



**PALANAN STATION HOSPITAL
DICABISAGAN WEST, PALANAN ISABELA**

2022 ACCOMPLISHMENT REPORT OF THE PALANAN STATION HOSPITAL

The Palanan Station Hospital is a DOH licensed 10 bed infirmary with an accredited Community Isolation Unit, a primary laboratory, a Type 1 BLS ambulance, and is an accredited BEMONC facility, an accredited Animal Bite Treatment Center, a TB-DOTS referring hospital and an accredited PHIC center of safety, with a certificate of commitment from DOH as a Mother-Baby Friendly Hospital.

PERSONNEL

STAFFING: This year, there was a total of 43 personnel: 23 permanent, 20 contractual personnel as shown in the chart below:

| PERSONNEL/ SERVICES | Actual No. Personnel | | | |
|-------------------------------|----------------------|-------------|-----|----------|
| | Permanent | Contractual | DOH | Total |
| COH | 1 | | | 1 |
| Medical Officer III | 2 | | | 2 |
| Nurse II /AO Designate | 1 | | | 1 |
| Nurse I | 4 | 3 | | 7 |
| Nursing Attendant | 3 | 6 | | 9 |
| Pharmacist | 1 | | | 1 |
| Medical Technologist | 1 | | | 1 |
| Office Clerk | | 4 | | 4 |
| Medical Records Clerk | 1 | | | 1 |
| Electrician | 1 | | | 1 |
| Security Guard | 3 | | | 3 |

| | | | | |
|------------------------|-----------|-----------|--|------------------|
| Cook | 1 | | | 1 |
| Utility Workers | 4 | 6 | | 10 |
| Driver | | 1 | | 1 |
| TOTAL | 23 | 20 | | <u>43</u> |

The following charts below show the accomplishments of the hospital:

A. HOSPITAL OPERATIONS

| | |
|---|-------------|
| • Total Admissions for the year 2022 | 1199 |
| • Average length of Stay/Confinement | 2 |
| • 10 Leading Causes of Admissions | |
| 1. ACUTE GASTROENTERITIS WITH MODERATE DEHYDRATION | 223 |
| 2. UPPER RESPIRATORY TRACT INFECTION | 101 |
| 3. SYSTEMIC VIRAL INFECTION | 69 |
| 4. BRONCHIAL ASTHMA IN ACUTE EXACERBATION | 53 |
| 5. ACID PEPTIC DISEASE | 53 |
| 6. URINARY TRACT INFECTION | 49 |
| 7. HYPERTENSION | 42 |
| 8. DENGUE FEVER | 30 |
| 9. COVID-19 | 22 |
| 10. TYPHOID FEVER | 20 |
| | |
| • Leading Causes of Mortality | |
| 1. ACUTE RENAL FAILURE | 2 |
| 2. FATAL ARRHYTHMIA | 1 |
| 3. ACUTE RESPIRATORY DISTRESS SYNDROME | 1 |
| 4. VENTRICULAR FIBRILLATION/ TACHYCARDIA | 1 |
| 5. CEREBROVASCULAR DISEASE PROBABLY INFARCT | 1 |
| 6. ALCOHOL INTOXICATION | 1 |
| 7. SEPSIS | 1 |
| 8. HYPERTENSIVE HEART DISEASE | 1 |

| | |
|--|------------|
| 9. LEPTOSPIROSIS | 1 |
| | |
| • 10 Leading Causes of Morbidity | |
| 1. ACUTE GASTROENTERITIS | 217 |
| 2. UPPER RESPIRATORY TRACT INFECTION | 111 |
| 3. BRONCHIAL ASTHMA IN ACUTE EXACERBATION | 57 |
| 4. URINARY TRACT INFECTION | 48 |
| 5. ACID PEPTIC DISEASE | 46 |
| 6. SYSTEMIC VIRAL INFECTION | 45 |
| 7. HYPERTENSION | 42 |
| 8. TYPHOID FEVER | 25 |
| 9. DENGUE | 18 |
| 10. ACUTE LOWER RESPIRATORY TRACT INFECTION | 16 |

| | |
|--|-------------|
| • 10 Leading Causes of Consultations | |
| 1. UPPER RESPIRATORY TRACT INFECTION | 1503 |
| 2. URINARY TRACT INFECTION | 252 |
| 3. ACUTE GASTROENTERITIS | 235 |
| 4. SYSTEMIC VIRAL INFECTION | 231 |
| 5. MUSCULOSKELETAL DISEASE | 228 |
| 6. HYPERTENSION | 154 |
| 7. ACID PEPTIC DISEASE | 134 |
| 8. TENSION HEADACHE | 71 |
| 9. BRONCHIAL ASTHMA IN ACUTE EXACERBATION | 35 |
| 10. VERTIGO | 31 |

