

Your report for year **2015** was successfully **submitted!**

Welcome DOH499!


Facility Name: DR. JOSE FABELLA MEMORIAL HOSPITAL

Today is Tuesday, February 06, 2018

Reporting Year:

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Online Health Facility Statistical Report System

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| <p>Republic of the Philippines Department of Health HEALTH FACILITIES AND SERVICES REGULATORY BUREAU</p> | | |
| <p>ANNEX - E A.O. No. 2012-0012</p> | | |
| <p>ANNUAL HEALTH FACILITY STATISTICAL REPORT</p> <p>YEAR <u>2015</u></p> | | |
| Name of Hospital: DR. JOSE FABELLA MEMORIAL HOSPITAL | Street Address: LOPE DE VEGA STREET | |
| City / Municipality: SANTA CRUZ | District / Province: NCR, CITY OF MANILA, FIRST DISTRICT (Not a Province) | Region: NATIONAL CAPITAL REGION (NCR) |
| Contact Number: +63 027345561 | Fax Number: +63 027357146 | |
| Email Address: milotsanchez@yahoo.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: <input type="checkbox"/> Level 1 Hospital <input type="checkbox"/> Level 2 Hospital | | Specialty: (Specify) <input type="checkbox"/> Treats a particular disease <input type="checkbox"/> Treats a particular organ |

| | |
|--|---|
| <input checked="" type="checkbox"/> Level 3 Hospital (Teaching/Training) <input type="checkbox"/> Infirmary Trauma Capability: <input type="checkbox"/> Trauma Capable <input checked="" type="checkbox"/> Trauma Receiving | <input type="checkbox"/> Treats a particular class of patients <input type="checkbox"/> Others(Specify): |
| 2. Nature of Ownership | |
| Government: <input checked="" type="checkbox"/> National - DOH Retained/Renationalized <input type="checkbox"/> Local (Specify): <input type="checkbox"/> Province <input type="checkbox"/> City <input type="checkbox"/> Municipality <input type="checkbox"/> DILG - PNP <input type="checkbox"/> DND - AFP <input type="checkbox"/> DOJ <input type="checkbox"/> State Universities and Colleges (SUCs) <input type="checkbox"/> Others (Specify): | Private: <input type="checkbox"/> Single Proprietorship/Partnership/Corporation <input type="checkbox"/> Religious <input type="checkbox"/> Civic Organization <input type="checkbox"/> Foundation <input type="checkbox"/> Others(Specify): • |
| B. Quality Management | |
| <ul style="list-style-type: none"> ▪ Quality Management/Quality Assurance Program: Organized set of activities designed to demonstrate on-going assessment of important aspects of patient care and services | |
| <input checked="" type="checkbox"/> ISO Certified (Specify ISO Certifying Body and area(s) of the hospital with Certification) <ul style="list-style-type: none"> ▪ AJA Registrar Incorporated - Provision of Hospital service, Training ,Residency Training and School of Midwifery | Validity Period: <ul style="list-style-type: none"> ▪ Jun 20, 2015 - May 08, 2018 |
| <input type="checkbox"/> International Accreditation | Validity Period: |
| <input checked="" type="checkbox"/> PhilHealth Accreditation <input checked="" type="checkbox"/> Basic Participation <input type="checkbox"/> Advanced Participation | Validity Period: <ul style="list-style-type: none"> ▪ Jan 01, 2015 - Dec 31, 2015 |
| <input type="checkbox"/> PCAHO | Validity Period: |
| C. Bed Capacity/Occupancy | |
| <ol style="list-style-type: none"> 1. Authorized Bed Capacity: <u>700</u> beds <ul style="list-style-type: none"> ○ Authorized bed: Approved number of beds issued by HFSRB/RO, the licensing offices of DOH 2. Implementing Beds: <u>501</u> beds <ul style="list-style-type: none"> ○ Implementing beds: Actual beds used (based on hospital management decision) | |

3. **Bed Occupancy Rate (BOR) Based on Authorized Beds: 196.73% 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 by in-patients.(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 and 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 | 52,465 |
| Total Newborn (In facility deliveries) | 18,759 |
| Total Discharges (Alive) | 51,728 |
| Total patients admitted and discharged on the same day | 56 |
| Total number of inpatient bed days (service days) | 502,654 |
| Total number of inpatients transferred TO THIS FACILITY from another facility for inpatient care | 1,842 |
| Total number of inpatients transferred FROM THIS FACILITY to another facility for inpatient care | 40 |
| Total number of patients remaining in the hospital as of midnight last day of previous year | 907 |

