receiving reports and handling incidents; developing a reporting form, creating a separate email for staff to send reports easily; and assigning staff in-charge...

However, during this period, the implementation of IRS was not effective, with very few reports (Figure 1) :
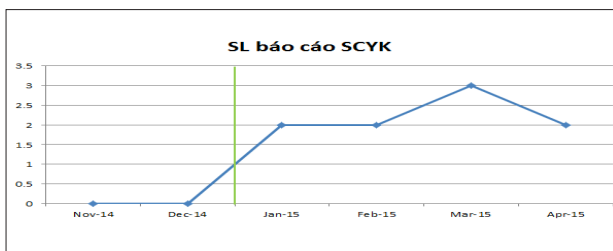

Figure 1 : The number of incident reports in initial implementation stage

A major cause of ineffectiveness in the initial implementation stage was that many staff lack knowledge on QM and PS, especially understanding of medical incident was inappropriate. Many people did not care while leaders of departments did not support. Moreover, QMD staff's knowledge was limited and the IRS was complicated, not convenient for reporting.

2.   The improvement stage

In May 2015 and November 2015, QMD staff attended training courses on QM/PS in Japan, which were organized by JICA and NCGM[1].

After the trainings, the staff have implemented a series of improvement activities, such as establishing a medical safety group and making progress charts of reported medical incidents, developing regulations on medical safety, revising the procedures for reporting medical incidents and receiving reports, organizing trainings on RCA in monthly meetings of QM network, organizing 03 training courses on PS with trainers from Hue Central Hospital. During trainings, staff actively participated in IRS. However, after that, the number of incident reports decreased as shown in the following figure:

Figure 2 : The number of incident reports during the *strengthened training* period

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1   JICA Recruited trainees for the training in May 2015; NCGM recruited trainees for the training in November 2015. NCGM conducted both trainings.

To attract and encourage people to actively report incidents, we continuously reminded them in QM network meetings and created a policy for rewarding departments which reported many incidents in a quarter, creating competition in the hospital. However, we met a difficulty in rewarding because some departments thought that rewarded departments were those who had most medical incidents.

Therefore, in 2017, we made some changes: the hospital would still reward departments which report if they also submit RCA results and preventive measures. If QMD staff detect incidents from technical meetings, we ask relevant departments or individuals to report. If incidents are detected by QMD but not reported, the competitive score of relevant departments or individuals would be deducted. In line with such activities, the Directing Board also pay more attention to medical incidents, "shifting from a hiding and punishment culture to a culture of transparent mistakes, learning from errors, and seeking systematic errors rather than seeking individual mistakes"
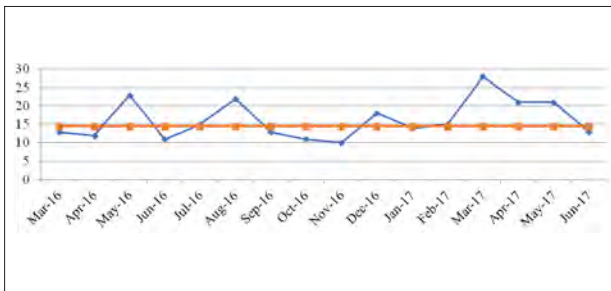

Figure 3 : The number of incident reports during the *strengthened communication – rewarding* **period**

3. Current stage: Strengthening RCA, generating appropriate and timely corrective and preventive measures

Strengthening RCA and seeking systematic errors

• Organize network activities once every month.

• Develop regulation on prioritized incidents that need instant response and incidents that require meetings among relevant stakeholders. Regarding incidents of levels 0 and 1 (the patient was not affected), the department conducts RCA and generates solutions before reporting to QMD.

• Once roots causes are found, there need to be corrective measures to be applied on a large scale to avoid repetition of the mistakes. Implementation of solutions must be monitored.

Shifting traditional review meetings and mortality audits to RCA meetings:

• No individuals are blamed or criticized in the meeting.

• Everyone is equal and able to give comments to find out the causes of the problem.

• Build consensus and generate solutions.

• The tools used in the meeting include: a board, colored cards, pens in order to facilitate members to give their comments and solutions.

In conclusion, in order to make IRS work well, it requires not only the role of QMD but also the participation of all hospital members, from the Directing Board, chiefs of departments, and hospital staff. In addition, it needs the community's awareness and sympathy towards medical incidents in healthcare facilities.

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THREE STAGES IN DEVELOPMENT OF INCIDENT REPORTING SYSTEM IN QUANG NAM CENTRAL GENERAL HOSPITAL

DR. TRAN QUANG DAT, MD, 2nd Degree Specialist
IN CHARGE OF QUALITY MANAGEMENT DEPARTMENT

CONTENTS

- Initial implementation stage
- Difficulties and challenges
- Learning from experience and improvement
- Current stage

I. Initial implementation stage

- ❖ Started implementing IRS in November 2014.
- ❖ Activities
  - Training on QM/PS for network members
  - Developing procedure for receiving reports and handling incidents
  - Developing a reporting form
  - Assigning in-charge staff

I. Initial implementation stage

The number incident reports in the initial implementation stage

Difficulties and challenges

- ❖ Staff lacked knowledge.
- ❖ Lack of support from department's leaders.
- ❖ Hospital leaders were not active enough
- ❖ Knowledge of QMD staff was still limited.
- ❖ The system was not good enough.
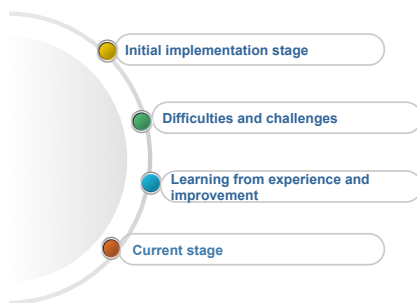
II. Learning from experience and improvement

- ❖ QMD staff participated in QM training courses
- ❖ 3 trainings on PS were organized for staff
- ❖ Regulation on PS was developed; IRS was improved.
- ❖ Reports were received, systematic causes were analyzed and preventive measures were proposed.
- ❖ Trainings on RCA were provided for network members once a month.

II. Learning from experience and improvement


The number of incident reports in the improvement stage

Continued improvement

- ❖ Continued to remind staff through the network, head nurse meetings, and hospital meetings.
- ❖ Rewarded and encouraged staff, created competitiveness.
- ❖ Remind individuals and departments about their unreported incidents.
- ❖ The Directing Board's attention to medical incidents, "shifting from a hiding and punishment culture to a culture of transparent mistakes, learning from errors, and seeking systematic errors rather than seeking individual mistakes".

Continued improvement

The number of incident report in the continued improvement stage
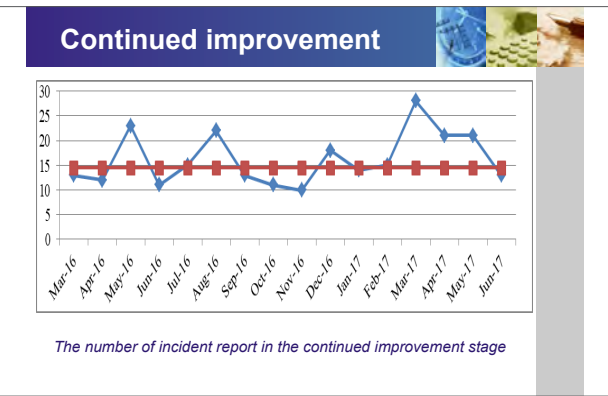
III. Current stage

- ❖ Strengthening RCA and seeking systematic errors
- ❖ Generating appropriate and timely corrective and preventive measures

CONCLUSION
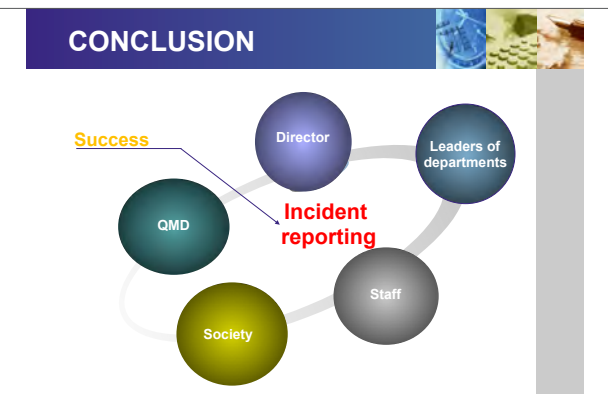
Session 1-3

Application of WHO Incident Classification in Incident Reporting System in Hung Vuong Hospital

Phan Thi Hang

Vice Director, Hung Vuong Hospital

1. Implementation of incident reporting system

According to requirements of MOH and our practical need to manage technical incidents to correct those related to patient care and treatment, Hung Vuong Hospital studied documents and developed an incident reporting procedure as well as voluntary and mandatory reporting forms in July 2014. To familiarize all staff with reporting, the mandatory incident reporting form lists all incidents that must be reported so that staff can report easily.

After starting mandatory incident reporting, voluntary incident reporting was also required but there were very few reports in the first two years (less than 8 reports per month). QMD then conducted trainings on incident reporting for all healthcare workers in the hospital; strengthened analysis and giving feedback to departments about analysis results; developed recommendations for learning from errors every week. Quality indicators on handling incidents were monitored and recorded strictly. Since July 2016, Hung Vuong Hospital has been studying and piloting incident classification by World Health Organization (WHO). Changes in reporting forms and trainings has helped familiarize staff with the new forms.

The hospital's PS Committee conducts RCA without criticizing or blaming the staff involving in the incident, instead focusing on finding systematic errors and proposing corrective measures. The hospital director regularly reminds staff to promote safety culture. The hospital usually conducts trainings on communication skills and incident handling skills in various formats for all key staff members.

Results: From August 2016 to August 2017, 2,096 incidents, including 1,345 mandatory reports (64.2%) and 751 voluntary reports (35.8%), were reported in different ways: 1,619 were reported in paper form (77.2%), 472 were reported verbally (22.5%) and 5 were reported online (0.2%).
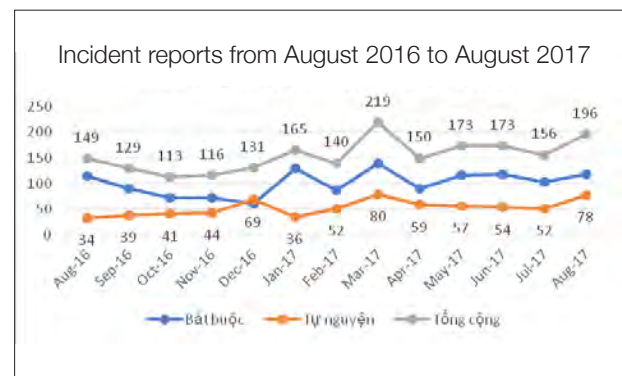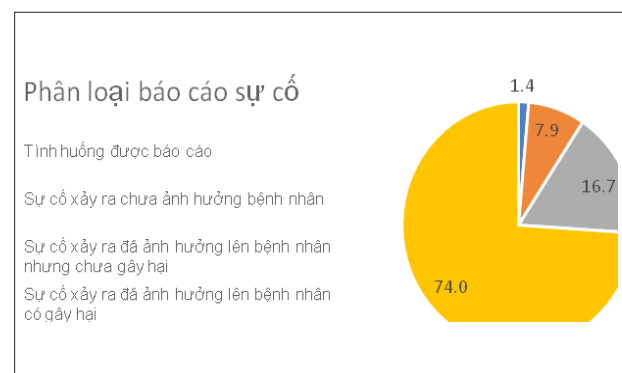

Figure 1: Monthly reports by type

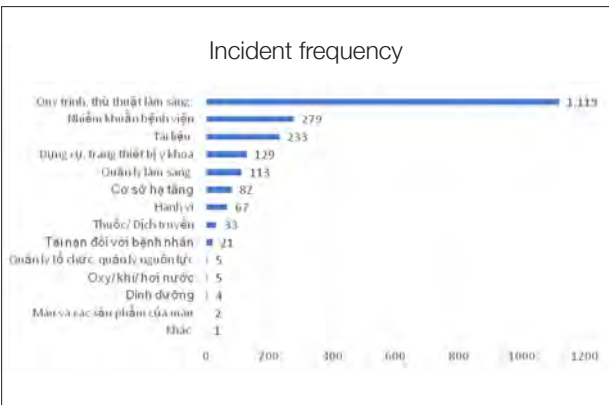**Figure 1: Monthly reports by type**

Figure 3: Incident frequency by type (WHO classification)

Incidents' impacts were monthly analyzed and reported to key staff members. 74.2% of the incidents increased resources used for patient care. 10.4% increased patients' complaints. Time spans for handling incidents were regularly monitored and improved, which helps reporters find reporting incidents useful and become more active in reporting.
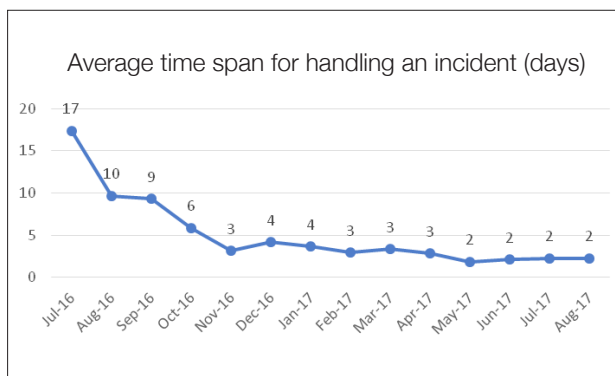

Figure 4: Average time span for handling an incident

## 2. Prevention of incident repetition

Analyzing influencing factors and causes of incidents and proposing effective solutions are to handle incidents and prevent incident repetition.

Analyzing causes, influencing factors and consequences caused by incidents is helpful for clearly identifying prioritized improvement opportunities and for measuring incidents. After root causes are found by RCA, specific solutions are generated with timeline for implementation and assignment of in-charge person for monitoring and reporting.

Activities to prevent incident repetition include:

- Analyzing influencing factors.

- RCA.

- Proposing corrective and preventive solutions.

- Generating solutions for preventing incident repetition in hospital meetings.

- Monitoring implementation of solutions and time spans for handling incidents.

- Adding "systematic errors leading to incidents" in the regular PS checklist.

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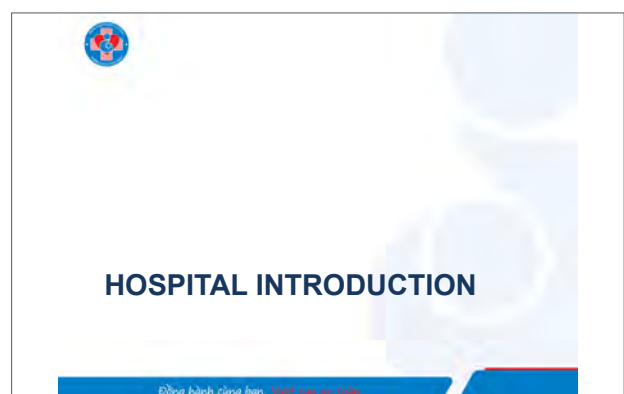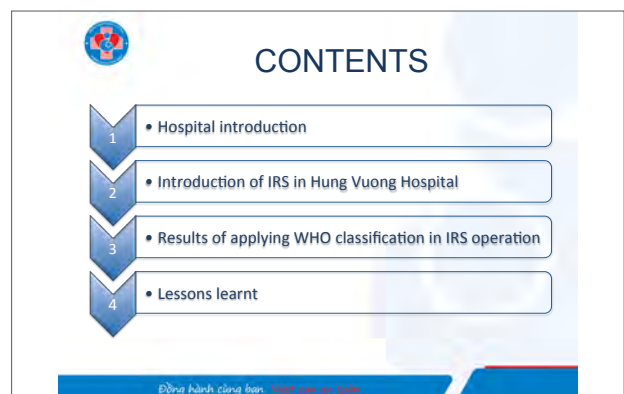
INTRODUCTION OF HUNG VUONG HOSPITAL

- 1st level central hospital specialized in obstetrics and gynecology
- 900 beds, including 100 newborn beds
- 35,000-40,000 newborns per year
- 20,000-25,000 operation cases per year
- 20 technical departments, 10 functional departments
- Manpower: more than 1,200

ANNOUNCEMENT OF QUALITY GOALS OF THE HOSPITAL AND DEPARTMENTS

1. Đồng hành cùng bạn - vượt cạn an toàn
2. Sáng y đức - vững chuyên môn - vuông tròn hạnh phúc
3. Kết quả chuẩn vàng - an toàn điều trị
4. Gieo mầm hy vọng - gặt trọn yêu thương
5. Cấp cứu chuyên nghiệp - bắt kịp sự sống
6. Phục vụ tận tâm - nâng tầm thương hiệu
7. Đổi mới tới tầm cao
8. Ươm mầm hôm nay, vững chắc tương lai
9. Niềm tin trọn vẹn, hạnh phúc nhân đôi
10. Tiếp xúc vui vẻ, bệnh khỏe mỗi ngày
11. Môi trường thân thiện, tiện như ở nhà

Rates of operation cases complying to standards for 1st level emergency response time
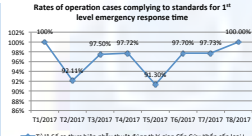
Slogan of departments and 120 hospital quality indicators

INTRODUCTION OF IRS IN HUNG VUONG HOSPITAL
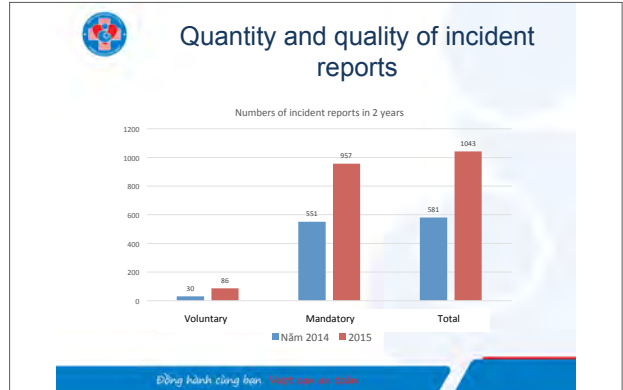
Procedure for receiving, handling, and providing feedback for voluntary incident reports

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Quantity and quality of incident reports

Numbers of incident reports in 2 years

	Voluntary	Mandatory	Total
Năm 2014	30	551	581
2015	86	957	1043

Incident reporting form

Barriers preventing staff from reporting incidents (n=468)

Aware of incident reporting (n=340)
- 3
- 97

- Could not find reporting form at the department — 4.1
- Thought that "reported incidents would not be handled" — 7.8
- The reporting form is too long, no time for filling the form — 9.7
- Detected incidents but no time to report — 22.9
- Do not know when incidents should be reported — 25.4
- Reported but did not receive feedback — 34.5
- Afraid (of being punished, hated by colleagues, department leaders...) — 42.3

A total of 386 people attended 2 training courses. 216 participants on June 8 and 170 on September 21.

RESULTS OF PATIENT SAFETY CULTURE STUDY

Procedure for receiving and handling incident reports
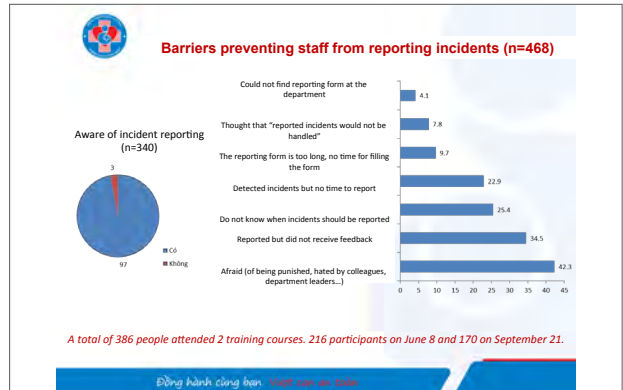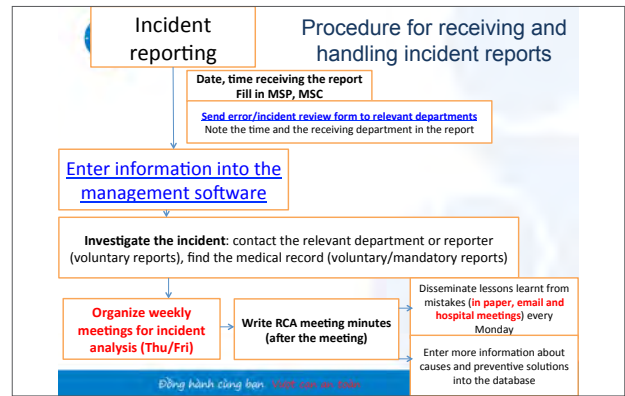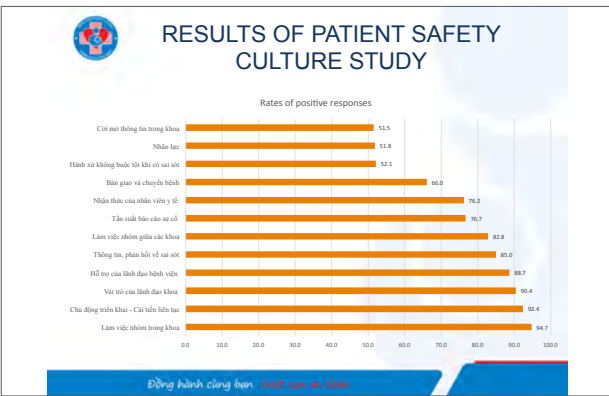
HEINRICH principle

TRAINING ON INCIDENT REPORTING

Dissemination of lessons learnt (hospital meetings, standby screen, QM bulletin board)

Root cause analysis

TRAININGS ON LEADERSHIP THINKING AND COMMUNICATION

RESULTS OF INCIDENT REPORTING WITH WHO'S CLASSIFICATION

Training on communication with internal clients

Campaign for communication improvement

Increasing brand pride and staff connectedness

Creating close relationship between leaders and staff

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Time span for handling an incident

Average time span for handling an incident (days)

Lessons learnt

- Mandatory IRS was developed first, sense about the role of reporting.
- Specific and clear regulations; remind staff when incidents subject to mandatory reporting are not reported
- Study the reasons why staff hesitate to report
- Intervene and improve in various ways:
  – Provide trainings
  – Create patient safety culture
  – Create reliability for reporters
  – Organize regular RCAs, give directions to actively handle incidents
  – Timely disseminate lessons learnt in various ways
  – Remind staff to handle remaining incidents

THANK YOU VERY MUCH FOR YOUR ATTENTION!

