

JOSE R. REYES MEMORIAL MEDICAL CENTER

ANNUAL REPORT FOR CY 2016

BACKGROUND INFORMATION

JRRMMC marked its 71st year Foundation Anniversary in CY 2016 which continuously providing quality various patient services, training and development of staff/affiliates and continuing search for better/improved medical care through research.

With the institution's priority, service to patients remains the first consideration of the Medical Center with **552,168** total patients served of which 81.12 % came from OPD, 16.78% from emergency consultations, and 2.10% as admitted cases. We had 20,652 operations with 61.32% as minor surgeries and 38.68% as major surgeries.

The Mandatory Monthly Statistical Report are being timely submitted as well as the Quarterly Physical Report of Operation.

	Physical Accomplishments				
MFO/Performance indicators	December 2015	December 2016	Target 2016	Vs 2015	Vs target 2016
MFO 3 - HOSPITAL SERVICES					
# of Out-patients managed	275452	311022	200000	12.91%	55.51%
# of In-patients managed	115571	135117	112000	16.91%	20.64%
# of elective surgeries	3975	5902	3000	48.48%	96.73%
# of emergency surgeries	3382	4861	3240	43.73%	50.03%
Net Death Rate among in-patients	6.78%	5.42%	3.00%	20.05%	-2.42%
% of clients that rate the hospital services as good to better	97.28%	99.35%	90.00%	2.13%	10.39%
% of in-patients with hospital acquired infection	1.84%	0.97%	1.00%	47.28%	0.03%
% of patient with level 2 or more urgency rating attended within 30 minutes.	96.93%	99.01%	91.00%	2.15%	8.80%

The JRRMMC has improved on its performance based on its major final outputs. The number of out-patient managed is increased 12.91% as compared on CY 2015. With a total of 311022 out-patients, we have already surpassed our annual target by 55.51% because of improvements on our facilities/infrastructure, the number of inpatients expanded to 135,117, a 16.91% increase from the previous year, and more than 20.64% of this year's target. Likewise, the surgical operations done, both elective and emergency have nearly doubled on this year, with a total 10,763 patient operated, or more than 70% of our target. As there was an increased in patients served, we are glad that there was a decline in net death rate and hospital acquired infection rate. Though we still haven't met our target of 3% and 1% respectively, 5.42% net death rate and 0.97% net infection rate are considered improvements in comparison to last year's 6.78% death rate and 1.84% infection rate. And inspite of increased on our census, we still managed to maintain the high level of satisfaction of the clientele with a rating of 99.35%.

One of the major highlights of 2016 is the ISO Accreditation 9000:2008 in which the Medical Center was granted full certification after passing the Stage 1 External Audit held on June 6-7, 2016 and had passed the Stage 2 External Audit on July 18, 2016. The conclusion was the organization has established and maintains an effective system to ensure compliance with its policies and objectives. The audit team confirms in line with the audit targets that the organization's management system complies with, adequately maintains and implements the requirements of the standard. The TÜV Rheinland auditors therefore recommend issuance of ISO 9001:2008 Certification and was officially awarded to JRRMMC in September 2016.

Constant growth and development in the training of our staff also took the forefront on this year's activities as many participated in several seminars, workshops, postgraduate courses and skills enhancement programs, such as, BLS & ACLS Training, First Responders' Training Course, Basic Infection Control Practices Seminar, Gender Sensitivity Training, etc.

As a training and teaching hospital, the medical center had a total of 173 residents trained. A total of 52 residents graduated from the different specialty and subspecialty programs. There are 9 residents resigning from the program. Among the graduates, we have an average of 100% passing rate in the specialty board exams. All 15 Clinical Departments have maintained their accreditation status from their respective specialty boards.

We had a total of 2,379 trainees for the year with 13 affiliate residents for the year 2016, 189 postgraduate interns, and 1,476 affiliate Medical Clerks rotating in different areas. In the paramedical affiliate training, 188 Medical Technology Interns, 56 Radiological Interns, 318 Physical Therapy/Occupational Therapy Interns, 27 Psychiatry Interns and 55 Pharmacy Interns rotated in our institution.

The different clinical departments also produced relevant researches published in local journal and winning prizes from the different research fora both here and abroad. For this year, we have 24 research papers submitted in Interdepartmental Research Forum and 12 research papers presented in Society Research Paper Contest.

The Wellness Programs of the different departments continued to provide activities/lectures/information dissemination programs conducted for patients as well as surgical missions such as "Thyroid Mission", Dental Missions, among others. There were wellness programs conducted, 3 surgical/medical missions; Awareness Preventive Programs (Pa-DRE), 1 Dental Mission Adopted Barangay; 12 Health "Club" Meetings (ARUGA, KADS JR, Leprosy Club, Stroke Club); Medical Oncology 3 activities for Relay for Life, 3 Nutri-Quiz and Hataw Fitness Exercise and 49 lectures & lay fora aside from daily lectures at the OPD Waiting Area about Wellness activities.

The Health Emergency Management System (HEMS) conducted the Manila City Wide Multi-Disaster Drill and Skills Benchmarking Olympics. HEMS also conducted BLS Trainings. The HEMS participated on various government & non-government activities such as Medical Missions on Quiapo Feast Day, 118th Independence Day.

In this year, the implementation of the DBM New Staffing Pattern (Tranches 1-4) has been fully availed by the staff and personnel of the different Divisions by means of filling-up of vacant positions. The voluminous personnel actions and transactions to attend to day in and day out, the Human Resource Management and Development Department (HRMDD) was able to render the services needed especially with the filling up of vacant positions for newly

hired and promoted employees of the different services in compliance with the full implementation of New Staffing Pattern. Total number of 823 appointments were accordingly and properly prepared by HRMDD which includes Original, Reemployment, Reappointment, Transfer, Promotions, Renewal, Contract of Service, and Non-Salaried personnel.

Continuous upgrading of facilities, ward/department renovations, repainting of some areas and procurement of several equipment were also done for improvement and for better delivery of services. Different in-house infrastructure projects as well as outsourced repair/renovations/ building improvements were continually monitored and supervised by the FMD-Engineering, as follows:

1. MEDICAL ARTS BUILDING (MAB)
2. CENTRAL BLOCK BUILDING (CBB)
3. RENOVATION OF PHILHEALTH ROOM
4. GERIATIC AND GENERAL HEALTH SERVICES (GGHS)
5. DESIGN AND BUILD OF POWERHOUSE

The Nutrition and Dietetics Management Department (NDMD) was able to comply with the regulatory requirements of sanitary permit and individual health certificates. Total expenditure for food service and other activities was **P 12,123,162.13** with a total of **407,667 patients' meals served including tube-feeding formulas**. As a whole, food service, diet counselling and involvement in the Wellness Programs particular to nutrition were all very satisfactorily rendered by the NDMD.

On financial aspects, there was a 62% decrease in collection for Hospital Bill due to No Balance Billing Program wherein no other fees or expenses shall be charged or paid for by the patient/member above and beyond the packaged rates (HB-Service) and most of the hospital bill of patients from service wards were charged to MAP or PCSO Endowment Fund. The implementation of the free hospital charges (Hospital Card, Medical/Clinical Abstract (Pay/Service), Slit Lamp and Statement of Account (SOA), were also factors in the decreasing in collection for Hospital Bill.

On the other hand, there was an increase in collection for pay patients due to close monitoring of progress billing and pay patients were discouraged to execute promissory note, instead they were advised to seek financial assistance from DOH, PCSO and the likes.

Out of Php433,142,518.57 transmittal of BPO to PHIC, 94% of which was paid already with a total of Php408,974,197.60 giving us a 24% increase in PHIC Collection compared to 2015 with a Php312,216,718.48. Also, increase in PHIC Collection was brought about by enrolling almost all of the patients to Philhealth specially the senior citizens and indigent patients through ORE.

There was an increase of 300% in terms of number of patients, 501% in terms of the Total amount and 145% in terms of average amount released to patients for Medical Assistance Program during the second half of the year compared to first semester. This is due to the collective effort of the different divisions in marketing the benefits of MAP. Also this will not be achieved if there are no support given by the management and full cooperation of Our Medical Social Service in implementing the program. We can still improve this by increasing the average amount to be given to our patients.

The following are the highlighted accomplishments of the different services with the problems, issues encountered and recommendation of each Division:

MEDICAL SERVICE

ANESTHESIA:

Highlight of Accomplishment:

1st place at the 25th Philippine Society of Anesthesiologists, Inc. Annual Interesting Case Paper Contest (2016) – Dr. Cristina Mae Fontanilla.

Issues and Concerns:

1. Lack of manpower
2. Lack of Biomed engineer to maintain machines
3. Deficiency in the number of anesthesia machines
4. Continuous procurement of anesthetic drugs
5. Deficiency in the number of obstetric cases because of the renovation of delivery room for more than a year

BEHAVIORAL MEDICINE:

Highlight of Accomplishments:

1. Conduction of lectures/lay forums
2. Additional administrative staff
3. Attendance to seminars

Issues and Concerns:

1. Need for additional staff
2. Procurement of office supplies and equipment
3. Need for internet connection

DERMATOLOGY:

Highlight of Accomplishment:

1. Awards in research presentations and academic excellence
2. Patient education, assistance and outreach programs through wellness lectures and medical missions
3. Infrastructure development
 - Furnishing of Derma Conference Room
 - Renovation of hallway and construction of ante-rooms and provision of stainless chairs
 - Renovation of Dermatologic Surgery

Issues and Concerns:

1. Lack of items for residents and consultants
2. Lack of electronic access to journals and dissertations
3. Shortage of supplies
4. Unavailability of most Dermatological medication in the DOH Botika

ENT-HNS:

Highlight of Accomplishments:

1. Geriatrics program
2. Newborn Hearing Screening
3. Conduction of wellness lectures/lay forums
4. Hosted post graduate course last August 13, 2016
5. Awards in research presentations
6. Fund raising activity dubbed "Pamaskong Handog ng ENT-HNS 2016" (raffle)
7. New diplomates and fellows

Issues and concerns:

Procurement of new equipment such as ESS, ENT chair, etc.

INTERNAL MEDICINE:

Highlight of Accomplishments:

1. Remains active in different outreach programs
2. Conduction of wellness lectures/lay forums and medical missions
3. Fund raising activity (Valentine cupcake and movie block screening)
4. Blood Letting activity held last January 27, 2016
5. Free consult and workup for the Society of Senior Citizens in collaboration with Dr. Evelyn Morabe last August 24, 2016
6. Hosted Post graduate course last September 16, 2016

Issues and concerns:

1. Limited access to laboratory exams
2. Delayed laboratory results
3. Inadequate blood products
4. Limited access to emergency medications at the ER
5. Accessibility of portable x-ray utilization
6. Only one operating ambulance vehicle
7. Service unavailability like Cath. Lab., Dialysis Center, DM clinics and Pulmonary Center
8. Lack of items for consultants

NEUROLOGY:

Highlight of Accomplishments:

1. Conduction of the first Thrombolysis Workshop to different DOH affiliated hospitals
2. In April, started full implementation of rTPA DOH project to acute stroke patients
3. Conducted post graduate course last June 2016
4. Conduction of wellness lectures/lay forums
5. Awards in research presentations

Issues and concerns:

Procurement of additional essential diagnostic machines such as MRI, EEG machine, EMG-NCV machine, etc.

NUCLEAR MEDICINE:

Highlight of Accomplishments:

1. Full accreditation of the Residency Training Program
2. Attendance to conventions and conferences and participation in hospital activities

Issues and concerns:

1. Lack of additional imaging equipment to accommodate large volume of patients
2. Change in the mode of procurement resulting to disruption of diagnostic services

OB-GYNECOLOGY:

Highlight of Accomplishments:

1. Promotion of consultants
2. Acquisition of various equipment
3. Membership of consultants to different hospital committees
4. Renovation of OB-Gynecology Ward and Delivery Room
5. Attendance to conventions, seminars and conferences
6. Celebration of annual wellness activities such as Buntis Day and Menopause Day and medical missions
7. Conducted post graduate course
8. Awards in research presentations

Issues and concerns:

1. Recruitment of additional Perinatologists and OB-GYN generalists
2. Expedite procurement of equipment
3. Need for additional equipment like fetal monitors and dopplers

OPHTHALMOLOGY:

Highlight of Accomplishments:

1. Provided daily ophthalmic services at the National Center for Geriatric Health
2. Tapped by the Senior Citizens Wellness Program to be the main providers of ophthalmic services last August 2016.
3. Improved utilization of Philhealth benefits by offering cataract services to patients with compliance to the No Balance Billing policy
4. Acquisition of new equipment
5. Renewed accreditation valid for 3 years
6. Two new visiting consultants
7. Held post graduate course last August 2016
8. Awards in research presentations
9. Attendance to conventions, seminars and conferences

OUT PATIENT DEPARTMENT:

Highlight of Accomplishments:

1. Conducted various activities/lectures by different departments
2. Maintained cleanliness and orderliness
3. Staff were able to update trainings and licenses
4. Condemned unusable equipment
5. Acquired air coolers, big electric fans, and benches
6. Proper charges of procedures
7. Implementation of breakthrough monitoring tool
8. Creation of Lactation Room at Well Baby Clinic

Issues and concerns:

1. Lack of staff to lift and take down patients to and from first floor and second floor
2. Late arrivals of resident physicians
3. Delayed repair of equipment
4. Non-functioning CCTV and Audio Visual Monitor despite frequent report for restoration

ORTHOPAEDICS:

Highlight of Accomplishments:

1. Awards in research presentations
2. Acquisition of new equipment
3. Attendance to conventions, seminars and conferences
4. Held post graduate course in cooperation with the Department of Pediatric Orthopaedic Society of the Philippines last September 2016
5. Conduction of surgical mission (Ilizarov) and participation in DOH campaign against firecracker related injuries (APIR)

Issues and concerns:

1. Procurement of new equipment
2. Additional subspecialty consultants in Spine and Sport Orthopedics

PATHOLOGY & LABORATORIES:

Highlight of Accomplishments:

1. Promotion of staff
2. Acquisition of new equipment
3. Implementation of “lot” bidding system of all Bacteriology supplies and reagents
4. Upgraded automated urinalysis system
5. Implementation of “same day” release of OPD results
6. Operational ESC satellite laboratory
7. Relocation of Bacteriology section to the OPD
8. Outsourcing MOA with Hi-Precision Diagnostics for unavailable laboratory tests
9. Hosted blood promotion activities like World Blood Donors Day last June 2016
10. And Gawad Kabalikat in celebration of National Blood donors Month

Issues and concerns:

1. Problems in procurement resulting in unavailability of laboratory services
2. Limited space and facilities
3. Slow process in requests for replacement of needed machines/equipment
4. Difficulty in availing maintenance services from the Engineering Department

PEDIATRICS:

Highlight of Accomplishments:

1. Re-accreditation as Level II of the PPS Hospital Accreditation Board
2. Awards in research presentations
3. Celebration of the National Children’s Month last October 2016
4. Conduction of 7th Scientific Symposium last October 14, 2016 attended by more than 200 participants

Issues and concerns:

1. Deficiency of subspecialty consultants
2. Improvement of consultants’ attendance during conferences
3. Lack of equipment such as mechanical ventilator, ECG machine, laryngoscope and defibrillators at the NICU, PICU and ward

PHYSICAL MEDICINE AND REHABILITATION:

Highlight of Accomplishments:

1. Conduction of wellness lectures/lay forums
2. Participation to hospital activities
3. Recipient of Certificate of Recognition for Occupational Therapy Section by the UST College of Rehabilitation Sciences

RADIOLOGY:

Highlight of Accomplishments:

1. Acquisition of new equipment
2. Participation to hospital activities
3. Joined intradepartmental meetings

Issues and concerns:

1. Additional plantilla for residents
2. Additional consultants per section or modality
3. Procurement of new equipment

RADIOTHERAPY:

Highlight of Accomplishments:

1. Awards in research presentations
2. Attendance to conventions, seminars and conferences
3. Hosted the Scientific Meeting on Rectal Malignancies last April 2016
4. Conducted Radiation Protection Refresher Course last March 2016
5. One staff was designated as supervisor of the Medical Physicist Residency Program of the Philippine Organization of Medical Physicists
6. Registered on the Radiation Safety Profile Assessment (SPA) last June 2016 to ensure quality of treatment
7. Established a computerized and comprehensive cancer registry

Issues and concerns:

Acquisition of 2nd LINAC-IMRT and electron capable machine

SURGERY:

Highlight of Accomplishments:

1. Conduction of wellness lectures/lay forums and surgical missions
2. Participation to hospital activities
3. Fund raising activity through movie block screening

4. Blood Letting activity held last July and November 2016
5. Hosted Post graduate course held last July 7-8, 2016
6. Attendance to conventions, seminars and conferences

UROLOGY:

Highlight of Accomplishments:

1. Conduction of wellness lectures/lay forums and surgical missions
2. Participation to hospital activities
3. Attendance to conventions, seminars and conferences
4. Awards in research presentations

GENERAL RECOMMENDATIONS:

1. MANPOWER:
 - Hiring of additional staff
2. SUPPLIES & EQUIPMENT:
 - Tie-up with company
 - Investigate procurement process
 - Preventive maintenance of existing equipment
 - Upgrading and procurement of machines
 - Monitoring of supplies
3. OTHERS:
 - Provision of:
 - Internet access
 - CCTV cameras

CENSUS CY 2016

I. PATIENT CARE SERVICES

A. Total Patients Served	-	552,168
In- patient/service days	-	135,117
Admitted	-	18,746
Discharged	-	19,859
Outpatient Consultation/ Treatment	-	311,022
Emergency Consultation/ Treatment-		87,283
B. Total Operations		
Major OR	-	6,627
Minor OR in-patient	-	1,489

Minor OR ER	-	4,021
Minor OPD	-	8,515
Ambulatory	-	448
Ancillary Services		
Radiological Procedures & Ultrasound	-	58,821
C.T. Scan	-	8,975
Laboratory Services		
Clinical Microscopy	-	20,731
Hematology	-	69,809
Clinical Chemistry	-	125,935
Blood Banking:		
ABO Typing Tube Method	-	21,418
RH Typing Tube Method	-	21,417
Total Crossmatched	-	16,300
Blood Transfused	-	11,427
Networking	-	537
ABO Typing Slide Method	-	320
RH Typing Slide Method	-	320
Drug Testing	-	1,332
Total number of donors		
ABO/RH Typing (Donors)	-	15,828
Hemoglobin and Hematocrit-		7,914
Voluntary Donors	-	7,788
Replacement Donors	-	861
Mobile Blood Donations	-	3,205
Total Blood Collected	-	3,729
Immunology/Serology	-	32,079
Microbiology	-	14,051
General Pathology	-	11,937
Nuclear Medicine: Imaging Procedure		6,011
Other Special Services		
2D Echo	-	1,338
Brachytherapy	-	835 exposures
ECG	-	9,973
Physical Therapy	-	14,132
Occupational Therapy	-	2,954
Holter Monitor	-	94
Treadmill Stress Test	-	29
Pharmacy/DOH Botika Services		
Prescriptions Filled	-	159,823 / 425,419
Unfilled	-	1,565 / 516

Medical Social Services	-	67,620
Eligibility Studies (Casework; Patients with sponsored PHIC, MAF, and Referral to and from other agencies)		
Dental Section	-	3,080
Psychological Services		
Industrial	-	304
Clinical	-	80
Other Referral	-	34
Mental Clearance	-	244

I. Training:

A. Summary: Number of Trainees

Resident Physicians

Straight Residency Training Program

Department	Hospital Items as of Dec. 2016	Resigned/ Dropped (JR Items)	Graduated
1. Anesthesia	15	2	2
2. Dermatology	6	-	9
3. Medicine	15	1	4
4. Med. Oncology	2	-	1
5. Neurology	9	2	4
6. Nuclear Med.	1	-	-
7. Pathology	5	-	-
8. Pediatrics	15	2	3
9. Radiotherapy	6	-	2
10. Radiology	9	-	1
11. OB-Gyne	14	1	4
12. Ophthalmology	8	-	3
13. Orthopedics	7	1	1
14. ENT-HNS	12	-	3
15. Surgery	25	-	3
16. Urology	9	-	2
17. Neurosurgery	2	-	1
18. Colorectal	2	-	1
19. TCVS	1	-	1
20. Minimal Invasive Surgery (MIS)	1	-	-
21. Stroke & Neurovascular	1	-	1
22. Neurophysiology	1	-	1
23. Gyne-Oncology	2	-	2
24. OB-REI	1	-	1

25. Rheumatology	1	-	-
26. Retina	1	-	1
27. Microvascular Surgery	1		
28. Radio-CT-MRI	1	-	1
TOTAL	173	9	52

Affiliate Trainees

1. Resident Physicians

1. Valenzuela Medical Center (3 mos. rotation in the Dept. of Pathology & Lab)	3
2. Mary Chiles General Hospital (3mos. Rotation in the Dept. of Pathology & Lab)	3
3. Pasay City General Hospital (3mos. Rotation in the Dept. of Pathology & Lab)	3
4. RITM (1 mo. rotation in Medicine Department)	7
TOTAL	13

2. Post-Graduate Interns

1. Batch July 1, 2016 – June 30, 2017	163
2. Batch 2015 Midyear – November 1, 2015 – October 31, 2016	26
TOTAL	189

3. Medical Clerks

Name of Affiliated School	
1. Virgen Milagrosa University (VMU) - (10 months rotation in all clinical depts.)	37
2. Fatima College of Medicine (FCM) (12 months rotation)	1,063
4. UPH-Dr. Jose G. Tamayo Medical University (2-wks. Rotation in the Dept. of ENT & Ophtha)	163
5. Saint Louis University (two-weeks rotation in the Department of Dermatology)	171
6. St. Paul University of the Philippines (two-weeks rotation in ENT, Ophtha and Neurology depts.)	42
TOTAL	1,476

4. Medical Technology Interns (6 months rotation in the Department of Laboratories)

Name of Affiliated School	
1. University of Santo Tomas	78
2. Centro Escolar University	65
3. Manila Central University	19
4. FEU-Dr. Nicanor Reyes Medical Foundation	26
TOTAL	188

1. Radiologic Technology Intern (5 months rotation in the Department of Radiology)

Name of Affiliated School	
1. Medical College of Northern Philippines	5
2. Family Clinic College	6
3. Lune Goco College	3
4. Holy Infant College	11
5. UPH – Dr. Jose Tamayo Medical College	5
6. UPH - Manila	6
7. Philippine College of Health Sciences (PCHS)	4
8. University of Perpetual Help-LP	5
9. Manila Adventist Medical Colleges, Inc.	6
10. Southeast Asian College	5
TOTAL	56

2. Physical/ Occupational Therapy Interns
(Affiliate Trainees/ 1 mo. Rotation in Rehabilitation Medicine)

Name of Affiliated School	
1. De La Salle University-Health & Science Campus	6
2. St. Jude College	27
3. Manila Adventist Medical Center and Colleges	9
4. Manila Central University	46
5. Pines City College	7
6. Medical College of Northern Philippines	23
7. Perpetual Help College of Manila	23
8. Lyceum of the Philippines-Batangas	9
9. University of Perpetual Help-GMA Cavite	25
10. Perpetual Help system Dalta Las Piñas	31
11. University of Santo Tomas	11
12. Our Lady of Fatima University	27
13. University of the East Mem. Medical Center, Inc.	23
14. Southeast Asian College, Inc.	17
15. University of La Salette	8
16. University of Perpetual Help-Molino	8
17. Unibersidad de Sta. Isabel	14
18. Saint Anne College of Lucena, Inc.	4
TOTAL	318

A. Practicum in Behavioral Medicine (minimum of 100 hours)	=	27
B. Practicum in Pharmacy (200/360 hours)	=	55
Total of Affiliates/Trainees	=	2,379

II. Accreditation Status:

All 15 Clinical Departments and 6 subspecialty training programs have maintained their accreditation status from their respective specialty boards.

