

Audit Report : Performance Audit Report on Delivery of OPD Services at JDWNRH (AIN: 14724)
Schedule of Audit : 1st March to 4th April 2017
Date of Issue : 22nd August 2017
Period covered by Audit : 2014 to 2016
Name of Agency (s) : Jigme Dorji Wangchuck National Referral Hospital
No. of Review : 2nd Review

Recommendations		RAA's Last Comments	Action Taken Submitted by JDWNRH	RAA's Further Comments
4.1	<p>JDWNRH should formulate strategic plan</p> <p>The healthcare system in the country prior to granting autonomy to the JDWNRH was found inept owing to unclear responsibilities and accountabilities within the Departments/ Divisions/ Units under the MoH. The RAA observed that the JDWNRH does not have a strategic focus and direction. It has not formulated its strategic and operational plans. The Hospital does not have a mechanism instituted to implement its 11th FYP activities. Therefore, JDWNRH should formulate strategic and operational plans to enhance efficient delivery of healthcare services.</p>	<p>Partially Implemented</p> <p>The Draft Strategic Plan has been prepared.</p> <p>However, operational plan of JDWNRH is not yet formulated. Therefore, JDWNRH is requested to share a copy of Strategic Plan and the operational plan with RAA once finalized and published.</p> <p>Since, initiatives and arrangements are already in place to formulate Strategic Plan, the recommendation is treated as partially implemented. The recommendations shall be reviewed upon submission of the final Strategic Plans and Operational Plan.</p>	<p>The Draft ToR was developed and submitted to Ministry of Health to seek technical support from World Health Organisation (WHO) in development long term Strategic Plan Document dated 30th March 2018. WHO has graciously agreed to support and identified Dr. Finn Schleiman. We have also received CV for TA support and was informed through MoH that Dr. Schleiman would be available to visit Bhutan from 19-31st August 2018. The first visit will be a scoping visit to narrow down the needs (ToR). The consultative processes for the development of long term Strategic Plan Document will be begin by November 2018-February 2019.</p>	<p>Partially Implemented</p> <p>Since, the initiatives and arrangements are still ongoing, towards formulation of strategic Plan, the recommendation is remains as Partially implemented.</p>

