JOSE R. REYES MEMORIAL MEDICAL CENTER SUMMARY OF ACCOMPLISHMENT FOR 2018

Hospital Profile

Authorized Bed Capacity - 450 Bed Capacity

Implementing Bed Capacity - 712

Category (Specialty/Medical Center/Regional/Provincial/District/Sanitarium/Special) – GENERALMEDICAL CENTER

Hospital License Category – LEVEL 3 (SERVICE CAPABILITY)

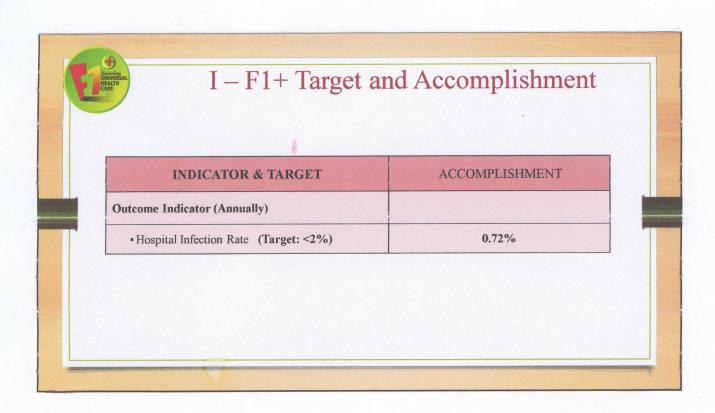
PhilHealth Accreditation - Accredited

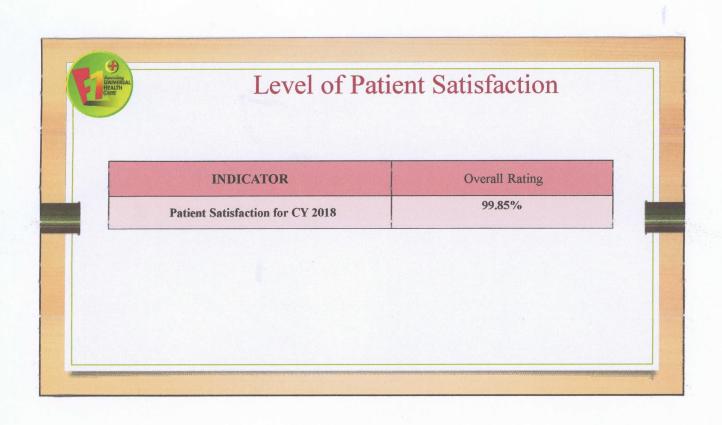
2018 Hospital Statistics

Ave. Bed Occupancy Rate - 103.32%

Ave. Length of Stay - 9 days

Net Death Rate - 5.64%







II – Manpower Complement as of December 31, 2018

HRH Complement	TOTAL No. of PERSONNEL	REMARKS
Plantilla Position (Filled)	1711	
Plantille Position (Unfilled)	355	Appointment in transit, for HRMPSB, ongoing processing of applications
Job Orders	66	On-going processing of applications
TOTAL	2,132	

Percentage of Plantilla Positions filled 82.82%



III - Budget Utilization Report as of December 31, 2018

SUMMARY (in thousand pesos)

EXPENSE CLASS	TOTAL ALLOTMENT	TOTAL OBLIGATION	TOTAL DISRUSSEMENT
Regular Allotment – PS	1,019,382	1,019,127	1,013,988
Regular Allotment - MOOE	91,839	91,839	73,916
Regular Allotment - CO	376,882,610	360,147,403.69	45,401
Sub-Allotments (PS & MOOE)	29,526	26,903	10,125
Hospital Income	673,903	547,587	416,950
*Medical Assistance Program (SAA)	193,670	193,670	153,391
TOTAL	2,383,004	2,229,200	1,713,771
% Utilization		94%	77%

*SAA for P5M received on 12/17/2018 and SAA for P35M received on 12/28/18. Php40M for MAIP no release for NTCA.