Results of the Selection Process of Applicants

1. Residency Training Program

Department	Accepted	
	Hospital Item	Non-Salaried Item
1. Pediatrics	MO III - 7 / MO IV - 4	None
2. Medicine	MO III - 11 / MO IV - 5	1 DOH Item
3. Dermatology	MO III - 2 / MO IV - 3	6
4. Neurology	MO III - 4 / MO IV - 5	None
5. Radiology	MO III - 2	None
6. Radiotherapy	MO III - 3 / MO IV - 2	None
7. Pathology	MO III - 3 / MO IV - 2	None
8. Nuclear Medicine	MO III - 1	1 Lateral Entry
9. Medical Oncology	MO IV - 1	1 Lateral Entry
10. Surgery	MO III - 6 / MO IV - 10	None
Subspecialty		
➤ Thoracic	MO IV - 1	None
➤ Colorectal	MO IV - 1	None
➤ Neurosurgery	MO III - 1	None
11. OB-Gyne	MO III - 4	
12. ENT-HNS	MO III - 3 / MO IV - 2	None
13. Ophthalmology	MO III - 4 / MO IV - 4	None
14. Orthopedics	MO III - 4 / MO IV - 3	None
15. Urology	MO III - 3 / MO IV - 5	None
16. Anesthesia	MO III - 8 / MO IV - 1	None
17. Gyne-Oncology	MO IV - 2	None
18. Retina	-	None
19. Rheumatology	-	None
20. Stroke & Neurovascular	-	None
21. Neurophysiology	MO IV - 1	None
22. Minimal Invasive Surgery	MO IV - 1	None
Total	MO III - 66 / MO IV - 51	

2. Postgraduate Internship Training Program

No. of Applicants = **225** Accepted = **164**

III. Researches

Research Papers which won in the Annual Interdepartmental Research Forum 2016
November 23, 2016 at the AVR 1 & Multipurpose Hall, 5th floor

DESCRIPTIVE CATEGORY

Award	Name	Department	Research Title
1 st Prize	Dr. Czarina M. Pineda	Dermatology	Association of Cytosine-Adenine- Guanine Repeat Length in Androgen Receptor Gene and the Severity of Acne in Filipino Patients

at Jose R. Reyes
Memorial Medical
Center: A Case-Control
Study

2nd
Prize

**Dr. Cyrus
G.
Escabillas**

Neurology

Dementia Screening in
Low to Middle Income-
Class Families within the
2-Kilometer radius of
Jose R. Reyes Memorial
Medical Center: A
Community-Based
Surveillance Study

3rd
Prize

**Dr. Jamel
O. Norden**

Neurology

Cognitive Impairment
among Patients with
Idiopathic Epilepsy at a
Tertiary Hospital

INTERESTING CASE POSTER CATEGORY

Awar
d

Name

Depart
ment

Research Title

1st
Prize

**Dr. Mary
Czarina V.
San Diego**

Ophtha
lmolog
y

Atypical Optic Neuritis in
HIV: A Case Report

2nd
Prize

**Dr. Michael
Dave N.
Mesias**

Urolog
y

Super Mini-PCNL: A
Philippine First

3rd
Prize

**Dr. Janelle
G. Go**

Dermat
ology

Squamous Cell Carcinoma on
Top of Discoid Lupus
Erythematosus on the Upper
Lip of an Elderly Female: A
Case Report

ANALYTICAL CATEGORY

Award

Name

Department

Research Title

1st
Prize

**Dr. April Joy
T. Sarte**

Pediatrics

A Meta-Analysis on the
Efficacy and Safety of Folic
Acid as an Adjunct to the
Treatment of Acute
Diarrhea in Children

2 nd Prize	Dr. Archie D. Yap	Neurology	Validation of the Filipino Version of QUIP-RS as a Screening Tool
3 rd Prize	Dr. Fatima Angela C. Umali	ENT-HNS	Ehretia Microphylla (Tsaang Gubat) versus Loratadine as Treatment for Allergic Rhinitis: A Randomized Controlled Pilot Study

No. of Research Papers submitted in Interdepartmental Research Forum – 24
No. of Research Papers presented in Society Research Paper Contest – 12

Researches sponsored by Drug Companies done in JRRMMC – 1

	Title of Research	Protocol No.	Principal Investigator/ Department
1.	Clinical Trial Substantial Amendment: A Phase 3b/4 randomized double-blind study of 5mg of tofacitinib with and without methotrexate in comparison of adalimumab with methotrexate in subjects with moderately to severely active rheumatoid arthritis	2014- 50	Dr. Perry Tan / Internal Medicine - Rheumatology

Researches by Individual Outside researcher reviewed/approved by the IRB and done in
JRRMMC – 3

1.	Pre- and Post- treatment assessment of Health-Related Quality of Life of Patients with Pulmonary Tuberculosis	2016- 92	Marvic Joseph Amoranto / UST
2.	The Relationship of Diabetes Mellitus Type II and Breast Cancer in Women: A Case- Control Study	2016- 99	Dr. Julie Ann R. Tapisipan / Medical Oncology
3.	Sequential breast reconstructive surgery s/p	2016-	Alexandra Viray,

mastectomy as a factor in self-esteem of breast cancer patients in Jose R. Reyes Memorial Medical Center	102	et al. / UST
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Researches by Individual Outside researcher reviewed and approved by the IRB – 3
(Referred by Philippine Health Research Ethics Board)

- | | | | |
|----|--|----------|---|
| 1. | Stroke Unit in the Philippines. Is it Effective? | 2016-88 | Dr. Allan A. Belen / Community General Hospital |
| 2. | How did universal health coverage (UHC) and the tuberculosis control interact? A Case Study of Japan and the Philippines | 2016-100 | |
| 3. | How effective is the systemic integration of smoking cessation into tuberculosis control programme in creating smoke-free environments? A Pilot Study in Urban Settings in the Philippines | 2016-101 | Dr. Akihiro Ohkado / RIT/JATA Philippines, Inc. |

IV. Activities:

A. Graduation

Date	Venue	No. of Participants
December 19, 2016 6:00 pm	Centennial Hall A, Manila Hotel Roxas Blvd., Manila	50 Residents 10 Fellows

B. Orientation Programs

- | | | |
|------------------------------|---|-------------------------|
| a. Resident Physicians | = | 73 First year residents |
| b. PGIs | = | 188 |
| c. Medical clerks/Affiliates | = | 1,476 |

V. Appendix

- **Monthly Mortality/Morbidity Conference** held = Every 4th Tuesday of the month

Assigned Presenter/Department	Date	Number of Attendees
a. Dept. of Urology	Jan. 26, 2016	158
b. Dept. of Neurology	Feb. 23, 2016	156
c. Dept. of Anesthesiology	Mar. 22, 2016	102
d. Dept. of Surgery	May 24, 2016	109
e. Dept. of Internal Medicine	June 28, 2016	99
f. Dept. of Obstetrics & Gynecology	July 26, 2016	67
g. Dept. of ENT-HNS	Aug. 23, 2016	57
f. Dept. of Ophthalmology	Sept. 27, 2016	78
g. Dept. of Orthopedics	Oct. 25, 2016	49

- **Specialty Case/CPC Presentation** = Every 2nd Tuesday of the month

Assigned Presenter/Department	Date	Number of Attendees
a. Dept. of Internal Medicine	Feb. 9, 2016	95
b. Dept. of Neurology	Mar. 08, 2016	82
c. Dept. of ENT-HNS	Apr. 12, 2016	99
d. Dept. of Pediatrics	May 10, 2016	58
e. Radiotherapy	June 14, 2016	82
f. OB-Gyne	July 12, 2016	76
g. Dermatology	Aug. 9, 2016	49
h. Surgery	Sept. 13, 2016	56
i. Ophthalmology	Oct. 11, 2016	54
j. Gyne-Oncology Section	Oct. 20, 2016	53
k. Orthopedics	Nov. 8, 2016	51

- **Tumor Board Conference** = Every 3rd Thursday of the month

Assigned Department	Date	Number of Attendees
a. Dept. of Radiotherapy	Feb. 18, 2016	49
b. Dept. of ENT-HNS	Mar. 17, 2016	85
c. Dept. of Pediatrics	May 5, 2016	63
d. Medical Oncology Section, Dept. of IM	June 16, 2016	84
e. Dept. of Ophthalmology	Aug. 18, 2016	58
f. Dept. of Orthopedics	Sept. 8, 2016	53
i. Dept. of Anesthesiology	Nov. 24, 2016	37

- **Result of the Selection Process of Applicants**

Department	No. of Applicants	Accepted	
		Hospital Item	Non-Salaried Item
1. Pediatrics	12	MO III - 7	NONE
2. Medicine	38	MO III - 11	1 DOH Item
3. Dermatology	67	MO III - 2	6
4. Neurology	19	MO III - 4	NONE

5. Radiology	8	MO III - 2	NONE
6. Radiotherapy	10	MO III - 3	NONE
7. Pathology	5	MO III - 3	None
8. Nuclear Medicine	3	MO III-1	1 Lateral Entry
9. Medical Oncology	3	MO IV - 1	1 Lateral Entry
10. Surgery	52	MO III - 6	NONE
Subspecialty			
➤ Thoracic	1	MO IV - 1	NONE
➤ Colorectal	1	MO IV - 1	NONE
➤ Neurosurgery	15	MO III - 1	NONE
11. OB-Gyne	28	MO III - 4	
12. ENT-HNS	16	MO III-3	NONE
13. Ophthalmology	32	MO III - 4	NONE
14. Orthopedics	25	MO III - 4	NONE
15. Urology	22	MO III - 3	NONE
16. Anesthesia	16	MO III - 8	None
17. Gyne-Oncology	11	MO IV - 2	None
18. Retina	-	-	None
19. Rheumatology	-	-	None
20. Stroke & Neurovascular	-	-	None
21. Neurophysiology	1	MO IV - 1	None
22. Minimal Invasive Surgery	1	MO IV - 1	None
TOTAL	386	MO III - 66 / MO IV -5	9

NURSING DIVISION

I. PATIENT CARE PERSPECTIVE

A. Total Number of Patients Served

1. In – Patients

AREA / UNIT	Total Number of Patients Served	Total Number of Deaths
Pay Ward I	855	36
Pay Ward II	719	28
EENT		
- ENT	506	9
- Optha (EYE)	232	0
Male Medical Ward	1,874	478
Female Medical Ward	1,851	355
Medical ICU	62	37
Pediatric Ward	876	70
Pediatric ICU	95	31
Urology Ward	505	5
Orthopedic Ward	773	17
Male Surgery Ward	2,269	209
Female Surgery Ward	1,986	88
Burn Unit	97	8
Surgical ICU	177	41
OB-GYNE Ward	2,170	79
Delivery Room	3,020	2
Neonatal ICU	418	76

2. JRRMMC Extension Department

Department of Geriatrics (GGHS)

Area	Total Patients Served	Admission	Transfer to JRRMMC	Death	DOA
ER	303	55	16	1	5
OPD	5,198	46			
Ward	207		4	16	

3. ESC Services

Emergency Service Complex = 87,792 Patients Served

ENT	EYE	PEDIA	OB	MED	NEURO	SURGERY	ORTHO	URO
8,570	5,561	10,541	8,097	23,130	3,368	22,290	5,174	1,061

4. Out – Patient Services

OUT – PATIENT DEPARTMENT = 253, 321 Patients Served

JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
21,277	19,927	20,951	21,460	21,102	20,761	20,016	21,888	22,720	22,065	21,875	19,279

5. Oncology Services

Services	Total Patients Served		Total In-Patients
	Service	Pay	
Radiotherapy Services			
Brachytherapy	553	271	28
Cobalt	1,915	82	56
Linac	13,052	2,541	101
Computer Planning (Linac)	1,097	163	-
Computer planning (Cobalt)	209	17	-
CT Simulation (Linac)	823	143	-
Verification Film	276	-	-
Medical Oncology Services			
Consultation	5,338		
Undergone Chemotherapy	3,887		
Gyne Oncology Services			
Consultation	7,626		-
Undergone Chemotherapy	1,906		2
Colposcopy	115		-

6. Operating Room Services

Case/Procedure	Total Number of Patients Catered		Deferred/Cancelled
	Service	Pay	
Main Operating Room			
Elective	2,902	603	507
Emergency	3,740	591	445
Endoscopy (Surgery)	533	73	69
Endoscopy (Medicine)	120	148	58
Minor Operating Room			
Ambulatory	460	70	22
Minor	1,856	230	176
ESWL	1	32	1

B. Patient Care Outcome

Patient Care Services	Outcome	Obstacles / Problems Encountered
1. Patients' ordered medications and diagnostic examinations.	90 – 95% of total patients in different areas were provided ordered medications and diagnostic exams facilitated/done.	<ul style="list-style-type: none"> Some of the prescribed drugs were non PNDF / not available in the pharmacy. Delay processing of requested "Emergency purchase" drugs (almost 3 days). Unavailability of some laboratory reagents. Poor assistance of Medical Social Services.

2. Prevention from infection.	<p>95 – 100% staff compliance to infection prevention practices: Hand Hygiene; Environmental Cleaning; Care of Patients with Devices.</p> <p>With 62 ICPC reported related infection findings.</p>	<ul style="list-style-type: none"> • Poor hygiene facilities. • Inconsistency of some areas in compliance on interim and terminal cleaning practices. • Inadequate manpower to perform the appropriate general cleaning. • No concrete protocol in admitting patients transferred from other hospital – most with infection.
<p>3. Patient Safety</p> <ul style="list-style-type: none"> - Prevention from falls/slippage - Prevention from medication and blood transfusion error - Prevention from burn injury - Prevention from wrong patient's identity. 	<p>With 1 incidence of slippage and 2 incidences of IV-related burn injury.</p>	<ul style="list-style-type: none"> • Non-compliance of concerned area (OR) on proper waste disposal. • Lack of understanding of some ICU nurses on the precautionary measures of highly irritating IV drugs. • Unavailability of concrete clinical pathway of highly irritating IV medications.
4. Client Satisfaction	<p>98 – 100% Client Satisfaction Survey result. With consistent record of Needs Improvement (NI) and Poor (P) to high risk areas: ESC, OPD-Surgery, & TB-DOTS</p> <p>With 4 mailed complaints to Complaint Unit/MCC and 3 verbal complaints directly to the Chief Nurse Office.</p>	<ul style="list-style-type: none"> • Too many patients being catered and fast turn-around of patients. • Lack of time to provide needed information and entertain inquiries. • No focal person to handle clients' inquiries and to attend provision of health education and assistance. • Concerned staff found out having attitude problems.
5. Patients for Surgical Procedures	<p>13 – 14% of the total scheduled surgical cases were cancelled / deferred.</p>	<ul style="list-style-type: none"> • Improper evaluation and preparation of patients both by medical and nurses. • Unavailability of consultant in selected cases. • Unavailability of special instrument to be used (Neurosurgery). • Most due to "Cut-Off" time.

C. INFECTION PREVENTION AND CONTROL

1. Monthly/ Quarterly of Hospital Gross and Net Infection Rate

MONTH	GROSS INFECTION RATE <u>Total # of Infections (Community Acquired + Nosocomial)</u> Total # of Discharges and Deaths	NET INFECTION RATE <u>Total # of Nosocomial Infections</u> Total # of Discharges	QUARTERLY NET INFECTION RATE	ANNUAL GROSS INFECTION RATE
JANUARY	(53/1203) 4.41%	(17/1203) 1.41%	1 ST QUARTER 1.52%	2.94%
FEBRUARY	(67/1213) 5.52%	(23/1213) 1.90%		
MARCH	(47/1369) 3.43%	(17/1369) 1.24%		
APRIL	(30/1407) 2.13%	(18/1407) 1.28%	2 ND QUARTER 1.15%	ANNUAL NET INFECTION RATE 0.97%
MAY	(33/1453) 2.27%	(15/1453) 1.03%		
JUNE	(43/1395) 3.08%	(16/1395) 1.15%		
JULY	(49/1534) 3.19%	(5/1534) 0.33%	3 RD QUARTER 0.57%	
AUGUST	(44/1570) 2.80%	(14/1570) 0.89%		
SEMPEMBER	(39/1612) 2.47%	(8/1612) 0.50%		
OCTOBER	(35/1541) 2.42%	(12/1541) 0.78%	4 TH QUARTER 0.62%	
NOVEMBER	(32/2022) 1.58%	(14/2022) 0.69%		
DECEMBER	(37/1831) 2.02%	(7/1831) 0.38%		

2. LECTURES CONDUCTED:

1. HAND HYGINE (AMONG CONSULTANTS)

DEPARTMENT	NUMBER OF CONSULTANTS
Ophthalmology	6
OB-Gyne	8
Surgery	1
Neurology	1
Pediatrics	5
Pathology	2
Urology	8
Radiology	1
Anesthesiology	6
Medicine	7

Dental	7
Primary Care Unit	3

2. INFECTION PREVENTION AND CONTROL ORIENTATION FOR NEW EMPLOYEES

LECTURERS: ROSEMARIE M. SALIBA
DIANA L. DULAY

INCLUSIVE DATE	PROFESSION	NUMBER OF EMPLOYEE/ INTERNS/CLERKS
Newly Hired Employee		
January 8, 2016	Nursing Attendant	10
January 11, 2016	1 st year Residents	56
February 18, 2016	Contractual Housekeeping (Ultimate)	11
December 28, 2016	Contractual Housekeeping (Ultimate)	46
Medical Department		
December 19, 2016	Incoming 1 st Year Residents	61
Affiliates Medical Department		
July 1, 2016	Post Graduate Interns/Clerks	224
December 23, 2016	Post Graduate Interns/Clerks	26

3. ICC ORIENTATION FOR STUDENT AFFILIATES

LECTURERS: ROSEMARIE M. SALIBA
DIANA L. DULAY

DATE	SCHOOL	NUMBER OF AFFILIATES
January 4, 2016	Our Lady of Fatima University	14
January 4, 2016	Far Eastern University	68
January 18, 2016	Dr. Jose N. Rodriguez University	4
January 18, 2016	Our Lady of Fatima University	49
January 18, 2016	University of Sto. Tomas	17
January 18, 2016	St. Jude College	18
January 18, 2016	Far Eastern University	5
February 1, 2016	C. E. U.	31
April 4, 2016	Ateneo De Naga University	20
April 11, 2016	Aquinas University	16
April 18, 2016	Saint Mary's University	27
July 4, 2016	Our Lady of Fatima University- Quezon City	9
July 4, 2016	Perpetual Help University	11
July 4, 2016	Our Lady of Fatima University- Valenzuela	27
July 11, 2016	St. Paul University	15
July 29, 2016	St. Paul University	14
August 22, 2016	University of Sto. Tomas	42
August 22, 2016	Far Eastern University	99

September 5, 2016	Dominican College	4
September 5, 2016	Arellano University	5
September 5, 2016	University of Sto. Tomas	12
November 7, 2016	University of Sto. Tomas	6
November 21, 2016	Our Lady of Fatima University- Valenzuela	30
November 21, 2016	Our Lady of Fatima University- Quezon City	6
December 19, 2016	Emilio Aguinaldo College	12

3. CONDUCTED TRAINING PROGRAM

1. BASIC INFECTION CONTROL PRACTICES

LECTURERS: ROSEMARIE M. SALIBA
DIANA L. DULAY
MARY GRACE A. MACARAIG

PRECEPTORS: ROWENA MORALES
CECILIA CASTRO
MA. THERESA ANGELES
DOROTHY DE RAMOS
TERESITA RUBIO
MARILOU PACHECO

ALARIZE RUZOL
JOSEFINA REYES
CRISANTA TIOPIANCO
ARLENE EVANGELISTA
EMELITA CHANG

INCLUSIVE DATES: February 16, 2016 February 17, 2016 February 29, 2016
March 15, 2016 March 16, 2016 March 31, 2016
July 13, 2016 September 28, 2016 November 14, 2016

1. Basic Infection Control Participants for the Year 2016

Department	Total No. of Target Participants	No. of Participants Attended	Target Percentage Rate of Attendance	Percentage Rate	Remarks
Nursing	186	185	90%	99.46%	ACCOMPLISHED
Medical	101	96	90%	95.04%	ACCOMPLISHED
Paramedical	44	42	90%	95.45%	ACCOMPLISHED
TOTAL	331	323	90%	97.58%	ACCOMPLISHED

2. STANDARD PRECAUTION: A MUST

LECTURERS: ROSEMARIE M. SALIBA
DIANA L. DULAY
MARY GRACE A. MACARAIG

PRECEPTORS: ROWENA MORALES
CECILIA CASTRO
MA. THERESA ANGELES
DOROTHY DE RAMOS
TERESITA RUBIO
MARILOU PACHECO

ALARIZE RUZOL
JOSEFINA REYES
CRISANTA TIOPIANCO
ARLENE EVANGELISTA
EMELITA CHANG

INCLUSIVE DATES:

April 5, 2016
 April 8, 2016
 April 15, 2016

April 22, 2016
 May 17, 2016
 May 19, 2016

May 20, 2016

2. STANDARD PRECAUTION PARTICIPANTS for the Year 2016

Department	Total No. of Target Participants	No. of Participants Attended	Target Percentage Rate of Attendance	Percentage Rate	Remarks
Ambulance Driver	8	8	90%	100%	ACCOMPLISHED
Nutrition and Dietetics	41	41	90%	100%	ACCOMPLISHED
Housekeeping	56	56	90%	100%	ACCOMPLISHED
Security Department	29	29	90%	100%	ACCOMPLISHED
TOTAL	134	134	90%	100%	ACCOMPLISHED

3. BUNDLES OF CARE

LECTURERS: ROSEMARIE M. SALIBA
 DIANA L. DULAY
 MARY GRACE A. MACARAIG

PRECEPTORS: ROWENA MORALES
 CECILIA CASTRO
 MA. THERESA ANGELES
 DOROTHY DE RAMOS
 TERESITA RUBIO

ALARIZE RUZOL
 JOSEFINA REYES
 CRISANTA TIOPIANCO
 ARLENE EVANGELISTA
 EMELITA CHANG

INCLUSIVE DATES: October 18, 2016
 November 8, 2016
 November 28, 2016

October 19, 2016
 November 9, 2016
 November 29, 2016

October 21, 2016

3. Bundles of Care for the Year 2016

Department	Total No. of Target Participants	No. of Participants Complied	Target Percentage Rate of Attendance	Percentage Rate	Remarks
Nursing	183	293	90%	160.11%	ACCOMPLISHED
Medical	93	33	90%	35.48%	BELOW TARGET
TOTAL	276	326	90%	118.12%	ACCOMPLISHED

4. **SPEAKER/PRECEPTOR TO SEMINARS OF NETRU**

1. **IV THERAPY UPDATE**

TOPIC: Safety Practices for Health Care Professionals

DATE: August 11, 2016

SPEAKER: Diana L. Dulay

2. **STAFF DEVELOPMENT FOR NURSE I: ENHANCING COMPETENCY TOWARDS SAFETY AND QUALITY PATIENT CARE**

TOPIC: "Nursing Responsibilities in the Prevention of Infection"

DATE: August 31, 2016 and August 24, 2016

SPEAKER: Diana L. Dulay

3. **POST GRADUATE TRAINING IN ICU**

TOPIC: "Nursing Management of ICU Patients with Pulmonary Problem" and "Implementation of Infection Control Guidelines in ICU"

DATE: September 21, 2016 and September 23, 2016

SPEAKER: Rosemarie M. Saliba and Diana L. Dulay

Monthly Needle Stick Injury / Blood Fluid Exposure Monitoring
(January-December 2016)

OCCUPATION	NEEDLE STICK INJURIES	BLOOD/BODY FLUID EXPOSURE
Medical Officer	2 (IM,OB)	0
Nurse	3	0
Nursing Attendant	2	0
Midwife	1	0
Housekeeping	0	0
Janitorial Contractual	0	0
Medical Intern/Clerk	0	0
Nursing Student	0	0
Medical Technologist	1	0
Med-tech Student	0	0
Dental Staff	0	0
Nuclear staff	0	0
Mortuary Staff	0	0
Plumber	1	0
TOTAL	10	0
Total # of employees	833	
PERCENTAGE RATE OF NSI	1.20%	

**Philippine Integrated Disease Surveillance and Response
System Monitoring Results (January-December 2016)**

	AFP	AE FI	M	MC	NT	RAB	ABD	AE	Hepatitis			BM	CHO	D	DI	L	MAL	NNT	P	TF	HF MD	ZIKV	TOTAL IDs Reported
									HA	HB	HC												
JAN	0	0	0	0	0	0	0	0	1	2	0	4	0	22	0	3	0	0	0	0	0	0	32
FEB	0	0	0	0	0	0	0	0	0	1	0	2	0	16	0	0	0	0	0	0	0	0	19
MAR	0	0	0	0	0	0	0	0	1	0	0	4	0	15	0	2	0	0	3	0	0	0	25
APR	0	0	0	0	0	0	0	0	4	1	0	0	0	9	0	0	0	0	0	0	0	0	14
MAY	1	0	0	0	0	0	0	0	1	1	0	0	0	9	0	0	0	0	0	0	0	0	12
JUN	0	0	0	0	0	0	0	0	1	2	0	0	0	2	0	0	0	0	0	0	0	0	5
JUL	0	0	0	0	0	0	0	0	1	2	0	0	0	16	0	0	0	0	0	0	0	0	19
AUG	0	0	0	0	1	0	0	1	2	3	0	0	0	33	0	2	0	0	0	0	0	1	42
SEP	0	0	0	0	0	0	0	0	4	2	0	4	0	19	0	1	0	0	0	0	0	0	30
OCT	0	0	0	0	0	0	0	0	1	0	0	0	0	30	0	0	0	0	0	0	0	0	31
NOV	0	0	0	0	0	0	0	0	0	1	0	0	0	19	0	0	0	0	0	0	0	0	20
DEC	0	0	0	0	0	0	0	0	0	4	0	1	0	12	0	1	0	0	0	0	0	0	18
TOTAL	1	0	0	0	1	0	0	1	16	19	0	15	0	202	0	9	0	0	3	0	0	1	268

A = Acute Flaccid Paralysis

AEFI = Adverse Event Following Immunization

M = Measles

MC = Meningococcal Disease

NT = Neonatal Tetanus

RAB = Rabies

ABD = Acute Bloody Diarrhea

AE = Acute Encephalitis

HA = Hepatitis A

HB = Hepatitis B

HC = Hepatitis C

BM = Bacterial Meningitis

CHO = Cholera

D = Dengue Hemorrhagic Fever

DI = Diphtheria

L = Leptospirosis

MAL = Malaria

NNT = Non-Neonatal Tetanus

P = Pertussis

TF = Typhoid/ Paratyphoid Fever

ZIKV = Zika Virus

**DEVICE-RELATED INFECTION RATE REPORT
(January-December 2016)**

CAUTI RATE (CATHETER-ASSOCIATED URINARY TRACT INFECTION) PER 1000 FOLEY CATHETER DAYS															
AREA	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	T	OCT	NOV	DEC	TOTAL	RATE
MICU	0	0	0	19.61	0	0	0	0	0	0	0	0	0	19.61	1.63
SICU	0	0	0	0	0	0	8.85	0	0	0	0	0	0	8.85	1.77
BU	58.82	0	0	0	0	0	0	0	0	0	0	0	0	58.82	4.90
PICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	58.82	0	0	19.61	0	0	8.85	0	0	0	0	0	0	87.28	7.27
RATE	11.76	0	0	3.92	0	0	1.77	0	0	0	0	0	0	17.456	1.45

**CLABSI RATE(CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTION)
PER 1000 CENTRAL LINE DAYS**

AREA	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP T	OCT	NOV	DEC	TOTAL	RATE
MICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NICU	0	0	0	0	47.62	0	0	0	0	0	0	0	47.62	3.97
TOTAL	0	0	0	0	47.62	0	0	0	0	0	0	0	47.62	3.97
RATE	0	0	0	0	9.52	0	0	0	0	0	0	0	9.52	0.79

**VAP RATE (VENTILATOR-ASSOCIATED PNEUMONIA)
PER 1000 VENTILATOR DAYS**

AREA	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	RATE
MICU	0	0	47.62	34.48	111.11	12.05	0	0	0	0	0	0	205.25	17.10
SICU	10.42	18.87	28.96	0	54.05	56.34	49.38	40	0	0	31.75	0	289.77	24.15
BU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PICU	0	0	0	11.24	0	0	0	0	0	0	0	0	11.24	.94
NICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10.42	18.87	76.58	45.72	165.15	68.39	49.38	40	0	0	31.75	0	553.89	42.19
RATE	2.084	3.77	15.32	9.14	33.03	13.68	9.88	8	0	0	6.35	0	101.25	8.44

**SSI RATE (SURGICAL SITE INFECTION)
(January-December 2016)**

DEPARTMENT	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
SURGERY												
# of Operation/ Procedure	282	332	278	353	226	341	327	372	409	421	374	304
# of SSI	2	2	1	1	-	-	-	-	-	1	1	-
Percentage Rate of SSI	0.71%	0.60%	0.36%	0.28%	-	-	-	-	-	0.24%	0.27%	-
EENT												
# of Operation/ Procedure	40	39	34	38	40	55	43	42	44	38	38	33
# of SSI	-	-	-	-	-	-	-	-	1	-	-	-
Percentage Rate of SSI	-	-	-	-	-	-	-	-	2.27%	-	-	-
ORTHO												

# of Operation/ Procedure	83	76	101	95	84	76	94	106	74	68	59	89
# of SSI	-	-	-	-	-	-	-	-	-	-	-	-
Percentage Rate of SSI	-	-	-	-	-	-	-	-	-	-	-	-
OB-GYNE												
# of Operation/ Procedure	72	62	107	98	111	107	116	105	131	117	129	100
# of SSI	-	-	-	-	1	1	-	-	-	3	3	1
Percentage Rate of SSI	-	-	-	-	0.90%	0.93%	-	-	-	2.56%	2.33%	1%
UROLOGY												
# of Operation/ Procedure	16	15	32	24	42	38	33	57	30	56	18	25
# of SSI	-	-	-	-	1	-	-	-	-	-	-	-
Percentage Rate of SSI	-	-	-	-	2.38%	-	-	-	-	-	-	-
SSI % per Month	(2/493) 0.41%	(2/524) 0.38%	(1/552) 0.18%	(1/608) 0.16%	(2/503) 0.40%	(1/617) 0.16%	-	-	(1/688) 0.15%	(4/700) 0.57%	(4/618) 0.65%	1/551 0.18%
SSI RATE FOR 2016 - (19/7149) 0.27 %												