<p>4.3 JDWNRH should develop strategies to reduce waiting time in the OPD and Diagnosis services</p> <p>Despite having clear targets to reduce waiting time to 30 minutes for the patients availing OPD and 2 weeks in diagnosis services in the 11th FYP, the targets were either not achieved or not evaluated properly. There were no clear strategies developed against each target.</p> <p>Moreover, during the survey carried out by the RAA, majority of the respondents were in favor of having appointment system through Mobile Apps, display of information on doctors availability through TV monitors placed in the OPD Chambers and awareness on the OPD timing, customer care and many more.</p> <p>Thus, the strategies to reduce waiting time for each OPD service should be set clearly and the performance monitored timely. The turnaround time for each service should be evaluated and causes identified for those services performing poorly. On the basis of service</p>	<p>Partially Implemented</p> <p>The JDWNRH has started appointment system on a pilot basis. The ENT department has started with appointment system since 1st March 2018 from 9.30 am and 3 pm Monday to Friday and till 1pm on Saturday. Further, two department namely: Medical Department and Gynecology / Obstetric Department will begin appointment system from 19th March 2018.</p> <p>Following the roll out and depending on the outcomes of the pilot project, the JDWNRH has plans to standardize the appointment system in rest of Departments to enhance efficient delivery of services.</p> <p>The recommendation has been treated as partially implemented since JDWNRH has started to pilot appointment system and has plans to replicate the same in other Departments if found feasible. The final implementation status should be intimated to RAA.</p>	<p>Strategies to improve OPD waiting time:</p> <p>The only solution to reduce OPD waiting time is to open more consultation chambers in the OPD. This is not feasible due to shortage of doctors. Even if JDWNRH is provided with adequate number of doctors to run the OPD it is also not cost effective as the OPD chamber will be empty by about 12 noon.</p> <p>The solution is to either stagger patients or to start appointment system. Patients do not want to come after 12 noon as the blood collection stops by 1 PM. The RCSC has approved recruitment of 12 phlebotomists and after training of the phlebotomies the blood collection will be extended to 3 PM. Increasing the blood collection time to 3 PM may stagger patients to come after 12 Noon. This is one of the strategies.</p> <p>In March 2018, three department of ENT, Medical and Gyne/Obsteterics, piloted appointment system. Announcement was made through BBS, local media and other social media to create awareness among the public. The appointment</p>	<p>Implemented</p> <p>It was noted that the JDWNRH had started the appointment system in 10 outpatient departments from 3rd September, 2018 in addition to three departments already started on a pilot basis earlier in March 2018.</p> <p>As per the survey conducted by Quality Assurance and Standardization Division (QASD), JDWNRH in June 2018, it was observed that the appointment system in OPD has drastically reduced the patient’s waiting time. The average waiting time was -1.1 minutes and the patients on average were seen 1 minute 6 seconds before the given appointment time. The survey also found that on an average, 20% patients do not show up which had deprived the other patient’s opportunity to see the doctor at the earlier time.</p>
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	<p>evaluation, the new strategies should be proposed to enhance efficient delivery of OPD services.</p>		<p>system was rolled out to rest of the OPDs on 3rd Sep. 2018 after successfully piloting in the three departments. There are 12 OPDs and appointment system has been instituted in 11 OPDs. It was announced in the BBS for public awareness with mobile numbers.</p> <p>In June 2018, three months following the initiation of appointment system, before rolling out to rest of the OPDs, the new service was evaluated through the week long survey which saw 1464 patients of which 787 patients availed OPD service via appointment system. The average waiting time was -1.1 minutes; the patients were seen 1 minute 6 seconds earlier to their schedule time. This was because 20% of the patient in each chamber did not show up.</p> <p>Overall, the appointment system has led to reduced waiting time from 1 hour 9 minutes to almost less than 10 minutes only as patients are usually asked to come 5-10 minutes before the appointment time. The survey also found that public has found this new system</p>	<p>Further, there was reduction of patients seen by doctors compared to the past without the appointment system. In order to provide services to same number of patients as before, additional doctors are required in the respective departments. It was observed that majority of the patients preferred appointment system as it was convenient and waiting time is minimal. Therefore, the appointment system was recommended to rest of the OPDs.</p> <p>In view of the QASD survey report and the responses furnished, the recommendation shall be treated as implemented.</p> <p>However, the JDWNRH should strengthen the number of doctors in order to provide effective and quality services besides taking up regular monitoring and control of the OPD services.</p>
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<p>4.4</p>	<p>Doctors on-duty for OPD services should not be assigned for multiple assignments</p> <p>The RAA learnt that the specialized doctors in the Medical OPD also had to attend to emergencies and academic purpose in the midst of the consultation services. Thus, irregular timing followed by the doctors on-duty and frequent disruption of schedules had led to increase in waiting time and hampered smooth delivery of their services. Therefore, the JDWNRH needs to have uniformity in scheduling of the doctors’ arrival and departure time rosters. The doctors scheduled for OPD services should not be engaged in multiple activities. All the academic activities should be done before 9:00 am or after 3:00 pm to enhance</p>	<p>Not Implemented</p> <p>The RAA has not received any responses from the JDWNRH with regard to this recommendation.</p> <p>Therefore, the recommendation remains not implemented.</p>	<p>The hospital management has ensured that doctor on-duty in the OPD is not assigned for other assignment. The departments have identified one doctor for emergency duty. However, some department has only one specialist who is sub-specialized in certain field like neurosurgery, chest physician, etc. and their service may be required at times in the ER to save life and may be called. Department of Medicine, Gynecology, Pediatric and general OPD doctors are deputed for OPD duty only. Surgeons have to first do round of patients that they have operated on and then come to OPD.</p> <p>Doctors on OPD duties are not assigned multiple assignments. They are assigned for OPD duty only. This has been conveyed to all departments and they have been following it. All academic</p>	<p>Implemented</p> <p>The hospital management had conveyed and instructed to all the departments that the doctors on OPD duties are not assigned with multiple assignments and all academic activities are carried out before 9 AM and after 3 PM.</p> <p>Further, one doctor is identified for emergency duty regularly and all the instructions are being followed by the departments.</p> <p>Therefore, the recommendation is considered as implemented. However, the JDWNRH management should ensure</p>

