

Your report for year **2023** is **not** yet submitted!

Show Progress (100%)

Welcome DOH3827! Facility Name: RAMON MAZA SR. MEMORIAL DISTRICT HOSPITAL Today is Tuesday, March 19, 2024 Reporting Year: 2023 ▼



Republic of the Philippines
Department of Health

Online Health Facility Statistical Report System

HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Facility Profile	I. General Information	II. Hospital Operations	III. Staffing Pattern	IV. Expenses	V. Revenues	Report
Logout	Forms					

Online Health Facility Statistical Report System



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

A.O. N

ANNUAL HEALTH FACILITY STATISTICAL REPORT

YEAR 2023

Name of Hospital: RAMON MAZA SR. MEMORIAL DISTRICT HOSPITAL

Street Address:

City / Municipality: SIBALOM

District / Province: ANTIQUE

Region: REGION VI (WESTERN VISAYAS)

Contact Number:

Fax Number:

Email Address: rmsmdh@gmail.com

(PLEASE FILL OUT ALL ITEMS. PUT N/A IF NOT APPLICABLE.)

I. GENERAL INFORMATION

A. Classification

1. Service Capability

- Service capability: Capability of a hospital/other health facility to render administrative, clinical, ancillary and other services

General:

- ☒ Level 1 Hospital
☐ Level 2 Hospital
☐ Level 3 Hospital (Teaching/Training)

[] Infirmary

Trauma Capability:

- ☐ Trauma Capable
☒ Trauma Receiving

2. Nature of Ownership

Government:

- ☐ National - DOH Retained/Renationalized
☒ Local (Specify):
 ☒ Province
 ☐ City
 ☐ Municipality

- ☐ DILG - PNP
☐ DND - AFP
☐ DOJ
☐ State Universities and Colleges (SUCs)
☐ Others (Specify):

Specialty: (Specify)

- ☐ Treats a particular disease
☐ Treats a particular organ
☐ Treats a particular class of patients
☐ Others(Specify):

Private:

- ☐ Single Proprietorship/Partnership/Corporation
☐ Religious
☐ Civic Organization
☐ Foundation
☐ Others(Specify):

B. Quality Management

- Quality Management/Quality Assurance Program: Organized set of activities designed to demonstrate on-going assessment of important aspects of patient services

[] ISO Certified (Specify ISO Certifying Body and area(s) of the hospital with Certification)

Validity Period:

[] International Accreditation

Validity Period:

[✓] PhilHealth Accreditation

Validity Period:

[✓] Basic Participation

■ Jan 01, 2023 - Dec 31, 2023

[] Advanced Participation

[] PCAHO

Validity Period:

C. Bed Capacity/Occupancy

Authorized Bed Capacity: 25 beds

Authorized bed: Approved number of beds issued by HFSRB/RO, the licensing offices of DOH

Implementing Beds: 50 beds

Implementing beds: Actual beds used (based on hospital management decision)

Bed Occupancy Rate (BOR) Based on Authorized Beds: 122.09% beds

$$\frac{[\text{Total Inpatient service days for the period}]^{**}}{[\text{Total number of Authorized beds}] \times [\text{Total days in the period (365 Or 366 for leap year)}]} \times 100$$

Bed Occupancy Rate: The percentage of inpatient beds occupied over a given period of time. It is a measure of the intensity of hospital resources utilized (given period of time is January 1 to December 31 each year for the annual statistics)

Inpatient Service days (Inpatient bed days): Unit of measure denoting the services received by one in-patient in one 24 hour period.

Total Inpatient Service days or Inpatient Bed days = [(Inpatients remaining at midnight + Total admissions) - Total discharges/deaths] + (number of admissions discharges on the same day)].

II. HOSPITAL OPERATIONS**A. Summary of Patients in the Hospital**

For each category listed below, please report the total volume of services or procedures performed.

