



TRƯỜNG ĐẠI HỌC
Y TẾ CÔNG CỘNG



INJURY AND TRAUMA CARE SYSTEM IN VIET NAM

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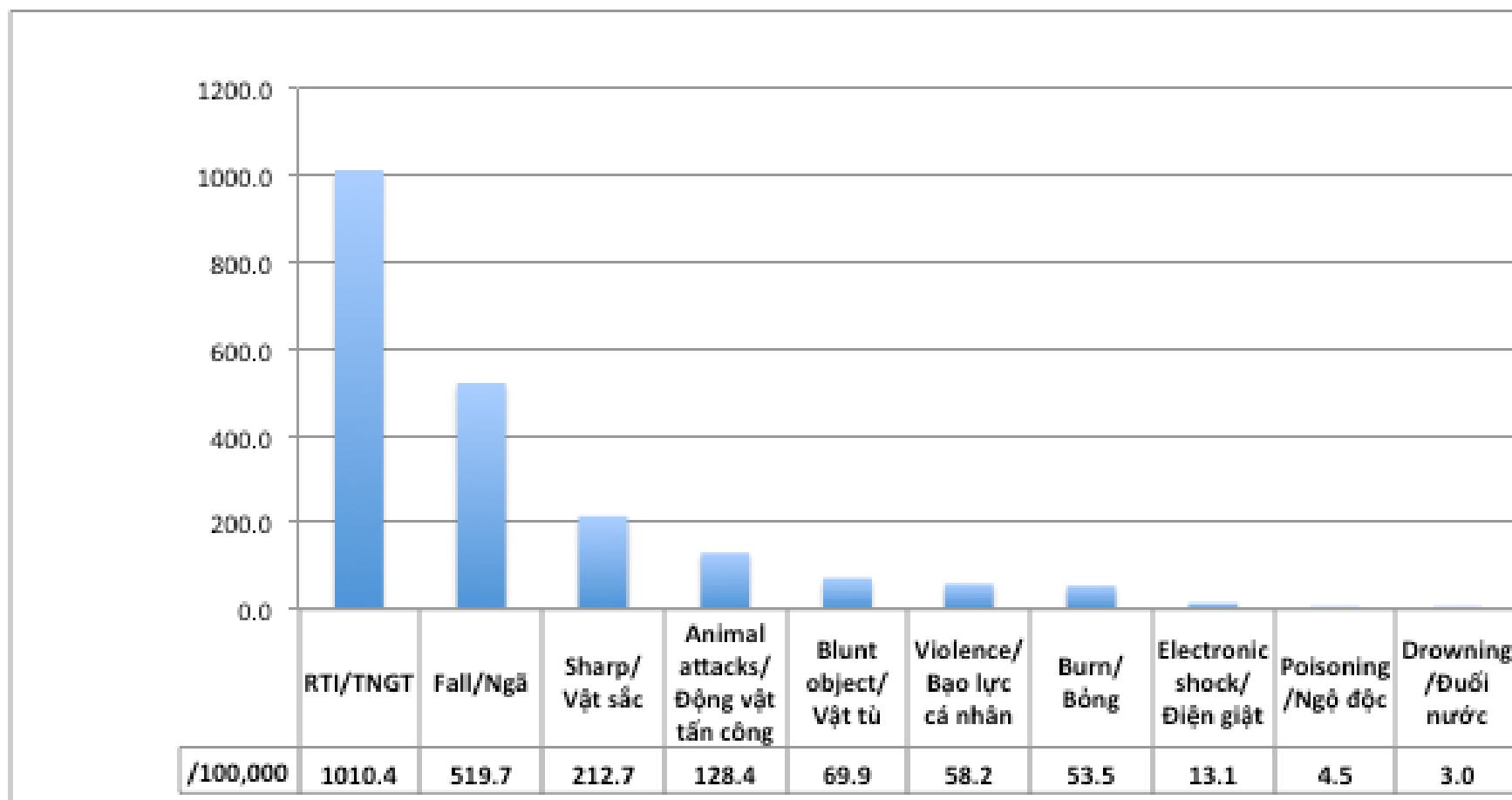
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INJURY MORBIDITY IN VIETNAM