	<p>uninterrupted and effective consultation and diagnosis services.</p>		<p>activities are carried out before 9 AM and after 3 PM. All departments have been instructed to identify one doctor for emergency duty regularly.</p>	<p>that doctors on OPD duties are not assigned with multiple assignments in order to deliver uninterrupted and effective service delivery in future.</p>
<p>4.5</p>	<p>JDWNRH should conduct Monitoring and Evaluation on a regular basis</p> <p>As majority of the patients are crowded outside filter and medical chambers, the hospital management should ensure that the OPD chambers are open throughout weekdays to enhance a smooth delivery of healthcare services. The OPD chambers should not limit the number of tokens and the doctors should be present in the chambers from 9:00 am to 3:00 pm to provide quality time to the patients. This would help in avoiding unnecessary crowding outside the chamber and subsequently reduce the patient waiting time. There were cases of some doctors coming late in their chambers and leaving early which</p>	<p>Not Implemented</p> <p>The recommendation basically requires the monitoring and evaluation of doctors and the OPD services provided to the patients. While noting the action taken to monitor on other administrative aspects, the response doesn't convey any concrete actions taken by JDWNRH regarding monitoring over effective working hours of doctors in the hospital and number of consultations provided by them as required by the recommendations.</p> <p>While RAA is appreciative of the various actions initiated monitoring and evaluation conducted, the recommendation has been categorized</p>	<p>The institution of appointment system in the OPDs has simultaneously resolved most of the above issue because patients are given appointment ahead of time from 9.30am until 2.50pm with consultation period of 10 minutes each. Since the first patient and last patients are expected at 9.30am and 2.50pm respectively, the doctors have been found available in the chamber during the monitoring.</p> <p>The reason for starting appointment at 9.30am and not 9am is because most of the doctors have to see the ward patient and review especially those patients on whom they had performed surgery and other medical interventions on previous day. Office order was also issued by the President with all the sister agencies that</p>	<p>Implemented</p> <p>With the institution of appointment system, the patients waiting time has been reduced and doctors were found available from 9.30am to 3pm. The doctors are also required to give three weeks prior notice if they are going on leave in order not to hamper the OPD services.</p> <p>Further, the regular monitoring is being conducted by the Medical Superintendent, QASD and Public Relation Officer and other team from administration to ensure that</p>

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	<p>resulted in longer waiting time for patients. There was lack of monitoring over effective working hours of doctors in the hospital. Therefore, the JDWNRH should conduct proper monitoring and evaluation of effective working hours of doctors and number of consultations provided by them.</p>	<p>as not implemented since the actions taken does not address the requirement as per the recommendation.</p>	<p>3 weeks prior notice is required for the release of any doctors to ensure it doesn't hamper the OPD services.</p> <p>The Medical Superintendent, QASD and Public Relation Officer and other team from administration division conducts regular monitoring to not only ensure that doctors are on time but also to see other issues which are usually then address in meetings. For instance, QASD conduct quarterly quality management committee meeting, OT Management committee meeting and there are also quarterly hospital committee meetings. During such meetings, issues are addressed and resolved.</p> <p>Monitoring is also done by using the biometric attendance which will be used by the administration to check if staffs are coming and leaving on time.</p>	<p>doctors are on time and to see other issues. The issues are discussed in QASD quarterly quality management committee meeting, OT Management committee meeting and quarterly hospital committee meetings.</p> <p>In view of response, the recommendation shall be considered as implemented. However, such monitoring and evaluation has to be carried out regularly for the betterment of efficient service delivery.</p>
<p>4.6</p>	<p>JDWNRH should institute Clinical Audit</p> <p>While there are no standard time requirements for the patient consultation, it was observed that longer queue of patients availing the</p>	<p>Partially Implemented</p> <p>The RAA has noted that six departments of JDWNRH currently have SOPs.</p>	<p>JDWNRH has been doing three types of clinical audit. One is “Adverse occurrence screening and critical incident monitoring”. All adverse events are reported to the quality management unit. The department in which the adverse event has occurred</p>	<p>Partially Implemented</p> <p>The RAA has noted that the clinical audit could not be carried out in the absence of SOPs for compliance and reference.</p>