B. OPD Services

| | |
|---------------------------|-------------|
| CY | 2022 |
| Total Out Patients | 5327 |
| Consultation Rate | 5% |
| Ave. No./ Day | 15 |

C. IN PATIENT SERVICES

| | |
|--------------------------|-------------|
| CY | 2022 |
| Total Admission | 1199 |
| Non PHIC Patient: | 398 |
| Private | 6 |
| Service | 392 |

| | |
|---|-------------|
| Patient w/ PHIC | 624 |
| Private | 118 |
| Service | 506 |
| Type of Services | |
| Internal Medicine | 422 |
| General Surgery | 30 |
| Minor Operations: ER/OPD -suturing of wounds, Incision and drainage/ debridement | 63 |
| OB- Gyne | 205 |
| No. of NSDs | 169 |
| Pediatrics | 205 |
| No. of NBS Test Done | 165 |
| Total Discharge Alive | 1188 |
| Total Inpatient Deaths | 10 |
| Gross Death Rate | 0.8 |
| Neonatal Mortality Rate | 0.5 |
| Maternal Mortality Rate | 0 |
| Infant Mortality Rate | 0 |

| FINANCIAL STATUS | CY 2022 |
|--|--|
| TOTAL BUDGET | MOOE: 2,162,900.00 PS: 11,466,360.00 |
| TOTAL INCOME A. Income generated from PHIC B. Income generated from paying patients - Income from meds /supplies - Income from others (Lab/room/certificates) C. Funds from DOH/MAIP | 3,024,826.68 1,598,758.00 726,068.68: - 277,356.60 - 448,712.68 700,000.00 |
| TOTAL EXPENDITURE | 17,085,324.25 MOOE: 1,985,212.15 Drugs/Meds: 4,383,433.7 From GSO: 2,412,178.4 Meds- 1,435,287.76 Supplies- 976,890.64 -Emergency Purchase: 1,971,255.3 Meds:880,199.30 Supplies:1,091,056 P.S. 10,716,678.40 -Contractuals:1,433,406.40 -Permanent: 9,283,272.00 |

Comparison of Patient Served:

| ER | OPD | ADMISSION |
|------|------|-----------|
| 1824 | 5327 | 1199 |

Classification of In-Patients Served

| <i>Philhealth</i> | <i>Service Indigent (to include Indigent Philhealth)</i> | <i>Pay Patients w/o PHIC (Private Rooms)</i> |
|-------------------|--|--|
| 737 | 988 | 6 |

Animal Bite Treatment Center Cases

| CY | 2022 |
|--|-----------------|
| Total Number of Patients Served | 189 |
| No. and % of animal bite cases given ERIG | 30/100% |
| No. and % of animal bite cases given complete rabies immunization | 189/100% |

| | |
|--|-----------|
| Total Number of Admissions Secondary to Injuries as a result of Vehicular Accidents | 43 |
|--|-----------|

Total Number of Deliveries:163

% of Newborns Screened: 96%

Total Number of Newborn Screening Performed:

| Number of Newborn Screening Performed | Inborn | Out-born |
|---------------------------------------|--------|----------|
| | 165 | 7 |

ASSESSMENT OF THE STATUS HEALTH SERVICE DELIVERY

| Indicators | Performance Standard | CY 2022 |
|---|----------------------|---------|
| OUTCOME / OUPUT MEASURES | | |
| Bed Occupancy Rate | 85 % | 70.95 % |
| Average Length Rate | 3 DAYS | 2 DAYS |
| Consultation Rate | 10-15% | 5.1% |
| Laboratory Utilization Rate | 200-300% | 300% |
| Net Death Rate (Total number of deaths after 48 hours in hospital) | 4-5% | 0.25% |
| Gross Death Rate (all death in the hospital including deaths less than 24 hours) | 3-4% | 0.83% |
| Maternal Death Rate | 0% | 0% |
| Neonatal Death Rate | <2% | 0.5% |
| Fetal Death Rate | <2% | 1.1% |
| Infant Death Rate | <2% | 0% |
| Post-op Death Rate | <2% | 0% |
| Post-op Infection Rate | | 0% |
| Gross Infection Rate (ratio of infection following clean wound operation cases after admission to hospital) | 10-15% | NA |
| Caesarian Section Rate | | NA |
| Filled Prescription Rate | 80% | 90% |
| % of Indigent Patient served | 80% | 83% |
| Admission Consultation Ratio | 1:10 | 1:5 |
| Public Health Programs (hospital as center of wellness) | | |
| TB-DOTS | | |
| 1. No. of TB Cases diagnosed by sputum microscopy Standard: 24 | 24 | 5 |
| 2. No. of TB Cases diagnosed by sputum microscopy referred to RHU for Treatment | 24 | 5 |
| 3. No. of TB Cased diagnosed by X-ray | | NA |
| 4. No. of TB Cased diagnosed by X-ray referred for sputum microscopy | | NA |
| 5. No. of sputum positive cases initiated treatment | 24 | 5 |
| 6. No. of TB patient under – going dots | | NA |
| | | |

