Nguyễn Văn Quyết is banned from playing 8 matches

Striker Nguyen Van Quyet of Hanoi FC was given a heavy punishment from the VFF Disciplinary Committee, after an altercation with the head coach's assistant during Round 7 of V-League 2023.

In addition to being suspended for eight matches, Quyet also had to pay a fine of VND 40 million. The Disciplinary Committee based their decision on Article 2(a) of Clause 39 regarding acts of physical violence, in accordance with the VFF Disciplinary Regulations. The captain of Hanoi FC was given a stern warning due to previous violations. During V-League 2016, Quyet pushed referee Hoang Pham Cong Khanh during the Hanoi – Khanh Hoa match in Round 4. At that time, he received a red card and was banned for five matches and his name was removed from the list of national team call-ups.

Van Quyet (right) received a red card for his collision with referee Nguyen Le Nguyen Thanh (left in yellow) after Hanoi FC lost 1-3 to Binh Dinh in Round 7 of V-League 2023. Photo: Dung Nguyen

In Round 7 of V-League 2023, Hanoi lost 1-3 to Binh Dinh at Quy Nhon Stadium. After the match, Quyet came to question the referee, and collided with referee Nguyen Le Nguyen Thanh's assistant. Standing next to him, head referee Nguyen Manh Hai immediately showed him a red card.

Nguyen Thanh insists that he was fouled by a Hanoi player and suffocated, leading to difficulty breathing.

The next day, Van Quyet voluntarily called Nguyen Thanh to apologize, while also taking responsibility for his actions on various media outlets.

With this punishment, the Vietnamese Golden Ball winner will have to miss seven V-League matches and one National Cup match. This is a major blow to Hanoi in the title race, as the 32-year-old striker is a key player for them. Since the beginning of the season, Van Quyet has contributed six goals, ranking second in the individual race in the V-League.

In addition to Van Quyet, the VFF disciplinary committee fined four Binh Phuoc club officials for pushing and shoving referee Nguyen Van Luu after their goal was disallowed in their match against Hoa Binh in the Third Round of the 2023 National First Division. As a result, head coach Le Thanh Xuan was banned for four matches and fined VND15 million. Players Vu Duc Duy and Tran Tan Tai were suspended for three matches and fined VND10 million each. Technical staff member Khong Thanh Tu was banned from performing duties for

five matches and fined VND15 million.

Patient's chart

This is the patient's chart. It includes information on the patient's medical history and current condition.

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Doctors and medical staff spend a lot of time writing medical reports, notes, and records. There are 13-15 types of records, including vaccination records, surgical records, temperature records, patient records, and consultation records.
During internal audits, medical records are closely scrutinized, and any small errors can be grounds for lowering the performance evaluation of medical staff. A doctor's handwriting is one such error. A colleague of mine who studied overseas came back and said that her handwriting was so bad that she couldn't fix it. She was criticized so much that she started writing everything in capital letters in medical records.
Computers have been in hospitals for over 30 years, initially replacing typewriters and calculators. The computerization of hospitals started with office computing and accounting software. However, doctors still have to write by hand in medical records, and data entry is time-consuming, so statistical and summarization work takes a lot of time.
I'm saying this to show that people in the medical field are very tired of the manual management of paper documents and want computerization more than anyone else. My generation is especially keen on this.

One year ago, we struggled to learn more computer science to catch up with the hospital's digitalization process, which we knew would happen sooner or later.
In 2005, I was appointed as the head of planning department in Thong Nhat Hospital in Ho Chi Minh City. The Ho Chi Minh City team then supported a group of doctors and IT students of the hospital to write a software including an outpatient module, an inpatient module, and a pharmacy module. The software ran on Microsoft SQL database. Although the software was relatively good, it was not deployed, so I decided to work with the team to improve it and convince the hospital's leaders.
We started from the outpatient module because I was also the head of the outpatient department at that time. I bought 10 used computers and set them up in the conference room. While teaching IT to the staff, we also installed the software. Then, the patients came and one morning they were amazed to see that the whole outpatient department had switched to using computers. The prescription went straight to the pharmacy department to be prepared in advance, and the patients

came to pick up their medication.

Please don't wait for the prescription form. The computer will print out a shorter, clearer, easier-to-read form.
We are successful with outpatient care, we implement an inpatient treatment system. The hospital becomes one of the earliest medical informatization bases in Ho Chi Minh City.
But after a while, I found something still not as expected. The software only manages drug dispensing, while all the work is still done on paper as before. The dream of an electronic medical record is still far away.
I read more documents, research the world's methods and surprisingly, the informatization of hospitals is a complex process. Studies in this field have agreed that the process of building an electronic medical record needs to go through 5 stages.
The first is AMR (Automated Medical Record): The traditional paper medical record, with some information managed by computer.
The second is CMR (Computerized Medical Record): The computerized medical record. Most of the information is stored on the computer.
The third is EMR (Electronic Medical Record): The electronic medical record. Change the paper medical record structure to fit.

Wednesday is EPR (Electronic Patient Record): an electronic patient record that is higher than an electronic medical record and can be cross-referenced between hospitals.
The highest level is EHR (Electronic Health Record): an individual's electronic health record from birth to death, linked to all personal information.
So, in 2005, only a few large hospitals in Vietnam were deployed at the lowest level of AMR. Our project at the General Hospital is also at this level.
The process of computerization of hospitals in Vietnam has encountered many obstacles. Not until 2017 did the Ministry of Health issue Decision No. 54/2017 specifying the criteria for applying information technology in hospitals. Subsequently, Decision No. 46/2018 specified the roadmap until 2023, all level 1 medical examination and treatment establishments nationwide will complete the application of electronic medical records (EMR, level three).
However, due to the outbreak and many other difficulties, it was not until 2023 that 37/135 level 1 hospitals completed the above-mentioned targets. Only 1,400 other hospitals have just started applying for it.

Information technology at a low level. As a result, the process of hospital digitization in Vietnam is progressing slowly. From when I was a young doctor, to now retired, I still see hospitals staggering with medical records. Looking back over the past twenty years, from the same starting point, many other economic and social sectors have started the process of digitalizing management, while still facing certain definite challenges.
According to IT experts, there is nothing difficult about hospital management software in terms of technology, but it is difficult in the deployment phase. To deploy an electronic medical record, it must go through the stage of paper medical record input on the computer. Healthcare workers have to complete the paper medical record, while also inputting it into the computer, which means that the work doubles. No determination to overcome this stage will not be able to move on to the next stage of full digitalization.
The second difficulty is that hospitals do not have a common management software, but are in a state of fragmentation, with hundreds of companies competing. Hundreds

of computer companies participate, introducing hundreds of different software solutions. If the Ministry of Health can come up with a standard software, it will be much easier for hospitals.

If we manage hospitals using the same method for the whole country, it will help save a lot of money for the healthcare sector. Moreover, the process of hospital digitization will be accelerated, creating conditions for the early establishment of a national healthcare database.
Both of these obstacles, if not for the organization and coordination of the Ministry of Health, the dream of electronic medical records of patients and doctors will still be far away.