

1999 QCGH ACCOMPLISHMENT REPORT

An Executive Summary

REPUBLIC OF THE PHILIPPINES
QUEZON CITY

Planning, Development, Education and Research Department
Office of the Director of Hospital

QCGH QUALITY ASSURANCE PROGRAM AS A MAJOR
HOSPITAL ACCOMPLISHMENT IN 1998-1999

The Challenge of QCGH's Quality Assurance Program in 1998-1999 was to organize QA Study Teams which we called "Work Improvement Teams" or W.I.T. for short, in order to keep up with the fast pace of change in medical technology and competition. We have learned to think faster, innovate faster, and act faster in order to stay on top of the current situation. After all, as QCGH evolves towards the KNOWLEDGE BASED ECONOMY (KBE), there will be new and better

QUEZON CITY GENERAL HOSPITAL
1999 ANNUAL ACCOMPLISHMENT REPORT:
"A BRIEF SUMMARY"

The important question we have continuously asked was whether the quality and adaptability of QCGH's staff will be able to stand through the storm to meet challenges of the current market transformation of the Philippine economy. For us to stay ahead in the knowledge based economy, the hospital have consistently improved strategies, processes and services. The emerging knowledge driven economy has been the context in which our hospital has implemented wage restraints, cost cutting and cost saving measures. The battle, and it's not over yet. But we will not slacken in our efforts. We will happen through our employees. The our hospital staff to rapidly learn and apply new knowledge and skills.

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LOCAL HISTORY

Work Improvement Teams (WITS) have been instrumental in making our hospital competitive in this knowledge based economy by not only helping lower cost, but also helping to increase revenue. This has led to a change in the strategy of equipment procurement. It was no longer useful to buy expensive technical content. We are focused where it enabled the staff to constantly acquire and apply new skills and

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1999 QCGH ACCOMPLISHMENT REPORT

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I. QCGH QUALITY ASSURANCE PROGRAM AS A MAJOR HOSPITAL ACCOMPLISHMENT IN 1998-1999

The Challenge of QCGH's Quality Assurance Program in 1998-1999 was to organize QA Study Teams which we called "**Work Improvement Teams**" or **W.I.T.** for short, in order to keep up with the fast pace of change in medical technology and competition. We have learned to think faster, innovate faster, and act faster in order to stay on top of the current situation. After all, as QCGH evolves towards the **KNOWLEDGE BASED ECONOMY (KBE)**, there will be new and better opportunities for the Teams to capture, if they are good enough and quick enough. Real participation in **WIT** has served as *change agent*. These changes, however, met obstacles and resistance from employees who wants to maintain a status quo.

The important question we have continuously asked was whether the quality and adaptability of QCGH's staff will be able to steer through the storm to meet challenges of the current massive transformation of the Philippine economy. For us to stay ahead in this knowledge based economy, the hospital have constantly innovated strategies, processes and services. The emerging knowledge driven economy has been the context in which our hospital has implemented wage restraints, cost cutting and cash conservation. It was a tough battle, and it's not over yet. But we can succeed if we pull together and not slacken in our efforts. We will have to continue to make things happen through our employees. The success will hinge on the ability of our hospital staff to rapidly learn and apply new knowledge and skills.

Work Improvement Teams (WITS) have helped QCGH remain competitive in this knowledge based economy by not only helping lower cost, but also helping to increase revenue. This required a change in the strategy of equipping staff with the relevant skills and knowledge. It was no longer useful to train staff where the focus was on transmitting technical content. Rather, the enabling skills were focused where it enabled the staff to constantly acquire and apply new skills and knowledge. QCGH only provided the environment for improvement and

continuous learning and now QCGH is a hospital which employees can be proud of. On their part, most employees realized that the success of QCGH was also their success because they are part of it as such they must keep their skills relevant.

Another viable approach for QCGH was to build up its strengths, and combine these strengths with that of our network partners like the EXCOM, CITY COUNCIL, PCSO, HMO's, PHIL HEALTH, DOH' Bureau of Licensing and Regulation, the Philippine Council for Accreditation for Healthcare Organizations (PCAHO) and other tertiary hospitals with facilities which we have availed of such as Philippine Heart Center, Philippine Childrens Medical Center, Capitol Medical Center, St. Luke's Medical Center, Delos Santos Medical Center and United Doctors Hospital. We need to have a Memorandum of Agreement with some of our network partners signed, so collectively, we can compete as an effective team. Such partnership across organizations in a seamless manner will become the norm in the **knowledge based economy (KBE)**.

To keep the QCGH in pace with this current trend, we have encouraged the formation of **WITS** with our suppliers and customers. This was a win-win partnership. No one lose, except the competition.

Active yet real participation in **WITS** have helped provide quality and excellence at the same time helped staff acquire critical enabling skills. The main benefit for staff was the satisfaction of using their creativity and skills regularly to improve their workplace and services. This allowed them to unleash their creativity and allowed their creative ideas, competence and ability to be surfaced to top management. By working in **WITS** the staff have:

- a) Achieved things individuals cannot
- b) Made better use of all their skills
- c) Analyzed and made better decisions
- d) Got more enjoyment from work as he got to know colleagues better thus enhancing teamwork

As an individual by participating in work improvement teams (**WIT**), he learned new skills such as:

- 1) How to be a thinking and creative person
- 2) How to solve problems effectively
- 3) How to present ideas well
- 4) How to lead a team successfully
- 5) Acquire a better understanding of own and colleagues job

This hastened the transformation of our hospital employees from ordinary mediocre employees into a **KNOWLEDGE BASED WORKERS**. Real participation in **WIT programs** have been encouraged where people

building and harnessing of creativity have been emphasized balanced with a concern for tangible results. Emphasis have been always on employees development and harnessing of creativity for people building.

Some strategies employed for successful implementation of **WORK IMPROVEMENT TEAM'S (WIT)** activities were the following:

- Setting of bold yet realistic and achievable targets
- Selecting an easy project to start with
- Selecting a natural leader for teams as a start accepted by all
- Use brainstorming sessions to generate ideas
- Show case projects - present the project in QA Study Contests
- Identified a problem to work on especially when there are numerous ideas how to resolve it. Letting the team decide on the best.
- When ever there was a problem or an unsatisfactory feature, the **WIT** was asked to look into it, even though the supervisor had ideas how to resolve it. This provided ownership to the operational staff. If their idea was implemented they were proud of their achievement and strived to give even more suggestions or ideas even though the ideas were similar to what the supervisor could have suggested in the first place.
- Asking customers what they were not happy about; and got them to sit in the **WIT's** meeting. They have supported the supervisor's solution thus increasing customer satisfaction.
- Recognition of achievement was important, as it encouraged active involvement and commitment. Recognition such as a simple "thank you" was acceptable, although public recognition in newsletter, notice board, and management presentation were better. Prize tokens, trophies or words of encouragement given freely. Recognition were fair and genuine.
- The quality and productivity related involvement of the individual were included in staff performance appraisal and assessment
- Regular quarterly dialogue with the Director of Hospital
- Initiated the QCGH's Search Most Outstanding QA Study Contest. the winners wer included in the national contest of the Philippine Society for Quality in Health Care
- Due credit wer given to simple projects, but it lead to the notion that teams were merely embarking on simple problem with simple solution to meet targets.
- Planned to integrate **QA or WIT** activities as an integral part of primary job.

These strategies were applied directly with necessary adjustments subject to the maturity of the **WIT**, management styles, cultural preferences, etc. Experience has shown time and again that when **WIT** activities were left alone to grow without the active and hands-on participation of the facilitators, leaders and members failed. Damage recovery to steer back on course was a painful exercise and took quite a while. It was wiser to learn the noble objectives and put in some time and effort in this investment to reap the benefits.

Strategically, besides aiming for the quantitative target of the staff's participation, we gradually steered towards qualitative improvement of the **WIT's** problem-solving process in support of the goals of the hospital by ensuring/emphasizing the following:

- Top management providing clear directions and support and to ensure **WIT** participation supports hospital's objectives. To prevent teams to be at a loss as to what they are supposed to achieve and what project themes they should tackle. They should provide broad themes so that the teams can work on. At the same time care must be taken not stifle the creativity of the team members in solving the problem or improvement ideas.
- Middle management taking an active interest in **WIT** activities. They should take it as an integral part of their job and form teams in their sections or departments, monitor them and be accountable to top management for progress. They should also encourage teams to look into broader areas such as hospital's strategy for achieving customer satisfaction and growth.
- Integration of **WIT** activities with other programs. In a total quality environment, quality improvements can be achieved by various productivity programs e.g. **5 S** and **suggestion scheme**. The integration of these participation programs will help create a more comprehensive package of productivity programs on our quality journey for excellence.
- In inter-departmental problem-solving, encouragement should be given to the formation of **WITs** to solve inter-department problems. Involving the customers (internal and external)/suppliers would be very useful as the main advantage would be availability of the regular feedback on the quality standards.
- Appointment of personnel to promote **WIT**, provide on going training and guidance to members, and monitor the development of **WIT** activities would contribute significantly towards gaining interest and participation in **WITs**.

Teamwork was and will continue to be the important prerequisite for our hospital in obtaining productivity and quality through our employees. The formation of **WIT** was the effective tool in the development of a thinking and creative workforce in a consensus working environment which encourages a teamwork culture. This teamwork culture has been successfully implemented in our hospital anchored on a systematic and planned organizational development intervention based on research and action planning.

It was timely to have upgraded and reposition QCGH to become part of the **Knowledge Based Economy (KBE)** soon, ahead of the competition. The QA movement in QCGH has played a significant role as a change agent in this transformation. We looked at **WIT** activities with a new orientation and mindset e.g. think of QA teams as Work Improvement Teams, and as Continuous Learning Teams and we turn this challenging time into an exciting one as we surge ahead into YEAR 2000.

II. GRADUATES OF RESIDENCY TRAINING PROGRAMS AND SCHOLARSHIP GRANTS AS ANOTHER MAJOR ACHIEVEMENTS OF THE HOSPITAL:

The Quezon City General Hospital is the Postgraduate Training Center of the Quezon City government for doctors who wanted to become Medical Specialists in various subspecialties in medicine. The training is being conducted by Department Head and Consultants of each department accredited by the specialty society and coordinated by the Training Coordinator of each department. These graduates eventually became the leaders of the medical community in the different districts of Quezon City. The following doctors obtained their Certificates of Residency Training under the different Clinical Training Programs of the hospital in 1998 and 1999:

1998 GRADUATES:

Dept. of Internal Medicine - (3-YR TRAINING PROGRAM)

1. Agnes O. Millena, MD

Dept. of Anesthesiology - (3-YR TRAINING PROGRAM)

1. Rosinico Fabon, MD
2. Jackueline L. Guansing, MD

Dept. of Surgery - (5-YR TRAINING PROGRAM)

1. Jerome Santos, MD
2. Leo Despabiladiras, MD
3. Edgardo Catambing, MD

Dept. of OB-Gynecology - (4-YR TRAINING PROGRAM)

1. Cynthia S.G. Bernardo-Tan, MD
2. Marie Sheila Joy Q. Burgos, MD
3. Joselyn C. Anievas-Co, MD
4. Ma. Barbara M. Sucaldito, MD
5. Jose I. Gimenez, MD

Dept. of Pediatrics - (3-YR TRAINING PROGRAM)

1. Angel de Guzman, MD
2. Jennifer Trinidad, MD
3. Wilson Tan, MD
4. Renato Peralta, MD

NEDA SCHOLARSHIP GRANTS

The Quezon City General Hospital has access to scholarship grants from the National Economic Development Authority (NEDA) through Mrs. Carmencita Guiyab, Executive Director, Special Committee on Scholarships who gave preferential action to QCGH requests for foreign training. The following were the recipients of such grants in 1998:

1. Mr. Reynaldo Ngkin - **Nursing**
2. Dr. Henry Dupaya - **Anesthesia**

1999 GRADUATES

Dept. of Medicine - (3-YR TRAINING PROGRAM)

