

NEW ZEALAND -VIET NAM HEALTH TRUST NEWSLETTER

Patron: Dr Brian McMahon

October 2013

PO Box 2872
Christchurch 8140

NZVNHT Chairman's Report November 2013

Greetings from the Board of the New Zealand Vietnam Health Trust (NZVNHT) We've had a quiet but productive year as the Trust continues to maintain a significant presence in Binh Dinh province, Vietnam and has successfully sustained it's work over the last 12 months. To facilitate this we have as you know been fortunate to have the services of Nguyen Phuoc (formerly senior VSA administrator in Quy Nhon) as our Vietnamese agent. We are also extremely fortunate to have had the support of Dr Hung Deputy Director of Health, Binh Dinh who has consistently given us supportive counsel.

Our major activities have been the John Dunbar and Simon McMahon facilitated visit by our Vietnamese orthopaedic colleagues as well as the ongoing Neonatal Paediatric Project which has continued to expand it's brief and is now seeing important local growth – to the extent that the Province Hospital Neonatal Intensive Care Unit is now seen as something of a model for provincial Vietnam. Both are well described in our newsletter (below) and have the potential for ongoing expansion if we are able to respond to requests from Department of Health and Quy Hoa leadership to increase our frequency of visits and support. Over the last 12 months Harold Neal has also sustained an ongoing relationship with the laboratory focused cervical screening initiative and we are actively planning our next requested Helen Hamer led mental health visit.

Of some recent excitement and potential is a request for us to develop a nurse educator project. This reflects significant maturing of the local Health system as it recognizes the impact of a structured, planned approach to nurse education on their progress in reducing neonatal mortality .We have established how this could occur but will need financial support to make this happen.

It's important that I give you all a sense of “where the Trust is at. As you will be aware, a few years ago NZAID (now morphed into MFAT) decided to withdraw funding from “health support to Vietnam”. From our perspective this has been difficult, has forced us into a variety of (including self funding) approaches to the different projects – this despite the fact that there remains ongoing need for support (health systems in Binh Dinh still have a long way to go). We are all also very aware of the long standing NZ relationship with Vietnam, well described by our new association with Claire Hall journalist historian and where you can read about this history by googling this internet link:-

<http://www.vietnamwar.govt.nz/memory/50th-anniversary-nz-medics-vietnam> My sense is that this is of equivalent significance to the Himalayan Trust relationship with Nepal so that I'm very hopeful that if we can highlight this we can generate equivalent levels of support and continue to thrive.

In reality however we must generate significant administrative support and improve our profile to survive. Unless we can develop our financial resources to obtain corporate or further MFAT support over the next few years the Trust is likely to fold. If you have access to people with the time and skills to assist or access into the corporate world I'd be very happy to hear from you.

I'm really grateful to the Orthopaedic Society, the Pacific Leprosy Foundation and our patron Brian McMahon for their initiative re the Orthopaedic Project - also our Board, David Morris (Vice chairman), George Gordon, Judi Smitheram, John Dunbar, Helen Hamer for their consistent support and engagement for what has been an enjoyable year.

Next year will continue to be a challenge – It's critical that we sustain our longstanding New Zealand – Binh Dinh Vietnam relationship

Please read our newsletter as well as the more detailed reports on our website .I think you'll find these of interest. <http://www.nzvnht.org.nz/>

Thanks a lot for your time in reading this.

Kind Regards

Johan (Morreau)

NZVNHT Board Chairman

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Cervical Cancer Screening Project

Quy Nhon was visited in May to provide on site training of cytology laboratory staff at Quy Hoa Hospital and also visit the Reproductive Health Centre (RHC) cytology staff.

Prior to arriving in Quy Nhon I had met pathologists and scientists practicing cytology in Ho Chi Minh City and it was reiterated that the incidence of cervical cancer is very high and that cytology using Pap smears is an effective way to reduce the burden. I was privileged to present to the inaugural meeting of the Ho Chi Minh Pathology Society on the benefits of liquid based cytology (LBC).

