



News Letter No. 4

Project for Improvement of Hospital Management Competency



July 2017

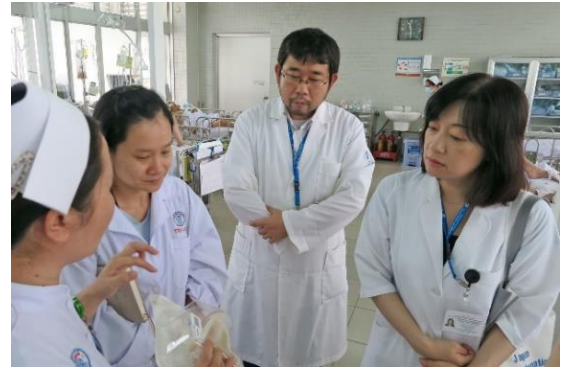
1. Dr. Kutsuna, short-term expert (Infectious Diseases) visited CRH

Dr. Satoshi Kutsuna from the Disease Control and Prevention Center, National Center for Global Health and Medicine (NCGM), visited Cho Ray Hospital as a JICA short-term expert from June 5 to 13.

During his stay, Dr. Kutsuna made a presentation on the antibiotics usage in Japan at the Antimicrobial Stewardship meeting and participated hospital rounds to ensure the compliance with the guidelines of antibiotics.

Dr. Kutsuna will continue to serve to our Project. We expect him to come to Cho Ray Hospital again for further activities in December this year.

He is often featured in Japanese TV programs due to his enthusiastic work for infectious diseases such as ebola virus diseases and tick-borne diseases.



Dr. Kutsuna (center) participating in hospital rounds

2. Visit to the provincial hospitals (Dong Nai Province, Tien Giang Province)

Koji WADA, Chief Adviser

I visited Dong Nai General Hospital on June 7. Because the hospital buildings has been recently constructed, everything was organized well. The hospital has clear maps on the wall and instructions with colorful lines on the floor for patients to easily identify the places they need to go to. I expect that Cho Ray Viet Nam-Japan Friendship Hospital which will be constructed in 2021 will also be like this.



Information map ↑
and guiding lines →
(Dong Nai General Hospital)



With the staff of Go Cong Town General Hospital

On June 9, I also visited Go Cong Town General Hospital in Tien Giang Province with Dr. Tran Van Vu of DOHA Department to see the condition of technical transfer of hemodialysis. It was the first day of the hospital to operate the hemodialysis machine. For the patients who used to need to go to a hospital in other areas by motorbike, this effort gains much more convenience for the access to the treatment. I was impressed by the kind assistance that Cho Ray Hospital gave to the provincial hospitals.

Our project is also planning to work on strengthening the function of provincial hospitals in the Project.

Upcoming main activities:

Jul. 23-Aug. 5 : Training in Japan (Quality Management and Patient Safety, 6 staff members of CRH)

Aug. 28- Sep. 6 : Dr. Masao Hashimoto, short-term expert (Respiratory Medicine, NCGM) will visit CRH

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3. Significant improvements of hand hygiene with low-cost intervention

Hitomi KUROSU, Infection Control/ Nursing Management

Since I came to Cho Ray Hospital in April, I have participated in hospital rounds with the members of the Infection Control Department.

In Japan, we adopt “direct observation method”^{*1} and “measurement of consumed quantity of alcohol disinfectant”^{*2} in hospitals. Cho Ray Hospital has already adopted the direct observation method and its evaluation has been reported by the Infection Control Department. However I noticed that the measurement of consumed quantity of disinfectant wasn't conducted here. In addition, the control of the bottles of hand disinfectant wasn't so strict.

I talked with Dr. Le Thi Anh Thu, head of the Infection Control Department about this matter, and started monitoring of consumed quantity of disinfectant from May.



Drawing a line on a bottle



After 1 week (the quantity reduced)



Discussing hand hygiene with Dr. Thu (left)

We started monitoring mainly at 9B3 (Neurology) and 5B3 (Orthopedics) in May. The members of the Infection Control Department and I drew a line and wrote the date on the bottles of disinfectant, then confirmed the consumed quantity every Monday. As a result, especially at 9B3, the consumed quantity of disinfectant has dramatically increased and the adherence rate of the direct observation method has also improved. (see chart below)

We are considering to extend the monitoring of the consumed quantity of disinfectant to other departments in the future, and also expecting to figure out the condition of adherence of hand hygiene combined with the direct observation method.

Hand hygiene is the fundamental of the infection control. It is easy to put this into action. Let's start to draw a line and write a date in your department!

* 1 direct observation method: The method of checking the condition of hand hygiene of medical staff by trained staff based on “My 5 Moments” which is propounded in the WHO guideline.

* 2 measurement of consumed quantity of alcohol disinfectant: The method of checking the consumed quantity of disinfectants which are placed at corridors and bedsides.