1. Erlinda E. Samson, MD
2. Rosauro Vincent P. Seares, MD
3. Danilo M. Alcantara, MD
4. Carlosito C. Domingo, MD

Dept. of Surgery - (5-YR TRAINING PROGRAM)

1. Sylman Cabarrubias, MD
2. Jerome L. Rivera, MD
3. Reymundo Mandigal, MD
4. Santiago Sagad, MD

Dept. of Pediatrics - (3-YR TRAINING PROGRAM)

1. Leny De La Cruz, MD
2. Alicia D. Asuncion, MD

Dept. of OB-Gynecology - (5-YR TRAINING PROGRAM)

1. Rosanna R. Buhay, MD
2. Arlene Sazon Dizon, MD
3. Julie rica M. Macaroy, MD

Dept. of EENT - (4-YR TRAINING PROGRAM)

1. Vivian G. Anatalio-Aguirre, MD
2. Tyrone J. Tecson, MD

Dept. of Family Medicine

1. Ma. Paz V. Martinez, MD
2. Melissa R. Payumo, MD
3. Maria Luisa Chua, MD

NEDA SCHOLARSHIP GRANTEES IN 1999

1. Mr. Raul Formoso - **Nursing**
2. Dr. Jackie Fresnosa - **Family Medicine**
3. Ms. Elizabeth Mallilin - **Nursing**
4. Dr. Michael Bunyi - **Medicine**

III. RESEARCH OUTPUT OF THE HOSPITAL:

Another major thrust of QCGH is to excel in **research**. The hospital has been the recipient of major awards in research in the various fields of medicine presented in various fora & contests and these research output of the hospital are indeed major accomplishments of City Mayor Ismael A. Mathay, Jr. who has been fully supportive of the goals and objectives of the hospital. The research papers submitted by the different clinical departments in 1998-1999 and their authors are as follows:

1998-1999 RESEARCH PAPERS:

1. **Dr. Madonna A. Luna (Obstetrics & Gynecology):**
"Clinical Study of the Lactational Amenorrhea Method (LAM) for Family Planning".
"A Retrospective Review of the Incidence of Congenital Anomalies at the PCMC from Jan. 1992 to July 1996".
2. **Dr. Rafaela Donna L. Suarez-Tanag (Medicine)**
"Sublingual Clonidine in the Treatment of Hypertensive Urgencies".
3. **Dr. Ana Bella S. Liwag (Obstetrics & Gynecology)**
"Prophylactic Antibiotic in Elective Repeat Cesarean Section, Is It Still Necessary?"
"Trends In the Diagnostic Procedures and Management of Pregnancies Complicated with Pre-Term Premature of Membranes in the Network Hospital of Perinatal Council".

4. **Dr. Rosinico Fano Fabon (Anesthesiology)**
 "Epidural Morphine Combined with Epidural or Intravenous Nalbuphine for Post-Operative Analgesia".
 "Prophylactic Bed-Rest; Its Influence On Post-Dural Puncture Headache".
5. **Dr. Rosalia C. Campo (Medicine)**
 "Prevalence of Meningitis in Bacteriologically Proven Sepsis In Infancs Born At Quezon City General Hospital".
 "Efficacy of Antimicrobial Therapy in Febrile Lower Respiratory Tract Infections in Infants and Young Children".
6. **Dr. Paul Andres & Dr. Edgardo O. Catambing (Surgery)**
 "Fine Needle Biopsy On Breast Mass".
7. **Dr. Edgardo O. Catambing, Dr. Amancio Ll. Angustia and Dr. Henry Falcotelo (Surgery)**
 "A Versatile Breast Mass Biopsy Guide Device".
8. **Dr. Agnes O. Mellina (Anesthesiology)**
 "Epidural Anesthesia; Its Effect On Labor and Delivery, A Retrospective Study".
 "Promethazine and Metochopromide: Their Use In Controlling Nausea and vomiting During Lower Abdominal Surgery In Women".
9. **Dr. Elva Melgarejo-Joson and Dr. Manolito Chua (Pediatrics)**
 "Cost-Effect Comparison Between Co-Amoxiclav and Gentamycin in the Treatment of Acute Peylonephritis".
10. **Dr. Jennifer C. Trinidad (Pediatrics)**
 "Efficiency of Oral Nystatin Vs. Miconazole Oral Gel In the Treatment of Oro-Pharyngeal Candidiasis In Infants Children".
 "QCGH Experience of Health Care Delivery In A Well-Baby Clinic".
11. **Dr. Elsa E. Uriarte (Obstetrics & Gynecology)**
 "Predisposing Factors of Vaginal Delivery In Previous Low Transverse Cesarean Section Patient With Augmented Labor".

12. Dr. Cynthia R. Bustamante & Dr. Ernesto De Los Reyes (Pediatrics)

"The Efficacy of Dibencoside On Growth Of Low Birth Weight (LBW) Infants".

13. Dr. Marie Sheila Joy Q. Burgoz (Obstetrics & Gynecology)

"Maternal Characteristics and Fetal Outcome In Patients Complicated by Hypertensive Disorders of Pregnancy".

"Vaginal Fluid HCG Level: A Determinant of Premature Rupture of Membranes".

14. Dr. Cynthia S.G. Bernardo-Tan (Obstetrics & Gynecology)

"Zinc Implantation In Infants and Young Children with Acute Diarrhea".

"Infant and Child Morbidity and Mortality Review: A Report From QCGH, A Basis For Improving Care".

15. Dr. Raquel R. Pulumbarit (Obstetrics & Gynecology)

"Maternal Profile and Outcome of Pregnancies Complicated With Abruptio Placenta".

16. Dr. Yvette Muveil G. Banatao (Obstetrics & Gynecology)

"Correlation Between Maximum Cervical Dilatation At Cesarean Delivery and Subsequent Vaginal Birth After Cesarean Delivery?".

17. Dr. Francis R. Garcia (Medicine)

"Validation of the WHO Criteria Using Microcapsular Agglutination Test (MCAT) As the Gold Standard In the Diagnosis of Leptospirosis".

"The Use of French 22 Foley Catheter With Modified Croosbar Technique In Percutaneous Endoscopic Gastrostomy".

18. Dr. Ma. Theresa B. Caparas, Dr. Justina A. Rubinas, and Dr. Rosanna Rubinas (Pediatrics)

"Anthropometric Measurements In the Diagnosis of Impaired Fetal Growth In Neonates".

19. **Dr. Melinda Razalan, Dr. Glory Oreas and Dr. Julieta Lorenzo (Pathology)**
"Incidence of Hepatitis B Virus In Blood Donors: The Quezon City General Hospital Blood Bank Experience".
20. **Dr. Maria Fides B. Mateo & Dr. Leticia Abraham (Pediatrics)**
"Factors Associated With the Mortality of Patients With Tuberculous Meningitis at Quezon City General Hospital".
21. **Dr. Renato Peralta (Pediatrics)**
"Role of Eye Protection Against Conjunctivitis in Phototherapy, Eye Patch Vs. Headbox".
22. **Drs. Tyrone Tecson, Dr. Mendoza and Dr. Arsenio Pascual (EENT)**
"Incidence of Facial Cellulitis in QCGH".
23. **Dr. Josephine Banaag (Anesthesia)**
"Subarachnoid Block For Bilateral Tubal Ligation, Comparison of 2% Lidocaine with Hyperbaric 0.5% Bupicaine".
24. **Dr. Luisa V. Chua (Family Medicine)**
"Knowledge, Attitudes and Practices Regarding Autopsy Among QCGH Employees, Patients and Relatives".
25. **Dr. Concepcion Sucaldito (Obstetrics & Gynecology)**
"Hemostatic Changes Among Pregnant Patient Given Magnesium Sulfate for Treatment of Pre-Eclampsia".

"Amniotic Fluid Distribution In Predicting Perinatal Outcome Among Patients with Ruptured Membrane".
26. **Dr. Melissa Payumo (Pediatrics)**
"Scoring System in the Assessment of Typhoid Fever".
27. **Dr. Jocelyn A. Co (Obstetrics & Gynecology)**
"The perinatal Outcome of Patients with Oligohydramnios".

"Sassona Scoring System- Can it Predict Ovarian Malignancy in QCGH?".
28. **Dr. Angel de Guzman (Pediatrics)**
"Factors Associated with Mortality of Premature Infants".

29. **Dr. Yvette Muviel Banatao (Obstetrics & Gynecology)**
"Estimation of Fetal Weight Using Fundic Height and Abdominal Circumference- Prospective Study".
30. **Dr. Jaqueline Fresnoza (Family Medicine)**
"Knowledge, Attitudes and Practices of QCGH Patients Regarding Cardiopulmonary Resuscitation",
31. **Dr. Renato Peralta (Pediatrics)**
"Mortality Factors in Measles".
32. **Dr. Danilo Fabros and Dr. Ma. Victoria Bigornia (Pediatrics)**
"Terbutalin Plus Ipratropium Bromide Versus Terbutalin In the Management of Mild to Moderate Acute Asthma in Children".
33. **Dr. Ma. Victoria Bigornia and Dr. B. Velasco (Pediatrics)**
"Factors Associated With Morbidity and Mortality Among Neonates With Meconium Stained Amniotic Fluid".
34. **Dr. Liezl A. Madrano (Obstetrics and Gynecology)**
"Pregnancy Outcome Between Elderly Primigravida and Young Primigravida".
35. **Dr. Annie Joyce C. Alagano (Obstetrics & Gynecology)**
"Perinatal Mortality In Twins & Singletons Matched for Gestational Age at 30-36 Weeks AOG at QCGH".
36. **Dr. Santiago Sagad (Surgery)**
"Delayed Primary Closure Versus Primary Wound Closure In Acute Ruptured Appendicitis - A Retrospective Study".
37. **Dr. Martin Macapanpan (Surgery)**
"Value of Leukocytosis and Shift to the Left In Diagnosing Acute Appendicitis".

1999 QUALITY ASSURANCE RESEARCH PAPERS:

1. **Department of Family Medicine's WIT TEAM:**
"Poor Compliance of QCGH-FM OPD Patients".
2. **Nursing Service's WIT TEAM:**
"Minimizing Deficiencies In the Nursing Management of Parenteral Medications at the Pediatric Ward".

3. **Department of Pathology's WIT TEAM:**
"DELAY In the Release of Surgical Pathology Results".
4. **Dietary Department's WIT TEAM:**
"Patients Not Given Ration In the Wards".
5. **Internal Control Unit's WIT TEAM:**
"Delay of Issuance of Inspection Report Causing Delay in Payment".
6. **Radiology Department's WIT TEAM:**
"Delay In the Issuance of X-ray Results".
7. **Engineering Department's WIT TEAM:**
"Increasing File of Job Orders From the Different Departments"..
8. **Personnel Division's WIT TEAM:**
"Late Submission of Leave Application".
9. **Property and Supply Section's WIT TEAM:**
"Incomplete Specifications of Requested Items".
10. **Medical Records Section's WIT TEAM:**
"Increasing Number of Incomplete Inpatient Charts".
11. **Pharmacy Department's WIT TEAM:**
"Erroneous and Incomplete Prescriptions".
12. **Medical Social Service's WIT TEAM:**
"Delay in Processing Papers for Institutionalization of Abandoned Patients in the ER".
13. **Department of Medicine's WIT TEAM:**
"Code 86 - Epinephrine Use Versus Wastage".
14. **Physical Therapy Department's WIT TEAM:**
"There is Inconvenience In the Application of Physical Therapy Modalities to Patients".
15. **Department of Surgery's WIT TEAM:**
"There is Delay In Elective Surgery".
16. **Department of OB-Gyn's WIT TEAM:**
"Reduced Number of Hospital Days of Admitted Patients"

IV. HOSPITAL SERVICES: A COMPARATIVE ANALYSIS OF HOSPITAL INDICATORS (AVERAGES) FOR 1998 & 1999:

Table 1 below shows the comparative hospital indicators in 1998 and 1999.