Unfortunately, there are many regions and provinces in Vietnam that do not have the financial resource to currently consider primary screening using human papilloma virus testing for the prevention of cervical cancer which would result in a non-equitable situation for those who most need the test. So cervical cytology screening with the Pap smear remains a viable option.

The Quy Hoa cytology laboratory activity under the direction of Dr Anh and Ms Ha was the key focus of the visit. Quy Hoa had processed a small number of cervical smears over time and have many times invited me to provide support.

With good communication prior to the visit they had ordered all the necessary reagents and stains and by the end of the first morning we had set up the technique. I had asked if they could take a few smears prior to the visit and was very pleased when they provided 80 to stain and read. The limited time programme I provided was to “throw them in the deep end” by providing a series of test sets where they had to determine if cellular changes were normal, low grade, high grade or cancer and then to explain why. This proved to be excellent as the group was highly interactive (both with me and as a team) and by time the week concluded I had embedded some core cytological and biological concepts.

The exit meeting at Quy Hoa was with Dr Tan (Director) who indicated a strong desire for a coordinated women’s health programme established from Quy Hoa and extending to the 15 provinces he links with. The infrastructure and communication is already established for other hospital functions. The Quy Hoa Hospital sees a large number of women for STI’s so including Pap smears is relatively easy. These links will be key for coverage.

The visit to Dr Bich (Director), Ms Thuy and cytology staff at RHC was to review any cases they wanted opinion on and to generally discuss progress. The lab is now promoting visual inspection by acetic acid (VIA) as an alternative to Pap smears so the number of cytology cases and screening staff has reduced. The lab processes both Pap smears and LBC samples. I reviewed a small number of cases for them and agreed with their interpretation. I also visited Dr Phuc pathologist at Province Hospital and his staff. They had processed a small number of cervical biopsy referrals from RHC.

The Trust should plan to support the cytology/colposcopy development at Quy Hoa Laboratory/Hospital. Colposcopy is essential to take biopsies and provide effective treatment. Quy Hoa laboratory is in a good position for tissue diagnosis as it has an established histology department that will benefit from educational workshops for cervical histology diagnosis. The Trust should also continue its long-term relationship and support at the RHC for cytology and colposcopy treatment associated with VIA detected abnormality.

The ideal situation for Binh Dinh Province is for the service providers to develop cervical screening as a partnership.

I sincerely thank the laboratory directors and their staff and all the local people who as always make the Trust so welcome and look after us so well. And a special thanks to Dr Loc and Mr Tho for giving there own time for translating. And, as always, the Trust for the continued support along with the external sponsors of the Trust for cervical cancer screening.

Harold Neal



Vietnamese Surgeons Maintain Long Links

A group of Vietnamese orthopaedic surgeons from the city of Quy Nhon have been in Dunedin this week, observing hip and knee surgery.

Hip and knee replacements are carried out only in Vietnam's main centres, not in Quy Nhon, which has a population of 260,000, although some of its hospitals serve a much larger population.

The visit was organised by the New Zealand Viet Nam Health Trust, of which Dunedin orthopaedic surgeon John Dunbar is a board member. Mr Dunbar and fellow orthopaedic surgeon Simon McMahon have spent the week showing the surgeons operations at Dunedin and Mercy hospitals, and teaching them about pre-operative and post-operative care.

Next week, the surgeons head to Nelson and then Auckland, for further clinical observation. The three-week visit continues co-operation fostered when the New Zealand Surgical Team was based in Quy Nhon from 1963 to 1975. The New Zealand Services Medical Team was 100km north at Bong Son, also in Binh Dinh province, from 1967 to 1971.

There was a break in the link at the end of the Vietnam War in 1975 until the early 1990s, when New Zealanders returned to the area.