**Inpatient: A patient who stays in a health facility licensed to admit patients, while under treatment

Inpatient Care	Number
Total number of inpatients	3,282
Total Newborn (In facility deliveries)	636
Total Discharges (Alive)	3,243
Total patients admitted and discharged on the same day	66
Total number of inpatient bed days (service days)	11,141
Total number of inpatients transferred TO THIS FACILITY from another facility for inpatient care	965
Total number of inpatients transferred FROM THIS FACILITY to another facility for inpatient care	180
Total number of patients remaining in the hospital as of midnight last day of previous year	21

B. Discharges

Type of Service	No. of Patients	Total Length of Stay/ Total No. of Days Stay	Type of Accomodation								Condition on Discharge										Reimbursement
			Non-Philhealth			Philhealth			HMO	OWWA	R/I	T	H	A	U	Deaths			Total Discharges		
			Pay	Service/Charity	Total	Pay	Service/Charity	Total								< 48 hrs	≥ 48 hrs	Total			
Medicine	1,392	5,501	16	84	100	0	1,292	1,292	0	0	1,332	0	0	0	0	0	0	0	1,332		
Obstetrics	636	805	9	60	69	0	567	567	0	0	636	0	0	0	0	0	0	0	636		

Gynecology	58	50	3	44	47	0	11	11	0	0	45	0	0	0	0	0	0	0	0
Pediatrics	988	3,952	20	180	200	0	400	400	0	5	0	0	0	0	0	0	0	0	0
Surgery																			
Pedia	10	35	0	2	2	0	8	8	0	1	7	0	0	0	0	0	0	0	7
Adult	31	156	0	2	2	0	29	29	0	0	27	3	1	0	0	0	0	0	31
Other(s)																			
GUTI	151	604	5	15	20	0	131	131	0	0	147	2	2	0	0	0	0	0	151
EENT	16	38	0	8	8	0	8	8	0	0	16	0	0	0	0	0	0	0	16
Total	3,282	11,141	53	395	448	0	2,446	2,446	0	6	2,210	5	3	0	0	0	0	0	2,218
Total Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pathologic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Pathologic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*R/I - Recovered/Improved

T - Transferred

U - Unimproved

H - Home Against Medical Advice

A - Absconded

D - Died

Average Length of Stay (ALOS) of Admitted PatientsTotal length of stay of discharged patients (including Deaths) in the period = 5 - 6 Day(s)

Total Discharges and Deaths for the same period

- Average length of stay: Average number of days each inpatient stays in the hospital for each episode of care.

Ten Leading causes of Morbidity based on final discharge diagnosis

For each category listed below, please report the total number of cases for the top 10 illnesses/injury.

(Do not include deliveries)

Cause of Morbidity/Illness/Injury	Number	ICD-10 Code
1. Influenza and pneumonia	429	J10-J18
2. Infections specific to the perinatal period	219	P35-P39
3. Diseases of esophagus, stomach and duodenum	165	K20-K31
4. Other diseases of the urinary system	156	N30-N39
5. Intestinal infectious diseases	147	A00-A09
6. Hypertensive diseases	92	I10-I15
7. Acute upper respiratory infections	35	J00-J06
8. Chronic lower respiratory diseases	32	J40-J47
9. Infections of the skin and subcutaneous tissue	29	L00-L08
10. Arthropod-borne viral fevers and viral hemorrhagic fevers	14	A90-A99

Kindly accomplish the "Ten Leading Causes of Morbidity/Diseases Disaggregated as to Age and Sex" in the table below.

Cause of Morbidity/Illness/Injury	Age Distribution of Patients																								Total											
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 - 44		45 - 49		50 - 54			55 - 59		60 - 64		65 - 69		70 & over		Sub total		
Spell out. Do not abbreviate.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1. Influenza and pneumonia	43	27	46	36	23	13	11	4	1	6	1	4	4	3	5	5	4	3	1	3	3	2	9	9	11	8	13	9	12	11	55	44	242	187	429	
2. Infections specific to the perinatal period	109	110	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	109	110	219
3. Diseases of esophagus, stomach and duodenum	3	0	9	4	18	9	6	5	5	24	5	12	12	7	3	2	1	4	3	2	4	3	2	4	2	7	2	1	0	1	2	3	77	88	165	
4. Other diseases of the urinary system	4	2	9	16	7	8	6	4	3	11	2	9	4	7	3	3	5	3	2	8	1	3	3	2	0	2	2	5	1	5	4	12	56	100	156	
5. Intestinal infectious diseases	5	4	20	14	6	4	4	3	2	4	6	3	6	5	5	5	2	2	2	2	4	1	1	9	3	4	5	5	1	1	4	5	76	71	147	
6. Hypertensive diseases	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	3	4	6	0	7	3	2	2	4	5	7	9	9	7	8	1	11	35	57	92	

7. Acute upper respiratory infections	0	1	8	3	2	2	2	3	3	4	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
---------------------------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Total Number of Deliveries

Total Number of Deliveries
For each category of delivery listed below, please report the total number of deliveries.

