

National Joint Annual Review 2078/79



Aggregate Presentation of Academies

Dr Ramesh Kandel
Medical Director
Rapti Academy of Health Sciences
Ghorahi, Dang



Declaration

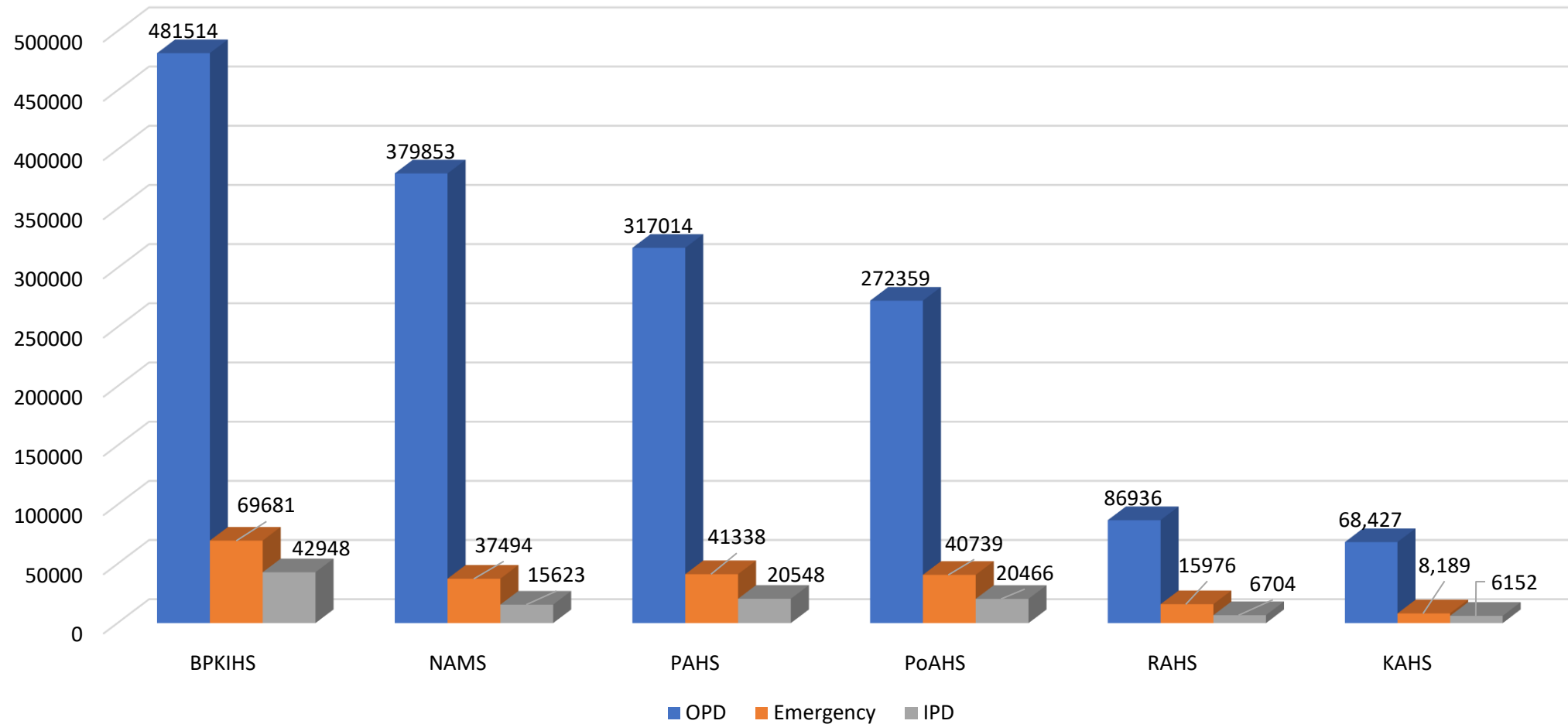


**Presenting on behalf of the Academies based