The surgeons work at three different hospitals, the biggest of which was a leprosy hospital that treats patients from up to 12 provinces (15 million people).

The rehabilitation centre treats children born with deformities, one of the causes of which was likely to be defoliants like Agent Orange, used in the war.

The Vietnamese surgeons' areas of expertise were trauma, deformity correction, and leprosy surgery.

Mr Dunbar hoped to travel to Quy Nhon in the next year to help once they started carrying out the operations. It would be his 11th visit.

The surgeons were particularly interested in observing arthroscopic (key-hole) surgery.

Interpreter Phuoc Nguyen said memories were strong of the New Zealand doctors and nurses who provided medical care in the 1960s and 1970s, including Dunedin's Dr Brian McMahon, father of Simon McMahon.

"Still people talk about the Kiwi doctors. They say Kiwi doctors saved their lives," he said.

"After the war, an interruption, from 1975 until 1991-92 when they came back. They came back and provided support to local health care," Mr Phuoc said. Mr McMahon said hip and knee replacements were increasingly seen as mainstream surgery in Vietnam, which was increasing its health spending and had a booming economy.

Spurred by this father's involvement with the area, Mr McMahon has visited several times, and is a member of the trust. Before the doctors leave the South, Mr McMahon is taking them to Queenstown for the weekend.



At Dunedin Hospital are (from left) Simon McMahon, Dr Doan Quang Phuoc, John Dunbar, Dr Phan Canh Cuong, interpreter Phuoc Nguyen, Dr Nguyen Thuong Hung and Dr Dao Anh Tuan

Great Orthopaedic Support Continues

The orthopaedic programme continued this year with a three-week visit to New Zealand by four orthopaedic surgeons from Qui Nhon. Mr Phuoc, the NZVNHT liaison officer, accompanied them as interpreter. The visitors represented the three main orthopaedic centres in Qui Nhon, and included Dr Cuong and Dr Tuan from the Rehabilitation Hospital, Dr Hung from the Leprosy and Dermatology Hospital and Dr Phuoc from the Province Hospital. All were particularly interested in seeing and learning about arthroscopy of the knee and replacement of the knee and hip. The hospitals from which the visitors came are all preparing to take the step up to being able to offer these operations in Qui Nhon. This reflects the rapid growth in health services in Qui Nhon in recent years. There is much more sophisticated equipment available now and new operating theatres are in use.

The Trust is very appreciative of the financial support from the Pacific Leprosy Foundation received for this visit. We recognise with gratitude the willing assistance of medical colleagues from Dunedin, Nelson, Auckland and Middlemore hospitals and the Wilson Centre in Auckland who not only provided educational input for the visitors but also hosted them in their homes.

Planning is commencing for a Health Trust team comprising orthopaedic surgeons, anaesthetist and physiotherapist to return to Qui Nhon in early 2014 to assist with the continuing development of orthopaedic services.

John Dunbar

PAEDIATRIC AND NEONATAL ACTIVITY 2013

The NZVNHT paediatric – neonatal project was established in 2001 in response to a request from the Binh Dinh Department of Health (DOH) when they identified the need for support and training to improve the healthcare outcomes for infants and children, to reduce infant and neonatal mortality and long-term disability. Since then a small team of specialist doctors and nurses from NZ have been visiting annually for two weeks to conduct training courses, advise and mentor developments at a range of levels in the Vietnamese system.



Jane Bocock teaching at Province Hospital

This year the **New Zealand Paediatric Team** delivered a two-week training course to Vietnamese health professionals in Binh Dinh.

An introductory meeting on Monday morning of **5 August 2013** with Dr Hung Deputy Director General at the DOH followed by a second meeting at Provincial Hospital with senior medical and nursing personnel including Dr My, Medical Director of the hospital, Dr Minh, Deputy Director, Dr Tinh, Project Manager, Dr Ngon Director of the Neonatal Department and Head Nurse of the hospital Ms Nhung establishes expectations and further refines the training programme and workshops for the two weeks.