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	<p>specialist services had resulted in devoting lesser consultation time and not properly profiling and recording the history of patients. There were instances noted in the endoscopy unit, where patients had to wait for 3 to 46 days to avail the services.</p> <p>In this regard, the hospital management should institute clinical audits to enhance measurement of clinical activities and outcomes. It would provide opportunities to confirm established processes resulting on expected outcome, but more importantly, it would highlight potential problem areas within the hospital.</p> <p>Therefore, the Quality Assurance Unit should also include clinical audits in order to capture information about day to day work of clinical practice, identify problems, consider and make changes and monitor progress towards improved patient outcome.</p>	<p>It is also noted that QASD in consultations with departments are in process of developing SOPs which will serve as a benchmark for Clinical Audits and gradually start clinical auditing.</p> <p>Hence, the recommendation has been treated as partially implemented since QASD is in process of developing SOPs to institute Clinical Audit. The detailed SOPs for all the Department should be formulated and implementation ensured.</p>	<p>first carries out an investigation and carries out remedial measures to prevent such incidents from happening. The QMS after receiving the incident report does an independent investigation and provide measures to the department to implement.</p> <p>The hospital also conduct monthly mortality meeting once a month. The department that is presenting the mortality selects a case of death which needs to be discussed. Doctors from various departments attend the meeting.</p> <p>The next audit is “Patient survey and focus group” which are methods used to obtain users’ view about the quality of care they have received. Patient satisfaction survey is carried out each year as per our APA. However, the hospital has not carried out focus group discussion as yet.</p> <p>QASD could not start comprehensive clinical audit in other inpatient units due to lack of SOPs in place for compliance and reference. First it was important to</p>	<p>Off late 226 SOPs has been developed however it is yet to be finalized and start clinical auditing.</p> <p>Until such action is taken, the recommendation shall remain as partially implemented.</p>
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			<p>have SOPs in place before clinical audit could be conducted.</p> <p>Over 200 SOPs have been developed by various clinical and administrative units. It will be finalized in August 2018.</p>	
<p>4.9</p>	<p>JDWNRH should develop robust patient information system to enhance informed decision making</p> <p>In absence of Hospital Information System, the details of services provided and details of patients were not recorded. Records related to appointment and token were maintained manually without much ease of tracking and monitoring. A systematic patient information system would benefit doctors to efficiently examine follow-up patients. The system would provide all the details of the patient instantly to the doctors, provide quality time and avoid extensive paper works. Therefore, as an apex healthcare institution in the country, the need to develop robust patient information system was found necessary for ensuring quality care services to the patients.</p>	<p>Partially Implemented</p> <p>The current status of the recommendation is partially implemented since JDWNRH is in the process of coming up with ePIS which will help to provide evidence-based information for medical intervention, research and better decision making by improving access to quality data.</p> <p>The RAA noted that, the TOR for procurement, installation and implementation of electronic patient information system (ePIS) has been developed by MOH, DITT and JDWNRH.</p> <p>Further, MoH is in the process of floating EOI for procurement, installation and implementation of</p>	<p>Electronic patient information system (ePIS) is one of the component under Digital Drukyul flagship program for 12 FYP. The main objective of ePIS is to have digitize health record that is accessible from any point of care, to improve the quality of care and to help in making better decisions. This system will be implemented in all the health facilities in country including JDWNRH. The project will be implemented in JDWNRH within 2nd year of project period (as per the project implementation plan).</p> <p>The draft ToR and evaluation criteria for procurement of ePIS has been developed by technical working group. And an assessment for the ePIS using design thinking methodology has been completed. The finding of the assessment will be presented to High Level</p>	<p>Partially Implemented</p> <p>The recommendation shall remain as Partially implemented until the system, ePIS is fully developed and operationalized.</p>