on the issues raised
in the preliminary meeting**

**The content of this presentation are agreed upon by the responsible
authorities of the corresponding academies**

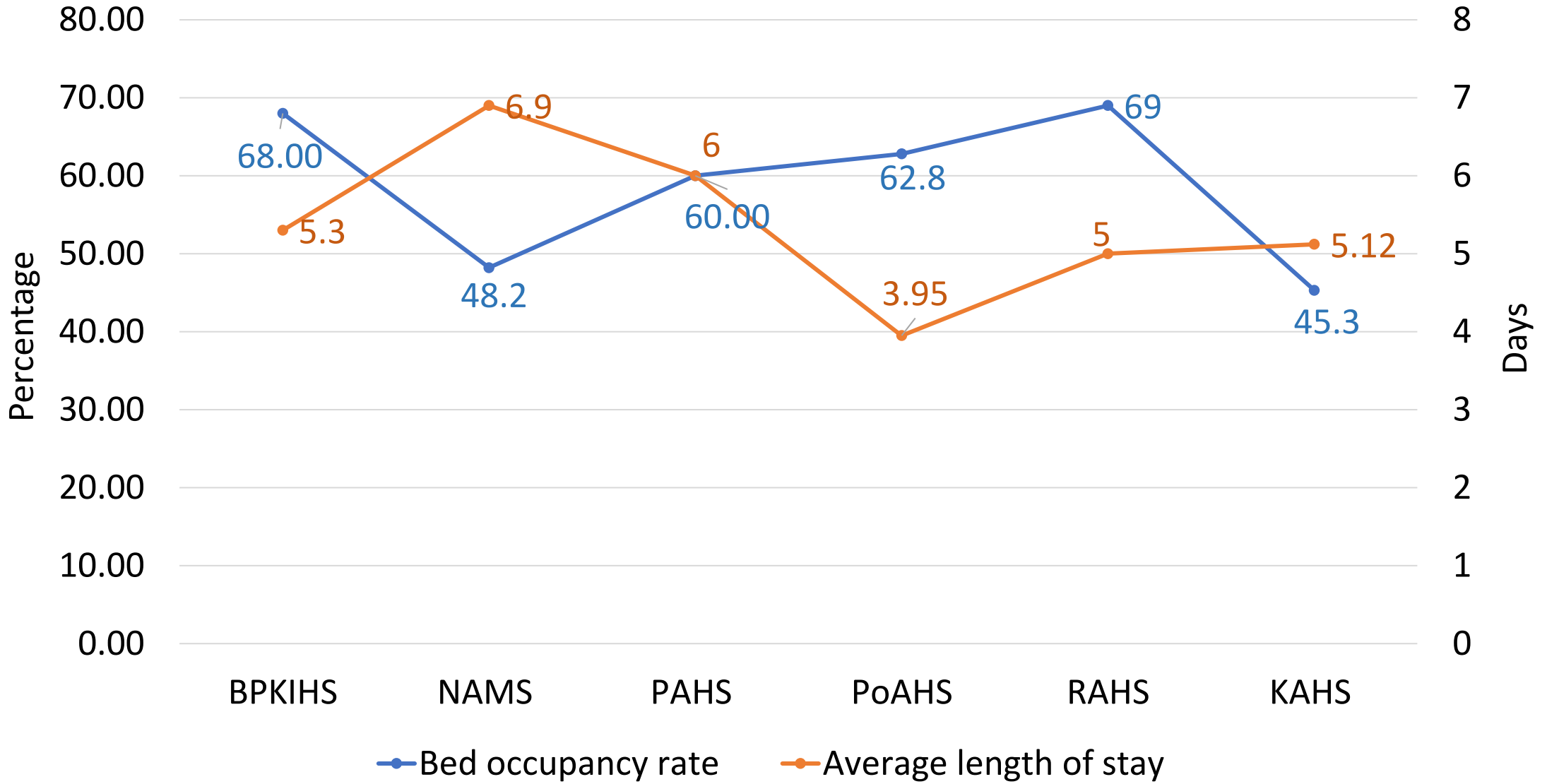


Total OPD, IPD and Emergency Client Visits (2078-79)



