



PERFORMANCE AGREEMENT

BETWEEN

PRIME MINISTER AND PRESIDENT

Jigme Dorji Wangchuck National Referral Hospital

(July 1, 2017 – June 30, 2018)

TABLE OF CONTENTS

Section 1: Vision, Mission and Objectives

Section 2: Objectives, Actions, Success Indicators and Target

Section 3: Trend Values of Success Indicators

Section 4: Description and Measurement of Success Indicators

Section 5: Requirements from other Ministries, Agencies and Dzongkhags

Preamble

The Performance Agreement is entered into between the Prime Minister and President, Jigme Dorji Wangchuck National Referral Hospital .

The objectives of this Performance Agreement are:

- a) To establish clarity and consensus about annual priorities for the Jigme Dorji Wangchuck National Referral Hospital consistent with the 11th Five Year Plan , and Governments other priorities;
- b) To make the Jigme Dorji Wangchuck National Referral Hospital fully responsible for driving implementation and delivering the results against the annual priorities;
- c) To provide an objective and fair basis for evaluating the Agency's overall performance at the end of the 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

A centre of excellence in the provision of health care services and medical education

Mission

- a. To provide quality healthcare service that is safe, efficient, effective, equitable and sustainable.
- b. To provide quality medical education.

Objectives

- 1) To enhance diagnostic and curative healthcare services along with improved access to all healthcare facilities
- 2) To Enhance disaster preparedness in the hospital
- 3) To enhance efficiency and effectiveness of G2C services
- 4) To Establish systems and framework for Governance
- 5) To ensure full utilization of budget
- 6) To enable effective and efficient ICT Service delivery
- 7) To implement National Integrity and Anti-Corruption Strategy (NIACS)

Section 2: Objectives, Success Indicators & Target

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To enhance diagnostic and curative healthcare services along with improved access to all healthcare facilities	65	Hospital Hygiene & cleanliness	Percentage reduction of hospital acquired infection	Percent	2	<12	<14	<16	<18	<20
		Improvement in patient discharge time	Percentage of patients discharged before 11 AM	Percent	3	100	95-99	90-94	85-89	80-84
		Reduce OPD waiting time	Average OPD waiting time	Minutes	6	<45	<55	65	<75	>75
		Improve Bio Medical Engineering Program (Specialized Training)	Time by which the Training on repair and Maintenance of Medical Equipment	Date	1	August 2017	October 2017	December 2017	February 2018	April 2018
		To have an efficient and a reliable Human Resource pool for JDWNRH	Number of staffs trained in various fields and specialization for efficient and quality healthcare service delivery	Number	5	30	25	20	15	10
		Maintenance and construction program for JDWNRH in order to ensure quality	Percentage progress for the construction of Additional hospital wing	Percent	3	65 % by June 2018	55% by June 2018	45% by June 2018	35% by June 2018	25% by June 2018
		infrastructure development, proper utility and sustenance of all health care facilities	% progress for the construction of Bio Medical and Procurement office	Date	5	75% by June 2018	65% by June 2018	50% by June 2018	45% by June 2018	35% by June 2018
			Timeline by which the Electrical Safety Device for Medical equipment is procured and installed	Date	1	Jan 2018	Feb 2018	March 2018	April 2018	May 2018
			Timeline by which the proposed new mortuary is constructed (Implementation of the activity is subject to release of funds from RGoB as per Cabinet Directives)	Date	1	Feb 2018	March 2018	April 2018	May 2018	June 2018

