MMMH&MC ENTERPRISE GOVERNANCE SCORECARD

GOVERNANCE SCORECARD-IMPACT

	Objective	#	Measure	OPR/Measure Owner	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC	2022 Target	2023 Target	2024 Target	2025 Target
A	Better Health Outcome	1	Percentage of patient discharged as improved	CMPS/HIMS	92%	95.24%	93	96.29%	94%	99.62%	95%	96.11%	95%	95%	95%	95%
		2	Net Mortality Rate	CMPS/Clinical Departments/HIMS	2.5%	2.51%	2.5%	1.96%	2.5%	2.8%	2.5%	2.65%	2.5%	2.5%	2.5%	2.5%
B	Responsive and Equitable Healthcare	3	Percentage of clients that "strongly agree" that they were satisfied with the services rendered by the hospital (Inpatients)	QMS-PSS Committee, all departments, sections and units	90%	90.71%	90%	90.90%	90%	91.46%	90%	94.6%	90 %	90%	91%	91%
		4	*Percentage of Decrease co-payment (new)*										0% Co-payment	0% Co-payment	0% Co-payment	0% Co-payment
		5	*Percentage increase utilization of MAIP (new)*										100% end of the year	100% end of the year	100% end of the year	100% end of the year

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

GOVERNANCE SCORECARD-STRATEGIC POSITION

	Objective	#	Measure		OPR/Measure Owner	BL	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC	2022 Target	2023 Target	2024 Target	2025 Target
C	Position Mariano Marcos Memorial Hospital and Medical Center as the premier center of advanced healthcare in the Philippines	6	Increase in % of complex cases for the targeted diseases discharged as improved	Heart	SURGERY / IM / PEDIA	3%	4%	1.72%	5%	4.73%	1% adult	1.12%	3% adult	1.23% adult(did not attain due to pandemic)	3% adult 3% pedia	4% adult 4% pedia	5% adult 5% pedia	5% adult 5% pedia
											2% pedia	2.4%	2.5% pedia	4.66% pedia				
				Cancer	SURGERY / IM / PEDIA / OB	3%	4%	.36%	5%	4.89%	5%	4.98%	***5% adult/ OB***	***7.56% adult***	New Formula starting 2022 (outpatient and inpatient) 7% (Adult/Gyne and Pedia)	9% (Adult /Gyne and pedia)	11% (Adult /Gyne and pedia)	13% (adult/ Gyne and pedia)
													4% pedia	***2.54% pedia***				
				Kidney	SURGERY / IM / PEDIA	3%	4%	5.25%	5%	2.94%	3%	4.34%	3% adult	1.06% adult	2.5% adult/ pedia	3% adult/ pedia	3% adult/ pedia	3.5% adult/pedia
													2.5% pedia	3.26% pedia				
				Neonatal	PEDIATRICS	3%	4%	3.48%	5%	4.13%	3.5%	4.04%	3.75%	4.63%	4.5%	5%	5.5%	5.75%
				Eye	OPHTHALMOLOGY	3%	4%	13.33%	5%	14.58%	5%	12.36% (includes Surgical cases for in and out patients)	7%	12.20%	8%	8%	9%	9%
				Geria	FAMILY MEDICINE /IM	3%	4%	N/A Basic OPD services	5%	N/A Basic OPD	3%	N/A Basic OPD	N/A Basic OPD	N/A	N/A Basic OPD Services only	10% OPD Services	15% OPD Services	20% OPD Services

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				only		services only		Services only	services only	Basic OPD services only		5% FM/IM in-patients	7% FM/IM in-patients	10% FM/IM in-patients 2027-FM in-patients
Repro	OBSTETRICS AND GYNECOLOGY	3%	4%	72%	5%	36.037%	30%	52.77%	55%	63.98%	60%	65%	70%	75%
Lung	SURGERY / IM / PEDIA	3%	4%	4.66%	5%	8.355%	5%	4.40%	5%	4.94%	5%	5%	5%	5%
Psych	PSYCHIATRY	3%	4%	N/A Basic OPD services only	5%	N/A Basic OPD services only	2%	N/A Basic OPD Services only	N/A Basic OPD Services only	N/A Basic OPD	N/A Basic OPD Services only	2%	3%	4%
*Infectious Disease and Tropical Medicine	PEDIATRICS/IM										5%	5%	5%	5%
*Orthopedics	ORTHOPEDICS										3%	4%	5%	5%
*Dermatology	INTERNAL MEDICINE										5%	5%	5%	5%
** Physical Medicine and Rehabilitation Center	IM/ PEDIA/ PT/										**80%**	**85%**	**90%**	**95%**

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				** Perinatology	PEDIA /OB													
				**Brain and Spine	IM/PEDIA													

Newly included specialty center (as per DOH designation to MMMH&MC issued on January 2021)

****Newly included specialty center (April 2022)***

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

Summary:

	Objective	#	Measure	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC
C	Position Mariano Marcos Memorial Hospital and Medical Center as the premier center of advanced healthcare in the Philippines	6	Increase in % of complex cases for the targeted diseases discharged as improved (7 out of 9 specialty centers-except for Geria and Psychiatric Centers that offer basic OPD services only from 2018 to 2021)	7 centers offering inpatient services	4/7 centers met their targets Kidney, Eye, Repro and Lung	7 centers offering inpatient services	3/7 centers met their targets Eye, Repro, Lung	7 centers offering inpatient services	5/7 centers met their target Heart, Kidney, Neonatal, Eye, Repro	7 centers offering inpatient services	3/7 centers met its target

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

TREATMENT/HEALTHCARE

	Objective	#	Measure	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC	2022 Target	2023 Target	2024 Target	2025 Target
D	*Provide comprehensive management through multi-disciplinary team approach*	7	Number of Clinical Pathways done	11	11 100%	21	19/21 90.48% in 2019 100% accomplished in 2020	13	13/13 100%	28 (CP:25) (For implementation :3)	25/25 100% 3/3 100%	32	13	11	9
		8	Number of new services provided	26	26 100%	9	8/9 88.89% in 2019 100% accomplished in 2020	15	13/15 86.67%	42	38/42	36	33	12	15
		9	*Establishment of Public Health Unit*									*1st Year target : TWG/ Organization and Human Resource Development*	*Patient Navigation/ coordination thru Tangguyo*		

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

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Summary of Treatment:

A. Clinical Pathways

	2018			2019			2020		2021			2022		2023		2024		2025
	TARGET	ACC		TARGET	ACC		TARGET	ACC	TARGET	ACC		TARGET		TARGET		TARGET		TARGET
HEART	1	1		2	2		1	1	5	5		3		1		1		1
CANCER	4	4		5	5		4	4	6	6		4		2		1		0
KIDNEY	2	2		1	1		1	1	3	3		3		1		2		1
NEO	0	0		2	2		1	1	1	1		3		2		1		1
EYE	3	3		4	4		2	2	0	0		0		0		1		1
GERIA	0	0		1	1		1	1	2	2		1		1		1		1
REPRO	0	0		4	2 in 2019 4 in 2020		2	2	1	1		0		0		0		0
LUNG	1	1		1	1		1	1	2	2		4		1		2		2
PSYCH	0	0		1	1		0	0	4	4		0		0		0		0
IDTM									1	1		2		1		1		1
ORTHO									0	0		1		1		1		1
DERMA									0	0		2		0		0		0
REHAB									0	0		5		1		0		0
TOTAL	11	11		21	19 in 2019 21 in 2020		13	13	25	25		28		11		11		9