B. Discharges

| Type of Service | No. of Patients | Total Length of Stay/ Total No. of Days Stay | Type of Accomodation | | | | | | | Condition on Discharge | | | | | | | Total Discharges | Remarks | | | |
|-----------------|-----------------|--|----------------------|-----------------|--------|------------|-----------------|-------|----------|------------------------|--------|-----|----|----|---|---|------------------|---------|----------|-------|--|
| | | | Non-Philhealth | | | Philhealth | | | | HMO | OWWA | R/I | T | H | A | U | | | Deaths | | |
| | | | Pay | Service/Charity | Total | Pay | Service/Charity | Total | < 48 hrs | | | | | | | | | | ≥ 48 hrs | Total | |
| Medicine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Obstetrics | 21,656 | 107,568 | 113 | 16,161 | 16,274 | 980 | 4,280 | 5,260 | 0 | 122 | 21,587 | 7 | 23 | 31 | 0 | 5 | 3 | 8 | 21,648 | | |
| Gynecology | 750 | 23,708 | 22 | 147 | 169 | 114 | 438 | 552 | 0 | 29 | 745 | 3 | 1 | 0 | 0 | 1 | 0 | 1 | 749 | | |

| | | | | | | | | | | | | | | | | | | | |
|----------------------|---------------|----------------|------------|---------------|---------------|--------------|---------------|---------------|----------|------------|---------------|-----------|--------------|-----------|----------|------------|------------|------------|---------------|
| Pediatrics | 1,555 | 9,944 | 0 | 329 | 329 | 0 | 1,224 | 1,224 | 0 | 2 | 1,509 | 3 | 10 | 0 | 0 | 11 | 22 | 33 | 1,522 |
| Surgery | | | | | | | | | | | | | | | | | | | |
| Pedia | 6 | 401 | 0 | 0 | 0 | 0 | 6 | 6 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Adult | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other(s) | | | | | | | | | | | | | | | | | | | |
| Total | 23,967 | 141,621 | 135 | 16,637 | 16,772 | 1,094 | 5,948 | 7,042 | 0 | 153 | 23,847 | 13 | 34 | 31 | 0 | 17 | 25 | 42 | 23,925 |
| Total Newborn | 28,437 | 361,033 | 0 | 12,743 | 12,743 | 0 | 15,610 | 15,610 | 0 | 84 | 26,682 | 6 | 1,114 | 0 | 0 | 193 | 442 | 635 | 27,802 |
| Pathologic | 9,953 | 31,051 | 0 | 6,751 | 6,751 | 0 | 3,180 | 3,180 | 0 | 22 | 8,198 | 6 | 1,114 | 0 | 0 | 193 | 442 | 635 | 9,318 |
| Non-Pathologic | 18,484 | 329,982 | 0 | 5,992 | 5,992 | 0 | 12,430 | 12,430 | 0 | 62 | 18,484 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18,484 |

*R/I - Recovered/Improved

T - Transferred

U - Unimproved

H - Home Against Medical Advice

A - Absconded

D - Died

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

Total 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.

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 illnesses/injury.

(Do not include deliveries)

| Cause of Morbidity/Illness/Injury | Number | ICD-10 Code |
|--|--------|-------------|
| 1. Delivery | 12,192 | O80-O84 |
| 2. Complications of labor and delivery | 6,485 | O60-O76 |
| 3. Influenza and pneumonia | 2,152 | J10-J18 |
| 4. Newborn affected by maternal factors | 1,936 | P00-P04 |
| 5. Infections specific to the perinatal period | 1,451 | P35-P39 |
| 6. Disorders related to length of gestation and fetal growth | 1,198 | P05-P08 |
| 7. Respiratory and cardiovascular disorders specific to the perinatal period | 200 | P19-P29 |
| 8. Transitory endocrine and metabolic disorders specific to newborn | 168 | P70-P74 |
| 9. Intestinal infectious diseases | 92 | A00-A09 |
| 10. Hemorrhagic and hematological disorders of newborn | 75 | P50-P61 |