Deliveries	Number
Total number of in-facility deliveries	636
Total number of live-birth vaginal deliveries (normal)	636
Total number of live-birth C-section deliveries (Caesarians)	2
Total number of other deliveries	0

Outpatient Visits, including Emergency Care, Testing and Other Services

For each category of visit of service listed below, please report the total number of patients receiving the care.

Outpatient visits	Number
Number of outpatient visits, new patient	3,726
Number of outpatient visits, re-visit	1,652
Number of outpatient visits, adult (Age 19 years old and above)	3,265
Number of outpatient visits, pediatric (Age 0 to 18 yrs old; before 19th birthday)	2,113
Number of adult general medicine outpatient visits	4,200
Number of specialty (non-surgical) outpatient visits	626
Number of surgical outpatient visits	0
Number of antenatal care visits	0
Number of postnatal care visits	0

Ten Leading Causes of OPD Consultation

Ten Leading OPD Consultations	Number	ICD-10 Code
1. Other bacterial diseases	798	A30-A49
2. Injury of unspecified body region	600	T08-T14
3. General symptoms and signs	175	R50-R69
4. Certain early complications of trauma	148	T79
5. Symptoms and signs involving cognition, perception, emotional state and behavior	136	R40-R46
6. Acute upper respiratory infections	120	J00-J06
7. Symptoms and signs involving the digestive system and abdomen	58	R10-R19
8. Other diseases of the urinary system	40	N30-N39

Ten Leading Causes of ER Consultation

Ten Leading ER Consultations	Number	ICD-10 Code
1. Injury of unspecified body region	1,147	T08-T14
2. General symptoms and signs	517	R50-R69
3. Symptoms and signs involving the circulatory and respiratory systems	408	R00-R09
4. Symptoms and signs involving the digestive system and abdomen	321	R10-R19
5. Symptoms and signs involving cognition, perception, emotional state and behavior	171	R40-R46
6. Other diseases of the urinary system	12	N30-N39

TESTING

Total number of medical imaging tests (all types including x-rays, ultrasound, CT scans, etc.)	Number
X-Ray	1,424
Ultrasound	0
CT-Scan	0
MRI	0
Mammography	0
Angiography	0
Linear Accelerator	0
Dental X-Ray	0
Other	0
Total number of laboratory and diagnostic tests (all types, excluding medical imaging)	
Urinalysis	2,910
Fecalysis	712
Hematology	7,130
Clinical chemistry	1,505
Immunology/Serology/HIV	0
Microbiology (Smears/Culture & Sensitivity)	0
Surgical Pathology	0
Autopsy	0
Cytology	0
Blood Service Facilities	
Number of Blood units Transfused	189

EMERGENCY VISITS

Emergency visits	Number
Total number of emergency department visits	5,795
Total number of emergency department visits, adult	4,065
Total number of emergency department visits, pediatric	1,730
Total number of patients transported FROM THIS FACILITY'S EMERGENCY DEPARTMENT to another facility for inpatient care	0
Total number of patients transported TO THIS FACILITY'S EMERGENCY DEPARTMENT from other health facilities i.e. RHU, Medical Clinic, Infirmary, other hospital)	965

C. Deaths

For each category of death listed below, please report the total number of deaths.

Types of deaths	Number
Total deaths	84
Total number of inpatient deaths	39
▪ Total deaths < 48 hours	19
▪ Total deaths ≥ 48 hours	20
Total number of emergency room deaths	13
Total number of cases declared 'dead on arrival'	32
Total number of stillbirths	0
Total number of neonatal deaths	0
Total number of maternal deaths	0

Gross Death Rate 0.00%

Gross Death Rate = $\frac{\text{Total Deaths (including newborn for a given period)}}{\text{Total Discharges and Deaths for the same period}} \times 100$

0.00% = $\frac{0}{2,218} \times 100$ (System generated)

Net Death Rate 0.00%

Net Death Rate = $\frac{\text{Total Deaths (including newborn for a given period)} - \text{death} < 48 \text{ hours for the period}}{\text{Total Discharges (including deaths and newborn)} - \text{death} < 48 \text{ hours for the period}} \times 100$

0.00% = $\frac{0-0}{2,218-0} \times 100$ (System generated)

Ten Leading Causes of Mortality/Deaths and Total Number of Mortality/Deaths.

