Evidence-based Nursing Practice:
The Vietnam Experience

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Objectives

- Upon completion of this presentation, the participant will be able to:

  1. Understand the Vietnamese healthcare system.

  2. Analyze the nurses' role in the Vietnamese healthcare system.

  3. Analyze how nurses in the United States can assist their colleagues anywhere in the world to develop their practice.

Vietnam

- 90 Million citizens

- 42% under the age of 24

- 54 ethnic groups

- 40 hospitals in Ha Noi

- 53 hospitals in Ho Chi Minh City (Saigon)

- Chief Nurse of Vietnam, Ministry of Health

- Vietnam Nurses' Association

Vietnam Healthcare System

- Life expectancy: 76

- Infant mortality: 18/100,000

- Private Hospitals: 6%

- Health insurance program introduced: 1993

- Universal coverage: 77%

- Not uncommon for 2-3 patients per bed (occupancy rates are generally 120-160%

- Spending: 7.5% of GDP

Our Current Partners

- Viet Duc University Hospital: 500 beds

- Bach Mai: 1,500 beds

- Ha Noi Medical University Hospital: 400 beds

- National Hospital for Tropical Diseases: 280 beds

- E Hospital: 500 beds

- 115 Center (911)

- Each hospital has an average daily census in excess of the number of beds

DNP Student Projects

- Neo-natal resuscitation

- VAP Reduction

- Diabetic Foot care

- Nursing Shared Decision Making

US Consultants

- California
- Georgia
- Connecticut
- Texas

- Tennessee
- Oregon
- Florida
- Arizona

Over 200 nurses have visited VN on behalf of VNPIP, taught over 1,000 classes (in person and via Internet).

Venues

- Viet Duc University Hospital:
- Bach Mai:
- Ha Noi Medical University Hospital
- National Hospital for Tropical Diseases
- E Hospital:
- 115 Center (911)
- **Vietnam Nurses' Association**
- **National Burn Hospital**

- **Central Hue University**
- **Vinmec Healthcare**
- **Pham Ngoc Thach U.**
- **Hai Duong University**
- **Bach Mai School of Nursing**
- **Vietnam Academy of Traditional Medicine**
- **St. An's Orphanage**
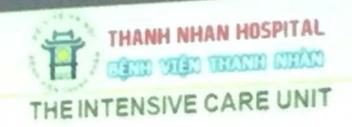- **MOET & MOH**
- **Thanh Nhan Hospital**

Evolution

- 2006 – 2010: Crow + volunteers once/year, + DNP Students

- 2010 – 2013: Crow + volunteers once/year + virtual nursing grand rounds Thanh Nhan Hospital, + DNP Students

- 2013 – Present: Crow + volunteers once/year, +DNP Student, Vietnam Nurse Practice Improvement Project Meet via Zoom once per month X 2 hours X 9 months with 6 medical centers in Ha Noi for EBP Project management.

Evolution

- January 2019 VNPIP grant provided to conduct an EBP Seminar to spread EBP throughout Ha Noi.

- Research: What does it mean to be a nurse in the Thanh Nhan Hospital Intensive Care Unit.

- Four publications as a result of our work in Vietnam.

SOLUTION FOR PREVENTION OF PRESSURE ULCERS IN PATIENTS IN NEUROGURGICAL ICU ROOMS IN THE DEPARTMENT OF NEUROLOGY & NEUROLOGICAL INTENSIVE CARE. VIET DUC HOSPITAL - 2016

Trần Văn Oánh. Chu Văn Long
Nguyễn Thị Hằng. Nguyễn Ngọc Thực
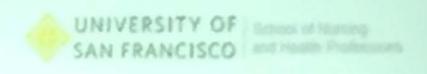Nguyễn Hữu Trung. Phạm Thị Sơn & cộng sự

