

Sunrise Japan Hospital Phnom Penh

Aiming to be the most reliable hospital in the world



Best Practices Between Public and Private Services on Highly Efficient Transmission System EmONC

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My Background

- School of Medicine 2016
- 2017-2018: Technical assistant in the NeoIIC project of JICA based at NMCHC involved at
- 1. NCU of NMCHC and delivery ward
- 2. Kampong Cham province
- 3. Svay rieng Provine
- 2018-Present: Sunrise Japan Hospital, deputy manager of OBGYN from 2023







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Case 1: Takeo referral hospital to SJH

25yr primipara 38w2d, the onset of labor with thrombocytopenia

- Dr. recommended to National Hospital
- Family requested transfer to SJH
- If transfer to the private hospital, only allow discharge without any referral
- Solution: ambulance from the private hospital dispatch took around 3.5h

Best point:

- 1. Early detection of abnormality in pregnancy
- 2. Clear explain to the patient and family

Challenges:

- 1. No official communication and referral letter
- 2. No clear rule of usage for the ambulance flow from public to private







Case 2: SJH to Calmette Hospital

40yr primipara GA 23w2d, pPROM, chorioamnionitis

- Recommend transfer to Calmette Hospital considering the safety of the baby
- It took <(check medical record) 2 hours from the decision to refer to the actual refer
- Used SJH ambulance

Best point:

- 1. Pre-referral verbal communication (midwife to midwife)
- 2. Referral letter (+)
- 3. Accept from Calmette Hospital

Challenge:

1. No doctor-to-doctor communication



II. SJH Ambulance



SJH Ambulance overview

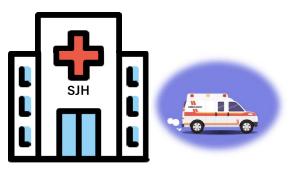


• There are 2 ambulances



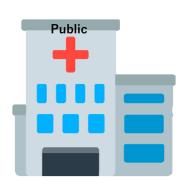
- A vital system with a monitor
- An O2 system
- An Auto-loading stretcher
- A scoop stretcher
- First aid kit
- Mobile ventilator
- An ADC
- Suction unit
- Head immobilizer
- Spine board
- An ER doctor and a nurse on board
- Price: \$200/10km

III. Challenges of Transferring SJH-Public

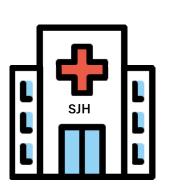


No way of communication: lack of shared information Unreliable network of personal connection

Don't know the internal patient flow in the public hospital



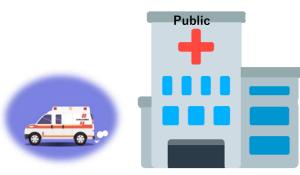
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We are not sure about the rule and regulation from public to private hospital

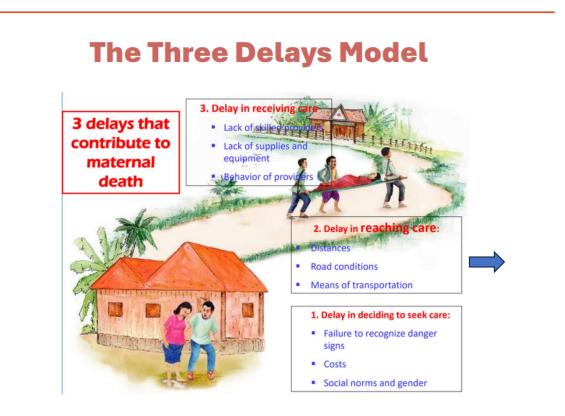
Most of the public hospital do not know what service the private hospital is providing

It is impossible unless there is a personal contact



IV. Challenges that the Cambodian Referral System is Facing





(1) https://nmchc.gov.kh/wp-content/uploads/2024/02/5.-Cambodia_EmONC_Review_2020-21-Feb-24.pdf Copyright © Sunrise Japan Hospital Phnom Penh. All right reserved

IV. Challenges that the Cambodian Referral System is Facing





Acker PC, Matheson LN, Sovanna T, Sophearom D, Strehlow MC. Strengthening the emergency referral system in Cambodia for women and children under five: a description of interventions and impact analysis. *Journal of Global Health Reports*. 2019;3:e2019079. doi:10.2392/jophra.2019079

Research Article

Strengthening the emergency referral system in Cambodia for women and children under five: a description of interventions and impact analysis

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Inconsistent access to expert consultation and referral coordination



Inadequate communication of data collected and treatment by referrer



Lack of feedback from receiving to referring provider

V. Improvement of Communication and Referral System

- 1. Increase the quality of the peri-referral system
- 2. Improving referral-related communication
- 3. Supporting ongoing quality-improvement
- 4. Streamlining referral logistics

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- 1. Make easier communication: open hotline effectively
- 2. Create referral flow between private-public/publicprivate
- 3. Provide enough information on referral by the doctor to the doctor
- 4. We need some space or chance to exchange information between private and public practice practitioner