MICROBIOLOGICAL EXAMINATION OF WATER
(January-December 2016)

MONTH	SOURCE OF WATER SPECIMEN	TOTAL COLIFORM	FECAL COLIFORM	HETEROTROPHIC COUNT cfu/ml	REMARKS
JANUARY 19, 2016	DIETARY PATHO CBB BURN	< 1.1	< 1.1	NONE	PASSED
FEBRUARY 16, 2016	DIETARY OPD LAB MICU	< 1.1	< 1.1	NONE	PASSED
MARCH 16, 2016	DIETARY PATHO CBB BURN	< 1.1	< 1.1	NONE	PASSED
APRIL 13, 2016	DIETARY OPD LAB MICU	< 1.1	< 1.1	NONE	PASSED
MAY 18, 2016	DIETARY MAIN LAB MAIN OR	< 1.1	< 1.1	NONE	PASSED
JUNE 21, 2016	DIETARY NICU LAB	< 1.1	< 1.1	NONE	PASSED
JULY 20, 2016	DIETARY NICU LAB	< 1.1	< 1.1	NONE	PASSED
AUGUST 22, 2016	DIETARY PATHO NICU	< 1.1	< 1.1	NONE	PASSED
SEPTEMBER 26, 2016	NICU MAIN OR DIETARY	< 1.1 8.0 >8.0	< 1.1 2.6 4.6	NONE NONE NONE	PASSED FAILED FAILED
OCTOBER 10, 2016	MAIN OR DIETARY	< 1.1 < 1.1	< 1.1 < 1.1	NONE NONE	PASSED PASSED
OCTOBER 12, 2016	INLET TANK OUTLET TANK	<1.1 <1.1	<1.1 <1.1	NONE NONE	PASSED PASSED
OCTOBER 12, 2016	DIETARY 21 FAUCETS	<1.1	<1.1	NONE	PASSED
OCTOBER 17, 2016	MAIN OR 13 FAUCETS	<1.1	<1.1	NONE	PASSED
NOVEMBER	DIETARY MAIN OR HISTOPATH	< 1.1	< 1.1	NONE	PASSED
DECEMBER	DIETARY MAIN LAB PATHOLOGY	< 1.1	< 1.1	NONE	PASSED

I. SCORECARD

SCORECARD	2015	2016	ANALYSIS
LESS THAN 1% HOSPITAL ACQUIRED INFECTION RATE	1.78%	0.96%	ACCOMPLISHED
LESS THAN 2% NEEDLE STICK AND SPLASH INJURY	1.91%	1.20%	ACCOMPLISHED
DECREASE OF 10% IN SHIP RATE FROM THE PREVIOUS YEAR	VAP – 7.87%	VAP- 8.44%	ABOVE TARGET ACCOMPLISHED ACCOMPLISHED
	CLBSI – 9.87%	CLABSI-0.79%	
	CAUTI – 6.64%	CAUTI-1.45%	

II. SPEAKER TO SEMINAR CONDUCTED BY THE DEPARTMENT OF HEALTH (DOH)

A. TITLE: National Policy on Infection Prevention and Control in Healthcare Facilities

TOPIC: Presentation of IPC Status Reports

SPEAKER: ROSEMARIE M. SALIBA, RN MAN

DATE: September 29 to 30, 2016

VENUE: Atrium Hotel, Gil Puyat Avenue, Pasay City

B. TITLE: Orientation on the National Policy on Infection Prevention and Control in Healthcare Facilities

TOPIC: “Presentation of Hand Hygiene Campaign”

SPEAKER: ROSEMARIE M. SALIBA, RN MAN

DATE: November 3 to 4, 2016

VENUE: Fontana Hotel, Angeles City, Pampanga

III. MONITORING ON 5 MOMENTS OF HAND HYGIENE COMPLIANCE USING WHO TOOL

Hand Hygiene Observation Basic Compliance 5 MOMENTS OF HAND HYGIENE	TARGET COMPLIANCE RATE	ACTUAL	REMARKS
Before Touching a Patient	90%	89.29%	BELOW TARGET
Before Clean and Aseptic Procedure	90%	88.89%	BELOW TARGET
After Body Fluid Exposure	90%	95%	ACCOMPLISHED

After Touching a Patient	90%	90.91%	ACCOMPLISHED
After Touching Patients Surrounding	90%	92.16%	ACCOMPLISHED
RATE	90%	90.93%	ACCOMPLISHED

IV. RANDOM CHECKING ON PROPER STEPS OF HAND HYGIENE

Hand Hygiene for the Year 2016				
Department	Total No. of Target Participants	No. of Participants Complied	Percentage Rate	Remarks
Nursing	168	168	100%	ACCOMPLISHED
Medical	124	124	100%	ACCOMPLISHED
Paramedical	1	1	100%	ACCOMPLISHED
HOPSD	129	129	100%	ACCOMPLISHED
TOTAL	422	422	100%	ACCOMPLISHED

V. INFECTION PREVENTION AND CONTROL WEEK CELEBRATION

A. ACTIVITIES

- ***Festival Drum Beater*** during the Flag Ceremony to mark the start of the INFECTION PREVENTION and CONTROL COMMITTEE and HOSPITAL WASTE MANAGEMENT WEEK
- **Official Launching of “Panatilihing Nating Malinis ang Kamay”** - an audio-video campaign to promote hand hygiene among clients, watchers and healthworkers
- Whole day Carnival Theme with fun games, food and prizes
- **“Do-It-Yourself” Decoration Contest** made of recyclable waste
- **Logo Making Contest**
- **HIV Awareness Lecture** – for Healthcare Workers and OPD patients

VI. CONDUCTED SWAB TEST ON ALL SPECIAL AREAS

VII. The committee acted as point-person during the ISO accreditation for the Quality Objective on Infection Rate and Needle Stick Injury

VIII. PROBE/INVESTIGATED the OUTBREAK of infection on the following areas and made corresponding recommendations based on the WHO/CDC Guidelines

- MICU
- SICU

- PICU
- OB EXTENSION

✓ **RE-TRAINING ON BASIC INFECTION CONTROL PRACTICES**

1. **AREA:** PICU

DATE: May 13, 2016

STAFF RETRAINED: 26 Health workers

- Residents – 14
- Nurses – 9
- Nursing Attendants – 3

2. **AREA:** OB EXTENSION

DATE: December 20, 2016

STAFF RETRAINED: 20 Health workers

- Residents – 8
- Nurses – 8
- Nursing Attendants – 4

IX. Conducted quarterly audit on outsource service provider in LAUNDRY.

II. HUMAN PERSPECTIVE

A. Filled and Unfilled Positions as of December 2016

Position Title	SG	Total No. of Positions	Total No. of Filled	Total No. of Unfilled
Nurse VII	24	1	1	0
Nurse VI	22	2	2	0
Nurse V	20	2	2	0
Nurse IV	19	2	1	1
Nurse III	17	56	55	1
Nurse II	15	175	174	1
Nurse I	11	136	122	14
Midwife III	13	1	1	0
Midwife II	11	34	1	33
Position Title	SG	Total No. of Positions	Total No. of Filled	Total No. of Unfilled
Midwife I	9	18	18	0
Nursing Attendant II	6	118	86	32
Nursing Attendant I	4	94	93	1

B. Designation and Transfer of Staff to address Need of Services (With Hospital Personnel Order)

1. Blanquita Belen, Nurse V - Designated Nursing Division Quality Assurance Coordinator
2. Rosemarie M. Saliba, Nurse V - Designated Infection Control Nurse
3. Dhonald Angulo, Nurse III - Assigned to Perform Hearing Test among Newborn.

C. Staff Learning Development Interventions

- NETRU Income Generated**

1. Affiliation Fee	= P 235,300.00
2. User's Fee	= P 573,172.00
3. Truman State University Transcultural Nursing Affiliation fee	= P 20,000.00
4. MAN/MSN Practicum Fee	= P 7,720.00
5. Pre-Employment Exam.	= P 13,500.00
6. Certificates	= P 2,000.00
7. Student Affiliates ID	= P 3,800.00
8. C.I. Enhancement Program	= P 7,000.00

TOTAL P 862,492.00

- In-House Staff Learning Development Interventions Conducted by Nursing Education Training & Research Unit

Learning and Development Intervention /Programs Conducted	Dates of Conduct	Evaluation/Outcome
1. Best Practices Through Evidence Base Findings	February 23-24,2016	<ul style="list-style-type: none"> The first part of the program was an orientation on the procedure on how the research activity will be conducted and the second part was the workshop on writing a thesis proposal and methodology. It was conducted successfully with an over-all program evaluation of outstanding from the evaluation criteria scale.
2. Learning and Development Program : "Enhancing Midwife Capabilities in their New Role and Learning New Trends Towards Quality Maternal and Child Care"	March 1-2, 2016	<ul style="list-style-type: none"> This program highlighted the role of midwives in maternal and child care in their respective area of responsibility coupled with KSA in the implementation of EINC protocol and MBFHI Program and Policies. It was successfully accomplished and garnered evaluation program rating of outstanding.
3. Learning and Development Program for Newly Promoted Nurse II Title: "Strengthening Capacity of Emerging Leaders in their New Challenging Roles"	April 6-8,2016 (First Batch) April 12-14,2016 (Second Batch)	<ul style="list-style-type: none"> The program received outstanding evaluation from participants. They perceived that objectives of this program had met and gave positive comments.
4. Learning and Development Program for Nursing Attendant: "Enhancing Capabilities Towards Quality and Safety Patient Care"	April 19-21,2016	<ul style="list-style-type: none"> The program was successfully conducted and received positive feedbacks from participants with outstanding program evaluation result.

5.Refresher Course in IV Therapy	May 3-5, 2016 (First Batch) August 10-12,2016 (Second Batch)	<ul style="list-style-type: none"> • The program was successfully conducted with majority of outstanding result and received positive feedbacks from participants.
6. Updates in Learning and Skills Development Program: "Understanding Basic ECG"	May 10, 2016	<ul style="list-style-type: none"> • The program was evaluated outstanding with positive feedbacks from participants.
7. Updates on Learning and Development Program for Nurse Managers: Entitled: "Power in Nursing"	May 11, 2016	<ul style="list-style-type: none"> • This learning Updates Program was evaluated outstanding by all participants. The invited lecturer was a former Nursing Training Officer and a Balik Bayan from USA.
8. Nursing Management Learning and Development Program for Nurse Managers: Theme: "Leading the Path to Transformative Leadership in Empowering the Workforce Towards Success".	May 24-25,2016 (First Batch) May 26-27,2016 (Second batch)	<ul style="list-style-type: none"> • The program was successfully conducted and garnered outstanding evaluation result with very good feedbacks.
9.5 S Principles and Implementation	May 31, 2016	<ul style="list-style-type: none"> • The program was evaluated outstanding with positive feedbacks.
10.Learning and Development Program for Nurse II personnel:"Nurse Managers: Learning the Importance of Influencing People in Improving the Quality of Care and Optimizing Patient Satisfaction"	August 17-19,2016	<ul style="list-style-type: none"> • The program was successfully conducted with 36 participants. The 3rd day was spent with a team building activities which is in-house activities. Values and Extra-mile Approach had been incorporated to modules to enhance better attitude towards clients.
11.Learning & Development Program for Nurse I: "Enhancing Competency towards Safety and Quality Patient Care	August 23-24,2016 August 30-31,2016	<ul style="list-style-type: none"> • The program was successfully conducted and it was attended by 100 participants. Values with Extra mile Approach had been incorporated to achieve quality patient care.
12. Training Course in Critical Care Nursing	September 5-October 14, 2016	<ul style="list-style-type: none"> • The program was successfully conducted with 44 participants from different clinical areas and special areas. Invited lecturers were medical specialist, consultants and Nurse Clinicians who shared their expertise in their area of specialization.
13. Basic Ostomy and Wound Care Nursing	October 25-27, 2016	<ul style="list-style-type: none"> • This program was accomplished successfully with an outstanding evaluation result of the post training

Regular Orientation		
Orientation Program	Inclusive dates	Evaluation/Outcome
1.General Orientation for Nursing Student Affiliates	<ul style="list-style-type: none"> • Every 1st and 3rd Monday of the month (am or pm session) as per school's request 	<ul style="list-style-type: none"> • General Orientation for Affiliating School is crucial for a new affiliate to give them an in depth information about the institution, affiliation guidelines and policies and expectations of their clinical related learning experience. • In this general orientation clinical instructors of affiliating schools accompanied their students during orientation period. • As per evaluation of their performances they checked, guided their students and complied with affiliation guidelines and policies.
2.Clinical Orientation Program/Enhancement for Clinical Instructors and MSN/MAN students for Practicum.	With communication as approved and scheduled	<ul style="list-style-type: none"> • They had passed and complied the necessary requirements in this clinical orientation/ enhancement program. They appreciated the skills and learning experiences during clinical exposure and actual handling of patients during orientation period. • MSN/MAN students complied with the requirements. They verbalized appreciation on the skills and knowledge they have learned during practicum.

- Staff Attendance to Other Regulatory Competency Training Requirements

Title of Training Program	Outcome
1. Basic Life Support	<ul style="list-style-type: none"> • All newly hired Nursing Division personnel completed the course. • All staff with expired I.D. had attended the Refresher Course.
2. Basic Infection Control Practices	<ul style="list-style-type: none"> • All newly hired Nursing Division personnel had completed the course.
3. Lactation Management Training	<ul style="list-style-type: none"> • All staff assigned in maternal & child areas had attended the training. • Selected staff in Payward had attended. • To target attendance of all staff.
4. Gender Sensitivity Training	<ul style="list-style-type: none"> • Selected staff had attended the training.
5. DOH Nurse Certification Program on Geriatrics & Gerontology	<ul style="list-style-type: none"> • Mirasol Nulud – Pay 1 • Armi Lyn Custodio – FMW

6. DOH Nurse Certification Program on Infectious Disease Nursing	<ul style="list-style-type: none"> • Christian Leoncio - OR • Maria Loraine Igarta – ESC • Aubrey Rose Roxas – MICU
7. DOH Nurse Certification Program on Orthopedic and Rehabilitation Nursing	<ul style="list-style-type: none"> • Ma. Loisa Calderon – Ortho • Aldrine Gascon – Ortho • Lovely Estorninos – Ortho
8. Pediatric Advanced Life Support (PALS)	<ul style="list-style-type: none"> • 3 Nurses @ PICU
9. Advanced Cardiac Life Support (ACLS)	<ul style="list-style-type: none"> • Arlene Evangelista – SICU • Ryan Jay Garcia - ESC • Joshua Ivan See – ESC • Christian John Maranan – ESC
10. Emergency Neurologic Life Support (ENLS)	<ul style="list-style-type: none"> • Leah Calabio • Camille Loraine Pilac
11. DOH Nurse Certification Program: Learning & Development Intervention Course in ER-Trauma Nursing	<ul style="list-style-type: none"> • Ryan Jay Garcia • Olivier Anthony Limpo • April Rose Lucena • Ryan Billones • Owen Christopher Topinio
12. Health Emergency Response Operation (HERO) Training	<ul style="list-style-type: none"> • Olivier Anthony Limpo
13. Training of Trainers	<ul style="list-style-type: none"> • All NETRU Staff
14. DOH Nurse Certification Program on Pediatric Nursing Level 5	<ul style="list-style-type: none"> • Alarize Ruzol • Tresa Luna Celiz

3. Funded/Supported Staff Attendance to Outside Seminar/Training/Conventions/Updates

Title of Program	Total Number of Attendees
Infinity @ 70's, Excellence Nursing Across Times Aboard Thomasian Nursing	4
PNA First Summer Conference: Nurses: A Force Change Improving Health Systems' Resilience @ Tagaytay City	4
9 th Biennial Congress of the Asian Society of Stoma Rehabilitation @ Medical City	16
PWCS Update: Diabetic Foot Ulcer – Basic Advances @ Marriott Hotel	9
Philip's Patient Care & Monitoring Solution	4
19 th Post Graduate Course of Dept. of Medicine: "Busting the Myths on Common Illnesses and Treatment Strategies"	43
Post Graduate Course in Pediatrics: "Scientific Symposium Achieved Addressing Community Health Issue Empowering Vigilance to Education" @ Lucena City	17
Brief Tobacco Intervention for Nurses @ Cebu City	Dhonald Angulo & Rebecca Soliman
"Heal Wound Summit" by PWCS: Advancing Knowledge, Improving Outcomes	12
7 th Annual Convention of PACSSM: "One CSSD Community: Build! Belong! Branch Out!"	3

Seminar on Person With Disability	1
Magna Carta for Public Health Workers	2
Assuring the link Between Documentation, Coding and Reimbursement	1
URONAP: Enhancing Nurse Competency in Cysto TURP and Catheter Care	16
War on Cancer (MDT Force Awakens)	2
Basic to Excellent Care: The Midwives Approach	23
7 th Annual Breast Cancer Symposium: Fifty Shades of Pink (Dilemmas in Management)	1
PSMO 30 th Annual Convention: Oncology in the Era of Great Changes	4
10 th Annual Cancer Conference: Enhancing Patient Focused Multidisciplinary Care to Improve Cancer Treatment Outcome	4
URONAP 1 st Annual Convention: URONAP.....Taking the Lead in Urologic Nursing	9
Key Changes in the Guidelines of BLS	1
42 nd Annual Convention and Scientific Meeting (ORNAP): Expanding the Horizon of Perioperative Nursing	17
3M Phil. 1 st Operation Room Leadership Summit	4
ANSAP Mid-Year Convention: Nursing Leadership Breaking Through the Status Quo	10
20 th Post Graduate Course and Hands-On Workshop on Mechanical Ventilation @ PGH	3
ANSAP Annual Convention: Healthcare Leadership Diversity: Integrating Patient safety Principles in Nursing Practice	10
1 st Asean Patient Safety Congress Towards a Unified Approach of Patient Safety: The ASEAN Perspective	2
IMAP MDG-4, MDG-5 Mortality and Morbidity Excellent Care	1
Perinatal Association of the Phil.: Immunization Program, the Partograph_ Common Newborn Vignettes	1
IMAP Leading the Way in this Fast Changing Health Challenges @ Diamond Hotel	17
PLGPM: Universal Pathway Family Rights to Health & Wellness	1
IMAP-PMDA: Neurodegenerative Diseases in the Elderly	9
Dept. of OB-Gyne Post Graduate Course: Taking Care of the Filipina: From Emergence to Senescence @ Novotel, Manila	14
Global Health Care Strategy of Women, Children and Adolescents: 1 st International Maternal & Child Nursing Conference	1
Diabetic Foot Wound Care: Japan Healthcare Technologies and Services @ Japan	• Mia Joy Mirabuenos, Nurse II
Training Program on Comprehensive Geriatric Screening	7
HISMID Convention:	7
25 th Post Graduate Course: Treatment Strategies in Surgical Oncology	2

Catholic Nurses Guild Of the Phil. @ 60: Affirming its Commitment to God's Call of Mercy and Compassion	1
Best Practices in Infusion Therapy	3
22 nd Annual Convention Infection Prevention and Control: The Heart of Patient Care	5
Update: Current Wound Management Technique	7
Stroke Society of the Phil. 17 th Annual Convention @ Subic Zambales	4
1 st Nursing Leaders MARSIS Summit Prevention Protocol Workshop	3
PHICS Convention	10
Stroke Unit Workshop Towards Delivery of Quality Stroke care	3
CCNAPI Convention	6
14 th Joint Annual Convention for PADE / ADNEP: Diabetes, Education Combining Myths, Crafting Knowledge	4
7 th Post Graduate Course: MISSION EM POSSIBLE	2
Training on Acute Critical Care for Poisoning Cases	1
Update on How to deal with Anxiety, Depression, Cognitive Impairment & Pain	2
Asthma Education Certifying Workshop: Basic Module	• Catherine Tesoro
Skinfinity: 14 th Post Graduate Course Skin Research Foundation of the Phil.	7
PhilCat Convention: End TB in Children, Current Standards & Best Practices	1
Midwifery Challenges of the 21 st Century	5

4. Planning Activity for Continuous Quality Improvement

Activity	Dates of Conduct	Total No. of Participants
Evaluation of 2016 Accomplishment and Formulation of 2017 Action Plan	November 16 – 18, 2016 @ Punta de Fabian Resort, Rizal	50 Nurse Managers

III. FINANCIAL PERSPECTIVE

A. Income Generated from Nursing Training Activities (Please see attachment NETRU 2016 Accomplishment Report)

B. Performance Output that supported financial aspect

Performance Output	Outcome	Obstacles / Problems Encountered
1. No "out of pocket" for PHIC-NBB patients.	<ul style="list-style-type: none"> 95 – 97% compliance. 	<ul style="list-style-type: none"> Long processing of emergency purchase of unavailable drugs at the pharmacy. Unavailability of laboratory reagents. Poor assistance of MSS. Prescribed drugs non-

		PNDF / physician's preference drug.
2. Complete and appropriate patients' charges.	<ul style="list-style-type: none"> • 99 – 100% patients' charges properly entered/recorded. • Review of charges still on-going. To complete in 1st quarter of 2017. 	<ul style="list-style-type: none"> • Lack of manpower, most especially during increased patients census, causing delay/failure in entering charges. • No focal person to continuously monitor completeness and appropriateness of charges.
3. Completeness and timely submission of discharged patients' records.	<ul style="list-style-type: none"> • 97 – 99% compliance. 	<ul style="list-style-type: none"> • Inconsistency of unit nurse managers in regular checking of discharged patients' records for completeness prior to submission. • Delay accomplishment of the necessary records by the medical officers.
4. Proper accounting of ward stock drugs, supplies, and equipment.	<ul style="list-style-type: none"> • 98 – 99% compliance. 	<ul style="list-style-type: none"> • Failure of unit nurse managers to strictly monitor staff compliance. • Maintaining the 50% stock level not monitored, hence, delay coordination done.
5. Monitoring of overstaying patients.	<ul style="list-style-type: none"> • 0 – 1.5% monthly report. 	<ul style="list-style-type: none"> • Replacement of borrowed blood. • Unavailability of needed supplies for OR use and implant. • Long waiting of OR schedule. • Delay settlement of hospital bills. • For newborn, delay processing of hearing and newborn tests.

IV. FACILITIES AND EQUIPMENT

Project	Outcome	Problems Encountered
1. Renovation of OB-Gyne ward, DR, and NICU.	<ul style="list-style-type: none"> • Full operation in April 2016. • Placement of new beds. • Fully air-conditioned rooms. 	<ul style="list-style-type: none"> • Some electrical problems and leaks. Fortunately, managed.
2. Supported budget of requested 2016 equipment and instruments.	<ul style="list-style-type: none"> • 60% acquisition of Nursing Division 3-M requested equipment and instruments. • 100% requested equipment for OR in DR use awarded. (Some already acquired & others waiting delivery) 	<ul style="list-style-type: none"> • Slow processing of BAC.

3. Requested equipment for clinical areas in CBB.	<ul style="list-style-type: none"> • Procuring process on-going. 	<ul style="list-style-type: none"> • Assigned task force to assist BAC in canvassing.
4. Improvement of 2 nd & 3 rd floors clinical areas (except Pedia, PICU & MICU), CSSD, and ESC.	<ul style="list-style-type: none"> • Project already awarded. 	
5. Acquisition of some equipment purchased by the management.	<ul style="list-style-type: none"> • Distributed to selected areas. • Staff trained on the use of equipment. • Unit Nurse Managers were advised to establish guidelines on the proper use and care of equipment. 	
6. Repair and improvement of ward beds and utility carts.	<ul style="list-style-type: none"> • Completely done by Mr. Panaguition. 	
7. Identified highly needed equipment and renovation/ improvement / construction.	<ul style="list-style-type: none"> • To include in 2017 Action Plan 	

V. NURSING DIVISION INNOVATIONS / BEST PRACTICES / COMPLIED DOH NURSING SERVICE STANDARD

Activity / Project	Outcome	Obstacles
1. Nursing Division Breakthrough: Enhanced Staff – client Interactions.	<ul style="list-style-type: none"> • Still needs improvement and full compliance. • Still encountering related complaints. 	<ul style="list-style-type: none"> • Increased in number of patients and staff has no enough time to provide the full information. • Will consider in 2017 Action plan, assigning focal person to perform the task “Patient Advocate Nurse”.
2. Nursing Research for Evidence-Based Findings	<ul style="list-style-type: none"> • Had three (3) topics • For submission to IRB. • Target of implementation: 2nd quarter of 2017. 	<ul style="list-style-type: none"> • Lack of time on the researchers and advisers.
3. Infection prevention practices: Hand Hygiene & Environmental Cleaning	<ul style="list-style-type: none"> • Despite of 98 – 100% staff compliance, still needing improvement and validation. • Assigned Quality Assurance Coordinator to perform the regular auditing of staff performance. • Performance Evaluation Tool Checklist had been formulated by the ICN and was discussed with unit nurse managers. • Agreed with Nursing Division Officers to project the installation of hand hygiene 	<ul style="list-style-type: none"> • Poor hand hygiene facility. • Inadequate cleaning supplies and manpower to perform the proper cleaning. • Non-compliance on strict/closed monitoring of compliance. • Will consider improvement in 2017.

	facility and consumptions.	
4. Compliance to DOH Standard Nursing Documentation "FDAR"	<ul style="list-style-type: none"> • Full implementation in December 2016. • Although there were lots of issues and concerns, just considered these as part of introducing change. • Appreciated by some consultants. • Continuously monitored by nurse manager. 	<ul style="list-style-type: none"> • Normal expectations in introducing change. • Unawareness of some medical officers and medical specialists. • Needs to improve staff competency skills on documentation, including nurse managers.
5. Quarterly General Assembly and Team Building to enhance good and harmonious working relationship	<ul style="list-style-type: none"> • With excellent results and great positive feedback, specifically among Staff & Senior Nurses, Midwives, Nursing Attendants, and staff from GGHS. 	<ul style="list-style-type: none"> • None
6. Nursing Division Website and Newsletter/Gazette	<ul style="list-style-type: none"> • Guidelines for website to correspond with JRRMMC website. • Already established the composition of Editorial Committee for the newsletter and had a draft. • To submit to MCC for approval once Nursing Service Association support funds confirmed. 	<ul style="list-style-type: none"> • No fund for newsletter.

VI. ISSUES AND CONCERNS WITH SUPPORT SERVICES

Issue / Concern	Recommendations
1. Unavailability of most prescribed drugs.	<ul style="list-style-type: none"> • To enforce doctors' compliance on prescribing only approved drugs in the pharmacy. • The pharmacy shall strictly maintain 50% stock level and be dynamic to address needs.
2. Long processing of "Emergency Purchase" drugs.	<ul style="list-style-type: none"> • The pharmacy may recommend procedure to address the need to delete stereotyped discussion. • In case of unavailability of frequently used / fast moving drug, instead of purchasing single ordered drug, can the pharmacy make the necessary coordination to request alternative mode of procurement?
3. Unavailability of reagents for highly needed laboratory exams. (electrolytes determination).	<ul style="list-style-type: none"> • Strict monitoring of Laboratory Head and make the necessary recommendation to address need. • Asking relative to bring specimen to chosen hospital / Laboratory unit is a high risk to any type of accident and added suffering to relatives.
4. Delay accomplishment of records for discharged patients & deaths.	<ul style="list-style-type: none"> • To comply to our target: timely submission of discharged patients' records within 24 hours from discharge, all unaccomplished patients' records by medical officers shall be submitted to the CMPS. This is to avoid unpleasant discussion between nurses and doctors.