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B. New Services Offered

	2018			2019			2020				2021		2022		2023		2024		2025
	TARGET	ACC		TARGET	ACC		TARGET	ACC		TARGET	ACC		TARGET		TARGET		TARGET		TARGET
HEART	0	0		2	2		5	4		4	3		5		3		0		3
CANCER	12	12		2	2		5	4		5	4		3		4		0		3
KIDNEY	3	3		2	2		1	1		5	4		1		4		1		1
NEO	0	0		0	0		0	0		1	1		3		2		1		1
EYE	7	7		0	0		0	0		2	2		1		1		1		1
GERIA	1	1		1	1		1	1		2	2		4		2		2		1
REPRO	0	0		1	0		1	1		4	4		4		0		0		2
LUNG	3	3		0	0		1	1		5	5		4		5		3		2
PSYCH	0	0		1	1		1	1		1	1		1		1		1		1
IDTM										4	3		1		0		0		0
ORTHO										1	1		2		1		1		0
DERMA										5	5		2		3		2		0
REHAB													4		2				
TOTAL	26	26		9	8		15	13		42	38		35		28		12		15

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TRAINING

	Objective	#	Measure		2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021	2021 ACC	2022	2023	2024	2025
E	Widen the scope of health professional trainings by instilling a culture of life-long learning through the provision of LDI's.	10	Specialty centers with full staff complement of specialists		53	52 or 98.11% in 2018 53/53 or 100 % accomplished in 2021	82	70 or 85.36% in 2019 80/82 or 97.56% accomplished in 2021	69	61 or 88.41% in 2020 63 or 91.30% accomplished in 2021	114 2021 target :105	91 or 79.82% in 2021	68	34	36	11
			Medical Specialist/ Personnel	Total Medical Specialist	4	3 or 75% in 2018 4/4 or 100% in 2021	13	9 or 69.23% in 2019 11/13 or 84.61% in 2021	13	6 or 46.15% in 2020 7/13 or 53.85% in 2021	25	11/25 or 44% in 2021				
				Annual	3	3 (100%)	9	9 (100%)	6	6 (100%)	11	11 (100%)				
				Multi-Year	1	1 (100%) 1 radio onco – done in 2021	4	2/4 or 50% in 2021 Heart-1 Invasive cardio done in 2020 Cancer-1 radio onco – done in 2021 Still to be fully accomplished: Heart-1 cardiac rehab-PA Cancer-1 radio onco – to finish 2023-on-going	7	1/7 or 14.28% in 2021 Cancer-1 radio onco –done in 2021 Still to be fully accomplished: Heart-1 cardiac rehab-PA, 1 cardiac anesthesiology (on-going), 1 interventional cardio –PA Cancer-1 radio onco ton-going-to finish in 2023 Kidney-1 renal	14	Still to be fully accomplished: PA-5 On-going: 9 Heart: 1 cardiac rehab –PA, 1 cardiac anesthesiology (on-going- to finish by2022), 1 interventional cardio –on-going-to finish in 2023 Cancer:1 radio onco-on-going –to finish in 2023 Kidney:1 renal pathologist-PA Neonatology-1 pedia onco-on-going-to finish in				

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										patho-PA Neonatology-1 pedia onco-on-going- to finish in 2022		2022 1 pediatric ENT – ongoing-to finish in 2023 Eye-1 Uveitis-PA, 1 Surgical Retina Fellowship-PA, 1 Corneal and External Disease-PA Lung:1 Pulmonologist/ Interventional (on-going-to finish in 2022), 1 Critical Care Specialist (on-going-to finish by 2023) IDTM:1 IDTM specialist-on-going to finish by 2023 Ortho:1 Spine Surgery-on-going-to finish by 2022				
			Allied Personnel		49	49 100 % done	69	61 or 88.40% in 2019 100% done in 2021	56	55/56 98.21% in 2020 Still to be fully accomplished: Geria-1-PA 100% done in 2021 Note: As the heart center exceeded the target by 2, the final accomplishment is 103.57% (58/56)	89	80/89 or 89.88% in 2021 Still to be fully accomplished: PA:9 Heart:1 1 eco tech Cancer :3 1 pedia onco nutrition 2 onco pharmacist Kidney:1 1 PT nephro Neonatal:2 2 PT Lung:2 1 RT (pre flight assessment therapist)	58	26	28	6

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

												1 PT (pulmo rehab				

Legends for Training:
MS: Medical Specialist/Personnel
AP: Allied Personnel
Orange: Partially Accomplished Multi-Year

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

Summary of Training per Specialty Center

SPECIALTY CENTER		2018		2019		2020		2021		2022	2023	2024	2025
		TARGET	ACC	TARGET	ACC	TARGET	ACC	TARGET	ACC	TARGET	TARGET	TARGET	TARGET
HEART	MS	0	0	3	1 1 multi- year ongoing 1 to finish in 2020 (Invasive cardio) 1- to finish in 2022 (cardiac rehab)	4	1 3 multi-year ongoing 1- to finish in 2022 (cardiac rehab) 1-to finish 2022 (cardiac anesthesiology 1- to finish in 2023 (interventional cardio)	3	0 3 multi-year ongoing 1 did not pursue /to look for another trainee (cardiac rehab) 1 - to finish in 2022 (cardiac anes) 1-to finish in 2023 (interventional cardio)	4	1	1	1
	AP	9	9	24	17 5 target unmet carried forward to succeeding year 2 omitted (reduction of 2 critical care nurses training)	20	24	20	19 –A 1-PA	11	11	8	10
CANCER	MS	1	0 1 multi-year ongoing in 2018 to finish in 2021 100% accomplished in 2021-Rad onco-	4	2 2 multi-year ongoing Rad onco- to finish in 2021 Rad onco- to finish in 2023	5	3 2 multi-year ongoing in 2020 4/5 or 90% in 2021 Rad onco- 100% finished in 2021 Rad onco- to finish in 2023	2	1 –A 1 multi-year ongoing Rad onco- to finish in 2023	1	0	9	0
	AP	9	9	4	4	10	10	20	17-A 3 –PA	19	10	10	10
KIDNEY	MS	0	0	3	3	2	1 1 PA carried over to	2	1-A 1 PA carried over to 2022 Renal patho	2	0	0	0

