



**PERFORMANCE AGREEMENT**

**BETWEEN**

**SECRETARY OF HEALTH AND:**

- 1. DIRECTOR GENERAL, DEPARTMENT OF MEDICAL SERVICES, MINISTRY OF HEALTH**
- 2. CHIEF PROGRAMME OFFICER, QUALITY ASSURANCE AND STANDARDISATION DIVISION, MINISTRY OF HEALTH**

(July 1 2019-June 30 2020)

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## **Preamble**

The Performance Agreement is entered into between the Secretary of Health and,

- i. The Director General, Department of Medical Services; and
- ii. The Chief Program Officer, Quality Assurance and Standardization Division.

The objectives of this Performance Agreement are:

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

To provide an objective and fair basis for evaluating the overall performance of the DMS and QASD 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:

## **Section 1: Vision, Mission and Objectives**

### **Vision**

The Nation with the best Health

### **Mission**

- i. To provide healthcare services of quality in both traditional and modern medicines;
- ii. To prevent, control, eliminate and eradicate diseases;
- iii. To rehabilitate and promote healthy living; and
- iv. To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services.

### **Objective**

Medical service 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 service expanded and strengthened	100	Efficiency and effectiveness in delivery of health services strengthened	Hospital prescription survey assessed	Percent	2.5	100	95	90	85	80
			No. of Health facilities undergoing clinical performance audit at least once a year	Number	3	19	17	15	13	11
			Turn Around Time (TAT) for land ambulance maintained	Minutes	3.5	<20	>20	>21	>22	>23
			Turn Around Time (TAT) for air ambulance	Minutes	3.5	<30	<30	<32.5	<35	<37.5
			Percentage of health facilities reporting antibiotic consumption and antibiogram	Percent	3.5	50	48	46	43	40
			No. of health facilities implementing Bhutan Health care Standard for Quality Assurance (BHSQA)	Number	3.5	17	16	15	14	13
			Number of health facilities performing internal quality control assessment in the laboratory services	Percent	3.5	100	95	90	85	80
			Number of Hospitals with National External Quality assessment for hematology and biochemistry in conducted and report published	Number	3.5	8	7	6	5	4

		Proportion of new health interventions and technologies assessed by Health Technology Assessment (HTA) panel	Percent	3.5	100	<95	<90	<85	<80
		Percentage of blood units collected from voluntary blood donors	Percent	3	83	82	81	80	79
		Number of hospitals providing trauma care services	Number	3	2	1	-	-	-
		Proportion of wastage of medical supplies (of previous year)	Percent	2.5	<5	<6	<7	<8	<9
		Health professionals acquiring at least 6 CME credits per year	Percent	3	90	85	80	75	70
		Number of Health Facilities Using Telemedicine Services	Number	2.5	30	29	27	25	23
		Percentage of internal audit recommendations followed up on	Percent	3	100	90	80	70	60
	Improve access to quality health care services that is inclusive, responsive and equitable	Proportion of Hospitals and BHU- Is with functional dental unit	Percent	3	80	75	70	65	60
		Proportion of hospitals and BHU- I providing primary ophthalmic care services	Percent	3	100	95	90	85	80
		OPD waiting time	Minutes	3	16.5	>17	>18	>19	>20

			Number of surgical health camps (international & national) conducted annually	Number	3	60	52	44	36	30
			Timeline by which service and quality standards for the Specialist Outreach Team is develop with ToR	Date	2	11/30/2019	12/31/2019	01/30/2020	02/28/2020	03/31/2020
			Timeline by which the service package for specialist services in Referral hospitals is develop through assessment of disease profile, burden, population needs and accessibility	Date	2.5	03/31/2020	04/30/2020	05/31/2020	06/30/2020	-
			Assessment of service standards for regional referral hospitals	Date	2.5	01/31/2020	02/28/2020	03/31/2020	04/30/2020	05/30/2020
			Proportion of health facilities (BHU I and above) providing diagnostic (Biochemistry, hematology, X-ray and USG) services	Percent	3.5	50	47	44	42	40
			No. of hospitals reporting Healthcare associated infection (HCAI)	Number	3	18	17	16	-	-
			Proportion of health facilities (Hospitals and BHU Grade Is) segregating waste at source, decontaminating and disposing wastes	Number	2.5	100	90	80	70	60