4. **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 | 37,767 |
| Number of outpatient visits, re-visit | 51,232 |
| Number of outpatient visits, adult (Age 19 years old and above) | 65,266 |
| Number of outpatient visits, pediatric (Age 0 to 18 yrs old; before 19th birthday) | 18,877 |
| Number of adult general medicine outpatient visits | 4,759 |
| Number of specialty (non-surgical) outpatient visits | 68,753 |
| Number of surgical outpatient visits | 3,807 |
| Number of antenatal care visits | 31,754 |
| Number of postnatal care visits | 5,164 |

Ten Leading Causes of OPD Consultation

| Ten Leading OPD Consultations | Number | ICD-10 Code |
|--|---------------|--------------------|
| 1. Persons encountering health services in circumstances related to reproduction | 46,208 | Z30-Z39 |
| 2. Persons encountering health services for examination and investigation | 12,671 | Z00-Z13 |
| 3. Maternal care related to the fetus and amniotic cavity and possible delivery problems | 6,081 | O30-O48 |
| 4. Persons encountering health services in other circumstances | 5,388 | Z70-Z76 |
| 5. Influenza and pneumonia | 2,579 | J10-J18 |
| 6. Noninflammatory disorders of female genital tract | 1,970 | N80-N98 |

Ten Leading Causes of ER Consultation

| Ten Leading ER Consultations | Number | ICD-10 Code |
|--|---------------|--------------------|
| 1. Maternal care related to the fetus and amniotic cavity and possible delivery problems | 3,365 | O30-O48 |
| 2. Pregnancy with abortive outcome | 859 | O00-O08 |
| 3. Complications of labor and delivery | 726 | O60-O76 |
| 4. Influenza and pneumonia | 725 | J10-J18 |
| 5. Newborn affected by maternal factors | 302 | P00-P04 |
| 6. Persons encountering health services in circumstances related to reproduction | 283 | Z30-Z39 |
| 7. Intestinal infectious diseases | 165 | A00-A09 |

| | | |
|--|-----|---------|
| 8. Noninflammatory disorders of female genital tract | 132 | N80-N98 |
| 9. Infections specific to the perinatal period | 61 | P35-P39 |

TESTING

| Total number of medical imaging tests (all types including x-rays, ultrasound, CT scans, etc.) | Number |
|--|--------|
| X-Ray | 11,996 |
| Ultrasound | 10,833 |
| CT-Scan | 0 |
| MRI | 0 |
| Mammography | 0 |
| Angiography | 0 |
| Linear Accelerator | 0 |
| Dental X-Ray | 100 |
| Other | 0 |
| Total number of laboratory and diagnostic tests (all types, excluding medical imaging) | |
| Urinalysis | 17,345 |
| Fecalalysis | 880 |
| Hematology | 63,324 |
| Clinical chemistry | 95,669 |
| Immunology/Serology/HIV | 37,014 |
| Microbiology (Smears/Culture & Sensitivity) | 13,529 |
| Surgical Pathology | 2,076 |
| Autopsy | 0 |
| Cytology | 1,795 |
| Blood Service Facilities | |
| Number of Blood units Transfused | 5,058 |

EMERGENCY VISITS

| Emergency visits | Number |
|--|--------|
| Total number of emergency department visits | 7,268 |
| Total number of emergency department visits, adult | 5,563 |
| Total number of emergency department visits, pediatric | 1,705 |

Total number of patients transported **FROM THIS FACILITY'S EMERGENCY DEPARTMENT** to another facility for inpatient care

1,842

C. Deaths

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

| Types of deaths | Number |
|--|--------|
| Total deaths | 677 |
| Total number of inpatient deaths | |
| ▪ Total deaths < 48 hours | 210 |
| ▪ Total deaths ≥ 48 hours | 467 |
| Total number of emergency room deaths | 1 |
| Total number of cases declared 'dead on arrival' | 0 |
| Total number of stillbirths | 323 |
| Total number of neonatal deaths | 635 |
| Total number of maternal deaths | 8 |

1. Gross Death Rate 1.31%

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

$$\underline{1.31}\% = \frac{677}{51,727} \times 100 \text{ (System generated)}$$

2. Net Death Rate 0.91%

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

$$\underline{0.91}\% = \frac{677 - 210}{51,727 - 210} \times 100 \text{ (System generated)}$$