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]	
To enhance diagnostic and curative healthcare services along with improved access to all healthcare facilities	65	Maintenance and construction program for JDWNRH in order to ensure quality infrastructure development, proper utility and sustenance of all health care facilities	Timeline by which the indoor physiotherapy room is completed	Date	2	Feb 2018	March 2018	April 2018	May 2018	June 2018	
			Timeline by which the ICU room is being remodelled	Date	2	Dec 2017	Jan 2018	Feb 2018	March 2018	April 2018	June 2018
			Set up Urine testing and Diagnostics Facility in Community Health Department Laboratory	Date	1	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018
			Establishment of a separate Burn Unit	Date	3	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018
			Upgradation of reception services	Date	1	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018
			Development of Assistive Device workshop	Date	3	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018
			% availability of standard consumables at any point of time (Includes religious items also)	Percent	10	95	90	85	80	75	
			Procurement of Anesthesia Gas Monitor and Dragger Machine	Date	2	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018
			Procurement of Therapeutic Drug Analyzer and Reagent	Date	2	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018
			% availability of essential medicines at any point of time	Percent	10	96	95	94	93	92	
			Ensure quality healthcare and service delivery		2	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018
Specialized Tertiary services introduced		5	Feb 2018	March 2018	April 2018	May 2018	June 2018	June 2018			

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To Enhance disaster preparedness in the hospital	10	Improved Emergency preparedness and response	Finalization and operation of the Hospital Disaster Management Strategic Plan together with mass simulation exercise	Date	5	Feb 2018	March 2018	April 2018	May 2018	June 2018
			Timeline by which the parking space adjacent to ER is being developed into an evacuation area for Mass Casualty Management	Date	5	Feb 2018	March 2018	April 2018	May 2018	June 2018
To enhance efficiency and effectiveness of G2C services	10	Biometric services enhanced	Use of Biometric facility enhanced	Date	5	Feb 2018	March 2018	April 2018	May 2018	June 2018
To Establish systems and framework for Governance	5	Develop long term strategic plan of action	Timeline by which the first draft ToR is being developed	Date	5	Feb 2018	March 2018	April 2018	May 2018	June 2018
To ensure full utilization of budget	5	Ensure full budget utilization	Percentage of budget utilization	Percent	5	100	-	-	-	<100
To enable effective and efficient ICT Service delivery	3	Enhance basic ICT skills of non ICT staff members	Percentage of non ICT staff trained	Percent	1	50	45	40	35	30
		Improve public service delivery through innovative ICT services/improve LAN and internet services	Acceptable downtime of LAN and internet connectivity per incidence	Days	1	1	1.5	2	2.5	>2.5
		Ensure compliance to e-GIF standards	Percentage compliance to e-GIF standards	Percent	1	100	-	-	-	0

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To implement National Integrity and Anti-Corruption Strategy (NIACS)	2	Conduct face to face sensitization program on Ethics and Integrity Tools by concerned TOT participants (Gift Rules & its management, Asset Declaration Rules & its management, Conflicts of Interest Declaration & its management, Code of Conduct and Grievance Redress Mechanism)	Employees aware on the following Ethics and Integrity Management Tools - Gifts, Conflicts of Interest, Code of Conduct, Asset Declaration and Grievance Redress Mechanism	Percent	2	Above 90	89-80	79-70	69-60	59 and below

Section 3: Trend values of success indicators

Objective	Action	Success Indicator	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]
To enhance diagnostic and curative healthcare services along with improved access to all healthcare facilities	Hospital Hygiene & cleanliness	Percentage reduction of hospital acquired infection	Percent	27.8	NA	<12	<12	<10
	Improvement in patient discharge time	Percentage of patients discharged before 11 AM	Percent	NA	NA	90	100	100
	Reduce OPD waiting time	Average OPD waiting time	Minutes	NA	46	-	<45	<30
	Improve Bio Medical Engineering Program (Specialized Training)	Time by which the Training on repair and Maintenance of Medical Equipment	Date	-	-	1 Staff on Long term training	-do-	Training to be conducted by August 2017
	To have an efficient and a reliable Human Resource pool for JDWNRH	Number of staffs trained in various fields and specialization for efficient and quality healthcare service delivery	Number	-	-	-	-	30
	Maintenance and construction program for JDWNRH in order to ensure quality infrastructure development, proper utility and sustenance of all health care facilities	Percentage progress for the construction of Additional hospital wing	Percent	-	-	-	Designs, drawings completed and work tenders floated	65% progress
		% progress for the construction of Bio Medical and Procurement office	Date	-	-	-	Tenders floated for the works	75%