TABLE 1 - COMPARATIVE HOSPITAL INDICATORS (1998 vs 1999)

| HOSPITAL INDICATORS | CY-98 | CY99 | INC/(DEC) % |
|---|---------|-----------|----------------|
| 1. BED OCCUPANCY RATE | 76.8 % | 66.01 % | (14 %) |
| 2. L.O.S. | 3.2 % | 2-10 DAYS | 87.5 % |
| 3. ADM TO CONSULT RATE | 18 % | 15 % | (16.7 %) |
| 4. SURG. UTIL. RATE | 63.5 % | 89.4 % | 40.8 % |
| 5. MAJOR OPER. RATE | 76.8 % | 68.0 % | (11.5 %) |
| 6. MAJOR OPER. RATION | 79.6 % | 81.0 % | 1.6 % |
| 7. APPENDECTOMY RATE | 36.6 % | 42.5 % | 16.1 % |
| 8. CESAREAN RATE | 11.5 % | 15.6 % | 35.6 % |
| 9. VOLUNT. BLOOD DONATION RATE | 60.2 % | 44.05 % | (26.8 %) |
| 10. INPAT. LAB UTIL. RATE | 38.5 % | 15.6 % | (60 %) |
| 11. OPD LAB UTIL. RATE | 61.2 % | 18.7 % | (69.5 %) |
| 12. INPAT. X-RAY UTIL. RATE | 0.33 | 0.63 | 91 % |
| 13. OPD X-RAY UTIL. RATE | 3.93 | 8.6 | 119 % |
| 14. GROSS DEATH RATE | 17.5 % | 9.6 % | (45.2 %) |
| 15. NET DEATH RATE | 1.43 % | 6.54 % | 357.3 % |
| 16. MATERNAL DEATH RATE | 0.03 % | 0 % | 0 % |
| 17. NEONATAL DEATH RATE | 1.01 % | 0.34 % | (66.4 %) |
| 18. GROSS AUTOPSY RATE | 37.5 % | 12.4 % | (67 %) |
| 19. NET AUTOPSY RATE | 29.05 % | 21.5 % | (49.5 %) |
| 20. TRANSFUSION REACTION RATE | 0.17 % | 0.03 % | (82.4 %) |
| 21. % DRUGS NOT AVAILABLE IN PHARMACY | 49.2 % | 28.5 % | (42.1 %) |
| 22. % INCOMPLETE INPAT. MEDICAL RECORDS | 26 % | 24 % | (7.7 %) |

The gross death rate has decreased in 1999 to 9.6 percent when compared to last year's 17.5 percent, although there were 142 more deaths in 1999 when compared to those in 1998. Correspondingly, there was a 67% decrease in gross autopsy rate.

Table 1 show the average hospital indicators in 1998 and 1999. Comparing 1999 values to the 1998 level, it shows that the *bed occupancy rate* has dropped by 14 percent which was due to a 17.5 percent decrease in admission in 1999 as shown in Figure 1 on page 17. Only 15 percent of total OPD-ER consultations of 125,401 were admitted in 1999.

The **average length of stay (L.O.S.)** has increased from an average of 3 days to a range of 2-10 days in 1999 which causes the 60.2 percent increase in the number of prescriptions filled up by the pharmacist and the 17 percent increase in the number of meals served by the dietary department even though there was a 17.5 percent decrease in admission in 1999. This means that more patients ordered discharge continued to stay in the wards and the medical social service had difficulty in sending these patients home right away reflected in the 26.9 percent increase in MSS referrals in 1999 as shown in Table 1.

The **average surgical utilization rate** is 89.4 % which means that 89.4 percent of all surgical discharges in 1999 were subjected to surgical operations. However, the total number of surgical procedures performed in 1999 has decreased by 53.6 % when compared to the 1998 performance. And about 42.5 percent of the total surgical procedures performed in 1999 were appendectomies and 15.6 % were cesarean sections.

The **% of drugs not available in the pharmacy** was reduced to 28.3 percent in 1999 because of the availability of more MOOE funds brought about by the City Council Resolution and RA 6548 which allows the hospital to use previous year income and donations as a continuing appropriation to augment the current 1999 subsidy. And the continuous prodding of Dr. Manuel Lee and the efforts of Mrs. Bambi Samson and Ms. Susan Lansang in following the papers at City Hall were responsible in preventing the delay of payment of the salaries and benefits of our employees in 1999.

The **voluntary blood donation rate** has decreased from 60.2 percent in 1998 to 44.05 percent in 1999 due to difficulty in looking for suitable and acceptable blood donors. More than 50 % of the voluntary blood donors were rejected in 1999. There should be a program to make the prospective walking blood bank healthy all the time. With less blood transfusion done in 1999, the **transfusion reaction rate** understandably decreased by 82.4 percent in 1999 as shown in Table 1.

The **gross death rate** has decreased in 1999 to 9.6 percent when compared to last year's 17.5 percent, although there were 142 more deaths in 1999 when compared to those in 1998. Correspondingly, there was a 67 % decrease in **gross autopsy rate**.

The medical records section showed an improved performance in posting a slight decrease in the **percentage of incomplete inpatient medical charts** from 26% in 1998 to 24 % in 1999 as shown in Table 1.

V. HOSPITAL SERVICES - COMPARATIVE HOSPITAL INDICES IN 1998 AND 1999:

The QCGH Hospital Indices are summarized in Table 2 and it shows the Comparative Hospital Indices in 1998 and 1999.

TABLE 2 - COMPARATIVE HOSPITAL INDICES (1998 VS 1999)

| STATISTICAL INDICES | CY98 | CY99 | INC/(DEC) % |
|----------------------------------|---------|---------|----------------|
| 1. TOTAL OPD CONSULTS | 70,923 | 75,837 | 6.9 % |
| 2. TOTAL ER CONSULTS | 47,720 | 49,564 | 3.9 % |
| 3. TOTAL OPD-ER CONSULTS | 118,643 | 125,401 | 5.7 % |
| 4. TOTAL ADMISSIONS | 22,197 | 18,500 | (17.5 %) |
| 5. TOTAL DISCHARGES | 22,173 | 17,523 | (21.8 %) |
| 6. TOTAL PTS. RECOVERED/IMPROVED | 11,405 | 15,465 | 35.6 % |
| 7. TOTAL NO. OF DEATHS | 716 | 858 | 19.8 % |
| 8. TOTAL MSS REFERRALS | 31,956 | 40,561 | 26.9 % |
| 9. TOTAL LAB EXAMS | 279,937 | 277,729 | (1.79 %) |
| 10. TOTAL X-RAY EXAMS | 10,762 | 25,274 | 134.8 % |
| 11. TOTAL ECG EXAMS DONE | 7,636 | 8,620 | 12.8 % |
| 12. TOTAL PRESCRIPTIONS FILLED | 22,225 | 35,604 | 60.2 % |
| 13. TOTAL SURGERY DONE | 4,324 | 2,024 | (53.6 %) |
| 14. TOTAL MEALS SERVED | 101,406 | 118,685 | 17 % |

There was a slight 6.9 % increase (75,837 consults) in total OPD consultations and a smaller 3.9 % increase (49,564 consults) in total ER consultations in 1999 or an average of 5.7 % increase in total OPD-ER consultations (125,401 consults). However, there was a 17.5 % and 21.8 % decrease in total admissions and total discharges, respectively in 1999. The decrease in admission was due to a **15 % admission to consultation rate** in 1999 which means that out of 125,401 consultations in the ER and OPD only 18,500 patients were admitted. And out of these total admissions 83.6% (15,465 patients) recovered from their illnesses. The total number of deaths, however, increased by 19.8 % (858 deaths) in 1999 or about 142 more deaths compared to the 716 deaths in 1998.

It is noteworthy to observe that inspite of a decrease in admission the total number of MSS referrals increased by 26.9 percent from 31,956 in 1998 to 40,561 in 1999 which means that the number of indigents seeking admission are increasing..

Inspite of increase in the MOOE of the hospital, the laboratory department registered a 2 percent decrease in its output from 279,937 exams in 1998 to 277,729 exams in 1999 which means a decrease in the hospital income. Most of the lab exams are being done by the New QCGH Consumers Cooperative laboratory.

There was a 134 percent increase in the number of x-ray procedures done in 1999 from only 10,762 in 1998 to 25,274 in 1999 but the hospital income derived from this increase in x-ray procedures was offset by the breakdown of hospital's ultrasound machine. For the time being the ultrasound procedures are now being done by a private foundation operating inside the Department of OB-GYNECOLOGY according to a contract. The present ultrasound rates per procedure are as follows:

| | | | |
|----------------------------|--------|------------------|----------|
| Transvaginal | = P350 | HBT | = P 340 |
| Pelvic | = P300 | KUB | = P 400 |
| Biophysical Scoring | = P300 | Per Organ | = P 400 |
| Doppler | = P650 | 2D ECHO | = P2,000 |
| Whole Abdomen | = P730 | | |

For the indigents the City Council is now processing a resolution appropriating funds from the Mayor's Office for a heavy-duty multiprobe ultrasound machine for QCGH.

There was a modest 12.8 percent increase in ECG procedures from 7,636 in 1998 to 8,620 in 1999 thus giving additional income to the hospital.

In the Pharmacy Department there was a hefty 60.2 percent increase in number of indigent prescriptions from 22,225 in 1998 to 35,604 in 1999 due to the availability of more medicines and the doctors were making more prescriptions per patient than in 1998. Most of the prescriptions from pay patients went to the New QCGH Consumers Coop pharmacy including those of Phil Health patients. Apparently, this set-up compromises the capability of the hospital to earn more income contrary to the City Council Resolution allowing the hospital to use hospital income for its day-to-day operations.

The surgical departments (OB, surgery, and EENT) registered a 53.6 percent decrease in the number of surgery done from 4,324 in 1998 to 2,024 in 1999 since most of their cases are non-surgical traumatic cases, and 42.5 percent were appendectomies and about 15.6 percent were abdominal cesarean sections.

And in the dietary department, inspite of a 17.5 percent decrease in hospital admissions there was a 17% increase in the total number of meals served from 101,406 in 1998 to 118,685 in 1999. According to the Chief Dietician in 1999 the number of meals served to patients in 1999 were correct according to the census submitted by the nursing service including those who were ordered discharged, but cannot be discharged right away because of many unforeseen reasons to account for the extra meals served.

FIG. 1 - COMPARATIVE (OPD-ER) CONSULTS (1998 VS 1999)

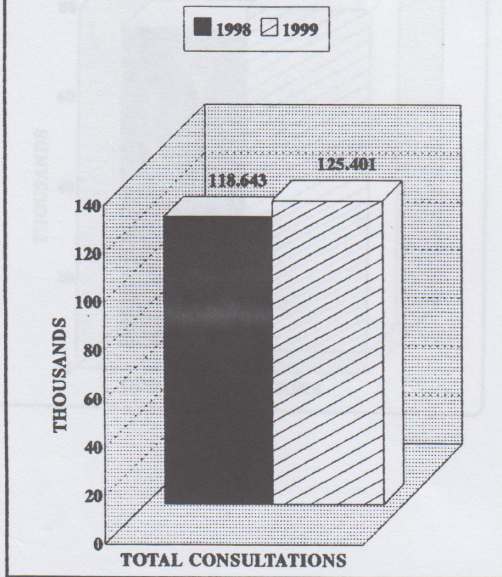


FIG. 2 - 1999 OPD vs ER CONSULTS

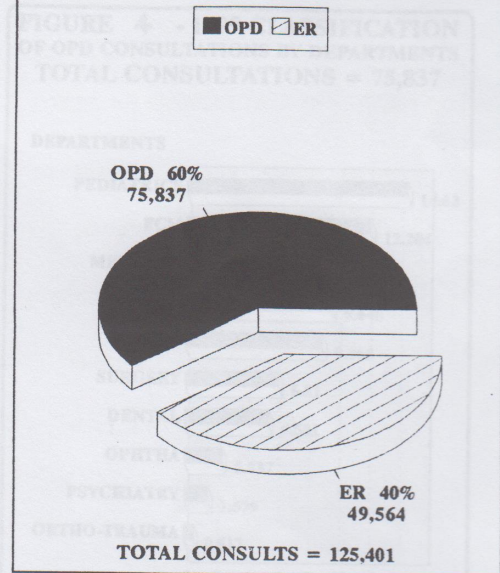


Figure 4 shows that those patients who consulted in the OPD in 1999 were mostly pediatric cases, tragic cases, medical cases, OB-GYN cases. Figure 1 above shows there were 125,401 OPD-ER consultations in 1999 compared to 118,643 in 1998 or an average increase of 5.7 percent. And the pie chart in Figure 2 shows that out of the total OPD-ER consultations, 75,837(60%) were seen in the OPD while 49,564 (40%) were disposed at the ER.