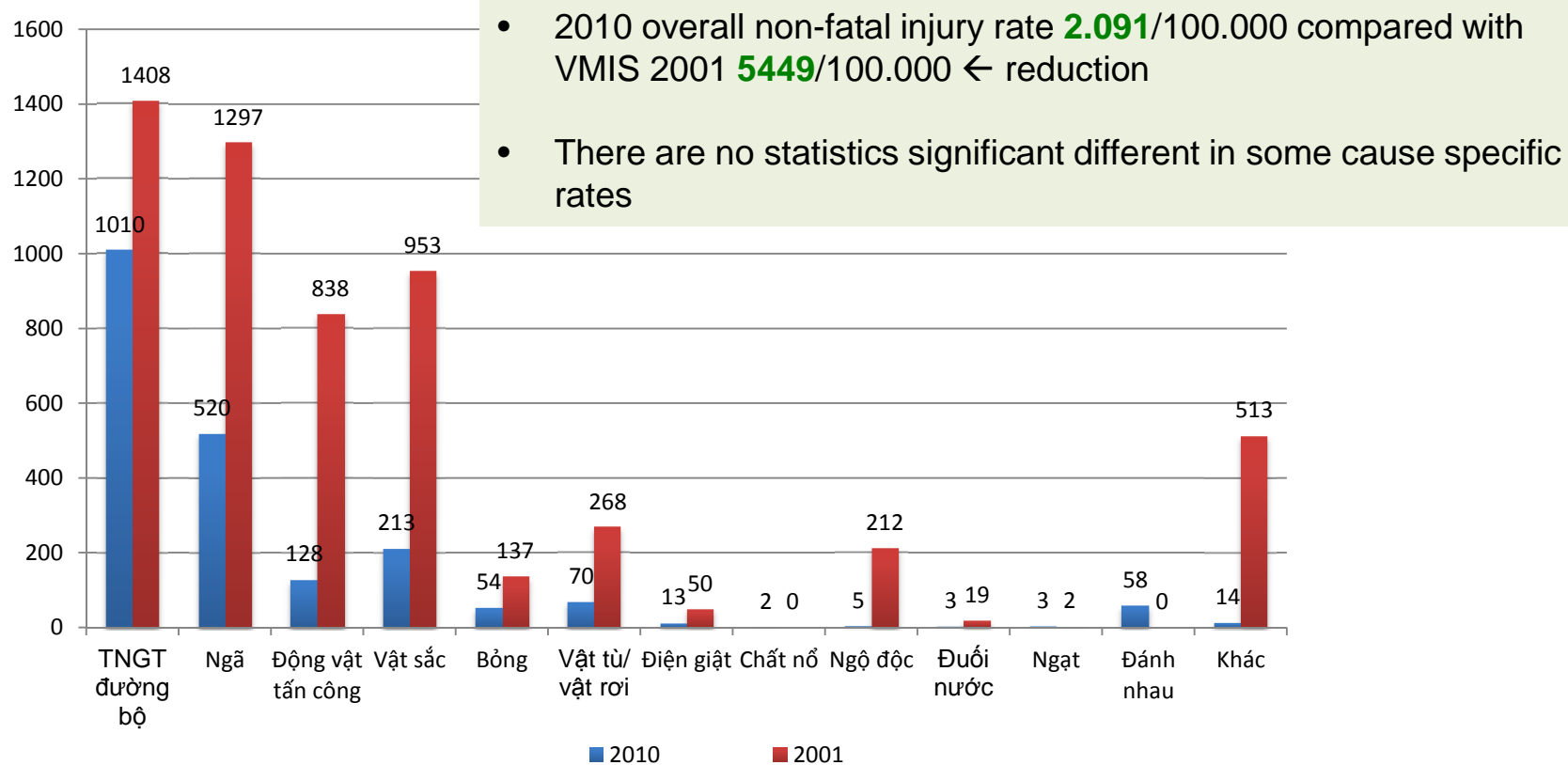


10 leading causes of non-fatal injury



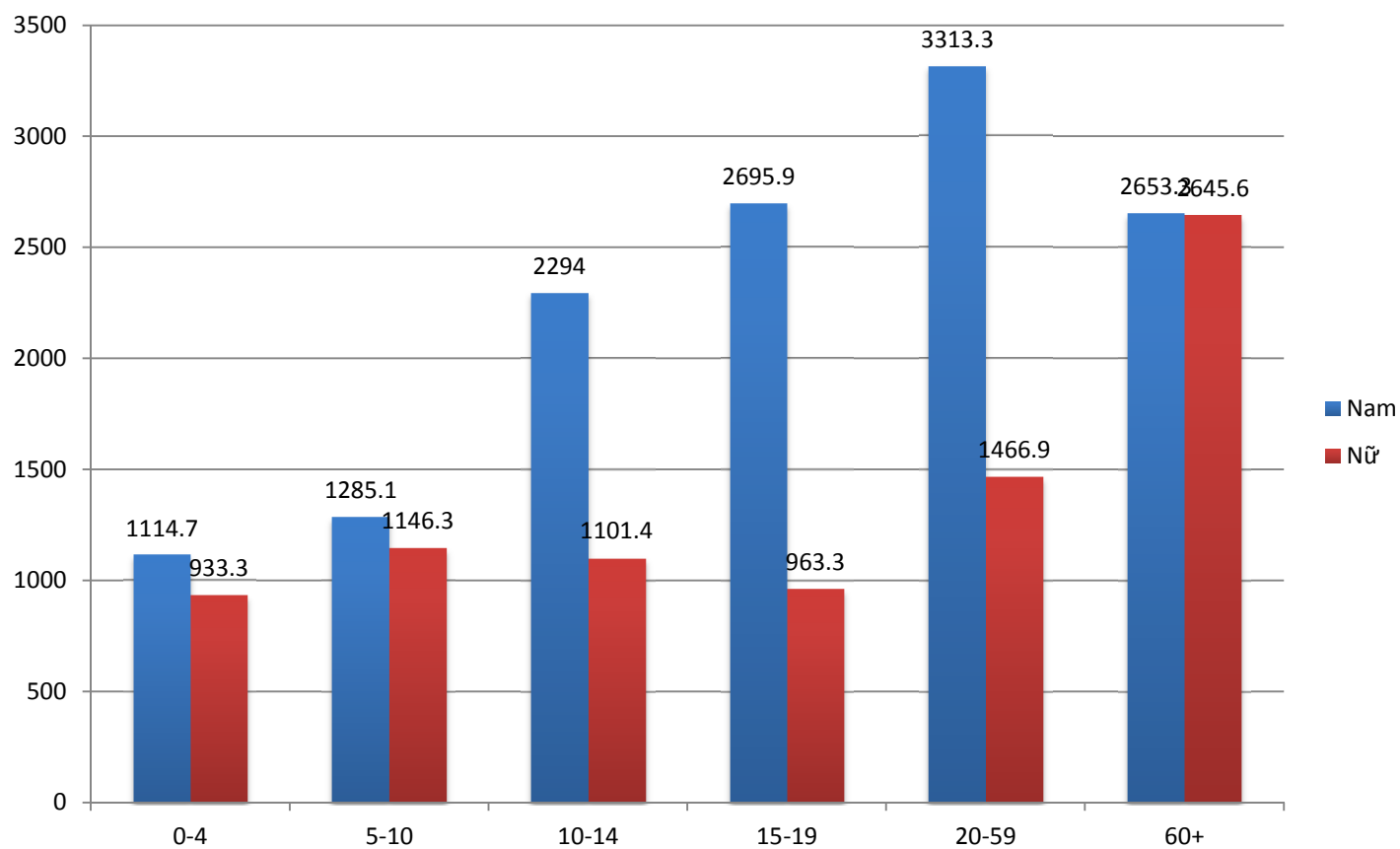


Injury morbidity : 2001 vs. 2010





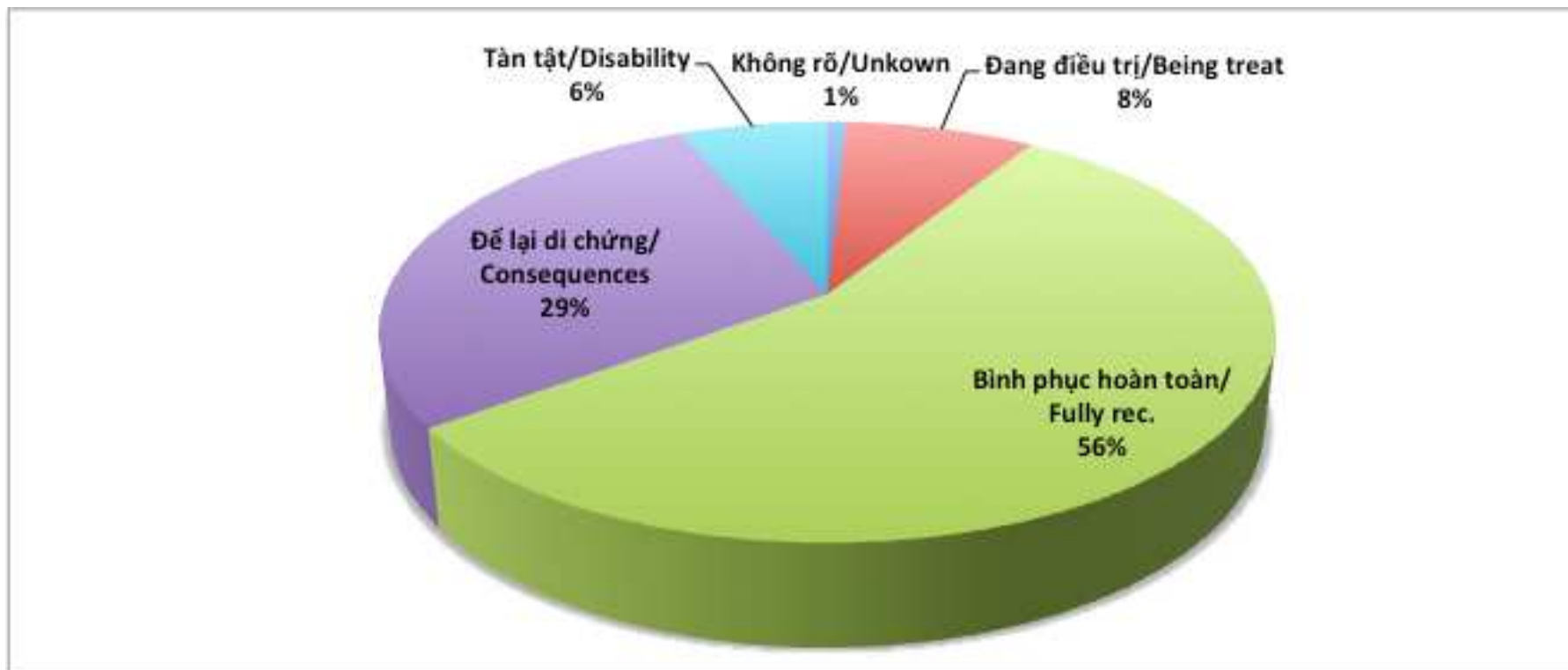
Non-fatal injury by gender and age