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Session 2　5S
Summary of Discussion

1. How to implement 5S?

1. Experiences shows that 5S can be started in different ways; (1) pilot implementation of 5S to selected departments at first then expand it to a hospital-wide, (2) a hospital-wide implementation from the beginning and (3) asking all departments/units to practice 5S to some extends such as up to the third S etc.

2. Implementation of 5S should go slow but steady and patiently such as starting with injection trolleys in one department etc.

3. Standardized conditions should be clear on checklist or photos in advance before monitoring the progress of 5S activities. When monitor the progress of 5S, taking photos is important as evidences for the improvement opportunities through 5S activities as well as knowing the results of the 5S implementation.

2. How to sustain 5S?

1. We need to keep practices of S1, S2, S3[1] to create a habit in a hospital/department/individual.

2. Breakdown of tasks for everyone to have tasks of 5S activity. 5S will be sustained when everyone participated in 5S activity.

3. 5S component should be added into existing work in a hospital.

4. Standard conditions to achieve by 5S activity should be regularly revised and upgraded for continuous improvement.

3. Challenges and Overcomes:

1. **S1 (Sort)**

   Removing or disposing unnecessary things requires (1) a storage but finding a storage is not easy, (2) consensus among stakeholders about proper procedures, (3) understanding and support of hospital leader and relevant departments (e.g., administration department, equipment and material department, finance department) because sometimes there is no consensus on what is unnecessary and need to be removed. More discussion and collaboration with others are needed. A hospital could establish a committee for disposing things (Hoi dong thanh ly) if necessary, like in Da Nang Hospital for Women and Children.

2. **Low motivation of 5S among hospital staff**

   People do not see benefits of 5S. People do not want extra work which might be brought by 5S activities.

3. **Motivation comes from a good pilot implementation in the hospital. When people can see the real benefits, they will be more willing to adopt 5S.**

   1) QMD needs to work directly with each pilot department to identify what need to be done in 5S activities. The pilot department is the one to decide what things are necessary or unnecessary for their work, what order is convenient for their work, etc.

   2) QMD's role is assisting hospital staff to think clearer and more about what need to be done in 5S activities. Providing an outsider's view or advice is another approach which may work.

1　The sequence of 5S (Sort, Set, Shine, Standardize and Sustain) focuses on effective work place organization and standardized work procedures*. In short manner, Sort is described as S1, Set is S2, Shine is S3, Standardize is S4 and Sustain is S5.
*: Hasegawa S and Karandagoda W. Change Management for Hospitals. 2013. JICA, Tokyo, Japan.

4. **Financial incentive to motivate staff**

   1) In An Giang Hospital, a practice of 5S is counted as a consideration of bonus for each department. If a department does not do 5S activity, they will earn less bonus than they could.

   2) In Da Nang Hospital for Women and Children, the QMD convinced the hospital director to let each department collect and sell their own recycle waste and they can keep the money made. That becomes an extra income for the department, so the staff are very eager to do this. QMD and Nursing Department instructed the department to implement and monitor the implementation.

5. **A hospital could create 5S events like the 5S festival in Ha Dong Hospital to attract hospital staff and induce more attention to 5S.**

6. **Misunderstanding of 5S**

   1) Vietnamese translation of 5S does not convey the full meaning of each "S", especially S4 ('san soc' literally means 'taking care') and S5 ('san sang' literally means 'ready'). Also S3 ('sach se' means 'clean') may make practitioners feel that 5S is all about keeping things clean and tidy for a good image. So trainings are important, not only about theories but also about the meaning of each "S", especially detailed interpretation of 5S into specific contexts (i.e. what to do exactly in each "S").

   2) We need to use translations of 5S that are closer to meanings of what to do in 5S instead of the popular translations. Translation of 5S does not necessarily stick the idea to start with an "S". For example, 'chuan hoa' (standardize) for S4 and 'duy tri' (maintain, sustain) for S5 shows what to do in S4 and S5.

7. **Nobody does 5S activity even after making a 5S plan**

   1) Breakdown of works maybe not detailed enough. It should assign specific tasks for specific persons. 5S work can be integrated into individual job descriptions.

   2) Everyone should participate in 5S or most people will expect 5S activity is only a job of a small group of people who were specifically assigned 5S activity. It is better that hospital leaders do a part of 5S works to be a model for their staff.

4. Further discussion:

1. **Why should we implement 5S?**

   1) The highest goals of 5S activity is (1) convenience for work and (2) safety for patients through reducing confusions and mistakes. 5S activity is not just keeping things clean and tidy.

   2) Among different Quality Management tools, 5S is the feasible, simplest and easiest tool. It is a good start for Quality Management work.

   3) 5S is a foundation of stepping up to the higher-level of hospital quality management such as LEAN

   4) Implementation of 5S is counted as an indicator of the Hospital Quality Criteria by MOH.

2. **Where should we start for 5S activity in a hospital?**

   1) QMD itself is a good place to start 5S activity

   2) In National Hospital of Obstetrics and Gynecology, the director's office was one of the first targets of 5S activity in the hospital

   3) National Heart Institute, Bach Mai Hospital and some other hospitals started with departments/units that were more open and showed willingness to adopt 5S

   4) For those who decided to start hospital-wide implementation of 5S activity from the beginning, each department can choose starting from small things in their departments

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Session 2-1

Application of 5S in Land Use Planning in an Giang Hospital of Obstetrics, Gynecology and Pediatrics

Tran Quang Hien[1], Le Van Duc[2]

1 Director, An Giang Hospital of Obstetrics, Gynecology and Pediatrics
2 Quality Management Unit, An Giang Hospital of Obstetrics, Gynecology and Pediatrics

An Giang Hospital of Obstetrics, Gynecology and Pediatrics is a 2nd level provincial hospital with 300 beds, which was separated from the old, degraded provincial general hospital. It is financially autonomous regarding its regular expenditures.

Early after establishment in April 2017, the hospital decided to apply 5S "Sort - Set in order - Shine - Standardize - Sustain" in land use planning to meet people's needs for healthcare, aiming to build a "green - clean - beautiful" hospital as it is today.

- **Sort:** buildings necessary for creating a continuous chain for both obstetric and pediatric examination.

- **Set departments in order:** according to two major specialties: obstetrics and pediatrics.

- **Shine:** build a Green – Clean – Beautiful hospital

- **Standardize:** develop ISO-based SOPs for all healthcare activities.

- **Sustain:** meet people's needs for healthcare.

Implementation of 5S sounds simple but is not easy. An Giang Hospital of Obstetrics, Gynecology and Pediatrics has implemented 5S well owing to leaders' high determination and hospital staff's full participation. 5S implementation must be sustained with continuous quality improvement (CQI). 5S has changed the hospital's awareness and actions. This will be a basis for the hospital's sustainable development.

APPLICATION OF 5S IN LAND USE PLANNING IN AN GIANG HOSPITAL OF OBSTETRICS, GYNECOLOGY AND PEDIATRICS

Dr. Tran Quang Hien, MD, PhD
Dr. Le Van Duc, MD, 2nd Degree Specialist
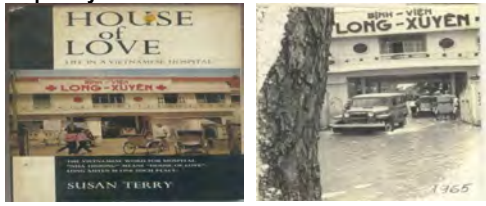An Giang Hospital of Obstetrics, Gynecology and Pediatrics

Outline of An Giang Hospital of Obstetrics, Gynecology and Pediatrics

- Provincial, 2nd level with 300 beds
- Financial autonomy regarding regular expenditures
- Started operation on April 10, 2016
- 12,000 turns of outpatient per month (45% with health insurance)
- Bed occupancy rate: 110%
- Operation: 25 cases/day
- Normal delivery: 25 cases/ day

ORIGIN AND DEVELOPMENT

In 1903, Delivery House was established thanks to contribution of land from 2 individuals.
In 1965, Long Xuyen Hospital was constructed completely

THE HOSPITAL IN THE BEGINNING

ACTUAL STATE AFTER ESTABLISHMENT
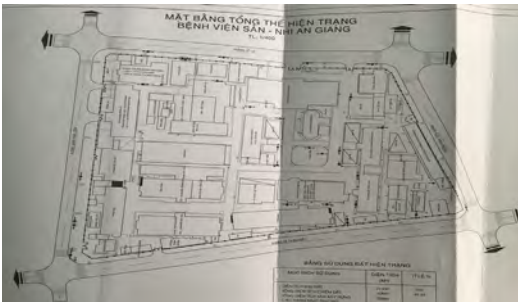
THE HOSPITAL IN THE BEGINNING

HOSPITAL GATE

THE HOSPITAL IN THE BEGINNING

OLD OUTPATIENT DEPARTMENT

THE HOSPITAL IN THE BEGINNING

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THE HOSPITAL IN THE BEGINNING

HOSPITAL DEVELOPMENT POLICY

In the beginning, An Giang Hospital of Obstetrics, Gynecology and Pediatrics decided its operation principles:
- Motto:
     "Safe – Friendly – Hospital for People "

- The hospital must be a place to receive and apply new technologies in healthcare activities, while also transferring them to other hospitals in the province.

- Use 5S "Set – Sort in order – Shine – Standardize - Sustain" to immediately improve the hospital's outlook.

5S IMPLEMENTATION IN THE HOSPITAL

- **Sort:** buildings necessary for creating a continuous chain for both obstetric and pediatric examination.
- **Set** departments **in order:** according to two major specialties: obstetrics and pediatrics.
- **Shine:** build a Green – Clean – Beautiful hospital
- **Standardize:** develop ISO-based SOPs for all healthcare activities.
- **Sustain:** meet people's needs for healthcare.

After 01 year of operation

Sort and Set the total area in order

OPD has been renovated

Hospital land use re-planning

OPD

Park improvement

Playing yard for children

Inpatient blocks

New hospital gate

CONCLUSIONS

- Implementation of 5S sounds simple but is not easy.
- It requires leaders' high determination and hospital staff's full participation to implement 5S well.
- 5S implementation must be sustained with CQI like PDCA.
- 5S has changed the hospital's awareness and actions. This will be a basis for the hospital's sustainable development.

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Difficulties in Implementing S4, S5 in Ha Dong General Hospital

Nguyen Thi Huong Lien, Nguyen Thu Hang

Quality Management Department, Ha Dong General Hospital

A purpose of implementing 5S is to create good work habits for everyone. It is a good habit that would help reduce mistakes caused by lack of concentration, people work faster and reduce time looking for necessary things. Consequently, a comfortable and logical working environment would be created, reducing medical incidents and ensuring PS.

In Ha Dong General Hospital, 5S has been implemented. Via implementing 5S, healthcare workers are more aware and there has been some change in their thinking. However, it is still a big challenge to make 5S become a habit and to maintain S4, S5.

Before implementing 5S, our hospital had started the "Hygienic Hospital" campaign (May 2015). From December 2015 to May 2016, 5S was piloted in three laboratories: Biochemistry Department, Microbiology Department and Hematology – Blood Transfusion Department. Since June 2016, 5S has been implemented in every department. We conducted 5S trainings for all nurses and QM network members and organized "5S Day" to encourage competitiveness in 5S implementation among departments.

1. Objective

To develop a habit of implementing 5S regularly in departments, especially in clinical ones (some areas such as meeting rooms, administrative rooms, injection trolleys, corridor…)

2. Results

- Most of healthcare workers in clinical and para-clinical departments know what 5S is, the necessity and benefits of 5S implementation.

- Departments of Biochemistry, Microbiology, Hematology – Blood Transfusion, Pharmacy, Outpatient, Nephrology, Odonto-Stomatology have remarkably changed, which motivates healthcare workers in these and other departments to implement 5S. However, S4 and S5 could only be maintained in a short time because only few healthcare workers actively implemented 5S while most think that 5S wastes much of their time.

3. Advantages

- The hospital leaders have realized the necessity of 5S implementation.

- 5S Steering Committee was established with implementation plans developed for departments in each period.

4. Difficulties

- *Healthcare workers:* habits and hesitation to change are obstacles to improvement activities and 5S implementation. Many healthcare workers think that 5S wastes time, requires budget for implementation, and is work of department leaders and head nurses but not theirs.

- *Leaders of departments:* know well the benefits of 5S but have not really taken actions nor encouraged their staff to implement 5S, thinking that 5S is work of QMD.

- *Hospital:* The facility is narrow and degraded. Broken equipment has not been fixed, replaced or collected, so it requires a lot of space for storage. The budget for 5S activities is still limited.

- *QMD:* has conducted 5S trainings and made a plan for 5S implementation but the plan is not detailed to the department level and 5S implementation in departments has not been monitored. The department has not proposed a regulation for rewarding and punishment so

departments are not motivated to implement 5S.

- Patients: play an important role in implementation of S4, S5: overcrowding, lack of patient's collaboration in making patient wards tidy and in putting trash in appropriate places are some barriers for healthcare workers in 5S implementation.

5. Proposed solutions

- QMD gives advice to 5S Steering Committee to make a specific and detailed 5S plan to the department level; monitors closely using the 5S checklist; develops a regulation for rewarding and punishment to timely praise departments which implement 5S well.

- Strengthen training activities: conduct 5S trainings for all healthcare workers in the hospital (doctors, pharmacists, technicians and cleaners…). Divide training targets into groups and tailor training contents to suit each group. After the training, there should be a test to evaluate the training's quality.

- Establish a 5S taskforce, the members of which regularly go to clinical departments to help them implement 5S and monitor S4, S5 implementation.

- Add 5S content in departments' patient meetings to educate patients so that they participate in 5S implementation.

- The Directing Board strongly directs departments to implement 5S and allocates a budget for 5S activities.

HANOI DEPARTMENT OF HEALTH
HA DONG GENERAL HOSPITAL

DIFFICULTIES IN IMPLEMENTING S4, S5

IN HA DONG GENERAL HOSPITAL

Nguyen Thi Huong Lien, Nguyen Thu Hang
Quality Management Department

Results of 5S implementation

❖ Healthcare workers in departments have recognized the necessity and benefits of 5S implementation.
❖ Departments of Biochemistry, Microbiology, Hematology – Blood Transfusion, Pharmacy, OPD, Nephrology, Odonto-Stomatology have remarkably changed, which motivates healthcare workers in other departments to implement 5S.
❖ S4 and S5 were maintained in a short time because only few healthcare workers actively implemented 5S while most think that 5S wastes much of their time.

Objective

To develop a habit of implementing 5S regularly in departments to:
❖ Create a comfortable, logical and effective working environment in the hospital
❖ Avoid mistakes, reduce medical incidents.
❖ Ensure patient safety.

Advantages

❖ The hospital leaders have realized the necessity of 5S implementation.
❖ 5S Steering Committee was established with implementation plans developed for departments in each period.

❖ Before implementing 5S, our hospital had started the "Hygienic Hospital" campaign (May 2015).
❖ From December 2015 to May 2016, 5S was piloted in three laboratories: Biochemistry Department, Microbiology Department and Hematology – Blood Transfusion Department.
❖ Since June 2016, 5S has been implemented in departments (some areas such as meeting rooms, administrative rooms, injection trolleys, corridor…). "5S Day" was organized.

Difficulties in 5S implementation

❖ *Healthcare workers:* habits and hesitation to change are obstacles to improvement activities and 5S implementation. Many healthcare workers think that 5S wastes time, requires budget for implementation, and is work of department leaders and head nurses but not theirs.
❖ *Leaders of departments:* know well the benefits of 5S but have not really taken actions nor encouraged their staff to implement 5S, thinking that 5S is work of QMD.

Difficulties

❖ **Hospital**:

The facility is narrow and degraded.

Broken equipment has not been fixed, replaced or collected, so it requires a lot of space for storage.

The budget for 5S activities is still limited.

❖ **QMD**:

Has conducted 5S trainings and made a plan for 5S implementation but the plan is not detailed to the department level.

Has not monitored 5S implementation in departments.

Has not proposed a regulation for rewarding and punishment so departments are not motivated to implement 5S regularly.

Difficulties

❖ **Patients**: play an important role in implementation of S4, S5:

Overcrowding + lack of patient's collaboration in making patient wards tidy and in putting trash in appropriate places are some barriers for healthcare workers in 5S implementation.


Proposed solutions

❖ QMD gives advice to 5S Steering Committee to make a specific and detailed 5S plan to the department level; monitors closely using the 5S checklist; develops a regulation for rewarding and punishment.

❖ Conduct 5S trainings for all healthcare workers in the hospital (doctors, pharmacists, technicians and cleaners…). Divide training targets into groups and tailor training contents to suit each group. After the training, there should be a test to evaluate the training's quality.

5S training for healthcare workers

Proposed solutions

❖ Establish a 5S taskforce, the members of which regularly go to clinical departments to help them implement 5S and monitor S4, S5 implementation.

❖ Add 5S content in departments' patient meetings to educate patients so that they participate in 5S implementation.

❖ The Directing Board strongly directs departments to implement 5S and allocates a budget for 5S activities.
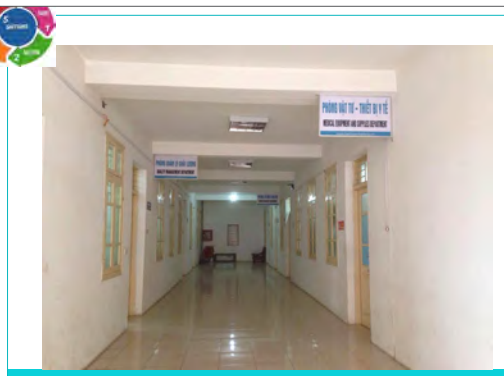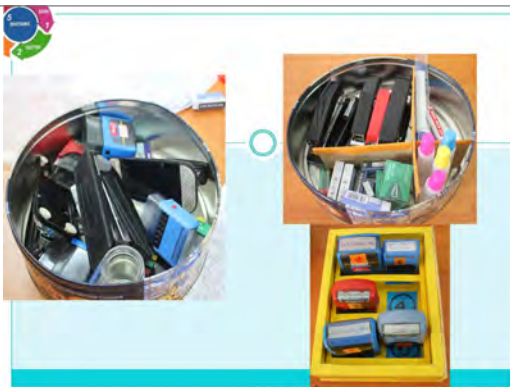
5S implementation in Microbiology Department

5S implementation in Biochemistry Department

5S Maintenance in National Hospital of Obstetrics and Gynecology

Vu Van Du

Quality Management Department, National Hospital of Obstetrics and Gynecology

1. 5S implementation in National Hospital of Obstetrics and Gynecology
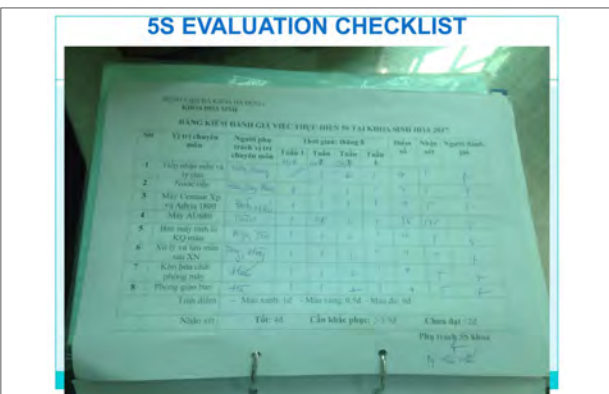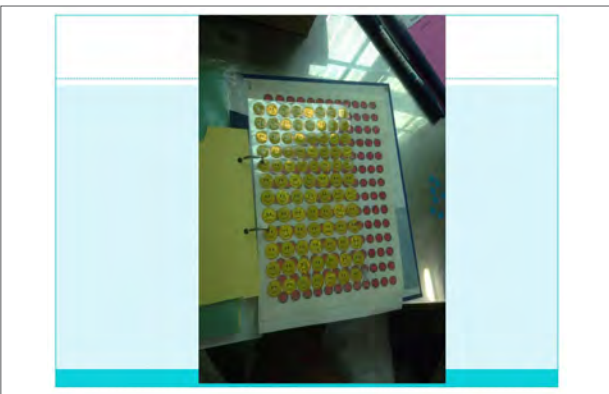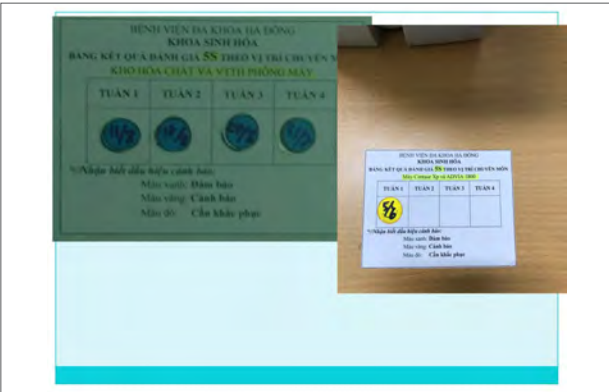
- According to the 83 criteria set[1] (criterion A3.2) and the hospital's Directing Board's support and approval of a 5S project in National Hospital of Obstetrics and Gynecology (July 2016), 5S has been promoted in the whole hospital. With determination and enthusiasm of healthcare workers in departments, by August 2017 (after 13 months), 40/43 departments had implemented at least one 5S content.

- 5S was piloted in all departments/centers/units of the hospital, including clinical, para-clinical and functional departments in every area: injection trolleys, drug cabinets, document cabinets, laboratories, administrative rooms, etc.

- 5S implementation has not only brought visible and practical benefits to both patients and healthcare workers but also helped enhance management of personnel, medical equipment and materials.

- For patients: shortened time, accuracy, safety, limited errors…

- For healthcare workers: a clean, tidy, logical and friendly working environment, avoidance of time-wasting and better disciplinedness.

2. How to maintain 5S

- **Maintain:** create habits for sorting, setting in order, training on 5S and keeping common areas clean...

- **Monitor:** collect statistical data, evaluate 5S implementation in departments in the hospital.

- **Improve, enhance 5S quality:** nurture a 5S culture, develop the project "Hospital Brand Identification"

3. Difficulties – Recommendations

Difficulties

- Limited self-discipline of healthcare workers; 3S not being maintained continuously.

- Limited budget → incomplete infrastructure (some buildings are new, some are old and some other are under construction), which causes difficulties for coherent implementation of 5S.

- It takes much time to summarize information and propose solutions to improve 5S implementation.

- The 5S monitoring system is not professional (lack of computerization)

Recommendations

- Enhance awareness of healthcare workers on 5S, especially 5S maintenance: conduct training courses and organize 5S day...

- Continuously maintain and develop 3S (Sort – Set in order - Shine) in departments/centers/units.

