

OFFICE PERFORMANCE COMMITMENT AND REVIEW QUARTERLY MONITORING OF ACCOMPLISHMENT FY 2020 : <u>3rd</u> Quarter**						Document Code:	
						Revision No.:	
						Effectivity:	
Name of Office*: Batangas Medical Center							
Strategic Goals and Objectives (a)	Success Indicators and Target (b)	Quarterly Target (c)	Accomplishment of the Quarter (d)		Accomplishment Rate (e)	Remarks (f)	
			Raw Data (if applicable)	Actual Accomplishment			
Strategic Functions							
Strengthen the capacity of primary healthcare providers for a functional Service Delivery Network	6 Municipal Health Officers/Medical Officers from Quezon, Laguna and Cavite enrolled in the Practice-Based Medicine as of December 31, 2020	2	N:	0	N/A	N/A	Target already met on the 1st quarter of FY 2020
			D:	0			
Develop homegrown capability to render specialty services	11 Residency/Fellowship Training Programs accredited as of December 31, 2020	10	N:	10	100%	100%	
			D:	10			
Core Functions							
Cover health services that contribute to high out-of-pocket payments	96% patients in basic accommodation with zero co-payment	96%	N:	925	96%	100%	
			D:	966			
Efficiently mobilize and equitably distribute more resources for health	<6% of Returned-to Hospital of the PhilHealth claims	<6%	N:	1105	33%	18%	Reasons for returning of claims: (1) Incomplete accomplishment of CF4 ; and (2) As per Philhealth, documents sent to them were unreadable
			D:	3346			
Increase access to quality essential health products and services	95% of ER Patients with < 4 hours Turnaround Time	95%	N:	3771	89%	94%	The implementation of infection control protocol due to Covid-19 affected the TAT in the area
			D:	4235			
Increase access to quality essential health products and services	85% of patients with < 4 hours Discharge Process Turnaround Time	85%	N:	1398	78%	92%	Due to Covid-19 pandemic, patients and relatives had difficulty in transportation and most were unable to process their Philhealth requirements and outstanding bills
			D:	1783			
Pursue high impact health policy reforms	<2% Hospital Acquired Infection Rate	<2%	N:	8	0.37%	541%	
			D:	2184			
Increase access to quality essential health products and services	85% of inpatient laboratory test result with < 5 hours Turnaround Time	85%	N:	30483	100%	100%	
			D:	30483			
Pursue high impact health policy reforms	Accreditation of the hospital to ISO and PGS Initiation Stage (Stage 1)	ISO and PGS Initiation Stage (Stage 1)	N:	N/A	ISO and PGS Initiation Stage (Stage 1)	100%	
			D:	N/A			
Increase access to quality essential health products and services	Report Card Survey (RCS) Scores- 85%	85%	N:	N/A	N/A	N/A	No RCS Score released yet as per Anti-Red Tape Authority (ARTA)
			D:	N/A			
Pursue high impact health policy reforms	7 Research outputs	2	N:	6	100%	100%	Target for FY 2020 already met
			D:	6			
Support Functions							
To ensure efficient utilization of DOH funds	Budget Utilization Rate for FY 2020	75%	N:	947,482,866.07	66.49%	89%	Allotments for COVID and Medical Assistance to Indigent Patients (MAIP) were granted this quarter; for MAIP a sub-allotments of 17M was granted last August 2020; for Covid - a sub-allotment of 13M was granted from July to September 2020
	a) Obligation Utilization Rate - 95%		D:	1,424,916,286.03			

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			Raw Data (if applicable)	Actual Accomplishment			
To ensure efficient utilization of DOH funds	b) Disbursement Utilization Rate- 75%	75%	N:	893,910,607.29	94.35%	125.79%	
			D:	947,482,866.07			
To increase capacity of DOH personnel in order to improve workplace performance	100% (1565 out of 1565) of all internal staff provided with learning and development interventions (LDIs) and/or updates	25%	N:	277	71%	284%	
			D:	391			
To ensure compliance with cross-cutting requirements based on standard procedures and timelines in accordance to ARTA and other relevant laws	a) 100% of nonconformities (or similar) responded with Request for Action within the prescribed timeline	100%	N:	1	33%	33%	Building permit for Internal Medicine and Surgery is on-process
			D:	3			
	b) 100% of complaints closed	100%	N:	6	100%	100%	
			D:	6			
	c) 35% of COA Audit Recommendations fully implemented	35%	N:	N/A	N/A	N/A	No Audit Observation Memorandum issued within the quarter
			D:	N/A			
	d) 100% of received FOI requests that were responded to within the prescribed	100%	N:	N/A	N/A	N/A	No FOI received for this quarter
			D:	N/A			
To ensure the delivery of quality service through the provision of adequate human resource based on the approved standard staffing pattern	75% (550 out of 733) of positions filled (for non-medical positions) as of December 31, 2020	75%	N:	695	126%	168%	
			D:	550			
	75% (694 out of 925) of Nurse, Medical Officer, Medical Specialists positions filled as of December 31, 2020	75%	N:	878	127%	169%	
			D:	694			
Reported by (g): RAMONCITO C. MAGNAYE, MD, FPCS, MHA Medical Center Chief II		Date: October 29,2020	Approved & Validated by (h): DR. MARIA FRANCIA MICUANO-LAXAMANA, MHSA, MHA, CHS Assistant Secretary of Health			Date:	