## FORM A-1 DETAILS OF BUREAU/OFFICE PERFORMANCE INDICATORS AND ACCOMPLISHMENTS 2017

Department : <u>Department of Health (DOH)</u>

Agency: Philippine Children's Medical Center

Major Final Outputs/Responsible Bureaus or Delivery Units (1)	Performance Indicator 1 (2)	FY 2017 TARGET for Performance indicator 1 (3)	FY 2017 ACCOMPLISHMENT for Performance Indicator 1 (4)	Performance Indicator 2 (5)	FY 2017 TARGET for Performance indicator 2 (6)	FY 2017 ACCOMPLISHMENT for Performance Indicator 2 (7)	Performance Indicator 3 (8)	FY 2017 TARGET for Performance indicator 3 (9)	FY 2017 ACCOMPLISHMENT for Performance Indicator 3 (10)	REMARKS (11)	
MAJOR FINAL OUTPUTS (MFO's)/ OPERATIONS											
MFO 1: HOSPITAL SERVICES											
INFECTION CONTROL COMMITTEE	Nosocomial Infection Rate (1)	5%	2.62%							JUSTIFICATION FOR OVER 130% ACCOMPLISHMENT RATE  The target of <5% for Nosocomial Infection Rate is based on the WHO Dataprevalence of healthcare-associated infection (HAI) varies between 5.7% and 19.1% (DOH AO 2016-0002). Thus, we remain our target to <5%.  Low nosocomial infection rate indicates that there is a low percentage of infection present in the healthcare facility that may affect patients. We have no control on how many infection will occur in the hospital.	
A. PROFESSIONAL SERVICES (PS) i. Medical  1. Medical Services (DDPS, Residents) 2. General Pediatrics 3. Child Neuroscience Center 4. Critical Care Center 5. Cancer and Hematology Center 6. Perinatal and Neonatology Center (Perinatology; Neonatology; OB-Gyne; Adolescent Medicine; Milkbank) 7. PHLKL (Pediatric Heart, Lung, Kidney and Liver) ii. Allied Medical 8. Surgery, Anesthesia and Dentistry 9. Rehabilitation Medicine 10. Pharmacy and CSR 11. Radiology 12. Pathology B. HOSPITAL SUPPORT SERVICES (HSS) 1. Patient Business Services Division (Cashier, Philhealth, Admitting, PAU, CMU, MSSD) 2. Finance Division (Budget, Pre-Audit, Accounting) 3. Materials Management Division (Procurement, Property & Supply) 4. Dietary C. NURSING SERVICES a. Training DDNS Office, Supervisors				Percentage (%) of clients that rate the hospital services as satisfactory or better (2)	95%	99% (8367/8452)					

and Clerks				1			·	·····	r****	
b. Specialty Care c. General Pediatric Care D. DIRECTOR'S OFFICE a. Director;s Office Proper (HSS Proper, DO, IAS, QMSO, Special Project) b. General Services Division (Engineering, Motorpool, Linen, Housekeeping) c. OHICS (OHICS, Educational Media, Switchboard) d. Training and Research (OPET, ORD, Library, Medical Records) e. Human Resource Management Division (HRMD, Employees Clinic)										
A. PROFESSIONAL SERVICES (PS) i. Medical  1. Medical Services (DDPS, Residents) 2. General Pediatrics 3. Child Neuroscience Center 4. Critical Care Center 5. Cancer and Hematology Center 6. Perinatal and Neonatology Center (Perinatology; Neonatology; OB-Gyne; Adolescent Medicine; Milkbank) 7. PHLKL (Pediatric Heart, Lung, Kidney and Liver) ii. Allied Medical 8. Surgery, Anesthesia and Dentistry 9. Rehabilitation Medicine 10. Pharmacy and CSR 11. Radiology 12. Pathology B.NURSING SERVICES 1. Training DDNS Office, Supervisors and Clerks 2. Specialty Care 3. General Pediatric Care							Percentage (%) of triage patients with Emergency Severity Index (ESI) greater than or equal to 3: are attended within 30 minutes after registration in the Emergency Room (3)	100% Within 30mins	100% Within 30mins	Triage is the process of determining the priority of patients treatments based on the severity of their medical conditions. The Emergency Severity Index (ESI) is an established evidence-based approach to patient triaging commonly used by medical practitioners.
MFO 2: RESEARCH AND DEVELO	PMENT SERVI	CES								
A. PROFESSIONAL SERVICES (PS)     i. Medical         1. Medical Services (DDPS, Residents)         2. General Pediatrics         3. Child Neuroscience Center         4. Critical Care Center         5. Cancer and Hematology Center         6. Perinatal and Neonatology Center (Perinatology; Neonatology; OB-Gyne; Adolescent Medicine; Milkbank)         7. PHLKL (Pediatric Heart, Lung, Kidney and Liver)         ii. Allied Medical	Percentage (%) of completed medical research presented or published in a recognized journal of specialty societies (1)	50%	61% (27/44)	Percentage (%) of research projects completed within the original proposed timeframe (2)	90%	98% (57/58)				