- Professionalize monitoring activities for S4 (Standardize) and S5 (Sustain): connect with IRS, install a software for 5S auto-monitoring…

- A clear reward and punishment mechanism for

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1 Hospital Quality Standards (HQS) issued by the Ministry of Health, which incdlues 83 criteria. Therefore, HQS was often referred to as the 83 criteria set.

departments which implement 5S well and not well.

• Continuously improve and develop 5S implementation.

• Develop a typical 5S culture of NHOG (integrate 5S contents in the project for hospital brand development).

• It requires supports from the Directing Board, such as a budget for maintaining and developing 5S implementation.

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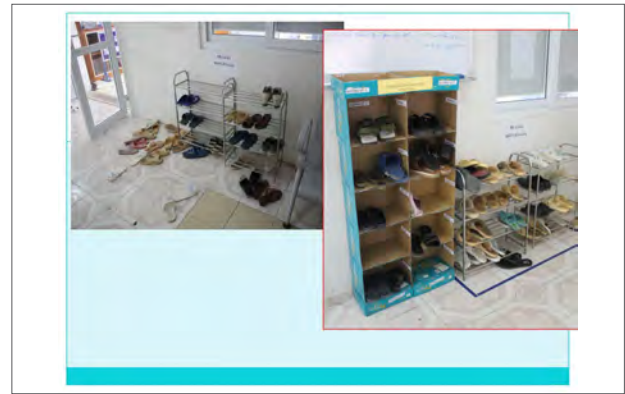Session 3

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5S MAINTENANCE IN NATIONAL HOSPITAL OF OBSTETRICS AND GYNECOLOGY (NHOG)

DR. VU VAN DU, MD, PHD: QUALITY MANAGEMENT DEPARTMENT

5S IMPLEMENTATION IN NHOG

According to the 83 criteria set (criterion A3.2) + the hospital's Directing Board's support and approval of a 5S project in NHOG(July 2016), 5S has been promoted in the whole hospital. With determination and enthusiasm of healthcare workers in departments, by August 2017 (after 13 months), 40/43 departments had implemented at least one 5S content.

5S is implemented in all departments/centers/units of the hospital, including:
Clinical depts
Para-clinical depts
Functional depts

5S was piloted in every area of hospital: injection trolleys, drug cabinets, document cabinets, laboratories, administrative rooms...

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1. 5S IMPLEMENTATION IN NHOG

2. HOW TO MAINTAIN 5S?

3. ADVANTAGES - DIFFICULTIES

5S IMPLEMENTATION IN NHOG

5S implementation has not only brought visible and practical benefits to both patients and healthcare workers but also helped enhance management of personnel, medical equipment and materials.

• For patients:
shortened time, accuracy
PS, limited errors…

• For healthcare workers:
A clean, tidy, logical and friendly working environment.
Avoidance of time-wasting.
Better disciplinedness

HOW TO MAINTAIN 5S
Develop Project "Hospital Brand Identification"

HOW TO MAINTAIN 5S

Create habits for sorting, setting in order

Conduct 5S trainings

Keeping common areas clean

DIFFICULTIES IN MAINTAINING 5S

Difficulties in maintaining 5S: easy to implement the first 3S (Sort – Set in order - Shine) yet difficult and challenging to maintain S4 (Standardize), S5(Sustain)

Limited self-discipline of some staff

Limited budget → incomplete infrastructure (some buildings are new, some are old and some other are under construction)

It takes much time to summarize information and propose improvement solutions

The monitoring system for S4 (Standardize) and S5 (Sustain) is incomplete and unprofessional (lack of computerization)

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HOW TO MAINTAIN 5S

Dept.	Areas	5S checklist from Jan to Jun 2017						Obtained result			Average score
		Jan	Feb	Mar	Apr	May	Jun	Obtained (√)	Partially obtained (O)	Not obtained (X)	
Treatment Services	drug cabinet, injection trolley, document cabinet, medical record, personal cabinet	√	√	√	O	O	√	4	2	0	5
Delivery room	drug cabinet, injection trolley, document cabinet, medical record, personal cabinet	X	√	O	√	√	X	3	1	2	3.5
Anesthesia - Resuscitation	drug cabinet, injection trolley, document cabinet	√	X	O	√	√	√	4	1	1	4.5
Pathological Obstetrics	drug cabinet, injection trolley, document cabinet, medical record	√	√	√	√	O	O	4	2	0	5
Normal Obstetrics	Drug cabinet, injection trolley, document cabinet, medical record, personal cabinet	√	√	√	X	O	√	4	1	1	4.5
Septic Obstetrics	drug cabinet, injection trolley, document cabinet, medical record, personal cabinet	√	X	O	√	√	√	4	1	1	4.5

SOME EXPERIENCE - PROPOSALS

- Enhance awareness of healthcare workers on 5S, especially 5S maintenance: conduct training courses and organize 5S day...
- Continuously maintain and develop 3S (Sort – Set in order - Shine) in departments/centers/units.
- Professionalize monitoring activities for S4 (Standardize) and S5 (Sustain): connect with IRS, install a software for 5S auto-monitoring…
- A clear reward and punishment mechanism for departments which implement 5S well and not well.
- Continuously improve and develop 5S implementation.
- Develop a typical 5S culture of NHOG (integrate 5S contents in the project for hospital brand development).
- It requires supports from the Directing Board, such as a budget for developing and maintaining 5S implementation.

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HOW TO MAINTAIN 5S

Develop 5S culture in depart-ments

A reward/punishment mechanism for staff for maintaining 5S well and not well.

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Session 2-4

5S – A Commencement for Hospital Quality Improvement

Le Viet Nho

Medical Center, School of Medicine and Pharmacy, Da Nang University
(Former Vice Director of Quang Nam Central General Hospital)

"Cost is more important than quality but quality is the best way to reduce cost" - a saying by Genichi Taguchi reminds each hospital leader, in this period of gradually becoming financially independent, towards totally independent in 2021, to consider cautiously to choose the most suitable way for his/her hospital to become a recognized hospital. From quality improvement (QI) experience in Quang Nam Central General Hospital, I think **5S** is an important first step that needs to be implemented in hospitals which are determined to enhance their service quality.

Talking about 5S, I still remember a lecture given by Professor Handa Yujiro, a famous Japanese quality expert, in a training course on QM in Japan. At the end of the lecture, he led us to 5S as a fundamental activity in QM (Figure 1). Besides, an image of NCGM hospital (Japan) being organized in a logical, tidy, orderly and

Figure 1: Professor Handa Yujiro's lecture

clean manner to every corner motivated me to study and implement this activity because I realize that QM is a vague and abstract concept; therefore, in order to make hospital staff get to know, understand and gradually apply abstract QM theories, they should gradually become familiar with QM through visible daily 5S activities.

Quang Nam Central General Hospital has experienced 3 cycles of **PDSA** (**P**lan-**D**o-**S**tudy-**A**ct) for implementing **S1, S2, S3 (Sort, Set in order, Shine)** under active collaboration between Nursing Department and QMD: From Starting, selecting pilot departments; Adjusting and setting higher objectives and developing interventional solutions; to Expanding and improve effectiveness. So far, this activity has brought many visible results to every department. After that, from **S4, S5** activities, staff gradually get to know the concept of standardization (**S4:** Standardize), continuously maintain and improve results (**S5:** Sustain). 200 **improvement projects** related to 5S of different scales in the first 6 months of 2017 are evidence for the sustainability of this activity in our hospital.

Success of 5S depends much on the role of chiefs of departments and head nurses. At the departments where key staff understand, support and directly work with their staff, with support from QMD, 5S implementation is very easy and quickly brings effectiveness. Some departments who did not actively implement 5S at the beginning have remarkably changed after their chiefs changed their attitude. For example, in Anesthesia - Resuscitation Department, at the beginning, the department chief said that he supported 5S but actually did not care how it was actually implemented or what kind of difficulties they met. Meanwhile, the head nurse did not share with him the difficulties they met in 5S implementation. After detecting the problem, QMD organized a training on 5S for all staff in the department, in which they invited staff from Pediatric Department, who had actively implemented 5S, to share experience. After that, the chief of Anesthesia - Resuscitation Department actively involved and 5S in the department has clearly changed.
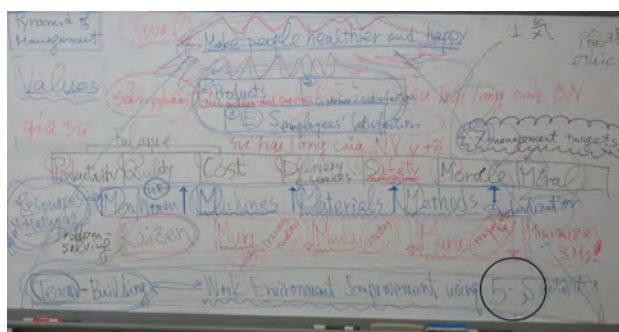
In order to make 5S become a culture rather than just a trend, it requires that hospital leaders keep **paying attention and strengthening this activity for at least several years** with more **PDSA cycles**. Only when no-one remembers what 5S is specifically but the hospital is always tidy, clean and especially **more convenient and safer**, then we can say that we are successful in 5S.

Session 2-5

5S Practice in Vinh City General Hospital

Pham Van Son

Vice Director, Vinh City General Hospital

Vinh City General Hospital is a 2nd level district hospital. Designed with 280 beds and 350 healthcare workers, the hospital actually has 450 beds and 415 staff members. Average number of outpatients per day is about 1,000 and about 1,600 as highest. 5S has been implemented since July 2017.

1. To implement 5S in the hospital, firstly, it is necessary to make the hospital leaders see the benefits of 5S to gain maximal support for implementation.

2. Make 5S plans following a PDCA cycle: pay attention to involvement of leaders of departments and socio-political organizations (trade union, youth union, etc.) to develop promotion policy and competitiveness.

3. Conduct trainings on 5S practice and experience for key staff such as chiefs and vice chiefs of departments, head nurses.

4. Request departments to conduct trainings on 5S practice for their staff with QMD's support. In fact, QMD had to go to each department to conduct 5S training for their staff. Sometimes, we think about e-learning because 5S requires participation of all members to be effective.

5. Establish a 5S taskforce to conduct surveys, develop a 5S checklist and consult departments. Select 3 clinical departments to pilot 5S.

6. Departments sign commitments with the hospital director under witness of political organizations. Announce reward after the first evaluation. Staff sign commitments with chiefs of departments.

7. After one month, evaluate the pilot departments to generate lessons learnt for the remaining departments. After two months, evaluate comprehensively all departments to decide bonuses and rewards.

Some experience for success

1. Leaders must be a role model in 5S implementation.

2. It requires trainings for everybody so that 5S is understood and practiced.

3. Participation of organizations: signing commitments, establishing a clear rewarding mechanism, evaluation.

4. In departments: assign individuals to be responsible of each area or division so that they remind each other to implement and maintain 5S.

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Session 3   Standardized Operational Procedures (SOPs)
Summary of Discussion

1.   How to describe clinical and safety components in SOPs?

1.   QMD develops a simple general form for SOP and trains other health staff about writing an SOP: the content must include a process diagram and description, the procedure should be simple so that a new staff can understand their task by reading it, each SOP has one checklist for managers to check implementation.

  •   In Saint Paul Hospital, the content must include incidents and adverse events that can happen in each step and how to handle them when they occur.

  •   In Thu Duc Hospital, the content must include affecting factors to the process.

2.   The practitioners draft an SOP, then QMD and maybe others help complete the SOP;

  •   In Thu Duc Hospital, the head of department appoints some doctors to make the draft, each doctor is responsible for some specific SOPs in their department. The hospital established a team to help complete the SOP. This team includes representatives from internal medicine, surgery, general planning department, QMD and some relevant departments. The team has a meeting with the relevant doctors and department head to contribute ideas for the SOP. QMD is the one who finalizes the SOP before sending to the director for approval. One difficulty is that clinicians are not much interested in contributing to SOP development. Normally, they only check SOPs when something bad happens.

3.   In Thu Duc Hospital, SOPs are made specifically for each targeted audience (e.g., doctors, patients). For example, for the process of taking specimen, there are one SOP for health staff and another SOP for patients.

2.   How and when SOPs are updated?

1.   SOPs are usually reviewed once every year and revised if necessary. Then SOPs can be updated when an incident showed requirements of changes in the current SOPs. Also SOPs can be checked when patients or their families complained against the relevant services defined by the current SOPs.

3.   How to achieve and maintain compliance to SOPs?

1.   Vertical monitoring: the department head/vice head and the head nurse of each department monitors compliance to SOPs in their department;

2.   Cross-cutting monitoring: QMD checks compliance to SOPs in all departments or participating in a team who does this job.

  •   In Saint Paul Hospital, QMD goes to department unannounced and interviews its staff about their awareness and knowledge of their SOPs.

  •   In Thu Duc Hospital, QM staff join the hospital's monitoring team. This team, dividing into small groups, goes check the compliance in departments twice a day (once in the morning, once in the afternoon). This team prioritizes monitoring procedures that hospital staff are less likely to comply to, or those related to issues the hospital is paying attention to or issues reported by many patients.

3.   Thu Duc Hospital relies a lot on the IT system to make their staff, especially doctors, to comply to SOPs. For example, if the doctor has not finished one step in the SOP, the system does not allow them to do the next work.

4.   In Tu Du Hospital, they have monitoring priorities for their almost 1,000 SOPs, and can only monitor 20% of their priorities selected for each year.

5.   An unanswered question is: how to make hospital leaders comply to SOPs? What QMD does if their hospital

leaders do not comply to SOPs?

4. Further discussion:

1. What is the purpose of developing SOPs?

    1) SOPs help people do the work in the same way to create similar outputs, as required by their leaders

    2) SOPs are a tool to help hospital managers to monitor and evaluate their staff's work performance

    3) SOPs are part of process control. It is a tool to ensure patient safety.

    4) SOPs can help identify individual responsibilities when adverse events happened. In Japan, SOPs help protecting health staff if their work was complied to SOPs.

2. Clinical pathway (a.k.a. care pathway, care map)

    1) In Vietnamese, we have only one word for procedure, which is "quy trinh". Usually we say "quy trinh" for short. MOH uses "quy trinh chuyen mon" (literally translated as "professional procedure") referring to "clinical pathway".[1] In 2016, the Minister of Health issued a Decision (4068/QD-BYT, 29/07/2016) guiding hospital to develop "quy trinh chuyen mon" with 26 "quy trinh chuyen mon" for 26 common diseases as examples. However, "quy trinh chuyen mon" in Vietnam seemed to be quite different with "clinical pathway" used in the world. Cho Ray Hospital, one leading hospital in the South of Vietnam, is learning and experimenting developing their own clinical pathways to meet the world standards.

    2) Currently, the MOH's Hospital Quality Criteria does not count clinical pathways in its scoring. The section C5.3. mentions development of medical procedure ("quy trinh ky thuat", literally translated as "technical procedure") and the section C5.4. mentions development of clinical guidelines ("huong dan dieu tri"). These are basis for clinical pathways in the far future.

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1   http://kcb.vn/wp-content/uploads/2016/08/H%C6%B0%E1%BB%9Bng-d%E1%BA%ABn-bi%C3%AAn-so%E1%BA%A1n-Quy-tr%C3%ACnh-chuy%C3%AAn-m%C3%B4n.pdf

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Session 3-1

Development of SOPs in Hospital

Uong Thanh Tung

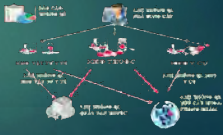*Chief of Quality Management Department Saint Paul General Hospital*

7

Medical incident statistics in the hospital

No.	Type of incident	Quantity Year 2016
1	Wrong patient	
2	Wrong/lack of medical indications	01
3	Due to drugs/blood/chemicals	11
4	Wrong surgery	01
5	Nosocomial infection	
6	Environment (electric shock, burnt…)	01
7	Fall	03
8	Lack/damage of equipment	02
9	Crime	
10	Non-compliance to procedures	13
11	Occupational exposure	02
12	Risks in surgeries and procedures	
13	Others	08
14	Non-reported incident	
	Total	42

11

An example
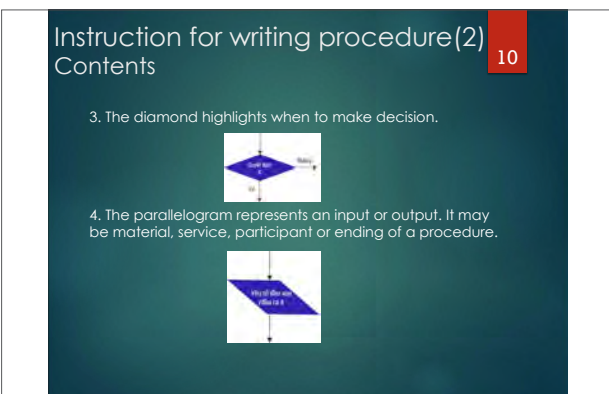

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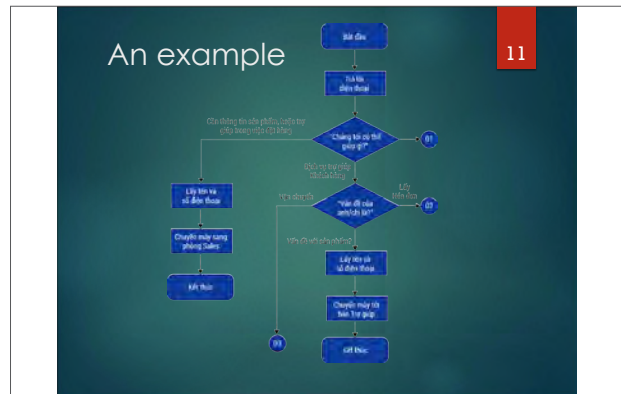
Benefits

▶ Convenience in work: to-do steps are listed in a certain order with specific required papers.

▶ Easy to monitor: the order of the working steps in a procedure helps one person know whether the previous steps have been performed sufficiently and correctly or not.

▶ Increased work effectiveness: procedures create professionalism and shorten training time.

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Some important contents in developing a procedure

▶ **Quality control**
- Describe quality control methods, including calibration of machines and devices.
- In case there are specific procedures for calibration, it is not necessary to describe this content in details. Only write the name(s) and code(s) of relevant procedure(s).
▶ **Safety**
  Identify safety issues that practitioners need to pay attention to when implementing the procedure (if any).

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Instruction for writing a procedure
Contents

1. The rounded rectangle presents the starting and ending points of a procedure

2. The rectangle represents instructions or activities

13
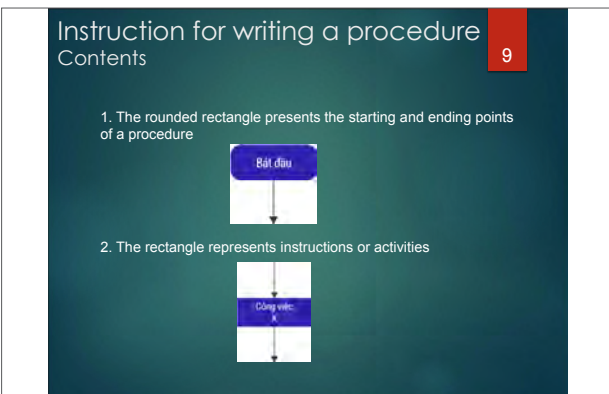
Some important contents in developing a procedure

▶ **Progress and reporting results**
- Specify obtained results
- Specify how to solve problems when incidents happen.
- For technical procedures, add the following information:
+ Calculation formulas, units (if any)
+ Explanation of results for abnormal cases
+ Specify the limits of the analytic system, biological reference intervals and alert values (if any)
▶ **Monitoring after performing the technique**
  Monitor vital signs of the patient: blood pressure, pulse, respiration rate...
  Monitor possible adverse events and complications.

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Instruction for writing procedure(2)
Contents

3. The diamond highlights when to make decision.

4. The parallelogram represents an input or output. It may be material, service, participant or ending of a procedure.

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Some important contents in developing a procedure

▶ **Complication management**
- Specify in order main steps to take when complication occurs with specific, succinct, and easy-to-understand writing.
- Number each step so that when some steps need to be repeated, only mention their numbers.
▶ **Evaluation of implementation steps**
- Write in checklist format: properly followed the orderly steps in the procedure (yes or no)
- Propose to revise the procedure if there are problems during implementation.

Session 3-2

Experience in Developing Standard Operating Procedures for Management

Huynh My Thu

Quality Management Department, Thu Duc District Hospital

1. Introduction of hospital

In June 2007: the hospital had 50 beds, 17 medical doctors, 4 departments: Outpatient, Emergency & Intensive care, Pediatrics – Internal medicine, Pharmacy. 400 outpatients per day, 10 inpatients per day.

On June 5, 2009: the hospital was approved to be a 2nd level hospital.

On November 12, 2014: the hospital was approved to be a 1st level hospital with 10 functional departments, 36 clinical and para-clinical departments, 800 planned beds, 4,500 – 5,000 outpatients/day, 1,507 staff (as of June 30, 2017).

2. State of SOPs in the hospital

- There was no standard frameworks for SOPs;

- Technical departments had difficulties in making documents;

- There was no standardized tasks, staff perform tasks in different ways;

- Work was handled by feelings;

- Responsibilities and authorities were not clearly identified.

3. Legal basis

- QM system – Requirements by National Standards TCVN 9001:2008;

- Decision number 5530/QD-BYT dated December 25,2015 by the Minister of Health guiding development of SOPs for management of laboratory quality.

4. Legal basis

SOP (Standard Operating Procedure) is a document which provides specific guidelines for performing a specific task in management and technical work to ensure that activities are conducted following the regulation in the same way. (*Guidelines for development of SOPs for management of laboratory quality in healthcare facilities* issued with Decision number 5530/QD-BYT dated December 25, 2015 by the Minister of Health)

- Management SOPs;

- Technical SOPs.

5. Principles for implementation

- **Principle 1:** Every work should have SOPs.

- Technical SOPs: doctors, nurses, infection control, laboratories etc.

- Management SOPs: incident reporting, patient satisfaction survey, submitting documents for approval, etc.

- **Principle 2:** Based on documents and guidelines issued by MOH, Department of Health (DOH), the hospital develops detailed SOPs according to its actual state.

- **Principle 3:** SOP is a document for guiding and control but not a barrier to technical work or to delay work.

- **Principle 4:** Clinicians don't have to spend much time and energy to think about administrative documents.

- **Principle 5:** Users are the center of the SOP, contents of which are tailored to suit each user group (patients, healthcare workers): wording, writing style, layout and design.

