





DOH - SPMS Form 1										Document Code:		
OFFICE PERFORMANCE COMMITMENT AND REVIEW (OPCR)										Revision No.:		
										Effectivity:		
<p>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, 2020.</p> <p style="text-align: right;"> Head of Office: Ramoncito C. Magnaye, MD, FPCS, MHA Date: July 28, 2020 </p>												
Approved By:										Date:		
DR. MARIA FRANCIA MICIANO-LAXAMANA, MHSA, 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)		
Strategic Functions												
<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, 2020	1,000,000.00	Medical Services Division, Family and Community Medicine Department	N:								
				D:								
<i>Develop homegrown capability to render specialty services</i>	11 Residency/Fellowship Training Programs accredited as of December 31, 2020	200,000.00	Medical Services Division	N:								
				D:								
Average Rating (Strategic Functions)												
Core Functions												
<i>Cover health services that contribute to high out-of-pocket payments</i>	96% patients in basic accommodation with zero co-payment	50,000,000.00	Medical Services Division	N:								
				D:								
<i>Efficiently mobilize and equitably distribute more resources for health</i>	<6% of Returned-to Hospital of the PhilHealth claims	31,450,000.00	Finance Division - Billing and Claims Section	N:								
				D:								
<i>Increase access to quality essential health products and</i>	95% of ER Patients with < 4 hours Turnaround Time	6,000,000.00	Medical Services Division and Nursing Services (ER)	N:								
				D:								
<i>Increase access to quality essential health products and</i>	85% of patients with < 4 hours Discharge Process Turnaround Time	1,000,000.00	Medical Services and Nursing Services	N:								
				D:								
<i>Pursue high impact health policy reforms</i>	<2% Hospital Acquired Infection Rate	2,000,000.00	Medical Services Division (Pathology Department)	N:								
				D:								
<i>Increase access to quality essential health products and</i>	85% of inpatient laboratory test result with < 5 hours Turnaround Time	131,284,238.00	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)	3,000,000.00	ISO, PGS Team and All Divisions	N:								
				D:								
<i>Increase access to quality essential health products and</i>	Report Card Survey (RCS) Scores- 85%	1,000,000.00	ARTA Unit	N:								
				D:								
<i>Pursue high impact health policy reforms</i>	7 Research outputs	2,600,000.00	PETRO, Research Committee and Ethics Committee	N:								
				D:								
Average Rating (Core Functions)												
Support Functions												
<i>To ensure efficient utilization of DOH funds</i>	Budget Utilization Rate for FY 2019 a) Obligation Utilization Rate - 95% b) Disbursement Utilization Rate- 70%	1,196,442,991.00	Finance Division (Accounting and Budget Section)	N:								
				D:								
<i>To increase capacity of DOH personnel in order to improve workplace performance</i>	100% (1565 out of 1565) of all internal staff provided with learning and development interventions (LDIs) and/or updates	4,300,000.00	PETRO and HRMO	N:								
				D:								

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>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	N/A	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:							
	e) 100% of documents/requests processed within the prescribed timeline	N/A	All Departments	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>	75% (550 out of 733) of positions filled (for non-medical positions) as of December 31, 2020	331,102,581.36	HRMO, HOPSS Division, Finance Division, Medical Services Division and Nursing Services Division	N:							
				D:							
	75% (694 out of 925) of Nurse, Medical Officer, Medical Specialists positions filled as of December 31, 2020	776,740,429.64	HRMO, Medical Services Division and Nursing Services Division	N:							
				D:							
Average Rating (Support Functions)											
RATING											
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		July 28, 2020	DR. MARIA FRANCIA MICIANO-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		 (100% and above)  (70%-99%)  (69% - below)									