| | | |
|---|-------------|-------------------------|
| MALARIA PROGRAM | | |
| No. of malaria cases diagnosed by thick and thin smear | | 0 |
| MOTHER BABY FRIENDLY CERTIFIED (certificate of commitment) | | |
| No. of newborn initiated BF | 100% | 100% |
| NEWBORN SCREENING | | |
| 1. % of Newborns with newborn screening | 80% | 96% |
| FAMILY PLANNING | | |
| 1. No. of BTL performed | | 0 |
| 2. No. of NSV performed/surgical vasectomy | | 0 |
| 3. No. of IUD client | | 0 |
| REFFERAL SYSTEM | | |
| 1. % of cases admitted referral from RHU | | 14% |
| 2. % of cases discharged with referral slip to RHU | | 73% |
| 3. % of cases referred to higher facilities | | 13% |
| CATEGORY OF DOH | | INFIRMARY |
| CATEGORY OF PHIC ACCREDITATION | | CENTER OF SAFETY |
| PHIC patient served: | | 737 |
| 1. Percent indigent PHIC cardholder | | 52% |
| 2. Percent IPPHIC cardholder | | 6% |
| 3. Percent PHIC formal sector members | | 22% |
| 4. Percent PHIC non-paying member | | 20% |
| Paying patients without insurance served (private and ward) | | 462 |
| Indigent /condoned patients without insurance served | | 6 |

INFRASTRUCTURE PROJECTS 2022

As for the infrastructure projects:

1. The construction of the phase 2 of the admin building which started last 2020 and this included the roofing, the flooring, posts and the cemented flooring



2. Construction of Triage/ OPD Area Adjacent to the hospital building







OTHER ACCOMPLISHMENTS

Acquisition of Newborn Hearing Screening Apparatus and Certification as Category A Newborn Hearing Screening Center



AWARDS

1. Palanan Station Hospital awarded a certificate for being one of the top performing Newborn Screening Facility under Primary Care Government Category with Collection Age 1.01 for the period of the 2nd Quarter of 2022 and 1.00 for the period of 3rd Quarter of 2022.



2. Palanan Station Hospital awarded a certificate for being one of the top performing Newborn Screening Facility under Primary Care Government Category with unsatisfactory rate of 0.00 for the period of the 2nd Quarter of 2022.



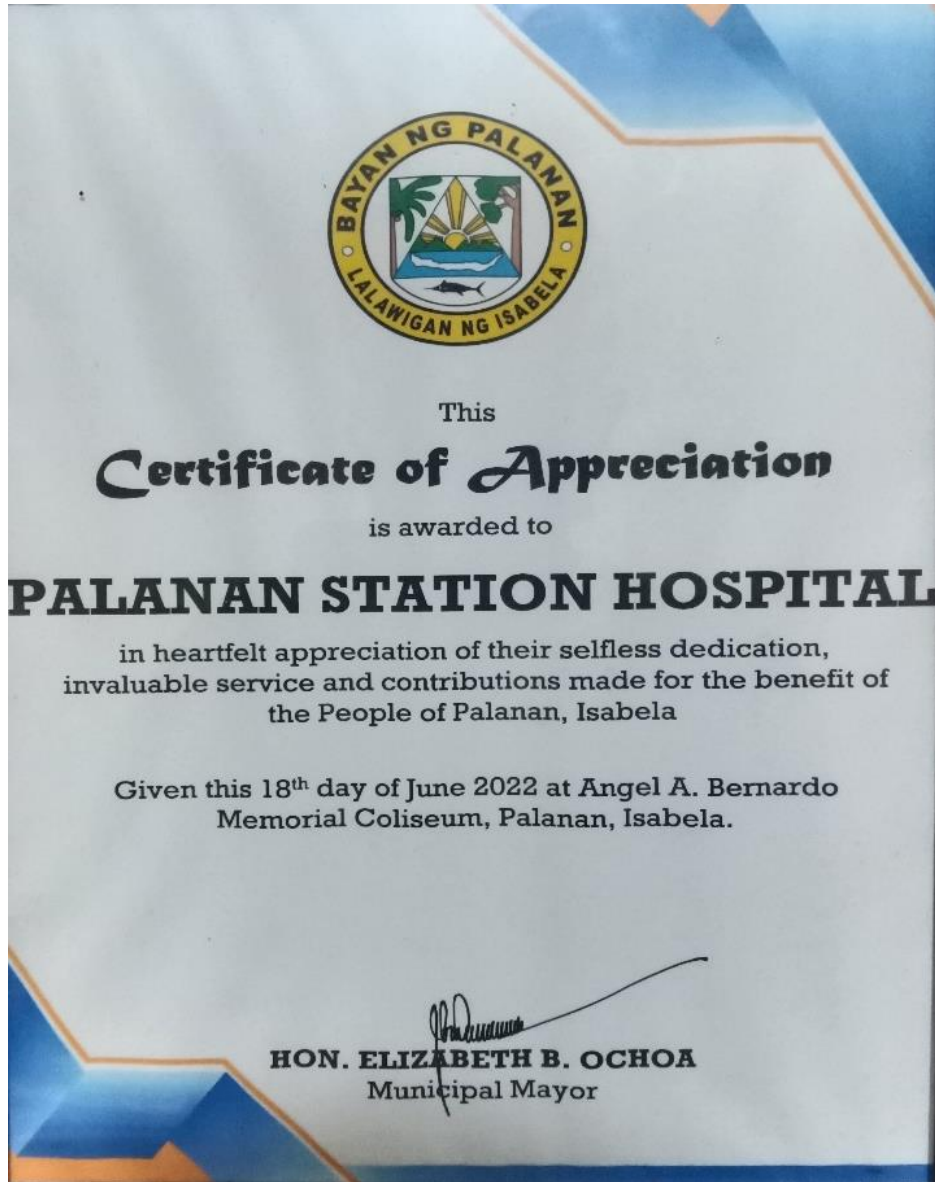
3. Plaque Of Recognition from Cagayan Valley Center for Health Development for Its Support to The Covid -19 Vaccination Program