5. Difficulty in coordinating engineering support services to high risk needs leading to disruption in service delivery: electrical and sterilizers concerns.	<ul style="list-style-type: none"> To assign specific engineer to manage the high risk needs. Assigned engineer shall perform regular rounds (everyday) to continuously evaluate progress / problem.
6. Delay/No posting of professional fees for pay patients causing client's complaint and additional hospital day/s of confinement.	<ul style="list-style-type: none"> Strict compliance of Medical specialists on the issued MEMO. In case of neglect and to prevent complaints, regular professional fees shall be implemented to facilitate discharge process.
7. Immediate post-operative radiologic exam. (X-ray)	<ul style="list-style-type: none"> To support fund for the purchase of portable X-ray machine to prevent possible risks to patient and to promote the appropriate post-op care.
8. Overstaying of patients waiting for implants, VP-shunt, etc,	<ul style="list-style-type: none"> Dynamic assistance from the Medical Social Service. Discussion with conformed solution among medical staff concerned.
9. Increased number of patients beyond bed capacity in Surgical wards due to: <ul style="list-style-type: none"> - Continuous admission of elective cases despite of full bed occupancy -Conduct of missions not properly coordinated as far as ward preparation is concerned. 	<ul style="list-style-type: none"> Because of high concern in providing appropriate comfort and rest among pre & post-operative patients, this issue is very important for medical staff to seriously establish proper turn - around of patients in surgical wards.

IPCC PROBLEMS ENCOUNTERED:

PROBLEMS	2014	2015	2016	ANALYSIS	2016 Plan
ICC					
1. Additional ICN	1 ICN	1 ICN and 1 Assistant ICN	1 ICN;150 PATIENTS	UNRESOLVED	In reference to signed and approved ADMINISTRATIVE ORDER No. 2016-0002 directing <u>1 ICN:100 patients.</u> the IPCC is lacking 1 ICN to efficiently and effectively perform the duties and responsibilities assigned to the committee. As per requirement of DOH-PIDSR/RESU/ RHD/ ESR, a surveillance officer is needed by government hospital to facilitate accurate and prompt submission of all surveillance reports.

2. Permanent ICC Office	NONE	A letter for a permanent office for ICC- no identified area to hold permanent office	Request letter for permanent office was forwarded twice , with a NOTED remark.	UNRESOLVED	Permanent office/area will limit the confusion of hospital staffs during referral and bogged down of our computer, will promote confidentiality of records especially those identified health workers with blood borne infection
3. INTERNET ACCESS for our surveillance reports to DOH- PIDSR/RESU/ NEC/RHD.	NONE	Not available	Still not available	UNRESOLVED	To make another request letter and hoping that this request be given attention.
4. LAPTOP and DESK TOP for ease of documentatio, reporting and PowerPoint presentation of our training program.	NONE	A request letter was submitted but it was denied . Instead, change of laptop battery was recommended which is up to now not available	A letter was forwarded, for consolidation. NONE issued	UNRESOLVED	To make another request. Computers and internet access are the basic needs of the ICNs for reports, letter of recommendations, lectures and submission of surveillance reports. It's been more than a year that we are bringing our personal Wi-Fi and laptop daily to do our work diligently and to meet the deadline of submission.
REPORTING					
1. Submission of Nosocomial Infection and Community Acquired Infection.	Delayed submission of reports from Medical Residents. Forms are not properly and legibly filled up.	SAME PROBLEM Despite orientation and constant reminder	Improved submission of reports by RODs concerned	IMPROVED	Net infection rate is an important surveillance report of our hospital to DOH. Reports were submitted on time without delay. To request that the reporting of nosocomial infection be reported through hospital network

					(BizBox) for ease and prompt reporting of data
BASIC ICC PRACTICES					
1. HAND HYGIENE	<p>Poor compliance</p> <p>Lack of hospital supplies (liquid soap, disposable paper towel, alcohol 70%) to comply with ideal infection control policies</p>	<p>Improved awareness on the importance of hand hygiene. We submitted a request letter for issuance of directive for the availability of these supplies. Need to improve the requisition on the quantity of supplies needed by each ward/unit.</p>	<p>To improve compliance on 5 Moments on Hand Hygiene. Still, we need to work on the attitude of compliance of some of health workers and the availability of liquid soap, paper towel and alcohol for the 5 moments of Hand Hygiene</p>	<p>POTENTIAL FOR IMPROVEMENT</p>	<p>Constant follow-up and survey on the right practice of hand hygiene and the availability of supplies.</p> <p>Orientation and retraining of hospital health workers.</p> <p>Surveillance and monitoring.</p>
2. ENVIRONMENTAL CLEANING	<ul style="list-style-type: none"> General cleaning in the regular ward and critical area were done on a 'per request' basis. Lack of hospital supplies (sodium 	<p>With set schedule for general cleaning on wards and units by the Housekeeping personnel in compliance to our letter of request we have submitted.</p> <p>Monitoring checklist were formulated for general, interim and terminal cleaning.</p> <p>Same dilemma.</p>	<p>Compliance to INTERIM, TERMINAL AND GENERAL CLEANING schedule were observed but the quality of cleaning is not properly checked and audited</p>	<p>POTENTIAL FOR IMPROVEMENT</p> <p>POTENTIAL FOR IMPROVEMENT</p>	<p>Constant follow-up and survey on the compliance of Environmental Cleaning and the availability of supplies.</p> <p>To formulate quality audit tool to monitor the quality of cleaning</p>

	hypochlorite, etc.) to comply with ideal infection control policies				
3. PPE	Lack of hospital supplies	Improved awareness and skills on proper donning and doffing of PPE. We submitted a request letter for issuance of directive for the availability of these supplies. Need to improve the requisition on the quantity of supplies needed by each ward/unit.	Compliance to the use of PPEs that causes transmission of infection to patient (e.g. OB EXT) Lack of supplies	POTENTIAL FOR IMPROVEMENT	Continuous training on BASIC INFECTION CONTROL PRACTICES Retraining to erring health workers in a particular ward/area
4. ISOLATION ROOM	ER-ISOLATION ROOM With isolation room in FSW and MSW	Still not equipped with necessary supplies and equipment	Still not equipped with necessary supplies and equipment	POTENTIAL FOR IMPROVEMENT	To propose that these areas be readily equipped, fit to be used for highly infectious cases or cases need to be contained.

HOSPITAL OPERATIONS AND PATIENT SUPPORT DIVISION

HOPSD OFFICE

Received/Recorded communications	19,464
Released Communications.....	18,474
Signed/Reviewed reports/communications/checks/vouchers, etc.....	17,313
Filed/Indexed/retrieved records.....	990/55x
Prepared/typed communications.....	221/4,205
Sorted/distributed mails.....	300
Approved GSIS Loans.....	502
BUR/OBR Prepared/Typed.....	4,635

CENTRAL COMMUNICATION UNIT

This Office is in-charge of the preparation, receiving, recording, routing, releasing, and follow-up of communications for the hospital. It is also in-charge of screening and approving request for posting of posters and information materials, use of conference rooms. It handles ISO/CCU documents and maintains files/mails management.

1. ACCOMPLISHMENTS:

1.1. CCS

Received/Recorded communications	4,493
Released Communications/MOA.....	1,039
Filed/Encoded/Scanned/Retrieved Records.....	8,916/16
Prepared/typed communications.....	487
Attended patient complaints and queries.....	31/57,711/4,136
Sorted/distributed mails.....	5,235
Posted/retrieved posters/streamers.....	74
Conferences arranged.....	452
Distributed Survey Form.....	44,802
Collected/Released accomplished survey form.....	43,101

1.2. TELEPHONE OPERATOR

Received/placed incoming/outgoing calls.....	115,322/24,509
Placed paging calls.....	18,206
Switchboard breakdown and unusual incidents reported/recorded.....	319

1.3. DOCUMENT CONTROL OFFICE (DCO)

Incoming ISO Documents recorded/filed.....	629
Controlled/Released/Issued ISO Documents	1,458

2. ANALYSIS:

The following are inadequate for the services being rendered and needed in the day to day operation of the area and to replace worn out office equipment or additional equipment to cope with the demands of service or as requirements for ISO Accreditation.

Although there seemingly is not much problems encountered, meaning, whatever problem came us were manageable. The staff had been cooperative and supportive and has carried out its functions effectively and with commitment to serve.

- 2.1. Office space
- 2.2. Computer for the encoding of records specifically on documents control (ISO)
- 2.3. Computer Printer
- 2.4. Xerox Machine
- 2.5. Sound System
- 2.6. Laptop
- 2.7. LCD Projector with high resolution
- 2.8. Roll-up banner stand
- 2.9. Upgrading telephone system due to increasing load of local lines and with the additional newly constructed buildings (Medical Arts and Central Block Buildings)

3. RECOMMENDATIONS:

- 3.1. Provision of a more adequate office space
- 3.2. Provision of computers, computer printer, Photocopy Machine, and sound system and roll-up banner stand
- 3.3. Upgrading of telephone system because of increasing load of local lines.

FACILITIES MANAGEMENT DEPARTMENT

A. MECHANICAL UNIT

1. Motorpool Unit

- Administrative Trips conducted including medical missions – 2,591
- Ambulance trips conducted – 1,875
- Purchased two (2) units ambulance vehicle and received one (1) ambulance donated by PCSO
- Received one (1) unit Dental Bus donated by DOH
- Performed preventive maintenance on service and ambulance vehicles, semi-annually.
- Performed repair on vehicles – 6x
- Monthly Fuel Consumption Monitoring – used by vehicles and generator set
 - Diesoline – 0,020.09 liters amounting to Php236,276.36
 - Gasoline – 2,206.29 liters amounting to Php88,295.94

2. Printing Unit

- Printed out different hospital forms and documents for wards, offices – 5,176.5 reams and 190 bottles of ink.
- Purchased one (1) unit Gestetner copy printer

3. Mechanical Utilities and Equipment:

- Performed inspection of delivery on mechanical utilities/equipment, refrigerator, and air-conditioning units – 62x
- Performed evaluation, repair, fabrication, repainting and preventive maintenance of mechanical utilities/equipment – 507x
- Evaluation of serviceability and disposition of mechanical equipment – 210x
- Performed preventive maintenance on mechanical facilities:
 - Generator set – monthly

- Water pump – semi-annually
- Performed evaluation, repair and preventive maintenance on Refrigerator – 6x
- Performed evaluation, installation, repair and preventive maintenance on air conditioning units:
 - Window Type units
 - Preventive Maintenance – 407x
 - Repair – 129x
 - Evaluation and Installation – 42x
 - Split Type units
 - Preventive Maintenance – 206x
 - Repair – 101x
 - Evaluation and Installation – 19x
- Supervised supply and installation of four (4) split-type aircon units – completed on January 25, 2016.
- Supervised supply and installation of fourteen (14) window type aircon units – completed on November 8, 2016
- Supervised supply, delivery and installation of Reverse Osmosis (RO) system located at Nutrition and Dietetics Department – completed on December 19, 2016
- Supervised supply and installation of thirty nine (39) window type aircon units and 13 split type floor mounted aircon units – completed on November 28, 2016
- Supervised outsourced evaluation, repair and preventive maintenance on mechanical equipment:
 - The Lift Company Philippines – 14x
 - E-Copy Corporation – 5x
 - Tricom Dynamics – 2x
 - Exclusive Traders Inc. – 2x
 - Jardine Schindler Elevator Corp. – 1x
 - Medical Gallery – 1x
 - Merijr Enterprises Incorporated – 6x
 - Medmaster Inc. – 1x
 - Prefix Engineering – 1x
 - Coromano Marketing – 1x
 - Philippine Duplicator – 2x
 - PHD Philippine Hospital Project Dev't. Corp. – 1x

B. ELECTRICAL UNIT

- Performed preventive maintenance on lightings – annually
- Repaired electrical fixtures and facilities including telephone and rewired/ repaired electrical power lines – 1,543x
- Provision of electrical power for installation of split-type air-condition, 3TR – completed on November 24, 2016
- Supervision on the delivery and installation of brand new CCTV monitoring system – JVS Security and Alarm Corp. – completed on January 2016
- Supervision on the delivery and installation of fifty (50) units Emergency light – completed on August 2, 2016

C. BIOMED UNIT:

- Performed evaluation, repair and preventive maintenance of biomedical equipment – 586x
- Performed inspection of delivery on biomedical equipment – 91x
- Evaluation of serviceability and disposition of biomedical equipment including disposable materials – 455x
- Purchased one (1) unit gas flow analyser for calibration of medical equipment (oxygen gauge, Sphygmomanometer and Mechanical ventilator)

- Assist in the performance verification of Sphygmomanometer from November 18-28, 2016 conducted by DOH-FDA.
- Supervised outsourced evaluation, repair, calibration and preventive maintenance of various medical equipment
 - Alcon Laboratories Inc. – 4x
 - Biosolutions Inc – 3x
 - Blue Sky Trading Co. – 3x
 - Firenze Corporation – 10x
 - Global Medical Solutions Inc., 4x
 - Lensphill Incorporated – 1x
 - Levins International – 1x
 - Jordal Medical System – 1x
 - Medicotek Inc. 1x
 - Medilight Incorporated – 10x
 - Medilines – 4x
 - Merijr Enterprises Incorporated – 1x
 - Medical Gallery Trading Co. – 3x
 - Medmaster Inc. – 4x
 - Microbiological Laboratory Inc. – 1x
 - MMJ Biosystems Philippines Inc. – 1x
 - MRL Cybertec Corp – 4x
 - NPK Medical Trading Inc. – 14x
 - RBGM Medical Express Sales, Inc. -2x
 - Respicare Enterprises -22x
 - RG Meditron – 21x
 - Saviour Meddevices Incorporated – 5x
 - Scitec International Inc- 7x
 - Shimadzu Philippines Corp. – 2x
 - Techxon Philippine Ventures – 2x
 - Top Ophthalmic Products and Services – 2x
 - PHD Philippine Hospital Project Development Corp. – 1x
 - Zenith Medical Equipment Inc – 1x

D. PHYSICAL PLANT UNIT

1. Plumbing

- Performed preventive maintenance on Plumbing – Annually
- Performed plumbing works (declogging and repair) – 1,353x
- Purchased one (1) unit drain cleaning machine
- Supervised/assist on drainange declogging and repairs by DPWH – completed on June 20, 2016

2. Carpentry and Masonry

- Performed evaluaton, repair, fabrication and repainting of physical facilities – 1,327x
- Evaluation of serviceability and disposition of furnitures – 98x
- Performed termiticide spraying to MMD, Medical Records, COA Office, OB hallway and other areas – 38x
- Supervised delivery and installation of brand new fire extinguisher – completed on May 30, 2016
- Performed inspection/preventive maintenance of fire extinguishers – quarterly
- Supervised the supply and installation of galvanized steel gratings at NDMD – completed on July 20, 2016

- Supervised the Supply and Installation of forty-five (25) square feet Combi Blinds, pink color (3 sets) at Chief Nursing Office – completed on September 9, 2016

3. In-House Projects

- Completion of various in-house projects:
 - Repainting of walls, repair wall-mounted concrete counter at Emergency Service Complex – completed on January 14, 2016
 - Repainting of walls, ceilings and cabinets at FMW – completed February 3, 2016
 - Repair manhole concrete cover located at Parking Area – completed on February 17, 2016
 - Repainting of walls, ceilings and cabinets and repair shelves at COA Office – completed on March 23, 2016
 - Repainting of walls, ceilings and cabinets at Anesthesiology Dept- completed on April 12, 2016
 - Repainting of flooring (floor coating) at HEMS Office – completed on April 21, 2016
 - Repair/repainting of ceilings, walls and provision of lavatory at JRRMMC-AHW Office – completed on May 4, 2016
 - Repainting of walls and cabinets at OPD Laboratory – completed on May 21, 2016
 - Replacement/repair of roofing at FMD-Motorpool – completed on June 15, 2016
 - Repainting of walls, ceilings and cabinets at Director's Office – completed on July 3, 2016
 - Partial repainting of walls at Pedia Wards and Nurse's Station – completed on July 8, 2016
 - Repainting of walls, cabinets and doors; repair of cabinets and counter and re-alignment of convenience outlets at Main Laboratory – completed on July 15, 2016
 - Partial repainting of wall and ceiling at Materials Management Dept – completed on July 17, 2016
 - Provision of walkway at Emergency exit located at the back of NDMD – completed on August 14, 2016
 - Repair/Repainting and installed curtain rod and provision of Zukalo at Doctor's Dormitory – completed on November 2016
 - Repair/Rehabilitation of Geriatric and General Health Services (formerly Department of Geriatric Medicine) partially completed on December 15, 2016
 - Repainting of wall of SINAG Room at Medical Social Service – completed on December 21, 2016
 - Replacement of vinyl tiles and ceramic tiles into vinyl tiles at Orthopaedic ward ramp – completed on December 20, 2016
 - Repainting of Emergency Service Complex (ESC) – completed on December 23, 2016
 - Repainting between Out-Patient Department (OPD) and Side Entrance of Main Building – completed on December 29, 2016
 - Repainting at Admitting Hallway to Main Lobby – completed on December 29, 2016
- On-going in-house projects:
 - Renovation/repainting of X-Ray Room at Radiology Room
 - Repainting of Main Lobby Hallway to X-Ray Radiology Department

4. Infrastructures

- Preparation of plans/layouts, cost estimate, scope of works, term of reference and PR/PPMP for various infrastructure project.
- Attended different bidding procedures
- Technical Working Group (TWG) of various infrastructure projects
- Evaluation, Inspection and Supervision of Completed various Infrastructure Projects:
 - Replacement/Renovation of Medical Gas Outlet at Main Operating Room including tapping of Medical Gas at PACU – completed on March 7, 2016
 - Renovation of HEMS – completed on March 11, 2016
 - Repair/Renovation of OB, DR, and NICU Phase II – completed on May 13, 2016
 - Renovation of TB DOTS Laboratory – completed on July 12, 2016
 - Conversion of ESC-X-Ray, Ultrasound and Satellite Laboratory room – completed on May 13, 2016
 - Renovation of Phil Health Office
 - Medical Arts Building – 3rd and 4th Floor Typical Clinic
- Supervision of various on-going Infrastructure Projects:
 - Design and build of proposed Powerhouse Phase II
 - Development of MRI Room
 - Conversion/Renovation of Existing Office to Legal and Statistics Office
 - Conversion of Stock Room to Pulmonary Laboratory and Renovation of Hallway
- Others:
 - Membership to the different committees
 - Certify pest control services – monthly
 - Submitted DENR Self- Monitoring Report – Quarterly
 - Monitor water potability – monthly
 - Monthly water and electric consumption monitoring
 - Water – 218,560 kWh amounting to 24,659,370.22
 - Electric – 4,272,560kWh amounting to Php 31,800,082.14
 - Geriatric and General Health Services (GGHS) monthly water and electric consumption monitoring:
 - Water – 1339 cu.m amounting to Php139,332.67 (August-November 2016)
 - Electric – 77,760 kWh amounting to Php 909,249.42 (August – December 2016)

Problems Encountered:

- Insufficient manpower
- Availability of materials for the repair and repainting of various equipment and projects
- Voluminous Service Request
- No proper scheduling of in-house projects due to non-coordination of end-user and without approved letter.
- Defective one (1) unit copy printer at FMD-Printing Unit.

Recommendations:

- Additional Manpower to augment the workload specifically biomedical and electrical.

- Material planning and monitoring.
- Proper scheduling of projects based on priority with approved letter.
- Process repair for the copy printer.

FMD-HOUSEKEEPING SECTION

Accomplishments:

1. Internal cleanliness and sanitation maintained:
 - 1.1. Clinical Areas.....54
 - 1.2. Offices.....48
 - 1.3. Dormitories.....3
 - 1.4. Conference Rooms.....9
2. Garbage collected:
 - General Wastes.....182,328 kgs.
 - 2.1.1. Black.....81,012 kgs.
 - 2.1.2. Green.....101,316 kgs.
 - 2.2. Infectious Wastes.....181,963 kgs.
3. Assisted in the transport of patients to and from the different clinical areas
4. Assisted in transporting patients to other hospitals for CT Scan, Ultrasound, X-Ray, home conduction, etc.
5. Assisted in the transfer of patients, equipment, records, chairs, tables, etc., from one place to another.
6. Issued housekeeping supplies to clinical areas, offices, and Housekeeping office any day as the need arises.
7. Monitored and coordinated with contractual workers in their assignments:
 - 7.1. Ultimate Janitorial Services remained as the contractual service for the year with sixty (60) janitors reporting per day.
 - 7.2. Maintenance of cleanliness of hallways, stairs, public CR's, comfort rooms of all wards, including OPD Complex, window glasses, Dermatology, Radiotherapy, gutters and jalousies.
 - 7.3. Collection and disposal of garbage including cleaning of garbage areas and garbage house.
 - 7.4. Picked up and transported oxygen tanks to and from wards.
8. More or less 1,200 ornamental plants were under the care of Housekeeping Section.
9. In line with ISO requirements, Housekeeping forms and logbooks are already controlled and with proper identification.
10. Filled vacant two (2) positions of Dormitory Manager I
 - 10.1. Updated the list of fees due from the dormitory residents for the year 2016.
 - 10.2. Accommodated the following employees:

10.2.1. Male Dormitory	-	30 occupants
10.2.2. Female Dormitory	-	140 occupants
10.2.3. Medical Dormitory (Male 30; Female 24)	-	54 occupants

Problems:

1. Despite information/dissemination made regarding Waste Segregation Program (Hospital Waste Management), some employees and patients still does not observed and followed the proper use of garbage color coding.

2. A number of patients, visitors, watchers in the wards hampered the cleanliness and sanitation in the hospital.
3. No proper place for housekeeping tools/utility room, thus resulting to losses and scattered tools.
4. Habitual absenteeism (vacation, emergency, or sick leave), late in reporting for duty (tardy) and under-times by the staff.

Recommendations:

1. To provide storage or specific area for up-keeping purposes for the tools and supplies issued to the duty helpers in every wards.
2. Provision of seminars/lectures, activities to upgrade Housekeeping Staff in relation with their nature of work.
3. Disciplinary action shall be imposed for the habitual absenteeism and tardiness of some staff.
4. Provision of additional Housekeeping Staff.

FMD - LINEN AND LAUNDRY SECTION

Highlights of Accomplishment:

1. Ready Made Purchased

a. October 2016	-525 pcs	P 245,700.00
b. November 2016	-2,771 pcs	393,945.00
c. December 2016	-814 pcs	218,110.00

Total Purchased	-	4,110 pcs.
Total Amount Purchased	-	P 612,055.00

2. Ready made materials issued:

Baby Wrapper White	-	44 pcs	-	PICU and Pedia
Bed Sheet Dark Blue	-	230 pcs	-	ESC
Bed Sheet Personalized Blue	-	90 pcs	-	Pay 1
Bed Sheet Personalized Green	-	75 pcs	-	Pay 11
Bed Sheet Pink Oxford	-	35 pcs	-	Circulating
Bed Sheet Maroon Oxford	-	78 pcs	-	Delivery Room
Bed Sheet White	-	350 pcs	-	Circulating
Draw Sheet Green	-	82 pcs	-	Main and Minor OR
Draw Sheet Maroon	-	55 pcs	-	DR and Circulating
Eye Towel Green	-	168 pcs	-	Main OR

Laundry of soiled linen (Contracted).....	388,493 pcs.
Laundry of soiled linen (in-house).....	20,601 pcs.
Mended/repaired linen.....	250 pcs.
Linen condemned.....	5,267 pcs.
Donation.....	210 pcs.
Linen inventory conducted.....	56,356 pcs.

Problems:

1. Insufficient linen supplies and equipment.

2. Minor Renovation of Linen Room to accommodate required cabinets for stocks.

Recommendations:

1. Immediate purchase of linen supplies and equipment.
2. To provide training/seminar/orientation regarding linen and laundry management skill.

HEALTH INFORMATION MANAGEMENT DEPARTMENT (HIMD-MRS)

Highlights of Accomplishment:

- Prepared/issued MC/ML, SSS/GSIS and other insurance claims for in-patient and ER/OPD patients -9,062
- Certificate of confinement released/issued to patients while they were still confined/admitted – 454
- Late Registration of Birth Certificate processed – 118
- Birth Certificate registered – 2,381
- Death Certificate prepared/released – 1,614
- ER and OPD Charts maintained/filed for easy retrieval – 68,418
- Patient charts processed (This served as one of the vital source of data collated and needed by the Statistics Unit for the preparation of reports)– 19,671
- Health improving healthcare delivery by giving assistance to medical doctors for research to be used in Accreditation, mortality report, case presentation, etc. – 1,924
- Provided ICD-10 to Charts which is needed in processing of PHIC claims (OPD, in-patients, Oncology, Cobalt and ER patients) – 6,598
- Court summons attended – 318
- Public queries assisted and answered – 4,912
- Provided orientation to new entrants Medical Officers – 45
- Acquisition of the following equipment:
 - Printer - 2
 - Airconditioning Unit – 4
 - Gangchair – 1
 - Fabricated Filing Shelves – 5
 - Vacuum Cleaner – 1
 - High Chair – 3
- Attended the following Trainings/Seminars:
 - Basic Records and Archives Management – Mac. 29-31, 2016
 - Managing Records with the Law in Mind – June 21-23, 2016
 - Seminar/Workshop on ICD-10 – December 19-23, 2016

Challenges:

1. Untimely submission of birth and death certificates and ER Blotters.
2. Submission of incomplete in-patient records.
3. Insufficient Manpower
4. Insufficient filing shelves and storage room, due to continuous accumulation of inpatient charts, the Main Office is now overloaded with patient's records.

Plans/Proposals:

1. Rehabilitation of the mezzanine of the main Medical Records Department/Old Gym (5th Floor)
2. ICD-10 / Health Information Management Trainings- MRS Staff.
3. Additional staff to accommodate increasing demands of workload.
4. Replacement of some dilapidated office equipment and furniture to increase output.
5. Continuous transfer of inactive files (2007-2010) to the old gym, 5th floor.

HIMD - CENTRAL ADMITTING DEPARTMENT

Accomplishments:

a. Frontline Services

- | | |
|---|---------|
| 1. Patients Admitted | 18,746 |
| 2. Patient Discharged..... | 19,733 |
| 3. Patients Registered (OPD/ER/In patient)..... | 216,179 |
| 4. Cadavers Released..... | 2,481 |
| 5. Guarantee Letters Processed..... | 4,358 |
| 6. Referrals and Others..... | 200 |

b. Reports and Compliance

1. Communications for actions
2. CAS Operations Manual – ISO
3. Accomplishment and Target (DPCR and IPCR)

c. Manpower Competency

1. Attended Seminars
 - a. GAD Awareness
 - b. Frontline Service
 - c. BLS Training
2. Acquisition of 1 Unit Computer Set

Problems Encountered/Recommendations/Action Taken:

- CAS and MAPU met their targets in their frontline services despite manpower shortage. There was a complaint received on the behavior of one (1) CAS staff and was immediately call her attention and was advised to be more patient and compassionate in dealing with clients.