Injury consequences

36% injured cases were hospitalized with averagely 10 days

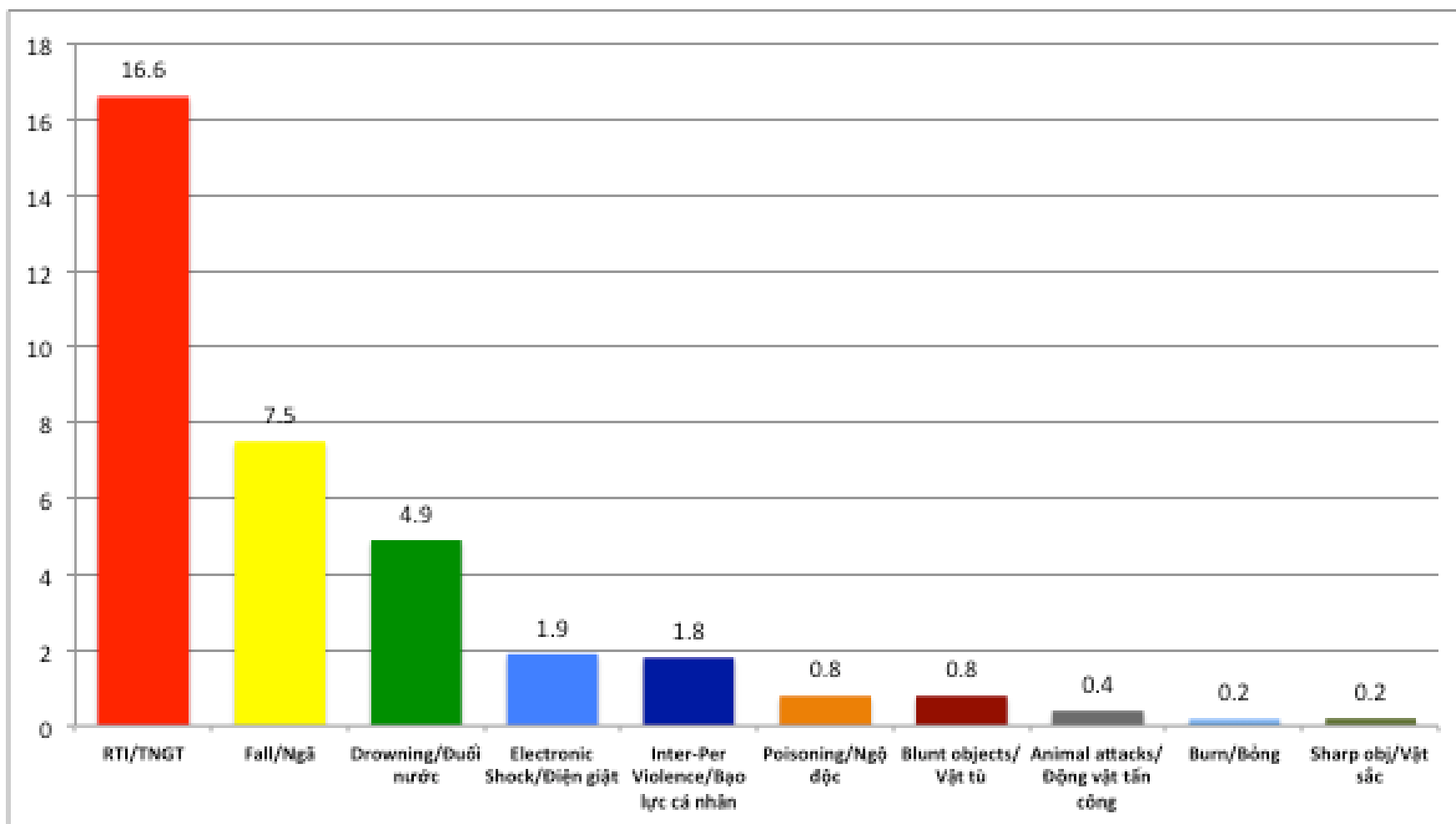




INJURY MORTALITY

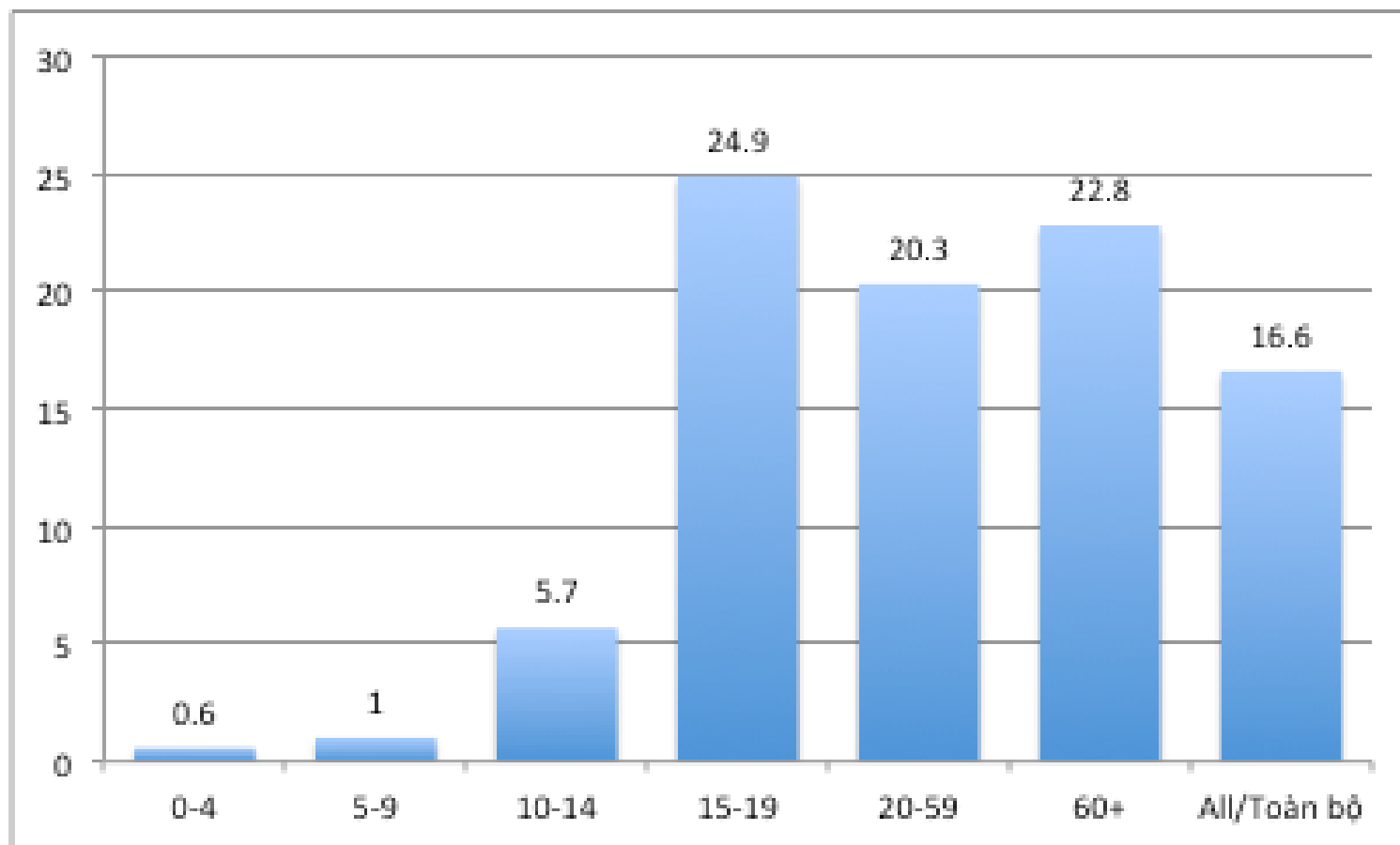


10 leading fatal injury causes