4. Plaque Of Recognition from R2 Phic for Having The Lowest Percentage Of (Rth) Return To Hospital Claims



5. Certification Of Appreciation from The Municipal Government



6. Certificate of Appreciation from the Civil Service Commission



CERTIFICATE OF APPRECIATION

is hereby presented to

Palanan Station Hospital
Regional Office II

for the unrelenting effort and extraordinary services rendered by
your frontliners who are filled with admirable courage and dedication in
performing your sworn duties
in the midst of the COVID-19 pandemic.

YOU ARE ALL HEROES!

Given this 27th day of September, 2021
at CSC Central Office, Constitution Hills, Diliman, Quezon City


Alicia dela ROSA-BALA
Chairperson


ATTY. AILEEN LOURDES A. LIZADA
Commissioner

OTHER ACTIVITIES:

1. EARTHQUAKE DRILL



1. SPORTSFEST



2. TREE PLANTING



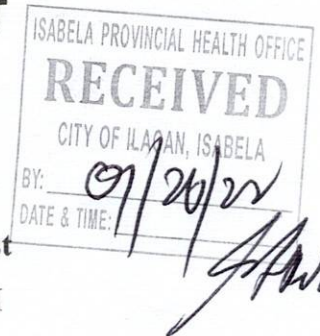


**Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES**

ANNEX – E
A.O. No. 2012-0012

MONTHLY HOSPITAL STATISTICAL REPORT

For the Month of ANNUAL 2022



Name of Hospital: **Palanan Station Hospital**

Street Address: **Dicabisagan West**

Municipality: **Palanan**

Province: **Isabela** Region: **II**

Contact No.: **09678393252**

Fax Number:

Email Address: psh_palisa@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 / Infirmary

(Specify): _____

Level 2 Hospital

(Specify): _____

Level 3 Hospital (Teaching/Training)

(Specify): _____

Specialty: (Specify)

Treats a particular disease

Treats a particular organ

Treats a particular class of patients

Others (Specify): _____

Trauma Capability:

Trauma Capable

Trauma Receiving

2. Nature of Ownership

Government:

National – DOH Retained/Renationalized

Local (Specify):

Province

City

District

Municipality

DND/DOJ

State universities and Colleges (SUCs)

Others (Specify): _____

Private:

Single Proprietorship/Partnership/Corp.