HIMD-STATISTICS UNIT

Highlights of Accomplishments:

1. Reports collated from different departments:
 - ESC – 3,285 monthly reports
 - OPD – 12 monthly reports
 - Wards – 13870 monthly reports;
2. Reports prepared and submitted:

- Mandatory Monthly Hospital Report (PHIC) – 12 reports
- Budget Execution Documents 2 (BED 2)
- Budget Accountability Report (BAR 1) – 4 Reports
- Monthly Mortality Report – 12 reports
- Monthly Customers Satisfaction Survey – 12 reports

Problems encountered:

1. Perennial
 - Some clinical charts of discharged patients are incomplete (no final diagnosis, no ICD codes, no disposition and result of treatment) causing delay in the preparation of our statistical report.
 - Clinical charts of some patients who were admitted but eventually died, absconded or transferred to other hospital while at the ER were not surrendered to Admitting Office making it hard for our unit to account daily report of discharges.
 - Other medical charts borrowed by doctors and or by Philhealth do not pass thru our Unit.
 - ER daily census reports of other departments are sometimes submitted to the Medical Records Section late.
 - Late submission of reports of other areas causing delay in our preparation of hospital statistical report.

Recommendations:

1. All clinical charts of discharged patients if possible before they are forwarded to the Medical Records should already have a final diagnosis, disposition and result of treatment.
2. ER nurse should surrender daily to the Admitting Office the clinical charts of patients that were cancelled, absconded, transferred to other hospital or died at the ER.
3. Clinical charts of patients discharged should first be coursed to unit before lent out to doctors and Philhealth.
4. ER daily census report should be submitted daily by all clinical department every 9:00 am.

HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT DEPARTMENT

A. PERSONNEL TRANSACTION UNIT (Accretions and Separations)

Applicants/application processed.....	657
Regret letters prepared/mailed.....	95
Reference inquiries prepared/mailed.....	10267
Applicants referred for Psychometric/P.E/ Pre-employment/Practical Exam.....	1,390
Selection Board meeting arranged/person deliberated.....	26meetings/ 571 applicants
Applicants given papers and requirements for appointment.....	396
Data for report system encoded.....	179
Appointments prepared.....	823
Original.....	337
Reemployment.....	25
Reappointment.....	10
Transfer.....	3
Promotion.....	129
Renewal.....	113
Others (Contract of Service)	154

Non-Salaried/Foreign Observer	52
Induction/Assumption papers prepared	536
Supporting papers for first/promotional payment.....	374
Service cards/Plantilla updated.....	176
Liaison works performed (CSC, DOH, PRC, DBM, etc.).....	IN.....1,844
	OUT.....1,800
ARA-Summary of changes (GSIS).....	1,707
Notice of expiration of temporary appointments: 1 st notice.....	208
	2 nd notice.....187
	3 rd notice.....187
Separation papers prepared/processed	14
B. EMPLOYEE BENEFITS AND DISCIPLINE	
Orientation of newly appointed employees conducted/session.....	103
Leave applications processed	3,042
Medical /Para-medical.....	704
Nursing/Nursing Attendant.....	1,088
Administrative.....	1,250
Supporting papers for last payment.....	61
Communications/Memos/Notices/Change of Name/ Special Order/Formal Charge/reports prepared/issued.....	111
Performance Appraisal recorded/compiled.....	2,190
Sworn Statement of Assets and Liabilities.....	3,180
Retirement papers processed.....	13
Salary adjustment due to compulsory retirement.....	8
Certified-true-copy of supporting documents.....	5,365
GSIS/Philhealth application for membership of newly appointed.....	199
Hospital Order prepared.....	1,257
DTR's generated and processed	13,820
Schedule of duties of employees encoded.....	13,820
Permit to leave, failure to time in/out encoded.....	1,130
Finger scan enrollment done.....	267
Monthly attendance reviewed/recorded	84 sets/1,464pages
C. PERSONNEL RECORDS/STATISTICS	
Statistical reports of personnel complement prepared/typed.....	30
Data for report system encode.....	3
Incoming papers received/recorded.....	20,820
Outgoing papers recorded/released.....	8,550
Communications, Memos, Reports disseminated.....	11,000
Advertisement/Publication of Vacancies.....	52
Reports of unapplied leaves prepared.....	24
Reports of appointment issued (RAI).....	48/260 pp.
Reports on newly and promoted employees for all discipline to DOH & CSC.....	12
FormalCharge/Special Order/drafted/finalized.....	17
D. PAYROLLING	
Payroll checked.....	363 sets/4,813 pages
Payroll prepared.....	363 sets/4,813 pages
Medical /Para-medical.....	62 sets/559 pp.
MS PT/FT, DOH Deployed, Contractual, Malacanang...	72 sets/927 pp.
Para-Medical.....	46 sets/962 pp.
Nursing/Nursing Attendant.....	78 sets/1,151 pp.

HOPSD/Finance.....	92/1,187 pp.
Various (HC/VC/PL/Contractual/BAC).....	13 sets / 27 pp.
Vouchers prepared (salaries/benefits).....	977
Cash advances prepared/computed.....	139
Medicare honorarium (Med. Spec.computed/recomputed).....	6x
Distribution cards updated/adjusted.....	21,857
Medical /Para-medical.....	3,762
MS PT/FT, DOH Deployed, Contractual, Malacanang...	2,300
Nursing/Nursing Attendant.....	8,597
Administrative.....	7,198

Problems/Analysis:

1. Delayed in the processing /submission of statistical reports of personnel complement to other agency due to system program/database unavailability.

Plan of Action:

1. Creation/Installation of Personnel Information System Program (database) to update/maintain vital information of all employees.
2. Internet connection to immediately process/submit reports needed by DOH, CSC, DBM
3. Acquisition of the following:
 - a. Additional four (4) units of computer,
 - b. (1) unit high-end printer.
 - c. 1 unit ID Printer and 1 unit Scanner
 - d. 1 unit photocopier

MATERIALS MANAGEMENT DEPARTMENT AND INSPECTION AND ACCEPTANCE UNIT

Accomplishments:

Total number of Purchase Request.....	1,861
Purchase order/deliveries received.....	12,799
Supplies & Materials	2,726
Drugs & Medicines	1,283
Equipment and Semi-expendable supplies.....	2,534
Reports submitted.....	312
Reports of Deliveries.....	1,406
Report of Issuances.....	260
Semi-Annual Physical Inventory Supplies and Materials.....	2
Inventory and Inspection Report of Unserviceable Property...	3
Inspected Goods	
Drugs & Medicines	963
Laboratory Supplies.....	425
Medical Supplies ls	1,021
Office, Housekeeping, Engineering, Linen, Security.....	587
Gray Peg for in vivo procedures.....	236
Foodstuffs.....	4,418
Petty Cash.....	155
Donation.....	36
Pre-repair of equipment.....	19
Post-repair of equipment.....	14
Inspection report processed for voucher.....	915
Property Cards Prepared/Updated.....	648

Problems encountered:

- Non-availability of supplies for issuance to end-users
- Purchase Requests takes a long time to process
- Purchase Request of failed bids for three months for the recurring items (as indicated in the APP) requested does not suffice since it takes months of canvass.
- No available place for condemned equipment/properties of hospital.
- Accountable officers of equipment takes time to secure the signatories, thus payment and report of deliveries of equipment to Accounting Department is delayed.
- Required documents for deliveries of equipment are not yet available during receipt of deliveries. It takes time and effort to follow-up documents to the supplier causing delay in the submission of documents required for payment.

Recommendations:

- Failed biddings of supplies and materials should be immediately rebid for one-year or be negotiated to a supplier/s of good standing.
- Before the request for quotation is given to Supplier, canvasser/s should see to it that the company has the necessary required documents to avoid waste of time and effort especially if the PO will just be cancelled.
- Requested that the current warehouse of supplies and materials be utilized for the storage of condemned equipment/properties for the continuous disposal of items from the different areas, once the new warehouse is constructed.
- Attendance to seminar of staff to enhance capabilities.
- Provision of additional 4 desktop computers, one (1) multicopier, three (3) inkjet, refillable ink tank, all-in-one (print, scan, copy)
- Required documents in the delivery of equipment should be tackled during the pre-bid conference.

NUTRITION AND DIETETICS MANAGEMENT DEPARTMENT

The following are the services rendered:

A. PROVISION FOR PATIENTS MEALS

NUMBER OF PATIENTS MEALS SERVED	-	407,667
Regular	-	226,996
Pay	-	24,166
PHIC (Medicare)	-	138,018
Charity	-	64,812
Therapeutic	-	170,252
Pay	-	12,556
PHIC (Medicare)	-	56,361
Charity	-	41,384
Blenderized Feeding	-	10,419

AVERAGE COST OF PATIENTS MEALS SERVED

Pay	-	P 99.84
Therapeutics	-	83.78
Charity	-	93.59

TOTAL EXPENSES OF MEALS SERVED - P 12,123,162.13

Regular meals for Patients	-	P10,262,406.64
Blenderized Feeding Formula	-	1,614,185.61
Directors Office Request	-	61,587.00
Request from Different Departments	-	184,982.88

NUTRITION COUNSELLING OF PATIENTS - 1,754

In-Patients	-	720
Out-Patients	-	157
Enteral Feeding	-	877

B. HEALTH REGULATION AND LICENSURE

1. Nutrition and Dietetics Staff and Personnel certificate from Manila Health Department were applied and approved (46 personnel)
2. Sanitary permit for 2016 was renewed and approved on March 3, 2016.
3. Professional Regulation Licenses of the Eleven (11) Nutritionist-Dietitians were updated.

C. PARTICIPATION IN THE WELLNESS PROGRAMS and TRAININGS/SEMINARS

TRAINING/SEMINARS/ CONFERENCE	DATES	PARTICIPANTS	OBJECTIVES
Nutrition Guidelines for Management Severe Acute Malnutrition	December 6-8, 2016	1 Nut.-Dietitian	Knowledge enhancement
22 nd National Assembly of Diabetes Educators	November 9, 2016	2 Nut.-Dietitians	Knowledge Enhancement
Geriatric and General Health Services Capability Workshop	October 13-14, 2016	1 Nut.-Dietitian	Knowledge and skills enhancement
LRNDI Biennial Convention	September 29-30, 2016	1 Nut.-Dietitian	Knowledge and skills enhancement
Customer Service Extra Mile	September 29, 2016	10 ND 2 Cook 18 Adm. Aide 2 Utility Foreman	Knowledge and skills enhancement
14 th PADE Annual Convention	August 26-27, 2016	2 ND	Knowledge and skills enhancement
Basic Awareness on HIV/AIDS	August 25, 2016	4 ND	Knowledge and skills enhancement
PASOO Annual Convention	August 25, 2016	1 ND	Knowledge and skills enhancement

Comprehensive Screening Workshop	July 3-4, 2016	2 ND	Knowledge and skills enhancement
ISO 9001-2008 Awareness Seminar	June 30, 2016	Various NDMD Staff	Knowledge and skills enhancement
Basic Accounting and Internal Control for Non-Accountants	June 1-3, 2016	1 ND	Knowledge and skills enhancement
Renal Nutrition Training for DOH Hospitals	May 26, 2016	1 ND	Knowledge and skills enhancement
Standard Precaution Seminar	April 8, 2016	10 ND 2 Cooks 2 Adm. Aide VI 18 Adm. Aide I	Knowledge and skills enhancement
BLS Training Course	March 7-8	1 ND	Knowledge and skills enhancement
61 st Annual Convention NDAP	February 24-26, 2016	3 ND	Knowledge and skills enhancement
Updates on Nutritional Assessments Software and Application of Phil. Dietary Reference Intake in Hospital Dietetic	Jan. 12, 2016	1 ND	Knowledge and skills enhancement

- Monthly Meeting every 3rd Friday of the month – 12X
- Awards and Incentives were given to the deserving NDMD Staff in the different categories:
 - Model Employee
 - Cook – Michael de Luna
 - Adm. Aide – Francisco Gorospe
 - Best in clean up
 - Leonardo Caraig
 - Most Improve NDMD Staff
 - Paquito Solis
 - Most Cooperative
 - Emma Gan
 - Most Dependable
 - Marlon Manalo
 - Most Cooperative
 - Emma Gan
 - Best in Payward
 - Romeo Nerona

Problems encountered:

1. Limited food supply at the beginning of the year due to failure of bidding.
2. Clogged drainage.
3. Insufficient supply of liquid soap for dishwashing purposes.
4. Difficulty in contacting dealers.

Recommendations:

1. To schedule bidding for foodstuffs 2 months (October) before year end to give ample time for some failure to be resolved.
2. Improved NDMD sewerage.
3. Person concerned should be aware of re-ordering point

4. Provision of direct line.

PROCUREMENT MANAGEMENT DEPARTMENT

Accomplishments:

Total number of Purchase Request processed	7,298
Total number of Purchase Order prepared	2,087
Number of purchases made due to emergency situations.....	257
Total number of Disbursement Vouchers prepared.....	2,696
Reports prepared and submitted	91

Problems encountered:

1. Preparation of Purchase Requests (PRs) by different end-users, received by the department, which are below stock level.

Recommendations:

1. Imposition on the submission of Purchase Requests which will give ample time for the processing of its areas' requests

PMD-BAC SECRETARIAT

Accomplishments:

Public Bidding conducted	187
Approved Procurement Plan prepared.....	418
BAC Resolutions.....	2,623

Problems encountered:

- Voluminous Purchase Request received

Recommendations:

- Strict observation of PPMP submitted

SECURITY UNIT

The Security Force accomplished the following for 2016:

1. Properties, assets and resources were properly guarded and protected from theft, arson, pilferage, trespass, destruction or damage and other unlawful acts.
2. Maintain peace and order within the hospital premises.
3. Employees, patients, clientele, visitors, officials and guests were protected from assault, harassment, intimidation and other unlawful/criminal acts.
4. Implementation of policies, guidelines, and program in consonance with control of security/safety within JRRMMC premises.
5. Incident Reports - 28

1. DTPO: January 7, 2016 / Ground Floor OPD

Nature of Case: Broken lavatory at ground floor male comfort room near at Ultimate Care Services Quarters

Complainant: Mr. Melvin R. Dela Cruz

Address: 43 Platrerea St., Quiapo, Manila

Disposition: Mr. Dela Cruz was assisted to ESC Ortho for medical treatment/Reported to Mr. Tranquilino Mabao of Engineering for repair.

2. DTPO: January 9, 2016 / Dietary Department

Nature of Case: Damaged Aluminum Screen Door of Dietary Department

Suspect: Mr. Richard Valenzuela

Address: Ultimate Care Services

Complainant: JRRMMC

Disposition: the incident was properly reported to Director's Office for disposition.

3. DTPO: January 22, 2016 / 4th Floor Pay Ward I

Nature of Case: Robbery Extortion

Suspect: Mr. Melvin Delos Santos y Gomez

Address: 1576 6th Paco Manila

Complainant: Mr. Henry Muga y Adelan

Address: 520 R.E. Chico St. Conception Building, Baliuag Bulacan

Disposition: Properly turned-over to MPD Station 3 and was attended by SPO4 Noel Villamor

4. DTPO: January 25, 2016 / Main Gate Parking

Nature of Case: Apprehended budol-budol suspect

Suspect: Mr. Francisco Alcinous

Address: 84 Ipo St., La Loma, Quezon City

Complainant: Ms. Nora Olivar and Ms. Lea Capuno

Address: Sto. Tomas, Batangas

Disposition: The suspect was properly turned-over to PCP Alvarez for disposition.

5. DTPO : February 09, 2016/ 0900H/Main OR

Nature of Case : Alleged missing of oxygen hose connected to Laparoscopic Machine inside the Main Operating Room.

Complainant: DR. Erico Kapunan

Address: Anesthesiology Department

Disposition: The incident was properly reported to Directors Office for Disposition.

6. DTPO : February 21, 2016/0006H/OB-Gyne ESC

Nature of Case: Alleged Missing of shoulder bag of Employee at OB-Gyne ESC

Suspect: Mrs. Alicia Ragado y Laguertan

Address: Blk 49 L14 Longos Dagat Dagatan Malabon City

Complainant: Dra. Diana Iscandar

Address : 2nd year resident at OB-Gyne Department

Disposition : The incident was reported to MPD headquarters, UN Ave Ermita Manila and was attended PO2 Randolph Pelleseo

7. DTPO : March 02, 2016/1420H/ Back Parking

Nature of Case : Vehicular Accident

Complainant : Mr. Pedias Quipanes

Address : Facilities Management Division

Disposition: The incident was properly reported to Directors Office for Disposition.

8. **DTPO : March 08, 2016/1800H/ Department of Geriatric Medicine**
Nature of Case : Unauthorized use of ECG machine at ER Dept. of Geriatric Medicine
Suspect: Dr. Ruel De Guzman
Complainant: Dra. Niña Bravo
Address : Department of Geriatric Medicine
Disposition: The incident was properly reported to Directors Office for disposition.
9. **DTPO : March 20, 2016/1115H/Female Surgical Ward**
Nature of Case : Lost IPAD AIR 2 at Female Surgical Ward
Suspect: Mr. Rodel Sarmiento
Address : Velasco Tondo Manila
Complainant : DR. Michael Tan
Address: Surgery Department
Disposition : The incident was properly reported to Police Station 3 Manila and was attended by SPO3 Rodrigo C. Reyes JR.
10. **DTPO : March 28, 2016/1030H/Back Parking**
Nature of Case : Vehicular Accident
Suspect : Mr. Adam Castillo
Address: Facilities Management Division
Complainant: JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.
11. **DTPO : April 4, 2016/0530H/Finger Scan Station**
Nature of Case : 1 unit Finger Scan shut down, due to the volume of arriving employees reporting for time in a long single file line was noted causing the delayed time in of other employee
Disposition: SG II Fernandez, Cosme instructed to monitor and assist employees to register/record there time in at security logbook.
12. **DTPO : April 13, 2016 /1134H/Parking Area**
Nature of Case : Vehicular Accident
Suspect: Ms. Mary Jane T. Sotto
Address: Block 8, Lot 25, Bronze St. City land Subdivision Pulong Buhangin Sta. Maria Bulacan
Complainant : Dra. Maria Cecelia R. Nora
Address: Primary Care Unit OPD JRRMMC
Disposition: Both parties agreed in amicable settlement provided that the suspect will shoulder all the damages of the said vehicle.
13. **DTPO : April 19, 2016 /2035H/ Ground floor Main Building.**
Nature of Case : Elevator Malfunction
Suspect: Mr. Allan Diokno
Address : Ultimate Care Services Personnel
Disposition: The incident was properly reported to Directors Office for Disposition.
14. **DTPO : April 25, 2016 /2320H/Male Surgical Ward**
Nature of Case : Apprehended Swindling Suspect
Suspect: Mrs. Lucita Ringor y Libunao
Complainant : Mrs. Joan Obatan y Alcantara
Disposition: Both parties agreed in amicable settlement provided that the suspect will returned the money of the victim and the victim is not interested to any file complaint.

15. **DTPO : April 25, 2016 /1158H/Radiotherapy Building**
Nature of Case : Broken Glass Window, stoned by unknown person
Disposition : Reported to Alvares police station and was attended by SPO1 Estuaria,
16. **DTPO : May 01, 2016/0300H/5th floor**
Nature of Case : Overflow of Water at 5th Floor Comfort Room
Complainant: JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.
17. **DTPO : May 05, 2016/1710/ Male Dormitory**
Nature of Case: Heated Argument at Male Dormitory
Suspect: Mr. Leodigario Tarrega
Complainant : Mr. Noel Galido SR
Address : Both Housekeeping Personnel JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.
18. **DTPO : June 01, 2016/0645H/Back Parking**
Nature of Case: Scratches on Ambulance Service Vehicle
Complainant: Mr. Alejandro Agustin
Address: Ambulance Driver of JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.
19. **DTPO : June 04, 2016/0835H/Ground Floor Elevator**
Nature of Case: Fistfight at Ground Floor Elevator
Suspect: Mr. Cristofer Simbol
Address: Housekeeping Department JRRMMC
Complainant: Mr. Alexander Battung
Address: Housekeeping Department JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.
20. **DTPO : June 06, 2016/2118H/TV Dots Clinic OPD**
Nature of Case: Damage Ceiling of TB Dots Clinic OPD
Complainant : JRRMMC
Disposition : The incident was properly reported to Directors Office for Disposition.
21. **DTPO : June 07, 2016/0050H/Parking Area**
Nature of Case: Vehicular Accident
Suspect: Dr. Dave Mesias
Address: Urology Department JRRMMC
Complainant: Dr. Michael Vincent Estrada
Address: EENT Department JRRMMC
Disposition: Both Parties Agreed in Amicable settlement.
22. **DTPO : June 08, 2016/1920H/Female Medical Ward**
Nature of Case: Broken Toilet Water Tank at Female Medical Ward
Complainant : JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.
23. **DTPO : June 10, 2016/2020H/EENT Ward**
Nature of Case: Broken Toilet Water Tank at EENT Ward
Disposition: The incident was properly reported to Directors Office for Disposition.
24. **DTPO : June 16, 2016/2210H/ Male Medical Ward**
Nature of Case: Apprehended Salisi Suspect

Suspect: Mr. Clint Byan Zaguirre
Address: 1108 Basilio St. Sampaloc Manila
Complainant: Dra. Maricar Ridon y Gonzales
Address: Internal Medicine
Disposition: The suspect and the victim was escorted to police station 3 and was attended by PO2 Allan Mateo.

25. DTPO : June 16, 2016/1420H/ OPD female CR

Nature of Case: Lost and Found Sling Bag
Owner: Mrs. Elenita Espino y Fuertez
Address: Brgy. Kahutod, Arayat, Pampanga
Finder: Ms. Dina Balles
Address: 164 Castañas St., Tondo, Manila
Disposition: Turned over the said Sling Bag to the owner manifested by SGII Manuel Binamira and SG-II Rey Zamudio at the security office

26. DTPO : July 03, 2016/0800H/ JRRMMC- DGM

Nature of Case: Ambulance Vehicle Center Push Was Lost
Complainant: JRRMMC
Driver: Mr. Genesis Cesar
Address: JRRMMC- Employee FMD
Disposition: The incident was properly reported to Directors Office for Disposition.

27. DTPO : July 12, 2016/0900H/ ESC Neurology

Nature of Case: Theft
Suspect: Mr. Christopher Simbol y Lintag
Address : JRRMMC- FMD
Complainant : Dra. Mary Veronica Tan
Address: JRRMMC Neurology Department
Disposition: The incident was properly reported to Directors Office for Disposition.

28. DTPO : July 14, 2016/1652H/Employees Parking Area

Nature of Case : Minimal Scratched of Service Ambulance
Complainant: JRRMMC
Driver: Mr. Rodelio Umali
Address : JRRMMC- Employee FMD
Disposition: The incident was properly reported to Directors Office for Disposition.

29. DTPO : July 17, 2016/1949H/Employees Parking Area

Nature of Case: Scratched of JRRMMC Service Ambulance
Complainant : JRRMMC
Driver : Mr. Allan Pasukin
Address: JRRMMC- Employee FMD
Disposition: The incident was properly reported to Directors Office for Disposition.

30. DTPO : July 27, 2016/1010H/Employees Parking Area

Nature of Case: Vehicular Accident
Complainant : Dr. Zarah Villanueva
Address : JRRMMC Gyne-Oncology Department
Driver: Mr. Richard Panaguiton
Address: JRRMMC- Employee FMD
Disposition: The incident was properly reported to Directors Office for Disposition.

31. DTPO : July 29, 2016/1900H/ Central Communication Unit

Nature of Case: Theft

Suspect: Mr. Allan Subido y Awitan
Address: 1634 Felix De Leon St. Bambang Tondo Manila
Complainant : Mr. Adonis Ferry
Address: JRRMMC- CCU
Disposition: The incident was properly reported to Directors Office for Disposition

32. DTPO : AUGUST 12, 2016/1745H/Electrical Room

Nature of Case: Cover of Electrical Junction Box Fall into the Ground
Reported By: SG Bermas, Michael
Responded By: Mr. Noel Peres
Address: JRRMMC- Employee FMD
Disposition: The incident was properly reported to Directors Office for Disposition.

33. DTPO : AUGUST 17, 2016/1542H/Male Surgical Ward

Nature of Case: ESTAFA
Complainant: Mr. Gil Christian Balmaceda y Hipolito
Address : 228 Lacson St. Tondo Manila
Suspect: Mr. Mark Torres
Address: Portrayed to be a JRRMMC Employee assigned at MMD
Disposition: The incident was properly reported to Directors Office for Disposition and also reported to PS-3 and was attended by PO3 Julio H. Espiritu JR

34. DTPO : AUGUST 19, 2016/0411H/ Pay Ward II

Nature of Case: THEFT
Complainant : Mrs. Haydee Amo y Calungsod
Address: Barrio Laguile Taal Batangas City
Disposition: The incident was properly reported to Directors Office for Disposition and also reported to PCP-3 and was attended by SPO4 Mardonio Abuda

35. DTPO : AUGUST 24, 2016/1818H/ Front of Morgue

Nature of Case: Heated Argument in front of Morgue
Complainant: Mr. Wilson Depenion
Address: JRRMMC Employee, Nursing Attendant
Suspect: Mr. Arnold Crisostomo
Address: JRRMMC Employee ,House Keeping
Disposition: The incident was properly reported to Directors Office for Disposition.

36. DTPO : AUGUST 30, 2016/1350H/1st floor Central Block Building

Nature of Case: Broken Tiles at Central Block Building
Complainant : JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.

37. DTPO : September 05, 2016/2015H/Second Floor Main Building

Nature of Case: Elevator Malfunction
Complainant: JRRMMC
Suspect: Mr. Alland Mark V. Umadhay
Disposition: The incident was properly reported to Directors Office for Disposition.

38. DTPO : September 07, 2016/1220H/Main Operating Room

Nature of Case: Alleged Lost Money at Main Operating Room
Complainant : Ms. Secinia Tallo y Llaygan
Address: Clinical Instructor
Suspect: Unknown
Disposition: The incident was properly reported to Directors Office for Disposition.