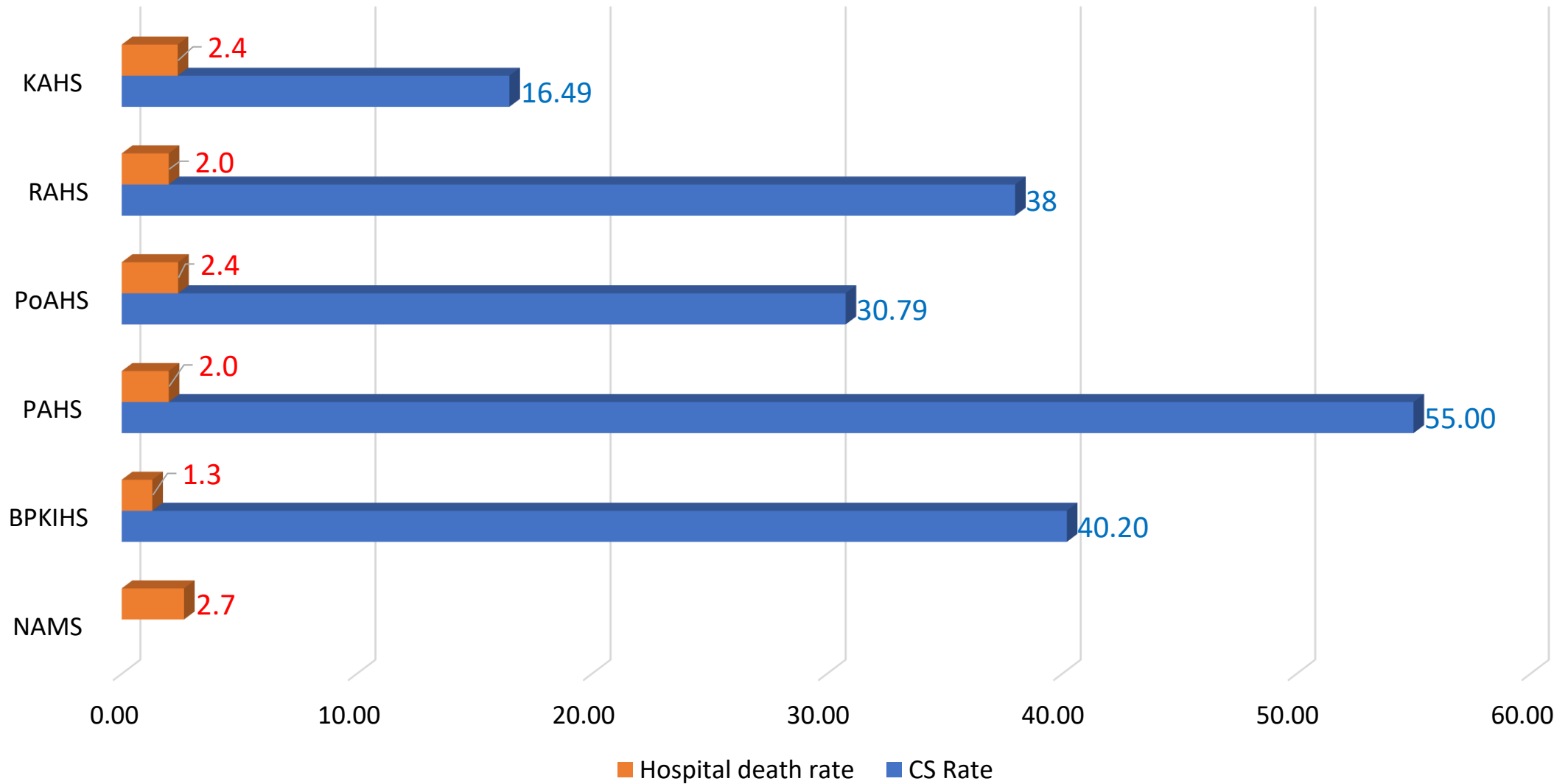


Bed occupancy and Average length of stay



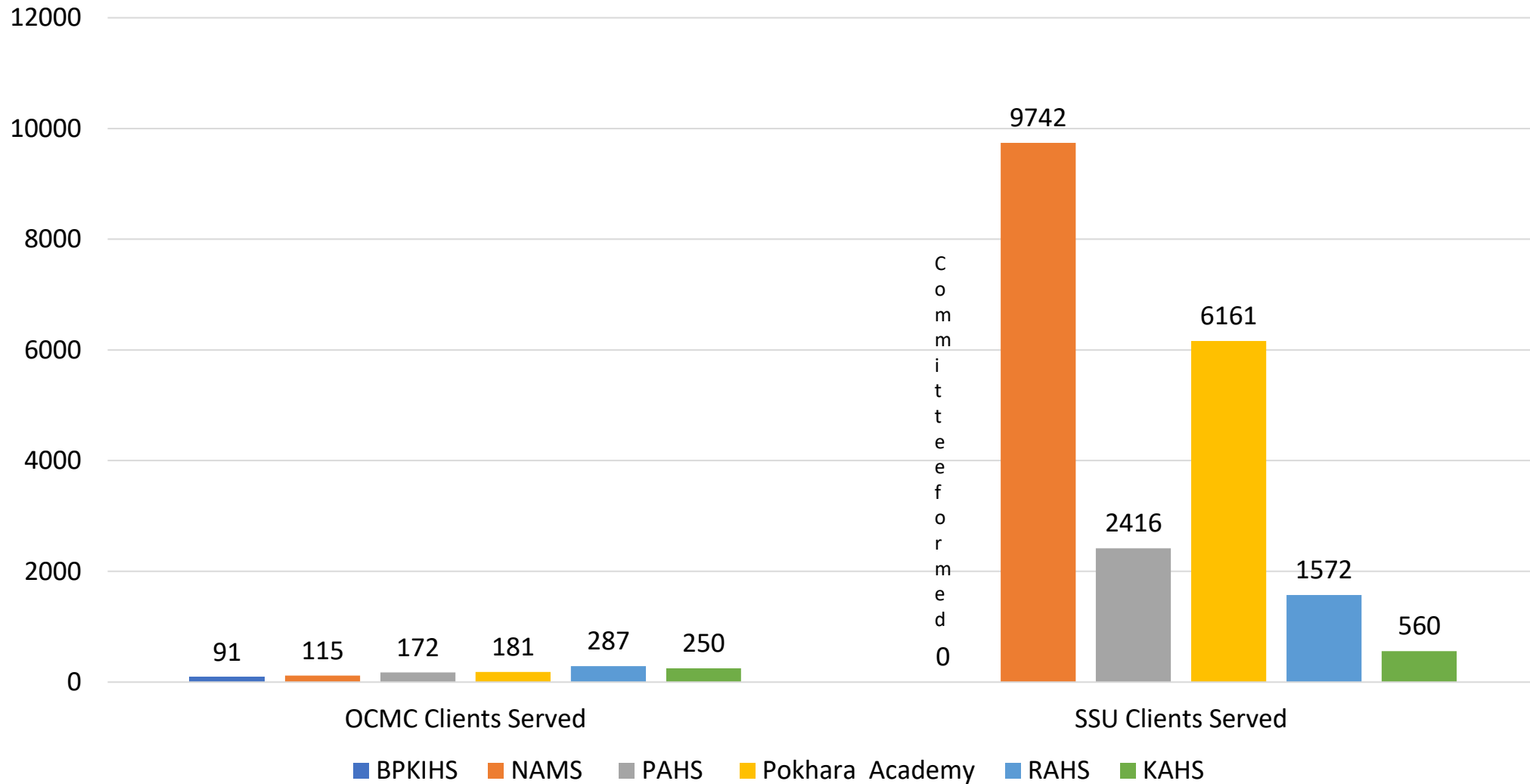


CS & Hospital Death Rate





OCMC & SSU





Financial Status (2078-79)



Academies	Grant Received from Government (in Crores)	Income generated by HMC (in Crores)	Irregularities clearance (%)
BPKIHS	85	195	42.31
NAMS	236	44	2.40
PAHS	52	200	audit ongoing
PoAHS	48	50	46.47
RAHS	41	21	38.00
KAHS	42	15	audit ongoing