Religious

Civic Organization

Foundation

Others (Specify): _____



**Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES**

ANNEX – E
A.O. No. 2012-0012

| Inpatient Care | Number |
|---|--------|
| Total number of inpatients (admissions, including newborns) | 1199 |
| Total Discharges (Alive) | 1188 |
| Total patients admitted and discharged on the same day | 10 |
| Total number of inpatient bed days (service days) | 2577 |
| Total number of inpatients transferred TO THIS FACILITY from another | 75 |
| Total number of inpatients transferred FROM THIS FACILITY to another facility for inpatient care | 70 |
| Total number of patients remaining in this hospital as of midnight last day of previous year | 2569 |

B. Discharges

Kindly accomplished the “Type of Service and Total Discharges According to Specify” in the table below

| Type of service | No. of Pts | Total Length of Stay/ Total No. of Days Stay | Type of Accommodation | | | | | | | Condition on Discharge | | | | | | | Total Discharges | | | |
|-----------------|------------|--|-----------------------|-----------------|-------|------------|------------------|----------|-------|------------------------|-------------|-------------|----|----|---|---|------------------|--------|---------|-------|
| | | | Non - Philhealth | | | Philhealth | | | | H M O | O W A | R / I | T | H | A | U | | Deaths | | |
| | | | Pay | Service Charity | Total | Pay | Service | | Total | | | | | | | | | 48 hrs | ≥48 hrs | Total |
| | | | | | | | Member Dependent | Indigent | | | | | | | | | | | | |
| Medicine | 422 | 1027 | 2 | 163 | 165 | 49 | | 208 | 257 | | | 358 | 38 | 18 | | | 4 | 4 | 8 | 422 |
| obstetrics | 205 | 324 | | 66 | 66 | 20 | | 119 | 139 | | | 196 | 6 | 3 | | | 0 | 0 | 0 | 205 |
| Gynecology | 1 | 1 | 0 | 1 | 1 | | | 0 | 0 | | | 1 | 0 | 0 | | | | | | 1 |
| Pediatrics | 364 | 896 | 4 | 142 | 146 | 48 | | 170 | 218 | | | 352 | 8 | 3 | | | 1 | 0 | 1 | 364 |
| Surgery: | | | | | | | | | | | | | | | | | | | | |
| Pedia | 6 | 7 | 0 | 5 | 5 | 0 | | 1 | 1 | | | 3 | 3 | 0 | | | 0 | 0 | 0 | 6 |
| Adult | 24 | 40 | 0 | 15 | 15 | 1 | | 8 | 9 | | | 18 | 6 | | | | 0 | 0 | 0 | 24 |
| Others, Specify | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 1022 | 2295 | 6 | 392 | 398 | 118 | | 506 | 624 | | | 928 | 61 | 21 | | | 5 | 4 | 9 | 1022 |
| Total Newborn | 174 | 258 | 0 | 67 | 67 | 14 | | 93 | 107 | | | 170 | 1 | 3 | | | 0 | 0 | 0 | 174 |
| -Pathologic | 16 | 49 | 0 | 12 | 12 | 0 | | 3 | 3 | | | 12 | 1 | 3 | | | 0 | 0 | 0 | 16 |
| -Non-Patho | 185 | 209 | 0 | 54 | 54 | 14 | | 90 | 104 | | | 158 | 0 | | | | 0 | 0 | 0 | 158 |

* R/I – Recovered/Improved

T- Transferred

U – Unimproved

H – Home Against Medical Advice

A – Absconded

D – Died (died upon admission)



Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES

ANNEX – E
A.O. No. 2012-0012

1. Average Length of Stay (ALOS) of admitted Patients

Total length of stay discharged patients (including Deaths) in the period = 2

Total discharges and deaths in the period

- 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.

| Cause of Morbidity/Illness/Injury | Number | ICD-10 Code (Individual) |
|---|--------|--------------------------|
| 1. AGE WITH MODERATE DHYDRATION | 217 | A09.9, E86.1 |
| 2. UPPER RESPIRATORY TRACT INFECTION | 111 | J06.9 |
| 3. ASTHMA IN AE | 57 | J45.90 |
| 4. URINARY TRACT INFECTION | 48 | N39.0 |
| 5. ACID PEPTIC DISEASE | 46 | K27.9 |
| 6. SYSTEMIC VIRAL INFECTION | 45 | B34.9 |
| 7. HYPERTENSION | 42 | I10.9 |
| 8. TYPHOID FEVER | 25 | A01.0 |
| 9. DENGUE | 18 | A90 |
| 10. ACUTE LOWER RESPIRATORY TRACT INFECTION | 16 | J22 |



**Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES**

**ANNEX – E
A.O. No. 2012-0012**

Kindly accomplish the “Ten Leading Causes of Morbidity/Disease Disaggregated as to Age and Sex” in the table below

| Causes of Morbidity (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 | | | | Subtotal | | |
| | 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 | M |
| 1. Acute Gastroenteritis with Moderate Dehydration | 7 | 6 | 33 | 25 | 7 | 4 | 1 | 5 | 4 | 10 | 8 | 5 | 7 | 9 | 3 | 5 | 6 | 1 | 6 | 3 | 3 | 2 | 4 | 5 | 2 | 3 | 2 | 3 | 3 | 3 | 13 | 6 | 122 | 95 | 217 | A09.9 E86.1 | |
| 2. Upper Respiratory Tract Infection | 16 | 10 | 19 | 4 | 7 | 1 | 5 | 3 | 3 | 4 | 2 | 4 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | | 2 | 3 | 2 | 2 | 1 | 4 | 4 | 68 | 43 | 111 | J06.9 | |
| 3. Asthma in Acute Exacerbation | 4 | 1 | 8 | 5 | 1 | | | 6 | | | | 2 | 1 | | | 2 | | 1 | | 1 | 1 | 2 | | | 2 | 4 | 3 | 1 | 1 | 2 | 4 | 5 | 25 | 32 | 57 | J45.9 | |
| 4. Urinary Tract Infection | 0 | 0 | 1 | 3 | 1 | 1 | 1 | 4 | 2 | 4 | 3 | 1 | 4 | | | | | 1 | | | | 2 | 2 | 4 | 1 | 1 | 1 | 2 | 3 | 3 | 20 | 28 | 48 | N39.0 | | | |
| 5. Acid Peptic Disease | 0 | 0 | 3 | 1 | 0 | 4 | | | 1 | 1 | 2 | 4 | 1 | | 2 | 4 | 1 | | 1 | 2 | 3 | 1 | 1 | 2 | 1 | 2 | 2 | | 3 | 2 | 1 | 1 | 22 | 24 | 46 | K27.9 | |
| 6. Systemic Viral Infection | 3 | 0 | 0 | 2 | 1 | 5 | 5 | 3 | 1 | 3 | 1 | 2 | 2 | 1 | 1 | 2 | | 1 | 1 | | 2 | | 1 | 1 | | 1 | 1 | 3 | | 1 | 1 | 0 | 20 | 25 | 45 | B34.9 | |
| 7. Hypertension | 0 | 0 | 0 | 0 | 0 | | | | | | 1 | | | | | 1 | 1 | | 3 | 4 | 1 | 2 | 4 | 3 | 2 | 5 | 2 | 1 | 1 | 3 | 1 | 7 | 16 | 26 | I10.9 | | |
| 8. Typhoid Fever | 0 | 0 | 0 | 0 | 5 | 3 | 4 | 4 | | 3 | 2 | | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 14 | 11 | 25 | A01.0 | |
| 9. Dengue | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 10 | 8 | 18 | A90 |
| 10. Acute Lower Respiratory Tract Infection | 3 | 1 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 2 | 1 | 0 | 10 | 6 | 16 | J22 |



**Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES**

ANNEX – E
A.O. No. 2012-0012

3. Total Number of Deliveries

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

| Deliveries | Number | ICD-10 Code |
|--|--------|-------------|
| Total number of in-facility deliveries | 169 | 080.0 |
| Total number of live-birth vaginal deliveries (normal) | 169 | 080.0 |
| Total number of live-birth C-section deliveries (Caesarians) | | |
| Total number of the deliveries | 169 | 080.0 |

4. Outpatient Visits, including Emergency Care, Testing and Other Services

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

| Outpatients Visits | Number |
|---|--------|
| Number of outpatient visit, new patients | 5124 |
| Number of outpatient visit, re-visit | 203 |
| Number of outpatient visit, adult | 2804 |
| Number of outpatient visit, pediatric | 2614 |
| Number of adult general medicine outpatient visits | 2362 |
| Number of specialty (non-surgical) outpatients visits | |
| Number of surgical outpatient visits | 155 |
| Number of antenatal care visits | 48 |
| Number of postnatal care visits | 86 |



**Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES**

**ANNEX – E
A.O. No. 2012-0012**

| Emergency visits | Number |
|---|---------------|
| Total number of emergency department visits | 1826 |
| Total number of emergency department visits, adult | 1085 |
| Total number of emergency department visits, pediatric | 741 |
| Total number of emergency transported FROM THIS FACILITY'S EMERGENCY DEPARTMENT to another facility for inpatient care | |
| Testing | Number |
| Total number of medical imaging test (all types including X-rays, ultrasound, CT scan, etc.) | |
| Total number of laboratory and diagnostic test(all types, excluding medical imaging) | 2330 |
| Other service and diseases seen | Number |
| Total number of outreach or home visits | |
| Total number of immunization doses administered to children 0-59 months at this facility of during outreach or home visits. Include immunizations administered during child health weeks. | 152 |
| Total number of newly diagnosed cases of TB | 171 |
| Total number of confirmed cases of dengue | 2 |