39. **DTPO : September 10, 2016/2035H/Main Operating Room**
Nature of Case: Damaged Acoustic Board Ceiling of Main Operating Room
Complainant: JRRMMC
Disposition: The incident was properly reported to Directors Office for Disposition.
40. **DTPO : September 10, 2016/2235H/Norgen Canteen**
Nature of Case: Broken Glass Door at Norgen Canteen
Complainant: Mr. Alvin Cabanera
Address: Norgen Canteen Employee
Suspect: Ms. Evangeline Y. Diasnes
Address: 1523 A. Oroquita st. Sta. Cruz Manila
Disposition: The incident was properly reported to Directors Office for Disposition.
41. **DTPO : September 13, 2016/2023H/Ground Floor Main Building**
Nature of Case: Lost and found Cell phone
Complainant: Ms. Maria Arlyn Solado
Address: NICU patient Watcher
Suspect: Mrs. Liza Aquillar
Address: 5th Avenue Caloocan City
Disposition: The incident was properly reported to Directors Office for Disposition.
42. **DTPO : September 13, 2016/0900H/Laboratory Main Building**
Nature of Case: Apprehended Estafa and Physical Injury
Complainant: Dr. Ma. Charissa Allanigue y Panagiuton
Address: JRRMMC Resident Doctor
Suspect: Mr. Kurt Justine Marasigan y Cortez
Address: K-4th Kamuning Quezon City
Disposition: The incident was properly reported to Directors Office for Disposition, and the suspect was properly turn over to MPD station 3 and was attended by PO3 Julio Espirito
43. **DTPO : September 18, 2016/0220H/ESC Entrance/Exit**
Nature of Case: Malicious Mischief
Complainant: JRRMMC
Suspect: Mr. Kelvin Leano
Address: 707 Coral Street Brgy. 58, Zone 5, Tondo Manila
Disposition: The incident was properly reported to Directors Office for Disposition. and the suspect was properly turn over to MPD station 3 and was attended by SPO1 Dennis Adan
44. **DTPO : September 26, 2016/0210H/Parking Area**
Nature of Case: Vehicular Accident
Complainant: JRRMMC
Driver: Mr. Alejandro Agustin Jr.
Address: JRRMMC Employee Facilities Management Department
Disposition: The incident was properly reported to Directors Office for Disposition.
45. **DTPO : October 20, 2016/1242H/Main Gate Parking Area**
Nature of Case: Theft
Complainant: JRRMMC
Suspect: Mr. Richard Valenzuela y Lopez and Mr. Russel Cacho
Address: Both Ultimate Janitorial Employees
Disposition: The incident was properly reported to Directors Office for Disposition.

46. **DTPO : October 26, 2016/1355H/CCTV ROOM**
Nature of Case: CCTV Monitor Malfunction
Complainant: JRRMMC
Operator: LG Amalia Botona
Address: ASAP personnel
Disposition: The incident was properly reported to Directors Office for Disposition.
47. **DTPO : October 27, 2016/1245H/Main Operating Room**
Nature of Case: Alleged lost of shoes at male dressing room
Complainant : DR. David Chua
Address : Consultant of Surgery Department
Disposition: The incident was properly reported to Directors Office for Disposition.
48. **DTPO : October 28, 2016/0400H/Pediatric Ward 3rd floor**
Nature of Case: Theft
Complainant: Ms. Mary Jane Formation
Address : Nurse I- Pediatric Ward
Suspect : Mrs. Marites Quiambao
Address: 1323 Quiricada st. Tondo Manila
Disposition: The incident was properly reported to Directors Office for Disposition.
49. **DTPO : November 04, 2016/0208H/Main Operating Room**
Nature of Case: Water leak at 2nd Floor Main OR.
Complainant: JRRMMC
Reported by : SG Rowie Nullas
Address: ASAP Security
Disposition: The incident was properly reported to Directors Office for Disposition.
50. **DTPO : November 04, 2016/1620H/Ortho Office 2nd floor**
Nature of Case: Left open faucet at the Comfort Room at Ortho Office
Complainant: JRRMMC
Reported by: Dr. Mark Anthony Arias
Address: Ortho resident doctor
Disposition: The incident was properly reported to Directors Office for Disposition.
51. **DTPO : November 05, 2016/1701H/Main Operating Room 2nd floor**
Nature of Case: Accidentally slide on the wet floor
Victim: Mr. Leonardo Oandasan
Address: Watcher at OB Extension
Relative: Mrs. Janet Oandasan
Address: Patient at OB Gyne Extention
Disposition: The incident was properly reported to Directors Office for Disposition
52. **DTPO : November 12, 2016/1410H/GGHS**
Nature of Case: Under the Influence of intoxicating liquor
Complainant: JRRMMC
Suspect: Mr. Danilo Buguin
Address: Ultimate janitorial
Disposition: The incident was properly reported to Directors Office for Disposition
53. **DTPO : November 17, 2016/1205H/Medical Arts Building**
Nature of Case: Vehicular Accident
Complainant: JRRMMC
Suspect: Mr. Gerardo Toledo

Address: 269-A Malaya Exit Balut Tondo Manila

Disposition: The incident was properly reported to Directors Office for Disposition

54. DTPO : November 19, 2016/1005H/Central Block Building

Nature of Case: Damage Tiles at Central Block Building

Complainant: JRRMMC

Reported by: SG Teofil Baluran

Address: ASAP Guard

Disposition: The incident was properly reported to Directors Office for Disposition

55. DTPO : November 21, 2016/0700H/Back Parking Area

Nature of Case: Scratches on Ambulance Service Vehicle

Complainant: JRRMMC

Driver: Mr. Alejandro Agustin

Address: JRRMMC FMD

Disposition: The incident was properly reported to Directors Office for Disposition

56. DTPO : November 22, 2016/1750H/GGHS

Nature of Case: Minimal Scratched of Service Dental Bus

Complainant: JRRMMC

Suspect: Mr. Genesis Cesar

Address: JRRMMC FMD

Disposition: The incident was properly reported to Directors Office for Disposition

57. DTPO : November 22, 2016/1710H/Female Dormitory

Nature of Case: Broken Oxygen tank Cylinder Valve

Complainant: JRRMMC

Suspect: Mr. John Paul Frias, Mr. Ronel Carabot, Mr. Juvy Dequino,
Mr. Ruben Handig and Mr. Gera Bacay

Address: Ultimate Janitorial Personnel's

Disposition: The incident was properly reported to Directors Office for Disposition

58. DTPO : November 28, 2016/1756H/Medical Arts Building

Nature of Case: Broken Glass Door Medical Arts Building

Complainant: JRRMMC

Suspect: SG Gilbert Carpio

Address: ASAP Personnel

Disposition: The incident was properly reported to Directors Office for Disposition

59. DTPO : November 28, 2016/1840H/Radiotherapy Building

Nature of Case: Suspected Salisi

Complainant: Mrs. Lilian Rodriguez

Address: Physicist JRRMMC

Suspect: Mr. Roldan Villamor y Salonga

Address: Intramuros Manila

Disposition: The incident was properly reported to Directors Office for Disposition

60. DTPO : December 08, 2016/1850H/Back Parking Area

Nature of Case: Minimal Scratches of Service Amulance

Complainant: JRRMMC

Driver: Mr. Vic Garcia

Address: Facilities Management Department

Disposition: The incident was properly reported to Directors Office for Disposition

61. **DTPO : December 09, 2016/2000H/Back Parking Area**
 Nature of Case: Vehicular Accident
 Complainant: JRRMMC
 Driver: Mr. Adam Castillo
 Address: Facilities Management Department
 Disposition: The incident was properly reported to Directors Office for Disposition
62. **DTPO : December 16, 2016/1325H/2nd Floor Main Building**
 Nature of Case: Discourteous Manner
 Complainant: SO Vincent Coks
 Address: ASAP Security
 Suspect: Ms. Junaneth Mandano
 Address: Ultimate Janitorial Serices
 Disposition: The incident was properly reported to Directors Office for Disposition
63. **DTPO : December 19, 2016/0648H/Emergency Service Complex**
 Nature of Case: Damages Base Board at ESC Hallway
 Complainant : Dr. Emmanuel Montaña Jr.
 Address: JRRMMC/ Medical Center Chief II
 Suspect: Ms. Delia Esmeña
 Address: JRRMMC/ Nursing Attendant
 Disposition: The incident was properly reported to Directors Office for Disposition
64. **DTPO : December 19, 2016/2150H/ Radiology Department**
 Nature of Case: Broken Glass Door at Radiology Department
 Complainant: JRRMMC
 Suspect: Dr. Joseph Marcus R. Cordero
 Address: Resident Doctor of Surgery
 Disposition : The incident was properly reported to Directors Office for Disposition

SUMMARY OF INCIDENT PER MONTH

INCIDENT REPORTS	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
SALISI	1	2	1			1	2	1	1	3	1		13
LOST AND FOUND						1			1				2
SWINDLER/ESTAFA	1			1				1	1				4
ADMIN CASE		1	3					1		1	1	1	8
FIST FIGHT					1	1							2
DAMAGE TO PROPERTY	2			4	1	5	4	2	5		5	3	31
VEHICULAR ACCIDENT											3	1	4
INFLUENCE OF LIQUOR											1		1
TOTAL	4	3	4	5	2	8	6	5	8	4	11	5	65

APPREHENSION

INCIDENT REPORTS	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
SALISI	1	2	1			1	2			2	1		10
SWINDLER/ESTAFA	1			1					1				3
	2	2	1	1		1	2		1	2	1		13

CRIME STATISTICAL RATE

5												
4												
3												
2												
1												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC

VIOLATION OF HOSPITAL RULES

INCIDENT REPORTS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
DOCTORS / EMPLOYEES NOT WEARING ID'S	85	60	69	118	54	62	79	63	116	147	149	129	1,131

RECOMMENDATIONS

1. EQUIPMENT:

- 6 pcs.. (Metal Halide) Perimeter light
- 10 pcs. Security Vest (Reflectorized)
- 16 pcs. CCTV Cameras
- 1 unit DVR
- 1 unit Monitor (32 inches)
- 1 unit UPS

2. TRAINING AND UPGRADING SKILLS FOR ORGANIC SECURITY:

- Gun Safety and Responsible Gun Handling with Advance Marksmanship
- Fire Prevention and Control
- Emergency Planning
- Bomb Search and Identification Technique
- Costumer Relation Service
- VIP Security

3. INFRASTRUCTURE/FACILITIES

- Relocation of SECURITY OFFICE and barracks of agency guards
- Renovation of CCTV ROOM
- Construction of two (2) SENTRY BOX (GUARD OUTPOST) main gate and employees back parking
- STRUCTURAL BARRIERS – (back of Dietary, female dormitory, Radio Therapy and Rizal Ave. fence) A top fence is recommended to the above-mentioned area , must have at least 4 feet high of concrete, cyclone or barbwire to prevent intruders
- PERIMETER AND PARKING LIGHTS –installation of additional perimeter and grounds light to increase the effectiveness of guards by increasing their visual range during the hour of darkness.

- PAGING SYSTEM – must be installed to the following areas:
Parking area
Back Offices (disbursing, housekeeping, budget engineering and morgue,
CBB)Radiotherapy, MAB and OPD
- To provide additional DIRECTIONAL SIGNAGE'S at main building and parking area,
reflectorized traffic signage's at parking area including parking rules and regulations.
- Daily Print out of admitted patients name to be use by the guard for verification and
screening purposes.

FINANCE DIVISION

INTRODUCTION

In line with the quality policy set by our institution, we in the Finance Division focused on the Major Factors that affects our performance for the year 2016. Here are some highlights that we consider that our division achieved for the year.

STANDARD POLICIES

ISO Accreditation

ISO 9000 among Department of Health (DOH) accredited hospitals is a project proposal of Secretary Enrique Ona under his leadership in the Department of Health. DOH being already an “ISO 9000 certified” mandates all hospitals to follow this ISO Journey.

What is ISO? ISO (International Organization for Standardization) is an internationally accepted quality system standard applicable to manufacturing and service industries alike.

Why ISO 9001:2008 Certification for a Health Care Facility?

- Compliance with customers who require it
- Competition
- Improvement of the quality system (provides for work performance/enables the discovery of causes of poor performance)
- Establishment of quality awareness of staff
- Cost savings and increased profitability
- Foundation for improvement (provides benchmarks to measure improvement)

JUNE 6 & 7, 2016

- TÜV Rheinland conducted ISO 9001:2008 Certification Audit – Stage 1 with recommendation for Certification Audit – Stage 2 on July 2016.

JUNE 30, 2016

- Conducted ISO 9001:2008 Awareness Seminar by Engr. Helen A. Evalle for newly hired employees (batch 2) at Manila Grand Opera Hotel.

JULY 18, 2016

- TÜV Rheinland conducted ISO 9001:2008 Certification Audit – Stage 2. The conclusion was the organization has established and maintains an effective system to ensure compliance with its policy and objectives. The audit team confirms in line with the audit targets that the organization’s management system complies with, adequately maintains and implements the requirements of the standard. The auditors therefore recommend issuance of new certificate and agreed date for the next audit will be on June 2017
 - Scope: Medical Center: Medical, Nursing, Hospital Operations & Patient Support and Finance Services
 - Certificate Registration No.: 01 100 1534785
 - The certificate is valid from 2016-08-24 until 2018-09-14

SEPTEMBER 20 & 22, 2016

- Dr. Wenceslao S. Llauderer conducted seminar regarding the Customer Service the extra-mile way strategies based on DOH Alagang Pinoy Program attended by HOPSD & finance division staff

SEPTEMBER 26, 2016

- TÜV Rheinland officially awarded ISO 9001:2008 Certification to JRRMMC held at the hospital gymnasium. The awarding was attended by the TÜV Rheinland's Managing Director, Engr. Tristan Arwen Loveres; Sales Manager, Ms. Isabel Tuiand External Auditor, Ms. Manineth Pulido; together with our ISO Consultant, Engr. Helen A. Evalle with our beloved Medical Center Chief II, Dr. Emmanuel F. Montaña, Jr.; the Members of the EXECOM, Dr. Elisa B. Valdez, Chief Medical Professional Staff II; Alicia N. Salamanca, RN, Chief Nurse; Ma. Luisa U. Rodriguez, Chief Administrative Officer; Jayson G. Dela Cruz, Financial and Management Officer II; and Dr. Wenceslao S. Llauderer, Quality Management Representative and the doctors and nurses and staff of JRRMMC.

HUMAN RESOURCE DEVELOPMENT

COMPLETED TRAINING AND SEMINARS CY 2016					
FINANCE DIVISION					
TRAINING PROGRAM		TOTAL NO. OF PARTICIPANTS	DATE CONDUCTED	BUDGET/EXPENSES	
1	5S Principles and Implementation	50 Participants	October 2015	In-House	-
2	Proper Handwashing	88 Participants	March 2016; July 2016	In-House	-
3	Strategic Planning	24 Participants	March 10 - 12, 2016	Outside	106,940.00
4	Basic Life Support Training Course	22 Participants	March 07 - 08, 2016	In-House	-
		22 Participants	March 30 - 31, 2016	In-House	-
5	Training of Trainers	2 Participants	March 17, 2016	Outside	6,000.00
6	Laws and Rules in Government Expenditures	7 Participants	April 06 - 08, 2016	AGIA (outside)	25,200.00
7	Supervisory Development Course (Learning and Development for Managers)	18 Participants	May 24 - 25, 2016	In-House	-
			May 26 - 27, 2016		-
8	Midyear Performance Analysis cum Team Building	88 Participants	June 15, 2016	In-House	16,000.00
9	Managing Records with the Law in Mind	2 Participants	June 21 - 23, 2016	Outside (PRMA)	27,584.00
10	Business Writing & Communication Skills	60 participants	June 29-30, 2016	In-House	33,320.00
11	Cash Management & Control System	6 Participants	August 03 - 05, 2016	Outside (AGIA)	21,600.00
12	Business Writing & Communication Skills (Batch II)	41 Participants	September 05 - 06, 2016	In-House	34,040.00
13	Customer Extra Mile Approach	30 Participants	September 20, 2016	In-House	1,800.00
14	GA cum Assessment of Mid Year Performance Analysis	80 participants	September 29, 2016	In-House	-
14	WAVE (1st Batch)	35 participants	October 5, 2016	In-House	19,160.00
15	Improving Analytical and Critical Thinking Skills	26 participants	October 10, 2016	In-House	11,200.00
16	WAVE (2nd Batch)	26 participants	October 11, 2016	In-House	10,080.00
17	WAVE (3rd Batch)	26 participants	October 12, 2016	In-House	10,080.00
18	Orientation on Financial Concerns	65 participants	October 13, 2016	In-House	-

19	Basic Life Support Training Course	30 Participants	October 13-14, 2016	In-House	-
20	Financial Management Practitioners: Rising to the Challenge of Change	7 Participants	October 19-22, 2016	Outside (AGAP)	122,864.72
21	ICD-10 Seminar	4 participants	December 12-16, 2016	Outside (UP-PGH)	40,800.00
22	ICD-10 Seminar	4 participants	December 19-23, 2016	Outside	40,000.00
23	Lecture on Documentary Requirements	54 participants	11/17 and 22/2016	In-House	-
24	Seminar on MS Word, Excel and Powerpoint	60 participants	November 21, 23 and 29	In-House	-

MAXIMIZING FINANCIAL CAPABILITIES

I. PATIENT CARE PERSPECTIVE

PHIC Utilization

Month	Patient	Non-PHIC	PHIC	PHIC Utilization
January	1,288	162	1,126	87%
February	1,241	141	1,100	89%
March	1,449	149	1,300	90%
April	1,474	115	1,359	92%
May	1,577	123	1,454	92%
June	1,475	135	1,340	91%
July	1,701	192	1,509	89%
August	1,662	173	1,489	90%
September	1,788	183	1,605	90%
October	1,921	201	1,720	90%
November	2,052	230	1,822	89%
December	1,843	220	1,623	88%
TOTAL	19,471	2,024	17,447	90%

Analysis:

With the marketing strategy and effort done by the different departments from the Medical, Nursing, HOPSD and Finance, this Medical Center more than met the DOH scoreboard in the PHIC utilization rate of 90% from 87%. Out of 19,471 discharged patients from January to December 2016, only 2,024 (10%) are Non-PHIC and 17,447 (90%) were PHIC patients.

Billed Charges for In-Patients

Billing				
Month	PHIC (Pay & Service) (Case Rate)	Non-PHIC Full Pay	Non-PHIC Service	TOTAL
January	23,481,985.30	674,327.27	570,936.28	24,727,248.85
February	22,335,248.00	753,196.12	690,641.21	23,779,085.33
March	25,166,579.89	308,202.57	353,521.18	25,828,303.64
April	26,185,040.00	426,727.50	277,828.64	26,889,596.14

May	26,311,010.00	458,861.86	290,072.74	27,059,944.60
June	24,781,546.00	268,121.39	596,354.39	25,646,021.78
July	28,196,202.00	298,105.21	1,006,796.62	29,501,103.83
August	26,660,480.00	404,899.23	982,924.49	28,048,303.72
September	27,260,218.00	397,982.12	730,028.06	28,388,228.18
October	29,426,334.00	1,067,046.91	2,192,136.48	32,685,517.39
November	27,415,184.00	566,030.41	565,951.17	28,547,165.58
December	26,869,172.00	598,136.59	614,390.49	28,081,699.08
TOTAL	314,088,999.19	6,221,637.18	8,871,581.75	329,182,218.12

Analysis:

For 17,447 PHIC patients, hospital bill has a total case rate amounting to Php314,088,999.19.

Professional Fee of service patients is an incentive to all regular employees being shared every month and now even extended to contractual service workers.

Since PHIC discharge patients takes 20 minutes or more in billing time, charts should be forwarded with complete diagnosis and correct ICD 10 as early as 9:00am to avoid complaints from the patients. Regret to say that the Billing is always blamed for long stay awaiting for the hospital bill including late posting of Professional Fee. In addition, attending physicians should not verbally informed patients and relatives that patient "may go home" without indicating on the chart, because they tend to start waiting for their Statement of Account although charts were not yet forwarded to the Billing Department.

Rate of NBB

SERVICE	NBB TOTALS (PIM/PID/SC/KASAMBAHAY/ORE)				
	Actual Charges			Case Rate	
	Patients	Accom.	HB/Meds.	HB	PF
January	672	2,425,000.00	12,433,768.25	7,875,693.24	4,976,445.76
February	649	2,109,100.00	11,889,984.17	8,069,856.00	5,371,474.00
March	782	2,471,568.03	13,524,444.87	8,901,382.55	6,152,587.30
April	804	2,480,500.00	12,405,008.12	9,263,910.00	6,462,794.00
May	876	2,855,600.00	13,937,588.09	9,598,232.00	6,792,110.00
June	793	2,212,700.00	11,638,919.05	8,540,300.00	5,922,852.00
July	906	2,867,450.00	11,997,463.94	9,782,540.00	6,685,050.00
August	925	2,953,400.00	15,714,572.42	9,913,770.00	6,533,760.00
September	964	2,826,780.00	14,063,165.84	10,162,634.00	6,806,444.00
October	1,022	3,493,100.00	15,872,671.11	10,215,652.00	7,231,818.00
November	1,113	2,967,500.00	14,737,914.97	9,770,124.00	6,212,180.00
December	1,011	2,830,300.00	14,857,682.71	10,004,456.00	6,695,740.00
NBB TOTAL	10,517	32,492,998.03	163,073,183.54	112,098,549.79	75,843,255.06

Analysis:

For 17,466 PHIC patients 64% or 11,081 patients were classified qualified No Balance Billing (NBB) like PIM, PID, Senior Citizen, Kasambahay, and ORE. There were 564 NBB patients who opted to be confined at the Payward and 10,517 patients or 95% availed the NBB benefits or zero out-of-pocket. All excess amount from PHIC benefit package were shouldered by this Medical Center in the amount of P83,467,631.76. Recovery rate is at

57.32% only on Hospital bill but we've gain an amount of Php75M for Professional fee which we divided among the employees of this Medical Center.

Since NBB patients are monitored daily by PHICares, we should also improve our services like availability of drugs and medicines, medical supplies, blood products, laboratory examinations, and other diagnostic examinations.

A tie-up agreement to other government agencies is needed to improve our services. Hospital policies and procedures should be reviewed, revised and properly disseminated to strengthen the implementation of the no balance billing/no out-of-pocket expense because our lapses has an implication and sanctions in the PHIC accreditation of the hospital. Also it causes higher expenses due to refunds made by patients for services and supplies bought outside our hospital.

Quantified Free Service

Month	Patients	PIM/PID/SC/KASAMBAHAY/ORE			Other Membership (Service)		Non-PHIC Service Patients	
		Total			Accommodation		QFS (Discounts, PWD, MSS, Accom.)	
		Actual	Case Rate	Excess/QFS	Patients	Accom.	Patients	Accom.
January	672	14,858,768.25	12,852,139.00	2,006,629.25	156	621,300.00	139	570,936.28
February	649	13,999,084.17	13,441,330.00	557,754.17	164	953,530.00	119	690,641.21
March	782	15,996,012.90	15,053,969.85	942,043.05	209	1,006,230.00	137	353,521.18
April	804	14,885,508.12	15,726,704.00	(841,195.88)	157	816,000.00	103	277,828.64
May	876	16,793,188.09	16,390,342.00	402,846.09	180	745,500.00	99	290,072.74
June	793	13,851,619.05	14,463,152.00	(611,532.95)	182	721,250.00	119	596,354.39
July	906	14,864,913.94	16,467,590.00	(1,602,676.06)	295	1,187,550.00	177	1,006,796.62
August	925	18,667,972.42	16,447,530.00	2,220,442.42	313	1,220,500.00	154	982,924.49
September	964	16,889,945.84	16,969,078.00	(79,132.16)	376	1,068,500.00	161	444,723.78
October	1,022	19,365,771.11	17,447,470.00	1,918,301.11	390	1,230,000.00	167	2,192,136.48
November	1,113	17,705,414.97	15,982,304.00	1,723,110.97	439	1,223,000.00	204	565,951.17
December	1,011	17,687,982.71	16,700,196.00	987,786.71	359	1,207,000.00	196	614,390.49
TOTAL	10,517	195,566,181.57	187,941,804.85	7,624,376.72	3,220	12,000,360.00	1,775	8,586,277.47

Analysis:

We considered patients with actual Charges more than the PHIC benefit package and 1,775 non PHIC patients' discounts, Medical Social Service classification and accommodation as quantified free service. For 17,447 PHIC patients, 10,464 patients or 60% were NBB and with other membership like SED, SEM, GM, GD, etc, with more than their PHIC benefit so room accommodation and other hospital bills amounting to P138,824,400.04 is charged to government funds.

Of the total 19,471 discharged patients, there were still 9% or 1,775 Non-PHIC service patients because some were cancelled PHIC due to less than 24 hours confinement days, diagnosis is not compensable, with previous confinement of the same case, etc. and others with PHIC but refused to file and preferred to pay rather than comply with the requirements/proceed to their employers.

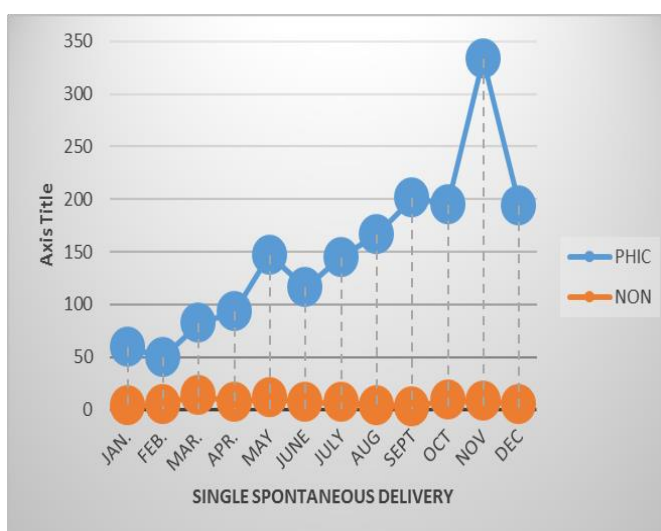
Whether Pay or Service patients, PHIC or Non-PHIC patients the assistance given by Medical Assistance Fund Program and PCSO-ASAP helped a lot of patients the burden of paying their bills including Professional Fees. Progress Billing every other day and Notice of Transfer made them to work-out how to pay their bills thru assistance program of the government.