Comparatively, Figure 3 below shows that there was a 6.9 % more OPD consults from 70,923 in 1998 to 75,837 in 1999. Likewise, there was a 3.9 % more ER consults from 47,720 in 1998 to 49,564 in 1999 as previously shown in Table 2.

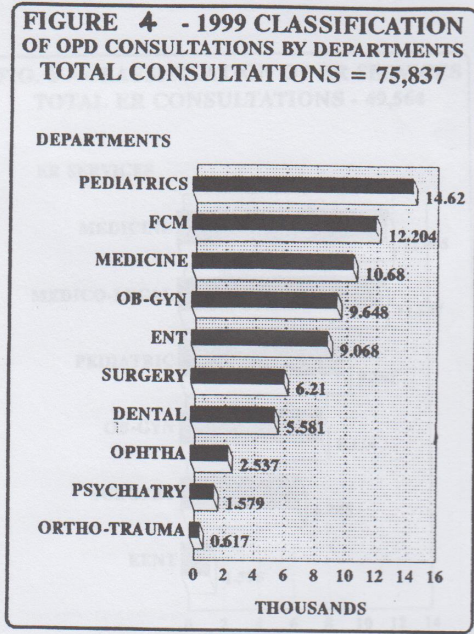
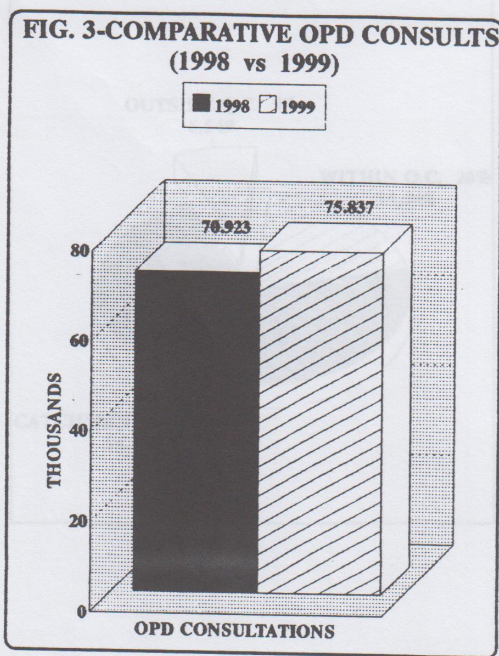
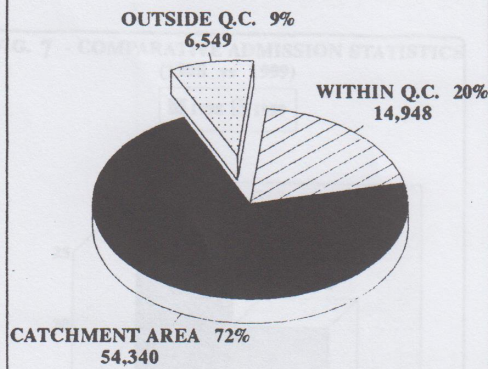


Figure 4 shows that those patients who consulted in the OPD in 1999 were mostly pediatric cases, triage cases, medical cases, OB-GYN cases and EENT cases. About 54,340 (72%) came from the hospital's catchment area in Congressional District I & II while the remaining 14,948 cases (20%) came from District 3 & 4 with a considerable number of 6,549 cases (9%) from surrounding communities and municipalities as shown in Figure 5 on page 19.

There were 49,564 ER consultations in 1999 and Figure 6 below shows that most of these consultations were due to medical problems, medico-legal cases, pediatric cases, OB-GYN cases and surgical cases.

**FIG. 5 - GEOGRAPHICAL AREAS SERVED
1999 OPD PATIENTS**



**FIG. 6 - CLASSIFICATION OF ER SERVICES
TOTAL ER CONSULTATIONS - 49,564**

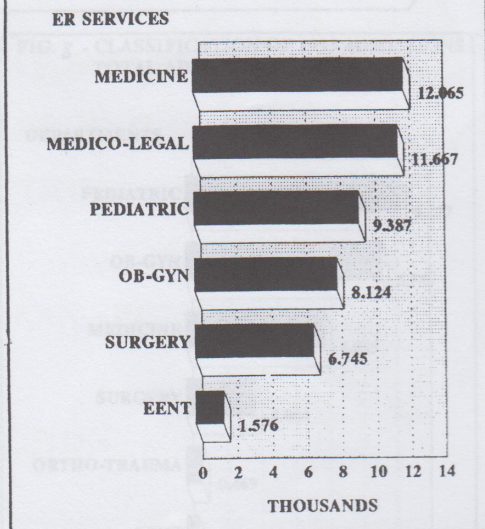


Table 3 on page 20 shows that the 10 leading causes of consultations in 1999 were pneumonia, pulmonary tuberculosis, acute upper respiratory tract infections, OB prenatal, musculoskeletal diseases, cataract, atopic dermatitis, non-ulcer uninvestigated dyspepsia, hypertensive arteriosclerotic cardiovascular diseases and essential hypertension.

There were 18,500 total admissions in 1999 which is 17.5% lower than the previous year or a decrease of about 3,673 cases as shown in Figure 7.

TABLE 3 - TEN LEADING CAUSES OF CONSULTATIONS IN 1999

- CAUSES
1. PNEUMONIA
 2. PULMONARY TUBERCULOSIS
 3. ACUTE UPPER RESPIRATORY TRACT INFECTION
 4. OB PRE NATAL CONSULTS
 5. MUSCULO-SKELETAL DISEASES
 6. CATARACT
 7. ATOPIC DERMATITIS
 8. NON-ULCER UNINVESTIGATED DYSPESIA
 9. HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASES
 10. ESSENTIAL HYPERTENSION

FIG. 7 - COMPARATIVE ADMISSION STATISTICS (1998 vs 1999)

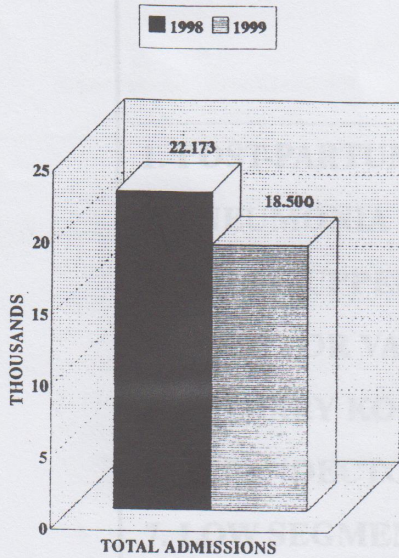
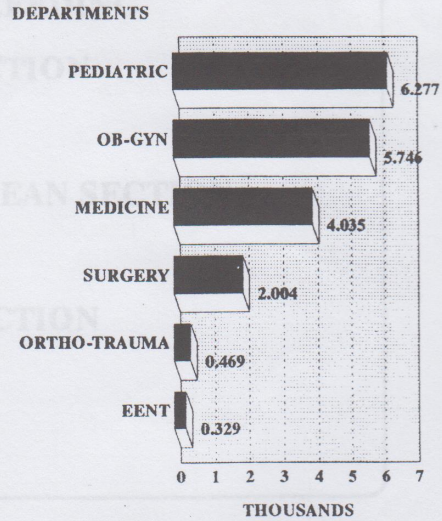


FIG. 8 - CLASSIFICATION OF 1999 ADMISSIONS TOTAL ADMISSIONS = 18,500



And Figure 8 shows most of the admissions were pediatric cases, OB-GYN cases, medical cases and surgical cases.

There was a 21.8 % decrease in hospital discharges from 22,173 in 1998 to 17,523 in 1999 and the 10 leading causes of these discharges were post-partum deliveries, pneumonia, acute upper respiratory infection. D&C for vaginal bleeding, primary Koch infection, appendectomy, low segment cesarean section, hypertension, urinary tract infection and bronchial asthma as shown in Tables 2 & 4.

**TABLE 4 - TEN LEADING CAUSES
OF DISCHARGES IN 1999
TOTAL DISCHARGES = 17,523**

CAUSES

- 1. POST-PARTUM DELIVERIES**
- 2. PNEUMONIA**
- 3. ACUTE UPPER RESPIRATORY INFECTION**
- 4. D & C FOR VAGINAL BLEEDING**
- 5. PRIMARY KOCH INFECTION**
- 6. APPENDECTOMY**
- 7. LOW SEGMENT CESAREAN SECTION**
- 8. HYPERTENSION**
- 9. URINARY TRACT INFECTION**
- 10. BRONCHIAL ASTHMA**

Figure 9 on page 22 is a pie chart showing the Outcome Analysis of the 17,523 hospital discharges. Eighty percent (80%) or 13,963 fully recovered. 15 percent or 2,553 were newborns. 5 percent or 858 died and 1 percent or 149 developed complications.

FIG. 9 - 1999 OUTCOME ANALYSIS
TOTAL DISCHARGES = 17,523

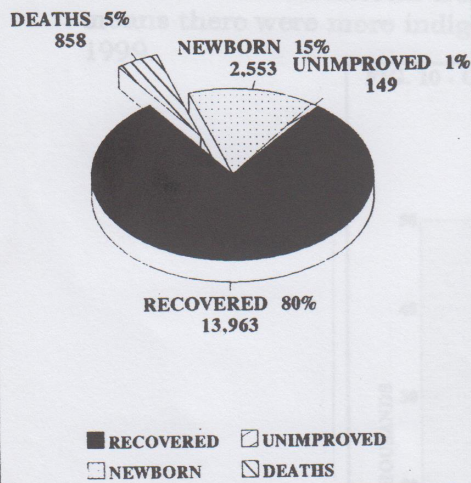


TABLE 5 - 1999 TEN LEADING CAUSES OF MORTALITY

| CAUSES OF DEATH - DIAGNOSIS | NO. OF DEATHS |
|---------------------------------|---------------|
| 1. SEPSIS NEONATORUM | 38 |
| 2. CVA | 33 |
| 3. PREMATURETY WITH RDS | 32 |
| 4. BRAIN HERNIATION | 23 |
| 5. SEPSIS IN ADULTS | 21 |
| 6. MULTIPLE STAB WOUNDS | 19 |
| 7. COMMUNITY ACQUIRED PNEUMONIA | 13 |
| 8. ACUTE RESPIRATORY FAILURE | 7 |
| 9. NOSOCOMIAL PNEUMONIA | 7 |
| 10. MEASLES WITH COMPLICATIONS | 7 |
| TOTAL = | 200 |

The 10 leading causes of mortality include the following: sepsis neonatorum , CVA, prematurity with RDS, brain herniation, sepsis in adults, multiple stab wounds, community acquired pneumonia, acute respiratory failure, nosocomial infection and measles with complications as shown in Table 5. The 10 leading causes of morbidity include pneumonia, acute gastroenteritis, acute upper respiratory tract infection, urinary tract infection, hypertension, diabetes, primary koch infection, acute respiratory illnesses, bronchial asthma and pulmonary tuberculosis as shown in table 6.