Training was delivered both formally and informally using a range of different teaching methods; in workshops where both theory and practical skills were taught, at the bedside, working alongside staff or sitting round a table with a white board in the neonatal unit and discussing individual cases and clinical related subjects.

Although the majority of the two weeks was spent at Provincial Hospital, the Team also ran tutorial styled workshops at City, Bong Son and Hoai Nhon Hospitals.

When we returned this visit, we were very pleased to see the Province Hospital neonatal department functioning very well and importantly that developments noted previously (particularly re family centred, infant focused rather than system focused care) are being sustained. The focused work done by Anne de Bres on developmental care, nurse education and family centred care during her VSA tenure and the longstanding training programmes delivered by the NZ paediatric neonatal team are being sustained and translated into high quality care for babies.

It is also heartening to hear from members of the community that they feel confident in the care and treatment that is provided in the neonatal department. Furthermore, for the second year in a row, the department has received excellent feedback following the monitoring visit by senior medical and nursing personnel from one of Ho Chi Minh City's largest paediatric hospitals in Vietnam. The review visit is part of the Vietnam Ministry of Health initiative to improve neonatal and paediatric services in provincial hospitals. The monitoring team observed that the quality of care was higher than equivalent provincial units elsewhere in Vietnam.

Province Hospital neonatal unit is leading the way in Vietnam after introducing 'family centred' care in 2008. The model of care is the standard for best practice in paediatric nursing world wide and is associated with benefits for the infant such as - lower behavioural stress cues, shorter lengths of stay, fewer readmissions, enhanced breastfeeding and increased family and staff satisfaction.

Key components of the progress include **Infection Control** initiatives such as

Excellent nursing and ward management and adherence to policies and procedures on infection control in the neonatal unit and the contribution of the Infection Control department in the hospital have positively impacted on the reduction of infection rates.

Hand washing by staff and visitors

Improved house keeping and cleaning of equipment

Regular teaching on importance of infection control to families

Less overcrowding and sharing of beds

Equipment used on one baby only

Previous problems with complex antibiotic resistant organisms have significantly decreased. Medical decision-making now reflects evidence based practice by improved antibiotic prescribing, e.g. less use of 3rd generation cephalosporin or not more than 2 antibiotics simultaneously, has contributed to the overall reduction in infections.

Family centred care is extremely important as a way of delivering a more holistic care model for sick neonates by allowing a family member to be at the bedside 24 hours per day.

We observed family members providing the following:

- Positive reassuring touch
- Skin-to-skin or 'kangaroo' care
- Nappy changing and washing
- Breastfeeding
- Comfort or containment holding
- Nasogastric feeding



Teaching session with the team

Continued on next page

PAEDIATRIC AND NEONATAL ACTIVITY 2013 CONTINUED

Family also provide an extra 'pair of hands', and as a result of close surveillance of their baby they can, and often do alert the nurse or doctor of an impending problem e.g. breathing difficulties.

Contrary to concerns expressed by some colleagues from other hospitals, family involvement with the care of the baby has not caused an increase in infection rates in the unit. Family inclusion may in fact be one of the factors contributing to the decrease in the mortality rate at Provincial Hospital neonatal unit, as family provide oversight at a time when there is insufficient nursing staff to provide one-on-one nursing and when access to individual monitoring equipment is not always available.



John Doran and Johan Morreau

Nursing and Medical Care - The leadership of Ms Thach and the neonatal nurse educators has been pivotal in increasing the standard of neonatal care and enhancement of care for patients and families. Ms Thach and Dr Ngon senior paediatrician have been instrumental in establishing an excellent functioning unit. Dr Ngon is to be congratulated for his commitment, passion and very hard work to ensure the neonatal service at Provincial Hospital is meeting the need for high quality care for newborn babies in Binh Dinh Province. It is evident when visiting the unit that staff work well as a team. The doctors and nurses communicate openly in discussions and case reviews on babies are encouraged. The department meets regularly with maternity colleagues to discuss important cases.