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

							2021 Renal patho						
	AP	1	1	1	1	0	0	4	3 –A 1-PA	6	1	1	0
NEO	MS	0	0	0	0	2	1 1 multi-year ongoing 1 to finish in 2022 Pediatric endocrinologist	3	1-A 2 multi-year ongoing 1-to finish by 2022 Pediatric endocrinologist 1-to finish by 2023-Pediatric ENT	43	40	40	40
	AP	6	6	13	13	12	12	15	13-A 2-PA	14	11	11	11
EYE	MS	1	1	0	0	0	0	3	0-A 3-PA	3	2	0	0
	AP	3	3	13	13	3	3	4	4	6	4	4	4
GERIA	MS	0	0	0	0	0	0	0	0	0	1	0	0
	AP	10	10	14	13 in 2019 1 multi-year ongoing in 2019 100% finish in 2021	11	10 in 2020 1 multi-year Ongoing in 2020 (Clinical Pharmacist) 11 or 100% accomplished in 2021	13	13	11	6	5	5
REPRO	MS	2	2	2	2	0	0	0	0	1	2	1	1
	AP	5	5	0	0	0	0	0	0	2	0	0	0
LUNG	MS	0	0	1	1	0	0	2	2multi-year ongoing 1-to finish by 2022 Pulmo -interventionalist 1-to finish by 2023 Critical care specialist	4	1	0	1
	AP	4	4	0	0	0	0	8	6-A 2-PA	12	5	1	0
PSYCH	MS	0	0	0	0	0	0	8	8	1	0	0	0
	AP	2	2	0	0	0	0	3	3	1	3	2	2
IDTM	MS	0	0	0	0	0	0	1	1 multi-year ongoing 1-to finish by 2023 IDTM specialist	1	0	0	0
	AP	0	0	0	0	0	0	0	0	7	1	0	0
ORTHO	MS	0	0	0	0	0	0	1	1 multi-year ongoing 1-to finish by 2022	3	0	0	0

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									Spine surgery				
	AP	0	0	0	0	0	0	2	2	1	1	1	1
DERMA	MS	0	0	0	0	0	0	0	0	0	0	0	0
	AP	0	0	0	0	0	0	0	0	0	0	0	0
REHAB	MS									0	1	0	0
	AP									16	9	2	1
Total	MS	4	3 3/4 or 75% (2018) 4/4 or 100 % accomplished in 2021	13	9 or 69.23% in 2019 4 multiyear ongoing 11/13 or 84.61% in 2021	13	6 or 46.15% in 2020 7 multiyear ongoing 7/13 or 53.85% in 2021	25	11 11/25 or 44% (2021)	63	47	51	43
Total	AP	49	49 or 100%accomplished	69	61 or 88.40% in 2019 1 multi-year ongoing 100% done in 2021	56	58 or 100% done in 2021 Heart accomplishment exceeded target 22/20 PA 1 Geria : done in 2021	89	80 or 89.88%	106	62	45	44
	TOTAL	53	52 or 98.11% in 2018 53 or 100 % accomplished in 2021	82	70 4 multi-year ongoing	69	64 7 multiyear ongoing	114	A-91 PA- 5 9 Multiyear ongoing	169	110	96	87

Legends for Training:
MS: Medical Specialist/Personnel
AP: Allied Personnel
Orange: Partially Accomplished Multi-Year

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

RESEARCH

	Objective	#	Measure	OPR/ Measure Owner	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021	2021 ACC	2022	2023	2024	2025
F	Institutionalize ethical and collaborative research beneficial to the community	11	No. of clinical researches done	All Clinical Departments/ Research Unit		8 research presented in the hospital as per Research Committee	5	7 presented in the hospital (1 published internationally)	7	12 presented in the hospital (6 clinical, 5 collaborative/community-based) (1 published internationally)	8	8 presented (6 clinical, 2 collaborative/community based) (1 internationally presented) (1 published internationally)	At least 1 completed collaborative research per clinical department published in a journal or presented in a national or international forum	At least 1 collaborative research presented and published in national and international forum	At least 1 collaborative research presented and published in national and international forum	At least 1 collaborative research presented and published in national and international forum
		12	Number of collaborative or community based researches done in clinical areas		At least 2 research proposals per clinical department geared towards community-based or collaborative research	8 research proposal All clinical departments with accredited training program passed proposals– 100% accomplished	At least 1 completed community-based or collaborative research involving another institution	3	9 At least 1 completed community-based or collaborative research involving another institution per clinical department (IM, Pedia, Surgery, Patho, OB, Ophtha, ENT, FM, Nursing)	6/9 1 FM, 1 ENT, 3 OB, 1 Patho -4 clinical departments completed	At least 1 completed community-based or collaborative research involving another institution per clinical department (Completion of all collaborative or community-based researches proposed in previous year/s)	2 completed collaborative/community-based (1 Pedia, 1 Pharmacy) (8 researches done (including the 6 in 2020 covering 5 clinical departments)	At least 1 completed community-based or collaborative research involving another institution per clinical department			

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

										9 approved research proposals	(At least one proposal for community-based or collaborative research involving another institution per clinical department-for implementation by year 2022 or 2023)	1 collaborative research proposal done- OB				
		13	*Number of research published or presented in a forum* *(new measure)*										At least 1			
		14	Number of Completed Continuous Quality Improvement (CQI Studies)	QMS			At least 5 completed Continuous Quality Improvement (CQI Studies)	**A** **10 completed**	At least 10 completed CQI Study until December 2020	**A** 16 completed for the year 2020	At least 12 completed CQI study until December 2021	**A** 16 completed for the year 2021	At least 15 completed CQI Study until December 2022	At least 17 completed CQI Study until December 2023	At least 18 completed CQI Study until December 2024	At least 20 completed CQI Study until December 2025

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

COMMUNITY ADVOCACY

	Objective	#	Measure	OPR/ Measure Owner	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC	2022	2023	2024	2025
G	Strengthen linkages with stakeholders and expand community outreach trainings .	15	Number of training module created	All Clinical/concerned Departments	**3**	**5**	**3**	**2 (1 carried over in 2021)**	**4**	**3 (1 carried over in 2022-still from 2020)**	**8**	**1**	**1**	**0**
		16	Number of lay fora provided	HEPO/Nursing/concerned clinical departments	**4**	**12**	**Number of Trainings/ Community Advocacy through E-Pakaammo 28**	**59**	**48 30-E-Pakaammo 3-Radio advocacy 9-Infomercial 6-community advocacy (visit to barangay)**	**99 42 E-Pakaammo 46 Radio advocacy 9-informercial 2-Community Advocacy**	***281 (monthly postings included)***	***37***	***37***	***37***
		17	Number of provided training (disease prevention, rehabilitation, diagnosis and referral) to HCPN	All Clinical/concerned Departments										

