PERFORMANCE AGREEMENT

BETWEEN

SECRETARY OF HEALTH AND:

1.   **DIRECTOR GENERAL, DEPARTMENT OF MEDICAL SERVICES, MINISTRY OF HEALTH**

2.   **CHIEF PROGRAM OFFICER, QUALITY ASSURANCE AND STANDARDISATION DIVISION, MINISTRY OF HEALTH**

(July 1, 2018 – June 30, 2019)

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Preamble

The Performance Agreement is entered into between the Secretary of Health and the Director General, Department of Medical Services; and Chief Program Officer, Quality Assurance and Standardization Division.

The objectives of this Performance Agreement are:

a) To establish clarity and consensus about annual priorities for the Department of Medical Services and the Quality Assurance and Standardization Division consistent with the 12th Five Year Plan of the Ministry, and the Government's other priorities;

b) To provide an objective and fair basis for evaluating the overall performance of the Department of Medical Services and the Quality Assurance and Standardization Division at the end of the financial year;

The Performance Agreement represents an important accountability mechanism for inculcating a performance based culture at all levels of government.

THEREFORE, the parties hereto agree as follows:

Vision:

A Nation with Best Health.

Mission:

1) To provide allopathic healthcare services of high quality;
2) To prevent, control, eliminate and eradicate diseases;
3) To rehabilitate and promote healthy living;
4) To ensue sustainable, responsive, equitable, accessible, reliable and affordable services.

Objective:

1) Medical services expanded and strengthened

Section 2: Objectives, Success Indicators & Target

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
Medical services expanded and strengthened	100	Improve access to quality health care services that is inclusive, responsive and equitable	No. of hospitals reporting Healthcare associated infection (HCAI)	Number	4	12	11	10	9	8
			National OPD waiting time	Minutes	5	16.5	<17	<18	<19	<20
			Number of Health facilities using Telemedicine	Number	5	22	20	18	16	14
			Proportion of health facilities (BHU I and above) providing diagnostic (Biochemistry, hematology, X-ray and USG) services	Percent	5	40	35	30	25	20
			No. of health facilities implementing 3 Rs (reduce, reuse and recycle)	Number	4	2	-	-	-	1
			Rational Use of Medicines promoted	Number	4.5	5	4	3	2	1
			Percentage of health facilities with 95% of essential medicines available at any point of time	Percent	5	95	90	85	80	75
			Number of clinical health camps (international & national) conducted annually	Number	5	30	25	20	15	10
		Efficiency and effectiveness in delivery of health services strengthened	Average length of stay	Days	5	3-5	>5	>6	>7	>8
			No. of Health facilities undergoing clinical performance audit at least once a year	Number	5	9	8	7	6	5

TAT for land ambulance maintained	Minutes	5	<10	<11	<12	<13	<14
TAT for air ambulance	Minutes	5	<45 mins	> 45	>46	>47	>48
Percentage of health facilities reporting antibiotic consumption and antibiogram	Percent	5	40	38	36	34	32
No. of health facilities implementing Bhutan Health care Standard for Quality Assurance (BHSQA)	Number	5	12	10	8	6	4
Establishment of National External Quality Assessment (NEQA) for haematology and Biochemistry for dzongkhag hospitals.	Number	4.5	6	5	4	3	2
Proportion of new health interventions and technologies assessed by Health Technology Assessment (HTA) panel	Percent	5	100	95	90	85	80
Timeline by which Trauma Surveillance system initiated	Date	4	04/30/2019	05/30/2019	06/30/2019	06/30/2019	06/30/2019
Prevention, Promotion and rehabilitation services improved	Proportion of Health Facilities providing Community Based Elderly Care Services	Number	4	96	95	94	93	92
Disaster Resilience enhanced	Number of health facilities with operational health emergency contingency plan	Number	5	50	45	40	35	30

		International Health Regulations (IHR) core capacity index	Percent	5	56	55	54	53	52

Section 3: Trend values of success indicators

Objective	Action	Success Indicator1	Unit	Actual Values [FY 2018-19]	Projected Values [FY 2019-20]	Projected Values [FY 2020-21]	Projected Values [FY 2021-22]	Projected Values [FY 2022-23]
Medical services expanded and strengthened	Disaster Resilience enhanced	International Health Regulations (IHR) core capacity index	Percent	56	57	58	59	60
		Number of health facilities with operational health emergency contingency plan	Number	50	96	142	188	233
	Efficiency and effectiveness in delivery of health services strengthened	Average length of stay	Days	3-5	3-5	3-5	3-5	3-5
		Establishment of National External Quality Assessment (NEQA) for haematology and Biochemistry for dzongkhag hospitals.	Number	6	8	10	12	15
		No. of health facilities implementing Bhutan Health care Standard for Quality Assurance (BHSQA)	Number	12	17	22	27	32
		No. of Health facilities undergoing clinical performance audit at least once a year	Number	9	19	29	39	48