Objective	Action	Success Indicator	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]
To enhance diagnostic and curative healthcare services along with improved access to all healthcare facilities	Maintenance and construction program for JDWNRH in order to ensure quality infrastructure development, proper utility and sustenance of all health care facilities	Timeline by which the Electrical Safety Device for Medical equipment is procured and installed	Date	-	-	-	-	Jan 2018
		Timeline by which the proposed new mortuary is constructed (Implementation of the activity is subject to release of funds from RGoB as per Cabinet Directives)	Date	-	-	-	Proposal being put up for need of a new mortuary. Implementation of the activity subject to release of funds as per Cabinet Directives.	Feb 2018
		Timeline by which the indoor physiotherapy room is completed	Date	-	-	-	-	Feb 2018
		Timeline by which the ICU room is being remodelled	Date	-	-	-	-	Dec 2017
		Set up Urine testing and Diagnostics Facility in Community Health Department Laboratory	Date	-	-	-	-	Feb 2018
		Establishment of a separate Burn Unit	Date	-	-	-	-	Feb 2018
		Upgradation of reception services	Date	-	-	-	-	Feb 2018
		Development of Assistive Device workshop	Date	-	-	-	-	Feb 2018

Objective	Action	Success Indicator	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]
To enhance diagnostic and curative healthcare services along with improved access to all healthcare facilities	Ensure availability of essential drugs and consumables	% availability of standard consumables at any point of time (Includes religious items also)	Percent	-	85	90	92	95
		Procurement of Anesthesia Gas Monitor and Dragger Machine	Date	-	-	-	-	Feb 2018
		Procurement of Therapeutic Drug Analyzer and Reagent	Date	-	-	-	-	Feb 2018
		% availability of essential medicines at any point of time	Percent	-	95	96	96	100
To Enhance disaster preparedness in the hospital	Ensure quality healthcare and service delivery	Review and training of implementation guidelines for BHSQA,HAMT and 5S-CQI in clinical Departments	Date	-	-	-	-	Feb 2018
	Specialized Tertiary services introduced	Develop, Introduce and set up amenities for new specialized tertiary health care and diagnostic services	Date	-	-	-	-	Feb 2018
To Enhance disaster preparedness in the hospital	Improved Emergency preparedness and response	Timeline by which the parking space adjacent to ER is being developed into an evacuation area for Mass Casualty Management	Date	NA	NA	NA	NA	Feb 2018

Objective	Action	Success Indicator	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]
To Enhance disaster preparedness in the hospital	Improved Emergency preparedness and response	Finalization and operation of the Hospital Disaster Management Strategic Plan together with mass simulation exercise	Date	-	-	-	Feb 2017	Feb 2018
To enhance efficiency and effectiveness of G2C services	Biometric services enhanced	Use of Biometric facility enhanced	Date	-	-	-	Biometric system installed and ground works started in improving HIS	Feb 2108
To Establish systems and framework for Governance	Develop long term strategic plan of action	Timeline by which the first draft ToR is being developed	Date	-	-	-	Feb 2017	Feb 2018
To ensure full utilization of budget	Ensure full budget utilization	Percentage of budget utilization	Percent	NA	NA	NA	Na	100
To enable effective and efficient ICT Service delivery	Enhance basic ICT skills of non ICT staff members	Percentage of non ICT staff trained	Percent	NA	NA	NA	NA	50
	Improve public service delivery through innovative ICT services/improve LAN and internet services	Acceptable downtime of LAN and internet connectivity per incidence	Days	NA	NA	NA	NA	1
	Ensure compliance to e-GIF standards	Percentage compliance to e-GIF standards	Percent	NA	NA	NA	NA	100