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

HUMAN CAPITAL

	Objective	#	Measure	OPR/ Measure Owner	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC	2022 Target	2023 Target	2024 Target	2025 Target
H	Develop competent health professionals to meet strategic requirements and strengthen core competencies	18	*Number of trained personnel to complement staff requirements of specialty centers*	**Concerned department/Specialty Center/HRMSS**	**16**	**16**	**40**	**40**	**7**	**7**	**49**	**34/49 or 69.38%**	**32**	**21**	**26**	**16**
		19	Number of new hires for plantilla positions for a 700-bed capacity hospital (medical and non-medical for specialty centers)	**Concerned department/Specialty Center/HRMSS**	**3**	**3**	**5**	**3/5 (80% in 2019)** **5/5 (100% in 2020)**	**10**	**6/10 (60.00% in 2020)** **9/10 (90% in 2021)**	**18**	**12/18 (66.67% in 2021)**	**19**	**20**	**10**	**10**
			Total	**Concerned department/Specialty Center/HRMSS**	**19**	**19**	**45**	**43/45 or 95.55% (2019)** **45/45 100% in (2020)**	**17**	**13/17 or (76.47%) 2020** **16/17 or (94.11) 2021**	**67**	**46/67 (68.65%)**	**51**	**44**	**40**	**26**
		20	% of filled up plantilla positions for 700-bed capacity (staggered basis)	**Concerned Departments/HRMSS**					**Process the hiring of needed manpower as planned for 2020-80%**	75%	80%	**83.23 as of December 31**	Process the hiring of needed manpower as planned for 2022-85%	Process the hiring of needed manpower as planned for 2023-85%	**85%**	**85%**
							MEDICAL/ PARAMED	326	148	359	285	394	498			
							NURSING	251	143	334	294	370	563			
							HOPSS	79	21	98	57	105	26			

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

							FINANCE	39	16	50	6	52	5			
								695	328	841	642	921	1092 as of 4/30/22			

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

ORGANIZATIONAL CULTURE

	Objective	#	Measure	OPR/ Measure Owner	2018 (T)	2018 (A)	2019 (T)	2019 (A)	2020 (T)	2020 (A)	2021 (T)	2021 (A)	2022 (T)	2022 (AA)	2023 (T)	2024 (T)	2025 (T)
I	Institutionalize safe, responsive and patient-focused culture towards excellent stakeholder experience	21	Increase in Patient Experience Rating	Nursing/ QMS			Pilot implementation and monitoring of Patient Safety and Patient Experience Protocols for ER, OPD, Hemodialysis, 3FA (Private Area), 3FM (OB Ward)	**A** 100% pilot on-going implementation (Fall Risk Prevention Program) MMMHMC-C-HSC-QP-001 effective May 11, 2018	Implementation and monitoring of Patient Safety and Patient Experience Protocols for 2FM (SX, Ortho, ENT, Pedia, Onco) 2FA (Pedia A&B, PICU A&B)4FMA(Medical-Clean)4FMB(Medical-Septic)4FA(Private Area) NICU A, NICU B	**A** 100% on-going implementation (Revised Jan.09,2020 and approved on Feb. 06, 2020, Revision of forms on Morse fall-risk level included, Humpty Dumpty form-included legend, High Risk Fall Prevention Intervention Checklist-included legend/description)	Implementation and monitoring of Patient Safety and Patient Experience Protocols for PACU (2nd Floor) OR Delivery Room (3rd Floor), MICU A, MICU B, CCU, SICU, Catheterization Laboratory *95% rating	**A** (100% implementation (Over-all: 95.96% rating)	95 % Implementation and Monitoring of patient safety and patient experience protocols (whole nursing division)	Jan-95.63 % Feb-95.16 % Mar-95.08 % Apr-95.07 %	96 % Implementation and Monitoring of patient safety and patient experience protocols (whole nursing division)	96.5 % Implementation and Monitoring of patient safety and patient experience protocols (whole nursing division)	97 % Implementation and Monitoring of patient safety and patient experience protocols (whole nursing division)
		22	Increase in % of utilization of the Adverse Drug Reaction Tool starting 2022	Adverse Drug Reaction Committee/QMS					Monthly Submission of the used Adverse Drug Reaction Tool	**A** (Monthly submitted to QMS) *72.89% utilization rate on the Adverse Drug Reaction Tool (2nd Semester of 2020 only)	Monthly Submission of the used Adverse Drug Reaction Tool	**A** (Monthly submitted to QMS) *71.04% utilization rate on the Adverse Drug Reaction Tool	85% utilization rate of the Adverse Drug Reaction Tool	Jan-42.97 % Feb-72.56 % Mar-83.71 %	90% utilization rate of the Adverse Drug Reaction Tool	95% utilization rate of the Adverse Drug Reaction Tool	100% utilization rate of the Adverse Drug Reaction Tool
			HBTC Reports	Hospital Blood Transfusion Reaction Committee/NVBSP/ Nursing/ QMS					Monthly submission of HBTC Reports (C/T Ratio, Blood Monitoring Report, Transfusion Reaction/Error)	**A** (All HBTC Reports were submitted every month)	Monthly submission of HBTC Reports (C/T Ratio, Blood Monitoring Report, Transfusion Reaction/Error)	**A** (All HBTC Reports were submitted every month)	Monthly submission of HBTC Reports (C/T Ratio, Blood Monitoring Report, Transfusion Reaction/Error)	Reports submitted Jan-March 2022 BT Reaction – 9 CT ratio: Jan-1.293 Feb-1.267 Mar-1.284	Monthly submission of HBTC Reports (C/T Ratio, Blood Monitoring Report, Transfusion Reaction/Error)	Monthly submission of HBTC Reports (C/T Ratio, Blood Monitoring Report, Transfusion Reaction/Error)	Monthly submission of HBTC Reports (C/T Ratio, Blood Monitoring Report, Transfusion Reaction/Error)

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

		23	Total Number of collected blood from LGU's and other stakeholders	NVBSP/ QMS					10% increase of blood donation from LGU's and other Stakeholders (c/o NVBSP) Baseline: Total of 7,219 bags *Annual Target	**A** (Total: 7,461 bags)	10% increase of blood donation from LGU's and other Stakeholders (c/o NVBSP) Baseline: Total of 7,219 bags *Annual Target	**A** (Total: 8,312 bags)	5% increase in Blood Donation from LGU's and other Stakeholders (c/o NVBSP) *Percentage decrease due to pandemic	Feb- 737 Mar- 1,085	5% increase in Blood Donation from LGU's and other Stakeholders (c/o NVBSP) *Percentage decrease due to pandemic	5% increase in Blood Donation from LGU's and other Stakeholders (c/o NVBSP) *Percentage decrease due to pandemic	5% increase in Blood Donation from LGU's and other Stakeholders (c/o NVBSP) *Percentage decrease due to pandemic