Ten (10) Leading Cases of Admission

TOP	CASES	PHIC	NON-PHIC	TOTAL	UTILIZATION
1	Single Spontaneous Delivery	1,781	84	1,865	95%
2	Disease of Appendix	563	39	602	94%
3	Cerebral Infarction	672	56	728	92%
4	Other in SITU and Benign Neoplasms and Neoplasms of Uncertain and Unknown Behavior	468	52	520	90%
5	Cholelithiasis and Cholecystitis	386	51	437	88%
6	Pneumonia	667	94	761	88%
7	Intracranial Injury	445	67	512	87%
8	Persons Encountering Health Services	316	48	364	87%
9	Spontaneous Abortion	210	33	243	86%
10	Intracranial Hemorrhage	622	98	720	86%
	TOTAL	6,130	622	6,752	91%

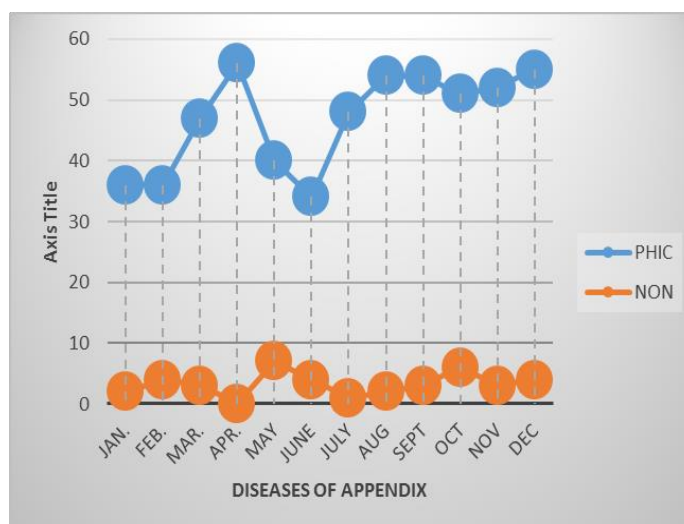
1. NSD

Month	PHIC	Non-PHIC	Total	Utilization
January	59	4	63	94%
February	50	5	55	91%
March	82	14	96	85%
April	93	7	100	93%
May	147	11	158	93%
June	116	7	123	94%
July	145	7	152	95%
August	166	4	170	98%
September	201	3	204	99%
October	195	9	204	96%
November	333	8	341	98%
December	194	5	199	97%
TOTAL	1,781	84	1,865	95%



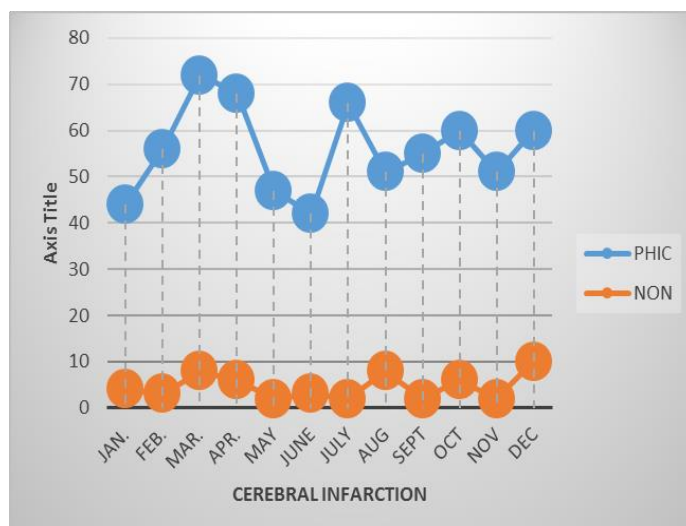
2. Disease of Appendix

Month	PHIC	Non-PHIC	Total	Utilization
January	36	2	38	95%
February	36	4	40	90%
March	47	3	50	94%
April	56	0	56	100%
May	40	7	47	85%
June	34	4	38	89%
July	48	1	49	98%
August	54	2	56	96%
September	54	3	57	95%
October	51	6	57	89%
November	52	3	55	95%
December	55	4	59	93%
TOTAL	563	39	602	94%



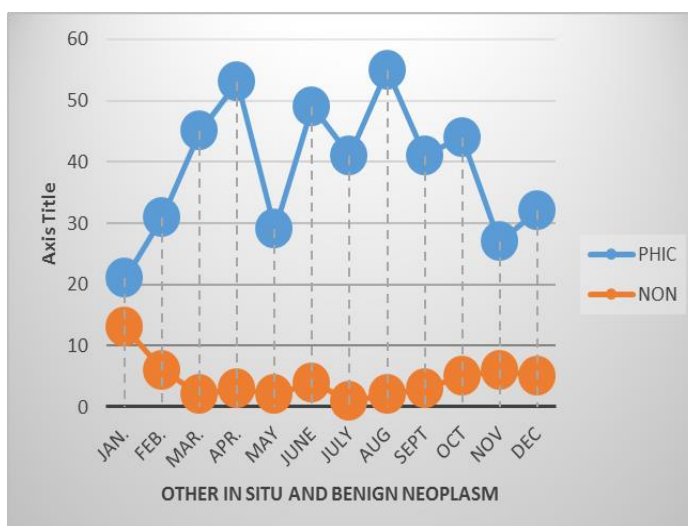
3. Cerebral Infraction

Month	PHIC	Non-PHIC	Total	Utilization
January	36	2	38	95%
February	36	4	40	90%
March	47	3	50	94%
April	56	0	56	100%
May	40	7	47	85%
June	34	4	38	89%
July	48	1	49	98%
August	54	2	56	96%
September	54	3	57	95%
October	51	6	57	89%
November	52	3	55	95%
December	55	4	59	93%
TOTAL	563	39	602	94%



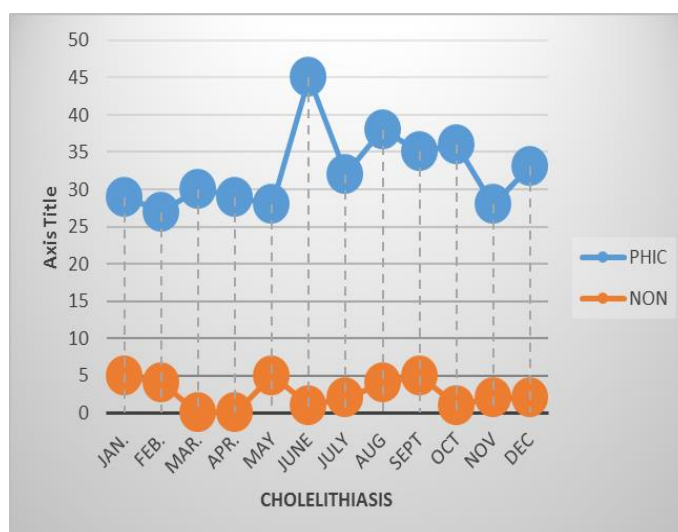
4. Other in SITU and Benign Neoplasm

Month	PHIC	Non-PHIC	Total	Utilization
January	21	13	34	62%
February	31	6	37	84%
March	45	2	47	96%
April	53	3	56	95%
May	29	2	31	94%
June	49	4	53	92%
July	41	1	42	98%
August	55	2	57	96%
September	41	3	44	93%
October	44	5	49	90%
November	27	6	33	82%
December	32	5	37	86%
TOTAL	468	52	520	90%



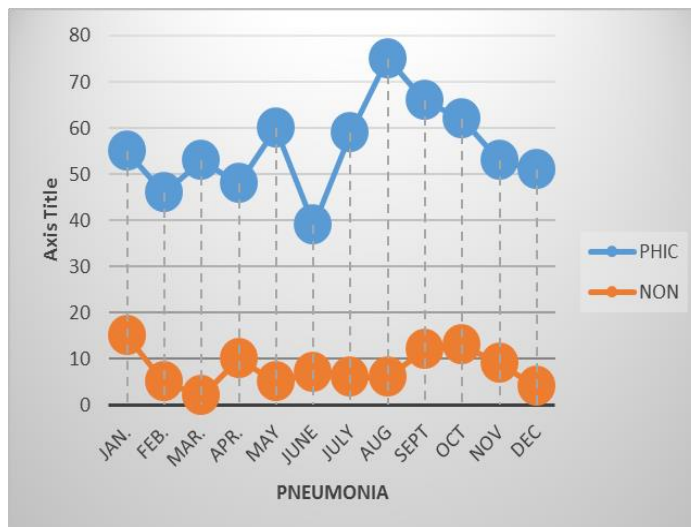
5. Cholelithiasis

Month	PHIC	Non-PHIC	Total	Utilization
January	29	5	34	85%
February	27	4	31	87%
March	30	0	30	100%
April	29	0	29	100%
May	28	5	33	85%
June	45	1	46	98%
July	32	2	34	94%
August	38	4	42	90%
September	35	5	40	88%
October	36	1	37	97%
November	28	2	30	93%
December	33	2	35	94%
TOTAL	390	31	421	93%



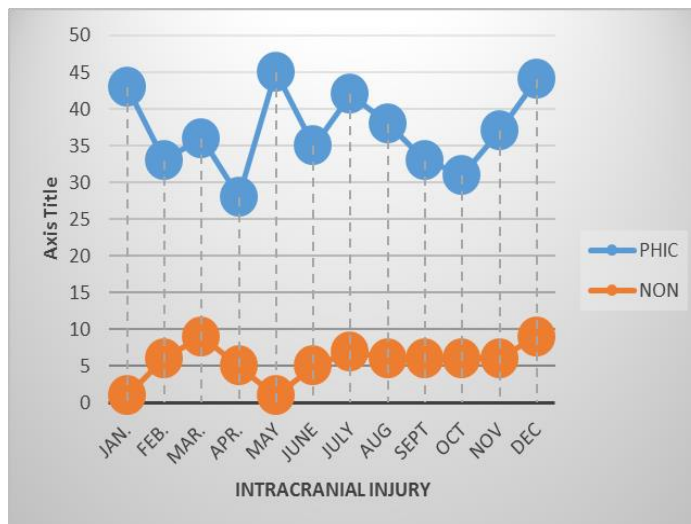
6. Pneumonia

Month	PHIC	Non-PHIC	Total	Utilization
January	55	15	70	79%
February	46	5	51	90%
March	53	2	55	96%
April	48	10	58	83%
May	60	5	65	92%
June	39	7	46	85%
July	59	6	65	91%
August	75	6	81	93%
September	66	12	78	85%
October	62	13	75	83%
November	53	9	62	85%
December	51	4	55	93%
TOTAL	667	94	761	88%



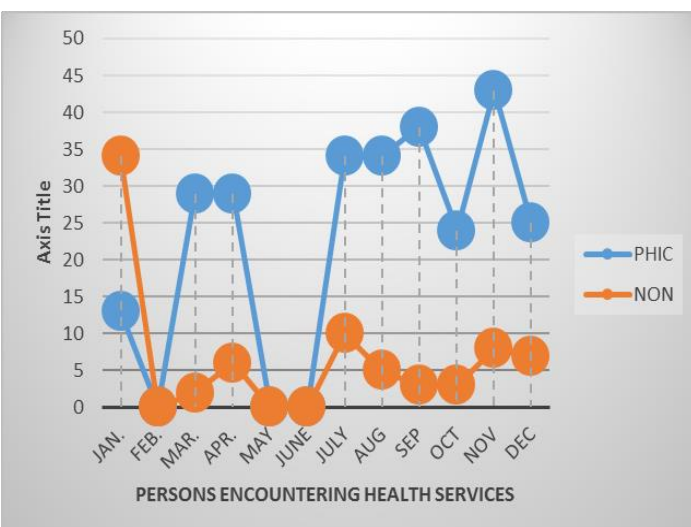
7. Intracranial Injury

Month	PHIC	Non-PHIC	Total	Utilization
January	43	1	44	98%
February	33	6	39	85%
March	36	9	45	80%
April	28	5	33	85%
May	45	1	46	98%
June	35	5	40	88%
July	42	7	49	86%
August	38	6	44	86%
September	33	6	39	85%
October	31	6	37	84%
November	37	6	43	86%
December	44	9	53	83%
TOTAL	445	67	512	87%



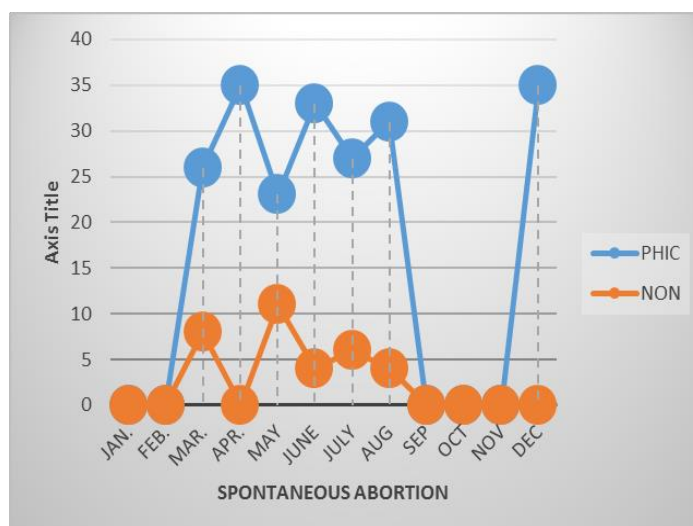
8. Persons Encountering Health Services

Month	PHIC	Non-PHIC	Total	Utilization
January	25	5	30	83%
February	31	2	33	94%
March	0	0	0	0%
April	0	0	0	0%
May	33	2	35	94%
June	29	3	32	91%
July	34	10	44	77%
August	34	5	39	87%
September	38	3	41	93%
October	24	3	27	89%
November	43	8	51	84%
December	25	7	32	78%
TOTAL	316	48	364	87%



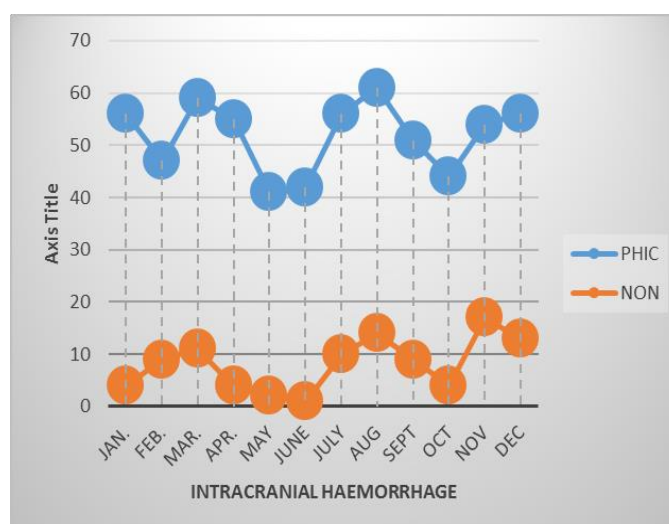
9. Spontaneous Abortion

Month	PHIC	Non-PHIC	Total	Utilization
January	0	0	0	0%
February	0	0	0	0%
March	26	8	34	76%
April	35	0	35	100%
May	23	11	34	68%
June	33	4	37	89%
July	27	6	33	82%
August	31	4	35	89%
September	0	0	0	0%
October	0	0	0	0%
November	0	0	0	0%
December	35	0	35	100%
TOTAL	210	33	243	86%



10. Intracranial Haemorrhage

Month	PHIC	Non-PHIC	Total	Utilization
January	56	4	60	93%
February	47	9	56	84%
March	59	11	70	84%
April	55	4	59	93%
May	41	2	43	95%
June	42	1	43	98%
July	56	10	66	85%
August	61	14	75	81%
September	51	9	60	85%
October	44	4	48	92%
November	54	17	71	76%
December	56	13	69	81%
TOTAL	622	98	720	86%



PHIC Claims

Performance	2016 Accomplishments					
Indicator	January	February	March	April	May	June
Claims Transmitted	2,308	2,333	2,052	2,273	2,587	2,295
Amount of Transmittal	33,868,726.96	35,054,983.93	32,490,736.64	35,333,000.07	36,862,597.73	33,195,527.28
RTH Claims	50	69	60	91	53	57
Amount of RTH	1,184,672.01	1,208,673.08	688,314.69	1,694,861.33	924,889.82	919,532.22

Performance	2016 Accomplishments						
Indicator	July	August	September	October	November	December	TOTAL
Claims Transmitted	2,163	2,558	2,411	2,320	3,073	2,925	29,298
Amount of Transmittal	32,587,163.74	36,124,383.50	36,594,851.24	33,743,105.48	44,559,356.00	42,728,086.00	433,142,518.57
RTH Claims	70	83	417	174	140	75	1,339
Amount of RTH	1,012,969.54	1,092,444.01	4,914,658.10	1,785,205.36	2,222,338.47	1,264,883.68	18,913,442.31

PHIC Claims by Membership

Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	%
GSIS Member	90	79	76	67	77	67	79	85	86	76	135	76	993	3%
GSIS Dependent	44	25	28	24	27	28	38	35	44	41	53	28	415	1%
SSS Member	154	185	135	163	187	135	120	152	188	114	222	207	1,962	7%
SSS Dependent	175	127	133	154	151	128	121	148	146	150	178	188	1,799	6%
Self Employed Member	382	588	380	412	537	417	387	480	304	350	515	448	5,200	18%
Self Employed Dependent	102	102	107	109	121	128	113	127	153	109	177	167	1,515	5%
OFW Member	11	28	23	8	9	22	19	25	22	16	14	18	215	1%
OFW Dependent	24	9	13	13	22	11	12	23	16	14	38	38	233	1%
PIM	286	263	255	324	390	327	332	397	374	367	474	488	4,277	15%
PID	192	115	124	138	122	198	158	175	167	154	169	224	1,936	7%
ORE	334	337	298	366	346	367	381	377	405	424	422	512	4,569	15%
Senior Citizen	514	475	480	495	598	467	403	534	506	505	676	531	6,184	21%
TOTAL	2,308	2,333	2,052	2,273	2,587	2,295	2,163	2,558	2,411	2,320	3,073	2,925	29,298	100%

Analysis:

We have served efficiently and effectively 39,609 numbers of patients at the counter and total transmitted claims was 29,298 only. Discrepancy in numbers is due to documents are still on process, others are for transmittal, some are waiting for chart and routing slips and others had cancelled procedures or admission.

Total transmittal amounted to Php433,142,518.57.

Total Collection

Patient Related					
Month	Pay	Service	OPD	Emergency	TOTAL
January	6,163,499.79	21,989,727.11	3,482,763.67	1,367,357.63	33,003,348.20
February	6,452,257.33	21,831,682.80	4,718,047.60	1,422,648.86	34,424,636.59
March	6,092,919.89	17,048,856.21	4,615,819.81	1,331,525.05	29,089,120.96
April	6,757,380.38	21,301,056.00	3,326,042.17	1,374,570.78	32,759,049.33
May	6,245,953.62	20,179,005.85	4,532,641.26	1,569,788.37	32,527,389.10
June	7,336,552.42	22,075,310.92	4,533,304.47	2,086,947.09	36,032,114.90
July	7,065,079.78	17,676,546.98	2,753,568.98	1,499,329.97	28,994,525.71
August	6,813,907.47	18,953,678.74	4,175,796.24	1,292,031.10	31,235,413.55
September	6,346,280.04	17,486,376.79	4,100,827.71	991,896.96	28,925,381.50
October	6,262,346.08	16,318,691.09	3,328,479.18	960,723.46	26,870,239.81
November	5,147,098.60	19,130,970.57	2,050,147.69	986,212.35	27,314,429.21
December	4,799,712.36	22,834,905.44	1,726,761.95	937,667.12	30,299,046.87
TOTAL	75,482,987.76	236,826,808.50	43,344,200.73	15,820,698.74	371,474,695.73

Analysis:

- ❖ There was a 62% decrease in collection for Hospital Bill due to No Balance Billing Program wherein no other fees or expenses shall be charged or paid for by the patient/member above and beyond the packaged rates (HB-Service) and most of the

hospital bill of patients from service wards were charged to MAP or PCSO Endowment Fund.

- ❖ Free hospital charges (Hospital Card, Medical/Clinical Abstract (Pay/Service), Slit Lamp and Statement of Account (SOA).

Breakdown of Collection of PHIC

2016	HOSPITAL BILL			PROFESSIONAL FEE		
MONTH	SERVICE	PAY	TOTAL	SERVICE	PAY	TOTAL
JANUARY	15,540,100.00	2,567,240.00	18,107,340.00	10,188,512.00	2,131,068.00	12,319,580.00
FEBRUARY	20,397,018.60	2,266,335.40	22,663,354.00	13,030,952.22	1,947,153.78	14,978,106.00
MARCH	14,704,983.70	2,235,650.00	16,940,633.70	9,683,598.00	1,706,844.00	11,390,442.00
APRIL	19,340,245.90	2,836,590.00	22,176,835.90	12,575,230.00	2,264,390.00	14,839,620.00
MAY	19,236,102.00	2,577,950.00	21,814,052.00	12,821,138.00	2,129,760.00	14,950,898.00
JUNE	20,951,344.00	3,597,074.00	24,548,418.00	13,705,606.00	2,711,524.00	16,417,130.00
JULY	16,351,142.00	2,235,580.00	18,586,722.00	10,780,210.00	1,715,738.00	12,495,948.00
AUGUST	18,185,622.00	2,457,770.00	20,643,392.00	12,086,104.00	1,929,210.00	14,015,314.00
SEPTEMBER	16,725,452.00	1,992,540.00	18,717,992.00	11,104,678.00	1,667,460.00	12,772,138.00
OCTOBER	15,862,442.00	1,496,000.00	17,358,442.00	9,740,026.00	1,368,238.00	11,108,264.00
NOVEMBER	18,733,702.00	1,408,152.00	20,141,854.00	11,440,220.00	1,241,518.00	12,681,738.00
DECEMBER	22,401,330.00	1,305,400.00	23,706,730.00	14,229,608.00	1,330,440.00	15,560,048.00
TOTAL	218,429,484.20	26,976,281.40	245,405,765.60	141,385,882.22	22,143,343.78	163,529,226.00

Breakdown of Collection of PHIC (by Percentage)

2016	HOSPITAL BILL		PROFESSIONAL FEE	
MONTH	SERVICE	PAY	SERVICE	PAY
JANUARY	86%	14%	83%	17%
FEBRUARY	90%	10%	87%	13%
MARCH	87%	13%	85%	15%
APRIL	87%	13%	85%	15%
MAY	88%	12%	86%	14%
JUNE	85%	15%	83%	17%
JULY	88%	12%	86%	14%
AUGUST	88%	12%	86%	14%
SEPTEMBER	89%	11%	87%	13%
OCTOBER	91%	9%	88%	12%
NOVEMBER	93%	7%	90%	10%
DECEMBER	94%	6%	91%	9%

Analysis:

- ❖ On the other hand, there was an increase in collection for pay patients due to close monitoring of progress billing and pay patients were discouraged to execute promissory note, instead they were advised to seek financial assistance from DOH, PCSO and the likes.
- ❖ Out of Php433,142,518.57 transmittal of BPO to PHIC, 94% of which was paid already with a total of Php408,974,197.60 giving us a 24% increase in PHIC Collection compared to 2015 with a Php312,216,718.48. Also, increase in PHIC Collection was brought about by enrolling almost all of the patients to Philhealth specially the senior citizens and indigent patients through ORE.

Medical Assistance Program (MAP)

Period	PAY		SERVICE		TOTAL		Average Release
	No. of Patients	Amount of Utilization	No. of Patients	Amount of Utilization	No. of Patients	Amount of Utilization	
JANUARY	3	33,600.00	584	1,441,311.01	587	1,474,911.01	2,512.62
FEBRUARY	2	10,000.00	520	976,680.10	522	986,680.10	1,890.19
MARCH	0	-	600	1,216,986.82	600	1,216,986.82	2,028.31
APRIL	6	65,000.00	615	1,600,212.09	621	1,665,212.09	2,681.50
MAY	0	-	451	928,233.71	451	928,233.71	2,058.17
JUNE	6	140,000.00	431	1,338,060.40	437	1,478,060.40	3,382.28
JULY	2	21,064.70	386	1,092,928.49	388	1,113,993.19	2,865.09
AUGUST	7	88,667.41	657	3,424,627.01	664	3,513,294.42	5,294.62
SEPTEMBER	8	132,164.97	1710	6,897,465.31	1,718	7,029,630.28	4,091.75
OCTOBER	3	63,015.91	2000	8,149,669.55	2,003	8,212,685.46	4,100.19
NOVEMBER	7	67,162.93	2264	8,355,850.39	2,271	8,423,013.32	3,708.94
DECEMBER	2	185,000.00	2988	11,485,909.62	2,990	11,670,909.62	3,903.31
TOTAL	46	805,675.92	13,206	46,907,934.50	13,252	47,713,610.42	3,527.81

Analysis:

There was an increase of 300% in terms of number of patients, 501% in terms of the Total amount and 145% in terms of average amount released to patients for Medical Assistance Program during the second half of the year compared to first semester. This is due to the collective effort of the different divisions in marketing the benefits of MAP. Also this will not be achieved if there are no support given by the management and full cooperation of Our Medical Social Service in implementing the program. We can still improve this by increasing the average amount to be given to our patients.

II. HUMAN RESOURCE PERSPECTIVE

Manpower

Positions	Total # of Filled-up Positions	Total # of Unfilled Positions	Old Plantilla Positions	Approved Staffing Pattern	Total # of Positions in Finance (col. 2 + col. 3)	Total # of Positions from HRMDD	Discrepancy
FMO II	1	0	0	1	1	1	0
SAO/Accountant IV	3	0	0	3	3	3	0
Accountant III	0	1	0	1	1	1	0
Administrative Officer V	2	0	2	0	2	2	0
Administrative Officer IV	4	0	0	3	3	3	0
Administrative Officer III	1	0	0	1	1	1	0
Administrative Officer II	8	0	3	5	8	8	0
Administrative Officer I	7	9	1	15	16	15	1
Administrative Assistant III	13	8	1	20	21	20	1
Administrative Assistant II	4	21	12	13	25	17	8
Administrative Assistant I	1	0	0	1	1	1	0
Administrative Aide VI	4	3	7	0	7	7	0
Administrative Aide IV	7	11	18	0	18	18	0
Administrative Aide III	4	3	7	0	7	7	0
Administrative Aide I	12	0	12	0	12	12	0
ECE Technician III	1	0	1	0	1	1	0
Security Guard III	1	0	1	0	1	1	0
Security Guard I	1	0	1	0	1	1	0
TOTAL	73	56	66	63	129	119	10

Geriatric and General Health Services

Positions	Total # of Filled-up Positions	Total # of Unfilled Positions	Old Plantilla Positions	Approved Staffing Pattern	Total # of Positions in Finance (col. 2 + col. 3)	Total # of Positions from HRMDD	Discrepancy
Administrative Officer II	0	1	0	1	1	1	0
Administrative Officer I	0	1	0	1	1	1	0
Administrative Assistant II	0	2	0	2	2	2	0
TOTAL	0	4	0	4	4	4	0

DOH Botika

Positions	Total # of Filled-up Positions	Total # of Unfilled Positions	Old Plantilla Positions	Approved Staffing Pattern	Total # of Positions in Finance (col. 2 + col. 3)	Total # of Positions from HRMDD	Discrepancy
Administrative Assistant II	0	6	6	0	6	6	0
TOTAL	0	6	6	0	6	6	0

III. FINANCIAL PERSPECTIVE

Recognition of Revenue (Non Patient)

Period	Affiliation	Oxygen/Med. Supplies/Electric (POCC)	Others (DOH and PCW)	Total
January		57,303.10		57,303.10
February	578,550.00	262,612.41	1,050.00	842,212.41
March	176,420.00	3,780.00		180,200.00
April	610,025.50	3,841,427.77	1,700.00	4,453,153.27
May		55,021.85		55,021.85
June	390,316.05			390,316.05
July	1,069,835.09			1,069,835.09
August	537,552.70		2,100.00	539,652.70
September	168,811.00	388,375.90	300.00	557,486.90
October	343,080.00	30,907.71		373,987.71
November	167,888.50	33,233.90		201,122.40
December	860,660.00	28,332.65	143,835.00	1,032,827.65
TOTAL	4,903,138.84	4,700,995.29	148,985.00	9,753,119.13

Revenue Sharing: POCC – JRRMMC

Official Receipt/ Date of Receipt	Amount
OR# 2660055 dated 02/15/16	1,505,797.14
OR# 2683121 dated 03/31/16	1,409,902.14
OR# 2706937 dated 05/31/16	1,340,165.09
OR# 2726835 dated 06/17/16	1,258,739.14
OR# 2749069 dated 08/05/16	1,445,120.28
OR# 2761082 dated 09/06/16	1,687,031.28
OR# 2773889 dated 10/11/16	1,021,127.14
October 25, 2016	1,315,723.50
November 29, 2016	1,282,830.00
December 19, 2016	1,823,700.00
TOTAL	14,090,135.71

Analysis:

As per meeting with POCC, JRRMMC must receive a monthly Revenue Share. On the later part of the year (October 2016), we started deducting our 30% Share of JRRMMC (based on collection) from the reimbursement made to POCC. Also, we also advised the POCC to continue the monthly payment for our Revenue Share to update their outstanding balance amounting to **Php15,262,530.45**.