3. 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. Other bacterial diseases | 366 | A30-A49 |
| 2. Respiratory and cardiovascular disorders specific to the perinatal period | 186 | P19-P29 |
| 3. Infections specific to the perinatal period | 48 | P35-P39 |
| 4. Other diseases of the respiratory system | 18 | J95-J99 |
| 5. Congenital malformations of the nervous system | 14 | Q00-Q07 |
| 6. Newborn affected by maternal factors | 10 | P00-P04 |
| 7. Hemorrhagic and hematological disorders of newborn | 6 | P50-P61 |
| 8. Disorders related to length of gestation and fetal growth | 6 | P05-P08 |
| 9. Other diseases of the pleura | 4 | J90-J94 |
| 10. Other obstetric conditions, not elsewhere classified | 4 | O95-O99 |

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 | | | | | | | | | | | | | | | | | | | | Sub total | 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 | | | | | | | | |
| 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 | M | F | | | | | | |
| 1. Other bacterial diseases | 237 | 129 | 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 | 237 | 129 | 366 | A30-A49 | | | |
| 2. Respiratory and cardiovascular disorders specific to the perinatal period | 109 | 76 | 0 | 1 | 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 | 109 | 77 | 186 | P19-P29 | | |
| 3. Infections specific to the perinatal period | 29 | 19 | 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 | 0 | 0 | 29 | 19 | 48 | P35-P39 | |
| 4. Other diseases of the respiratory system | 9 | 9 | 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 | 0 | 0 | 9 | 9 | 18 | J95-J99 | |
| 5. Congenital malformations of the nervous system | 10 | 4 | 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 | 0 | 0 | 0 | 10 | 4 | 14 | Q00-Q07 |
| 6. Newborn affected by maternal factors | 4 | 6 | 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 | 0 | 0 | 0 | 4 | 6 | 10 | P00-P04 |

| | | | | | | | | |
|--|---|----|---|---|---|---|---|----|
| 1. Consultants | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.1 Internal Medicine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| a. Generalist | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| b. Cardiologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Endocrinologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Gastro-Enterologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Pulmonologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Nephrologist | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| g. Neurologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Others, specify | | | | | | | | |
| NEONATOLOGISTS | | 1 | 0 | 5 | 0 | 0 | 0 | 6 |
| SURGERY | | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 1.2. Obstetrics/ Gynecology (and sub- specialty) | 0 | 15 | 0 | 9 | 0 | 0 | 0 | 24 |
| 1.3. Pediatrics (and sub- specialty) | 0 | 5 | 0 | 7 | 0 | 0 | 0 | 12 |
| 1.4. Surgery (and sub- specialty) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.5. Anesthesiologist | 0 | 11 | 0 | 2 | 0 | 0 | 0 | 13 |
| 1.6. Radiologist | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 4 |
| 1.7. Pathologist | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 5 |
| 2. Post-Graduate Fellows (Indicate specialty/subspecialty) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Residents | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.1. Internal Medicine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2. Obstetrics- Gynecology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3. Pediatrics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4. Surgery | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Others, specify | | | | | | | | |
| RESIDENTS/POST RES./FELLOWSHIP(ALL TEMPORARY) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RESIDENTS- PEDIATRICS | | 0 | 5 | 0 | 0 | 0 | 0 | 5 |