TABLE 6 - TEN LEADING CAUSES OF MORBIDITY

| CAUSES OF MORBIDITY- DIAGNOSES | NO. OF CASES |
|--------------------------------------|--------------|
| 1. PNEUMONIA | 1685 |
| 2. ACUTE GASTROENTERITIS | 978 |
| 3. ACUTE UPPER RESPIRATORY INFECTION | 775 |
| 4. URINARY TRACT INFECTION | 469 |
| 5. HYPERTENSION | 377 |
| 6. DIABETES | 364 |
| 7. PRIMARY KOCH INFECTION | 308 |
| 8. ACUTE RESPIRATORY ILLNESSES | 265 |
| 9. BRONCHIAL ASTHMA | 216 |
| 10. PULMONARY TUBERCULOSIS | 141 |
| TOTAL = | 5578 |

Figure 10 shows the number of referrals processed by the Medical Social Service and comparative analysis revealed there was a 26.9 % increase of MSS referrals from 31,936 in 1998 to 40,561 in 1999. This means there were more indigents who availed of our hospital services in 1999.

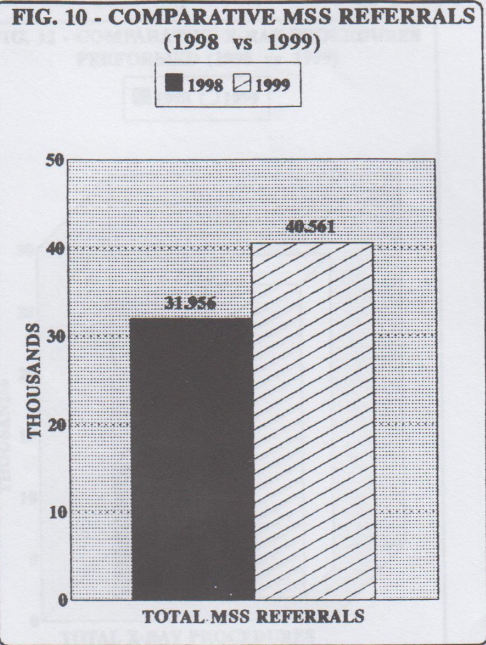
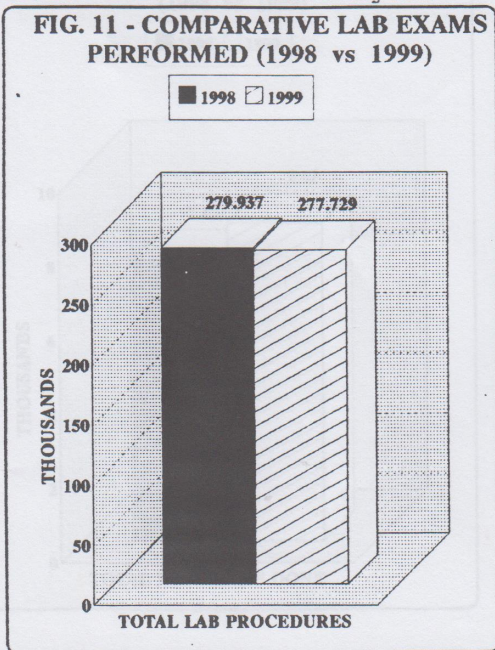
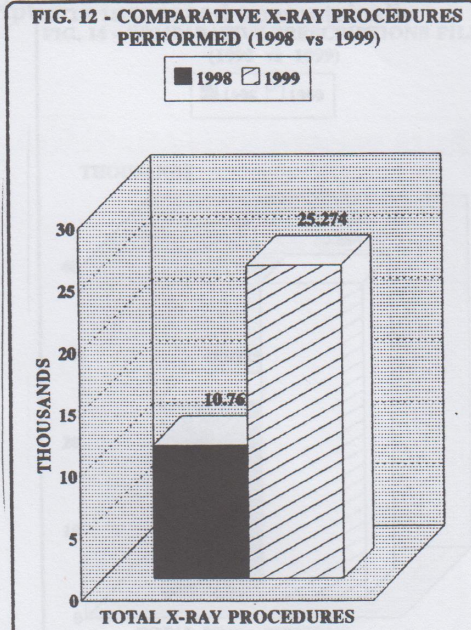


Figure 11 shows that there was a 1.79 % decrease on the total laboratory examinations performed from 279,937 in 1998 to 277,729 in 1999. This means there were less earnings from our laboratory for the hospital and therefore, less MOOE this current year.



In the X-ray Department, as shown in Figure 12 the number of x-ray procedures increased by 134.8 % from 10,762 in 1998 to 25,274 in 1999. This increase in x-ray services was due to installation of a Siemens X-ray machine. However, the ultrasound machine bogged down which caused a diminution in hospital income in 1999.



On the other hand, the ECG section registered an increase of 12.8 % from 7,636 ECGs in 1998 to 8,820 ECGs in 1999 as shown in Figure 13 below.

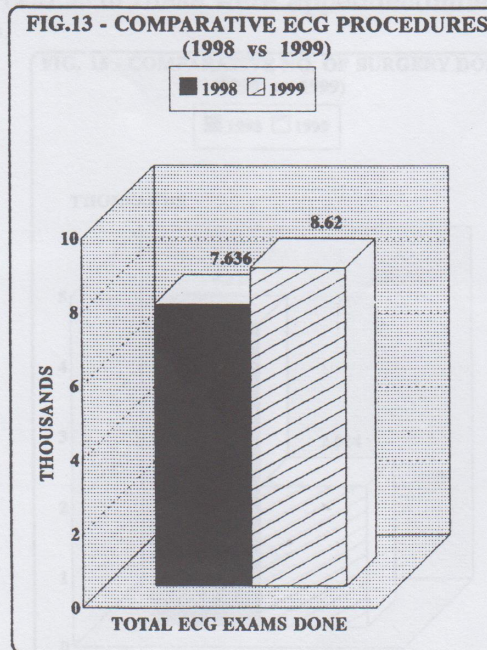


Figure 14 shows the 60.2 % increase in the number of prescriptions filled from 22,225 in 1998 to 35,604 in 1999 and the hospital pharmacist claims that this was due to the fact that whereas in 1998 when the supply of medicines was dwindling and the doctors couldn't prescribe more, in 1999 there were enough supply of medicines so the number of prescriptions increased geometrically.

FIG. 14 - COMPARATIVE PRESCRIPTIONS FILLED (1998 vs 1999)

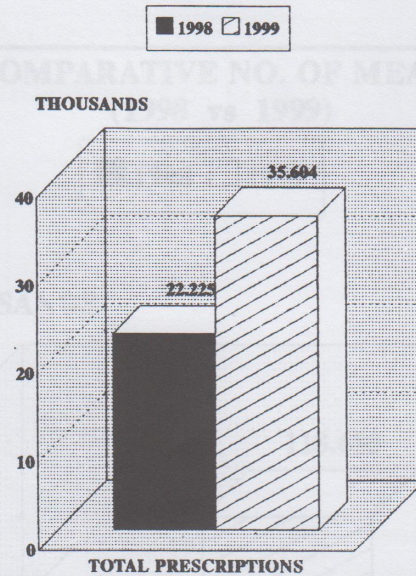
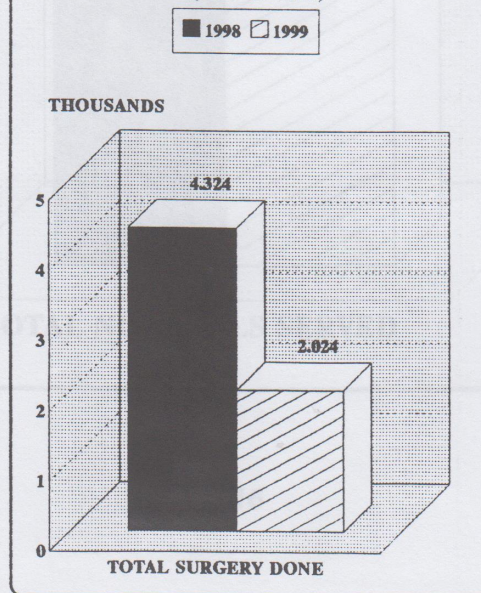


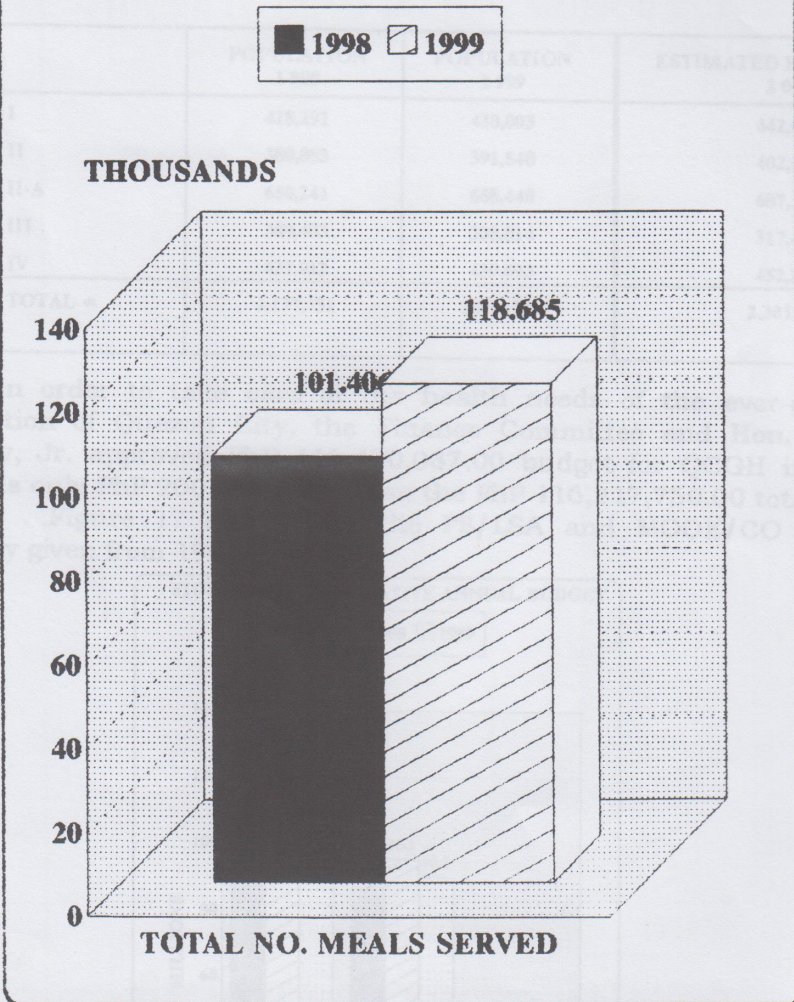
Figure 15 shows a 53.6 % decrease in the number of surgical procedures done in the operating room from 4,324 in 1998 to 2,024 in 1999 and about 42.5 % of these were appendectomies and 15.6 % were cesarean sections.

FIG. 15 - COMPARATIVE NO. OF SURGERY DONE (1998 vs 1999)



VI. The dietary department was able to serve 17 % more meals from 101,406 in 1998 to 118,685 in 1999 following the census listed by the nursing service which were regularly sent to the dietary department. Part of the increase was due to a number of extra meals given to patients who were ordered discharged, but couldn't be discharged right away for a variety of reasons as shown in Figure 16 below. The real cause is now a subject of a quality assurance study by the dietary department and the nursing service.

**FIG. 16 - COMPARATIVE NO. OF MEALS SERVED
(1998 vs 1999)**



VI. HOSPITAL BUSINESS STATISTICS

The Quezon City population was estimated by PDER/MIS to have grown by 2.8 % from 2,177,731 in 1998 to 2,238,706 in 1999 and projected to be 2,301,389 in year 2000. Most of the indigents in the urban area are residing in Districts I & II, the catchment area of QCGH as shown in Table 7.

