

CHAPTER IV
DESCRIPTION OF THE STUDY, SITES TO VISIT, PARTICIPANTS
AND MAIN MANAGEMENT BURDENS

1. DATA COLLECTION AT THE VIETNAM GERMANY HOSPITAL ON 18
SEPTEMBER 18, 1992

The key persons who helped the author to collect data were :

- Asso.Prof. Nguyen Son, Deputy Director
- Asso.Prof. Le Nham, Head of the Medical Record
Division
- Mr. Tran Dung, staff of the Medical Record
Division
- Mr. Huy, staff of the NHSIC, MOH

The Vietnam-Germany hospital is one of the biggest hospitals and the leading surgery center of Vietnam. There are 400 beds with 600 staff, among them 450 are medical doctors and bachelor equivalents. There are also surgeons from provinces who are studying and practicing there. Each year, the hospital carries out about 15,000 operations, nearly half of which (7,000) are major surgeries. To date, the hospital is equipped with 3 micro-computer sets donated by a french NGO (non government organization).

Some priorities that are proposed to be handled by computer are patient registration, treatment especially surgeon, financial and manpower management. The hospital raised a Foxbase-based-software to meet the above requirements but the program had some limitations and complication to user.

During the data collection, the researcher introduced the study and asked for the commitment of the hospital. One staff of the hospital medical service department was assigned to cooperate with the researcher to collect data.

2. DATA COLLECTION AT THE INSTITUTE FOR CHILDREN HEALTH PROTECTION (ICHP) ON 6 OCT. 1992

Key people who helped the author to collect data were :

- + Dr. Huu, Deputy Director of the Hospital
- + Dr. Nguyen Van Thu, Deputy Director
- + Dr. Thieng, Head of the Medical Service
- + Dr. Nguyen Dinh Thuong, as a broker

It took 3 attempts to get data there. In many cases, we had to return to interview the hospital managers who were absent.

ICHP is a new, modern and well-equipped by the Swedish Government and specialized in paediatrics. There are 684 personnel (of whom 640 in staff).

Table 4.1

Inpatient Bed Distribution in a Central General Hospital

Division/Ward	Number of Beds
- Neonatal ward	25
- Surgery	50
- Digestive	50
- Hematology	25
- Vascular	25
- Kidney	25
- Endocrine	25
- Neurology	25
- Nutrition	25
- Respiratory	50
- Infection	50
- Intensive Treatment	10
- Emergency	15
- and Traditional Medicine	2

400 inpatient beds and another 50 outpatient beds of ICHP are distributed in Table 4.1.

to the target people. It was fortunate that we were able to interview all the leaders and heads of divisions who were present at site, except for the director who was promoted to be health minister and 3 target people who were absent at the first visit we had to come back a week later to interview.

Regarding the Institute, it is an institute specialized in ophthalmology with 200 beds and another 20 out-patient beds. There are 5 clinical departments, 4 para-clinical departments and 4 other supporting divisions.

One of the problems that the Institute faced with was over-utilization, even though the number of beds is 200, the average number of inpatients is about 280. One reason is the good reputation and advanced technology of the Institute; many patients referred from provinces, sometimes directly from communes or districts. Whilst inputs into drug, equipment, medical supplies and maintenance have declined, this is also common to all other health facilities.

Each day, about 25 major operations, 230 ophthalmological examinations are performed. Especially, in the OPD, physicians can not follow the work plan of examination and treatment since they have to serve patients whenever and wherever they come.



4. DATA COLLECTION IN SAINT PAUL HOSPITAL

At this time, the researcher came with a statistician from Health Management Department of the MOH, Mrs. Nguyen Thi Minh who had a very good relationship with the hospital. In the first visit we only met a statistician of the Medical Service Unit. We informed her about the study and then arranged time for the interview two days later. In fact, we had to come back the hospital twice more to interview all of the eligible people.

St. Paul hospital is a rather big hospital though it is under the umbrella of the municipal authority. There are 500 beds with 623 staffs working in 6 surgical wards, 6 paediatrics wards, 5 para-clinical departments and 6 supporting divisions. On average, about 50 inpatients are admitted and 30 inpatients are discharged from the hospital per day. The volume of inpatients is about 350. In addition, from 15 to 30 outpatients are served by the OPD.

The hospital has problems in manpower management due to a part of another hospital just joining the hospital. There are many difficulties in arranging staff and leaders and a number of patients who used to go to the old hospital have now come to the hospital.

Leaders of the hospital wanted to use the computer set (donated by French Government) to support the management of patient and other activities. Nevertheless, they had neither a clear idea about it nor a concrete protocol.