- **Principle 6:** QMD is the final department to review the (management) SOP before it is submitted to the Directing Board for approval.

- **Principle 7:** Review and update SOPs regularly and when necessary.

6. Steps for developing an SOP

a. Identifying the needs for development/update/revision of an SOP: new emerging tasks; the needs to standardize implementation steps, responsibilities, and timing; the needs for improvement when errors happen…

b. Identifying the contents and steps for implementation: 5W1H2C5M; developing process diagrams and descriptions: beginning => end.

c. Organizing meetings for development/update/revision of the SOP: with participation of departments that need and relevant departments.

d. Collecting comments

   - Versions 1, 2, 3…

   - Suitable revisions;

   - Consensus among departments.

e. Approval

   - Regular update at the beginning of each year: review all procedures.

   - Development of a new SOP, update and ad-hoc revision of an old SOP: Composers => Responsible people => the Directing Board.

f. Issuance

   - Based on QMD's proposal, Personnel Department releases a decision for issuing the SOP.

   - An announcement is posted on the hospital's operation portal.

7. Checking and monitoring

- Horizontally (cross sectional monitoring)

- Establish the Checking and Monitoring Committee in the hospital;

- Monitor by topic;

- Present and remind inappropriate cases.

- Vertically: QM network, head nurses.

8. Benefits

- Standardized work, reduced errors;

- Convenient for checking and monitoring;

- Clear regulation about evidence and results of work;

- A basis for identifying responsibilities and authorities;

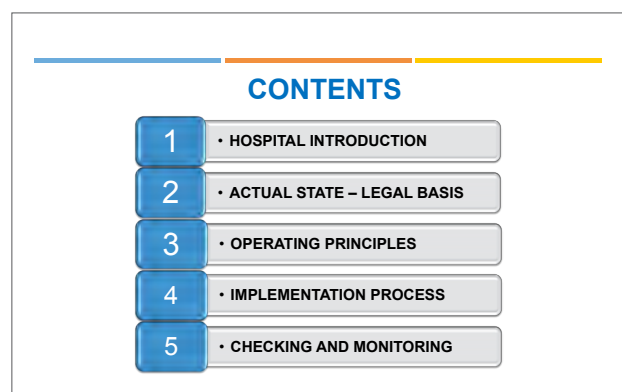- A basis for QI, implementing corrective and preventive measures;

- Training materials.

9. Difficulties

- In asking departments to update and revise SOPs;

- Common sense of "only reviewing SOPs when problems happen";

- Technical staff do not want to follow SOPs nor to give comments for SOPs;

- In controlling doctors' compliance to SOPs.

10. Conclusions

- Standardization of SOPs is a necessary standard to evaluate work competency, which helps hospital managers manage the hospital better.

- Strengthen vertical checking and monitoring.

- Regularly update to suit the hospital's actual state.

EXPERIENCE IN DEVELOPING STANDARD OPERATING PROCEDURES (SOP) FOR MANAGEMENT

PRESENTER: MS. HUYNH MY THU, MSc
CHIEF OF QUALITY MANAGEMENT DEPARTMENT, THU
DUC DISTRICT HOSPITAL

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1 • HOSPITAL INTRODUCTION

2 • ACTUAL STATE – LEGAL BASIS

3 • OPERATING PRINCIPLES

4 • IMPLEMENTATION PROCESS

5 • CHECKING AND MONITORING

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THU DUC DISTRICT HOSPITAL

28/06/2007

- 50 beds
- 17 doctors
- 4 departments
  - Outpatient
  - Emergency - ICU
  - Pediatrics – Internal medicine
  - Pharmacy
- Outpatient: 400 patients/ day
- Inpatient: 10 patients/ days

CONCEPTS

- SOP (Standard Operating Procedure) is a document which provides specific guidelines for performing a specific task in management and technical work to ensure that activities are conducted following the regulation in the same way. *(Guidelines for development of SOPs for management of laboratory quality in healthcare facilities issued with Decision number 5530/QD-BYT dated December 25, 2015 by the Minister of Health)*
  - ➤Management SOPs
  - ➤Technical SOPs

THU DUC DISTRICT HOSPITAL

05/06/2009: 2nd level hospital
12/11/2014: 1st level hospital

District hospital
1st level

❖ **Organizational structure:** 10 functional departments & 36 technical departments
❖ 800 planned beds
❖ Outpatient: 4,500–5,000 patients/day
❖ Manpower: 1,507 staff (30/06/2017)

IMPLEMENTATION PRINCIPLES

- **Principle 1: Every work should have SOPs**
  - **Technical SOPs: doctors, nurses, laboratory, infection control, etc.**
  - **Management SOPs:**

ACTUAL STATE

❖ **No standard frameworks for SOPs**
❖ **Technical departments meet difficulties in making documents**
❖ **There are no standardized tasks, staff perform tasks in different ways;**
❖ **Work is handled by feelings;**
❖ **Responsibilities and authorities are not clearly identified.**

SOPs: 358

LEGAL BASIS

- QM system – requirements by National Standards TCVN 9001:2008;
- Decision number 5530/QD-BYT dated December 25, 2015 by the Minister of Health guiding development of SOPs for management of laboratory quality.

IMPLEMENTATION PRINCIPLES

- **Principle 2:** Based on documents and guidelines issued by MOH, DOH, the hospital develops detailed SOPs according to its actual state.
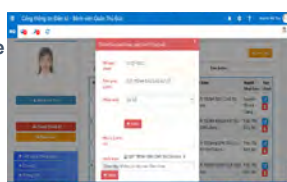
IMPLEMENTATION PRINCIPLES

- **Principle 3: SOP is a document for guiding and control but not a barrier to technical work or to delay work.**

IMPLEMENTATION PRINCIPLES

- **Principle 4: Clinicians don't have to spend much time and energy to think about administrative documents.**

IMPLEMENTATION PRINCIPLES

- **Principle 5: Users are the center of the SOP, contents of which are tailored to suit each user group (patients, healthcare workers)**
  - ❖ **Wording**
  - ❖ **Writing style**
  - ❖ **Layout and design**

IMPLEMENTATION PRINCIPLES

- **Principle 6: QMD is the final department to review the (management) SOP before it is submitted to the Directing Board for approval.**

IMPLEMENTATION PRINCIPLES

- **Principle 7: Review and update SOPs regularly and when necessary.**
  - ➢ **Regular review: once per year**
  - ➢ **Ad-hoc review: when there are emerging issues or mistakes that need improving.**

STEPS FOR DEVELOPING AN SOP

Identifying the needs for development/update/revision of an SOP	• new emerging tasks • the needs to standardize implementation steps, responsibilities, and timing • the needs for improvement when errors happen
Identifying the contents and steps for implementation	• 5W1H2C5M • Process diagrams (summary) + descriptions: Beginning => End
Organizing meetings for development/update/revision of the SOP	• Departments that need + relevant departments => Draft

STEPS FOR DEVELOPING AN SOP

Collecting comments	• Versions 1, 2, 3… • Suitable revisions • Consensus among departments
Approval	• Regular update at the beginning of each year: review all procedures. • Development of a new SOP, update and ad-hoc revision of an old SOP: Composers => Responsible people => the Directing Board.
Issuance	• Based on QMD's proposal, Personnel Department releases a decision for issuing the SOP • An announcement is posted on the hospital's operation portal

CHECKING AND MONITORING

- **Horizontally (cross sectional monitoring)**
  - Establish the Checking and Monitoring Committee in the hospital;
  - Monitor by topic;
  - Present and remind inappropriate cases.
- **Vertically:**
  - QM network, head nurses.

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BENEFITS

- Standardized work, reduced errors;
- Convenient for checking and monitoring;
- Clear regulation about evidence and results of work;
- A basis for identifying responsibilities and authorities;
- A basis for QI, implementing corrective and preventive measures;
- Training materials.

DIFFICULTIES

- In asking departments to update and revise SOPs;
- Common sense of "only reviewing SOPs when problems happen";
- Technical staff do not want to follow SOPs nor to give comments for SOPs;
- In controlling doctors' compliance to SOPs.

CONCLUSIONS

- Standardization of SOPs is a necessary standard to evaluate work competency, which helps hospital managers manage the hospital better.
- Strengthen vertical checking and monitoring.
- Regularly update to suit the hospital's actual state./.

Session 4   Information Communication Technology (ICT)
Summary of Discussion

Session 1

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1.   How ICT could support quality management in hospital?

1.   Information Communication Technology (ICT) facilitate collecting, organizing, updating, analyzing, and managing a great deal of information about Quality Management (QM) activities in a hospital. It is especially useful for QM works such as monitoring MOH's Hospital Quality Criteria, incident management and so on. ICT increases the effectiveness of QM work while reducing the amount of manual work, human resource, costs, time, and mistakes (e.g., compared with working with Excel or paper).

   1)   ICT helps use of data. For example, Ba Ria Hospital can monitor their implementation of MOH's Hospital Quality Criteria, ISO 9001, JCI at the same time by ICT.

   2)   ICT helps monitoring a progress of QM activities, e.g., who has or has not completed which tasks. It helps collects evidence for QM activities. Based on this information, QMD can push the intervention to reach the progress QMD wants.

   3)   ICT helps making hospital staff follow hospital's Standardized Operating Procedures (SOPs) and other regulations. For example, in Thu Duc District Hospital, the IT system does not allow the staff to skip any step in a procedure. Each step is required by IT to be completed before starting the next step. Doctors are not allowed to prescribe a drug which is not listed in the protocol. If doctors did not follow the protocol, a report is automatically sent to General Planning Department and the doctor has to explain why he/she did it. If the protocol needs to be updated, it will be reflected in the IT system accordingly.

   4)   ICT helps involving hospital staff in QM activities. For example, after starting the STAR program in Ba Ria Hospital, its QMD started to receive a lot of incident reports compared to the previous that received very few reports. Also their staff enjoy sending evidence such as pictures of their 5S work through the IT system.

   5)   ICT helps build a unique QM/PS culture in hospital. For example, in Ba Ria Hospital, by using STAR program, the staff are learning to Stop-Think-Act-Review when an incident happens before reporting to QMD. In Thu Duc District Hospital, ICT helps to create culture of high compliance to SOPs and other regulations.

2.   Infrastructure is important for applying ICT in QM activity. For example, the system, cables, electricity etc. must be stable. Equipment or supporting systems will be required. For example, Thu Duc District Hospital now conducts experiment of electronic medical record. At the beginning, when doctors input data into a computer, doctors had to memorize or take notes of information of patients before coming back to their computers. Now, Thu Duc District Hospital is developing new version of a software that can be used on portable devices such as iPad or smartphone so that doctors can bring these devices when they visit patients.

2.   Further discussion:

1.   **How to develop and/or choose software that meet the needs of a hospital? How can we evaluate the quality of the software?**

   1)   QMD needs to answer two key questions. Question 1 is "What does QMD want to manage?" and question 2 is "How does QMD want to manage something that QMD want to manage?". ICT is a tool so if QMD staff are not clear about what they want and how they can get something what they want, QMD cannot effectively work with IT experts to develop a software or IT system that serve QMD's objective of introducing ICT.

   2)   Since different works in hospital are correlated (e.g., clinical work and testing work), a software should be open and can be connected to other software or IT systems that has already used in a hospital. Some

hospitals bought and applied a software that could not be connected and/or not compatible with the existing IT system in a hospital.

3) Quality or effectiveness of a software can be reflected in "What extent it meets the expectation (expected outputs) of QMD staff", "Whether the results of QM work are good with the software (e.g., more staff participation, more evidence, less work)" and "feedback of users (e.g., problems met, expected changes), etc.".

2. How can QMD staff talk to IT experts when they develop software QMD wants?

IT experts usually see things in a logical and mathematical way (e.g., 1 is 1 and 0 is 0). IT experts may not understand the complexity of QM work in reality. Therefore, QM staff need to tell them not only our expected outputs but also ideas about how to reach there, what can happen on the way and how QMD wants to manage them. Communication should be as simple as possible.

3. What can MOH do to guide and assist hospitals in applying IT in their work?

1) Some hospitals expect MOH's guidance and assist due to (a) difficulties and huge costs in trial and error before finding good software that work well and (b) expectation of connecting output data with national database or IT systems in the future. For example, insurance payment system is expected in the future.

2) As of now, it is almost impossible for MOH to develop a single software that can be applied and meet the needs of all hospitals because there are a lot of issues related to overwhelming, confidentiality, conflicts, regional differences, cultural habits, etc. What has done by MOH so far is a software for patient satisfaction survey that is largely used by hospitals in the country.

3) It is expected that MOH can give some recommendations, guidelines and advices for hospitals when the hospitals choose a software.

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Annex

Session 4-1

How Does Information Technology Support Hospital Quality Management?

Vu Duy Tung

Quality Management Department, Ba Ria Hospital

1. QM/PS activities generate needs for managing, processing and utilizing information (information technology - IT)

A hospital has various and complicated needs for information management: managing finance like a bank; training like a university; managing goods like a supermarket; managing patients like a hotel; managing documents like a library, etc.

It needs basis for improvement and evidence of improvement.

- Different kinds of data

- Big data

- From different sources

- Through different channels

- Processing data to make reports for different purposes

- Easy to access and change

2. Software groups

Based on HQS, IT should be used to support implementation of about 437 items. And there are about 32 modules/applications/programs.

3. Some practical examples

1. Managing HQS implementation

Not only HQS. It can be connected with other standard sets. It can help avoid overlaps when applying at the same time a number of standard sets because many standard sets have overlapping contents.

Supportive features:

- Evidence

- Support for implementation

- Progress monitoring

- Checking and monitoring

- Reporting

- Score calculation

2. Incident management

An application was developed based on safety sciences in other sectors: oil and gas, car production, heavy industries, education, etc. Classification is based on WHO's Conceptual Framework for International Classification for Patient Safety.

At present, there are many channels to receive information

- Errors, incidents: MOH regulations, HQS (criteria D2: D2.1. and D2.2.) currently attain 1 point;

- Opinion letters: the opinion box is not well managed (Circular 25/2015/TT-BYT dated October 01, 2015 regulating opinion boxes in healthcare facilities);

- Comments from others - friends, visitors, teachers, staff from other facilities, etc. - haven't been paid enough attention;

- Information from internet - social networks, websites - hasn't been paid attention;

- Letters of thanks haven't been paid attention;

- Initiatives: Circular 18/2013/TT-BKHCN dated August 01, 2013 and Decree number 39/2012/ND-CP have many problems and bureaucratic complications;

- Staff's comments and ideas regarding documents,

policies and improvement haven't been paid attention;

- Other comments – e.g., about broken equipment, reminders, etc. - haven't been well managed

Very few reports from departments to the IRS. Reasons:

- Lack of knowledge about incident reporting form
- Afraid of punishment
- Do not want to report others
- Inconvenient, not ready
- No feedback, incidences not handled
- No benefits
- Time-consuming
- Incidents, errors are "big" problems
- Considering as unimportant
- Leaders do not encourage
- Don't know whom to report to
- Don't know how to report
- Don't see reporting forms
- Don't know what to report for

STAR program and supporting software programs can solve the problems above → thousands of incidents were reported in 6 months.

3. Management of Standard Operating Procedure Policies (SOPPs)

Many barriers to writing SOPP (not having time, troubles, etc.)

Difficulties for reviewers: too many procedures, composers were careless and did not understand well the contents, therefore it is time-consuming for reviewers.

- Difficulties in developing checklists and applying them to daily check procedures;
- Difficulties in monitoring;
- Difficulties to make procedures work in reality;
- Difficulties in arranging suitable activities in each procedure;
- Basic concepts are not clarified: document, notebook, form, guideline, protocol, treatment information briefing, technical procedure briefing, technical procedure, administrative procedure briefing

Software programs can help overcome the problems

above:

- Staff don't have to care about forms
- Automatic approval
- Easy for searching
- Integrate checklists and evaluation of compliance in the system. Report directly in the software program

4. 5S Kaizen management

Difficulties:

- Commitment is perfunctory
- Cannot manage before and after
- Difficult to create movement

Benefits:

- Making use of all commitments
- Monitoring before and after, "lifetime"
- Creating competitiveness for awards based on improvements on software programs: voting, manager's pick...

4. Coming-up projects (software programs are available)

1. KPIs, KQIs

Integrated into daily reports. Weekly, monthly, quarterly and annual reports are extracted automatically. Displayed in real time.

2. Regular meeting management (integrating STAR + KPIs, KQIs)

No extra work for departments.

3. eLearning

Including competency framework.

All training courses are online to save time for staff. They can use their free time.

4. And many other software programs

Other management software programs of the hospital should be redesigned, reconfigured and equipped with other activities for QM/PS.

**How does IT support
hospital quality management?**

Dr. Vu Duy Tung

Ba Ria Hospital   0933757190

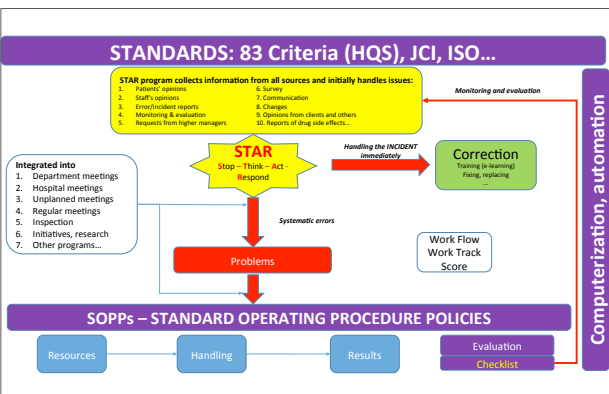Quality Management Department   vuduytung@benhvienbaria.com

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Practical results of "voluntary error/incident reporting"

In oversea hospitals: IRS is valued

In Vietnamese hospitals: IRS has just been started, therefore limited

Reasons:

- Lack of knowledge about incident reporting form
- Afraid of punishment
- Do not want to report others
- Inconvenient, not ready
- No feedback, incidences not handled
- No benefits
- Time-consuming

- Incidents, errors are "big" problems
- Considering as unimportant
- Leaders do not encourage
- Don't know whom to report to
- Don't know how to report
- Don't see reporting forms
- Don't know what to report for
- …

- - - - - - - - - - - - -> ST⭐R program

| Not skipping steps | No exceptions | No harm |

STANDARDS: 83 Criteria (HQS), JCI, ISO…

STAR program collects information from all sources and initially handles issues:
1. Patients' opinions   6. Survey
2. Staff's opinions   7. Communication
3. Error/incident reports   8. Changes
4. Monitoring & evaluation   9. Opinions from clients and others
5. Requests from higher managers   10. Reports of drug side effects…

Monitoring and evaluation

Integrated into
1. Department meetings
2. Hospital meetings
3. Unplanned meetings
4. Regular meetings
5. Inspection
6. Initiatives, research
7. Other programs…

STAR
Stop – Think – Act - Respond

Handling the INCIDENT immediately

Correction
Training (e-learning)
Fixing, replacing

Systematic errors

Problems

Work Flow
Work Track
Score

SOPPs – STANDARD OPERATING PROCEDURE POLICIES

Resources → Handling → Results

Evaluation
Checklist

Computerization, automation

Introduction of STAR program (1/2)

- **Receives** comments from different aspects and groups
- Helps staff detect and **handle** their incidents and those of others
- Detects and corrects **systematic errors**
- Disseminates **good practices**
- Helps staff **more focused** in their work
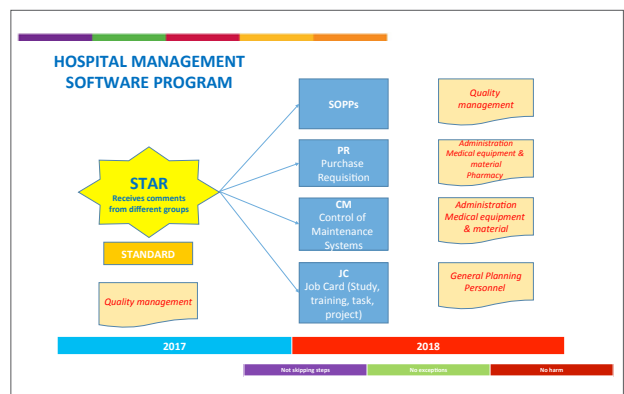
→ Developing **QI culture** in the whole hospital

| Not skipping steps | No exceptions | No harm |

Error/Incident Management
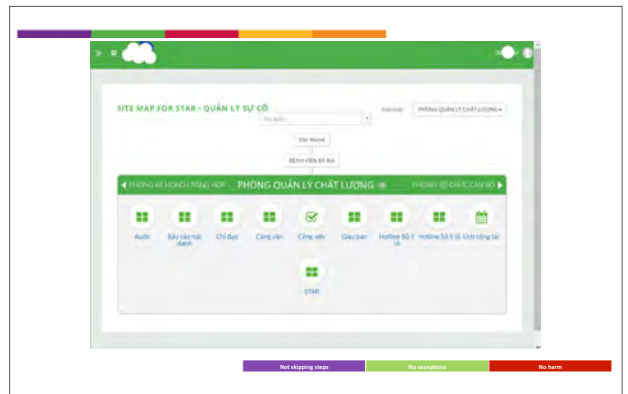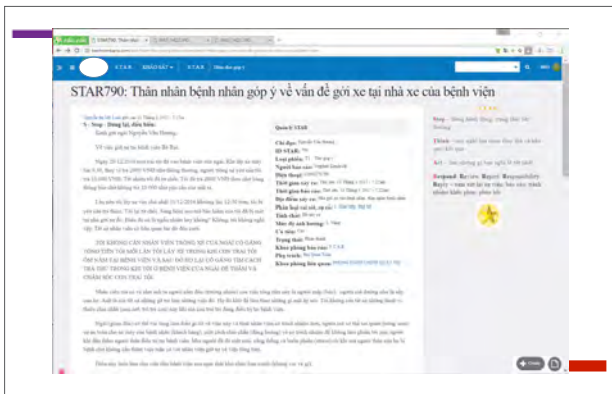### (STAR program)

Introduction of STAR program (2/2)

What is S.T.A.R.? What does it do?	How does S.T.A.R. work?
Sai sót, sự cố (errors, incidents): from hospital staff	**S**top – stop abnormal activities and situations
Thông tin bên ngoài (external information): from all outsiders (hotline + opinion boxes + communication…)	**T**hink – think about alternatives and consequences/results
Áp dụng (application) to acknowledge good and positive practices that should be disseminated.	**A**ct – do what you think is best.
Rà soát lại (review): one's work and that of colleagues to improve.	**R**espond: Review, Report, Responsibility, Reply – review the event, report; identify responsibilities; and feedback.