		appropriately							
		Number of Thromdes with Thromde Health Officers for implementing urban health services	Number	2.5	2	1	-	-	-
		Percentage of hospitals/BHU-I with functional ambulances as per the Ambulance Guideline	Percent	3	100	95	90	85	80
		Timeline by which annual indents for medical supplies required for health facilities in the country are compiled	Date	2.5	02/07/2020	02/14/2020	02/21/2020	03/31/2020	04/30/2020
		Rational Use of Medicines and Medical Devices Promoted	Number	2.5	3	2	1	-	-
	Prevention, Promotion and rehabilitation services improved	Proportion of Health Facilities providing Community Based Elderly Care Services	Percent	2.5	60	59	58	57	56
	Disaster Resilience Enhanced	Number of doctors, nurses and other health professionals trained on emergency medical care	Number	3	70	60	50	40	30
		Number of health facilities with operational health emergency contingency plan	Number	3	96	85	75	65	55



			International Health Regulations (IHR) core capacity index	Number	3	57	-	-	-	56
			Simulation exercise on integrated multi-hazard risk communication conducted	Number	3	1	0	0	0	0

### Section 3: Trend values of success indicators

Objective	Action	Success Indicator <sup>1</sup>	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
Medical service expanded and strengthened	Disaster Resilience Enhanced	International Health Regulations (IHR) core capacity index	Number	56	57	58	59	60
		Number of doctors, nurses and other health professionals trained on emergency medical care	Number	60	70	80	90	100
		Number of health facilities with operational health emergency contingency plan	Number	50	96	142	188	233
		Simulation exercise on integrated multi-hazard risk communication conducted	Number	0	1	2	3	4
	Efficiency and effectiveness in delivery of health services strengthened	Health professionals acquiring at least 6 CME credits per year	Percent	85	90	92	93	95
		Hospital prescription survey assessed	Percent	100	100	100	100	100
		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	38	48
		Number of health facilities performing internal quality control assessment in the laboratory services	Percent	100	Maintain	Maintain	Maintain	Maintain
		Number of Health Facilities Using Telemedicine Services	Number	22	30	38	46	54
		Number of hospitals providing trauma care services	Number	0	2	3	4	4
		Number of Hospitals with National External Quality assessment for hematology and biochemistry in conducted and report published	Number	6	8	10	12	14
		Percentage of blood units collected from voluntary blood donors	Percent	79	83	84	85	86
		Percentage of health facilities reporting antibiotic consumption and antibiogram	Percent	40	50	60	70	80
		Percentage of internal audit recommendations followed up on	Percent					
		Proportion of new health	Percent	100	100	100	100	100

		interventions and technologies assessed by Health Technology Assessment (HTA) panel						
		Proportion of wastage of medical supplies (of previous year)	Percent	<5	Maintain	Maintain	Maintain	Maintain
		Turn Around Time (TAT) for air ambulance	Minutes	<30	Sustain	Sustain	Sustain	Sustain
		Turn Around Time (TAT) for land ambulance maintained	Minutes	<10 (old definition)	<20	Sustain	Sustain	Sustain
Improve access to quality health care services that is inclusive, responsive and equitable		Assessment of service standards for regional referral hospitals	Date					
		No. of hospitals reporting Healthcare associated infection (HCAI)	Number	12	15	18	21	24
		Number of surgical health camps (international & national) conducted annually	Number	30	60	90	120	150
		Number of Thromdes with Thromde Health Officers for implementing urban health services	Number	0	2	4	4	4
		OPD waiting time	Minutes	16.5	Sustain	Sustain	Sustain	Sustain
		Percentage of hospitals/BHU-I with functional ambulances as per the	Percent	100	Sustain	Sustain	Sustain	Sustain

		Ambulance Guideline						
		Proportion of health facilities (BHU I and above) providing diagnostic (Biochemistry, hematology, X-ray and USG) services	Percent	40	50	60	70	75
		Proportion of health facilities (Hospitals and BHU Grade Is) segregating waste at source, decontaminating and disposing wastes appropriately	Number	2	5	7	9	11
		Proportion of hospitals and BHU- I providing primary ophthalmic care services	Percent	95	100	100	100	100
		Proportion of Hospitals and BHU- Is with functional dental unit	Percent	78	80	82	84	86
		Rational Use of Medicines and Medical Devices Promoted	Number	5	10	15	20	25
		Timeline by which annual indents for medical supplies required for health facilities in the country are compiled	Date					

#### Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Proportion of Hospitals and BHU- Is with functional dental unit	This indicator measures the number of Hospitals and BHU- Is with functional dental chairs and a dental surgeon available	Oral Care Program, HCDD	Annually	Program data
Proportion of hospitals and BHU- I providing primary ophthalmic care services	This indicator represents the health facilities with an available ophthalmic Assistant and slit lamp	Eye care program, HCDD	Annually	Program data
Proportion of Health Facilities providing Community Based Elderly Care Services	This indicator measures number of health facilities (BHU II, BHU I and Hospitals) providing community based elderly care services. Elderly population is defined as those aged 65 years and above	Program Data, HCDD	Annually	Elderly Care Program, HCDD
OPD waiting time	This indicator measures the time taken by a patient from registration till the time of consulting with doctor in 2 regional referral hospitals, hospitals and BHU I (sample taken from 9-11 am)	HAMT Report, QASD	Annually	QASD
Number of surgical health camps (international & national) conducted annually	This indicator measures the number of surgical camps (eye, ENT, dental, cleft lip and palate, and other surgeries) conducted in the year by both international and national counterparts, and it doesn't include the various screening camps that are also conducted every year	Program Report, HCDD	Annually	UHP, HCDD
Timeline by which service and quality standards for the Specialist Outreach Team is develop with ToR	This indicator ascertains the timeline by which service and quality standards for the Specialist Outreach Team is develop with an appropriate Terms of Reference	DHS Program Data	Annually	DHS Program, HCDD
Timeline by which the service package for specialist services in Referral	This indicates the timeline by which the service package for specialist services in Referral hospitals is	Program Data	Annually	DHS, HCDD

hospitals is develop through assessment of disease profile, burden, population needs and accessibility	develop through assessment of disease profile, burden, population needs and accessibility			
Assessment of service standards for regional referral hospitals	This indicator represent the timeline by which assessment of service standards for regional referral hospitals is completed	Assessment Report	Annually	DHS Program, HCDD
Proportion of health facilities (BHU I and above) providing diagnostic (Biochemistry, hematology, X-ray and USG) services	This indicator measures the proportion of health facilities (BHU I and Hospitals) providing at least Bio-chemistry, hematology, X-ray, USG facilities	Program Data	Annually	BSD Program, HCDD
Number of health facilities with operational health emergency contingency plan	This indicator represents the number of health facilities (hospitals, BHU-Is and BHU-IIs) with operational health emergency contingency plan. This is mandatory as per the Health Emergency and Disaster Contingency Plan 2016.	EPR Program data, EMSD	Annually	EPR Program, EMSD
International Health Regulations (IHR) core capacity index	This indicator represents the percentage of attributes of IHR 13 core capacities that have been attained at a specific point in time. The core capacities include: 1. Legislation & Financing 2. IHR Coordination & National IHR Focal points functions 3. Zoonotic events and the human-animal interface 4. Food safety 5. Laboratory 6. Surveillance 7. Human Resources 8. National Health Emergency Framework 9. Health Service Provision 10. Risk Communication 11. Points of entry 12. Chemical events 13. Radiation emergencies	IHR Annual Report	Annually	IHR, EMSD

Number of doctors, nurses and other health professionals trained on emergency medical care	This number represents the number of doctors, nurses and other health professionals trained on emergency medical care including BLS, ACLS, PALS, ATLS and first aid	Program Data, EMSD	Annually	TEM, EMSD
No. of hospitals reporting Healthcare associated infection (HCAI)	This indicator measures the no of hospital acquired infections for the in-patients within 48 hours of admission in health facilities acquiring surgical site infection, ventilated associated pneumonia, catheter associated urinary tract infection, clinical sepsis, hospital acquired pneumonia, and central line/ periphery blood stream infection	Program Data, HCDD	Annually	ICP, HCDD
Proportion of health facilities (Hospitals and BHU Grade Is) segregating waste at source, decontaminating and disposing wastes appropriately	This indicator measures the number of health facilities (BHU I and hospitals) segregating waste at source into (general and infectious waste), decontaminating infectious waste and appropriately disposing them as per the national guideline	Program data	Annually	HWP, HCDD
Number of Thromdes with Thromde Health Officers for implementing urban health services	This indicator measures the establishment of an office with Thromde Health Officer for urban health services in respective thromdes (Thimphu, Phuentsholing, Gelephu and Samdrupjongkhar)	Program data	Annually	UHSP, HCDD
No. of Health facilities undergoing clinical performance audit at least once a year	This indicator measures the total number of Hospitals and BHU-Is which conducts at least one Clinical Audit in a year	QASD report	Annually	QASD
Turn Around Time (TAT) for land ambulance maintained	This indicator measures the time taken to dispatch an Ambulance (movement of ambulance) from 1st call received at HHC	HHC Report	Annually	HHC, EMSD
Turn Around Time (TAT) for air ambulance	This indicator measures the time taken to inform RBHSL by the HHC including the minimum time required to fulfill all technical requirements for availing air ambulance (by HHC)	HHC Report	Annually	HHC, EMSD