5. DATA COLLECTION AT THE E HOSPITAL ON 3 NOV. 1992

Dr. Nguyen Van Bao participated at this attempt. We started from the Manpower Division, then divided into two groups to interview all eligible staff with the help of a hospital manpower staff person. It was the quickest day during the study when we could complete data collection in the whole hospital.

The E hospital is located in the suburb of Hanoi. It was heavily subsidized by the MOH and strongly bureaucratic. The main target object of the hospital is government staff and local people. There are 500 beds and 50 out-patient beds, 2 examination departments (one of them is out-clinic, located inside the capital) with 10 specialties : therapeutic, ophthalmology, ENT, maxillofacial and dentistry (MFD), dermatology, emergency, gynecology, physiotherapy, X-ray, traditional medicine. Other departments are the pharmacy, para-clinics eg. hematology, biochemistry, microbiology, anatomy etc., clinics with operation rooms, and supporting divisions.

There is also an intermediate medical school inside the hospital. The E hospital is a typical model of Vietnam in the heavily subsidized bureaucratic administration that needs many renovation to catch up the new market-oriented policy. The structure of the hospital is pictured in Figure 4.1 :

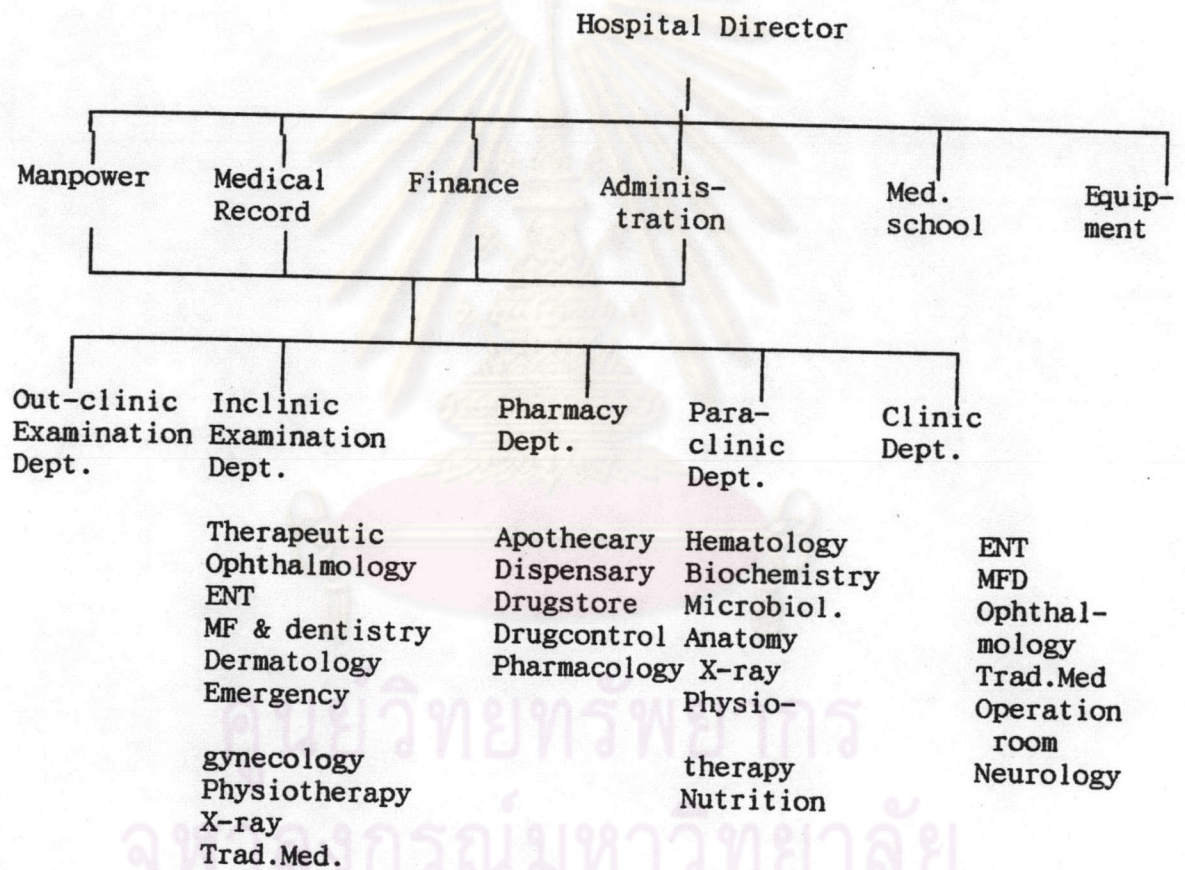


Figure 4.1
Organization of a General Hospital at Central Level

A striking problem is the serious deterioration of the establishment and equipment due to the declining funds from the government. The results are insufficient and under

qualified health delivery. The under-utilization is unavoidable with around 300 inpatient per 500 beds. On the visiting day, 16 patients were admitted and 9 others were discharged.

