Department of Health

**BUREAU OF HEALTH FACILITIES AND SERVICES**

ANNEX-E

A.O No. 2012-0012

ANNUAL HOSPITAL STATISTICAL REPORT

YEAR- **2021**

Name of Hospital: **Ramon Maza Sr. Memorial District Hospital** Street Address: **Catungan 1**

Municipality: **Sibalom** Province: **Antique**  Region: **VI**

Contact No.: **0917-7056295** Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: [**rmsmdh@ymail.com**](mailto:rmsmdh@ymail.com)

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

1. **GENERAL INFORMATION**
2. **Classification**
3. **Service Capability**

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

**General:**

[ ∕ ] Level 1 Hospital [ ] Treats a particular disease (specify):\_\_\_\_\_\_\_\_\_\_\_

[ ] Level 2 Hospital [ ]Treats a particular organ (Specify): \_\_\_\_\_\_\_\_\_\_\_\_

[ ] Level 3 Hospital (Teaching/Training) [ ]Treats a particular class of patients (Specify):\_\_

[ ] Others (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trauma Capability:**  [ ] Trauma Capable [ ∕ ] Trauma Receiving

1. **Nature of Ownership**

**Government:**

[ ] National-DOH Retained/Renationalized [ ] Single Properties/Partnership/Corp.

[ ∕ ] Local (Specify) [ ] Religious

[ / ] Province [ ] Civic Organization

[ ] City [ ] Foundation

[ ] District [ ] Others (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Municipality

[ ] DND/DOJ

[ ] State Universities and colleges (SUCs)

[ ] Others ( Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**B. Quality Management**

♦ Quality Management/ Quality assurance Program: Organized set of activities designed to demonstrate on-going assessment of important aspects of patient care and services.

[ ] ISO Certified (Specify ISO Certifying Body and Validity Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

area(s) of hospital with Certification)

[ ] International Accreditation Validity Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] PhilHealth Accreditation Validity Period: December 2021\_\_\_\_\_\_\_

[ ∕ ] Basic Participation

[ ] Advanced Participation

[ ] PCAHO Validity Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Bed Capacity/Occupancy**
2. **Authorized Bed Capacity: 25 beds**

♦ Authorized Bed: Approved number of issued by BHFS, the licensing agency of DOH.

1. **Implementing Beds: 50 beds**

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

1. **Bed Occupancy Rate (BOR) based on Authorized Beds: 122.09%**

(Total Inpatient service days for the period)\*\* **11141**

(Total number of Authorized beds) x (Total days in the period) x 100  **(25x365) x 100**

♥ Bed occupancy Rate: The percentage of inpatient beds occupied over a period of time. It is a measure of the intensity of Hospital resources utilized by in-patients.

♥ Inpatient Service days: Unit of Measure denoting the services received by one in-patient in one 24 hour period.

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

**II. HOSPITAL OPERATIONS**

1. **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 while under treatment.

\*Bed day: Bed used for a continuous 24 hours by an inpatient.

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|  |  |
| --- | --- |
| **Inpatient Care** | **Numbers** |
| Total number of inpatients (admissions, including newborns) | 3282 |
| Total Discharges (Alive ) 3,511-38 (Deaths) | 3243 |
| Total patients admitted and discharged on the same day | 66 |
| Total number of inpatients bed days (service days) | 11141 |
| Total number of inpatients transferred TO THIS FACILITY from another facility for inpatient care  RHU-other center | 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**

Kindly accomplish the “Type of Service and Total Discharges According to Specialty: in the table below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Service | No. of Patients | Total length of Stay/Total No. of Days stay | Type of Accommodation | | | | | | | HMO | OWWA |  |  |  |  |  |  | | | |
| Non-Philhealth | | | Philhealth | | | | R/I | T | H | A | U | Death | | | Total Discharged |
| Pay | Service Charity | Total | **Pay** | **Service** | | **Total** | < 48 hrs | > 48 hrs | Total |
| Member/Dependent | Indigent |  |
| Medicines | 1392 | 5501 | 16 | 84 | 100 |  | 378 | 914 | 1292 |  | - | 1332 | 50 | 10 | - |  | 19 | 20 | 39 |  |
| Obstetrics | 636 | 805 | 9 | 60 | 69 |  | 149 | 418 | 567 |  | - | 636 | - | - | - |  |  |  |  |  |
| Gynecology | 58 | 50 | 3 | 44 | 47 |  |  | 11 | 11 |  | - | 45 | 13 |  | - |  |  |  |  |  |
| Pediatrics | 600 | 1756 | 20 | 180 | 200 |  | 100 | 300 | 400 |  | 5 |  | 34 | 12 | 1 |  |  |  |  |  |
| Surgery: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pedia | 10 | 35 |  | 2 | 2 |  |  | 8 | 8 |  | 1 | 7 | 3 |  | - |  |  |  |  |  |
| Adult | 31 | 156 |  | 2 | 2 |  | 7 | 22 | 29 |  |  | 27 | 3 | 1 | - |  |  |  |  |  |
| Others (Specify)  GUTI  EENT | 151 | 604 | 5 | 15 | 20 |  | 35 | 96 | 131 |  | - | 147 | 2 | 2 | - |  |  |  |  |  |
| 16 | 38 |  | 8 | 8 |  | 4 | 4 | 8 |  |  | 16 | - | - | - |  |  |  |  |  |
| TOTAL: | 3282 | 11141 | 42 | 365 | 407 |  | 823 | 2052 | 2875 |  | 2 | 3158 | 101 | 23 | - |  | 19 | 20 | 39 |  |
| Total Newborn |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| -Pathologic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| -Non-Patho |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*R/I** – Recovered/Improved **T -**Transferred **U-**Unimproved

**H -** Home Against Medical Advice **A**- Absconded **D-**Died(died upon admission)

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**1. Average Length of Stay (ALOS ) of Admitted patients**

Total length of stay of discharged patients (including Deaths) in the period = 31.41 11141

Total discharges and death in the period 3261

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

**2. 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 illness/injury.

|  |  |  |
| --- | --- | --- |
| **Causes of Morbidity/Illness/Injury** | **Number** | **ICD-10Code**  **(Individual)** |
| 1. Adult / Pediatric Community Acquired Pneumonia | 578 | J18.92 |
| 1. Sepsis Neonatorum | 227 | P36.9 |
| 1. Acute Gastritis | 195 | K29.7 |
| 1. Urinary Tract Infection | 170 | N39.0 |
| 1. Acute Gastroenteritis (all types of dehydration) | 169 | A09 E86.1  E86.2 |
| 1. Hypertension | 108 | 110.9 |
| 1. Upper Respiratory Tract Infection | 36 | J06.9 |
| 1. Chronic Obstructive Pulmonary Disease | 32 | J44.1 |
| 1. Cellulitis | 29 | L03.8 |
| 1. Dengue Fever | 18 | A90 |

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