

Strategic Goals and Objectives (a)		Success Indicators and Target (b)	Alloted Budget (c)	Division/Unit Accountable (d)	Actual Accomplishment (e)		Accomplishment Rate (f)	RATING (g)				Remarks/ Justification of Unmet Targets (use separate sheet if needed) (h)
					Raw Data (if applicable)	Actual Accomplishment		Q (1)	E (2)	T (3)	A (4)	
<b>Strategic Functions</b>												
<i>Strengthen the capacity of primary healthcare providers for a functional Service Delivery Network</i>	6 Municipal Health Officers/Medical Officers from Quezon, Laguna and Cavite enrolled in the Practice-Based Medicine as of December 31, 2021	2,600,000.00	Medical Services Division, Family and Community Medicine Department	N:								
				D:								
<i>Develop homegrown capability to render specialty services</i>	13 Residency/Fellowship/Training Programs with complete documents for accreditation as of December 31, 2021	2,460,700.00	Medical Services Division	N:								
				D:								
<b>Average Rating (Strategic Functions)</b>												
<b>Core Functions</b>												
<i>Cover health services that contribute to high out-of-pocket payments</i>	98% patients in basic accommodation with zero co-payment	180,535,000.00	Medical Services Division	N:								
				D:								
<i>Efficiently mobilize and equitably distribute more resources for health</i>	<4% of Returned-to Hospital of the PhilHealth claims	500,000.00	Finance Division - Billing and Claims Section	N:								
				D:								
<i>Increase access to quality essential health products and services</i>	97% of ER Patients with < 4 hours Turnaround Time	5,000,000.00	Medical Services Division and Nursing Services (ER)	N:								
				D:								

DOH - SPMS Form 1

## OFFICE PERFORMANCE COMMITMENT AND REVIEW (OPCR)

Document Code:


Revision No.:

Effectivity:

I, **Ramoncito C. Magnaye**, Head of the **Batangas Medical Center**, commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period January 1 - December 31, 2021.Head of Office: **Ramoncito C. Magnaye, MD, FPCS, MHA**Date: **March 3, 2021**

Approved By:

Date:

  
**DR. MARIA FRANCIS MICIANO-LAXAMANA, MHS, MHA, CHS**

Strategic Goals and Objectives (a)	Success Indicators and Target (b)	Alloted Budget (c)	Division/Unit Accountable (d)	Actual Accomplishment (e)		Accomplishment Rate (f)	RATING (g)				Remarks/ Justification of Unmet Targets (use separate sheet if needed) (h)	
				Raw Data (if applicable)	Actual Accomplishment		Q (1)	E (2)	T (3)	A (4)		
<i>Increase access to quality essential health products and services</i>	90% of patients with < 4 hours Discharge Process Turnaround Time	N/A	Medical Services and Nursing Services	N:								
				D:								
<i>Pursue high impact health policy reforms</i>	<1% Hospital Acquired Infection Rate	55,000,000.00	Medical Services Division (Pathology Department)	N:								
				D:								
<i>Increase access to quality essential health products and services</i>	90% of inpatient laboratory test result with < 5 hours Turnaround Time	84,038,324.94	Medical Services Division (Pathology Department)	N:								
				D:								
<i>Pursue high impact health policy reforms</i>	Accreditation of the hospital to ISO and PGS Initiation Stage (Stage 1)	1,380,000.00	ISO, PGS Team and All Divisions	N:								
				D:								
<i>Increase access to quality essential health products and services</i>	Report Card Survey (RCS) Scores- 90%	1,000,000.00	ARTA Unit	N:								
				D:								
<i>Pursue high impact health policy reforms</i>	8 Research outputs	3,272,380.00	PETRO, Research Committee and Ethics Committee	N:								
				D:								
<b>Average Rating (Core Functions)</b>												
<b>Support Functions</b>												
<i>To ensure efficient utilization of DOH funds</i>	Budget Utilization Rate for FY 2019	1,349,001,000.00	Finance Division (Accounting and Budget Section)	N:								
				a) Obligation Utilization Rate - 95%	D:							
	b) Disbursement Utilization Rate- 80%	1,079,200,800.00	Finance Division (Accounting and Budget Section)	N:								
				D:								
<i>To increase capacity of DOH personnel in order to improve workplace performance</i>	100% (1569 out of 1569) of all internal staff provided with learning and development interventions (LDIs) and/or updates	2,245,428.50	PETRO and HRMO	N:								
				D:								

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				Raw Data (if applicable)	Actual Accomplishment		Q (1)	E (2)	T (3)	A (4)		
<i>To ensure compliance with cross-cutting requirements based on standard procedures and timelines in accordance to ARTA and other relevant laws</i>	a) 100% of nonconformities (or similar) responded with Request for Action within the prescribed timeline	N/A	ISO	N:								
				D:								
	b) 100% of complaints closed	N/A	Legal Office, Office of the Medical Center Chief, Grievance Committee and other concerned departments	N:								
				D:								
	c) 35% of COA Audit Recommendations fully implemented	50,000.00	Finance Division and other concerned departments	N:								
				D:								
	d) 100% of received FOI requests that were responded to within the prescribed timeline	N/A	All Hospital Divisions and personnel	N:								
				D:								
<i>To ensure the delivery of quality service through the provision of adequate human resource based on the approved standard staffing pattern</i>	100% (733 out of 733) of positions filled (for non-medical positions) as of December 31, 2021	1,145,382,000.00	HRMO, HOPSS Division, Finance Division, Medical Services Division and Nursing Services Division	N:								
				D:								
	100% ( 925 out of 925) of Nurse, Medical Officer, Medical Specialists positions filled as of December 31, 2021		HRMO, Medical Services Division and Nursing Services Division	N:								
				D:								
<b>Average Rating (Support Functions)</b>												
<b>RATING</b>												
Function	Percentage Distribution	Average Rating per Function	Final Rating per Function (Average Rating x Percentage Distribution)	Final Rating (i)	Adjectival Rating (j)	Remarks						
Strategic Functions	40%											
Core Functions	50%											
Support Functions	10%											
Prepared by (k):		Date:	Validated and Approved by (l):						Date:			
ANA MARISSE M. MANGUBAT, Rpm PMT Secretariat		March 3, 2021	DR. MARIA FRANCIA VICIANO-LAXAMANA, MHSA, MHA, CHS Supervisor									
For NPMT use, do not fill-up columns (m) & (n)												
Assessed by (m):		Date:	Final Rating by (n):						Date:			
Planning Office, HPDPB			Chair, National Performance Management Team									
Legend: 1- Quality 2- Efficiency 3- Timeliness 4- Average <span style="color: green;">●</span> (100% and above) <span style="color: yellow;">●</span> (70%-99%) <span style="color: red;">●</span> (69% - below)												