

Minutes of the 17th Progress Report and Coordination Meeting (PRCM) held at Main-Conference Hall on 13th November 2009:

Time: 1500 Hours

Venue: Main Conference Hall

The 17th PRCM was held on the 13th of November 2009 at the Main -Conference Hall. Unlike the usual PRCM, all the Programme Officials and District Medical Offices (DMOs) (who came for long term training interview) participated in the PRCM based on the directives from the Chair and Vice Chair.

17.1 Opening Remarks

17.1.a) Since the Hon'ble Chair had to attend an emergency cabinet session, the Vice Chair presided, the 17th PRCM, till the Hon'ble Chair's return from the cabinet session.

17.1.b) In his inaugural remarks, the Vice-Chair informed the floor that the main intention of inviting the programme officials and DMOs were to inform and sensitize the findings of Mc Kinsey Report related to Ministry of Health. The Vice-Chair stated that the main objective of the Mc Kinsey was how best the Government can accelerate economic development. He informed that the Government had selected Mc Kinsy as the international consultancy firm from 7 international firms competing for the assignment. Further, the Vice Chair also informed that as the PRCM is the highest decision making body, the DMOs can observe how the meeting is conducted (emphasizing on the importance of team work & transparency) which can be imitated by them while conducting weekly meetings in their respective dzongkhags.

17.1.c) Before the findings of the Mc Kinsey Report, was presented, the Vice Chair extended his appreciation to the consultants for participating in the meeting. However, the Vice Chair reiterated that the Mc Kinsey is not the sole custodian of the report and findings; rather it is a joint effort of Mc Kinsey and MoH. The Vice Chair also thanked all the MoH Officials involved in the Mc Kinsey Project.

17.2 Mc Kinsey Findings

17.2.a) The Mc Kinsey findings were presented jointly by the PPD and the Consultants involved. It was brought to the notice of the house that the Cabinet has approved 4 key initiatives in the health sector which are;

1. Increase Operational Efficiency
2. Redrafting of Human Resource Master Plan
3. Improving access and
4. Restructuring Health Financing

17.2.b) The team indicated that for the health sector to improve its efficiency in delivering health care services the major focus should be dedicated to the 4 identified key initiatives.

17.3 Movement of DMOs

17.3. a) After the completion of Mc Kinsey findings, the Hon'ble Chair presided the session.

17.3. b) At the onset, while acknowledging the hard work carried out by the health workers, the Hon'ble Chair notified that there are still major hurdles that need to be addressed and resolved immediately. Things apart, the Hon'ble Chair pointed out that the major obstacle is the increasing frequency of movement of health workers to attend training and workshops (especially in-country) leading to disruption of normal service delivery.

17.3. c) The Chair informed that despite repeated directives and executive order, there seems to be no impact in the movement of health workers. The Chair attributed that this very issue is due to lack of proper coordination between the Headquarter and the Dzongkhag Hospitals. The Chair once again reiterated that the DMS & HRD has to work in tandem to resolve this issue. Further, the Chair directed that all the Head of the Departments (HoDs) should take into consideration the executive order issued related the staff movement. – All HoDs/DMS/HRD

17.3. d) In line with this, the Hon'ble Chair also pointed out that one of the observation made related to the movement of health workers is that the Dzongkhag Staff, if nominated for a training or workshop, comes way earlier than the stipulated date. This, the Chair directed is also a major factor in disruption of services. The Chair directed that this issue should also be looked into at the earliest. The floor keeping in mind the concern raised by the Chair recommended that HRD and DMS in consultation with PPD should undertake a study/measures and update in the coming PRCM. – HRD/DMS/PPD

17.3. e) At the same time, in the presence of the DMOs, the Hon'ble Chair took the opportunity to direct them that even if any HQ Programmes call for meetings/workshop, the DMOs has to look into the priority and at times has to regret the invitation.

17.3. f) The issue of placing General Practitioners (GPs) in the district was also discussed. The Hon'ble Chair informed that the Ministry is in the process of exploring institutes for GP Courses. The house agreed with the Chair and pointed out that the multitasking will address the shortage of HR.

17.4 Follow Up of 16th PRCM

17.4.a) The Chair directed that given the time constraint, PPD has to look into the follow up and recommendations of the 16th PRCM. – PPD

17.5 JDWNRH – Rabney & Shifting to New Hospital

17.5.a) The issue of functioning and operating procedures of the new hospital was deliberated after the presentation made by JDWNRH.

17.5.b) Based on the concern raised by the hon'ble chair related to sanitation and hygiene in the hospitals, the forum directed the following recommendations to be looked upon by all hospitals;- All Hospitals including JDWNRH

- Eating of food by the patient escorts/visitors in the hospital wards and cabins should not be entertained.
- The food brought for the patients should be looked upon by the designated dieticians.
- All the public should be discouraged from chewing doma and spitting on the walls in the hospital premises. A fine system should be imposed for people spitting doma in the hospitals.

17.5.c) The Chair informed that JDWNRH has to share the Standard Operating Procedure (SoP) endorsed by the Cabinet with the district hospitals to enable smooth referral of patients. – Superintendent- JDWNRH.

17.5.d) The Vice – Chair appraised the forum that due to shortage of nurses only 11 Cabins are functioning currently at JDWNRH. To generate revenue to the government, the house in line with the Vice-Chair directed that atleast a minimum of 20 or if not all the 44 Cabins of JDWNRH should be operationalized as the public is willing to pay for the cabins. The Management of JDWNRH to look into this matter and appraise the house in the coming PRCM. – JDWNRH Management

17.5.e) Based on the recommendations by the JDWNRH Management, the PRCM endorsed the price of the cabins i.e – Duplex Cabins – Nu 2000 per night. Single Cabins – Nu. 1200 per night and rest of the cabins (twin share) – Nu. 700 per night.

17.5.f) Like the perks enjoyed by other Ministries/Co- operations, the hon'ble chair informed that DMS and JDWNRH should come up with a proposal indicating that all the health staff and immediate dependents should be provided free cabins. The Chair directed that this proposal shall be discussed in the Cabinet.- DMS/JDWNRH.

17.5.g) The Hon'ble Chair directed that the Secretary and the Director General (given their knowledge of being hospital superintends) should provide guidance as to how best to run the new hospital. At the same time, the Chair made it clear that the JDWNRH management should not assume it as interference from the Ministry. – Sec/DG/JDWNRH

17.5.h) Based on the directives of the Chair, the house informed that JDWNRH should come up with the new hospital brochures at the earliest – JDWNRH Management

17.5.i) The Hon'ble Chair in his closing remarks informed that the new hospital should be run based on the principle of care, comfort and compassion – JDWNRH Management

17.6 AoB (Any other Business)

17.6.a) It was appraised to the house that DMS has already completed the construction guidelines as recommended in the 15 & 16 PRCMs.

17.6.b) The Hon'ble Chair instructed that a dedicated room with television set and other necessary ancillary should be made for the doctors to interact and share knowledge at the new hospital.- JDWNRH

17.6.c) The Hon'ble Chair once again reiterated the need to club the trainings to be conducted by different programmes region wise and instructed that PPD & HRD should work on this issue and come up with a comprehensive proposal at the earliest. – PPD/HRD

17.6.d) Finally the Hon'ble Chair in his closing remarks informed the house to prioritize human resources and at the same time discuss with the respective units how best to minimize the staff movement to address uninterrupted health care.- All members