(Do not include Cardio-respiratory arrest, put underlying cause instead)

Mortality/Deaths	Number	ICD-10 Code
1. Influenza and pneumonia	17	J10-J18
2. Cerebrovascular diseases	6	I60-I69
3. Ischemic heart diseases	5	I20-I25
4. Other bacterial diseases	4	A30-A49
5. Other diseases of the respiratory system	2	J95-J99
6. Other forms of heart disease	2	I30-I52
7. Renal failure	1	N17-N19
8. Chronic lower respiratory diseases	1	J40-J47

Kindly accomplish the "Ten Leading Causes of Mortality/Deaths Disaggregated as to Age and Sex" in the table below.

(Do not include cardio-respiratory Arrest and maternal deaths)

Cause of Mortality (Underlying)	Age Distribution of Patients																												Total	ICD-10 CODE / TABULAR LIST						
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 -24		25 - 29		30 - 34		35 - 39		40 - 44		45 - 49		50 - 54		55 - 59		60 - 64				65 - 69		70 & over		Sub total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			M	F	M	F		
Spell out. Do not abbreviate.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
1. Influenza and pneumonia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17	J10-J18	
2. Cerebrovascular diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	I60-I69	
3. Ischemic heart diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	I20-I25	
4. Other bacterial diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	A30-A49	
5. Other diseases of the respiratory system	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	J95-J99	
6. Other forms of heart disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	I30-I52	
7. Renal failure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	N17-N19	
8. Chronic lower respiratory diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	J40-J47	

D. Healthcare Associated Infections (HAI)

HAI are infections that patients acquire as a result of healthcare interventions. For purposes of Licensing, the four (4) major HAI would suffice.

For All Hospitals (General and Specialty)

$$\text{INFECTION RATE} = \frac{\text{Number of Healthcare Associated Infections} \times 100}{\text{Number of Discharges}}$$

Device Related Infections

$$1. \text{ Ventilator Acquired Pneumonia (VAP)} = \frac{\text{Number of Patients with VAP}}{\text{Total Number of Ventilator Days}} \times 1000$$

(Not to be filled up by Level 1 with no ICU facilities)

$$2. \text{ Blood Stream Infection (BSI)} = \frac{\text{Number of Patients with BSI}}{\text{Total Number of Central Line (peripheral lines not included)}} \times 1000$$

$$3. \text{ Urinary Tract Infection (UTI)} = \frac{\text{Number of Patients (with catheter) with UTI}}{\text{Total Number of Catheter Days}} \times 1000$$

Non-Device Related Infections

$$\text{Surgical Site Infections (SSI)} = \frac{\text{Number of Surgical Site Infections (Clean Cases)}}{\text{Total number of Clean Procedures done}} \times 100$$

	Percentage (%)
INFECTION RATE	0.00
Device Related Infections	
Ventilator Acquired Pneumonia (VAP)	0.00
Blood Stream Infection (BSI)	0.00
Urinary Tract Infection (UTI)	0.00
Non-Device Related Infections	
Surgical Site Infections (SSI)	0.00

E. Surgical Operations

Major Operation refers to surgical procedures requiring anesthesia/ spinal anesthesia to be performed in an operating theatre. (Refer to different cutting speciali

Minor Operation refers to surgical procedures requiring only local anesthesia/ no OR needed, example suturing.
(Refer to different cutting specialties)

10 Leading Major Operations (excluding Caesarian Sections)		Number
1	Palatoplasty for cleft palate, soft and/or hard palate only	52
2	44950-APPENDECTOMY	2
3	Bilateral tubal ligation	1
4	HERNIORAPHY	1
5	Dilation and Curretage	1

10 Leading Minor Operations		Number
1	Suturing of wounds	600
2	REMOVAL OF FOREIGN BODY,UNSPECIFIED	30
3	Simple excision	15
4	CIRCUMCISION	14
5	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia)	2
6	Debridement; skin, partial thickness	1