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

ORGANIZATIONAL CULTURE

	Objective	#	Measure	OPR/Measure Owner	2018 (T)	2018 (A)	2019 (T)	2019 (A)	2020 (T)	2020 (A)	2021 (T)	2021 (A)	2022 (T)	2023 (T)	2024 (T)	2025 (T)
I	Institutionalize safe, responsive and patient-focused culture towards excellent stakeholder experience	24	Decrease in no. of sentinel events starting 2022 (Falls, Needle Stick Injuries, Medication Errors)													
			Falls	Hospital Safety Committee / Nursing	Number of identified high risk patients with intervention done by using the intervention checklist form every month	**A** 17 Fall Incidence (Monitoring of the incidence of fall was done including adequate intervention implemented)	Number of identified high risk patients with intervention done by using the intervention checklist form every month	**A** 14 Fall Incidence (Monitoring of the incidence of fall was done including adequate intervention implemented)	Number of identified high risk patients with intervention done by using the intervention checklist form every month	**A** 8 Fall Incidence (Monitoring of the incidence of fall was done including adequate intervention implemented)	Number of identified high risk patients with intervention should be done by using the intervention checklist form every month	**A** 10 Fall Incidence (Monitoring of the incidence of fall was done including adequate intervention implemented)	10% decrease in the no. of Fall Incidence Baseline: Not to exceed the previous number of fall incidences	Maintain the 10% decrease in the no. of Fall Incidence	Maintain the 10% decrease in the no. of Fall Incidence	Maintain the 10% decrease in the no. of Fall Incidence
			Medication Errors	Nursing/ Pharmacy /QMS	Monthly Submission of report on the number of medication errors to QMS Office (To monitor the occurrence of medication errors)	**A** Monthly submitted Medication Error Reports to QMS Office (3 Medication Errors for 2018) (Orientation and re-orientation on medication administration was done, including back reading of patient's chart)	Monthly Submission of report on the number of medication errors to QMS Office (To monitor the occurrence of medication errors)	**A** Monthly submitted Medication Error Reports to QMS Office (9 Medication Errors for 2019) (Orientation and re-orientation on medication administration was done, including back reading of patient's chart)	Monthly Submission of report on the number of medication errors to QMS Office (To monitor the occurrence of medication errors)	**A** Monthly submitted Medication Error Reports to QMS Office (2 Medication Errors for 2020) (Orientation and re-orientation on medication administration was done, including back reading of patient's chart)	Monthly Submission of report on the number of medication errors to QMS Office (To monitor the occurrence of medication errors)	**A** Monthly submitted Medication Error Reports to QMS Office (3 Medication Errors 2021) (Orientation and re-orientation on medication administration was done, including back reading of patient's chart)	0 occurrence of medication error	0 occurrence of medication error	0 occurrence of medication error	0 occurrence of medication error
			Needle Stick Injuries	Nursing/ IPCC/ QMS	Monthly Submission of report on the number of medication errors to QMS Office (To monitor the incidence of Needle Stick Injuries)	**A** Monthly submitted Needle Stick Injuries Reports to QMS Office (31 needle stick injuries for 2018) (Lecture and Orientation on handling, proper disposal and no recapping of sharps was done)	Submission of report on the number of medication errors to QMS Office (To monitor the incidence of Needle Stick Injuries)	**A** Monthly submitted Needle Stick Injuries Reports to QMS Office (38 needle stick injuries for 2019) (Lecture and Orientation on handling, proper disposal and no recapping of sharps was done)	Monthly Submission of report on the number of medication errors to QMS Office (To monitor the incidence of Needle Stick Injuries)	**A** Monthly submitted Needle Stick Injuries Reports to QMS Office (38 needle stick injuries for 2020) (Lecture and Orientation on handling, proper disposal and no recapping of sharps was done)	Monthly Submission of report on the number of medication errors to QMS Office (To monitor the incidence of Needle Stick	**A** Monthly submitted Needle Stick Injuries Reports to QMS Office (38 needle stick injuries for 2021) (Lecture and Orientation on handling, proper disposal and no recapping of sharps was done)	10% decrease in the no. of needle stick injuries Baseline: Not to exceed the previous number of needle stick injuries	Maintain the 10% decrease in the no. of needle stick injuries	Maintain the 10% decrease in the no. of needle stick injuries	Maintain the 10% decrease in the no. of needle stick injuries

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

											Injuries)					
		25	Environmental Safety (Quarterly Submission of Self-Monitoring Report)	EFM (Engr. Yadao, Mr. Dalinoc)/ Housekeeping (Mr. Aguinaldo, Ms. Alegado)					Self-monitoring Report on a Quarterly Basis (Infectious, Water, Air, Chemicals,etc.)	**A** All self-monitoring was done and submitted to DENR on quarterly basis	Self-monitoring Report on a Quarterly Basis (Infectious, Water, Air, Chemicals,etc.)	**A** All self-monitoring was done and submitted to DENR on quarterly basis	Self-monitoring Report on a Quarterly Basis (Infectious, Water, Air, Chemicals, etc.)	Self-monitoring Report on a Quarterly Basis (Infectious, Water, Air, Chemicals, etc.)	Self-monitoring Report on a Quarterly Basis (Infectious, Water, Air, Chemicals, etc.)	Self-monitoring Report on a Quarterly Basis (Infectious, Water, Air, Chemicals, etc.)

ORGANIZATIONAL CULTURE

	Objective	#	Measure	OPR/Measure Owner	2018 (T)	2018 (A)	2019 (T)	2019 (A)	2020 (T)	2020 (A)	2021 (T)	2021 (A)	2022 (T)	2023 (T)	2024 (T)	2025 (T)
I	Institutionalize safe, responsive and patient-focused culture towards excellent stakeholder experience	26	Radiation Safety(Radiation Dose Badge Monitoring and % of staff not exceeding the occupational radiation action dose limit)	Radiation Safety Committee (Mr. Kenneth Bonifacio)					Radiation Dose Badge Monitoring every 2 months (Nucmed and Radiology)	**A** Radiation Dose Badge Monitoring every 2 months is done as scheduled	Radiation Dose Badge Monitoring every 2 months (Nucmed and Radiology)	**A** Radiation Dose Badge Monitoring every 2 months is done as scheduled	Radiation Dose Badge Monitoring every 2 months (Nucmed and Radiology)	Radiation Dose Badge Monitoring every 2 months (Nucmed and Radiology)	Radiation Dose Badge Monitoring every 2 months (Nucmed and Radiology)	Radiation Dose Badge Monitoring every 2 months (Nucmed and Radiology)
													100 % of staff not exceeding the occupational radiation action dose limit	100 % of staff not exceeding the occupational radiation action dose limit	100 % of staff not exceeding the occupational radiation action dose limit	100 % of staff not exceeding the occupational radiation action dose limit
		27	Laboratory Bio Safety (% of Laboratory Staff Proficient in applied Biosafety and Biosecurity Practices starting 2022)	Department of Pathology and Laboratories					All laboratory staff proficient in **applied** biosafety and biosecurity practices	**A** (100%-applied)	All laboratory staff proficient in **applied** biosafety and biosecurity practices	**A** (100% - applied)	At least 2 Laboratory Staff proficient in **advanced** Biosafety and Biosecurity Practices	At least 2 Laboratory Staff proficient in **advanced** Biosafety and Biosecurity Practices	Biosafety and Biosecurity Training Course provider in the Region for Medical and Research Laboratories	

