

Hue Central Hospital

CARDIOVASCULAR TRAINING PROJECT

Mid-term Review Report

COMMISSIONED BY ROYAL CHILDREN'S HOSPITAL MELBOURNE
RCH INTERNATIONAL

Hue, Vietnam

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Review Team
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Hue Central Hospital Cardiovascular Training Project Mid-term Review

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The mid-term review was conducted by a team from the Research and Training Centre for Community Development Vietnam (RTCCD) on the commission by the Royal Children's Hospital Melbourne. The team has made every attempt to accurately reflect the facts and views that have been provided to the evaluation team. The team takes full responsibility for any errors of fact or omission, or for any inadvertent misrepresentation of material provided. For comment, please contact Dr. Tran Tuan at trantuanrtccd@gmail.com Tel +(84-4) 36280350; Fax: +(84-4) 36280200.

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Glossary & Abbreviations

AP	Atlantic Philanthropies
AUD	Australian Dollars
CHUR	Centre Hospitalier Universitaire de Rennes, France
CC	Clinical Coordinator
CVC	Cardiovascular Centre, Hue
CVTP	Cardiovascular Training Project
HCH	Hue Central Hospital, Vietnam
HCMC	Ho Chi Minh City
IELTS	International English Language Test System
IDC	The Institut du Coeur (Heart Institute), HCMC, Vietnam
MoH	Ministry of Health
PMC	Project Management Committee
RCHI	Royal Children's Hospital International, Melbourne, Australia
RCHM	Royal Children's Hospital Melbourne, Australia
RNSH	Royal North Shore Hospital in Sydney, Australia
RTCCD	Research and Training Centre for Community Development, Vietnam
VND	Vietnam Dong

Executive Summary

In November 2005, Atlantic Philanthropies (AP) approved a proposal from the Royal Children's Hospital Melbourne to establish a comprehensive training project for strengthening capacity at the Cardiovascular Center (CVC) of Hue Central Hospital (HCH) to provide high quality cardiovascular services within Vietnam and the Asia Pacific Region.

Planned for a five year period, the **project aims** to train 111 hospital personnel, including seventy-eight trained in Vietnam and thirty-three trained overseas. Personnel will receive training in cardiovascular procedures, clinical management and administration. Royal Children's Hospital International (RCHI) functions as the overall coordinator of cardiovascular training in partnership with HCH/CVC. Under their joint coordination, there are five training institutions involved in providing training services including: (1) the Centre Hospitalier Universitaire de Rennes (CHUR) in France for management training in the cardiovascular field, (2&3) the Royal Melbourne Hospital and the Royal Children's Hospital Melbourne Australia for contemporary cardiovascular procedures in the area of specialisation ; (4) the Institute du Cœur (IDC) for a training in both clinical and management in cardiovascular services and (5) the HCH/CVC for preliminary cardiovascular training. In addition, English and French training is conducted locally to prepare staff before going overseas within the framework established by RCHI and CVC/HCH.

To assure the project objectives are met by the end of the year 2010, RCHI requested a local independent research institution, the Research and Training Center for Community Development (RTCCD) to conduct the project mid-term review (MTR). The review team consists of five experts - a clinician, an anesthesiologist, an educator, a financial analyst and a health system research specialist - who visited the CVC, HCH, and IDC in May and June of 2009 in order to review the progress of project implementation period 2007-08 and to collect lessons learned from the project to date. Fifty interviews were conducted including 10 project management staff, four administrator staff, 25 trainees, 6 clinical coordinators and supervisors, and 5 patients. Below is a summary of the review findings:

General impressions:

- The project has set clear objectives, met practical needs, and was well planned.
- The project was well prepared and implemented and was flexible in responding to practical needs. When additional needs were identified, the project addressed them in a timely and effective manner while staying within the budget.
- The project has achieved the progress required for phase 1. It is anticipated that the project will be able to complete the objectives set for its completion in 2010.
- The project was managed on the principle of mutual cooperation, in a democratic and transparent manner. National and international project coordinators are all well qualified to complete their roles.
- Financial management was simple, clear and well-controlled.