Objective	Action	Success Indicator	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]
To implement National Integrity and Anti-Corruption Strategy (NIACS)	Conduct face to face sensitization program on Ethics and Integrity Tools by concerned TOT participants (Gift Rules & its management, Asset Declaration Rules & its management, Conflicts of Interest Declaration & its management, Code of Conduct and Grievance Redress Mechanism)	Employees aware on the following Ethics and Integrity Management Tools - Gifts, Conflicts of Interest, Code of Conduct, Asset Declaration and Grievance Redress Mechanism	Percent	NA	50	70	80	Above 90

Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Percentage reduction of hospital acquired infection	Infections acquired during hospital visits and stays measured in terms of percentage	Point prevalence	Annually	Nursing Administration
Percentage of patients discharged before 11 AM	Percentage of patients discharged before 11 AM. The time here starts from the point of registration to diagnosis and finally till availing of medicines from the dispensary.	OPD records and Doctors appointment system (After installation of the system)	Quarterly	OPD records and Doctors appointment system (After installation of the system)
Average OPD waiting time	Average waiting time for the patients from the moment they register till the point of exit by obtaining drugs from the pharmacy	HAMT	Annually	HAMT records
Time by which the Training on repair and Maintenance of Medical Equipment	Specialized training on maintenance and repair of bio medical equipment for sustainability and proper delivery of health care services	Training report from Bio medical Department	Quarterly	Bio medical Department
Number of staffs trained in various fields and specialization for efficient and quality healthcare service delivery	The indicator is being specifically set to monitor the training and specialization provided for the staffs of JDWNRH. List of proposed capacity enhancement fields and duration maintained with HRD; JDWNRH.	HRD plans and reports	Quarterly	HRD
Percentage progress for the construction of Additional hospital wing	To measure both the physical and financial progress of the construction activity	Reports	Monthly	Maintenance Division
% availability of standard consumables at any point of time (Includes religious items also)	Procurement of all non- drugs items being initiated and kept ready at any point of time when in need by the hospital	Indent registers	Monthly	Procurement Div. and PEMS reports

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Review and training of implementation guidelines for BHSQA, HAMA and 5S-CQI in clinical Departments	Quality Management Division is recently established in JDWNRH. The indicator was basically set up to carry out the initial work of the Division to enhance and ensure quality health care service delivery	Program report	Quarterly	QMD reports
% availability of essential medicines at any point of time	Availability of drugs and essential medicines in stock at any point of time and requirement	Pharmacy and Procurement (Drugs) reports and inventories	Quarterly	Pharmacy and Procurement (Drugs) reports and inventories
Establishment of a separate Burn Unit	The need for a separate Burn unit has become critical for ensuring safety and proper treatment of Burn patients. The separate unit will enhance delivery of burn treatment efficiently.	Maintenance unit and surgery program	Quarterly	Reports from Maintenance unit and surgery program, PEMS
Upgradation of reception services	A separate reception cubicle has become a must, therefore it has become a must to propose this activity in order to reduce congestion	Maintenance Division, Physiotherapy Dept Report	Quarterly	Maintenance Div, Physio Dept report and PEMS
Development of Assistive Device workshop	The assistive device workshop is being set up in order to ensure proper utility and maintenance of assistive devices for the physically challenged people. The workshop will help improve delivery of such services to the utmost	Physio Dept program report and maintenance div. records	Quarterly	Physio Dept. program report, Report from Maintenance Div. and PEMS
Develop, Introduce and set up amenities for new specialized tertiary health care and diagnostic services	Introduction and setting up of New specialized tertiary health care and diagnostics services has become critical. Changing medical trends and the emerging disease burden has necessitated such services.	Maintenance and Medical Dept	Quarterly	PEMS, and program report
Use of Biometric facility enhanced	Improvement of the Hospital Information System has become very critical for effective and efficient healthcare service delivery.	IT Div, reports	Quarterly	IT Div. reports