The hospital had a plan to cut the number of beds from 500 down to 300 and open a pilot paid health service, health insurance. Some activities such as wage management are handled by outdoor computer.

6. INTERVIEW AT THE INSTITUTE OF TUBERCULOSIS AND LUNG DISEASES CONTROL ON 10 NOV. 1992

It took us 3 attempts to collect data there. At the first visit, we met the Deputy Director, Pharmacist Pham Trong Quang and Mr. Pham Minh Duc, Head of Man Power Division. We also interviewed the head of Medical Record. (At the time being, named as Plan and Synthesis Division) and the Pharmacy Department.

ITBLD is a leading health institution specialized in TB and lung diseases in the country. ITBLD has 4 missions:

1. Research
2. Treatment
3. Train
4. Supervisor

There exists 400 beds distributed as followed :

Table 4.2

Distribution of Inpatient Beds in a Specialized Institute

Division/Ward	Number of Beds
- Emergency	31
- Therapy 1	72
- Therapy 2	55
- Therapy 3	64
- Therapy 4	50
- Surgery	90
- Pediatrics	30

In addition, there are 25 out-patient beds. The institute is at the present subsidized completely by MOH. People come here benefiting by the free charge of services thanks to the policy of Government, all social diseases are at high priority. Anyway, many medicines the patients must buy from the institute or outside.

On the day of our visit, 382 inpatients, 10 new admitted inpatients and 10 others discharged had been registered. In addition, from 200 to 350 outpatients were

treated and consulted by the ITBLD. On average, the institute carried out 3 major operations per week.

ITBLD was facing with a conflict between the declining subsidy system and the free charge policy for patient, especially those who had the right to enjoy free drug distribution. Whilst the demand was high, the supply from the government was limited. The opening of market-oriented policy had magnificent influence on the accomplishment of the institute's mission. New challengers such as private physicians, private drug stores were not only attracting more people, but also declining the number of patient, especially outpatient dramatically from 600 last year down to 300 at the same period this year. Treated by outside unqualified general practitioner, patients were suffering from new burdens eg. terrible anti-drug syndrome due to the incorrect and over utilization of antibiotic.

To date, 4 micro-computers were used inside ITBLD but they merely served vertical health program such as ARI (Acute Respiratory Infection Control Program). Managerial activities were mainly registered in logbook or paper.

7. DATA COLLECTION AT THE ENDOCRINOLOGY HOSPITAL ON NOVEMBER 12, 1992

To compare with the previous hospitals and institutes, Endocrine hospital is the smallest one in terms of size, number of staff and bed. There are only 50 beds with 71 staffs. As its name states, the hospital is specialized in endocrine diseases. The target population are out-patients, especially patients came from mountainous areas. At the first time of visit, no inpatient was recorded. The hospital has plans to transfer all its beds to Bachmai, the nearby and biggest hospital. On average, each day 2-3 new people come to consult or to be treated and about 60 to 80 outpatients are registered. The mission of the hospital is :

1. directing and monitoring the Anti-goiter program in provinces (weighing about 60% of task)
2. treating outpatients at site (weighing about 30%)
3. researching and laboratory work.

Similar to ITBLD, Endocrine hospital has 2 computer sets which are used only to monitor the anti-goiter program.

8. DATA COLLECTION AT THE VIET-XO HOSPITAL ON NOVEMBER 26, 1992

Viet-Xo hospital is a general hospital whose target population are government middle and high ranking officials. With 340 beds and 30 OPD beds, the hospital is fairly well equipped and supplied. Patients, often over 50 years of age, are stable and suffer from chronic and high-aged diseases such as asthma, vascular and heart failure, cancer etc.

At the present, the hospital used computers to manage patient record effectively. Every doctors and nurses had learned how to fill computer form and the hospital-made-code system. Whenever a patient was discharged, his data would be entered into a computer. The home-made computer program, a batch-inquiry system met all statistic requirements although to date, it didn't support doctors or patients to have information directly.

At the pharmacy division, we found out the high need of computerization. On average 650 drug description, in which 350 for outpatients, the statistician and pharmacist had to calculate more than 500 types of drug per day. Manual work could not provide results in time.