TABLE 7 - QUEZON CITY ESTIMATED POPULATION USING AVE. GROWTH RATE OF 2.8 %

| DISTRICT | POPULATION 1998 | POPULATION 1999 | ESTIMATED POPULATION 2000 |
|---------------|--------------------|--------------------|------------------------------|
| DISTRICT I | 418,291 | 430,003 | 442,043 |
| DISTRICT II | 380,883 | 391,548 | 402,511 |
| DISTRICT II-A | 650,241 | 668,448 | 687,164 |
| DISTRICT III | 300,403 | 308,814 | 317,461 |
| DISTRICT IV | 427,912 | 439,893 | 452,210 |
| TOTAL = | 2,177,731 | 2,238,706 | 2,301,389 |

In order to take care of the health needs of the ever-growing population of Quezon City, the Finance Committee and Hon. Mayor Mathay, Jr. approved PhP 116,420,037.00 budget for QCGH in 1999 which is only PhP 200,000 more than the PhP 116,217,750.00 total 1998 budget. Figure 17 also shows the PS/LSA and MOOE/CO budget actually given from 1997 to 1999.

FIGURE 17 - COMPARATIVE ANNUAL BUDGET

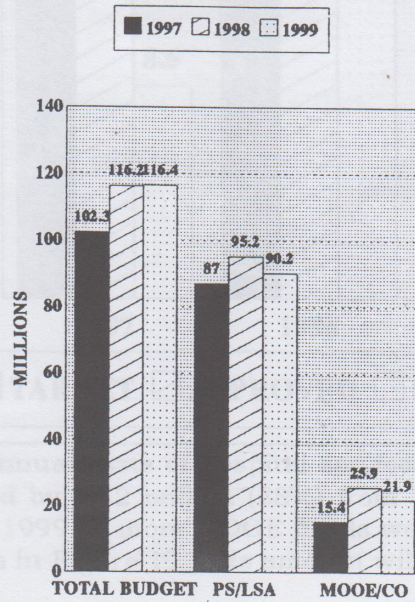
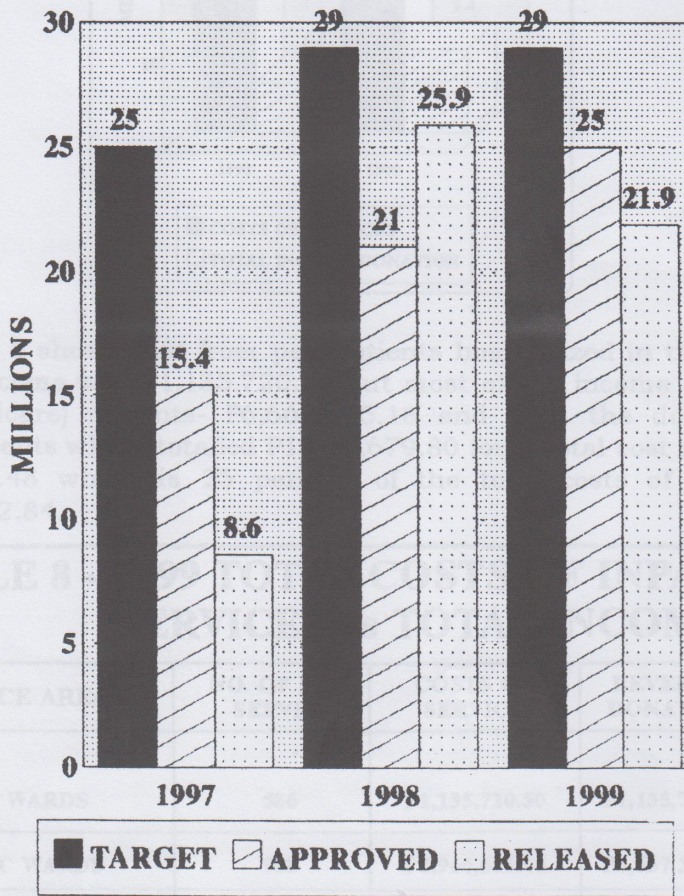


FIGURE 18 compares the target MOOE/CO budget, the approved MOOE/CO budget and the actual MOOE/CO budget released by City Treasurer in 1997, 1998 and 1999. The target is the computed total annual costs of hospital services rendered the previous year. It was apparent that the approved MOOE/CO budget was PhP 21 million, but what was actually given was PhP25.9 million in 1998 because of special City Council Resolutions allowing the hospital to use part of the Hospital Development Fund for purchase of equipment and for purchase of supplies and repair of equipment. However, in 1999 this amount went down to PhP 21.9 million, but was good enough to sustain hospital operations throughout the year.

FIGURE 18- COMPARATIVE MOE/CO BUDGET TARGET vs APPROVED vs RELEASED



The total annual costs of hospital services delivered to 15,759 in-patients increased by P8.2 million (28%) from P29.3 million in 1998 to P37.5 million in 1999 as more MOOE funds were made available to the hospital as shown in Figure 19. This amount will become useful as addi-

tional MOOE in the current year 2000. There was a P 3.9 million increase in cost recovery in 1999 which is only about 25 percent of the total costs of hospital services rendered.

FIGURE 19 - COMPARATIVE ANNUAL COSTS OF SERVICE vs ANNUAL REVENUE/INCOME IN 1998 AND 1999

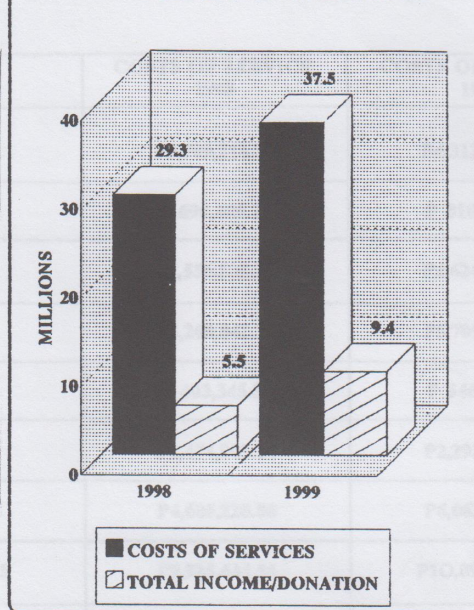


Table 8 shows that from pay patients hospitalized in the hospital the total income was P1,135,720.50 but most of the income came from PHIC (Medicare) patients- P6,667,385.18 and from the donations of charity patients which totalled P1,617,679.80 for a total cost recovery of P9,420,785.48 which is 25 percent of the total costs of service of P37,519,182.84.

TABLE 8 - 1999 TOTAL COSTS OF INPATIENT SERVICES vs TOTAL INCOME

| SERVICE AREAS | NO. OF PTS. SERVED | COSTS OF SERVICE | REVENUE/DONATION |
|----------------|--------------------|-----------------------|----------------------|
| PAY WARDS | 586 | P1,135,720.50 | P1,135,720.50 |
| PHIC WARDS | 989 | P5,966,606.66 | P6,667,385.18 |
| CHARITY WARDS | 14184 | P30,416,855.68 | P1,617,679.80 |
| TOTAL = | 15759 | P37,519,182.84 | P9,420,785.48 |

TABLE 9 - COMPARATIVE BREAKDOWN OF COSTS OF IN-PATIENT SERVICES (1998 vs 1999)

| KEY AREAS | COSTS OF SERVICE 1998 | COSTS OF SERVICE 1999 | INC/(DEC) % |
|------------------------|--------------------------|--------------------------|----------------|
| ROOM & BOARD | P3,709,214.30 | P4,313,671.00 | 16.2 % |
| X-RAY FEES | P 690,406.15 | P 818,399.55 | 18.5 % |
| DRUGS & MEDICINES | P1,556,535.37 | P4,626,758.69 | 206 % |
| LAB FEES | P5,268,842.36 | P5,709,234.35 | 9.6 % |
| ECG FEES | P 403,345.39 | P 546,500.90 | 35.5 % |
| HOSP SUPPLIES | P1,474,901.14 | P2,293,123.50 | 57 % |
| OR/DR FEES | P4,605,228.50 | P6,063,765.71 | 32 % |
| PHYSICIAN/SURGEON FEES | P9,925,644.55 | P10,891,687.11 | 9.7 % |
| ANESTH. FEES | P1,648,783.49 | P2,054,987.57 | 24.6 % |
| TOTAL = | P29,318,901.25 | P37,519,182.84 | 28 % |

Table 9 show the breakdown of the costs of in-patient services and the comparative analysis between 1998 and 1999. All key areas registered increases in service costs ranging from a low 9.6 percent increase in laboratory fees to a high 206 percent increase in drugs & medicines with an over-all average of 28 % which reflected the level of utilization of these services in 1999. In QCGH an increase in costs of services do not necessarily mean a corresponding increase in income, since medicines and laboratory examinations from paying patients of the hospital are being bought and done by New Consumers Cooperative pharmacy and laboratory, respectively.

VII. EQUIPMENT

Table 11

Most of the costs of hospital services were due to the purchase and acquisition of much-needed office, hospital and medical supplies. Table 10 shows the comparative total acquisition costs of hospital supplies delivered in 1998 & 1999.

| TABLE 10 - COMPARATIVE TOTAL ACQUISITION COSTS OF SUPPLIES DELIVERED/UTILIZED IN 1998 AND 1999 | | | |
|--|------------------------------|------------------------------|-------------|
| TYPE OF SUPPLIES | TOTAL ACQUISITION COSTS 1998 | TOTAL ACQUISITION COSTS 1999 | INC/(DEC) % |
| MEDICINES | P2,739,911.09 | P5,494,235.34 | 100.5 % |
| MEDICAL SUPPLIES | P1,056,187.80 | P2,940,491.35 | 178 % |
| LAB SUPPLIES | P1,493,344.74 | P2,872,366.51 | 92.3 % |
| OFFICE SUPPLIES | P321,695.60 | P 583,733.98 | 81.5 % |
| MEDICAL GASES | P1,712,915.00 | P1,576,170.00 | (8.0 %) |
| ENG'G SUPPLIES | P761,034.20 | P962,063.49 | 26.4 % |
| LINEN SUPPLIES | - | P12,300.00 | 100 % |
| LAUNDRY SUPPLIES | - | P74,146.00 | 100 % |
| JANITORIAL SUPPLIES | - | P102,226.65 | 100 % |
| GOVT FORMS | P333,017.80 | - | (100 %) |
| DENTAL | P2,100.00 | P102,567.30 | 3,884 % |
| TOTAL = | P8,912,779.00 | P14,719,960.00 | 65 % |

Table 10 clearly shows an average 65 percent increase in the money spent for hospital supplies from P8,912,779.00 in 1998 to P14,719,960.00 in 1999 mostly due to the purchase of medicines, medical supplies, laboratory supplies, and engineering supplies. It was also obvious that the dental department had a staggering 3,884 percent increase of dental supplies in 1999 which according to the dentists are still not enough.