III – Budget Utilization Report as of December 31, 2018

A. REGULAR ALLOTMENT - Personal Services (in thousand pesos)

EXPENSE CLASS	TOTAL ALLOTMENT	TOTAL OBLIGATION	TOTAL DISBURSEMENT
Basic Salary	569,095	569,095	567,034
PERA	38,115	38,115	38,115
RATA	642	642	642
Clothing	9,704	9,704	9,704
Subsistence & Laundry Allow	29,858	29,858	29,858
PEI, Hazard & Longevity Pay	139,509	139,509	139,496
Bonus & Cash Gift (MYB/YEB/CG)	102,323	102,323	101,632
Personnel Benefit Contribution	10,538	10,538	10,376
Other Personnel Penelit (Logalty Award Masteral/Night-Shift/TLB/RLIP/CNA)	119,598	119,343	117,131
TOTAL	1,019,382	1,019,127	1,013,988
% Utilization		99.97%	99.50%

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III - Budget Utilization Report as of December 31, 2018

B. REGULAR ALLOTMENT – MOOE (in thousand pesos)

EXPENSE CLASS	TOTAL ALLOTMENT	TOTAL OBLIGATION	TOTAL DISBURSEMENT
Travelling & Training Exp.	1,428	1,428	1,422
Supplies & Materials	12,630	12,630	12,630
Drugs, Meds & Lab Supplies	48,590	48,590	30,910
Mandatory Expenses	13,147	13,147	13,147
Security & Janitorial	10,247	10,247	10,181
Repairs & Maintenance	281	281	281
Other Professional Services	2,981	2,981	2,981
Other MOOE	2,364	2.364	2,364
Taxes & Other Fees	171	171	171
TOTAL	91,839	91,839	73,916
% Utilization		100%	80%



III – Budget Utilization Report as of December 31, 2018

C. REGULAR ALLOTMENT - Capital Outlay

EXPENSE CLASS	ALLOTMENT	OBLIGATION	REMARKS
HFEP - Infrastructure	191,800,000	191,537,310.25	Savings: 262,689.75
HFEP – Equipment	185,082,610	168,610,093.44	Savings of 10,472,510.30 awaiting for guidelines of included in CONAP
HFEP - Land Acquisition	0	0	-
IT Equipment	0	0	-
TOTAL	376,882,610	360,147,403.69	

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III - Budget Utilization Report as of December 31, 2018

D. SUB-ALLOTMENTS (in thousand pesos)

EXPENSE CLASS	ALLOTMENT	OBLIGATION	REMARKS
PS (PBB)	16,097	15,620	
MOOE	13,429	11,283	
CO ·	0	0	0
TOTAL	29,526	26,903	



III - Budget Utilization Report

E. HOSPITAL INCOME (in thousand pesos)

PARTICULARS	AMOUNT	REMARKS
Unutilized Hosp. Income from Prior Years (as of Dec. 31, 2017)	118,087	
Add: PHIC reimbursement Jan. to Dec. 2018	318,278	
Firstinn Lees	237,338	
Total Hospital Income available for utilization	673,903	
Less: Utilization as of Dec 31, 2018	547,587	
Total Available Tiospital Income as of Dec. 51, 2018	120,310	On-going procurement process

^{*} Unpaid collections from PHIC as of Dec. 31, 2018 Php 108,942,534

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III - Budget Utilization Report

E. HOSPITAL INCOME (in thousand pesos)

PARTICULARS	AMOUNT	PERCENTAGE
Income from PhilHealth	318,278	57%
Income from Non-PhilHealth	237,538	43%

Percentage of NBB Compliance as of September 30,2018 65.81% (as per PHIC evaluation) – no data yet provided by PHIC for 4th Quarter



III – Budget Utilization Report

F. MEDICAL ASSISTANCE PROGRAM (in thousand pesos)

PARTICULARS	AMOUNT	REMARKS
Amount Downloaded from MAP funds (as of Dec. 31, 2018)	193,670	Still with unpaid balance based on request for reimbursement amounting to P67,926,034.48
Amount Utilized	193,870	
% of Utilization	100%	
No. of Patients served	87,935	