Different channels to receive information ⭐

- **Errors, incidents:** MOH regulations, HQS (criteria D2: D2.1. and D2.2.) currently attain 1 point;
- **Opinion letters:** the opinion box is not well managed (Circular 25/2015/TT-BYT dated October 01, 2015 regulating opinion boxes in healthcare facilities);
- **Comments from others** - friends, visitors, teachers, staff from other facilities, etc. - haven't been paid enough attention.
- **Information from internet** - social networks, websites - hasn't been paid attention;
- **Letters of thanks** haven't been paid attention;
- **Initiatives:** Circular 18/2013/TT-BKHCN dated August 01, 2013 and Decree number 39/2012/ND-CP have many problems and bureaucratic complications.
- **Staff's comments and ideas** regarding documents, policies and improvement haven't been paid attention;
- **Other comments** – e.g., about broken equipment, reminders, etc. - haven't been well managed.

| Not skipping steps | No exceptions | No harm |

HOSPITAL MANAGEMENT SOFTWARE PROGRAM

SOPPs

STAR
Receives comments from different groups

PR
Purchase Requisition

CM
Control of Maintenance Systems

JC
Job Card (Study, training, task, project)

STANDARD

Quality management

Quality management

Administration Medical equipment & material Pharmacy

Administration Medical equipment & material

General Planning Personnel

| 2017 | 2018 |

| Not skipping steps | No exceptions | No harm |

Software program for online reporting and management

Each individual is assigned to fix a problem

Results

- **800 reports (as of02 Mar 2017)**
- **Job card**
- **Root cause**
- **Monthly report**

Managing implementation of quality standards

SOME OTHER SOFTWARE PROGRAMS FOR QUALITY MANAGEMENT AND PATIENT SAFETY

"This is where the idea for the new EHR starts getting a little complicated."

Managing SOPPs

5S Kaizen management

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Session 4-2

Applying IT in Managing and Monitoring the Implementation Progress of Hospital Quality Standards in Thu Duc District Hospital

Huynh My Thu

Quality Management Department, Thu Duc District Hospital

1. The idea

- Origins from the actual state of implementing MOH's Hospital Quality Standards (HQS) in Thu Duc District Hospital.

- Towards a "paperless hospital".

2. Previous state of HQS implementation

Every week, the departments in charge of implementing HQS reported results of at least **3%** of the total items under their responsibility by sending an Excel file to QMD's **email** address.

3. Difficulties in implementing HQS

- It required much personnel to manage, monitor, summarize and report changes in implementing HQS;

- Extra work and extra costs for printing reports;

- Statistical work and making graphs/charts required transferring data to another file because it was impossible to extract data directly from original files.

- Statistics and reports from departments were created manually (in Excel), so every week QMD staff had to synthesize and update data many times;

- Difficulties in strictly controlling the timing and progress of HQS implementation;

- Departments forgot to or did not actively report implementation progress of HQS => QMD had to remind them by calling or sending emails.

→In order to manage the progress of HQS implementation, it required time, responsibility, effectiveness and participation.

4. Basis for IT application

- Decision number 5573/QD-BYT dated December 29, 2006 of the Minister of Health promulgating "Standards and contents of some software programs for hospital management".

- HQS 2016

- Advanced Microsoft technology: C#, ASP.NET MVC, HTML5...; Desktop model, Web Application of MQSOFT's health management information system.

5. How to apply program's functions

a. Functions are integrated into the hospital's web portal, with all contents of the HQS.

b. Each item in the HQS is assigned to responsible department(s) and collaborative department(s).

c. Every week, staff in charge in departments register and report the progress of implementing their items by required time (starting on Monday and finishing on Saturday).

d. QMD staff summarize and approve departments' registrations => implementation starts. Work notices are sent to department leaders and their in-charge staff.

e. At the end of the week, departments report their progress with evidence, QMD staff check reports and click "approve" => items are completed. **Note:** For items that need long time, more than one week, to be completed, in-charge staff in departments register their completion time.

f. A function for making graphs/charts displaying HQS implementation progress.

Slide 1

APPLYING IT IN MANAGING AND MONITORING THE IMPLEMENTATION PROGRESS OF HOSPITAL QUALITY STANDARDS (HQS)

PRESENTER: MS. HUYNH MY THU, MSC
CHIEF OF QUALITY MANAGEMENT DEPARTMENT, THU DUC DISTRICT HOSPITAL

Slide 2

Contents

1 • THE IDEA

2 • ACTUAL STATE, LEAGAL BASIS

3 • APPLYING IT IN MANAGING AND MONITORING THE IMPLEMENTATION OF HQS

Slide 3

THE IDEA

BỘ Y TẾ

BỘ TIÊU CHÍ CHẤT LƯỢNG
BỆNH VIỆN VIỆT NAM
(PHIÊN BẢN 2.0)

- Origins from the actual state of implementing HQS in Thu Duc District Hospital.
- Towards a "paperless hospital".

Slide 4

PREVIOUS STATE OF HQS IMPLEMENTATION

- **Every week**, the departments in charge of implementing HQS reported results of at least **3%** of the total items under their responsibility by sending an Excel file to QMD's **email** address.

Slide 5

DIFFICULTIES

❖ It required much personnel to manage, monitor, summarize and report changes in implementing HQS;
❖ Extra work and extra costs for printing reports;
❖ Statistical work and making graphs/charts required transferring data to another file because it was impossible to extract data directly from original files.
❖ Statistics and reports from departments were created manually (in Excel), so every week QMD staff had to synthesize and update data many times;

Slide 6

DIFFICULTIES

❖ Difficulties in strictly controlling the timing and progress of HQS implementation;
❖ Departments forgot to or did not actively report implementation progress of HQS => QMD had to remind them by calling or sending emails.

Slide 7

SOLUTIONS FOR MANAGING THE PROGRESS OF HQS IMPLEMENTATION
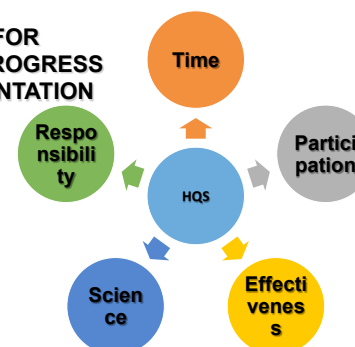
- Time
- Participation
- Effectivenes
- Science
- Responsibility
- HQS

Slide 8

BASIS FOR IMPLEMENTATION

BỘ Y TẾ

BỘ TIÊU CHÍ CHẤT LƯỢNG
BỆNH VIỆN VIỆT NAM
(PHIÊN BẢN 2.0)

- HQS 2016
- Advanced Microsoft technology: C#, ASP.NET MVC, HTML5...; Desktop model, Web Application of MQSOFT's health management information system.
- Decision number 5573/QD-BYT dated December 29, 2006 of the Minister of Health promulgating "Standards and contents of some software programs for hospital management".

MQ Soft

INTRODUCTION

List of items assigned to a department

CONTENTS OF HQS'S CRITERIA

Departments registering to implement HQS

Registration function

CONTENTS OF ITEMS UNDER CRITERIA

Edit button

Delete button

Assignment button

Departments registering to implement HQS

Only prioritized criteria have the registration button. All prioritized criteria must be registered before others can be registered.

Prioritized criteria

Assigning departments to be in charge of implementing each item

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Departments registering to implement HQS
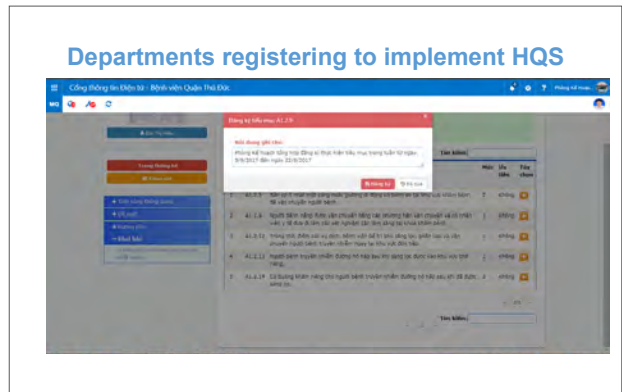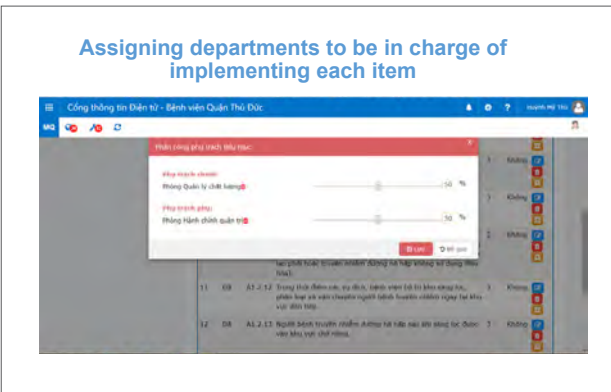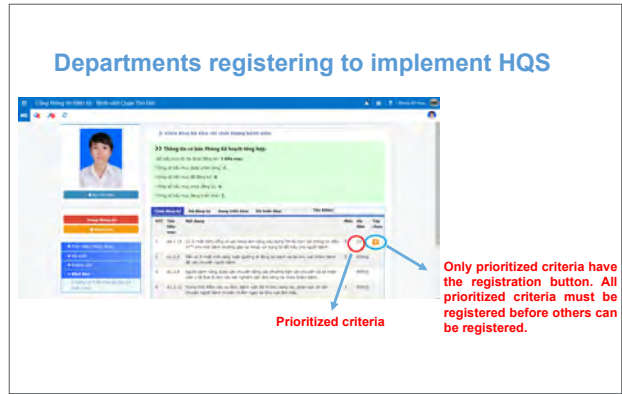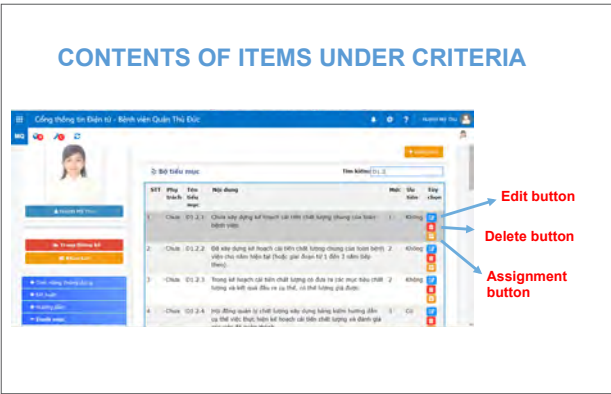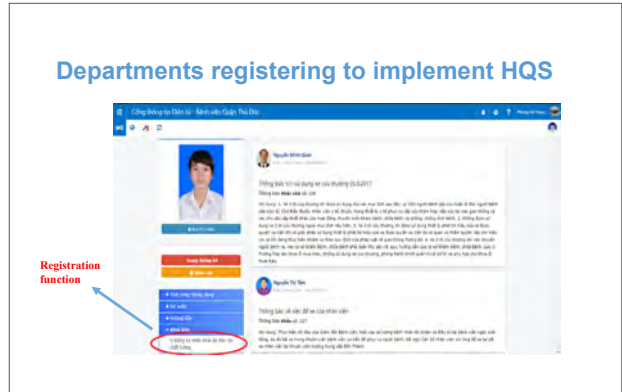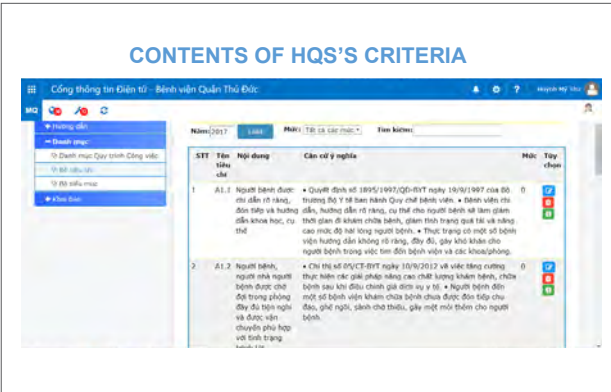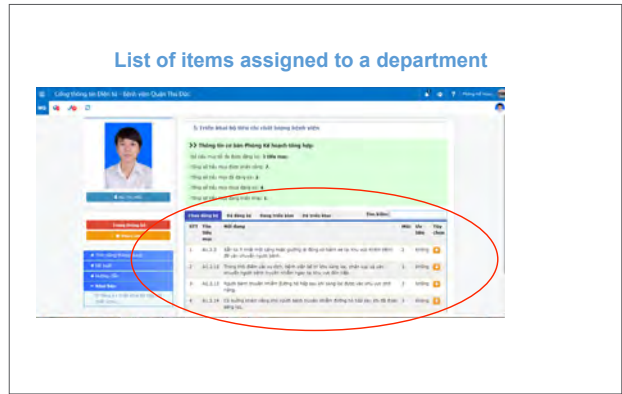
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List of items registered with QMD by a department
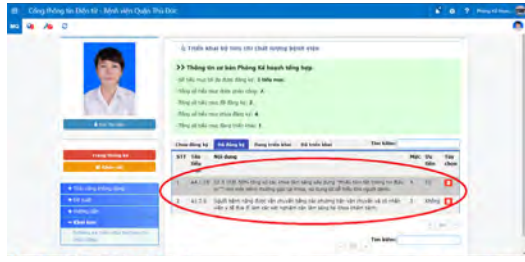
Notices sent to departments' in-charge staff
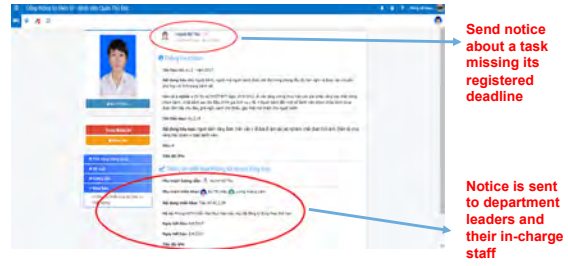
Send notice about a task missing its registered deadline

Notice is sent to department leaders and their in-charge staff

QMD approves registered items
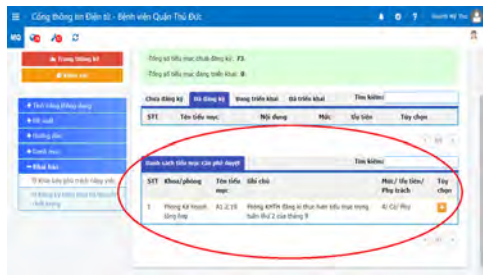
Departments reporting implementation results
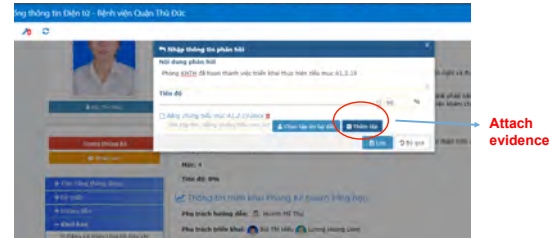
Attach evidence

QMD approves registered items
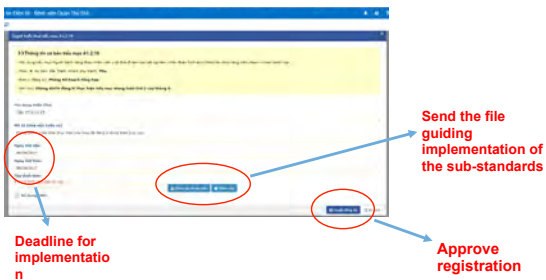
Send the file guiding implementation of the sub-standards

Deadline for implementation

Approve registration

List of items completed by a department
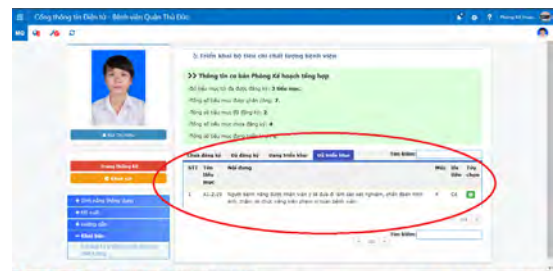
Notices sent to departments' in-charge staff
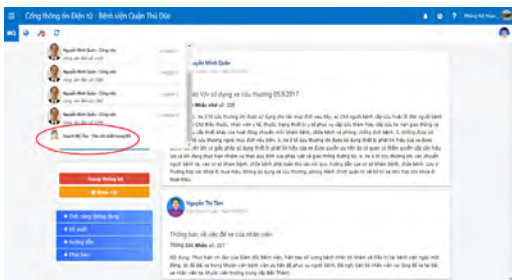
Overall statistics of HQS implementation
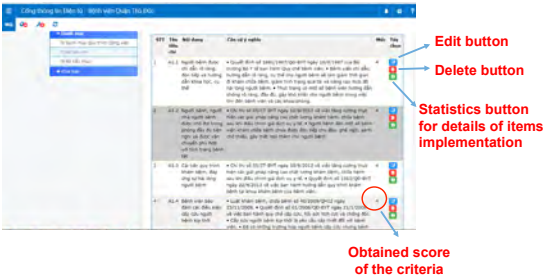
Edit button

Delete button

Statistics button for details of items implementation

Obtained score of the criteria

Overall statistics of HQS implementation
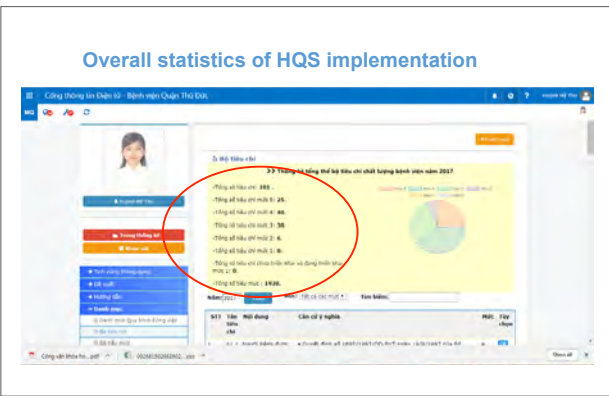
Detailed statistics of items implementation

Advantages

• Easy to make statistics and report
• Easy to monitor the progress of HQS implementation
• Save manpower and printing costs

Existing problems

• All tasks are performed on the hospital's web portal, so they depend on the internet speed and stability of the system.
• Some functions are newly developed, many ideas emerging during implementation requires time to update and improve the system.

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Session 5   Patient Safety Culture
Summary of Discussion

1.   Concept of culture

1.   Culture is invisible but culture manifests in daily behaviors especially on our habits. People follow their habits. For example, when they hear that an incident has just occurred, the first common reaction is asking who did it and where it happened.

2.   This reaction happens with people who has even knowledge of incident management and even know that important questions about incidents is "what happened and why did it happen?".

2.   Building up patient safety culture

1.   In hospital, patient safety culture can be fostered step by step with knowledge and actions among hospital leaders and staff. This process takes time and QMD staff should be patient.

2.   To foster patient safety culture in a hospital, promoters need to change themselves first. QMD staff need to change themselves every day.

3.   It is very important that hospital leaders act as a role model to make their staff follow patient safety practices. Hospital leaders should regularly talk about patient safety with their staff in hospital meetings. QMD has a role of convincing the hospital leaders to promote patient safety in a hospital.

4.   Another approach is a training but the training should be not only provided but also repeated to change staff's perspectives and attitudes.

5.   Patient safety should be integrated in hospital policies and regulations. Clinical and professional procedures should be appropriately designed so that high compliance of such procedures contributes to safety of patients.

3.   Punishment

Hospital leaders may have different perspectives on punishment and rewards when the leaders manage and encourage their staff. Some leaders may minimize punishment while other leaders may maintain punishment for some extent. If the same staff often commit mistakes, the manager should consider whether that staff was suitable for the current position or job.

4.   Patient satisfaction survey

Patient satisfaction survey is an important source of information of what need to be improved in a hospital.

5.   Patient safety culture survey

Patient safety culture survey can reveal specific weaknesses of patient safety culture in a hospital that should be improved for a safer environment for patients. In Vietnam, Vietnamese version of "Hospital Survey on Patient Safety Culture" is available. This questionnaire was originally developed by Agency for Healthcare Research and Quality (AHRQ), USA. Department of Health, Ho Chi Minh City tested applicability in Vietnam context and translated the questionnaire into Vietnamese. This questionnaire is used in the patient safety culture survey in Bach Mai Hospital (2017). Other Vietnamese hospitals such as Children's Hospital 1, Tu Du Hospital etc. had conducted similar surveys using the same questionnaire[1].

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1   On 12/05/2016, Ho Chi Minh City Department of Health released an official Vietnamese translation of this questionnaire (approved by AHRQ) and encouraged hospitals in Ho Chi Minh to use it to survey their hospitals (Decision no. 4233/SYT-NVY).

6.   How to involve doctors and other health staff in QM activities?

Tu Du Hospital made activities and trainings of patient safety fun (e.g., in gameshow format) although usually the topic of patient safety is serious and people would like to avoid. As a result, about 20% of all doctors and 20% of all nurses and midwives participate in patient safety activities in Tu Du hospital.

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Session 5-1

Survey on Patient Safety Culture in Bach Mai Hospital in 2017

Nguyen Thi Huong Giang

Quality Management Department, Bach Mai Hospital

Patient Safety (PS) is an important area in hospital QM system. WHO states that the biggest challenge in healthcare today is to become safer in its extremely complicated and high pressure environment. This challenge became visible at the end of the 1990s by two influential reports – "To err is human" published in 1999 by Institute of Medicine, USA and another one published in 2000 by a British non-governmental organization. Both reports recognized that errors were commonly seen in the process of providing healthcare services, which occurred to about 10% of admitted patients. In some cases, the consequences of errors were very serious, even fatal. PS has become a concern in developed and developing countries.

Besides, consequences of unwanted medical incidents prolong patients' hospital stay and increase of treatment costs, e.g., 800,000,000 GBP in UK, 19.5 billion USD in USA and 13-24 billion Euro in Europe a year (Famolaro, 2012). How is the situation in developing countries? Although no statistics has been published, based on difficulties in infrastructure, medical equipment, manpower or drug quality, WHO estimates that developing countries cannot avoid the same situation, or even worse. Data from research on medical incidents and errors as well as treatment complications in hospitals in developed countries show that treatment complication rates among admitted patients vary from 3.2% to 16.6%. More than 50% of these incidents were preventable (WHO, Nieva, 2003).