VII. EQUIPMENT

Table 11

LIST OF PURCHASED EQUIPMENT
FOR 1999

| <u>DATE</u> | <u>QTY.</u> | <u>UNIT</u> | <u>ARTICLE/DESCRIPTION</u> | <u>AMOUNT</u> | <u>SERVICE</u> |
|-------------|-------------|-------------|-------------------------------------|---------------|----------------------|
| 1-07 | 2 | units | Portable Suction Machine, Thomas | ₱ 11,800.00 | O.P.D./Pedia Dept. |
| 1-07 | 7 | pcs. | Dental Forceps w/ diff. numbers | 24,500.00 | Dental Service |
| 1-09 | 2 | units | Steel Filing Cabinet, 4 dr. G-20 | 8,600.00 | Record Section |
| 1-11 | 1 | unit | Nebulizer, DeVilbiss | 4,500.00 | Sta. Lucia Hosp. |
| 1-14 | 3 | sets | Intensifying Screen 14 x 14 | 44,250.00 | Radiology Dept. |
| 1-18 | 1 | unit | Automatic Processor for X-ray film | 655,000.00 | - do - |
| 1-19 | 1 | " | Sub-woofer Speaker | 8,500.00 | PDER/MIS Office |
| " | 1 | " | VHS Player/Recorder | 11,500.00 | - do - |
| 1-12 | 2 | units | Mobile Operating Light | 470,000.00 | Surg./Oper. Room |
| 1-26 | 2 | " | Portable Stretcher | 7,290.00 | Engrg. Dept. |
| 1-20 | 2 | pairs | Laryngoscope handle w/ blade, adult | 21,200.00 | E.R. & MICU |
| 2-02 | 2 | units | Portable Stretcher, canvass | 7,290.00 | Engrg. Dept. |
| " | 2 | " | Wheelchair, folding | 9,170.00 | - do - |
| 2-03 | 1 | set | Standargraph Lettering Set | 8,750.00 | Illustrator |
| 2-04 | 2 | units | Rolling Ajustable Chair | 4,000.00 | - do - |
| " | 1 | unit | Aircondition 1.5 HP | 16,640.00 | Radiology Dept. |
| 2-10 | 3 | units | Typewriter 18" carr. OLYMPIA | 49,140.00 | Prop. & Billing |
| " | 2 | " | Typewriter 15" carr. " | 30,888.00 | Radio. & Psych. |
| 2-11 | 1 | unit | Drafting Table | 4,725.00 | Illustrator |
| 2-15 | 5 | units | Portable Stretcher, canvass | 17,000.00 | Engrg. Dept. |
| " | 2 | " | Oxygen gauge for Anest. machine | 12,200.00 | Anesthesiology Dept. |
| 2-19 | 1 | unit | Spectrophotometer ALS 2000 | 200,000.00 | Pathology Dept. |
| 3-19 | 2 | pcs. | Probe Tip Assembly for Chiron | 68,000.00 | - do - |
| 3-24 | 1 | unit | Electric Circular saw | 6,500.00 | Engrg. Dept. |
| " | 1 | " | Port. Welding Machine | 6,000.00 | - do - |
| " | 1 | " | Electric Drill 3/8, reversible | 3,700.00 | - do - |
| 3-31 | 1 | " | Electric Floor Polisher 12" dia. | 11,500.00 | - do - |
| " | 1 | " | Electric Floor Polisher 16" dia. | 16,600.00 | - do - |
| " | 2 | units | Vacium Cleaner HD | 25,600.00 | - do - |
| 4-12 | 3 | " | Typewriter 18" carr. OLYMPIA | 49,140.00 | Diff. Services |
| 4-21 | 1 | unit | Copying Machine | 62,000.00 | Personnel Div. |
| " | 3 | units | Typewriter 24" carr. OLYMPIA | 73,785.00 | Diff. Services |
| " | 1 | unit | Sewing Machine JUKI | 15,700.00 | Linen Service |
| " | 1 | " | Edging Sewing Machine JUKI | 36,000.00 | - do - |
| 4-29 | 2 | units | Mechanical Bed, hospital | 44,000.00 | Medical Dept. |
| 5-05 | 7 | " | Low bed, Dorm. type | 31,500.00 | Payward Room |
| 5-06 | 1 | unit | Electric Planner | 6,000.00 | Engrg. Dept. |
| 5-07 | 2 | units | Oxygen gauge for Anest. machine | 12,200.00 | Anesthesiology Dept. |
| 5-20 | 10 | " | Oxygen Tank Holder | 21,500.00 | Diff. wards |
| 5-24 | 12 | " | Baby bassinet, steel | 27,000.00 | NICU & PICU |
| 6-02 | 2 | " | Aircondition 2 HP | 44,096.00 | Pharmacy Service |
| 6-04 | 1 | unit | Oxygen gauge | 3,000.00 | Dialysis Room |
| 6-10 | 2 | units | Bedside Table,Paragon | 8,000.00 | - do - |
| " | 1 | unit | B.P. Apparatus, standby type | 7,500.00 | - do - |
| 6-14 | 8 | units | Automatic Hand Dryer | 40,400.00 | Diff. wards |
| 6-11 | 1 | unit | Dry Heat Sterilizer | 9,300.00 | Dental Service |
| 7-05 | 1 | pair | Computer Table & Chair | 4,514.00 | PDER/MIS Office |
| 7-08 | 1 | unit | Computer Printer | 5,668.00 | Radiology Dept. |
| 7-09 | 12 | units | Monobloc Bench w/ backrest | 10,980.00 | O.P.D. |
| 7-16 | 1 | unit | Mimeographing machine | 68,000.00 | Prop.& Supply |
| 7-19 | 1 | " | Port. Suction machine | 6,050.00 | Dialysis Room |
| 7-28 | 1 | " | Wide Screen Cloth | 6,500.00 | PDER/MIS Office |
| 8-05 | 1 | " | Refrigerator 18 cu.ft. | 31,840.00 | Pathology Dept. |
| 9-06 | 1 | set | Acetylene Torch w/ hose | 11,960.00 | Engrg. Dept. |
| 9-28 | 1 | unit | Locker Cabinet, steel, 6 opening | 4,575.00 | Sta. Lucia Hosp. |

1) Sub-Total . ₱2,406,051.00

Table 12

LIST OF DONATIONS FOR 1992

(Cont. - LIST OF PURCHASED.....)

| DATE | QTY. | UNIT | ARTICLE/DESCRIPTION | AMOUNT | SERVICE |
|-------|------|-------|--|----------------|-------------------------------------|
| 10-20 | 1 | unit | Aircondition 2 HP | | Pathology Dept. |
| 10-25 | 5 | units | Typewriter 18" carr. OLYMPIA | P 16,380.00 | Prop. & Supply |
| " | 10 | " | NB Manual Resuscitator | 22,500.00 | Pedia Dept. |
| 10-26 | 20 | " | Nebulizer Machine | 42,000.00 | Diff. ward |
| " | 1 | unit | Oxygen gauge | 61,000.00 | - do - |
| 11-08 | 1 | " | Automatic Voltage Regulator 3000w | 20,520.00 | Dialysis Room |
| 11-09 | 1 | " | Copying Machine | 62,000.00 | Med. Rec. Sect. |
| 11-10 | 1 | " | Pressure Tank, stainless 525gals. cap. | 45,000.00 | Engrg. Dept. |
| " | 1 | " | Defibrillator/Pacemaker | 295,000.00 | Anesthesiology Dept. |
| " | 1 | " | Pulse Oximeter | (free) | - do - |
| " | 1 | " | Suction Machine, HD | 100,000.00 | - do - |
| 11-15 | 1 | " | Paper Cutter, HD | 52,800.00 | Prop. & Supply |
| 11-17 | 1 | " | Wheeled Stretcher | 21,500.00 | Engrg. Dept. |
| 11-15 | 1 | " | Electric Water Pump, 3 HP | 53,318.00 | - do - |
| 11-25 | 1 | " | Jr. Exec. Table | 4,800.00 | A.D.P.S. |
| " | 1 | " | Jr. Exec. Chair, revolving | 3,600.00 | -do- |
| 11-26 | 1 | " | Electric Water Pump, 5 HP | 52,000.00 | Engrg. Dept. |
| 12-01 | 1 | " | Refrigerator 5 cu.ft. | 7,580.00 | Dialysis Room |
| 12-03 | 1 | " | Safe Filing Cabinet, 4 dr., steel | 7,500.00 | Security Office |
| 12-09 | 1 | " | Index Card Filing Cabinet 24 drs. | 8,400.00 | Med. Rec. Sect. |
| 12-14 | 5 | units | Aircondition w/ timer 1 HP | 78,000.00 | Payward Room |
| 12-15 | 1 | unit | Washing Machine 6 kg. | 8,645.00 | Engrg. Dept. |
| 12-23 | 1 | " | Hematocrit Centrifuge | 127,000.00 | Pathology Dept. |
| | | | 2) Sub-Total . . . | P1,089,543.00 | |
| | | | 1) Sub-Total . . . | P2,406,051.00 | |
| | | | GRAND TOTAL . . . | P3,495,594.00 | |
| | | | | vvvvvvvvvvvvvv | |
| | | | Orbit ceiling fan | | - do - |
| | | | Wall fan, Nikon w/ timer | | Engrg. Dept. |
| | | | Exhaust fan | | Diff. Services |
| | | | Fluorescent lamp, ball & starters | | - do - |
| | | | Syringes & needles 3ccx23g | | C.S.R. |
| | | | Wall fan, Union | | Diff. Services |
| | | | Infant Incubator, Isolette | | NICU |
| | | | Bed sheets, pillow cases, Patients gown & bath towel | | St. Lukes Med.Center |
| | | | Aircondition 2 HP | | Crown Seven Ventures |
| | | | Aircondition 2 HP | | Seiko Films |
| | | | Aircondition 2 HP (used) | | Mrs. B. Fernandez |
| | | | Dextrose 1 lit. | | Dr. R. Saguin |
| | | | Fluorescent lamp 20w | | GMA-7 |
| | | | Fluorescent lamp 40w | | -do- |
| | | | Various Medical Supplies | | QC Health Dept. |
| | | | Sr. Exec. Chair, revolving | | GMA-7 |
| | | | Wall fan, Kolin | | -do- |
| | | | Ceiling fan, rotor blade | | Star Cinema |
| | | | Port. Typewriter, OLYMPIA | | ABS-CBN |
| | | | Bed sheets, white | | Bot. Club of Kamuning |
| | | | Wall fan, Kolin | | GMA-7 |
| | | | Wall fan, Kolin | | ABS-CBN |
| | | | Fluorescent ballast 40w | | -do- |
| | | | Electro Encephalograph Machine | | SKIPC & FEB Leasing & Finance Corp. |
| | | | Wall fan, Kolin | | ABS-CBN |

Table 12

LIST OF DONATIONS FOR 1999

| DATE | QTY. | UNIT | ARTICLE/DESCRIPTION | DONOR | RECIPIENT |
|------|-------|-------|---|---------------------------------------|---------------------|
| 1-11 | 1 | unit | Aircondition 2 HP | Metal Dog Prods. | Pathology Dept. |
| 2-25 | | pcs. | Various Surgical Sutures | Kiwanis Club of Kalayaan | O.R. |
| 2-05 | 2 | bxes. | Examination Gloves | Mrs. M. Fallasigue | Diff. ward |
| 2-09 | 6 | pcs. | Elect. Stove, single 8"dia. | ABS-CBN | - do - |
| 2-12 | 6 | units | Wall fan, Standard | TAPE, INC. | Diff. Services |
| | 1 | unit | Blood Chem. Analyzer | Q.C. Health Dept. | Pathology Dept. |
| | 1 | " | Incubator | - do - | - do - |
| 2-16 | | | Various Medical Supplies | Anonymous | C.S.R. |
| 2-17 | 3 | units | Electric Stove, single burner | TAPE, Inc. | Diff. ward |
| | 4 | bxes. | Baby diapers | QC-Soc. Service Dept. | C.S.R. |
| 3-22 | | | Various drugs & medicines | Vice-Mayor Angeles | Pharmacy Service |
| 3-09 | 25 | pcs. | Female watcher's gown | Med. ward Staff Nurse & Midwives | Diff. ward |
| 3-29 | | | Various drugs & medicines | Q.C. Health Dept. | Pharmacy Service |
| 4-07 | 10 | pcs. | Whistling Kettle 4.0 lit. | SPI Television | Diff. ward |
| 4-19 | 30 | bots. | Ferrous fumarate 200mg | Dept. of Health | Pharmacy Service |
| 4-26 | | | Various drugs & medicines | Q.C. Health Dept. | - do - |
| 4-23 | 1 | unit | Ceiling fan, rotor blade | Mrs. B. Fernandez | Trauma ward |
| 4-04 | | pcs. | Various P.T. Accessories | Mayor I. Mathay | Physical Therapy |
| 4-27 | | | Various drugs & medicines | LA Maharlika Lions | Ophthalmology Dept. |
| 4-12 | 2 | units | Stand fan, Standard | ABS-CBN | Diff. Services |
| " | 5 | " | Wall fan, 3D & National | -do- | - do - |
| 4-26 | 5 | " | Orbit ceiling fan | -do- | - do - |
| | 1 | unit | Wall fan, Nikon w/ timer | -do- | Engrg. Dept. |
| 5-02 | 5 | units | Exhaust fan | -do- | Diff. Services |
| 5-14 | | | Fluorescent lamp, ballast & starters | -do- | - do - |
| 5-16 | 48 | bxes. | Syringes & needles 3ccx23g | Texan Med. Supp. | C.S.R. |
| 5-02 | 6 | units | Wall fan, Union | ABS-CBN | Diff. Services |
| 5-15 | 1 | unit | Infant Incubator, Isolette | Rotary Club of Mega EDSA | NICU |
| 5-29 | 1,300 | pcs. | Bed sheets, pillow cases, Patients gown & bath towel | St. Lukes Med.Center | Diff. ward |
| | 1 | unit | Aircondition 2 HP | Crown Seven Ventures | Director's Office |
| 5-10 | 1 | " | Aircondition 2 HP | Seiko Films | A.D.A. |
| 5-16 | 1 | " | Aircondition 2 HP (used) | Mrs. B. Fernandez | Payward |
| 5-26 | 24 | bots. | Dextrose 1 lit. | Dr. R. Saguin | Pharmacy Service |
| 5-27 | 52 | pcs. | Fluorescent lamp 20w | GMA-7 | Diff. services |
| | 72 | " | Fluorescent lamp 40w | -do- | - do - |
| 5-17 | | pcs. | Various Medical Supplies | QC Health Dept. | C.S.R. |
| 5-27 | 2 | units | Sr. Exec. Chair, revolving | GMA-7 | AO-V & A.D.A. |
| 5-03 | 6 | " | Wall fan, Kolin | -do- | Diff. Services |
| " | 4 | " | Ceiling fan, rotor blade | Star Cinema | - do - |
| 5-22 | 1 | unit | Port. Typewriter, OLYMPIA | ABS-CBN | Pathology Dept. |
| 5-01 | 36 | pcs. | Bed sheets, white | Rot. Club of Kamuning | C.S.R. |
| 5-08 | 3 | units | Wall fan, Kolin | GMA-7 | Diff. Services |
| 5-09 | 4 | " | Wall fan, Kolin | ABS-CBN | - do - |
| " | 50 | pcs. | Fluorescent ballast 40w | -do- | - do - |
| 5-24 | 1 | unit | Electro Encephalograph Machine | SBGFC & FEB Leasing & Finace Corp. | Medical Dept. |
| 5-27 | 5 | units | Wall fan, Kolin | ABS-CBN | Diff. Services |