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Quantified Free Service (QFS)

QFS BASED ON:	Actual	Discount
A. Outpatient		
Consultation Fee/ Registration Fee/ Treatment Procedures		
2. Senior Citizen	8,517,901.02	1,704,555.59
3. Persons with Disability	9,149,717.92	629,927.10
4. Government Worker	2,574,469.03	435,849.27
5. Health Worker	1,123,975.21	224,942.00
B. ER		
1. Consultation Fee/Treatment Procedures	27,837,535.35	478,078.27
C. In-Patient		
1. NBB	115,419,363.01	48,780,190.55
2. PhilHealth Sponsored/Indigent	106,847,289.76	44,825,708.00
3. Senior Citizen	91,048,523.73	32,436,133.48
d. Parenne with Disphility.	8 279 072 57	1 184 920 00
5. Gov't Worker	3,689,447.01	1,265,640.00
6. Health Worker	960,884.42	445,060.00
7. Service Patients(room accom of PHIC other membership and non-phic unpaid	41,068,959.29	
TOTAL	140 544 405 50	132,186,062.26

Fund Sources of Hospital QF3.

(Pls. enumerate)

- 1, Regular Fund
- 2. Hospital Income
- 3. DOH Sub-Allotments
- (MAIP)
- 4. PCSO 5. DSWD

Existing Memorandum of Agreement (MOA)				
Partner Organization/ Unit	Program/Project / Activity	Cost to or Counterpart of Hospital	Status of Implementation	
abella	Patient referrals	Surgery ,Urology and Medical	On going	
an Langua Hospital	Dariant referrals	OR, HNU, Ophtha, Surgery, etc.	On going	
IHD and LGU	Patient referrals	Service Delivery Network	On going	
hilippine Orthopedic	CT scan referrals	Service	On-going	

Partner Organization/ Unit	Program/Project / Activity	Cost to or Counterpart of Hospital	Status of Implementation	
POCC	Radiotherapy	Patients and Staff including the area	On going	

Good Practice/Initiatives	Accomplishment
No queuing for registration at OPD	Encoders hired and trained for centralized registratio and posting
One stop shop at OPD, ESC including admission	Interlink computerization for OPD areas which resulted to easy access to records, billing and payments. Decrease transaction time
Priority Lane for PWDs, Senior Citizen and Pregnant Women	Presence of signage's, directions and custome relations personnel
Implementation of free OPD registration and services starting 3rd quarter of 2016	Free services provided to patients
Availability of state of the art equipment	

Good Practice/Initiatives	Accomplishment	
Florablishment of new Fellowship Programs in different subspecialties Graduates of fellowship programs encouraged to practice in provinces outside NCR	61 Graduated Fellows who are now practicing different areas.	
Integration of related areas thru cabling system	Faster billing of patients and use of electronic patients are cord for PHIC	
Establishment of clubs/organized groups among patients suffering from same diseases	Regular activities of seven (7) clubs (Psorias Leprosy, Diabetes, PUMA, HINGA, Senior Citizen at ARUGA) leading to establishment of better heal attitudes and psychological outcome	
Streamlining of interviews/process for availment for Medical Social Service	Faster release and availment of financial help	
Conduct of regular lay fora and advocacy lectures for patients and relatives	Conducted thirty-seven (37) fora. Effective heal information and education to patients and relatives	

Good Practice/Initiatives	Accomplishment
ree treatment and diagnostic services for ER, Out- atients and In-patients including medicines thru IAIP	No out-of-pocket spending for all service patients.
ne day transaction request for Medical Certificate	
ellowship and Residency Training Programs	20 Sub-specialty Fellowship training; 15 Specialty Residency Training Programs
ostgraduate courses conducted in provinces	Neuro, ENT, Derma