In Vietnam in recent years, the biggest challenge towards to a safety healthcare system is to change from punishment culture to safety culture in which errors are not considered individual failures but opportunities to improve the system and prevent consequences. The research of Dr. Nguyen Cam Hang in Dong Thap General Hospital in 2012 shows that 31.5% of staff agreed that their departments had PS problems, 84.8% considered PS at an average level, 11% considered it at excellent and good levels. Research of Dr. Tang Chi Thuong, Vice Director of Ho Chi Minh City DOH, on "Patient safety culture survey in Pediatrics 1 Hospital, Ho Chi Minh City in 2012" reveals several problematic areas with low scores in some criteria such as incident reporting frequency (64%), collaboration among departments (61%), collaboration among departments in handing over and transferring patients (57%), information transparency about errors (55%), shortage of human resources (52%) and especially "no blaming when errors happen" (51%).

Bach Mai hospital is the first special-level comprehensive general hospital in the country, which was assigned by MOH to direct technical activities for hospitals in Northern provinces and cities. It has 1,900 planned beds and 2,500 healthcare workers. Every day, the hospital has more than 5,000 outpatients, more than 4,000 inpatients. Bed occupancy rate is always high (>200%). In such a high pressure working environment, what is the state of PS culture among healthcare workers? Based on this situation, QMD in Bach Mai hospital conducted a survey on "Patient safety culture of healthcare workers in Bach Mai Hospital in 2017", addressing the following aspects of a safety culture:

1. Awareness of PS level in departments.
2. Information exchange among healthcare workers in departments.
3. Perceptions and practices of PS in departments.
4. PS promotion policies of departments' leaders.
5. PS promotion policies of the hospital's leaders.
6. Incident reporting frequency

Collected data would help generate solutions to develop and promote PS culture in Bach Mai Hospital.

**SURVEY ON
PATIENT SAFETY CULTURE
IN BACH MAI HOSPITAL IN 2017**

Dr. Nguyen Thi Huong Giang, MD, MSc
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Bach Mai Hospital

General information
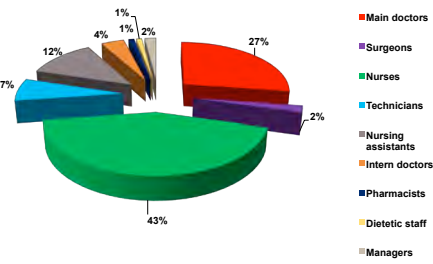
Respondents' working positions

(Main doctors 27%, Surgeons 2%, Nurses 43%, Technicians 7%, Nursing assistants 12%, Intern doctors 4%, Pharmacists 1%, Dietetic staff 1%, Managers 2%)

General information

- Emergency and intensive care departments **11%**
- Internal medicine and pediatrics departments **46%**
- Surgery and obstetrics departments **12%**
- Laboratories, functional exploration, X-ray, Pharmacy **15%**
- Other clinical units **16%**
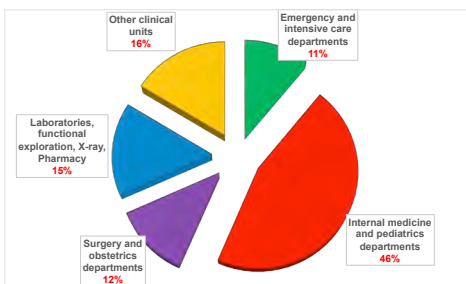
Questionnaire distribution by department group

General information

No direct contact with patients 8%

Direct contact with patients 92%
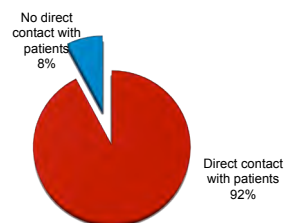
Work feature

General information

Working experience in the hospital / Working experience in department

< 1 year: 27 / 19
1-5 years: 123 / 113
6-10 years: 105 / 108
11-15 years: 70 / 71
16-20 years: 81 / 77
> 21 years: 51 / 38
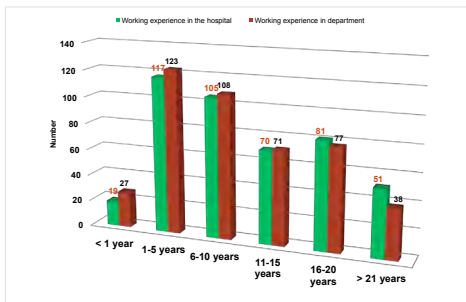
Respondents' working experience in the hospital & department

Table 1: Opinions about communication within department

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
1	Department staff are given feedback about changes put into place based on event reports	88.7	9	2.1
2	Staff will freely speak up if they see something that may negatively affect patient care	83.6	5.2	1
3	Staff are informed about errors that happen in their department		5.9	4
4	Staff feel free to give opinions for decisions or actions of department/ hospital leaders	53.1	9	8.1
5	The department organize discussions about countermeasures to prevent errors from happening again	92.6	4.1	2.3

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly disagree
6	Staff hesitate to raise questions when something does not seem right	21.8	14.1	64.1

General information

< 20 hours: 3
20-39 hours: 12
40-59 hours: 305
60-79 hours: 99
80-99 hours: 18
> 100 hours: 7
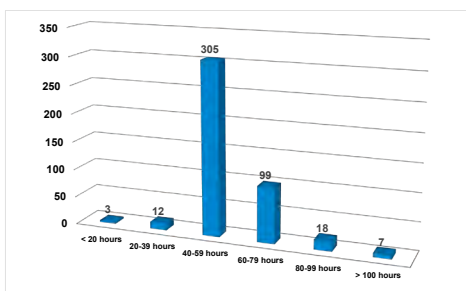
Respondents' hours of work per week

Table 2: Opinions about departments/units

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
1	The department has enough staff to handle the workload	62.2	5.2	22.6
2	When a lot of work needs to be done quickly, department staff work together as a team to get the work done	94.7	3.4	1
3	Department staff treat each other with respect	94.6	2.8	1
4	Staff in this department work longer hours than required to take care of patients best	83.6	2.7	13.7
5	The department is actively doing things to improve patient safety	93.5	3.2	2.3
6	The department uses more agency/temporary staff to take care of patients best	52.7	14.6	32.7

Table 2: Opinions about departments/units (cont'd)

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
7	Mistakes have led to positive changes in the department	88.5	5	6.4
8	When one area in the department gets busy, others help out	92.6	3.7	4.7
9	After making changes to improve patient safety, the department evaluates their effectiveness	80.9	11	8.1
10	The department puts patient safety first	94.6	3.7	
11	The department has effective procedures and measures to prevent errors from happening	90.7	5.2	4.1

Table 5: Opinions about hospital leaders

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
1	Hospital leaders often mention about patient safety activities	96	0.5	3.8
2	Hospital management activities show that patient safety is the top priority	61.1	33	

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
3	Hospital leaders seem interested in patient safety only after a serious event happens	15,5	8,5	76

Table 2: Opinions about departments/units (cont'd)

No.	Content	% Agree	% Don't know	% Disagree
12	Department staff feel prejudice against them due to their mistakes	27.3	17.4	55.3
13	It is just by chance that serious mistakes don't happen in the department	20.9	7,2	71,9
14	When an incident happens, it feels like the person is being written up, not the problem for RCA	23.6	6,8	69,6
15	Department staff work in "crisis mode" trying to do a lot of work so quickly	16,9	7,9	75,2
16	Staff worry that their errors are recorded in their personal CVs	60.9	9,5	29.6
17	The department has some patient safety problems	30.4	12	57.6

Existing problems that need to be changed

No.	Content	% opinions
1	Staff hesitate to ask questions when something does not seem right	31.6% (agree)
2	Department staff feel prejudice against them due to their mistakes	27.3% (agree)
3	When an incident happens, it feels like the person is being written up, not the problem for RCA	23.6% (agree)
4	Staff worry that their errors are recorded in their personal profiles	60.9% (agree)
5	Departments do not collaborate well with each other	26.7% (agree)
6	Many things are skipped when transferring patients from one department to another	27.8% (agree)
7	It is often uncomfortable when working with staff from other departments	22% (agree)
8	There are many problems in information exchange among departments across the hospital	37.9% (agree)
9	The department has enough staff to handle the workload	32.6% (disagree)
10	The department has to use more temporary staff to best take care of patients.	32.7% (disagree)

Table 3: Opinions about department leaders

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
1	Department leaders always encourage when their staff comply to patient safety procedures	88	5,8	5,7
2	Department leaders seriously consider staff's suggestions to improve patient safety	92,8	4,5	2,7

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
3	When pressure increases, department leaders want their staff to work faster, even if it means skipping some procedure steps	12,2	9,4	78,4
4	Department leaders overlook patient safety problems that happen over and over	7	8,3	84,7

Solutions

- Incorporate PS culture into policies and regulations of the hospital and departments.
- Strengthen awareness trainings for healthcare workers.
- Leaders should be role models.
- Develop regulations and procedures for collaboration between departments/units.
- Develop safety indicators in terms of manpower.
- Propose to MOH about issuing regulations about PS, incident reporting… soon.

Table 4: Opinions about collaboration between departments

No.	Content	% Agree, Strongly Agree	% Don't know	% Disagree, Strongly Disagree
1	Departments in the hospital do not collaborate well with each other	26,7	15	58,3
2	Many things are skipped when transferring patients from one department to another	27,8	21,3	50,9
3	Important information about patient treatment and care is often lost during shift changes	13,5	11,4	75,1
4	It is often uncomfortable when working with staff from other departments	22	7,6	70,4
5	There are many problems in information exchange among departments across the hospital	37,9	17,5	44,6

Session 5-2

Developing a Learning Culture Through Analysing Medical Incidents

Le Viet Nho

Medical Center, School of Medicine and Pharmacy, Da Nang University
(Former Vice Director, Quang Nam Central General Hospital)

Developing a learning culture in hospital is a challenging task, especially when hospital leaders are spending more time for clinical work, development of high technologies, and looking for more income sources rather than developing and enhancing QM/PS. In such a general situation, QMD in Quang Nam Central General Hospital has managed to implement some activities to gradually develop a safety culture in the hospital. One of them is analyzing medical incidents, a worthwhile activity that contributes to strengthening a culture of learning from errors, a foundation for a safety culture in the hospital.

Since November 2014, QMD has been managing to develop and operate an IRS. Owing to this system, QMD helps detect systematic errors through analyzing medical incidents, especially **RCA** for incidents at 3b or higher levels (**Figure 1**). Previously, after detecting an incident, the hospital organized *review meetings* or *mortality audits* according to hospital regulations. This is the quickest way to solve problems but it mainly aims at identifying individual responsibilities or could only find some surface causes, not root causes of the incident. As a result, no one can learn any lessons and it is also difficult to generate suitable preventive measures. If any, maybe some people learnt how to avoid legal troubles from their work while the hospital had to suffer from heavy atmosphere and stressful relationship among staff. This is a typical operation way in a **punishment culture**. Consequently, staff hide and do not report medical incidents, leaders of department make excuses and the hospital could not detect systematic errors to correct them.

On the contrary, if causes analysis, especially RCA, is facilitated by a knowledgeable chairperson and a team of excellent experts, the meeting atmosphere will be more comfortable for participants to discuss freely, without focusing on individual responsibilities, reducing chances of events being hidden and missing finding root causes of incidents. Everyone should also involve in developing effective interventions. RCA also helps staff, especially doctors, develop teamwork, respect different opinions from others, improve communication, better empathize with colleagues, and especially learn continuously. This is an important condition to gradually shift from punishment culture to **learning culture**.

Therefore, in order to gradually develop a learning and safety culture in the hospital, hospital leaders and functional departments, with General Planning Department and QMD as focal points, should gradually shift from review meetings and mortality audits to analyzing root causes and systematic causes of incidents to generate solutions to prevent similar incidents to happen in the future.

Figure 1: An RCA meeting

Session 5-3

Some Activities Helpful for Strengthening Patient Safety Culture in Ha Dong General Hospital

Nguyen Thi Huong Lien

Quality Management Department, Ha Dong General Hospital

1. What should we do with traditional attitudes and habits that are impeding hospital quality improvement?

It is really difficult to change attitudes and habits of an individual and it is even more difficult to change those of a team. Due to healthcare workers' hesitation to change, to make it easier for hospital staff to accept and participate in QI, Ha Dong General Hospital have some following ways:

- Conducting trainings on topics related to hospital quality for healthcare workers:

Pharmaceutical alert and rational use of antibiotics to enhance treatment quality; 5S to make departments cleaner and more tidy, avoiding waste and ensuring PS; clinical nutrition to have better and proper diets for patients, enhancing their physical health and shortening hospital stay; hand-washing to prevent nosocomial infections.

- Improvement activities must be based on actual situations:

Improvement of toilets in some departments came after the result of a patient satisfaction survey; training on anaphylactic shock management was conducted and the relevant protocol was changed after analyzing incident reports on patients' anaphylactic shock after an antibiotic injection.

-Helping healthcare workers realize the benefits of QI activities and that not all of them require a big budget:

The hospital organized 5S Day in some pilot departments, such as Biochemistry, Hematology, Internal Medicine - Nephrology. On the 5S Day, there were many creative ideas utilizing available materials as unused cardboard boxes turned into trays for stamps, boxes for remote controls, shelves for slippers, trays for tests categorization; or old containers of test tubes turned into drug cabinets, etc. These creative ideas also origin from actual work problems in departments.

2. How to involve doctors in QM activities?

Involving doctors in QM activities is very difficult. In our hospital, only some young doctors are involving in some activities such as conducting patient satisfaction survey or writing QI projects for their departments.

3. How to collaborate with nurses and other healthcare workers in the hospital?

Doctors are the ones who give medical indications and nurses are the ones who implement. Therefore, collaboration between doctors and nurses is necessary. In Ha Dong General Hospital, we are implementing some following activities:

- Doctors and nurses conduct ward rounds together.

- Some medical incidents were due to lack of collaboration between doctors and nurses. These incidents were analyzed in meetings of chiefs and vice chiefs of departments as well as in meetings of head nurses to generate lessons learnt.

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Session 6

Annex

Session 6   Role of QMD as a Communicator In and Out of Hospital
Summary of Discussion

1.   What are roles of QMD?

1.   What QMD should have for QM/PS work is supports from the hospital leaders, especially those from the hospital director. To be recognized by their leaders, QMD could start from small things to show evidence that QMD's work are effective and meaningful for QM/PS in a hospital.

2.   To convince hospital leaders, especially changing their perspectives on QM/PS issues, QMD needs to be patience. QMD staff should work consistent and persistent. For example, at the beginning, it is very hard for hospital leaders to accept that his hospital has incidents because of systematic errors. Hospital leaders tend to think all incidents occur because of individual errors. With patience, some QMD staff have successfully convinced their leaders to understand and accept that incidents were caused by systematic errors, too.

3.   "Field work" in a hospital is very important. QMD leaders and staff should visit departments to observe and study the current status there. Actual visits can help QMD staff to detect problems, understand their colleagues' work better, and generate ideas for improvement.

4.   When tackle with improvement opportunities, QMD staff should approach them technically and practically with good understanding of the context. Technically, measurement of indicators maybe required. For example, improvement for waiting time of patients requires measurement of the numbers of patients waiting at different points of time. Such work depends on technical capacity of a hospital and QMD. If QMD staff had IT knowledge, they could work with the IT system to generate necessary data quickly. Clear data can help convince hospital leaders to support solving the problem.

5.   QMD can generate ideas for improvement through analysis of data, learning from others and better understanding of the situation around the problem. When choosing solution, it requires practical consideration of what was available resources and policies as mentioned by speakers "not all measurable things can be improved". For example, to accelerate the specimen collection process in crowded mornings, Cho Ray Hospital encourages some night shift nurses to help with specimen collection in the morning with extra time work policy instead of the low-paid overtime work policy.

2.   What hospital director could support QMD?

(From hospital leaders' point of view:)

1.   Hospital leaders' devotion to QM/PS in a hospital, especially that of hospital director, is very important. If a director is not really committed to QM/PS, even QMD was established, it is redundant in a hospital. If a director is committed:

    1)   the director can appoint some staff for the QM team to take charge of QM/PS work in a hospital;

    2)   to strengthen capability of QM/PS in a hospital, the director can send QM staff to trainings and send them visits to other hospitals both in domestic and in foreign countries;

    3)   the director can make good policies for QM staff such as rewarding;

    4)   the director can help to establish a position of QMD in the hospital so that QMD's voice is listened by other staff. This is because many hospital staff in other departments do not understand what QMD do. Many staff are not happy to see QM staff come to their departments to investigate their work. Another reason for the importance of this support is that QMD can do their work well when QMD had supports from other hospital staff. Some hospital leaders, such as those in Vinh City General Hospital, determined that QM/PS was not

only a work of QMD and the directing board but the work of all hospital staff.

2.   When invited, the director should attend short trainings on QM/PS (half a day or one day) organized by MOH, DOH or other recognized institutions to understand QM/PS work better, instead of sending their vice directors to attend on their behalf.

3.   What support and collaboration with DOH can help hospitals to achieve and sustain hospital quality?

1.   Collaboration between DOH and hospitals require contributions from both sides. DOH can direct, guide, and monitor hospital activities while hospitals should use their resources to implement necessary activities.

2.   DOH can survey actual states of their hospitals to understand their positions, strengths and weaknesses. MOH's Hospital Quality Criteria and patient satisfaction online survey is useful tools for DOH to know the situation.

3.   DOH can issue requiring and guiding documents and provide trainings to support hospitals do QM/PS. Hospitals should also organize trainings by themselves, inviting recognized teachers from other healthcare institutes in and out of their city/province.

4.   DOH should keep up with quality improvement activities in hospitals to provide necessary support when suitable.

5.   DOH can use advanced experiences in some hospitals to train and help other hospitals. For example, Thai Binh Provincial DOH is using experience in Thai Binh Provincial General Hospital in 5S and IRS to help other hospitals start their own systems.

6.   Collaboration work between DOH and hospitals should follow PDCA cycles and continuous improvement.

Session 6-1

The Role of Quality Management Department in Improving Waiting Time in OPD

Ton Thanh Tra

Quality Management Department, Cho Ray Hospital

QMDs in hospitals are established based on Circular 19 by MOH in 2013, which clearly specifies many functions and tasks of QMD. However, the size and operation of QMDs vary, depending on actual situation. Among many improvement activities, improvement of waiting time in OPD is a key task. OPD is the hospital's gate, face and major source of income. According to Decision number 1313 by MOH, hospitals have to make efforts to improve examination procedures and shorten waiting time of patients to enhance patient satisfaction.

In Cho Ray Hospital, OPD receives from 5,000 – 6,000 patients/day, 75% of whom come from provinces outside of Ho Chi Minh City with more than 50% having health insurance. Results of monitoring and measurement since December 2016 show that patients' waiting time has not met some standards in Decision number 1313 by MOH. Therefore, the Directing Board has determined to improve the examination procedure in OPD. However, to create effective improvements, QMD needs to monitor, measure data and propose interventional solutions.

1. Monitored indicators

1. The number of daily outpatient visits, the average numbers of outpatients in each specialty and each consultation desk.

2. The duration of each step in the examination procedure.

3. The number of patients waiting at various points of time during the day.
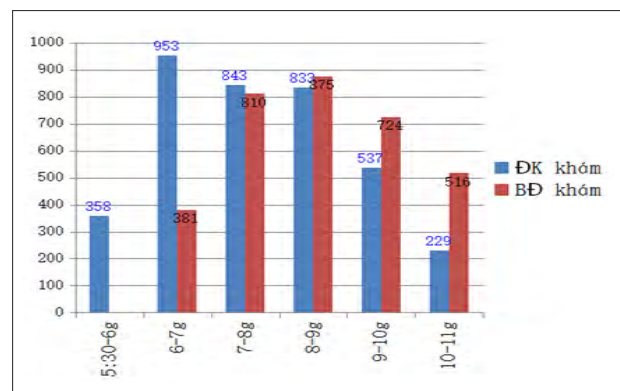
2. Interventional solutions

1. Separate patients who come back for re-examination from new patients in registration.

2. Registration via phone number 1080

3. Add more desks for registration and payment; start receiving patients at 5AM.

4. Start examination at 6AM in departments which usually have a lot of patients.

5. Add more consultation desks in departments which usually have more than 100 patients per day.

6. Ask night-shift nurses from Emergency Department to help collect blood samples in the next morning in OPD.

7. Shorten turnaround time for paraclinical tests.

8. Organize monthly meetings to solve existing problems and difficulties. The results show that patients finish examination earlier and their waiting time was shortened.
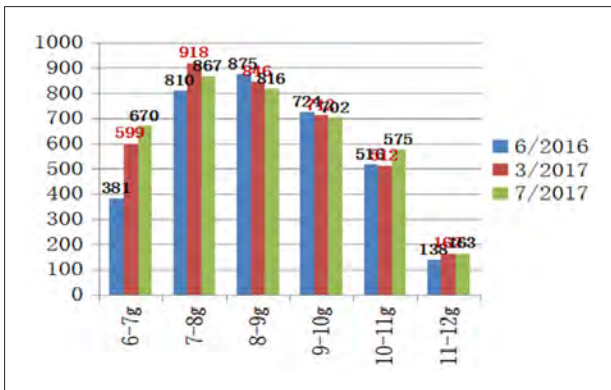
3. Conclusions

QMD, by giving advice to the directing board and collaborating with other departments in QI activities, has helped improved waiting time in OPD and bring patient satisfaction.