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

		28	Laboratory Patient Safety (Participation in External Quality Control: National External Quality Assurance system every year)	Department of Pathology and Laboratories					100% participation in External Quality Control: National External Quality Assurance system every year	**A** (100% NEQAS participation)	100% participation in External Quality Control: National External Quality Assurance system every year	**A** (100% NEQAS participation)	100% participation in External Quality Control: National External Quality Assurance system every year	100% participation in External Quality Control: National External Quality Assurance system every year	100% participation in External Quality Control: National External Quality Assurance system every year	100% participation in External Quality Control: National External Quality Assurance system every year
		29	Laboratory Patient Safety (Rating for Proficiency and Competency Assessment of Staff every semester starting 2022)	Department of Pathology and Laboratories					95 % Rating for Proficiency and Competency Assessment of Staff every semester	A Achieved the 95% % Rating for Proficiency and Competency Assessment of Staff every semester	95 % Rating for Proficiency and Competency Assessment of Staff every semester	A Achieved the 95% % Rating for Proficiency and Competency Assessment of Staff every semester	Maintain 95% Rating for Proficiency and Competency Assessment of Staff every semester	Maintain 95% Rating for Proficiency and Competency Assessment of Staff every semester	Maintain 95% Rating for Proficiency and Competency Assessment of Staff every semester	Maintain 95% Rating for Proficiency and Competency Assessment of Staff every semester

ORGANIZATIONAL CULTURE

	Objective	#	Measure	OPR/Measure Owner	2018 (T)	2018 (A)	2019 (T)	2019 (A)	2020 (T)	2020 (A)	2021 (T)	2021 (A)	2022 (T)	2023 (T)	2024 (T)	2025 (T)
I	Institutionalize safe, responsive and patient-focused culture towards s excellent stakeholder	30	Number of Internal Quality Audit (IQA) group discussions conducted	QMS-Internal Quality Audit Committee									4 small group discussions conducted with process owners/areas with recurring findings to analyze their reasons for actions to aid them in formulating their mitigation and contingency plans	4 small group discussions conducted with process owners/areas with recurring findings to analyze their reasons for actions to aid them in formulating their mitigation and contingency plans	4 small group discussions conducted with process owners/areas with recurring findings to analyze their reasons for actions to aid them in formulating their mitigation and contingency plans	4 small group discussions conducted with process owners/areas with recurring findings to analyze their reasons for actions to aid them in formulating their mitigation and contingency plans
		31	Number of Quality	QMS-Docume					10% of areas	**A** 100% of	25%of areas monitored as	**A** 100% of	100% of areas	100% of areas	100% of areas	100% of areas

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

	experience		Manuals monitored	nt Control Committee					monitored as to updated/revised SOPs	target accomplished (10% of the areas-8 areas were monitored as to updated/ revised SOPs)	to updated/revised SOPs	target accomplished (25% of the areas-41 areas were monitored as to updated/ revised SOPs)	monitored as to updated/revised SOPs	monitored as to updated/revised SOPs	monitored as to updated/revised SOPs	monitored as to updated/revised SOPs
		32	ARTA Watch Rating in Anti-Red Tape Act Report Card Survey	QMS/Citizen's Charter Committee					80% rating (good) in ARTA Report Card Survey	No DOH ARTA Report Card Survey conducted due to pandemic	80% rating (good) in ARTA Report Card Survey	No DOH ARTA Report Card Survey conducted as to date due to pandemic	Obtained 85% rating (good) in ARTA Report Card Survey	Obtained 87% rating (good) in ARTA Report Card Survey	Obtained 89% rating (good) in ARTA Report Card Survey	Obtained 90% rating (good) in ARTA Report Card Survey
		33	Customer Satisfaction Survey Report (ARTA)	QMS/Citizen's Charter Committee					Obtained 80% rating (good) in the customer satisfaction survey	**A** (98.35% over-all rating as of December 2020)	To maintain good rating in the Customer Satisfaction Survey	**A** (97.41% over-all rating as of December 2021)	To maintain good rating in the Customer Satisfaction Survey	To maintain good rating in the Customer Satisfaction Survey	To maintain good rating in the Customer Satisfaction Survey	To maintain good rating in the Customer Satisfaction Survey

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

INFRASTRUCTURE

	Objective		Measure	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021	2021 ACC	2022	2023	2024	2025
J	Appropriately planned and modernized infrastructure complementing multi-specialty services	34	**% of Infra projects (specialty Centers) in the Annual Procurement Plan bidded as scheduled** **% completion of infrastructure projects**	**4 projects**	**2018 50% completed in 2018)** **100% completed in 2020**	**6 projects**	**6 projects on-going in 2019** **3 projects completed in 2020** **2 projects completed in 2021** **1 project still on-going**	**3 projects**	**100% accomplished**	**10 projects**	**8 projects completed in 2021** **2 still on-going (1 project still on-going in 2019 included)**	**3 projects (for completion until 2025)** • Completion of 7-Storey Geriatric Building and Eye Specialty Clinic (MYOA)-Phase II-V • Completion of 10-Storey Cancer Center with LINAC Bunker and ER Complex (Phase II-V) • Construction of 10 Storey Sts.Nicholas and Peregrine South wing Pediatric,, Oncology and Multi-Specialty Building (MYOA)-Phase 1, II and other building requirements			

Note: Projects not completed in during the year are carried over to the following year until completed.

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

TIMELINE OF INFRASTRUCTURE PROJECT ACCOMPLISHMENTS

INFRASTRUCTURE PROJECTS	2018 (A)	2019 (A)	2020 (A)	2021 (A)	2022 (T)	2023 (T)	2024 (T)	2025 (T)
2018 Projects								
Laboratory and Diagnostic Building	**A** (100%)							
Phase I of 5 Storey OR,DR,PACU with Dietary Service at the Ground Floor	**A (100%)**							
Completion of Phase I of 10-Storey Cancer Center with LINAC Bunker and ER Complex		**PA** (92.6%	**A** (100%)					
Phase II of 5 Storey OR,DR,PACU with Dietary Service at the Ground Floor		**PA** (96.11%)	**A** (100%)					
2019 Projects								
Phase III of 5 Storey OR,DR,PACU with Dietary Service at the Ground Floor		**PA** (37.59%)	**A** (100%)					
Phase IV of 2nd floor Hybrid OR (Negative Pressure of Mechanism for the Hybrid ORs/DR/OR/PACU)		**PA** (Bidded: Short of Award)	**A** (100%)					
5-storey Eastern Ward Building		**PA** (22.11%)	**A** (82.66%)	**A** (100%)				
Conversion of OB-Wards into NICU Expansion at 3rd Floor Main Building			**A** (100%)					
Phase I of 7-Storey Geriatric, Reproductive Health and Eye Center Building		**PA** (On-going DAED)	**PA** Status: On stop work order due to right of way issue	**A** (100%)				
Phase II of 10-Storey Cancer Center with LINAC Bunker and ER Complex		**PA** (53.934%)	**PA** (67.40%)	**PA**	**To complete Phase II** Status: (97.5% accomplished as of January 06,2022)			
2020 Projects								
100% OR, DR, PACU expansion finishing work for 2nd and 3rd floor with additional works (completion of Cath Lab Room for March 2020)			**A** (100%)					
Purchase of Air-condition for Cath Lab			**A** (100%)					
10-Storey Cancer Center to house Cancer Center with LINAC Bunker and Emergency Complex Expansion (Electrical Works-Phase I)			**A** (100%)					
2021 Projects								
100% Completion upgrading of Normal Power System at North Substation and Emergency Power System at Power House 1&2 including System Synchronization (Provision of Genset and Electrical Feeder Line for Eastern Ward Building)				**A** (100%)				
Provisions of 2 bed elevator for Eastern Ward Building (New Project Title and Commissioning of one (1) new unit bed elevator for Eastern Ward Building-Elevator Shaft 1)				**A** (100%)				
Supply, Installation and Commissioning of Fire Sprinkler for the 5-Storey Eastern Ward Building				**A** (100%				
Supply, Installation and Commissioning of Air-				**A**				