Road traffic injury: #1 cause of death

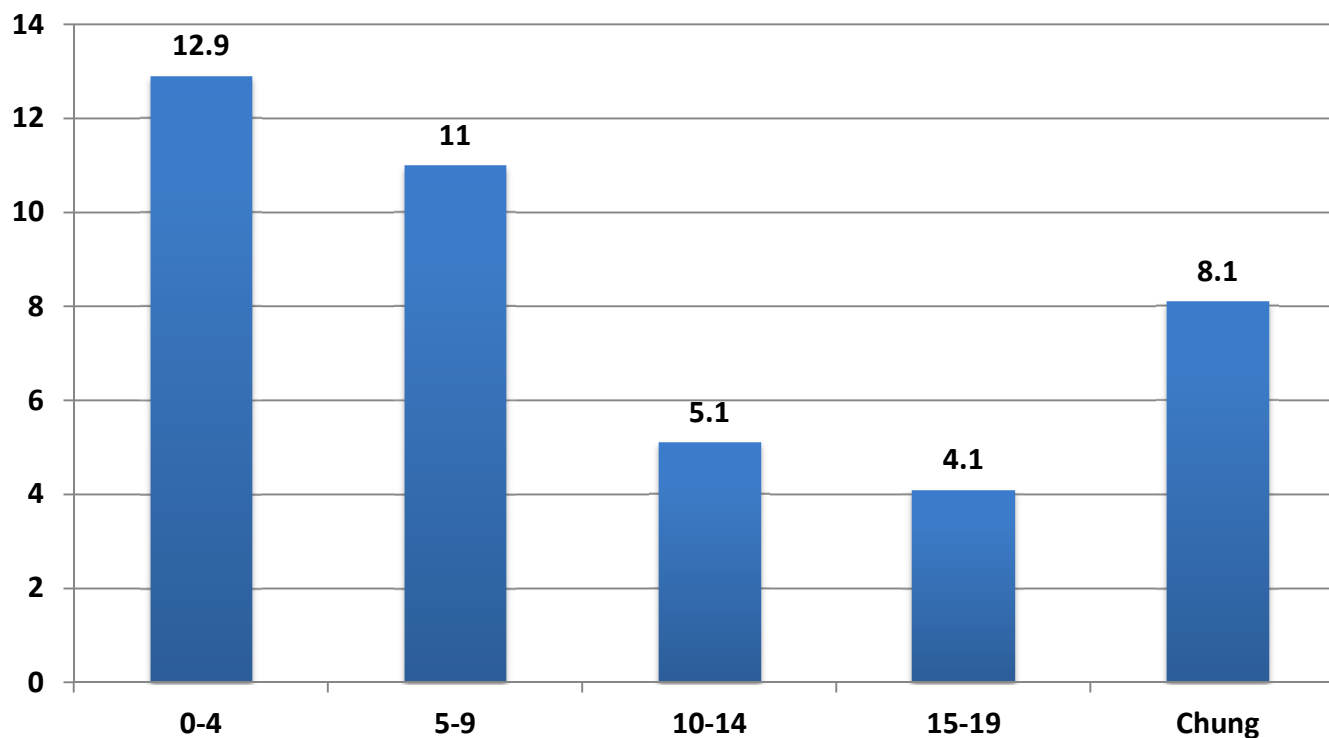


Causes about 10,000 – 12,000 deaths per year



Drowning – leading cause of death among children 0-18

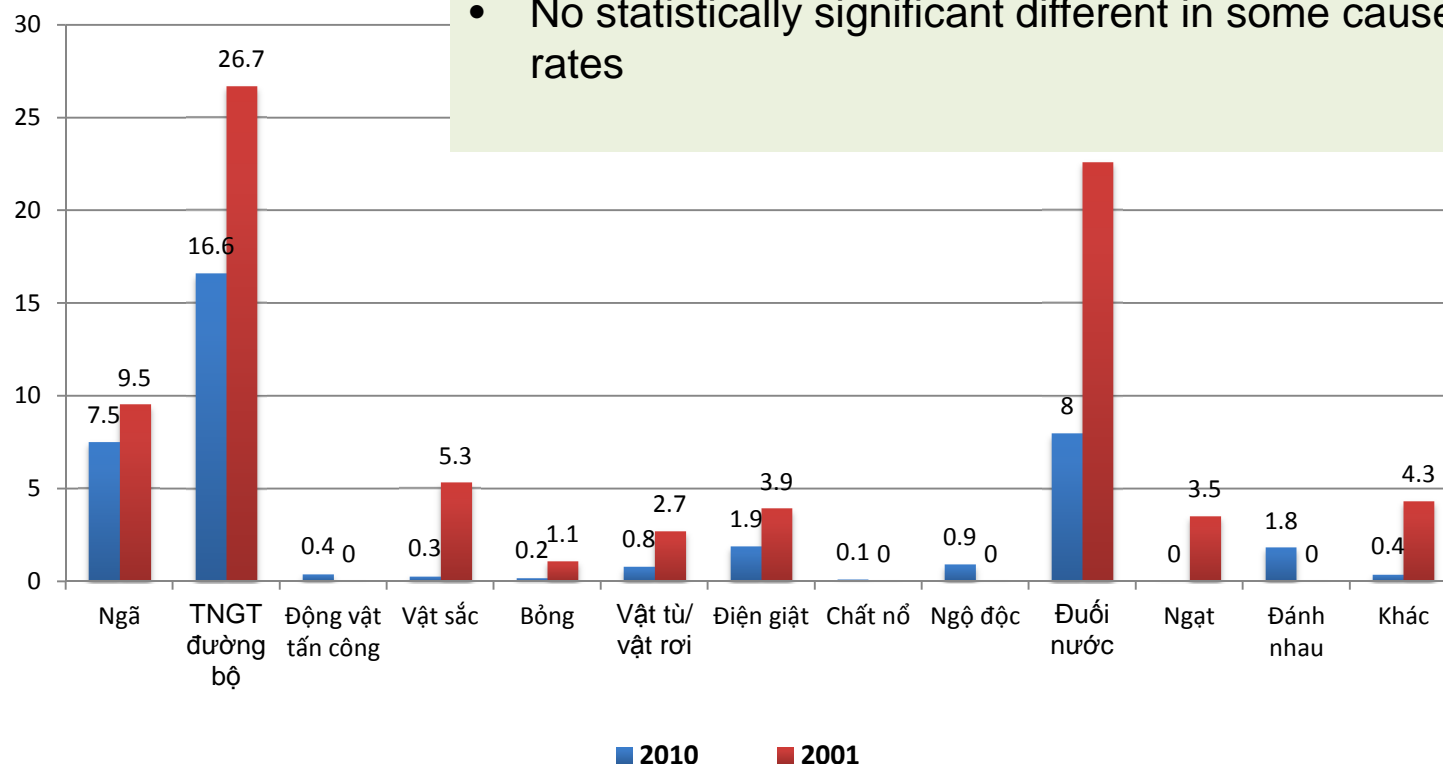
More than 3,000 cases per year