THE ROLE OF QUALITY MANAGEMENT DEPARTMENT IN IMPROVING WAITING TIME IN OPD

Dr. Ton Thanh Tra

Quality Management Department, Cho Ray Hospital

Average: 59 patients/doctor

Not including:
+ Top experts' examination rooms
+ Physiotherapy
+ Examination for hospital staff

NUMBERS OF OUTPATIENTS FROM 2012 TO 2016

Duration of each step in examination
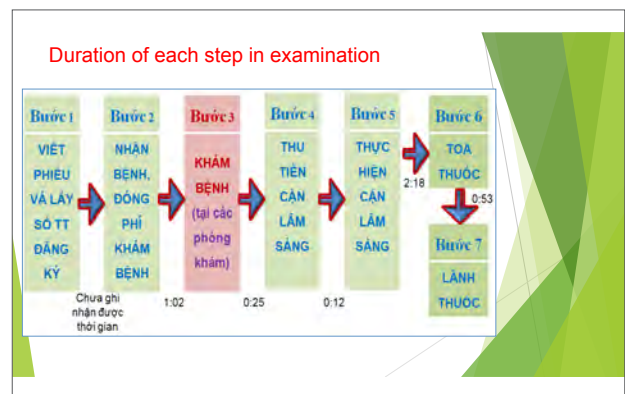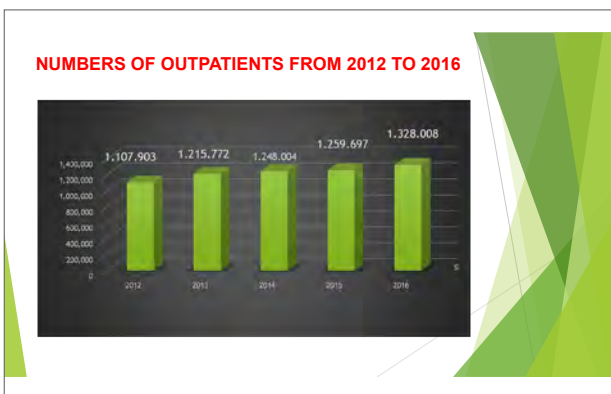
INTERVENTIONAL ACTIVITIES

- Separate patients who come back for re-examination from new patients in registration.
- Registration via phone number 1080
- Add more desks for registration and payment; start receiving patients at 5AM.
- Start examination at 6AM in departments which usually have a lot of patients.
- Add more consultation desks in departments which usually have more than 100 patients per day.
- Ask night-shift nurses from Emergency Department to help collect blood samples in the next morning in OPD.
- Shorten turnaround time for paraclinical tests.
- Organize monthly meetings to solve existing problems and difficulties.

RESULTS

- The number of outpatients is increasing.
- The number of outpatients who are examined within one day is increasing.
- Waiting time has been shortened (8 minutes).
- Some parts of the procedure that need improvement and procedures that need further improvement have been identified.
- Combined with patient satisfaction survey results to evaluate improvement's effectiveness.

RESULTS

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CONCLUSIONS

- QMD is like an advisor to the Directing Board in improvement activities.
- It requires specific measured indicators to generate interventional solutions.
- Continue to measure after an intervention.
- Propose solutions for further improvement.

DISTRIBUTION OF EXAMINATION DURATIONS (daily average data)
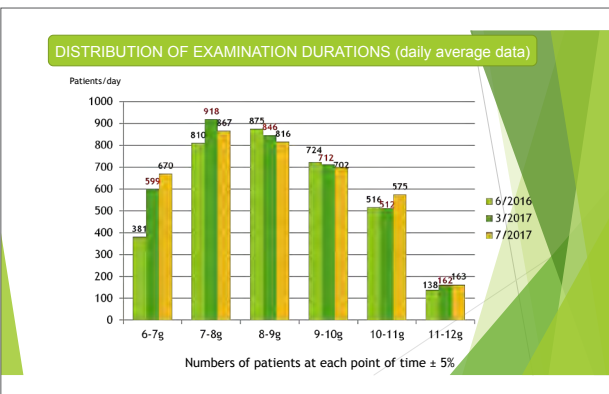
(Cái gì không đo lường được thì không cải tiến được)

"If you cannot measure it, you cannot improve it." - W. Edward Demings

KHÔNG PHẢI TẤT CẢ CÁI GÌ ĐO LƯỜNG ĐƯỢC CŨNG CẢI TIẾN ĐƯỢC
(Not all measurable things can be improved)
Ton Thanh Tra
Ba Ria – Vietnam 2017

Waiting time before being examined (Received -> Examined)

No	Examination room	Desk	Average number of patients/day	Average waiting time	<30'	30-60'	>60'
1	General I.M. 9	3	120	0:28	69%	23%	9%
2	General I.M. 2	3	116	0:29	68%	23%	10%
3	General I.M. 31	4	109	0:31	77%	10%	13%
4	Gastroenterology I.M.	2	220	0:31	71%	18%	12%
5	Neurosurgery	2	177	0:31	68%	15%	17%
6	General I.M. 30	4	132	0:32	81%	9%	10%
7	Tropical diseases	1	16	0:32	73%	16%	11%
8	Thoracic - Vascular	1	38	0:34	55%	28%	17%
9	General I.M. 7	1	12	0:35	66%	26%	9%
33	Pain relief treatment	1	20	1:17	27%	27%	45%
34	Peritoneal dialysis	1	27	1:19	16%	24%	60%
35	Interventional cardiovascular	2	237	1:19	25%	25%	50%
36	ENT	2	195	1:21	16%	27%	57%
37	Endocrinology	3	287	1:35	24%	25%	52%
38	Cardiosurgery	2	157	1:49	15%	17%	68%
39	Gamma Knife	1	37	1:49	21%	14%	66%
40	Musculoskeletology	3	333	2:24	12%	14%	74%

Average waiting time is 1:07'

Session 6-2

The Relationship Between Department of Health and Hospitals in QM/PS

Tran Thi Quynh Anh

Department of Technical Medicine, Thai Binh Department of Health

1. Reasons for selecting the topic

In healthcare sector, QM/PS is not new yet very important, affecting greatly the quality of medical services, benefits of patients and prestige of the sector. However, implementation of QM/PS activities in hospitals in Thai Binh Province is still limited. It may be due to DOH's leadership and hospitals' interest. Therefore, it requires close collaboration between DOH and hospitals to strengthen QM/PS activities.

2. Actual state of QM/PS activities in hospitals in Thai Binh before 2017

Resources for implementation:

- In the whole province, 3/25 hospitals had established QMD (Provincial General Hospital, Dong Hung District General Hospital and Tien Hai District General Hospital). Other hospitals established QM unit.

- Only Provincial General Hospital had assigned staff to work full time for QMD. Other hospitals only had staff working part time for QMD or only names were given without actual work.

- QM councils and QM networks had been established in most hospitals but their activities were not effective. Some even had no activities at all.

QM/PS activities:

- The hospitals did not understand well the tasks and functions of QMD/QM unit and did not have many QM/PS activities.

- Only Provincial General Hospital established and operated an IRS and obtained some initial results.

3. Collaboration between DOH and hospitals

3.1. DOH's direction and guidance and some initial activities in the hospitals

DOH's activities:

Scoring hospitals' quality in 2016:

- Purpose: to evaluate actual state of hospitals to propose collaborative measures and guide hospitals to organize QM/PS activities.

- According to scores of Section D in HQS version 2.0 by MOH in 2016, only the Provincial General Hospital obtained 3.09 points while other hospitals scored 2 points or lower, with 3-8 criteria scored 1 point in each hospital.

Issuing documents to direct implementation:

- Issued documents about establishing IRS in hospitals.

- Issued documents directing how to survey satisfaction of patients and healthcare workers.

- Issued plans for building capacity in QM/PS and social affairs to improve service quality.

Training:

- Organized trainings on applying 5S to improve hospital quality.

- Organized trainings on establishment and operation of IRS.

- Organized 4-day trainings to grant QM certificates.

- Organized trainings on evaluation of laboratory quality.

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Annex

Initial activities in the hospitals:

• After receiving the evaluation results of 2016, some hospitals have actively invited experts from Hanoi Medical University to conduct training on QM for key staff in early 2017 (Pediatrics Hospital, Quynh Phu District General Hospital, Kien Xuong District General Hospital). Other hospitals sent their staff to hospital QM trainings organized by DOH.

• All hospitals have established IRS. Some have received voluntary incident reports (Obstetrics Hospital, Provincial General Hospital, Dong Hung District General Hospital, Vu Thu District General Hospital).

• 5S practices have been implemented in hospitals, especially with injection trolleys, drug cabinets, administrative areas.

• After receiving DOH's direction in Document number 143/SYT-NVY dated 23 March 2017, most hospitals started patient and healthcare worker satisfaction survey and have entered data into MOH's online software program. As a result, according to the program statistics by 18 August 2017, Thai Binh ranked 7/64 in the country in terms of the number of submitted answer sheets.

3.2. DOH's checking and monitoring activities and plans for improving QM/PS in the next period

3.2.1. Checking and monitoring activities

Monitoring through evaluation of the first 6 months in 2017:

• DOH established 2 teams to check hospitals' healthcare quality, focusing on compliance to technical regulations, QM and PS.

• Results:

   - QM activities haven't been paid much attention, very few improvement activities to enhance service quality in hospitals.

   - There is little interest and limited resources invested for QM/PS activities.

   - IRSs have been established but not operated effectively.

   - Quality of medical records is not good enough.

   - Quality of diagnosis, treatment, monitoring and nursing care is still limited.

   - Technical procedures and treatment protocols haven't been paid enough attention.

Checking and monitoring IRSs:

• DOH requests hospitals to summarize and report their incidents every month so that DOH can catch up with serious incidents and help hospitals find causes of the incidents.

• Results:

   - No hospitals have reported their medical incidents[1].

   - DOH received information about some incidents via media, hotline and checking medical records.

Monitoring satisfaction survey of patients and healthcare workers:

• DOH often accesses MOH's online software program to be updated about the hospitals' survey results.

• Results: we noticed that, by 18 August 2017, 7 hospitals had not conducted satisfaction survey nor entered data into the program.

3.2.2. Plans for enhancing QM/PS activities in the next period

Plan for August - September 2017:

• Issuing document number 636/SYT-NVY dated August 22, 2017 directing hospitals to maintain and correct satisfaction survey of patients and healthcare workers and to conduct a pilot survey of patient satisfaction using mobile phone... As a result, by 5 September 2017 Thai Binh province ranked 5/64 in the country in terms of the number of submitted answer sheets.

• Establishing an IRS network from DOH to the hospitals, including 145 members, in which each hospital has 6 network members as follows:

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1. Incidents is defined as "an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient in the system*. "The definition does not mention causes of an incident. However, in Vietnam, historically incidents that seemed to be caused by medical practices were called "medical incidents", which has been handled by General Planning Department in a hospital. Incidents that seemed to be caused by other than medical practices have been handled by newly established Quality Management Department (QMD) since 2013. To distinguish these two types of incidents, the term "medical incidents" is used in Vietnam.
*: Jennifer Cooper et al. Classification of patient-safety incidents in primary care. Bulletin of the World Health Organization. Vol.96, Number 7: 2018, 441-512.

- QMD/QM unit: 01 doctor

- General Planning Department: 01 doctor

- Nursing Department: 01 nurse

- Internal medicine: 01 nurse

- Surgery: 01 nurse

- Para-clinic: 01 nurse/lab technician

• Planning and organizing trainings on PS using MOH's program and materials for the IRS network.

Plan for the 4th quarter of 2017 and the year of 2018:

• Guiding development of QI plans following PDCA cycles.

• Guiding 5S practice for quality improvement.

• Pushing, monitoring and checking activities.

• Guiding development of treatment protocols.

• Workshop for enhancing quality of medical records.

• Guiding development of technical procedures.

4. Lessons learnt

• Apply PDCA cycles in collaboration between DOH and hospitals in enhancing QM/PS.

• Results of QM/PS activities cannot be obtained in a short time yet it requires a long road for positive results to possibly show.

• Both DOH and hospitals are responsible for making QM/PS activities operate effectively. DOH is responsible for directing, guiding, pushing, monitoring and checking the implementation of hospitals to adjust timely. Hospitals are responsible for investing resources, organize implementation, generate lessons learnt from QI activities.

• Training activities to improve the quality of human resources and to change perceptions on QM/PS are essential.

RELATIONSHIP BETWEEN DEPARTMENT OF HEALTH AND HOSPITALS IN QUALITY MANAGEMENT AND PATIENT SAFETY

DR. TRAN THI QUYNH ANH, MD, 1ST DEGREE SPECIALIST
Thai Binh Department of Health

I. REASONS FOR SELECTING THE TOPIC

I. REASONS FOR SELECTING THE TOPIC

☞It requires close collaboration between DOH and hospitals to strengthen QM/PS activities.

II. ACTUAL STATE BEFORE IMPLEMENTATION

Before 2017

Resources

Activities

• 3/25 hospitals had established QMD
• 01 hospital had assigned staff to work full time for QMD
• QM councils and QM networks did not work effectively

• Did not understand well the tasks and functions.
• Not many activities
• 01 hospital operated an IRS

III. COLLABORATION BETWEEN DOH AND HOSPITALS

DOH's activities

- Giving directions and guidance
- Monitoring and checking
- Improving

IV. IMPROVEMENT ACTIVITIES

- Issuing document directing hospitals to correct satisfaction survey of patients and healthcare workers
- Establishing an IRS network from DOH to the hospitals.
- Conducting trainings on PS for network members.
- Requesting network members to report incidents every month.

III. COLLABORATION BETWEEN DOH AND HOSPITALS

Giving directions and guidance

- Evaluate actual state
- Documents giving directions
- Conduct trainings

(3)

1.81

D3. Evaluating, measuring, collaborating and improving quality 2.14   1.30   D2. Handling and preventing incidents (5)
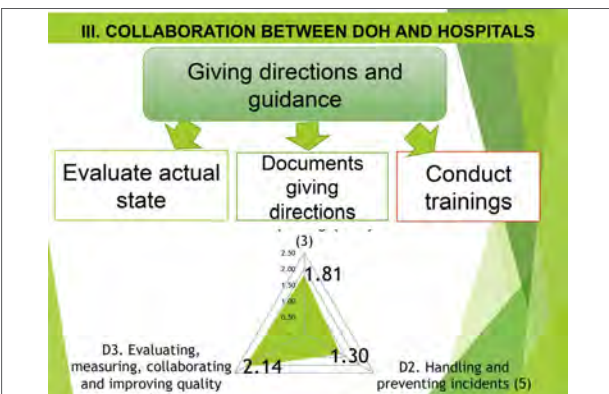
IV. IMPROVEMENT ACTIVITIES

Quarter 4, 2018

- Guiding development of QI plans following PDCA cycles.
- Guiding 5S practice for quality improvement.
- Pushing, monitoring and checking activities.
- Guiding development of treatment protocols.
- Workshop for enhancing quality of medical records.
- Guiding development of technical procedures.

III. COLLABORATION BETWEEN DOH AND HOSPITALS

Hospitals: organizing trainings, establishing IRS, improving, practicing 5S, survey satisfaction of patients and staff

QUY TRÌNH KHÁM BỆNH

V. LESSONS LEARNT

- ❖ Apply PDCA cycles
- ❖ There must be a roadmap for implementation to obtain results
- ❖ It requires rresponsibilities of both DOH and hospitals.
- ❖ Training activities
- ❖ Monitor, push, check, improve

III. COLLABORATION BETWEEN DOH AND HOSPITALS

Checking and monitoring

- Checking every 6 months
- Reporting incidents
- Surveying satisfaction of patients and staff

Hospitals: a lot of limitations, have not reported incidents voluntarily, 7 hospitals haven't surveyed satisfaction of patients and staff
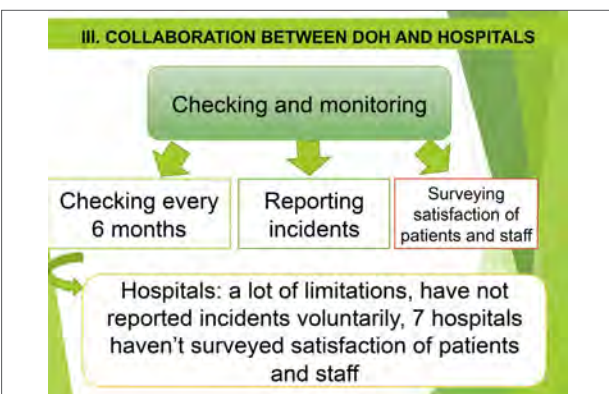
QUALITY IS DOING THINGS RIGHT, RIGHT FROM THE BEGINNING AND DOING BETTER LATER

Forum Outline

3rd Vietnam Forum on Quality Management and Patient Safety
Ho Chi Minh City & Ba Ria City, 2017

Introduction:

Vietnam Forum on Quality Management and Patient Safety is one of the three main activities of the project Strengthening Management Capability for Quality and Safety in Healthcare, under the Program for International Promotion of Japan's Healthcare Technologies and Services, funded by Japan's Ministry of Health, Labor and Welfare.

The project is implemented by National Center for Global Health and Medicine (NCGM) with assistance from NCGM – Bach Mai Hospital Medical Collaboration Center (MCC). The co-hosts of the third forum (September 2017) were Ba Ria Hospital, Hung Vuong Hospital, and Thu Duc District Hospital.

Objectives:

1. To share experience of achievements and challenges in quality management and patient safety in hospitals in Vietnam;

2. To discuss practical solutions to tackle challenges; and

3. To enhance communication among graduates and their colleagues who are interested in quality and safety in healthcare.

Venue:

Ba Ria Hospital, Ba Ria - Vung Tau, Vietnam

Program:

19/09/2017 (Tuesday)	Hospital tours in Hung Vuong Hospital
	Hospital tour in Thu Duc District Hospital
20/09/2017 (Wednesday)	Presentations and discussion (Day 1) in Ba Ria Hospital
21/09/2017 (Thursday)	Presentations and discussion (Day 2) in Ba Ria Hospital

Program

Hospital Tour Program at Hung Vuong Hospital on 19/9/2017	
07:45 - 08:00	Welcome
08:00 - 08:05	Introduction of participants
08:05 - 08:15	**Speech by NCGM representative** *Ms. Miki Matsufuji, Bureau of International Health Cooperation, NCGM* **Speech by delegation representative** *Dr. Pham Van Son, Vice Director, Vinh City General Hospital*
08:15 - 08:25	**Speech by Hung Vuong Hospital representative** *Dr. Hoang Thi Diem Tuyet*
08:25 - 08:55	Introduction of Hung Vuong Hospital and quality management activities
09:00 - 11:00	**Visiting departments**
09:00 - 09:20	**Postpartum Department A**
09:30 - 09:45	**Kangaroo Unit, area for breast feeding in Neonatal Department**
09:45 - 10:10	**Labor and Delivery Department**
10:15 - 10:30	**Pharmacy Department**
10:30 - 11:00	**Surgery Room B**
11:00 - 11:30	IQ&A, feedback
11:30 - 13:00	Lunch

Hospital Tour Program at Thu Duc District Hospital on 19/9/2017	
08:30 - 08:45	Welcome
08:45 - 08:55	**Opening – Introduction of participants** *Thu Duc District Hospital representative*
08:55 - 09:00	**Speech by project representative** *Ms. Emiko Tateishi, Project Manager* **Speech by delegation representative** *Dr. Pham Huu Thuong, Director, Hanoi Lung Hospital*
09:00 - 09:45	**General introduction of the hospital - Experience in quality management in Thu Duc District Hospital** *Ms. Huynh My Thu, Head of QMD, Thu Duc District Hospital*
09:45 - 10:30	**Visiting Thu Duc District Hospital:** a) Introduction of OPD procedure; b) Introduction of IT system - electronic medical records; c) Introduction of model for feedback - customer care.
10:30 -11:15	Exchange of experience
11:15 -11:30	Summary
11:30 - 13:00	Lunch

Program 20/09/2017		
08:00 - 08:30	Reception and registration	
08:30 - 08:40	Welcome speech	*Dr. Nguyen Van Huong, Director of Ba Ria Hospital*
08:40 - 08:45	Welcome speech	*Ba Ria Department of Health*
08:45 - 08:50	Opening speech	*Associate Professor Luong Ngoc Khue, MD, PhD* *Director, Medical Services Administration, Ministry of Health*
08:50 - 08:55	Objective of the Forum	*Dr. Shinsuke Murai, NCGM*
08:55 - 09:15	**[Keynote]** **Update from MOH on policy and orientation to improve quality of health care services in Vietnam** *Associate Professor Luong Ngoc Khue, MD, PhD* *Director, Medical Services Administration, Ministry of Health*	
09:15 - 09:30	Q&A	
09:30 - 09:45	Group photo	
09:45 - 10:00	Coffee Break	
Session 1	Incident Reporting Systems	
10:00 - 10:10	**Challenges in Implementing Incident Reporting System in Quy Hoa National Leprosy - Dermatology Hospital** *Dr. Nguyen The Toan, Quy Hoa National Leprosy - Dermatology Hospital*	
10:10 - 10:20	**Three Stages of Developing Incident Reporting System in Quang Nam Central General Hospital** *Dr. Tran Quang Dat, Quang Nam Central General Hospital*	
10:20 - 10:30	**Applying WHO Incident Classification in Incident Reporting System in Hung Vuong Hospital** *Dr. Phan Thi Hang, Hung Vuong Hospital*	
10:30 - 11:10	Panel Discussion	
11:10 - 11:30	Open Discussion	
11:30 - 11:40	Summary	
11:40 - 12:00	Display of Equipment and Poster Session	
12:00 - 13:30	Lunch	
Session 2	5S	
13:30 - 13:40	**Applying 5S in Restructuring An Giang Hospital of Obstetrics, Gynecology and Pediatrics** *Dr. Le Van Duc, An Giang Hospital of Obstetrics, Gynecology and Pediatrics*	
13:40 - 13:50	**Difficulties in Implementing S4 and S5 in Ha Dong General Hospital** *Dr. Nguyen Thi Huong Lien, Ha Dong General Hospital*	
13:50 - 14:00	**Sustaining 5S in National Hospital of Obstetrics and Gynecology** *Dr. Vu Van Du, National Hospital of Obstetrics and Gynecology*	
14:00 - 14:40	Panel Discussion	
14:40 - 15:00	Open Discussion	
15:00 - 15:10	Summary	
15:10 - 15:30	Coffee Break	
15:30 - 16:00	Display of Equipment and Poster Session	
16:00 - 17:00	**[Meeting]** **What is future of Vietnam Forum?** Meeting among the graduates of Japan Trainings on Hospital Quality Management and Patient Safety	

Program 21/09/2017	
Session 3	**Standardized Operating Procedures (SOPs)**
08:30 - 08:40	**Developing SOPs in Saint Paul Hospital** *Dr. Uong Thanh Tung, Saint Paul Hospital*
08:40 - 08:50	**Experience in Implementing Managerial SOPs in Thu Duc District Hospital** *Ms. Huynh My Thu, Thu Duc District Hospital*
08:50 - 09:30	Panel Discussion
09:30 - 09:50	Open Discussion
09:50 - 10:00	Summary
10:00 - 10:20	Coffee Break
Session 4	**Information Communication Technology**
10:20 - 10:30	**Applying IT in QM/PS in Ba Ria Hospital** *Dr. Vu Duy Tung, Ba Ria Hospital*
10:30 - 10:40	**Applying IT in Monitoring and Managing Compliance to MOH's Hospital Quality Standards** *Ms. Huynh My Thu, Thu Duc District Hospital*
10:40 - 11:10	Panel Discussion
11:10 - 11:30	Open Discussion
11:30 - 11:40	Summary
11:40 - 13:00	Lunch
Session 5	**Patient Safety Culture**
13:00 - 13:10	**Patient Safety Culture Survey in Bach Mai Hospital** *Dr. Nguyen Thi Huong Giang, Bach Mai Hospital*
13:10 - 13:40	Panel Discussion
13:40 - 14:00	Open Discussion
14:00 - 14:10	Summary
14:10 - 14:30	Coffee Break
Session 6	**Role of QMD as a Communicator In and Out of Hospital**
14:30 - 14:40	**Roles of QMD in Improving Waiting Time in OPD** *Dr. Ton Thanh Tra, Cho Ray Hospital*
14:40 - 14:50	**Collaboration between Department of Health and Hospitals in QM/PS** *Dr. Tran Thi Quynh Anh, Thai Binh Department of Health*
14:50 - 15:20	Panel Discussion
15:20 - 15:40	Open Discussion
15:40 - 15:50	Summary
15:50 - 16:00	Summary of the forum Dr.Duong Huy Luong, Medical Services Administration, Ministry of Health
16:00 - 16:10	Closing Remarks by Ba Ria Hospital