Academic Programs run by Academies



NAMS	-MD/MS/MDS	KAHS	MD/MS
	-DM/MCh		MBBS
	-Nursing		B Pharma, BPH, BMS, BNS, PCL
	-Allied Sciences		MD/MS
	-Anaesthesia Assistant		MBBS
BPKIHS	MD/MS	PAHS	Fellowship in Emergency Medicine, Clinical Rheumatology
	MDS		MPH
	M.Sc.		Nursing
	MPH		MD/MS
	MDHA	PoAHS	MBBS
	DM / MCh		Nursing
	MBBS		In Process for B.Sc. Nursing and BNS
	BDS	RAHS	MD/MS curriculum drafted/LOI at MEC
	B.Sc. (N), MLT, MIT, BN,		Infrastructure development underway for MBBS



Health Human Resource Production



Academies	Number of Human Resource Produced					
	MBBS	MD/MS	MDS	DM/MCh	Nursing (BSc, BNS, MSC)	BDS/MDS
NAMS		1305	34	104	479	
BPKIHS	1670	1288	110	29	488	802
KAHS	50	9			35	
PAHS	390	137			340	
POAHS		76				
RAHS	B.Sc. Nursing and BNS in process at Medical Education Commission MD/MS curriculum drafted and process of LOI at MEC Lobbying underway for infrastructure development					



Extended Health Service



Academies	Extended Health Service Status
NAMS	Not Available
BPKIHS	Available (100/day)
KAHS	Not Available
PAHS	Available (80/day)
PoAHS	Available only for USG (150/day)
RAHS	Available (40/day)



Implementation of One Doctor, One Institute Policy



Academies	Status
NAMS	No
BPKIHS	Yes
KAHS	Yes
PAHS	For the executives only
PoAHS	No
RAHS	Yes

Challenges:

To continue the policy, need to add more incentives to make it more attractive

- However, **unable to add new incentives** till now
- **Harder everyday** to retain clinical manpower.



Hospital Pharmacy Management



Academies	Average Sales/ Month
NAMS	1.8 crore
BPKIHS	1.5 crore
KAHS	50 lakhs
PAHS	2 crore
PoAHS	1.4 crore
RAHS	90 lakhs



MoHP Programmes Implementation



Academies	NAMS	BPKIHS	PAHS	PoAHS	KAHS	RAHS
सुरक्षित मातृत्व कार्यक्रम	-	-	-	+	+	+
पोषण पुनर्स्थापना कार्यक्रम	-	-	-	+	+	+
जेरियात्रिक ओपीडी/वार्ड संचालन	ओपीडी	वार्ड	वार्ड	वार्ड	वार्ड	ओपीडी+वार्ड
सामाजिक सुरक्षा कार्यक्रम	+	+	+	+	+	+
एकद्वार संकट व्यवस्थापन कार्यक्रम	+	+	+	+	+	+



Hospital waste and Sewage management



NAMS	BPKIHS	PAHS	PoAHS	KAHS	RAHS
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- All academic institute manages its all type of waste as per their own established protocol.
- No robust, environmentally friendly, and income-generating hospital waste and sewage management system to any academic institute.
- Urgent need to support all the academias for robust, environmental friendly and income-generating waste management system.
(eg. 7 crores to BPKIHS and 3.5 crores to KAHS)



Electronic Medical Record



NAMS

BPKIHS

PAHS

PoAHS

KAHS

RAHS

The current need is to make all Academic institutes fully digitalized and paperless.

All academic institute has only a partial EMR system.