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

conditioning units including Electrical Equipment on selected areas of Eastern Ward and Heart Institute				(100%)				
100% Completion Proposed Covered Driveway and Walkway/ OPD and Emergency Triage Area				**A** (100%)				
100% Completion Upgrading of Water and Sewer System (Ground Floor and 2nd Floor, Main and Surgical Annex Building with Additional Water Source Development)				**A** (100%)				
100% Completion Improvement of Dietary Section Washing Area by Providing Separate Washing Area for Utensils and other used by Infectious/ COVID 19 with Vegetables and Herbs (Strengthen Infection Control)				**A** (100%)				
100% Completion/ Reutilization of HLK Building Roof Deck (4th Floor Level) into Storage Room for PPE's, COVID Supplies and other documents with Conference Room				**A** (100%)				
50% Completion Upgrading of Isolation Facilities at MMMH&MC Chapel Block (World Bank Funded)				**PA** (On-going as of January 06, 2022)	**A** (100% as of February 01, 2022)			
100% Completion of 10-storey Cancer Center with LINAC Bunker & ER Complex (Electrical Works Phase II)				**PA** **(**Subject to availability of Funds)	Status: For Re-alignment of funds from HFEP equipment to Infra amounting to P66.8M			
2022 -2025 Projects								
					2022	**2023**	**2024**	**2025**
7-Storey Geriatric Building and Eye Specialty Clinic					Completion of 7-Storey Geriatric Building and Eye Specialty Clinic (MYOA)	Completion of 7-Storey Geriatric Building and Eye Specialty Clinic (MYOA)	Completion of 7-Storey Geriatric Building and Eye Specialty Clinic (MYOA)	Completion of 7-Storey Geriatric Building and Eye Specialty Clinic (MYOA)
					Phase II (1st year) Structural Works (Ground Floor to 7th Floor Slab), Electrical Works roughing in (Ground Floor to 7th Floor), Plumbing Works roughing in (Ground Floor to 7th Floor), Mechanical Works roughing in (Ground Floor to 7th Floor) and other works P95,000,000	Phase III (2nd year) Structural Works (7th Floor to Roofing), Architectural Works, (Ground Floor to 3rd Floor) Plumbing Works (Ground Floor to 3rd Floor), Mechanical Works (Ground Floor to 3rd Floor) and other works P118,072,000	Phase IV (3rd year) Architectural Works (4th Floor to 5th Floor), Electrical Works (4th Floor to 5th Floor), Plumbing Works (4th Floor to 5th Floor), Mechanical Works (4th Floor to 5th Floor) P73,464,000	Phase V (4th Floor) Architectural Works (6th Floor to 7th Floor), Electrical Works (6th Floor to 7th Floor), Plumbing Works (6th Floor to 7th Floor), Mechanical Works (6th Floor to 7th Floor), Installation and Commissioning of Fire Sprinkler, Supply, Installation of 2 units bed, elevator and Installation of Air Conditioning Units and other Works P73,464,000
10-Storey Cancer Center with LINAC Bunker and					Completion of	Completion of	Completion of	Completion of

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

ER Complex					Phase II of 10-Storey Cancer Center with LINAC Bunker and ER Complex	Phase II of 10-Storey Cancer Center with LINAC Bunker and ER Complex	Phase II of 10-Storey Cancer Center with LINAC Bunker and ER Complex	Phase II of 10-Storey Cancer Center with LINAC Bunker and ER Complex
						Phase III (1st year) (Architectural Works 2nd floor-6th Floor) (Structural Works 10th Floor to Roof deck/Helipad) Electrical Works, Plumbing Works, Mechanical Works and Other Works (MYOA) P176,096,000	Phase IV (2nd year) (Architectural Works, 7th Floor-10th Floor) (Electrical Works, Plumbing Works, Mechanical Works and other works) (MYOA) P95,096,000	Phase V (3rd year) (Architectural Works, 11th Floor to Roof Deck, Electrical Works, Plumbing Works, Mechanical Works and other works) (MYOA) P117,096,000
Construction of 10 Storey Sts.Nicholas and Peregrine South wing Pediatric,, Oncology and Multi-Specialty Building						Proposed Construction of 10 Storey Sts.Nicholas and Peregrine South wing Pediatric,, Oncology and Multi-Specialty Building (MYOA)	Proposed Construction of 10 Storey Sts.Nicholas and Peregrine South wing Pediatric,, Oncology and Multi-Specialty Building (MYOA)	Proposed Construction of 10 Storey Sts.Nicholas and Peregrine South wing Pediatric,, Oncology and Multi-Specialty Building (MYOA)
						Phase I (1st year) Structural Soil Boring Test and Analysis Works, Blueprinting Plans, Sign and Seal of Blueprint Plans of Professionals, Structural Works Foundation to Roof Level, Electrical Works roughing in, Plumbing Works Roughing in, Mechanical Roughing in, Other Works (STP, Cistem tank, Septic Tank, etc.) P193,404,584	Phase II (2nd year) Architectural Works (Ground Floor to 5th Floor), Electrical Works (Ground Floor to 5th Floor), Plumbing Fixtures Works (Ground Floor to 5th Floor) Mechanical Works (Ground Floor to 5th Floor) and other works Electrical Requirements (Feeder line), Supply, Installation of Fire Sprinkler System, Supply, Installation of Medical Gas Piping System, Supply, Installation of 1-unit bed elevator P198,061,756	Requirements (Feeder Line/ Genset, Supply, Installation of Fire Sprinkler System, Supply, Installation of two (2) units bed elevator, Supply Installation of Air-conditioning System (Split Type/Window Type) Supply, Installation of Medical Gas Piping System P229,411,756