We observed the following:

- The neonatal unit is quiet reflecting non stressed babies being well cared for
- Nurses are moving away from a task-orientated focus to a 'patient centric focus'.
- Senior nurses work along side less experienced nurses role model appropriate care for the infant.
- Minimal disturbance to the baby - maximizing rest and recovery for a baby.
- Gentle and appropriate handling, positioning and bathing etc.
- Babies were 'nested' and incubators darkened to reduce noise and light.
- Improved communication skills of the nurses to inform and educate families.
- Essential equipment such as CPAP, infant warmers, phototherapy machines and respirators were clean and stored under cover sheets ready for use.
- Cleaning staff maintain a strong presence in the department throughout the day. They are doing an excellent job of keeping the unit spotless by following infection control standards.

Future Developments

In end of visit discussions with Dr Hung Deputy Director of Health, he requested that the paediatric team consider a 6 monthly option. Unfortunately until the Trust can access more funding, the extent of the programme we can offer is limited.

Clearly there is also the potential for a project focused on obstetrics and maternity which would become an important next step to achieve further gains in reducing neonatal mortality and disability e.g. through reducing birth asphyxia. If Provincial Hospital obstetricians were keen for NZVNHT engagement and support, we could potentially look to generate this. This would in time develop in to a project that linked with the district hospitals in terms of training and outreach to rural areas where infant mortality/morbidity and maternal mortality remain very high.

Similarly there is huge opportunity to roll out a requested intensive nurse educator development that would have far reaching benefits. This will however require resource. The NZVNHT can certainly take pride in progress so far.

There remains much work to do – we will however need some small additional resource to sustain and grow our work.

NZ Paediatric – Neonatal Team volunteers are

Johan Morreau – Paediatrician, Rotorua

John Doran – Paediatrician, New Plymouth

Jane Bockock – Neonatal Nurse Manager, New Plymouth

Anne de Bres – Clinical Nurse Specialist

Provincial Hospital Neonatal Mortality Rates		
Year	% Mortality	No of Deaths / Admission
2005	13.42	100 / 745
2006	10.08	82 / 813
2007	9.98	92 / 921
2008	9.78	87 / 889
2009	7.89	83 / 1052
2010	6.63	64 / 965
2011	8.14	102 / 1253
2012	8.35	124 / 1485
2013	6.3*	*Figure for first half of 2013

It is important to note the mortality rate prior to 2008 did not include babies that were "sent home to die". Since 2008 an additional 30% of these deaths have been recorded and are reflected in the above statistics.

More formal Training included:

Training Workshops for Doctors, Nurses and Midwives

The first workshop was held 7-9 August at Provincial Hospital. Attendees 45 in total included paediatricians, doctors, nurses and midwives from Provincial, City, Bong Song and the 11 district hospitals.

Training Workshop Commune Health Centre Midwives

One-day workshop on 14 August for midwives from 15 Commune Healthcare centres.

Nurse Educator Workshop

A half-day workshop designed for the 34 head nurses at Provincial Hospital. Anne de Bres assigned Ms Thach and Dr Ngon to establish the nurse educator position for neonates.

Monday 25th November

8.00pm

This will be a Skype meeting utilising centres in Dunedin, Auckland and Christchurch.

If you would like to join from one of these hubs, or from your home address if outside these areas, please make contact with the Trust to register your interest and Skype contact address with the Judi by Friday 22nd November to: office@nzvnht.org.nz

If you would like a role in the Trust and/or make a contribution on the Board (specific skills of IT, administration, financial and fundraising required), please contact office@nzvnht.org.nz



THE TRUST BOARD 2012-2013

Chairman: Johan Morreau

Board Members: David Morris, George Gordon (co-opt), Helen Hamer, John Dunbar and Judi Smitheram

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