Percentage of health facilities reporting antibiotic consumption and antibiogram	This indicator measures the proportion of health facilities having microbiology laboratory which reports antibiotic consumption and antibiogram	Program data	Annually	AMR program, HCDD
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
No. of health facilities implementing Bhutan Health care Standard for Quality Assurance (BHSQA)	This indicator measures the total number of Hospitals and BHU-Is implementing BHSQA Standard No.6 to Standard No.15 as per BHSQA Document 2nd edition, 2018.	QASD HAMA report	Annually	QASD
Number of health facilities performing internal quality control assessment in the laboratory services	Percentage of laboratories in hospitals and BHU-I performing Internal Quality Control	QASD Report	Annually	EMTD
Number of Hospitals with National External Quality assessment for hematology and biochemistry in conducted and report published	This indicator represents the number of Hospitals with National External Quality assessment for hematology and biochemistry conducted and report published	QASD Report	Annually	QASD
Percentage of blood units collected from voluntary blood donors	It is the total voluntary blood units collected at 27 blood centers in a year which would be accumulated from annual blood bank report	BSD Program Report	Annually	BSD Program, HCDD
Percentage of hospitals/BHU-I with functional ambulances as per the Ambulance Guideline	Percentage of hospitals/BHU-I with functional ambulances as per the Ambulance Guideline	Program Data	Annually	HHC, EMSD
Number of hospitals providing trauma care services	Number of hospitals providing trauma care services as per the Guideline for Establishing Emergency Medical & Trauma Center	EMSD program data	Annually	TEM, EMSD
Timeline by which annual indents for medical supplies required for health facilities in the country are compiled	Timeline by which annual indents for medical supplies required for health facilities in the country are compiled	program data	Annually	MSQU, HCDD

Proportion of wastage of medical supplies (of previous year)	This indicator measures the proportion of medicines that are wasted (from previous years). Medicines wasted largely comprise of those that have crossed their expiry dates.	Program data	Annually	MSQU, HCDD
Hospital prescription survey assessed	The indicator represents the compilation and analysis of prescription survey data submitted by the health facilities to the program	EMTD Program data	Annually	EMTD
Health professionals acquiring at least 6 CME credits per year	This indicator represents the percentage of Health professionals (ENT Technicians, OT Technicians, Orthopedic Technicians and Nurse Anesthetists ) acquiring at least 6 CME credits per year	Program data	Annually	DHS, HCDD
Rational Use of Medicines and Medical Devices Promoted	This indicator measures the number of activities carried out to promote the rational use of medicines. Activities include: (1) Training of new recruits on rational use of medicines; (2) Prescription survey (3) Meeting of National Medicine Committee;	Program Data, EMTD	Annually	EMTD
Simulation exercise on integrated multi-hazard risk communication conducted	This indicator measure the number of Simulation exercises conducted on integrated multi-hazard risk communication	Program Data, EMSD	Annually	EIR Program, EMSD
Number of Health Facilities Using Telemedicine Services	This indicator measures the number of Health Facilities reporting on the use of telephone and other social media platforms (we chat, FB messenger, what's app) for patient consultations	Program Report	Annually	Telemedicine Program, MOH
Percentage of internal audit recommendations followed up on	This indicator measures the percentage of recommendations made by the Internal Audit Division followed up on by the respective departments	Program Report	Annually	Internal Audit Division

**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)
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**Whereas,**

We, the Director General, DMS and Chief Program Officer, QASD 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, DMS and the Chief Program Officer, QASD to provide necessary support for the delivery of results described in this Annual Performance Agreement.

**SIGNED:**

Dr. Ugen Dophu  
Secretary

Date

Dr. Pandup Tshering  
Director General, DMS

Date

Mr. Sonam Zangpo  
Offtg. CPO, QASD, MOH

Date