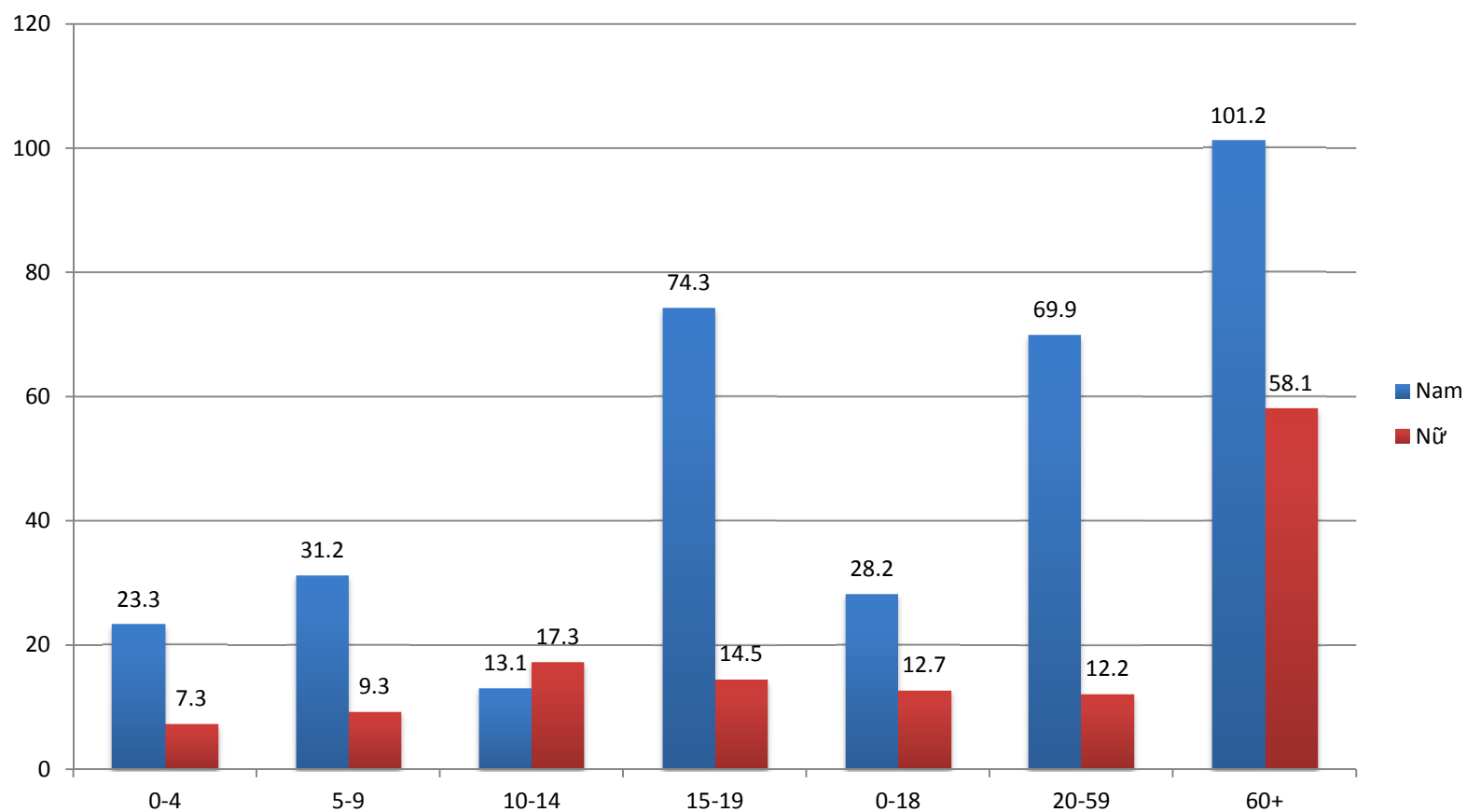
Fatal injury 2001 vs. 2010

- 2010 overall rate is **38.6**/100.000 compared with VMIS 2001 **88.4**/100.000 ← reduced
- No statistically significant different in some cause specific rates