<u>ISSUES AND CONC</u>	RNS	
ISSUES AND CONCERNS	RECOMMENDATIONS	
1. Logistics		
Non-availability of supplies/materials, etc at the Procurement Service with delayed issuance of certificate of non-availability of supplies (CNAS)	Early issuance or release of CNAS	
2. Warehousing		
Limited space of the hospital for warehousing Increasing bulk of papers for safekeeping in the records section, Philhealth, bac documents, etc.	>Centralized warehousing for hospitals especially for records >Fast track disposal of unserviceable equipment	
3. PhilHealth		
a. Philhealth reimbursement	Slow process of reimbursement to	
b. NBB Compliance	➤Increasing amount of bill fo catastrophic cases	
c. Result of PCARES exit interview	>Late submission of data being provided	

ISSUES AND CONCERNS	RECOMMENDATIONS	
4. Financial		
➤ Delayed releases for MAIP/PCSO/PHIC/DSWD reimbursements	➤ Up to date releases in order not to deplete the budget of the hospital and to provide the needed services for the patient ➤ To have the funding in order not to deplete the funding in order not to deplete the funding in order services supplies, etc.	
> Insufficient and decreasing release of budget for MOOE	DOH should review/consider the submitted actual expenditures of the hospital. -Budgeting is subject to budget ceiling of the Department of Health	

ISSUES AND CONCERNS	RECOMMENDATIONS
4 Financial	
Training conducted by DOH	Travelling expenses should not be charged to the sending agency
The amount of guarantee letter for Pay Patients is usually less than the total bill. The difference cannot be charged to MAIP and ends up as promissory note/accounts receivable.	
Equipment is given thru HFEP but the preventive maintenance and operating expense is not included in the MOOE	>Increase the budget for Repair and Maintenance

ISSUES AND CONCERNS	RECOMMENDATIONS
4. Financial	
Accumulated expenses for Dengvaxia patient amounting to Php1,2/6,066.42 is still considered as QFS since it cannot be charged to MAIP, patient is still admitted. Can we be paid in full?	Reimbursement as per submission of statement of account it expense is more than a certain ceiling.
Increases prices of drugs and medicines but DPRI is going down which results in frequent failure of bidding, non delivery of home and increasing amount of party cash for emergency purchase	

	CONCERNS
ISSUES AND CONCERNS	RECOMMENDATIONS
Mannower	
No qualified Civil Service Eligible Conflicting qualification standards Hard to fill-up certain positions (O'I', Speech herapists, Psychologists	➤ Clarification to CSC will be made ➤ Networking with other hospitals
Procurement	
Late issuance of DPRI resulting in failed bidding. No available stock/supplies at PS-DBM	 Suggestion it should conform with Procurement Timeline
Olivis	
Facilities and Management	➤ Electrical requirement of Meralco for powerhouse ➤ Approval needed from Health Facility Dev. Bureau

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collection

YEAR	PROJECTS	PROPOSED BUDGET
2018	1. Design and Build of Specialty Center Building Ph.1	77,500,000.00*
	2. Alteration of Radiotherapy Building to include a New Linear Accelerator Bunker	62,500,000.00*
	3. Renovation of 4 TH and 5 TH Floors	22,200,000.00*
	4. Integration of Electrical Distribution System to Powerhouse	29,600,000.00*
	5. Main Building Façade	14,000,000.00*

2019 1. Completion of Electrical System	
	50,000,000.00
2. Design and Build for the Rehabilitation and Enhancement of Storm Drainage and Sewer System	8,000,000.00
and Sewer System	

YEAR	PROJECTS	PROPOSED BUDGET
2020	1. Completion of Specialty Center Building	379,500,000.00
	2. Renovation and Rehabilitation of Dietary Department	13,000,000.00
	3. Construction of Female Dormitory Building	170,000,000.00
	4. Construction of Radiotherapy Building	200,000,000.00

YEAR	PROJECTS	PROPOSED BUDGET
2021	Construction of Hospital Ramp and Renovation of Adjacent Structures	33,000,000.00
	2. Renovation of Ancillary Services	10,000,000.00

YEAR	PROJECTS	PROPOSED BUDGET
2022	1. Provision of additional wards above OB- Gyne and Renovation of adjacent areas	50,000,000.00
	2 Davies and Build of Nov. ODD Building	320,000,000.00
NOT	E: *On-going/Awarded projects	