C. Deaths

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

| Type of deaths | Number |
|----------------------------------|---------------|
| Total deaths | 10 |
| Total number of inpatient deaths | 10 |
| ▪ Total deaths < 48 hours | 7 |
| ▪ Total deaths ≥ 48 hours | 3 |



Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES

ANNEX – E
A.O. No. 2012-0012

| | |
|--|----|
| Total number of emergency room deaths | 3 |
| total number of cases declared ‘dead on arrival’ | 14 |
| Total number of stillbirths | 2 |
| Total number of neonatal deaths | 1 |
| Total number of maternal deaths | 0 |

1. Gross Death Rate 0.83%

$$\text{Gross Date Rate} = \frac{\text{Total Deaths (including newborn for a given period)}}{\text{Total Discharges and Deaths for the same period}} \times 100 = \frac{10}{1198}$$

2. Net Death Rate 0.25%

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

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

| Mortality/ Deaths | Number | ICD-10 Code (Individual) |
|---|--------|--------------------------|
| 1. ACUTE RENAL FAILURE | 2 | N17.9 |
| 2. FATAL ARRHYTHMIA | 1 | I49.8 |
| 3. ACUTE RESPIRATORY DISTRESS SYNDROME | 1 | J80 |
| 4. VENTRICULAR FIBRILLATION TACHYCARDIA | 1 | I46.9 |
| 5. CVD PROBABLE INFART | 1 | I67.8 |
| 6. SEPSIS | 1 | A41.9 |
| 7. ALCOHOL INTOXICATOIN | 1 | F10.0 |
| 8. HYPERTENSIVE HEART DISEASE | 1 | I11.9 |
| 9. LEPTOSPIROSIS | 1 | A27.9 |
| 10. | | |



**Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES**

ANNEX – E
A.O. No. 2012-0012

Healthcare Associated Infectious (HAI)

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

For All Hospitals (Levels 1, 2, 3, General and Specialty)

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

a. Device Related Infections

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

2. Blood Stream Infection (BSI) = $\frac{\text{Number of Patients with BSI} \times 100}{\text{Total Number of Central Line}}$

3. Urinary Tract Infection (UTI) = $\frac{\text{Number of Patients with UTI} \times 100}{\text{Total Number of Catheter Days}}$

b. Non-Device Related Infections

Surgical Site Infections (SSI) = $\frac{\text{Number of Surgical Site Infections} \times 100}{\text{Total number of procedures}}$

D. Surgical operation

1. Major Operation refers to surgical procedures requiring anesthesia/ spinal anesthesia to be performed in an operating theatre. (The definition of major operation shall be based on the definitions of the different cutting specialties.)
2. Minor Operation refers to surgical procedures requiring only local anesthesia/ no OR needed, example suturing.

| 10 Leading Major operations (excluding Caesarian Sections) | Number | ICD-10 Code |
|--|--------|-------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |



**Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES**

ANNEX – E
A.O. No. 2012-0012

| 10 Leading Minor operations | Number | ICD-10 Code |
|-----------------------------|--------|-------------|
| 1. SUTURING OF WOUNDS | 63 | T14.1 |
| 2. CIRCUMCISION | 4 | Z41.2 |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

III. STAFFING PATTERN (Total Staff Complement)

| Profession/ Position/ Designation | Total staff working full time (at least 40 hours/week) | | | Total staff working part time (at least 40 hours/week) | | | Active Rotating or Visiting/Affiliate (For Private Facilities) | Out-sourced |
|--|--|-----------------------------|---------------------------|--|-----------------------------|---------------------------|--|-------------|
| | Number of permanent staff | Number of contractual staff | Number of volunteer staff | Number of permanent staff | Number of contractual staff | Number of volunteer staff | | |
| A. Medical | | | | | | | | |
| I. Consultants (indicate One-Peso consultant) | | | | | | | | |
| 1.1. Internal Medicine | | | | | | | | |
| a. Generalist | | | | | | | | |
| b. Cardiologist | | | | | | | | |
| c. Endocrinologist | | | | | | | | |
| d. Gastro-Enterologist | | | | | | | | |
| e. Pulmonologist | | | | | | | | |
| f. Nephrologist | | | | | | | | |
| g. Neurologist | | | | | | | | |
| h. Others (Specify) | | | | | | | | |
| 1.2. Obstetrics/ Gynecology (and subspecialty) | | | | | | | | |
| 1.3. Pediatrics (and subspecialty) | | | | | | | | |
| 1.4. Surgery ((and subspecialty) | | | | | | | | |
| 1.5. Anesthesiologist | | | | | | | | |



Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES

ANNEX – E
A.O. No. 2012-0012

| | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| 1.6. Radiologist | | | | | | | | | |
| 1.7. Pathologist | | | | | | | | | |
| 2. Post Graduate Fellows | | | | | | | | | |
| (Indicate specialty/ subspecialty) | | | | | | | | | |
| 3. Residents | 2 | | | | | | | | |
| 3.1. Internal Medicine | | | | | | | | | |
| 3.2. Obstetrics - Gynecology | | | | | | | | | |
| 3.3. Pediatrics | | | | | | | | | |
| 3.4. Surgery | | | | | | | | | |
| 3.5. Other (Specify) | | | | | | | | | |
| B. Allied Medical | | | | | | | | | |
| 1. Nurses | 5 | 3 | | | | | | | |
| 2. Midwives | | | | | | | | | |
| 3. Nursing Aides | 3 | 6 | | | | | | | |
| 4. Nutritionist | | | | | | | | | |
| 5. Physical Therapist | | | | | | | | | |
| 6. Pharmacist | 1 | | | | | | | | |
| 7. Medical Technologist | 1 | | | | | | | | |
| 8. Other (Specify) | | | | | | | | | |
| C. Non- Medical | | | | | | | | | |
| 1. Social workers | | | | | | | | | |
| 2. Medical Records Officer/CLERK Hospital Health Information Officer with formal training in medical records management | 1 | | | | | | | | |
| 3. Laboratory technicians | | | | | | | | | |
| 4. X-Ray Technicians | | | | | | | | | |
| 5. Administrative Officer/AA | 1 | | | | | | | | |
| 6. Accounting/ Finance Officer | | | | | | | | | |



Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES

ANNEX – E
A.O. No. 2012-0012

| | | | | | | | | |
|--|---|----|--|--|--|--|--|--|
| 7. General Support Staff (maintenance, janitorial, secretarial) – indicate if outsourced | 9 | 13 | | | | | | |
|--|---|----|--|--|--|--|--|--|

IV. EXPENSES

Report all money spent by the facility on each category.

| Expenses | Amount in Pesos |
|--|---------------------|
| Amount spent on personnel salaries and wages | 7,486,653.48 |
| Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example: social security contributions, health insurance) | 887,589.72 |
| Allowances provided to employees at this facility (Allowances are in addition to wages/salaries. Allowance include for example: clothing allowance, PERA, vehicle maintenance allowance and hazard pay). | 1,202,464.32 |
| TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS) | 9,576,707.52 |
| Total amount spent on medicines funded by the Revolving Fund | |
| Total amount spent on medicines funded by the Government of the Philippines (from any level of government, including the central, provincial and municipal governments) | 724,913.44 |
| Total amount spent on medical supplies (i.e. syringe, gauze, etc.; exclude pharmaceuticals) | 828,305.00 |
| Total amount spent on utilities | 213,744.00 |
| Total amount spent on non-medical services (For example: security, food service, laundry, waste management) | 144,151.00 |
| TOTAL amount spent on maintenance and other operating expenditures (MOOE) | 1,911,113.44 |
| amount spent on infrastructure (i.e., new hospital wing, installation of ramps) | |
| Amount spent on equipment (i.e., x-ray machine, CT scan) | |
| TOTAL amount spent on capital outlay (CO) | |



Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES

ANNEX – E
A.O. No. 2012-0012

V. **REVENUES**

Please report the total revenue this facility collected last year. This includes all monetary resources acquired by this facility from all sources, and for all purposes.

| Revenues | Amount in Pesos |
|---|---------------------|
| Total amount of money received from the Department of Health | 700,000.00 |
| Total amount of money received from the local government | - |
| Total amount of money received from donor agencies (for example JICA, USAID, and others) | - |
| Total amount of money received from private organizations (donations from business, NGOs, etc.) | - |
| Total amount of money received from Phil Health | 752,115.61 |
| Total amount of money received from direct patient/out-of-pocket charges/fees | 754,863.77 |
| Total amount of money received from reimbursement from private insurance/HMOs | - |
| Total amount of money received from other sources (PDAF, PCSO, etc.) | - |
| TOTAL Revenue | 2,206,979.38 |

Reported Prepared by

: PERLITA G. BERNARDO

Designation/Section/Department

: MEDICAL RECORD CLERK

Date, JANUARY 17, 2023

Reported Approved and Certified by:

DESIREE ISOBELLE D. CHIONG, MD Date: JANUARY 17, 2023

Chief of Hospital/Medical Director

PREPARED BY:

**STANDARDS DEVELOPMENT DIVISION (SDD)
BUREAU OF HEALTH FACILITIES AND SERVICES (BHFS)
DEPARTMENT OF HEALTH (DOH)**

APPROVED BY:

**ATTY. NICOLAS B. LUTERO III, CESO III
ASSISTANT SECRETARY**