	Percentage of health facilities reporting antibiotic consumption and antibiogram	Percent	40	50	60	70	80
	Proportion of new health interventions and technologies assessed by Health Technology Assessment (HTA) panel	Percent	100	100	100	100	100
	TAT for air ambulance	Minutes	<45	Sustain	Sustain	Sustain	Sustain
	TAT for land ambulance maintained	Minutes	<10	Sustain	Sustain	Sustain	Sustain
	Timeline by which Trauma Surveillance system initiated	Date					
Improve access to quality health care services that is inclusive, responsive and equitable	National OPD waiting time	Minutes	16.5	Sustain	Sustain	Sustain	Sustain
	No. of health facilities implementing 3 Rs (reduce, reuse and recycle)	Number	2	5	7	9	11
	No. of hospitals reporting Healthcare associated infection (HCAI)	Number	12	15	18	21	24
	Number of clinical health camps (international & national) conducted annually	Number	30	30	30	30	30
	Number of Health facilities using Telemedicine	Number	22	30	38	46	54
	Percentage of health facilities with 95% of essential	Percent	95	95	95	95	95

		medicines available at any point of time					
		Proportion of health facilities (BHU I and above) providing diagnostic (Biochemistry, hematology, X-ray and USG) services	Percent	40	50	60	70	80
		Rational Use of Medicines promoted	Number	5	10	15	20	25
	Prevention, Promotion and rehabilitation services improved	Proportion of Health Facilities providing Community Based Elderly Care Services	Number	96	97	98	99	100

Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Proportion of Health Facilities providing Community Based Elderly Care Services	Proportion of Health Facilities providing Community Based Elderly Care Services	Program data	Annually	Program data, HCDD
Number of health facilities with operational health emergency contingency plan	Number of health facilities with operational health emergency contingency plan	Program data	Annually	EPR, EMSD
Number of Health facilities using Telemedicine	This indicator represents the number of Health facilities using Telemedicine	Program Data	Annually	Program Data, HCDD
Proportion of health facilities (BHU I and above) providing diagnostic (Biochemistry, hematology, X-ray and USG) services	This indicator represents the proportion of health facilities (BHU I and above) providing diagnostic (Biochemistry, hematology, X-ray and USG) services	Program data	Annually	AMR Program, HCDD
No. of hospitals reporting Healthcare associated infection (HCAI)	No. of hospitals reporting Healthcare associated infection (HCAI)	Program data	Annually	ICP, HCDD
No. of health facilities implementing 3 Rs (reduce, reuse and recycle)	No. of health facilities implementing 3 Rs (reduce, reuse and recycle)	Program Data	Annually	HWM, HCDD
Rational Use of Medicines promoted	This indicator measures the number of the activities conducted to promote rationale use of the medicine and medical devices	Program data	Annually	EMTD Program data
Average length of stay	This indicator measures the average no. of days each patient would stay as in-patient at the health facilities (BHU I and Hospitals)	HAMT Report	Annually	HAMT report, QASD
No. of Health facilities undergoing clinical performance audit at least once a year	No. of Health facilities undergoing clinical performance audit at least once a year	Program data	Annually	QASD Report

TAT for land ambulance maintained	This indicator measures the time taken to dispatch an ambulance (land) after receipt of request through HHC	Program data	Annually	HHC, EMSD
TAT for air ambulance	This indicator measures the time taken from the receipt of request for air evacuation till HHC make request to RBHSL	Program data	Annually	HHC, EMSD
Percentage of health facilities reporting antibiotic consumption and antibiogram	Percentage of health facilities reporting antibiotic consumption and antibiogram	Program	Annually	AMR Program, HCDD
No. of health facilities implementing Bhutan Health care Standard for Quality Assurance (BHSQA)	No. of health facilities implementing Bhutan Health care Standard for Quality Assurance (BHSQA)	Program data	Annually	BHSQA Report, QASD
Establishment of National External Quality Assessment (NEQA) for haematology and Biochemistry for dzongkhag hospitals.	Establishment of National External Quality Assessment (NEQA) for haematology and Biochemistry for dzongkhag hospitals.	Program data	Annually	QASD
Proportion of new health interventions and technologies assessed by Health Technology Assessment (HTA) panel	Proportion of new health interventions and technologies assessed by Health Technology Assessment (HTA) panel	Program data	Annually	EMTD
Percentage of health facilities with 95% of essential medicines available at any point of time	Percentage of health facilities with 95% of essential medicines available at any point of time	Program data	Annually	MSQU, HCDD
Timeline by which Trauma Surveillance system initiated	Timeline by which Trauma Surveillance system initiated	Program data	Annually	TEM, EMSD
Number of clinical health camps (international & national) conducted annually	Number of clinical health camps (international & national) conducted annually	Program data	Annually	Program report, HCDD

Section 5: Requirements from other Departments & Secretariat Divisions

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)

Whereas,

We, the Director General, Department Of Medical Services and Chief Program Officer, Quality Assurance and Standardization Division commit to the Secretary and the Minister, Ministry Of Health to deliver the results described in this Annual Performance Agreement.

I, the Secretary, commit to the Director General, Department Of Medical Services, and the Chief Program Officer, Quality Assurance and Standardization Division to provide necessary support for the delivery of results described in this Annual Performance Agreement.
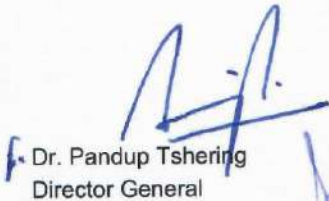
SIGNED:

Dr. Ugen Dophu
Secretary

Date: 5/3/19.

Dr. Pandup Tshering
Director General

Date: 5/3/2019

Lungten Jamtsho
Chief Program Officer

Date: 5-03-2019