| | | | | | | | | |
|--|----------|-----------|-----------|-----------|----------|----------|----------|------------|
| RESIDENTS- OBSTETRICS- GYNECOLOGY | | 0 | 43 | 0 | 0 | 0 | 0 | 43 |
| RESIDENTS- ANESTHESIOLOGIST | | 0 | 5 | 0 | 0 | 0 | 0 | 5 |
| POST-RES.- OBSTETRICS- GYNECOLOGY | | 0 | 9 | 0 | 0 | 0 | 0 | 9 |
| POST-RES.- ANESTHESIOLOGIST | | 0 | 9 | 0 | 0 | 0 | 0 | 9 |
| POST-RES.-NEWBORN MEDICINE | | 0 | 10 | 0 | 0 | 0 | 0 | 10 |
| POST-RES.- PATHOLOGIST | | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| FELLOWSHIP- OBSTETRICS- GYNECOLOGY | | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| FELLOWSHIP- NEWBORN MEDICINE | | 0 | 10 | 0 | 0 | 0 | 0 | 10 |
| SUB-TOTAL: | 0 | 36 | 94 | 31 | 0 | 0 | 0 | 161 |
| B. Allied Medical | | | | | | | | |
| 1. Nurses | 0 | 223 | 0 | 0 | 0 | 0 | 0 | 223 |
| 2. Midwives | 0 | 110 | 0 | 0 | 0 | 0 | 0 | 110 |
| 3. Nursing Aides | 0 | 93 | 0 | 0 | 0 | 0 | 0 | 93 |
| 4. Nutritionist | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 9 |
| 5. Physical Therapist | 0 | 23 | 0 | 0 | 0 | 0 | 0 | 23 |
| 6. Pharmacists | 0 | 28 | 0 | 0 | 0 | 0 | 0 | 28 |
| 8. Laboratory Technician | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 9. X-Ray Technologist/X-Ray Technician | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 10 |
| 11. Social Worker | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 13 |
| 12. Medical Records Officer/ Hospital Health Information Officer | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 13 |
| Others, specify | | | | | | | | |
| DENTIST | | 7 | 0 | 0 | 0 | 0 | 0 | 7 |
| MIDWIFERY SCHOOL PRINCIPAL | | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| CHEMISTS | | 2 | 0 | 0 | 0 | 0 | 0 | 2 |

| | | | | | | | | |
|---------------------------------|----------|------------|-----------|-----------|----------|----------|----------|-------------|
| DENTAL AIDES | | 3 | 0 | 0 | 0 | 0 | 0 | 3 |
| LABORATORY AIDES | | 8 | 0 | 0 | 0 | 0 | 0 | 8 |
| FOOD SERVICE SUPERVISOR II | | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| SUB-TOTAL: | 0 | 547 | 0 | 0 | 0 | 0 | 0 | 547 |
| C. Non-Medical | | | | | | | | |
| 1. Chief Administrative Officer | 0 | 54 | 0 | 0 | 0 | 0 | 0 | 54 |
| 2. Accountant | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 4 |
| 9. General Support Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUB-TOTAL: | 0 | 311 | 0 | 0 | 0 | 0 | 0 | 311 |
| GRAND TOTAL: | 0 | 894 | 94 | 31 | 0 | 0 | 0 | 1019 |

IV. EXPENSES

Report all money spent by the facility on each category.

| Expenses | Amount in Pesos |
|---|-------------------------|
| Amount spent on personnel salaries and wages | 304,682,656.00 |
| Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example: social security contributions, health insurance) | 125,571,288.00 |
| 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.) | 210,887,280.00 |
| TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS) | 641,141,184.00 |
| Total amount spent on medicines | 14,639,834.00 |
| Total amount spent on medical supplies (i.e. syringe, gauze, etc.; exclude pharmaceuticals) | 65,528,000.00 |
| Total amount spent on utilities | 26,723,614.00 |
| Total amount spent on non-medical services (For example: security, food service, laundry, waste management) | 25,262,656.00 |
| TOTAL amount spent on maintenance and other operating expenditures (MOOE) | 132,154,104.00 |
| Amount spent on infrastructure (i.e., new hospital wing, installation of ramps) | 13,290,123.00 |
| Amount spent on equipment (i.e. x-ray machine, CT scan) | 21,474,330.00 |
| TOTAL amount spent on capital outlay (CO) | 34,764,452.00 |
| GRAND TOTAL | 1,616,119,552.00 |

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) | 0.00 |
| Total amount of money received from private organizations (donations from businesses, NGOs, etc.) | 119,916.00 |

| | |
|---|-----------------------|
| Total amount of money received from Phil Health | 199,661,296.00 |
| Total amount of money received from direct patient/out-of-pocket charges/fees | 37,188,444.00 |
| Total amount of money received from reimbursement from private insurance/HMOs | 0.00 |
| Total amount of money received from other sources (PAGCOR, PCSO, etc.) | 9,478,500.00 |
| GRAND TOTAL | 246,448,144.00 |

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

Report Prepared by: **Emelita F. Sanchez**

Designation/Section/Department: **STATISTICIAN III / STATISTICAL AND RESEARCH / HEALTH INFORMATION MANAGEMENT DEPARTMENT** Date: **Oct. 18, 2016**

Report Approved and Certified by : **Esmeraldo Topacio Ilem** Date: _____
Chief of Hospital/Medical Director