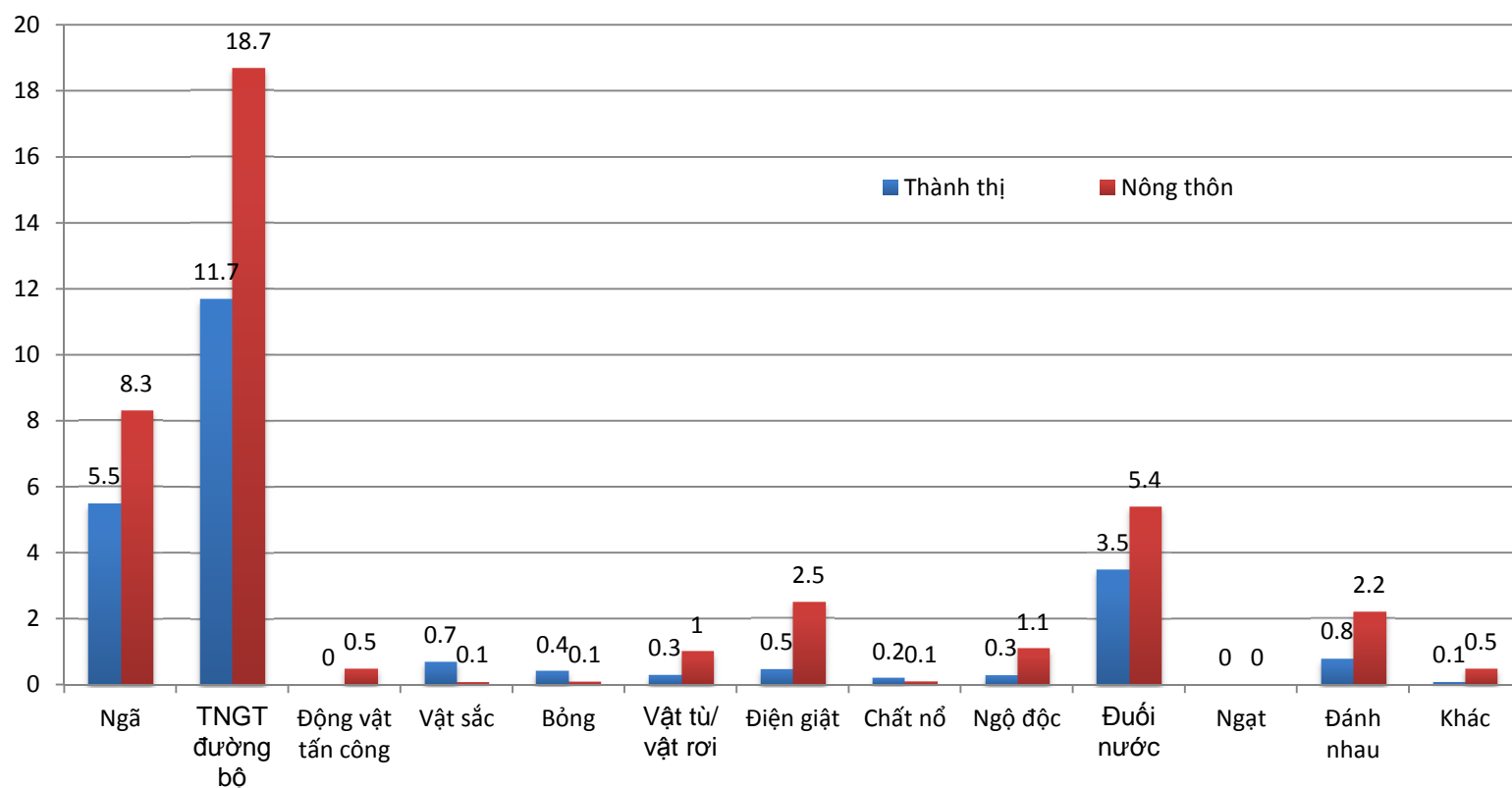


Fatal injury by age and gender



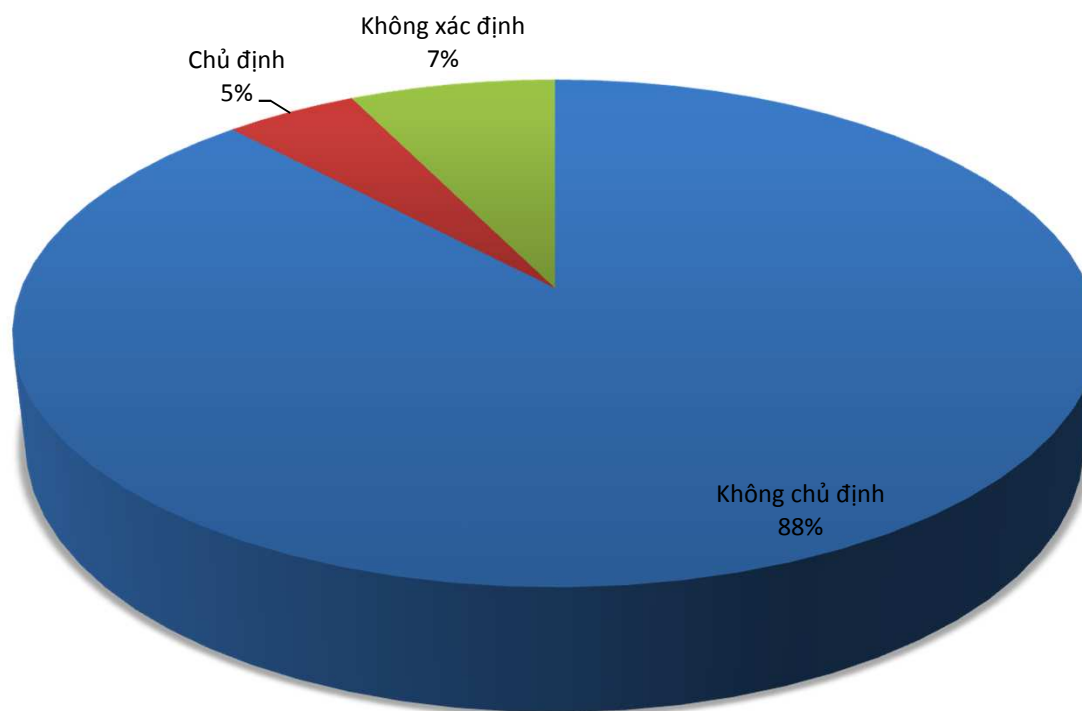


Fatal injury in urban vs. rural





Intentional injury





Mortality pattern

No	Injury/Illness	0-4	5-9	10-14	15-19	20-59	60+	All
1	Infection/ parasite	3.1	9.5	10.7	1.7	9.8	3.2	5.6
2	Neoplasia Tumor	3.5	11.9	17.9	5.9	26.4	18.4	20.0
3	Metabolize nutrition endocrine disease	1.5	0.0	0.0	1.7	1.1	2.7	2.0
4	Nervous system disease	2.3	4.8	10.7	2.5	0.8	0.3	0.8
5	Circulatory system disease	2.7	2.4	3.6	5.9	20.1	38.0	28.3
6	Respiratory system disease	27.7	14.3	0.0	6.7	3.8	11.8	9.6
7	Digestive system disease	4.6	2.4	0.0	0.8	7.7	3.2	4.8
8	Genital urinary system diseases	0.4	0.0	0.0	0.8	1.1	1.1	1.0
9	Post partum pregnancy and birth	2.7	0.0	0.0	0.8	0.2	0.0	0.3
10	Perinatal	31.5	0.0	0.0	0.8	0.1	0.0	1.8
11	Birth defects	5.8	4.8	3.6	2.5	0.3	0.0	0.6
12	Clinical/subclinical manifestations	3.5	4.8	0.0	3.4	4.5	16.0	10.7
13	Injuries	9.6	42.9	53.6	63.0	22.6	3.4	12.8
14	Others	1.2	2.4	0.0	3.4	1.4	2.0	1.8
	Total	100	100	100	100	100	100	100



Trauma Care System



Introduction : on the scense

- Only 5-10% of victim were received first aid and 50% of them are not appropriate (Viet Duc Hospital)
- About 30% of RTI were received first-aid
- About 40% of injury victim were reffered to hospital without any first-aid (MOH)
- 24% of burn were admistered to hospital without any responses. (Burn hospital)



Introduction: time and transportation

- 63,8% RTI victim were referred to hospital within 6 hours. 8,2% were administered to hospital after 72 hours (Military Hospital 103)
- 70% of victim were transferred to hospital by two wheels vehicles (Viet duc study)
- 1% (in 2004) and 4% (2006) of victims were transferred to hospital by Emergency Medical Services (EMS) (MOH study)