		<p>ePIS for the entire Country hospital with JDWNRH to implement the first.</p>	<p>committee for endorsement and further directives within July 2018.</p> <p>Developing separate digitization system only for JDWNRH is not cost effective as well as it wouldn't serve purpose if not aligned to national patient information system. It would be better to wait for Ministry of Health to come with system which is uniform across the country.</p>	
<p>4.10</p>	<p>JDWNRH should develop a comprehensive Standard Operating Procedures (SoP)</p> <p>JDWNRH has separate SOPs for each department which are not comprehensive enough to carry out its mandate. The staffs lacked awareness and knowledge on the existing SOPs. Therefore, the JDWNRH should develop comprehensive SOPs and create awareness among the responsible staffs. The BES should have separate SOP with detailed TOR to carry the work as per the mandate, which will ensure quality health care and efficient service delivery.</p>	<p>Partially Implemented</p> <p>The RAA noted that Quality Management Division has initiated actions for formulation of the SOPs. Further, it is also noted that QASD of MoH in consultations with relevant departments is in the process of developing separate TOR to ensure quality healthcare and efficient service delivery.</p> <p>The recommendation has been treated as partially implemented since JDWNRH is in the process of formulation of the SOPs and detailed TOR.</p> <p>The SOPs & ToR may be submitted to RAA for verification and management</p>	<p>The consultative meeting on development of SOPs and guidelines was conducted on 15th February 2018. The staffs were trained on how to prepare SOP by introducing to SOP on SOP and was asked to submit 1st draft by end of March 2018. Since it was first time experience for many, we had to provide more time and extend the submission date to April.</p> <p>In May 23-27th, QASD collected 1st draft of over 200 SOPs from various departments and reviewed it with support of review committee in Paro. Medical Superintendent chaired the meeting. During the 5 day workshop, SOPs were presented by 55 participants of various departments of JDWNRH. Each</p>	<p>Implemented</p> <p>The various departments under JDWNRH has developed and finalized 226 SOPs as of date including five SOPs for BES and TOR. While the RAA applauds for the development of over 200 SOPs, the JDWNRH management must ensure implementation of the same for the quality health care and efficient service delivery.</p> <p>Therefore, the recommendation shall not be pursued further and treated as settled.</p>

		<p>must ensure implementation of the same.</p>	<p>presentation were reviewed and guided to make necessary changes within the period of two weeks. The departments were asked to submit the final copies by 15th June 2018 through email to QASD of JDWNRH. The office has collected all the SOPs and it will be finalised in August 2018.</p>	
<p>4.11</p>	<p>JDWNRH should strengthen Biomedical Engineering Unit</p> <p>As mandated by the National Health Policy, the bio-medical engineering services were created as a separate division under JDWNRH in 2014. Currently, the division has one engineer, three senior technicians and one helper. Two technicians were trained in the maintenance of basic errors in dialysis, X-rays and ventilators. No technician was found trained in maintaining highly priced equipment and the Hospital depends on external service providers to maintain this equipment. The BES personnel and end-users like echo-technicians should also be involved in the need assessment or pre inspections either during the</p>	<p>Partially Implemented</p> <p>The RAA has noted that, training on basic repairs and maintenance are provided to BMED staff and staff has also started to carry out validation of BP instrument since March 2018 by procuring testing tools.</p> <p>However, SOPs are yet to be finalized. Until, the SOPs are submitted to RAA for verification, the recommendation shall remain partially implemented. Further, it is also noted that proposal is also included in the 12FYP for repairs and maintenance of medical equipment and capacity building of BMED.</p> <p>The RAA is appreciative of the action taken by JDWNRH for finalization of</p>	<p>The biomedical Division was strengthened both in terms of quality and quantity of HR. All Bio-medical engineer and technicians are trained on some of the equipment. Further, the Biomedical engineers are increased from one in number to 3 in number through contract appointment of two additional biomedical engineer. Two biomedical engineers will be further regularized on 1st January 2018 if they passed BCSE examinations. The number is fulfilled and achieved as required by RCSC through OD Exercise.</p>	<p>Implemented</p> <p>As per the response, it was noted that the biomedical division has been strengthened with the manpower by additional two engineers from one engineer and all were trained including the technicians on some of the equipment. Further, the BES has developed five SOPs with a detailed TOR.</p> <p>Therefore, the recommendation shall not be pursued further. However, BES must ensure implementation of the same</p>

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	<p>procurement process or maintenance. Therefore, the JDWNRH should strengthen BES with clear SOP and detailed TOR of its roles and responsibilities which will ensure quality healthcare and efficient service delivery.</p>	<p>the Draft Service standard and development of SOPs and TOR.</p> <p>The recommendation has been treated as partially implemented since BMED is in the process of formulation of the SOPs, detailed TOR and standards.</p>		<p>for the quality health care and efficient service delivery.</p>
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