“URGENT” need for “integrated digital recording” incorporating all components of institute

Look for positive response at earliest from MOHP



Common Major Challenges



NAMS	BPKIHS	PAHS	PoAHS	KAHS	RAHS
<p>Role of Medical Education Commission:</p> <p>BPKIHS strongly feels: Autonomy of the institute is in crisis.</p> <ul style="list-style-type: none">• Educational autonomy has been lost – huge financial loss – “went to negative financial balance post MEC”(esp. due to decrease of Foreign quota)• Decreased total number of allotted seats of MBBS program• Problems with “missed batches” & “delayed batches”• Faculty Development Program STOPPED (program central to smooth running of BPKIHS)• Difficulty in faculty retention					<p>RAHS despite competing all the necessary requirements; still is unable to get expected support from MEC for initiation of the academic programs</p>
<p>Issue related to Health Insurance:</p> <ul style="list-style-type: none">• Delayed payment, inappropriate rejection and low valuation• Discrepancy in Service charge and Investigation rate is causing significant loss					



Way forward



NAMS

BPKIHS

PAHS

PoAHS

KAHS

RAHS

From MoH

- Need support for salary expenses of permanent employee in recurrent budget
- Full support on new infrastructure projects.
- Full support for the “extensive integrated digital record” project
- Need support for modern technology based hospital waste and sewage management.
- Favorable policy from MOH on bonded UG / PG / DM / MCh manpower for parent institute.
- Adequate budget release for new medical equipment.
- Adequate Budget release for maintenance of infrastructure and medical equipment.



Way forward



NAMS	BPKIHS	PAHS	PoAHS	KAHS	RAHS
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- MoH Intervention / Advocacy
 - ✓ With MEC: inclusion of faculty development program as well as staff's children quota for faculty retention and need to increase foreign students quota for self sustainability.
 - ✓ With public procurement monitoring office: Need to revise Act and regulation for medicine and surgical items purchase policy for smooth and uninterrupted running of hospital pharmacy.



Way forward



NAMS

BPKIHS

PAHS

PoAHS

KAHS

RAHS

MoH Intervention / Advocacy

With “Rastriya Swasthya Bima Board”:

- All academic institute should be considered only as a referral center if possible.
- Timely payment at institution rates .
- Need advance payment.
- Need Re-evaluation of rejected & low valuated claims as well as reimbursement of rate discrepancy loss (eg. Issue of 17 crore with BPKIHS)
- Deadline for claim entry should be made flexible (eg. KAHS geography issues)



Individual Major Issues/ Way forward



PoAHS	KAHS	RAHS
<ul style="list-style-type: none">• MBBS/ BSc Nursing launching• Physical Infrastructure for academy including staff and student quarters• Mobility of services due to retrofitting• Not getting timely payments of PG students	<ul style="list-style-type: none">• No Academic Block, OPD block and Staff quarters (DPR ready for last 5 years, halt due to budget)• No Capital budget to upgrade hospital services• Faculty recruitment and Retention - major challenge	<ul style="list-style-type: none">• ४०० शैयाको अस्पताल भवन तथा सेवा विस्तारको लागि भौतिक पूर्वाधार निर्माणको निमित्त आवश्यक बजेट ब्यबस्थापन हुन् नसकेको ।• अपुग सुरक्षित मातृत्व कार्यक्रम बजेट (३ महिनामै विनियोजित बजेट सकिन लागेको)• विशेषज्ञ जनशक्ति परिपूर्ति गर्न समस्या



Individual Major Issues/ Way forward



BPKIHS	NAMS	PAHS
<ul style="list-style-type: none">• Advocacy with Ministry of finance for making up BPKIHS financial deficit of 143 crores to revive.• MRI needed ASAP• Cardio & Oncology project budget release	<ul style="list-style-type: none">• Inadequate Specialist, Nursing Staff and other technical person (dialysis Technician, IT etc.) as per new sanctioned Human Resource• Insufficient ICU beds, MRI, CATH Lab and other medical equipments due to lack of Budget• Advance Technology such as PET Scan, Linear Accelerator	<ul style="list-style-type: none">• OPD and Emergency room overcrowded, poor infrastructure• Hostel facilities for School of Medicine in rented buildings with inadequate facilities



Way forward



NAMS

BPKIHS

PAHS

PoAHS

KAHS

RAHS

MOHP need to lobby with
Nepal government

“Reinstatement of Educational Autonomy”
of all Academic institutes



चुनौती = अवसर

