July 12, 1999

ADMINISTRATIVE ORDER
No. 53, s.1999

SUBJECT: 2000 Budget Execution Guidelines

Background:

The Department of Health has adopted the Health Sector Reform Agenda (HSRA) as the framework that will set the direction for the health sector in the 21st century. In line with this new direction, the DOH is undertaking a re-engineering of its structure.

In view of this transition, the 2000 budget, otherwise referred to as the "re-engineering budget", should be reflective of the functional and administrative relationships of the new DOH and consistent with the HSRA and the public investment plan. The following guidelines and principles are therefore being issued to provide the direction for the 2000 budget execution:

General Principles:

1. Prioritization of funding will be determined by the Budget Execution Committee (EXECOM +) which will deliberate on priorities for funding every quarter on the following schedule:

January 8, 2000
March 5, 2000
June 4, 2000
September 3, 2000

The Budget Execution Committee shall be comprised of the regular members of the EXECOM, plus the following officials:

Asec. Zenaida O. Ludovice Office for Public Health Services
Asec. Cecilia B. Santos Office of the Chief of Staff
Asec. Nemesio T. Gako Office for Standards and Reg.
Asec. Reynaldo Samaco Office for Management Services

B.2. Specific Objectives

1. To implement the IHOMP preferably within a computer-based environment.
2. To build on and integrate existing hospital information systems.
3. To standardize the flow of information within and among hospitals.
4. To fully utilize hospital data/information for evidence—based decision making.
5. To develop computer software for the program based on the Department of Health standards and the International Classification of Diseases.

C. Strategies

1. Program Planning

This shall cover the development of policy guidelines and implementing mechanisms such as : organising working committees.

2. Logistic Support

This concerns the development of software, distribution of IEC materials for hospital.

3. Capability Building

This shall cover the upgrading of the human resource skills and capabilities and provision of technical assistance.

4. Social Mobilization

This shall cover the orientation of the program linkages of the different hospital service components and networking.

5. Monitoring and Evaluation

This shall refer to the initial assessment of existing hospital operation and management systems and also monitoring of the compliance to the requirements of IHOMP.

D. Key Activities

In support to the strategies, the following activities shall be undertaken :

1. Development of a national quality management program e.g. quality assurance program.
2. Accreditation of all hospitals by the DOH and Philippine Health Insurance Program.
3. Provision of regular annual budget for the implementation and sustenance of the Integrated Hospital Operations and Management Program (IHOMP) by the hospitals.
4. Regular reporting on hospital performance, including comparison with national performance standards.

5. Providing name for technology updates.
6. Conduct of annual consultative workshop.
7. Holding of Integrated Hospital Operations and Management Program (IHOMP)-Activities Updates.
8. Networking at all levels of the hospital system.
9. Sharing of technical information and expertise.

E. KEY RESULT AREAS

The following are the key result areas to be able to sustain/maintain the IHOMP:

1. Availability of adequate hardware and appropriate software.
2. Timely analysis of data.
3. Well timed availability of information.
4. Appropriate, valid and reliable information are produced by the program.
5. Qualified and trained staff with a plantilla position assigned to implement the program.
6. Trained, competent and readily available system administrator or equivalent.
7. Adequate space and facilities are available for program operations.
8. Compliance to IHOMP guidelines and procedure.
9. Utilization of information by hospital management and clinical staff as reflected in their plans and programs.
10. Monitoring and evaluation results are used to continuously improve the quality of information generation.

III. IMPLEMENTING GUIDELINES

1. The IHOMP shall be implemented by phases; phase I shall include the identified forty four (44) pilot hospitals (Annex A); phase II shall cover the government and private tertiary hospitals; phase III shall include all secondary and primary hospitals.

2. IHOMP implementation shall be fully supported by various committees, working groups and several services and units in the Department of Health per attached organisational structure and their function under Annex B.

3. Specific Activities as listed in Annex C shall be undertaken for the IHOMP implementation on the basis of set guidelines.