Successes:

- By mid-year 2009, 63 out of 111 (57%) trainees were accepted into the project and 59 of those have completed their training.
- The HCH/CVC has increased service outputs by 128%, of which, there are four services (*Arterial Switch Operation, Right auxiliary incision for VSD closure, The first use of ECMO (extracorporeal membrane oxygenation) for cardiac support, and Continuous Venovenous Hemofiltration after cardiac surgery*) are attributed by Hue CVC to be the result of the project's contribution. After the basic training provided project, technical staff could go for advanced training and apprentice in America, France and Tai Wan.
- The project has been managed and implemented well, especially in the project preparation phase. The monitoring system is very organized, easily accessible, and simple. It fits well with the Vietnam management system.
- Despite the high pressure due to a professional staff shortage at CVC and IDC allocated for project management and implementation, the project met almost all specific objectives in the first two project years due to a very high commitment from all 4 project partners and especially from international and local project coordinators.
- After identifying a need, the project added the following initiatives to be included in the implementation phase:
 - Nurse education and training
 - Supporting infrastructure for training for medical staff at CVC
 - Promoting a model of care for pediatric cardiac patients.

Challenges:

- The main challenge in implementing this project is the extreme delay in decision-making due to the following obstacles: slow communication from the CVC system due to overload of work, centralized organizational structure, and traditionally and passivity among most of the CVC staff, who have been involved in the project, especially trainees.
- The new Australian National English Policy for International Medical Graduates issued in July 2007 made it extremely difficult for Vietnamese doctors to practice while learning in Australia. Regardless of the intensive and on-going English training provided to potential Australian-based candidates over three years, not all of them have reached or come close to the English requirement. Therefore, some of them have had to learn as "observers". This certainly has impacted trainee's learning opportunities as they are not allowed to practice as a doctor and don't have any patient contacts.
- The in-service training conducted by the CVC team is not organized in a systematic way which has limited the impacts of CVC/HCH training outputs and outcomes.
- The burden of work overload that all the Vietnamese project counterparts are bearing has affected their quality of performance and the training outcomes.

Recommendations:

- The project management approach appears to be good. It should be maintained throughout the project term, except for the replacement of the local training coordinator at CVC.
- The project should focus on improving the training process at CVC.
 - Sending a training consultant or advisor to CVC to help them design and conduct a training project that fits their context is vital. Standard Operating Procedures – directives to be followed when carrying out a given operation to ensure the process is always conducted in a standardized manner - should be introduced at CVC.
 - Monitoring of training materials used by HCH/CVC for its local training activity should be improved. The project should issue templates to record actual equipment or supplies or training rooms used for each on-the-job training activity. This enables cross-checking of the presence of training activity provisions.
- Although the main activity in the initial project plan is provision of training for Hue selected personnel, if possible, further support for institutional capacity strengthening is needed, and more innovative applications of knowledge management should be considered.
 - It is necessary to have a component to help CVC develop protocols and guidelines for medical performance within their local context. There also needs to be an internal supervision team to ensure health staff strictly follow the protocols once issued. This requires training on supportive supervision.
 - It is important to maintain expert visits from Australia to Hue CVC to refine skills, foster the functioning of a multi-disciplinary team and to counsel the CVC team on decision making for an operation.
 - More training courses or workshops about the effectiveness of cardiac treatment should be organized in which early identification and treatment are the focus rather than the hi-technology regime.
 - Further cooperation is needed to upgrade health data & information system.
- Language and cultural preparation before departure for overseas education. English/French learning environment should be organized at CVC or candidates should be put in situations to communicate by English/French daily for a year before leaving Vietnam.
- Project expenditure management at CVC: Even though cash payment is the main method of payment in Vietnam's financial system, where and when possible CVC should eliminate all cash transactions including trainees' allowance, equipment and material purchases.