Organization

Hospital tour at Hung Vuong Hospital:

Dr. Hoang Thi Diem Tuyet, MD, PhD, Director, Hung Vuong Hospital

Dr. Phan Thi Hang, MD, MSc, Vice Director, Head of Quality Management Department, Hung Vuong Hospital

Hospital tour at Thu Duc District Hospital:

Dr. Nguyen Minh Quan, MD, Director, Thu Duc District Hospital

Ms. Huynh My Thu, MSc, Head of Quality Management Department, Thu Duc District Hospital

Ba Ria Hospital:

Dr. Nguyen Van Huong, MD, 2nd Degree Specialist, Director

Dr. Vu Duy Tung, MD, 1st Degree Specialist, Head of Quality Management Department

Dr. Le Minh Hieu, MD, 2nd Degree Specialist, Head of General Planning Department

Session 1: Incident Reporting System

Chair:

Dr. Nguyen Thi Huong Giang, MD, MSc, Head of Quality Management Department, Bach Mai Hospital

Presenters and panelists:

Dr. Nguyen The Toan, MD, PhD, Head of General Planning Department, Quy Hoa Central Leprosy – Dermatology Hospital

Dr. Tran Quang Dat, MD, 2nd Degree Specialist, In charge of Quality Management Department, Head of Intensive Care Unit, Quang Nam Central General Hospital

Dr. Phan Thi Hang, MD, MSc, Vice Director, Head of Quality Management Department, Hung Vuong Hospital

Panelists:

Dr. Phan Anh Phong, MD, MSc, Vice Director, Head of Emergency Department, Ha Nam Provincial General Hospital

Dr. Nguyen Thi Huong Lien, MD, MSc, 2nd Degree Specialist, Head of Quality Management Department, Ha Dong General Hospital

Dr. Dang Hoang Nga, MD, MSc, 2nd Degree Specialist, Head of Quality Management Department, Vice Director of Center for Training – Direction of Healthcare Activities, Thai Nguyen Central General Hospital

Ms. Huynh My Thu, MSc, Head of Quality Management Department, Thu Duc District Hospital

Dr. Tran Nguyen Nhu Anh, MD, MSc, Deputy Head of Quality Management Department, Tu Du Hospital

Dr. Do Thi Thu Hien, MD, MSc, Deputy Head of Outpatient Department, Hanoi Obstetrics and Gynecology Hospital

Session 2: 5S

Chair:

Dr. Tran Thi Quynh Anh, MD, 1st Degree Specialist, Technical Medicine Department, Thai Binh Department of Health

Presenters and panelists:

Dr. Le Van Duc, MD, 2nd Degree Specialist, Head of Quality Management Unit, An Giang Hospital of Obstetrics, Gynecology and Pediatrics

Dr. Nguyen Thi Huong Lien, MD, MSc, 2nd Degree Specialist, Head of Quality Management Department, Ha Dong General Hospital

Dr. Vu Van Du, MD, PhD, Head of Quality Management Department, Head of Treatment Services Department, National Hospital of Obstetrics and Gynecology

Panelists:

Dr. Le Viet Nho, MD, PhD, Lecturer, School of Medicine and Pharmacy, Da Nang University

Dr. Dang Hoang Nga, MD, MSc, 2nd Degree Specialist, Head of Quality Management Department, Vice Director of Center for Training – Direction of Healthcare Activities, Thai Nguyen Central General Hospital

Ms. Nguyen Thi Thu Ha, MPH, Head of Quality Management Department, National Heart Institute, Bach Mai Hospital

Dr. Pham Van Son, MD, 2nd Degree Specialist, Vice Director, Vinh City General Hospital

Session 3: Standard Operation Procedure (SOP)

Chair:

Dr. Tran Quang Hien, MD, PhD, Director, An Giang Hospital of Obstetrics, Gynecology and Pediatrics

Presenters and panelists:

Dr. Uong Thanh Tung, MD, MSc, Head of Quality Management Department, Saint Paul General Hospital

Ms. Huynh My Thu, MSc, Head of Quality Management Department, Thu Duc District Hospital

Panelists:

Dr. Phan Anh Phong, MD, MSc, Vice Director, Head of Emergency Department, Ha Nam Provincial General Hospital

Dr. Ton Thanh Tra, MD, MSc, Head of Quality Management Department, Cho Ray Hospital

Dr. Pham Viet Thai, MD, 1st Degree Specialist, Head of Quality Management Department, Ninh Thuan Provincial General Hospital

Dr. Tran Nguyen Nhu Anh, MD, MSc, Deputy Head of Quality Management Department, Tu Du Hospital

Dr. Do Thi Thu Hien, MD, MSc, Deputy Head of Outpatient Department, Hanoi Obstetrics and Gynecology Hospital

Session 4: Information Technology

Chair:

Dr. Phan Thi Hang, MD, MSc, Vice Director, Head of Quality Management Department, Hung Vuong Hospital

Presenters and panelists:

Dr. Vu Duy Tung, MD, 1st Degree Specialist, Head of Quality Management Department, Ba Ria Hospital

Ms. Huynh My Thu, MSc, Head of Quality Management Department, Thu Duc District Hospital

Panelists:

Dr. Duong Huy Luong, MD, PhD, Deputy Head of Quality Management Department, Medical Services Administration, Ministry of Health

Dr. Le Viet Nho, MD, PhD, Lecturer, School of Medicine and Pharmacy, Da Nang University

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Dr. Tran Quang Dat, MD, 2nd Degree Specialist, In charge of Quality Management Department, Head of Intensive Care Unit, Quang Nam Central General Hospital

Dr. Pham Viet Thai, MD, 1st Degree Specialist, Head of Quality Management Department, Ninh Thuan Provincial General Hospital

Dr. Pham Huu Thuong, MD, MPH, Director, Hanoi Lung Hospital

Ms. Nguyen Thi Thu Ha, MPH, Head of Quality Management Department, National Heart Institute, Bach Mai Hospital

Session 5: Patient Safety Culture

Chair:

Dr. Le Viet Nho, MD, PhD, Lecturer, School of Medicine and Pharmacy, Da Nang University

Presenter and panelist:

Dr. Nguyen Thi Huong Giang, MD, MSc, Head of Quality Management Department, Bach Mai Hospital

Panelists:

Dr. Pham Huu Thuong, MD, MPH, Director, Hanoi Lung Hospital

Dr. Tran Nguyen Nhu Anh, MD, MSc, Deputy Head of Quality Management Department, Tu Du Hospital

Dr. Uong Thanh Tung, MD, MSc, Head of Quality Management Department, Saint Paul General Hospital

Dr. Thai Thi Thanh Thuy, MD, 2nd Degree Specialist, Deputy Head of Quality Management Department, Da Nang Hospital for Women and Children

Dr. Vu Duy Tung, MD, 1st Degree Specialist, Head of Quality Management Department, Ba Ria Hospital

Session 6: The Roles of Quality Management Department In and Out of Hospital

Chair:

Dr. Duong Huy Luong, MD, PhD, Deputy Head of Quality Management Department, Medical Services Administration, Ministry of Health

Presenters and panelists:

Dr. Ton Thanh Tra, MD, MSc, Head of Quality Management Department, Cho Ray Hospital

Dr. Tran Thi Quynh Anh, MD, 1st Degree Specialist, Technical Medicine Department, Thai Binh Department of Health

Panelists:

Dr. Pham Van Son, MD, 2nd Degree Specialist, Vice Director, Vinh City General Hospital

Dr. Thai Thi Thanh Thuy, MD, 2nd Degree Specialist, Deputy Head of Quality Management Department, Da Nang Hospital for Women and Children

Coordinator:

Dr. Shinsuke Murai, DDS, PhD, NCGM

Secretariat:

Ms. Nguyen Thi My Linh, Quality Management Department, Ba Ria Hospital

Ms. Le Thi Hai Yen, Quality Management Department, Ba Ria Hospital

Ms. Nguyen Hong Anh, MSc, MCC

Ms. Le Thi Thu Phong, MCC

Dr. Nguyen Thi Le Hang, MD, PhD, MCC

Ms. Pham Thi Phuong Thuy, MPH, MCC

List of participants

No.	Name	Affiliation
1	Duong Huy Luong	Medical Services Administration, Vietnam Ministry of Health
2	Dang Hoang Nga	Thai Nguyen Central General Hospital
3	Le Hong Trung	Vinh Phuc Provincial General Hospital
4	Do Duy Cuong	Vinh Phuc Provincial General Hospital
5	Dao Ngoc Chinh	Vinh Phuc Provincial General Hospital
6	Pham Hong Tuan	Vinh Phuc Provincial General Hospital
7	Tran Ngoc Hai	Vinh Phuc Provincial General Hospital
8	Nguyen Thi Huong Giang	Bach Mai Hospital
9	Nguyen Thi Thu Ha	National Heart Institute, Bach Mai Hospital
10	Truong Thi Thu Huong	Bach Mai Medical College
11	Vu Van Du	National Hospital for Obstetrics and Gynecology
12	Nong Minh Hoang	National Hospital for Obstetrics and Gynecology
13	Nguyen Thi Yen Le	National Hospital for Obstetrics and Gynecology
14	Pham Huu Thuong	Hanoi Lung Hospital
15	Uong Thi Mai Loan	Hanoi Lung Hospital
16	Nguyen Thi Thu Huyen	Hanoi Lung Hospital
17	Uong Thanh Tung	Saint Paul General Hospital
18	Nguyen Trong Nghia	Saint Paul General Hospital
19	Nguyen Cong Thanh	Saint Paul General Hospital
20	Do Thi Thu Hien	Hanoi Obstetrics Hospital
21	Nguyen Thi Thu	Hanoi Obstetrics Hospital
22	Dinh Thi Le	Hanoi Obstetrics Hospital
23	Nguyen Thị Huong Lien	Ha Dong General Hospital
24	Nguyen Thu Hang	Ha Dong General Hospital
25	Ngo Huu Phuong	Duc Giang General Hospital
26	Phan Anh Phong	Ha Nam Provincial General Hospital
27	Tran Thi Quynh Anh	Thai Binh Department of Health
28	Nguyen Huu Thien	Thai Binh Pediatrics Hospital
29	Pham Xuan Anh	Vinh International Hospital
30	Tran Thi Huyen Trang	Vinh International Hospital
31	Nguyen Thi Dung	Vinh International Hospital
32	Pham Van Son	Vinh City General Hospital
33	Phung Ngoc Duc	Vinh City General Hospital

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No.	Name	Affiliation
34	Le Viet Nho	Medical Center, Da Nang University
35	Nguyen Thi Thu Hien	Medical Center, Da Nang University
36	Thai Thi Thanh Thuy	Da Nang Hospital for Women and Children
37	Nguyen Thi Thanh Hong	Da Nang Hospital for Women and Children
38	Huynh Duc Bac	C17 Military Hospital, Da Nang
39	Tran Quang Dat	Quang Nam Central General Hospital
40	Phan Thi Thu Thuy	Quang Nam Central General Hospital
41	Dang Trong	Quang Ngai Provincial Mental Hospital
42	Dinh Thanh Tung	Quang Ngai Provincial Mental Hospital
43	Vu Tuan Anh	Quy Hoa National Leprosy – Dermatology Hospital
44	Nguyen The Toan	Quy Hoa National Leprosy – Dermatology Hospital
45	Tran Xuan Vy	Quy Hoa National Leprosy – Dermatology Hospital
46	Tran Xuan Viet	Quy Hoa National Leprosy – Dermatology Hospital
47	Pham Viet Thai	Ninh Thuan Provincial General Hospital
48	Nguyen Nu Dai Trang	Ninh Thuan Provincial General Hospital
49	Nguyen Thi Thu Duyen	Ninh Thuan Provincial General Hospital
50	Phan Thi Hang	Hung Vuong Hospital
51	Tran Thi Thanh Thuy	Hung Vuong Hospital
52	Ngo Thanh Ha	Hung Vuong Hospital
53	Dien Ngoc Trang	Hung Vuong Hospital
54	Luc Boi Ngoc	Hung Vuong Hospital
55	Nguyen Huynh Thai Duong	Hung Vuong Hospital
56	Bui Thi Thanh Hong	Hung Vuong Hospital
57	Nguyen Thanh Danh	Hung Vuong Hospital
58	Huynh Ngoc Phuoc	Hung Vuong Hospital
59	Vo Thi Ngoc Diep	Hung Vuong Hospital
60	Phung Thi Thanh Van	Hung Vuong Hospital
61	Pham Thi Ngoc Tuyen	Hung Vuong Hospital
62	Huynh Thi Ngoc Dung	Hung Vuong Hospital
63	Pham Ngoc Doan Trang	Hung Vuong Hospital
64	Tran Nguyen Nhu Anh	Tu Du Hospital
65	Nguyen Thi Kim Yen	Tu Du Hospital
66	Duong Thi Kim Tuyen	Tu Du Hospital
67	Melody Martin	Tu Du Hospital
68	Huynh My Thu	Thu Duc District Hospital
69	Lam Ngoc Minh Thanh	Thu Duc District Hospital
70	Van Thi Thuy Trang	Thu Duc District Hospital

No.	Name	Affiliation
71	Hoang Thi Oanh	Thu Duc District Hospital
72	Tran Thi Bich Bo	Thu Duc District Hospital
73	Tu Huynh Hoang Tu	Thu Duc District Hospital
74	Ton Thanh Tra	Cho Ray Hospital
75	Ho Khanh Thanh	Cho Ray Hospital
76	Nguyen Anh Tuan	Cho Ray Hospital
77	Tran Hong Diem	Cho Ray Hospital
78	Phung Thanh Phong	Cho Ray Hospital
79	Dinh Quang Minh	Cho Ray Hospital
80	Nguyen Thi Kim Lien	Cho Ray Hospital
81	Dang Hoang Vu	Cho Ray Hospital
82	Dinh Thi Ngoc Yen	Cho Ray Hospital
83	Pham Thi Thuy Dung	Cho Ray Hospital
84	Ho Thi Hong	Cho Ray Hospital
85	Nguyen Xuan Canh	Cho Ray Hospital
86	Hoang Lan Phuong	Cho Ray Hospital
87	Le Ngoc Anh	Cho Ray Hospital
88	Bien Huynh San Dan	Cu Chi Regional General Hospital
89	Nguyen Nhat Hung	Cu Chi Regional General Hospital
90	Nguyen Hong Lac	Cu Chi Regional General Hospital
91	Nguyen Thi Thuy Huong	Cu Chi Regional General Hospital
92	Nguyen Tan Phuong	Cu Chi Regional General Hospital
93	Nguyen Thi Ngoc Hanh	Hanh Phuc International Hospital
94	Le Thi Thu Thao	Hanh Phuc International Hospital
95	Karim Mohammad Zakirul	Hanh Phuc International Hospital
96	Tran Thi Tuyet Lan	Van Phuc 2 General Hospital
97	Tran Bao Ngan	Van Phuc 2 General Hospital
98	Nguyen Minh Hung	Ho Chi Minh City Oncology Hospital
99	Vo Hong Minh Phuoc	Ho Chi Minh City Oncology Hospital
100	Huynh Phi Ho	Mekong Obstetrics Hospital
101	Tran Quoc Dung	Mekong Obstetrics Hospital
102	Ho Van Cong	Mekong Obstetrics Hospital
103	Vo Thi Dan Tram	District 3 General Hospital, HCM City
104	Nguyen Thanh Luan	HCM City Medical Pharmaceutical University Hospital
105	Nguyen Thi Be Phuong	HCM City Medical Pharmaceutical University Hospital
106	Nguyen Hung Anh	FV Hospital
107	Nguyen Truong Phuoc Kim Anh	FV Hospital

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No.	Name	Affiliation
108	Tran Thi Phuong Nga	FV Hospital
109	Alice Veyrie	FV Hospital
110	Vo Viet Duc	Thong Nhat Hospital
111	Pham Thi Hong Ha	Thong Nhat Hospital
112	Tran Thi Thanh Tam	Thong Nhat Hospital
113	Bui Thi Thu Thuy	Thong Nhat Hospital
114	Tran Quang Hien	An Giang Hospital of Obstetrics, Gynecology and Pediatrics
115	Le Van Duc	An Giang Hospital of Obstetrics, Gynecology and Pediatrics
116	Quach Truong Son	An Giang Hospital of Obstetrics, Gynecology and Pediatrics
117	Nguyen Chi Thien	An Giang Hospital of Obstetrics, Gynecology and Pediatrics
118	Tran Thai Duy	Binh Duong Provincial General Hospital
119	Nguyen Thi Kim Yen	Binh Duong Provincial General Hospital
120	Nguyen Thi Thuong	Binh Duong Provincial General Hospital
121	Truong Thi Bich Ngoc	Dong Thap Provincial General Hospital
122	Nguyen Tri Dung	Dong Nai Provincial General Hospital
123	Vo Van Hung	Ba Ria – Vung Tau Department of Health
124	Nguyen Van Huong	Ba Ria Hospital
125	Le Minh Hieu	Ba Ria Hospital
126	Bui Quan Tuan	Ba Ria Hospital
127	Nguyen Thi Anh Minh	Ba Ria Hospital
128	Le Van Huy Cuong	Ba Ria Hospital
129	Vu Duy Tung	Ba Ria Hospital
130	Do Ngoc Anh	Ba Ria Hospital
131	Huynh Thi Bich Thao	Ba Ria Hospital
132	Nguyen Thi My Dung	Ba Ria Hospital
133	Vu Thi Tin	Ba Ria Hospital
134	Huynh Thi Thanh Thuy	Ba Ria Hospital
135	Nguyen Thi Huyen	Ba Ria Hospital
136	Nguyen Van Trong	Ba Ria Hospital
137	Le Thi Khanh Quy	Ba Ria Hospital
138	Pham Thanh Trung	Ba Ria Hospital
139	Trinh Thi Van Tra	Ba Ria Hospital
140	Tran Thanh Dat	Ba Ria Hospital
141	Tran Thi Kim Nhung	Ba Ria Hospital
142	Vuong Quang Thang	Ba Ria Hospital
143	Duong Thi Ngoc Huong	Ba Ria Hospital
144	Nguyen Duc Hien	Ba Ria Hospital

No.	Name	Affiliation
145	Nguyen Thi Thao Mai	Ba Ria Hospital
146	Le Cao Thai	Ba Ria Hospital
147	Tien Vu Tung	Ba Ria Hospital
148	Cao Van Cu	Ba Ria Hospital
149	Pham Thi Vinh Phuc	Ba Ria Hospital
150	Nguyen Quoc Tien	Ba Ria Hospital
151	Dinh Thi Mai Huong	Ba Ria Hospital
152	Dao Thi Ngoc Cam	Ba Ria Hospital
153	Nguyen Van Thinh	Ba Ria Hospital
154	Truong Thanh Kim Phung	Ba Ria Hospital
155	Pham Trung Thao	Ba Ria Hospital
156	Do Thi Hoang Guong	Ba Ria Hospital
157	Nguyen Van Hung	Ba Ria Hospital
158	Nguyen Thi Kim Lien	Ba Ria Hospital
159	Le Thi Hong Que	Ba Ria Hospital
160	Nguyen Van Phuc	Ba Ria Hospital
161	Le Thi Kim Nga	Ba Ria Hospital
162	Vu Ngoc Diep	Ba Ria Hospital
163	Nguyen Thi Doan Trang	Ba Ria Hospital
164	Tran Thi Thu Van	Ba Ria Hospital
165	Le Thi Hiep	Ba Ria Hospital
166	Phan Minh Hien	Ba Ria Hospital
167	Nguyen Van Thang	Ba Ria Hospital
168	Vo Thi Minh Hien	Ba Ria Hospital
169	Doan Thuan Yen	Ba Ria Hospital
170	Nguyen Vinh Tho	Ba Ria Hospital
171	Nguyen Mong Hai Dang	Ba Ria Hospital
172	Nguyen Thi My Linh	Ba Ria Hospital
173	Le Thi Hai Yen	Ba Ria Hospital
174	Vu Thi My Vy	Ba Ria Hospital
175	Le Hoa My	Ba Ria Hospital
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177	Le Van Doan	Tan Thanh District Medical Center, Ba Ria – Vung Tau Province
178	Nguyen Minh Nguyet	Tan Thanh District Medical Center, Ba Ria – Vung Tau Province
179	Nguyen Lien	Tan Thanh District Medical Center, Ba Ria – Vung Tau Province
180	Ho Loc	Ba Ria – Vung Tau Provincial Mental Hospital
181	Nguyen Van Binh	Ba Ria – Vung Tau Provincial Mental Hospital

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192	Nguyen The Hung	Le Loi Hospital, Ba Ria – Vung Tau Province
193	Tran Thi Le Van	Le Loi Hospital, Ba Ria – Vung Tau Province
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196	Pham Cong Chi	Vung Tau City Medical Center, Ba Ria – Vung Tau Province
197	Ton That Cac	Vung Tau City Medical Center, Ba Ria – Vung Tau Province
198	Le Dinh Minh Duc	Vung Tau City Medical Center, Ba Ria – Vung Tau Province
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200	Nguyen Thi Thu Thuy	Ba Ria - Vung Tau Provincial Traditional Hospital
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223	Kong Sayasinh	Salavan Provincial Hospital
224	Somphong Duanghorm	Sekong Province Health Office
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242	Nguyen Thi Le Hang	MCC
243	Le Thi Thu Phong	MCC
244	Nguyen Hong Anh	MCC
245	Nguyen Viet Thang	Interpreter
246	Nguyen Van Thang	Photographer
247	Nguyen Huu Thuan	Photographer

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Volume 3

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