Report of Disbursement (MDS-Reg.)

	NCA	Balance of Prev. Month	TOTAL	DISBURSEMENT	BALANCE OF NCA/ UNUTILIZED NCA	PERCENTAGE	
			(NCA + Bal. of Prev. Month)			UTILIZATION	UNUTILIZED NCA
JANUARY	48,892,000.00	-	48,892,000.00	48,827,820.16	64,179.84	99.869%	0.131%
FEBRUARY	48,892,000.00	64,179.84	48,956,179.84	48,955,655.11	524.73	99.999%	0.001%
MARCH	63,046,000.00	524.73	63,046,524.73	63,043,980.68	2,544.05	99.996%	0.004%
APRIL	74,947,000.00	-	74,947,000.00	74,942,877.15	4,122.85	99.994%	0.006%
MAY	102,100,000.00	4,122.85	102,104,122.85	101,931,607.83	172,515.02	99.831%	0.169%
JUNE	68,952,000.00	172,515.02	69,124,515.02	69,115,817.98	8,697.04	99.987%	0.013%
JULY	94,684,848.10	-	94,684,848.10	59,847,554.06	34,837,294.04	63.207%	36.793%
AUGUST	68,406,000.00	34,837,294.04	103,243,294.04	54,426,958.76	48,816,335.28	52.717%	47.283%
SEPTEMBER	68,406,000.00	48,816,335.28	117,222,335.28	66,157,053.17	51,065,282.11	56.437%	43.563%
OCTOBER	68,406,000.00	-	68,406,000.00	58,703,265.12	9,702,734.88	85.816%	14.184%
NOVEMBER	86,582,000.00	9,702,734.88	96,284,734.88	94,078,164.99	2,206,569.89	97.708%	2.292%
DECEMBER	147,681,993.00	2,206,569.89	149,888,562.89	149,399,592.39	488,970.50	99.674%	0.326%
TOTAL	940,995,841.10			889,430,347.40	51,565,493.70	91.400%	8.600%

Comparison on the MCP against NCA

	Based on Monthly	NCA received	Difference	Disbursement	Unutilized NCA	Percentage	
	Cash Program					UTILIZATI ON-NCA	UTILIZATIO N-MCP
JANUARY	47,712,000.00	48,892,000.00	-1,180,000.00	48,827,820.16	64,179.84	99.87%	102.34%
FEBRUARY	47,712,000.00	48,892,000.00	-1,180,000.00	48,955,655.11	524.73	100.00%	102.61%
MARCH	65,867,000.00	63,046,000.00	2,821,000.00	63,043,980.68	2,544.05	100.00%	95.71%
APRIL	65,430,000.00	74,947,000.00	-9,517,000.00	74,942,877.15	4,122.85	99.99%	114.54%
MAY	80,962,000.00	102,100,000.00	-21,138,000.00	101,931,607.83	172,515.02	99.83%	125.90%

JUNE	65,430,000.00	68,952,000.00	-3,522,000.00	69,115,817.98	8,697.04	99.99%	105.63%
JULY	93,463,000.00	94,684,848.10	-1,221,848.10	59,847,554.06	34,837,294.04	63.21%	64.03%
AUGUST	71,614,000.00	68,406,000.00	3,208,000.00	54,426,958.76	48,816,335.28	52.72%	76.00%
SEPTEMBER	71,614,000.00	68,406,000.00	3,208,000.00	66,157,053.17	51,065,282.11	56.44%	92.38%
OCTOBER	64,885,000.00	68,406,000.00	-3,521,000.00	58,703,265.12	9,702,734.88	85.82%	90.47%
NOVEMBER	80,415,000.00	86,582,000.00	-6,167,000.00	94,078,164.99	2,206,569.89	97.71%	116.99%
DECEMBER	64,884,000.00	147,681,993.00	-82,797,993.00	149,399,592.39	488,970.50	99.67%	230.26%
TOTAL	819,988,000.00	940,995,841.10	-121,007,841.10	889,430,347.40	51,565,493.70	91.40%	108.47%

Analysis:

The total Cash Allocation received for the year 2016 amounted to Php940,995,841.10 of which 59% was utilized for Personnel Services, 33% for Maintenance and Other Operating Expenses (MOOE), and 3% for Capital Outlay. The remaining 5% represents the unutilized NCA for the year 2016.

Fund Utilization – REGULAR

(IN THOUSAND PESOS)	ALLOTMENT	REALIGNMENT	ADJUSTED ALLOTMENT	OBLIGATIONS	BALANCE	UTILIZATION RATE
Personnel Services	585,819,516	33,465,000	619,284,516	619,283,266	1,250	100%
Maintenance and Other Operating Services	164,401,000	-33,465,000	130,936,000	130,936,000	0	100%
Capital Outlay	60,000,000		60,000,000	14,795,658	45,204,342	25%
TOTAL	810,220,516	0	810,220,516	765,014,924	45,205,592	94.42%

Fund Utilization of Programs

(IN THOUSAND PESOS)	ALLOTMENT	OBLIGATIONS	BALANCE	UTILIZATION RATE
Gender & Development (GAD)	40,660,100.00	892,740.63	39,767,359.37	2.20%
Health Emergency Management Bureau (HEMB)	13,138,787.47	3,568,463.82	9,570,323.65	27.16%
Department of Geriatric Medicine	21,922,827.51	18,349,750.20	3,573,077.31	83.70%
TB DOTS	1,600,000.00	261,187.61	1,338,812.39	16.32%
Leprosy	2,350,000.00	276,621.93	2,073,378.07	11.77%
Medical Assistance Program	57,610,823.64	57,199,583.74	411,239.90	99.29%

IV. FACILITIES AND EQUIPMENTS

EQUIPMENT	OFMO	ACCTG.	BILL.	BDGT.	COLL.	DISB.	PHIC	TOTAL # OF UNITS	ESTIMATED COST	TOTAL AMOUNT	PR No.	STATUS
Air Conditioner, window type, 2HP					1		2	3	30,000.00	90,000.00	2016-10-4785	Procured
Air Conditioner, split type, floor mounted, 3T (include installation)			1					1	75,000.00	75,000.00	2016-06-2537	Procured
Computer, desktop, w/ complete accessories		4	5	1		1	7	18	40,000.00	720,000.00	2016-06-2537	Procured
Hard Drive, 1Terabyte			1				1	2	3,700.00	7,400.00	2016-06-2537	For recanvass
Multicopier, heavy duty							1	1	65,000.00	65,000.00	2016-06-2537	Procured
Paper Shredder	1							1	15,000.00	15,000.00	2016-06-2537	Procured
Printer, dot matrix, 9pin			2		4			6	6,500.00	39,000.00	2 units (2016-06-2537) 4 units (2016-10-4906)	2 units – Procured 4 units – for recanvass
Printer, laserjet (black toner only)		1	2	1		1	17	22	3,500.00	77,000.00	15 units (2016-06-2537) 7 units (2016-10-4906)	Procured
Printer, inkjet, black and tricolor ink (refillable)	1					1		2	8,000.00	16,000.00	2016-10-4906	For signature Reso. Award
Queuing Number Machine							1	1	15,000.00	15,000.00	2016-06-2537	For recanvass
Server, computer		1						1	250,000.00	250,000.00	2017-01-809	For preparation of PO
SUB-TOTAL										1,369,400.00		

FURNITURE & FIXTURE	OFMO	ACCTG.	BILL.	BDGT.	COLL.	DISB.	PHIC	TOTAL # OF UNITS	ESTIMATED COST	TOTAL AMOUNT	PR No.	STATUS
Executive chair						3		3	5,000.00	15,000.00	2016-10-4787	Procured
Gang Chair, 4 seater			3				1	4	8,500.00	34,000.00	2016-06-2537	Procured
Guest chair						3		3	2,000.00	6,000.00	2016-10-4787	Procured
Office chair			15			10		25	3,000.00	75,000.00	15 units	Procured

											(2016-09-4235) 10 units (2016-10-4787)	
Office table			15					15	4,000.00	60,000.00	2016-09-4235	Procured
Steel filing cabinet, heavy duty, approximately H10cm x W45cm x L90cm			1					1	15,000.00	15,000.00	2016-09-4236	Procured
SUB-TOTAL										205,000.00		
GRAND TOTAL										1,574,400.00		

ISSUES AND CONCERNS

BUSINESS PROCESSING CLUSTER

FINANCIAL CONCERNS	RECOMMENDATIONS	TIMELINE	RESPONSIBLE PERSON/S
We have RTH Claims amounting to Php18,983,555.00 for the year 2016	<ul style="list-style-type: none"> Refiling of claims To analyze causes of RTH; percentage of RTH claims of each processor Revision of checklist for PHIC Claims 	<ul style="list-style-type: none"> 5 days upon receipt of RTH claims March 6, 2017 March 6, 2017 	<ul style="list-style-type: none"> Mrs. Lorena S. Panelo, Admin. Officer II Mr. Mark Lucio Hernandez, Admin. Aide III Mrs. Jocelyn B. Garay, SAO-BPC
Based on PCARES survey we have 36% on the NBB compliance	<p>To suggest a post/exit interview of patient by JRRMMC, not only PCARES</p> <p>To include in the patient satisfaction survey upon release of bill</p>	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
10% of the total discharged patients did not utilize PHIC benefits	<ul style="list-style-type: none"> Analyze causes of unutilized PHIC benefits with statistics To create policy, especially to NBB patient, to file their PHIC claim within 24 hrs. Upon admission, Admitting Section 	<ul style="list-style-type: none"> March 6, 2017 March 15, 2017 March 6, 2017 	<ul style="list-style-type: none"> Mrs. Imelda F. San Jose, Admin. Officer V and Rosemarie Echano, Admin. Officer I Ms. Jennifer S. Torneo, Admin. Officer IV Ms. Florence M. Basas, Admin. Officer II

	must inform the patient to pass by PHIC & Claims Department for issuance of documents		
Fees and charges for new and existing equipment/procedures that are not charging for the year	<ul style="list-style-type: none"> To coordinate with CMPS regarding new rates for hospital charges To identify all examination/procedures per department Coordination meeting with CMPS To come up a Hospital Memorandum of fees and charges for all the examination/procedures 	March 15, 2017	Mrs. Teodora R. Baviera, Admin. Officer IV
JRRMMC Policy on Promissory Note vs. Policy on PCSO Endowment Fund	Strengthen the progress billing for pay patient	March 1, 2017	Ms. Imelda F. San Jose, Admin. Officer V
Patients that directly settled their payments to doctor that resulted to complaint	To follow up with Medical Division on the strict implementation of no direct settlement for PF (for Execom meeting discussion)	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
NBB patient are still paying out of pocket expenses due to non-availability of hospital services and supplies	<ul style="list-style-type: none"> To identify all out of pocket expenses and to coordinate with Nursing Division and concerned departments Items in the refunds of patients Petty cash for NBB patient 	<ul style="list-style-type: none"> March 6, 2017 March 6, 2017 	<ul style="list-style-type: none"> Ms. Jennifer S. Torneo, Admin. Officer IV Ms. Maria Annjanette L. Garcia, Accountant IV
We are not ready for the implementation of E-Claims due to the PHIC Accredited Health Information Technology Provider (HITP)	<ul style="list-style-type: none"> To identify the operation (per process) of HITP Coordination meeting with BAMS regarding on subcontracting PHIC Accredited 	March 15, 2017	Mr. Jayson G. Dela Cruz, FMO II

	Health Information Technology Provider (HITP)		
<p>Not tagged as May-Go-Home in Bizbox</p> <p>No May-Go-Home order in patient chart</p> <p>Incomplete data (No RVS and ICD code)</p> <p>Non-compensable diagnosis</p>	<ul style="list-style-type: none"> To prepare a checklist Coordination meeting with Nursing Division and respective departments (Medical) To recommend that the Medical Division should conduct an orientation for ICD-10 Code 	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
<p>Admitting failed to forward Patient Ledger Card at 2:30pm (pm shift)</p> <p>Charging not done by the respective cost center</p> <p>Erroneous encoding of charges</p>	<ul style="list-style-type: none"> Coordination meeting with areas concerned Cost center should be more vigilant in posting charges Coordination meeting with respective cost center To include IHOMP concerning on the system To recommend to the Execom by FMO II to have a Medical Clerk at ER to post charges 	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
<p>Encoding from one system to another delays processing of bills and causes error in encoding</p> <p>Technical concern on system takes time to address</p>	<ul style="list-style-type: none"> Recommend an IT team from different department under Finance to be trained by BAMS Each department should provide data regarding their issues and concerns with BAMS Coordination meeting with BAMS 	<p>March 6, 2017</p> <p>March 6, 2017</p> <p>March 7, 2017</p>	Mrs. Jocelyn B. Garay, SAO-BPC
<p>No relative around when NOD notifies</p> <p>Late notification at the</p>	<p>To prepare a routing slip</p> <p>Billing Clerk is the one who will put the time on</p>	March 7, 2017	Mrs. Jocelyn B. Garay, SAO-BPC

ward	the routing slip so the Nurse will know the time to take the SOA		
Takes time for Resident-in-Charge to fill-up the PF slip	To recommend to discuss by FMO II to the Execom	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
Admitting afternoon shift Failed to forward ledger cards	To create Guarantor Consent Form	March 6, 2017	Mrs. Imelda F. San Jose, Admin. Officer V
Incomplete deposit			
No relative around during issuance of SOA	Coordination meeting with Nursing Division	March 6, 2017	Mrs. Imelda F. San Jose, Admin. Officer V
Billing staff allowed to issue SOA at 4pm as Payward II requested			
No additional deposit despite of notices Patients benefits consumed (PHIC, Senior Citizen, Guarantee Letter, Govt. employee, etc) with hospital bill more than P50,000.00	<ul style="list-style-type: none"> To create policy on the ceiling of the outstanding receivables Accumulated hospital bill more than P20,000.00 verbalized relatives to purchase medicines and medical supplies on a CASH BASIS (PHIC deducted if applicable) To require them to pay daily accumulated bills (like Laboratory, radiological procedures, room accommodation etc.) at the cashier 	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC and Mrs. Imelda F. San Jose, Admin. Officer V
Cannot transfer without payment done/ Promissory Note not allowed Intervention of Consultants in settling PF Patient relatives rely on grant of PCSO/Medical Assistant esp. w/	<ul style="list-style-type: none"> Allowed Pay ward patient to Promissory Note Coordinate with Medical Division to include PF in PN To recommend to patient/relative to seek financial assistance 	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC and Mrs. Imelda F. San Jose, Admin. Officer V

political connection. Transfer takes weeks			
Patients filing without RVS code given by the OPD doctors	Coordination meeting with OPD Chief and Nurse Supervisors	March 9, 2017	Ms. Jennifer S. Torneo, Admin. Officer IV
Delayed filing of PHIC documents resulting to out of pocket expenses	<ul style="list-style-type: none"> To strengthen the marketing of PHIC benefits upon admission Coordination meeting with Nursing Division and HOPSD regarding strategies in utilizing PHIC benefits 	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
Delayed payment of claims and duplication of work for those classified RTH due to wrong evaluation of PHIC	Gathered all the problems concerning PHIC, for coordination meeting with PCARES	February 23, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
Losses due to cancellation by Medical Social Service of ORE-NBB patients after discharge	<ul style="list-style-type: none"> Analysis causes of cancellation Follow-up meeting with MSSD (CIP) Report the percentage of withdrawal ORE-NBB 	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
Non-Availability of Signatories of Doctors on the PHIC Claims	Coordination meeting with CMPS to designate additional signatories of every department (Medical)	March 6, 2017	Mrs. Jocelyn B. Garay, SAO-BPC
PHIC and Claims Work Instruction is not conformity on what is the actual process system	To submit Work Instruction that is conformity with the actual process	March 6, 2017	Ms. Florence M. Basas, Admin. Officer II
Unmet target in processing of claims	<ul style="list-style-type: none"> Indicate all the justification on unmet target: <ol style="list-style-type: none"> Transfer from manual to computerization Training of staff in using of new system Coordination meeting with SAO and FMO II 	March 6, 2017	Ms. Jennifer S. Torneo, Admin. Officer IV

TREASURY CLUSTER

FINANCIAL CONCERNS	RECOMMENDATIONS	TIMELINE	RESPONSIBLE PERSON/S
Outstanding balances of patient covered by medical assistance fund are still reflected in Bizbox	Coordinate with Medical Social Service and IHOMP for strict posting of guarantors and discounts	March 6, 2017	Mrs. Lirio C. Palomar, SAO-Treasury Cluster
<ul style="list-style-type: none"> Non issuance of order of payment or charge slip No transaction/ case number in order of payment Incomplete/no charges were posted in Bizbox Some charges were posted after issuance of clearance that resulted to loss of income 	<ul style="list-style-type: none"> To recommend dedicated personnel to be the administrator as cost center. Coordinate with cost center regarding prompt posting of hospital charges. Coordinate with IHOMP regarding the authority to un-tag as May-Go-Home order. 	March 6, 2017	Mrs. Lirio C. Palomar, SAO-Treasury Cluster
Non posting of charges for ancillaries particularly ambulance conduction, New Born Screening and amputated limb	Coordination meeting with Nursing Division if they are familiar on the charges and IHOMP unit to orient them	March 7, 2017	Mrs. Lirio C. Palomar, SAO-Treasury Cluster
Clearance form is given to relative even if bill is not yet done/chart is still in the department concerned	Coordination meeting with Nursing Division	March 7, 2017	Mrs. Lirio C. Palomar, SAO-Treasury Cluster
Late/incomplete/un-posted Professional fees to be charged as out of pocket for pay patients that resulted to patients' complaints	Coordinate with Medical Division regarding the Hospital Memorandum dated Oct. 17, 2014 for non-submission of professional fees (CIP)	March 6, 2017	Mrs. Lirio C. Palomar, SAO-Treasury Cluster
Incomplete listing of patients transmitted to PHIC Caloocan that resulted to unposted payment	To coordinate with Ms. Gina Claracay (OPD) and Ms. Jackielyn Añosa (POCC) of Business Processing Cluster for the complete listing of transmitted claims	March 6, 2017	Mrs. Cheryl M. Pelias, Admin. Officer II
Duplication of work in terms of posting payments to generate PHIC Report of Collection and Case Rate Report that resulted to waste of time	Full implementation of BAMS	March 7, 2017	Mrs. Lirio C. Palomar, SAO-Treasury Cluster

Rush preparation of checks for cash advances beyond LBP's banking hours	<ul style="list-style-type: none"> • To have a flow chart for cash advances/petty cash • To recommend to prioritize processing of cash advances/petty cash • To have a timeline in preparation of checks 	March 7, 2017	Mrs. Dulce B. Mendoza, Admin. Officer IV
Delay in payment due to failure of dealers to submit their account numbers	To recommend to BAC Sec to require suppliers/dealers their account number as one of the requirements in award of bidding	March 7, 2017	Mrs. Dulce B. Mendoza, Admin. Officer IV
PHIC refunds were not claimed by payees resulting to staled checks	Coordinate with PHIC and Claims Department to require patient/patients' relatives to provide contact numbers upon filing of refund	March 2, 2017	Mrs. Dulce B. Mendoza, Admin. Officer IV
Unreleased checks for Cash & Carry due to undelivered item	Instead of forwarding the vouchers for cash and carry to Finance, Director's Office will give it back to PMD. PMD is the one who will inform the Disbursing Dept. if the delivery is complete before preparing the checks.	February 27, 2017	Mrs. Dulce B. Mendoza, Admin. Officer IV

FINANCIAL PLANNING AND OPERATIONS CLUSTER

FINANCIAL CONCERNS	RECOMMENDATIONS	TIMELINE	RESPONSIBLE PERSON/S
Late submission of reports to other agencies even there's a deadline	<ul style="list-style-type: none"> • Coordinate to Monitoring Committee on the submission of reports from different departments • Identify the department who late to submit the report 	March 6, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
Late submission of computation of electric consumption used by POCC	Coordinate with FMD on the schedule of submission of electric consumption	March 6, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV

Unutilized funds for Elevator and Generator that lapsed for the year ended 2016	<ul style="list-style-type: none"> To identify and report causes of unutilized funds Coordination meeting with FMD and Dr. Montaña to discuss all the issues and concerns from FMD 	May 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
<p>There is always a problem on the vouchers for progress billing of infrastructure projects</p> <p>Schedule of progress billing did not complied</p> <p>Delayed on preparation of voucher</p>	<ul style="list-style-type: none"> Coordination with FMD regarding on the computation Identify the problems 	February 28, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
There is no standard of granting of financial assistance thru MAP for Pay ward Patient	<ul style="list-style-type: none"> To coordinate with Medical Division regarding the standard of granting financial assistance To have a standard report 	March 10, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
Frequently used of petty cash/cash advances due to non-availability of supplies	To analyze the expenses charged to petty cash and cash advances to be included on the protocol	March 15, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
Low utilization rate of funds for major committees with specific sub-allotment	<ul style="list-style-type: none"> To coordinate to committees and monitoring committee Coordination meeting with Dr. Montaña, BAC Sec and the committees 	Every end of 2 nd month of each quarter	<p>Ms. Maria Annjanette L. Garcia, Accountant IV</p> <p>Mrs. Teodora R. Baviera, Admin. Officer IV</p>
Late submission of needed documents for processing of voucher of fixed expenses	<ul style="list-style-type: none"> To come up with the list of schedule of fixed expenses Coordination meeting with concerned areas and PMD To recommend to submit needed documents after 5 working days 	March 6, 2017	Mr. Jose Eddie R. Barnuevo, AO V
Incomplete documents	Prepare checklist of requirements for issuance of CAF	March 6, 2017	Mrs. Ma. Elena E. Hilario, Admin. Officer II
Execom Resolution sometimes contains	Coordination meeting with BAC Sec. on the	March 7, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV

items already included in previous Resolution Execom Resolution for EQUIPMENT at times contains Supplies & Materials Item PR sometimes has issued previous PR	requirements for issuance of CAF		
Request for CAF involves payment for Honoraria, Regulatory Fees/Accreditation, etc.	<ul style="list-style-type: none"> Recommend issuance of policy requiring a checklist attached to request for CAF according to allotment class. All APP should pass through Budget Department for review and notation 	March 7, 2017	Mr. Jose Eddie R. Barnuevo, Admin. Officer V
Validity issue: (4mos./6mos.) Unattainable utilization rate per quarter due to longer validity period for CAF justifying delay in procurement process	For implementation and coordination with BAC Sec.	March 8, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
Inconsistencies in the signatories to BURS/ORS (Box B) attached to Cash Advance vouchers that cause delay in obligation/payment processing because we have to return back the request to revise the BURS/ORS	Coordination meeting with Division Heads regarding process flow	March 7, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
Lacking documents to PO and DV such as CAF and BURS/ORS (for reversion), respectively, that cause delay in obligation as we have to check in our record if the request has issued CAF, if so, the request will be returned back to Procurement for attachment of CAF; as well as in ORS/BURS	Recommending formulation of policy to attach a checklist of requirements for PO and DV as per expense class	March 8, 2017	Mr. Jose Eddie R. Barnuevo, Admin. Officer V
PO with erasure	To include in the policy to not accept PO, return to PMD if there are corrections/erasures	March 6, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
Incomplete documentary	<ul style="list-style-type: none"> Coordination 	March 7, 2017	Ms. Grace Cyril F.

requirements	meeting with concern areas <ul style="list-style-type: none"> To recommend by FMO II to MCC II for issuance of checklist 		Fampula, Admin. Officer I
Time frame in processing Cash Advances and incomplete supporting documents	To coordinate concern departments to submit letter request to MCC II 2 weeks before the training/travel/activity for early processing of their cash advance base on the cut-off	March 6, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV
Inaccurate generated report of Aging of Receivables and Payables Account title and code not in accordance with GAM and UACS code	<ul style="list-style-type: none"> Follow-up of new server (on process for BAC award) Coordination to IHOMPS for installation of new E-NGAS version Update the new version as soon the server becomes available and installation has done. Coordination with DOH Accounting and COA-GAS 	March 10, 2017	Ms. Mary Grace Teja, Admin. Officer I and Mr. Aldy Jayson Navales, Admin. Aide III
Some forms are not in accordance with GAM	<ul style="list-style-type: none"> To prepare list of forms to be updated in accordance with GAM To conduct orientation of filing up of new forms Generate forms appropriate for GAM (to request for soft copy) 	April 1, 2017	Ms. Maria Annjanette L. Garcia, Accountant IV and Ms. Grace Cyril F. Fampula, Admin. Officer I

HRMDD CONCERNS

FINANCIAL CONCERNS	RECOMMENDATIONS	TIMELINE	RESPONSIBLE PERSON/S
Late submission of payroll from HRMDD to Accounting Department because there is only one who checks/review the payrolls and also due to adjustment	<ul style="list-style-type: none"> Coordination meeting with HRMDD To have a micro human resource administrator in charge for monitoring of Finance personnel/ human resource 	February 16, 2017	FMO II Finance SAO CAO HRMDD Head Payrolling Unit Leader
No bank account no. of some employees but still included in the payroll		March 6, 2017	Mrs. Teodora R. Baviera, Admin. Officer IV
Voucher of Actual Service and 1 st payment			
Long period of time to release the ATMs			
Non-completion of personal requirements of some doctors that are needed in appointment			
Bank was not informed about changing of name of female employees due to change of status			
Late processing of 1 st payment			
<ol style="list-style-type: none"> Late/Non submission of DTR by doctors Delayed payroll of Medicare Honorarium of doctors – Non Salaried/Fellow, etc. CRN (GSIS) of Doctors 			
Late updating of GSIS for the ARA submitted			
Late processing of payroll of contractual			
No schedule given on the assigned employees at Geriatrics General Health Services			
TB Dots Contractual (Ms. Laylay) was included in the JRRMMC Contractual			

Payroll			
Inquiry of personal information/records of employee			
Adjustment on Tax			
Summary of Payroll			
Computation on Longevity Pay of new promoted employees			
Distribution of Affiliation 2015-2016			
1. Inconsistency on the number of leaves on the deduction of Subsistence and Laundry Allowance			
2. Overpayment on the resigned employee			
Deduction on Medicare Payroll for the Coop. loan and dormitory fee			
Late issuance of Hospital Order on Cash Advance			
HRMDD representative on Monitoring Committee			
Qualification Standard for the following positions			

Submitted by:



EMMANUEL F. MONTAÑA, JR., M.D.
Medical Center Chief II

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