FINAL REPORT

IMPROVE NURSE ASSESSMENT OF SEDATION AND AGITATION AT ED AND ICU NHTD 2016

Lê Thị Liên, Vũ Thị Nhâm

National Hospital for Tropical Diseases

NURSING PRATICE IMPROVEMENT CLINICAL IN MANAGEMENT OF PREVENTION PRESSURE ULCERS AND DEVICE RELATED PRESSURE ULCERS

IN E HOSPITAL

BA. Hoang Thi Phuong , Colleagues in E Hospital

E Hospital

Background

- **Pressure ulcers that result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure ulcer generally closely conforms to the pattern or shape of the device.**

- **Pressure ulcers is defined as the damage caused by the compression (Bergstrom et al 1992), long – term pressure on tissue, capillary collagen and lymphatic vessels that block blood flow and fluid, intermittent, anemia, necrotic pain, and plaque formation of dead tissue.**

Background

- **The rate of pressure ulcers at Neurosurgery department and ICU are: 20 %.**

- **The rate of device related pressure ulcers (nasogastric tubes, feeding tubes, endotracheal tubes, tracheaostomy, Foley catheters, IV/Central line etc): 30 %**

- **The results about pressure ulcers have effected to treatment costs and hospital stay increased and the rate of death increased.**

Study Objectives

- **. Re – evaluated real situation in pressure ulcers and device related pressure ulcers.**

2. **Improving nurses' knowledge practice clinical and manage in ulcers prevention**

3. **Decreasing the rate pressure ulcers < 10 % and take care of patients' device related pressure ulcers is not.**

BUILDING PICOTS MODEL

P: Patient population or patient of interest

The patient population of interest is intensive care unit patients and neurosurgery department . Who are device intervention, intubated, trauma brain injury and spinal cord injury.

I: Intervention of interest

- Develop and improving practice clinical nurses' knowledge in prevention pressure ulcers and device related pressure ulcers.

- Building perfect process manage in prevention ulcers.

BUILDING PICOTS MODEL

C : Comparison of interest (comparison present practice with proposed interest.

Present practice	Proposed interest
The rates pressure ulcers in E hospital :20%	
The rates device related pressure ulcers in E hospital: 30 %	
Evaluated risk pressure ulcers follow Braden	Referencing new scale evalated risk pressure ulcers
Not have manage prevention pressure ulcers and device related pressure ulcers model	Building manage prevention pressure ulcers and device related pressure ulcers model
Nurses' knowledge about pressure ulcers :	Nurses' knowledge about pressure ulcers :

BUILDING PICOTS MODEL

T: Time for training, implementation and evaluated

N°	CONTENT	TIME
1	Study nurses' knowledge general at ICU & neurosurgery department about prevention ulcers.	Feb/29 – March/ 01
2	Study the rates of pressure ulcer and device related pressure ulcers.	March/1 – March/12
3	Implementation support from US consultant about new process.	Mar/15 – Jun/5
4	Implementation work together US consultant.	July/ Aug /2018
5	Implementation and study data analysis and complete study subject	Oct/10
6	Report consultant US about Research	Nov/13

BUILDING PICOTS MODEL

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BUILDING PICOTS MODEL

S : Sustainability- How will your new level of practice be sustained .

- Implementation scale evaluated prevention pressure ulcers in document monitoring of nursing.

- Examining evaluated nurses' knowlege about prevention pressure ulcers regular 1 time / year. Education to new and again about prevention pressure ulcers at departments.

- Apply process prevention pressure ulcers is standard document and supervise process at departments.

Viet Duc University Hospital
EBP Project Report

Transport of Neuro-intensive Care Unit Patients for Diagnostic Testing

I. CONTENT OF TRAINING

- 	Training about knowledge: lectures on neurological system, respiratory system, circulatory system

- 	Training about practice skills.

- 	Content of training was compiled based on documents received from experts (4 files attached)

II. TRAINING PLAN

1. **Training of knowledge**

2. **Training of practice skills**

1. Training of knowledge

-        -   Number of staff trained: 20 nurses (not include 5 nurses in VIPIP group)

-         3 lecture classes:

+   Class 1: Neurological system
         Class 2: Respiratory system
         Class 3: Circulatory system
         Time: 90 minutes/class

-        Teachers: Nurses in VPIP group who work for Neurological ICU department

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1. Training of knowledge

Test before & after training. Questionnaire has 40 items including: 10 items relating neurological system, 10 items relating respiratory system, 10 items relating circulatory system, 10 questions which are situational questions. (Questionnaire form is attached to this email.)