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Timeline by which the parking space adjacent to ER is being developed into an evacuation area for Mass Casualty Management	The indicator will measure the development of an evacuation area for Mass Casualty Management during Emergencies	Maintenance division reports	Quarterly	Maintenance Division report and PEMS
Percentage of budget utilization	This Success Indicator measures the amount variation between revised budget and expenditure of an agency for a fiscal year	Through analysis of annual budget for a fiscal year	Annually	MYRB
Percentage of non ICT staff trained	This success indicator measures the percentage of staffs other than ICT professional provided with training on basic ICT skills. This will reduce the turn around time of providing basic troubleshooting services. The training will be provided by ICT Division	Admin records on trainings conducted	Biannually	Ministries/Age ncies/Thromdes s/Dzongkhags
Acceptable downtime of LAN and internet connectivity per incidence	"This success indicator measures the minimum downtime of LAN and internet connectivity in Ministries/Agences/Thromde/Dzongkhag administration office. If the downtime is caused by incidents which are out of ICT Division's control, ICT Division should maintain a record of such incidences and provide periodic report to DITT. This downtime does not include the travel time for ICT officers working in Dzongkhag need to travel to gewogs/CC to rectify connectivity issues	Ministries/Agencies/Thromdes/Dzongkhag records	Monthly	Ministries/Age ncies/Thromdes s/Dzongkhags
Percentage compliance to e-GIF standards	This success indicator measures and ensures that Ministries/Agencies/Thromdes/dzongkhags comply to e-GIF standards in all ICT related activities.	Records of e-GOV review meetings	Biannually	Ministries/Age ncies/Thromdes s/Dzongkhags

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
<p>Employees aware on the following Ethics and Integrity Management Tools</p> <ul style="list-style-type: none"> - Gifts, Conflicts of Interest, Code of Conduct, Asset Declaration and Grievance Redress Mechanism 	<p>This indicator will measure the proportion of employees sensitized through face to face sensitization program on the above mentioned Ethics and Integrity Management Tools. The concerned TOT participants who have attended 2nd round of Ethics & Integrity Management training from 12 – 22 June 2017 at Phuntsholing are expected to conduct the sensitization program. The indicator will assess both the proportion of employees sensitized and the level of awareness created among the employees on the tools. Of the total weightage (100 percent), 40 percent is assigned on the delivery part and 60 percent on the level of awareness created. Further 40 percent weightage is apportioned as:</p> <ol style="list-style-type: none"> 1) No. of tools sensitized – 5 tools (10%); 2) Mode of Delivery - face to face sensitization program (10%); 3) Duration - one day or more (10%); and 4) Percent of employees sensitized – 80 & above (10%). <p>The agencies will report on the above weightage (40 percent) using the standard form developed by ACC.</p> <p>To assess the level of employees' awareness on the above tools, ACC will circulate a standard questionnaire at later stage.</p>	<ul style="list-style-type: none"> • Supporting documents from the agencies • Questionnaire based desk survey 	<p>Annually</p>	<p>All Public agencies that have signed APA</p>

Section 5: Requirements from other Ministries, Agencies & Dzongkhags

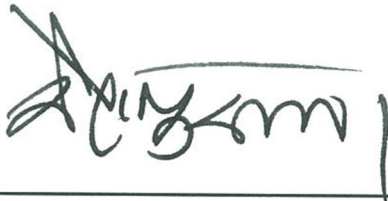
Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
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Whereas,

I, the President, Jigme Dorji Wangchuck National Referral Hospital, commit to the Prime Minister, the Government and the people of Bhutan to deliver the results described in this Annual Performance Agreement.

I, the Prime Minister, commit to the President, Jigme Dorji Wangchuck National Referral Hospital, on behalf of the Government and the people of Bhutan, to provide the necessary fund and resources for delivery of the results described in this Annual Performance Agreement.

SIGNED:



Tshering Tobgay
Prime Minister of Bhutan

31.7.17

Date



Lhab Dorji
President

31/7/17

Date