NG FOR HEALT	H PROFESSI	ONALS								
Number of accredited training programs sustained (1)	36	42	Percentage (%) of trainees who completed the program (2)	90%	100% (56/56)					
Percentage (%) of implemented QMSO activities to maintain PCMC Integrated Management Systems through sustaining its certification to QMS ISO 9001:2015 and EMS ISO 14001:2015 (a)	80% (8/10)	100% (13/13)								
	Number of accredited training programs sustained (1)  Percentage (%) of implemented QMSO activities to mainin PCMC Integrated Management Systems through sustaining its certification to QMS ISO 9001:2015 and EMS ISO 14001:2015	Number of accredited training programs sustained (1)  Percentage (%) of implemented QMSO activities to maintain PCMC Integrated Management Systems through sustaining its certification to QMS ISO 9001:2015 and EMS ISO 14001:2015	accredited training programs sustained (1)  Percentage (%) of implemented QMSO activities to maintain PCMC Integrated Management Systems through sustaining its certification to QMS ISO 9001:2015 and EMS ISO 14001:2015	Number of accredited training programs sustained (1)  Percentage (%) of trainees who completed the program (2)  Percentage (%) of implemented QMSO activities to maintain PCMC Integrated Management Systems through sustaining its certification to QMS ISO 9001:2015 and EMS ISO 14001:2015	Number of accredited training programs sustained (1)  Percentage (%) of trainees who completed the program (2)  Percentage (%) of implemented QMSO activities to maintain PCMC Integrated Management Systems (8/10) (13/13) sustaining its certification to QMS ISO 9001:2015 and EMS ISO 9001:2015 and EMS ISO 9001:2015	Number of accredited training programs 36 42 trainees who completed the program (1)  Percentage (%) of trainees who completed the program (2)  Percentage (%) of implemented QMSO activities to maintain PCMC Integrated Management 80% 100% Systems through sustaining its certification to QMSI SO 9001 2015 and EMS ISO 9001 2015 and EMS ISO 14001:2015	Number of accredited training programs 36 42 training programs sustained (1)  Percentage (%) of implemented (2)  Percentage (%) of implemented (2)  OMSO activities to maintain PCMC Integrated Management Systems through sustaining its certification to OMS ISO 9001:2015 and EMS ISO 14001:2015	Number of accredited training programs sustained (1)  Percentage (%) or trainees who completed the program (2)  Percentage (%) or implemented to maintain PCMC Integrated Management Systems through (8/10) (13/13) sustaining its cartification to CMS ISO 9001:2015 and EMS ISO 14001:2015	Number of accredited training programs sustained (1)  Percentage (%) of trainees who completed the program (2)  Percentage (%) of implemented QMS0 activities to maintain PCMC Integrated Management Systems (8/10) (13/13) sustaining to CMS (8/10) (13/13) sustaining to CMS (8/10) (13/13) sustaining to CMS (8/10) (13/13) (13/13) (14/10) (2015)	Number of accedited training programs sustaining (1)

OFFICE OF THE HOSPITAL INFORMATION & COMMUNICATION SYSTEM				Percentage (%) of functionality of Hospital Information Technology System (b)	100%	100% (88/88)				Determination of of financial sta	functionality will be th	nrough generation delivery units
GENERAL ADMINISTRATION AND	SUPPORT SE	RVICES (GAS	is)	L		L		<u> </u>				
A. Budget Utilization Rate		OBLIGATIONS E		D	ISBURSEME	NT BUR						
HOSPITAL SUPPORT SERVICES  1. Finance Division (Budget, Pre-Audit, Accounting)	Obligations BUR (a1)	100%	99.52 or 100% Total Actual Obligation (Net of PS & Disallowed Items in the COB/DBM Approved Budget (Net of PS) (P435,826,276.00/ P437,944,981.00)	Disbursement BUR (82)	100%	99.67 or 100% Total Actual Disbursement/Total Actual Obligation (P434,382,533.34/ P435,826,276.00)						
B. Quarterly Submission of Budget and Financial Accountability Reports	Submission of 1 <sup>st</sup> Quarter Budget and Financial Accountability Reports. (b1)		Submission of 2 <sup>nd</sup> Quarter Budget and Financial Accountability Reports. (b2)			Submission of 3 <sup>rd</sup> Quarter Budget and Financial Accountability Reports. (b3)			Submission of 4 <sup>th</sup> Quarter Budget and Financial Accountability Reports. (b4)			
HOSPITAL SUPPORT SERVICES 1. Finance Division (Budget, Pre-Audit, Accounting)		On or before April 30, 2017	Submitted		On or before July 31, 2017	Submitted		On or before October 31, 2017	Submitted		On or before January 31, 2018	Submitted
C. Compliance to COA Audit	Full Complia	ance with at lea	ast 30% of the									
Recommendation	prior years'	COA audit reco	mmendations									
HOSPITAL SUPPORT SERVICES 1. Finance Division (Budget, Pre-Audit, Accounting)		30%	43% (3/7)				14					
PREPARED BY:  RODOLFO A. DE LOS REYES  PMT HEAD  APPROVED BY:  JULIUS A. LECCIONES, MD, MHSA, MPM, N	28 February 201 Date	1 <u>8</u>	JOSEMTO I Finance		<u>28 F</u>	ebruary 2018 Date						

Date

Agency Head