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

INFORMATION TECHNOLOGY

	Objective	#	Measure	OPR/ Measure Owner	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC-	2021 Target	2021 ACC	2022	2023	2024	2025
K	To develop a HCPN-ready E-health infrastructure through enterprise architecture for capacity building and better service delivery	35	Number of Information Systems developed	IHOMP	1	1	1	1	6	6	3	3	6	1	1	1

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

PROCUREMENT

	Objective	#	Measure	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC	2022	2023	2024	2025	2026	2027
L	Ensure adequate procurement planning and proper implementation	36	% of Specialty Center required equipment in the Annual Procurement Plan bidded as scheduled	10	9/10 (90% in 2019) 1 awarded 2019 100% in 2019	13 2019 target: 12 Carried over from 2018:1	13	14	14/14 (100%)	30	30/30 (100%)	29	35	38	23	0	2
		37	Number of processed Notice to Proceed received by supplier on time duration. Respective Purchase Order and Contract Agreement of each NTP are processed to work out deliveries as scheduled. (X number of equipment intended for Specialty Centers based on technical specifications that are delivered on schedule)	9	9/9 (100%)	13	6/13 (46.15% in 2019) 7 carried over - 5 delivered in 2020 2 delivered in 2021 100% accomplished in 2021	21 2020 target: 15 Carried over from 2019: 6	18/21 (85.71% in 2020) 3 carried over to 2021 100% accomplished in 2021	33 2021 target: 30 Carried over: 3	33/33 (100%)	29	35	38	23	0	2

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

Summary of Procured Equipment

Bidded Equipment (Per Item)

Specialty Centers	2018 (T)	2018 (A)	2019 (T)	2019 (A)	2020 (T)	2020 (A)	2021 (T)	2021 (A)	2022 (T)	2023 (T)	2024 (T)	2025 (T)	2026 (T)	2027 (T)
Heart Center	1	1	1	1	4	4	5	5	8	9	1	4	0	0
Cancer Center	0	0	1	1	0	0	1	1	0	0	19	1	0	0
Kidney Center	0	0	0	0	0	0	2	2	0	1	0	2	0	0
Neonatal Center	6	6	10	10	7	7	14	14	9	8	6	0	0	0
Eye Center	1	(carried over to 2019 and delivered)	1	1	0	0	4	4	7	7	6	4	0	0
Reproductive Center	1	1	0	0	0	0	2	2	0	3	1	9	0	2
Perinatology	1	1	0	0	0	0	0	0	0	4	0	1	0	0
Lung Center	0	0	0	0	3	3	1	1	1	1	1	1	0	0
Psychiatry	0	0	0	0	0	0	0	0	2	0	0	0	0	0
IDTM	0	0	0	0	0	0	2	2	0	0	0	0	0	0
Orthopedics	0	0	0	0	0	0	0	0	2	1	2	1	0	0
Derma	0	0	0	0	0	0	0	0	0	1	2	0	0	0
Total:	10	9	13	13	14	14	30	30	29	35	38	23	0	2

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

Delivered Equipment per Bidded Item with Quantity (Q)

Specialty Center	2018				2019				2020				2021			
	T	Q	ACC	Q	T	Q	ACC	Q	T	Q	ACC	Q	T	Q	ACC	Q
HEART	1	1	1	1	1	1	0	0	5	5	4	4	6	6	6	6
CANCER					1	1	0	0	1	1	0	0	2	2	2	2
KIDNEY	0												2	6	2	6
NEONATAL	6	25	6	25	10	48	6	16	12	46	11	42	14	34	14	34
EYE	0				1	1	1	1					4	4	4	4
REPRO													2	2	2	2
PERINAT															0	
LUNG	1	14	1	7					3	4	3	4	1	1	1	1
PSYCH	1	5	1	1												
IDTM													2	3	2	3
ORTHO																
Total	**9**	**45**	**9**	**34**	**13**	**51**	**7**	**17**	**21**	**56**	**18**	**50**	**33**	**58**	**33**	**58**
				lung : 7 existing				heart : 1 cathlab (2020)				heart : 1 pulse gen				
				psych : 4 omitted, reduced from 5 to 1				ca: spec ct (2021)				cancer :1 spec ct				
								neo : 3 mech vent (2020)								
								neo: 4 infusion pump (2021)				neo: 4 infusion				
								neo: 10 cardiac monitor (2020)								
								neo:10 syringe pump (2020)								
								neo :5 pulse oximeter (2020)								

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

FINANCE

	Objective	#	Measure	OPR/ Measure Owner	2018 Target	2018 ACC	2019 Target	2019 ACC	2020 Target	2020 ACC	2021 Target	2021 ACC	2022	2023	2024	2025
M	Attain financial sustainability through responsible fund management	38	% of RTH	Finance, Billing and Claims	2.20%	A As of December 2.09%	2.00%	A 3rd quarter-1.80% (January-August 2019)as of December 23, 2019) 4th quarter-1.89% (January-December 2019) as of June 2, 2020	1.65%	As per received documents as of 12/23/20 1.23% (January-August 2020)	1.55%	As per documents received as of 12/31/21 Jan-March-1.35% April-June-1.28% July to Sept-.55% No RTH Received for the 4th Q	1.5%	1.475%	1.45%	1.4%
		39	% of Denied Claims	Finance, Billing and Claims	1.45%	A As of December 0.36%	1.40%	A 3rd quarter-.58% (January-August 2019) as of December 23, 2019 4th quarter-.81% (January-December 2019) as of June 2, 2020	1.37%	As per received documents as of 12/23/20 .15% (January-August)	1.3%	As per documents received as of 12/31/21 Jan- March .04% (non-appealable) .17% (appealable) April-June .13% (appealable) No Denied Claims for 3rd and 4th quarters	1.25%	1.20%	1.15%	1.10%
		40	% of Disbursement	Finance, Budget Section, Accounting	64%	A 57.29%	70%	A 87.39% As of December 2019	80%	86.96% As of end of December 2021	85% (Annual Target)	98.23%(As of December 31, 2021)	87%	89%	92%	95%
		41	Number of Contract/ MOU /MOA signed/implemented on any innovative financial program (i.e. credit						At least 2	1 (50% in 2020) 100% accomplished in 2021	At least 2	4	At least 2	At least 1	At least 1	At least 1

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***

			debit card,HMO, corporate accounts,executive package,MSGC package and the like)												
		42	% Increase in the number of Philhealth claims of patients seen at the ER particularly for patients undergoing minor surgical procedure	Emergency Medicine/ Billing and Claims					Initiate/increase the Philhealth claims of patients seen at the ER particularly for patients undergoing minor surgical procedure	On going Implementation	80% increase from the baseline Base: 636,884.00 Target: 1,146,391.20 286,597.80 / quarter	173.628% increase from the baseline as of December 2021 (Total: 1,742,695.60)	100% of the ER PHIC claimables filed			

Legend: ACC-Accomplishment ***A-Accomplished*** ***PA-Partially Accomplished*** ***NA-Not Accomplished***