



# News Letter No. 5

## Project for Improvement of Hospital Management Competency



September 2017

### 1. Training in Japan on Quality Management and Patient Safety

Jun MORIYAMA, Patient Safety/ Nursing Management

The counterparts' training on Quality Management and Patient Safety was conducted from July 23 to August 5 in Japan.

I, together with the six counterparts of Cho Ray Hospital, participated in the training at the National Center for Global Health and Medicine (NCGM) and Saiseikai Kumamoto Hospital.

We learned a lot about the actual condition of the quality management in the hospitals such as incident report system, patient safety patrol and root cause analysis. The team medical care and clinical pathway were also introduced to us. The trainees and the lecturers intensely exchanged opinions about the challenges and solutions in Cho Ray Hospital.



Courtesy call to Dr. Kokudo, President of NCGM



Training at the Center Hospital of NCGM

The trainees proposed the following action plans and shared them to us eagerly:

- ① Update the format and reporting method (systematizing and going online).
- ② Launch multi-professional teams for the purpose of offering the best available treatment to patients (targeting lung cancer and respiratory care).
- ③ Introduce Clinical Pathway for the purpose of offering the standardized care to patients.

Even though it was a brief period, the trainees were able to draw up hopeful action plans. I expect they will create satisfactory results. The expert team of JICA, including myself, will support them to accomplish the action plans.

### ~ What is “Clinical Pathway” ~

Clinical Pathway was developed based on the idea of improving productivity and controlling the quality in the manufacturing industry. Clinical pathway visualized the process from admission to discharge and the specific treatment or diagnostic test for each case. Health care workers can offer the standardized care without any omission or inefficiency by applying the Clinical Pathway.

Clinical Pathway is so effective for the diseases which requires hospitalization for a few days and for the treatment and examination commonly implemented with the standardized way, for example, the endoscopic therapy, catheter therapy and cerebral infarction treatment.

Clinical Pathway is also regarded as a model of team medical care because it is developed collaboratively by various experts such as doctors, nurses, pharmacists, technicians and rehabilitation therapists.



Workshop on Clinical Pathway  
(At Saiseikai Kumamoto Hospital on August 1)

## 2. Michiyo Takagi, State Minister of Health, Labour and Welfare, Japan visited CRH

Ms. Michiyo Takagi, State Minister of Health, Labour and Welfare who attended the APEC High Level Meeting on Health and the Economy in HCMC visited Cho Ray Hospital on August 23.

Dr. Son, Director of Cho Ray Hospital delivered addresses of welcome, and Dr. Phuong, Head of International Affairs introduced the history of cooperation between Japan and Cho Ray Hospital. Both expressed gratitude for the long-term assistance from Japan.

Ms. Takagi expressed her respect for the contribution that Cho Ray Hospital made for the medical services in Vietnam for a long time. She also extended words of encouragement and gratitude to the experts and volunteers of JICA.

After the meeting, Ms. Takagi visited the emergency unit and the rehabilitation department in the hospital.



State Minister Takagi was gifted a painting by Director Son

## 3. Dr. Masao Hashimoto, short-term expert (Respiratory Medicine) engaged in collaborations



Dr. Hashimoto delivering lecture at the auditorium

Short-term expert Dr. Masao Hashimoto, Department of Respiratory Medicine, National Center for Global Health and Medicine (NCGM), visited Cho Ray Hospital from August 27 to September 6.

Dr. Hashimoto who visited the hospital for the second time in this year introduced the current situation of the “multi-professional collaboration” in Japan such as “Tumor Board” for the medical treatment of lung cancer and “Respiratory Support Team” for the standardization of respiratory care, and worked on the assistance to apply it to Cho Ray Hospital.

Dr. Hashimoto compared these collaborations to the condiments for cooking, explained that condiments (collaborations) were necessary to take advantage of the taste (skill) of each ingredient (member).

He is going to assist Cho Ray Hospital continuously to establish the multi-professional collaboration.

### ※ About the “multi-professional collaboration”

“Multi-professional collaboration” is a kind of collaboration wherein each specialty is exerted on equal footing among the medical staff of different sections or professions for the “patient-centered” medical care.

The members consisting of staff from various departments and professions who respect one another's opinions pursue a high-quality medical care tailored to respective conditions of patients.

“Tumor Board” is a meeting held to offer the best care for the complicated and difficult tumor cases. “Respiratory Support Team” intends to offer the safe respiratory care to ventilated patients by conducting hospital rounds.

(Jun MORIYAMA, Patient Safety/ Nursing Management)



Dr. Hashimoto (left) advising at hospital rounds

### Upcoming main activities:

Oct. 3 : Project Joint Coordinating Committee (JCC)

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

### Project for Improvement of Hospital Management Competency in Viet Nam

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