· Nurses - who didn't participate in classes because of being on duty - were taught on next day (in this case, teacher was nurse in VNPIP group who was in shift which not participate in classes the day before, each shift had a nurse in VNPIP group)

2. Training of practice skills

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- Divided into 4 groups, each group had 5 nurses, each group was trained in different times.

- 3 practice classes:

+ Class 1: Practice to assess neurological & respiratory system.

+ Class 2: Practice to assess circulatory & gastrointestinal system. (Test the skills learned in class 1 before teaching class 2)

+ Class 3: Practice to assess other body systems (Test the skills learned in class 1 & 2 before teaching class 3)

+

2. Training of practice skills

In each class: trainee practiced skills by themselves after being taught at least 1 time.

-        Time: 2 hours/ class

-        Teachers: nurses in VPIP group who work for Neurological ICU rooms

-        Test after training based on "Practice checklist" (Checklist was approved by VNPIP group – file attached). Test observation by 2 nurses in VNPIP group: 1 VNPIP nurse working for Neurological ICU rooms + 1 VIPIP nurse working for other departments.

RESULTS OF TRAINING

General characteristics of trainee

Table 1. General characteristics of trainee

General characteristics		N	Percentage	Mean
Sex	Male	5	25%	
	Female	15	75%	
Age	≥ 30	2	10%	26
	< 30	18	90%	
Educational level	University	1	5%	
	3-yrs training	11	55%	
	2-yrs training	8	40%	
Years of working experience	≥ 5 years	1	5%	2,35 years
	< 5 years	19	95%	

Comments:

General characteristics of trainee

Comments:

-        All of nurses working in Neurological ICU rooms (the unit for practice) were trained: 20 nurses, not include 5 nurses in VNPIP 2018 group.

-        Mostly female nurses: 75% (15/20).

-        Educational level: 3-years-training = 55% (11/20) , 2-years-training =40% (8/20), university level = 5% (1/20).

-        Age: young mostly, only 10% (2/20) of nurses > 30 years old, up to 90% (18/20) of nurses < 30 years old. Highest age was 31, youngest was 23.

-        Years of working experience: < 5 years was the most 95% (19/20), the highest was 5 years and the lowest was 1 year.

Results of training of knowledge

Table 2. Results of score of knowledge before & after training

Score	Classify	Before training		After training	
		n	Percentage	n	Percentage
9 - 10	More excellent	0	0	1	5%
8 - ≤ 9	Excellent	0	0	9	45%
7 - ≤ 8	Good	3	15%	7	35%
6 - ≤ 7	Average-good	10	50%	3	15%
5 - ≤ 6	Average	5	25%	0	0
4 - ≤ 5	Bad	2	10%	0	0
< 4	Worse	0	0	0	0
Tổng cộng		**20**	**100%**	**20**	**100%**

Results of training of knowledge

Comments: Before training:

+   Up to 10% (2/20) nurses not pass.

+   No nurses got good/ excellent point.

+   Most nurses - 50% (10/20) got average-good point.

-

Results of training of knowledge (cont)

After training:

+   15% (3/20) of nurses got average-good point. Average-good point (6-≤7) was the lowest point the nurses got. No nurses got average point.

+   Up to 45% (9/20) of nurses got excellent point. Most of nurses got excellent point (before training, percentage of nurses getting excellent point was 0%).

+   Percentage of nurses getting good point increased from 15% (3/20) (before training) to 35% (7/20) (after training)

Results of training of practice skills

-        Assessment of ability of practicing skills based on "Practice checklist". Score were: Pass and Not pass .

-        All of nurses participated in test of skills after training.

-        Supervisor were nurses in VNPIP 2018 group, each supervisor group had 2 nurses: 1 VNPIP nurse working for Neurological ICU rooms + 1 VNPIP nurse working for other departments.

-        Results: 100% of nurses Passed the test.

THANK YOU FOR LISTENING