III. STAFFING PATTERN (Total Staff Complement)

Profession/Position/Designation	Specialty Board Certified	Total staff working full time (at least 40 hours/week)		Total staff working part time (at least 20 hours/week)		Active Rotating or Visiting/ Affiliate	Outsourced
		Number of permanent full time staff	Number of contractual full time staff	Number of permanent part time staff	Number of contractual part time staff		
A. Medical							
1. Consultants	0	0	0	0	0	0	0
1.1 Internal Medicine	0	0	0	0	0	0	
a. Generalist	0	3	5	0	0	0	

b. Cardiologist	0	0	0	0	0	0	
c. Endocrinologist	0	0	0	0	0	0	
d. Gastro-Enterologist	0	0	0	0	0	0	
e. Pulmonologist	0	0	0	0	0	0	
f. Nephrologist	0	0	0	0	0	0	
g. Neurologist	0	0	0	0	0	0	
1.2. Obstetrics/ Gynecology (and sub-specialty)	0	0	1	0	0	0	
1.3. Pediatrics (and sub- specialty)	0	0	0	0	0	0	
1.4. Surgery (and sub- specialty)	0	0	1	0	0	0	
1.5. Anesthesiologist	0	1	0	0	0	0	
1.6. Radiologist	0	0	0	0	0	0	0
1.7. Pathologist	0	0	0	0	0	0	0
2. Post-Graduate Fellows (Indicate specialty/subspecialty)	0	0	0	0	0	0	0
3. Residents	0	0	0				
3.1. Internal Medicine	0	0	0				
3.2. Obstetrics-Gynecology	0	0	0				
3.3. Pediatrics	0	0	0				
3.4. Surgery	0	0	0				
B. Allied Medical							
1. Nurses		10	29				
2. Midwives		3	5				
3. Nursing Aides		0	7				
4. Nutritionist		1	0				
5. Physical Therapist		0	0				
6. Pharmacists		2	2				
7. Medical Technologist		2	8				
8. Laboratory Technician		0	0				
9. X-Ray Technologist/X-Ray Technician		1	1				
10. Medical Equipment Technician		1	0				
11. Social Worker		1	0				
12. Medical Records Officer/ Hospital Health Information Officer		1	0				
C. Non-Medical							
1. Chief Administrative Officer		1	0				
2. Accountant		0	0				
3. Budget officer		0	0				
4. Cashier		1	0				
5. Clerk		1	19				
6. Engineer		0	0				
7. Driver		1	5				
9. General Support Staff		0	5	0	0	0	0
- Janitorial		5	19	0	0	0	0
- Maintenance		1	1	0	0	0	0
- Security		1	0	0	0	0	4

IV. EXPENSES

Report all money spent by the facility on each category.

Expenses	Amount in Pesos
Amount spent on personnel salaries and wages	15,177,558.76
Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example: social security contributions, health insurance)	2,231,562.67
Allowances provided to employees at this facility (Allowances are in addition to wages/salaries. Allowances include for example: clothing allowance, PERA, vehicle maintenance allowance and hazard pay.)	9,071,668.78
TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS)	26,480,790.21
Total amount spent on medicines	379,147.61
Total amount spent on medical supplies (i.e. syringe, gauze, etc.; exclude pharmaceuticals)	546,130.00
Total amount spent on utilities	1,274,589.00
Total amount spent on non-medical services (For example: security, food service, laundry, waste management)	2,218,859.07
TOTAL amount spent on maintenance and other operating expenditures (MOOE)	4,418,725.68
Amount spent on infrastructure (i.e., new hospital wing, installation of ramps)	0.00
Amount spent on equipment (i.e. x-ray machine, CT scan)	0.00
TOTAL amount spent on capital outlay (CO)	0.00
GRAND TOTAL	30,899,515.89

V. REVENUES

Please report the total revenue this facility collected last year. This includes all monetary resources acquired by this facility from all sources including donations.

Revenues	Amount in Pesos
Total amount of money received from the Department of Health	0.00
Total amount of money received from the local government	0.00
Total amount of money received from donor agencies (for example JICA, USAID, and others)	2,750,000.00
Total amount of money received from private organizations (donations from businesses, NGOs, etc.)	0.00
Total amount of money received from Phil Health	18,546,077.77
Total amount of money received from direct patient/out-of-pocket charges/fees	0.00
Total amount of money received from reimbursement from private insurance/HMOs	0.00
Total amount of money received from other sources (PAGCOR, PCSO, etc.)	0.00
GRAND TOTAL	21,296,077.77

If donation is in kind, please put equivalent amount in peso

Report Prepared by:

Designation/Section/Department: Date:

Report Approved and Certified by : Date:
Chief of Hospital/Medical Director