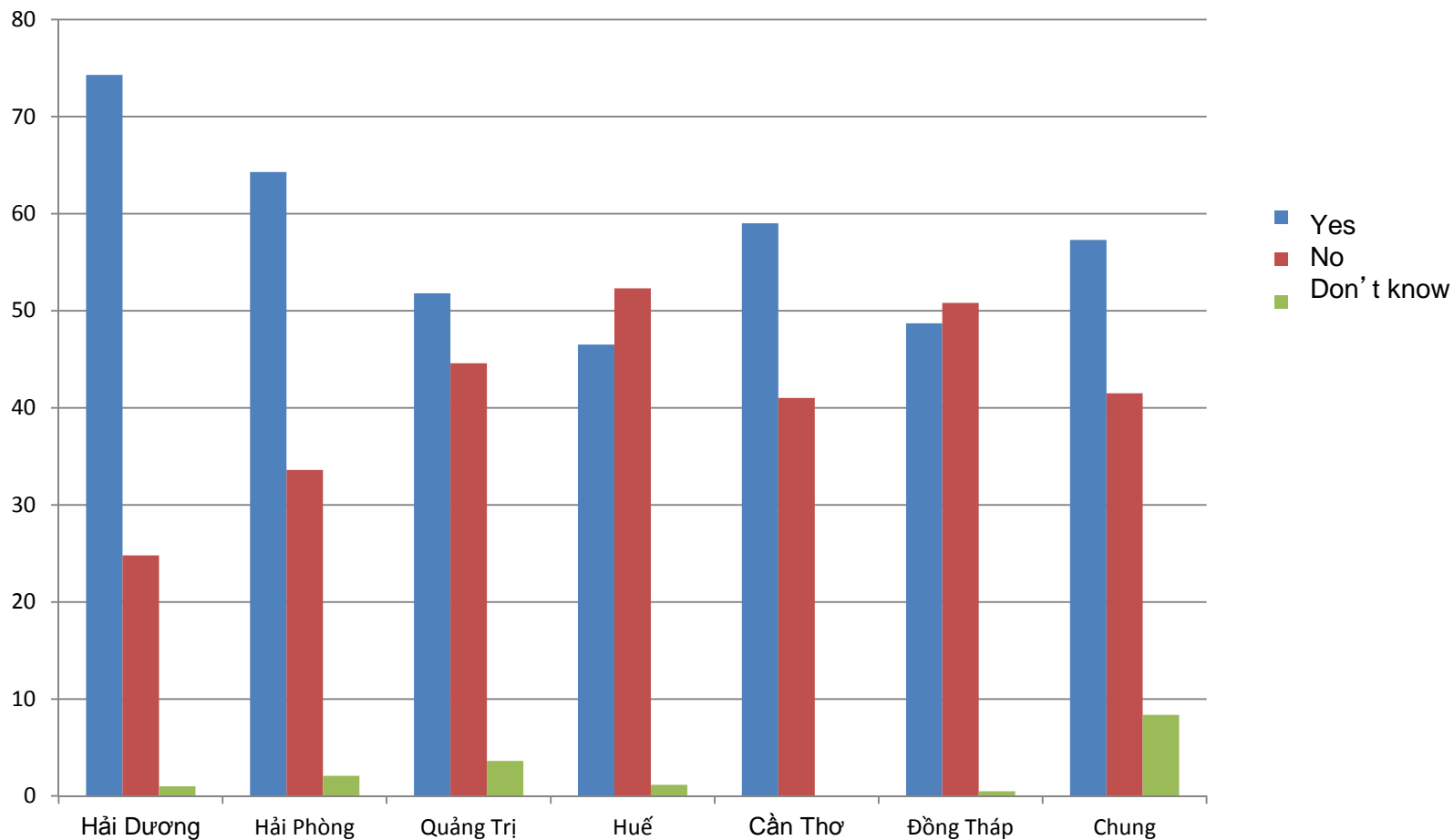


Personnel for pre and hospital trauma care

- Lack of personnel and equipments for EMS
- 10% (19 out of 198 cases) were cared by health staffs (Tuliem study).
- 4,9% of victim received pre hospital care by health staffs (Military hospital study)



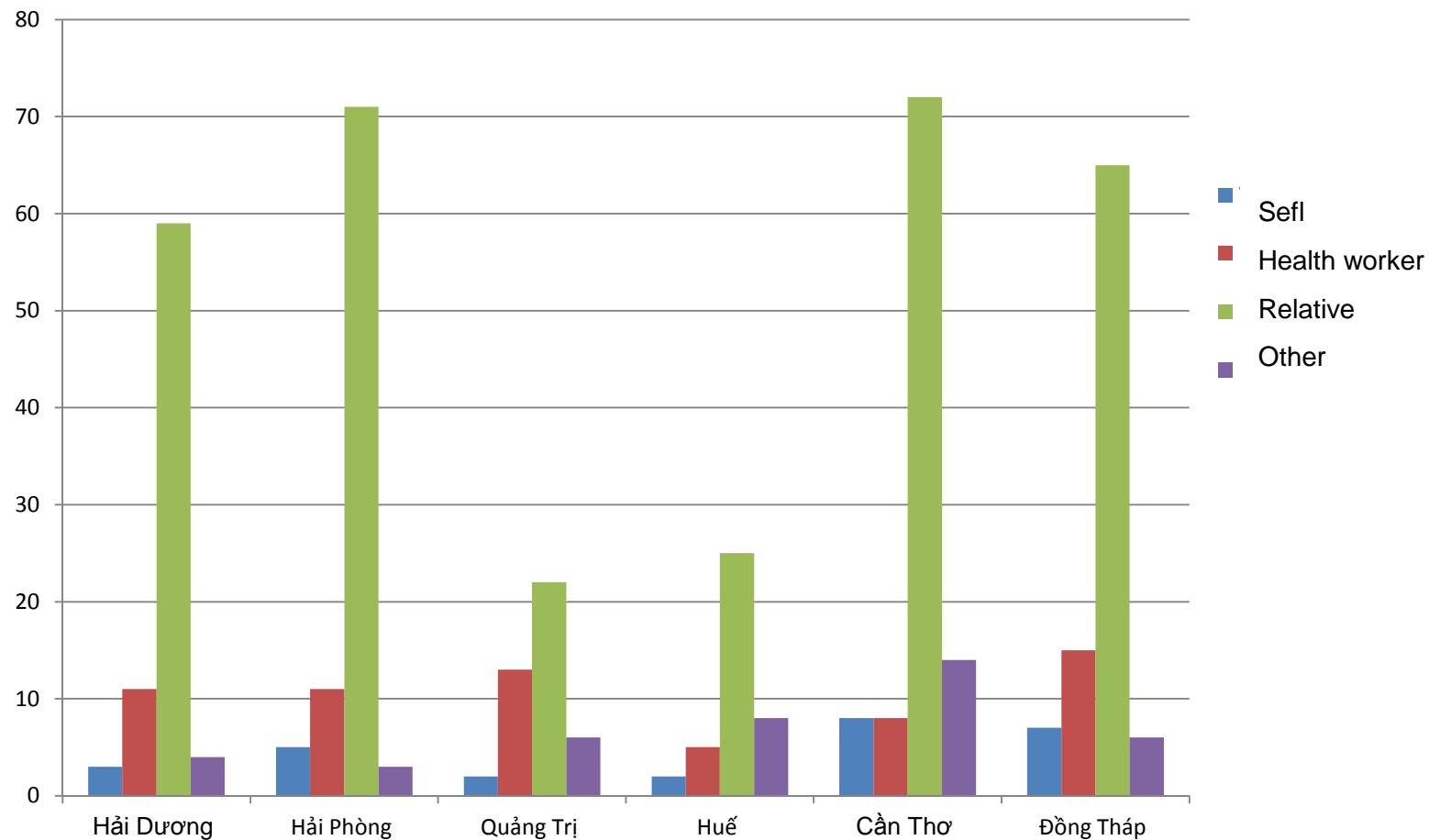
First-response situation



Source : UNICEF study in 2008



Who giving first-response?



Source : UNICEF- study in 2008



Introduction: EMS

- Only 10/63 provinces/cities in Vietnam has a dedicated EMS services, others integrated as one departments in general hospitals.
- Some big cities such as Ho Chi Minh, Hanoi, Hai Phong have 10 or more EMS cars, other provinces have only 2-4 cares, 50% of care used more than 10 years. (JICA – 2009)
- The response ability of the 115 systems is limited because of a shortage of qualified staff and resources.
- In big cities such as Hanoi and Ho Chi Minh, traffic congestion is another major hindrance to a swift response to incidents.



Emergency Medical Services





Some initiatives for improving pre and hospital trauma care system



Community program in Khanh Hoa



Training on first aid



Safe drive training



Increase awareness of community and advocate for Safe Motorbike



Tập chí Sức khỏe và Đời sống



Community program in Khanh Hoa

- Provide first response for road traffic injury victims





Community program in Khanh Hoa

- Safe drive for drivers and passengers





Training for more than 3000 volunteers in 6 provinces of Vietnam





Training



Trained 50 instructors and 3000 volunteers





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Provide equipment and certificates





**ĐIỂM HỖ TRỢ
SƠ CẤP CỨU BAN ĐẦU**

**DD: 09123456787
NR: 05412345678**



Dự án "Tăng cường
chăm sóc chấn thương trước viện"

Sơ cấp cứu ban đầu kịp thời và đúng cách
tại nơi xảy ra tai nạn góp phần giảm thiểu
tử vong và tàn tật do tai nạn thương tích

**CHÚNG TÔI LÀ
TÌNH NGUYỆN VIÊN
SƠ CẤP CỨU BAN ĐẦU**

- ✓ Chúng tôi đã được tập huấn kỹ năng sơ cấp cứu ban đầu như: cấp cứu ngừng thở, ngừng tim, cầm máu, băng bó, cố định gãy xương và vận chuyển nạn nhân an toàn.
- ✓ Chúng tôi đã được trang bị túi cứu thương với các cơ sở thuốc và dụng cụ sơ cấp cứu thiết yếu.
- ✓ Chúng tôi có số điện thoại liên hệ của các cơ sở y tế



*Chúng tôi luôn bên bạn.
Hãy liên hệ với chúng tôi khi cần trợ giúp!*

Dự án "Tăng cường chăm sóc chấn thương trước viện"

Sơ cấp cứu ban đầu kịp thời và đúng cách tại nơi xảy ra tai nạn góp phần giảm thiểu tử vong và tàn tật do tai nạn thương tích

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**CHÚNG TÔI LUÔN BÊN BẠN
HÃY LIÊN HỆ VỚI CHÚNG TÔI KHI CẦN TRỢ GIÚP!**

IEC on injury and prehospital trauma care





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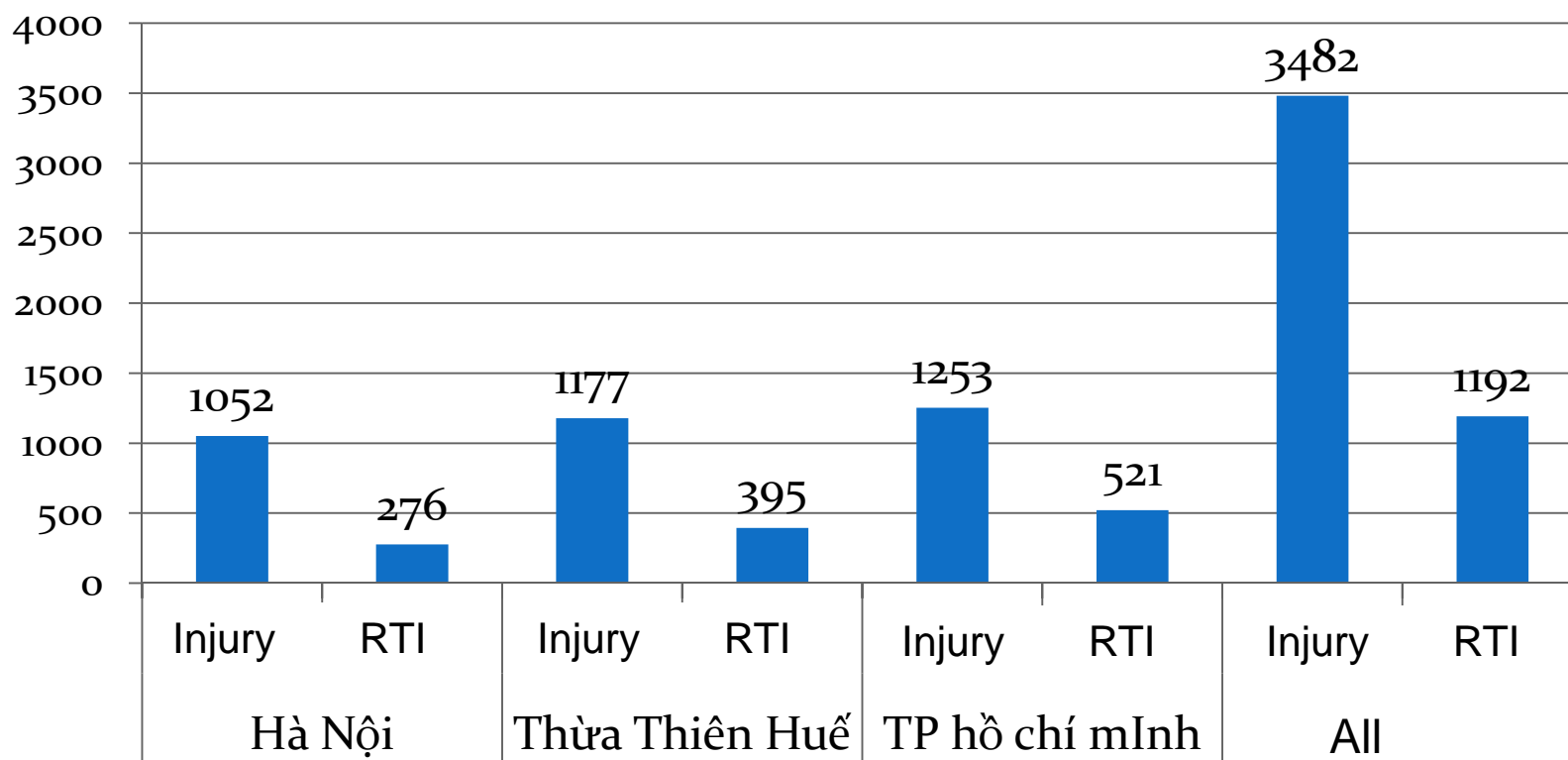


Provide information for community





Number of cases received care from volunteers



About 90-100 cases per months



Government efforts

- To strengthen capacity for providing first- and second-tier care by developing a standard first-aid training programme and equipping trained volunteers with essential equipment.
- To reinforce the operation of the pre-hospital trauma care system through an appropriate national operating protocol/guideline.
- To continuously monitor the quality of pre-hospital services in order to identify gaps for improvement.



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THANK YOU!