Table 14

SERVICEABLE EQUIPMENT AND MATERIALS

Table 13

A. EQUIPMENT

QTY. UNIT LIST OF REPAIRED EQUIPMENT FOR 1999

| DATE | QTY. | UNIT | PARTICULAR/DESCRIPTION | AMOUNT | SERVICE/END-USER |
|-------|------|-------|---------------------------------------|-------------|----------------------|
| 1-13 | 1 | unit | Service vehicle, Toyota Corolla | ₱ 4,060.00 | Director's Office |
| 1-21 | 4 | " | Service vehicle, " | 2,200.00 | - do - |
| 1-20 | 1 | set | Laryngoscope, FiberOptic | 5,131.50 | MICU |
| 4-15 | 1 | unit | Ambulance KIA-BESTA Aircondition unit | 1,450.00 | Engrg. Dept. |
| 5-04 | 1 | " | Anesthesia gas monitor | 8,250.00 | Anesthesiology Dept. |
| 5-31 | 1 | " | Autoclave Sterilizer AMSCO | 20,000.00 | O.R. |
| 6-21 | 1 | " | Reach-in Freezer | 3,450.00 | Dietary Service |
| 6-29 | 1 | " | Ventilator, Newport Breeze | 22,000.00 | Anesthesiology Dept. |
| 6-25 | 4 | units | Vaporizer of Anesthesia machine | 60,000.00 | - do - |
| 7-09 | 2 | " | Anesthesia Machine, Midget-3 | 16,000.00 | - do - |
| 7-26 | 1 | set | Mechanical Plan for QCGH | 47,000.00 | Engrg. Dept. |
| 8-23 | 1 | unit | Ambulance KIA-BESTA | 9,510.00 | - do - |
| 8-25 | 1 | " | Cryostat LEICA 1800 | 66,400.00 | Pathology Dept. |
| 9-01 | 1 | " | Ambulance KIA-BESTA | 4,385.00 | Engrg. Dept. |
| 5-21 | 2 | units | Aircondition 2 HP National | 3,970.00 | Payward Room |
| 9-27 | 1 | unit | Cadaver freezer | 6,450.00 | Pathology Dept. |
| 11-22 | 1 | " | Blood bank Ref. FOSTER | 6,450.00 | - do - |
| 12-06 | 1 | " | Ambulance, KIA-BESTA | 8,460.00 | Engrg. Dept. |
| 12-03 | 1 | " | Ambulance, TOYOTA (conversion) | 52,000.00 | - do - |
| 12-09 | 1 | " | Anesthesia Machine, OHIO | 12,000.00 | Anesthesiology Dept. |
| 12-13 | 1 | " | Ambulance, KIA-BESTA | 700.00 | Engrg. Dept. |
| 11-25 | 1 | " | Service vehicle, Toyota Corolla | 10,900.00 | - do - |
| | | | TOTAL . . . | ₱370,766.50 | |

Table 11 shows the list of equipment purchased by the hospital in 1999 and the total acquisition costs amounted to ₱3,495,594.00 and this includes the purchase of an automatic processor for X ray Department, mobile operating light, spectrophotometer, a heavy duty suction machine and defibrillator/pacemaker, etc. Table 12, on the other hand, is a list of 1,726 units of donated supplies and equipment like the EEG machine from SBGFC & FBS Leasing & Finance Corporation, blood chemistry analyzer & incubator from QC Health Department, infant incubator from Rotary Club of Mega EDSA, aircons from ABS-CBN, bed sheets, pillow cases, patients gown & bath towel from SLMC, etc.

Table 13 shows the list of repaired equipment in 1999 like the hospital car, ambulances, laryngoscope, anesthesia gas monitor, autoclave sterilizer, freezer, ventilator, anesthesia machine, cadaver freezer, aircons, and blood refrigerator and the repair of these basic equipment contributed to the delivery of quality service and satisfaction of our patients. The other serviceable equipment are listed in Table 14.

Table 14

SERVICEABLE EQUIPMENT AND MATERIALS

A. EQUIPMENT:

| | <u>QTY.</u> | <u>UNIT</u> | <u>PARTICULAR/DESCRIPTION</u> |
|-----|-------------|-------------|---|
| 1. | 1 | unit | Risograph Machine |
| 2. | 1 | " | Computer Machine w/ Printer |
| 3. | 2 | units | Mimeographing Machine |
| 4. | 1 | unit | Fax Machine |
| 5. | 1 | " | Paper Cutter, heavy duty |
| 6. | 1 | " | Aircondition 1.5 HP |
| 7. | 2 | units | Typewriter 24" carr. |
| 8. | 3 | " | Typewriter 18" carr. |
| 9. | 9 | " | Office Table |
| 10. | 2 | " | Safe Filing Cabinet 4 drawers |
| 11. | 7 | " | Filing Cabinet, steel 4 drawers |
| 12. | 6 | " | Locker Cabinet, steel 6 opening |
| 13. | 5 | " | Steel Shelving, open type |
| 14. | 1 | unit | Refrigerator GE 14 cu.ft. 2 door |
| 15. | 3 | pcs. | Revolver, S&W cal. 38 |
| 16. | 1 | pc. | Shotgun, 12 gauge, Model 30 riot police |
| 17. | 1 | " | Shotgun, 12 gauge, Model 30K combat |

B. SEMI-EXPENDABLE

| | <u>QTY.</u> | <u>UNIT</u> | <u>PARTICULAR/DESCRIPTION</u> | <u>INC/(DEC)</u> |
|----|-------------|-------------|-----------------------------------|------------------|
| 1. | 3 | pcs. | Calculator, 12 digits pocket size | 81.5 % |
| 2. | 1 | pc. | Adding machine w/ tape, 12 digits | |
| 3. | 5 | pcs. | Stapler HD | 14.3 % |
| 4. | 2 | " | Puncher | |
| 5. | 1 | pc. | Exhaust fan | |
| 6. | 1 | " | Wall fan | 100 % |
| 7. | 3 | pcs. | Stand fan | |

Table 11 shows the list of equipment purchased by the hospital in 1999 and the total acquisition costs amounted to P3,495,594.00 and this includes the purchase of an automatic processor for X-ray Department, mobile operating light, spectrophotometer, a heavy duty suction machine and defibrillator/pacemaker, etc. Table 12, on the other hand, is a list of 1,726 units of donated supplies and equipment like the EEG machine from SBGFC & FEB Leasing & Finance Corporation, blood chemistry analyzer & incubator from QC Health Department, infant Incubator from Rotary Club of Mega EDSA, aircons from ABS-CBN, bed sheets, pillow cases, patients gown & bath towel from SLMC, etc.

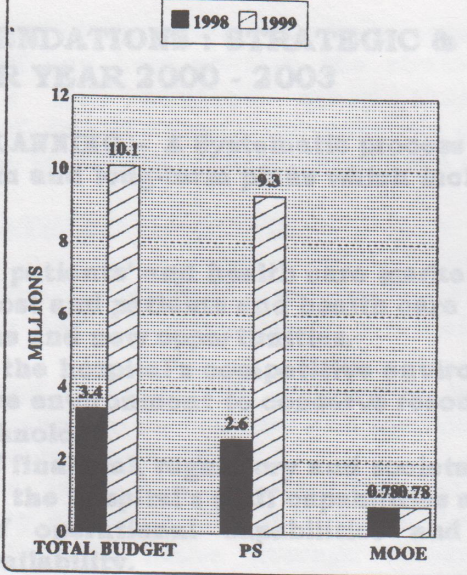
Table 13 shows the list of repaired equipment in 1999 like the hospital car, ambulances, laryngoscope, anesthesia gas monitor, autoclave sterilizer, freezer, ventilator, anesthesia machine, cadaver freezer, aircons, and blood refrigerator and the repair of these basic equipment contributed to the delivery of quality service and satisfaction of our patients. The other serviceable equipment are listed in Table 14.

In 1999 about one-fourth of the MOOE transferred to QCGH was used in the purchase of much-needed medicines and medical supplies for the charity patients and Table 15 shows how these medicines and medical supplies were distributed in the different wards. Comparative analysis reveals that there was a 106 percent increase of consumption costs of medicines & medical supplies from P2,507,098.33 in 1998 to P5,165,540.95 in 1999 and the wards which consumed most of the medicines/medical supplies were the pay ward, operating room and the surgical ward inspite of 17.5 % decrease in admission and 53.6 % decrease in the number of surgery done in 1999. A quality assurance study is being contemplated to determine who benefited from the excess surgical supplies in 1999.

**TABLE 15 - COMPARATIVE WARD DISTRIBUTION
& COSTS OF MEDICINES/MED. SUPPLIES
IN 1998 AND 1999**

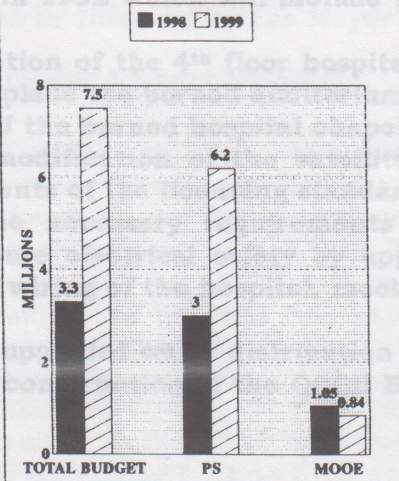
| WARDS | TOTAL COSTS 1998 | TOTAL COSTS 1999 | INC/(DEC) |
|----------------|----------------------|----------------------|--------------|
| ER | P444,745.82 | P811,620.34 | 82.5 % |
| MEDICAL WARD | P250,206.04 | P341,088.45 | 36.3 % |
| OB/DR | P172,212.57 | P345,472.68 | 100 % |
| PAY/MEDICARE | P770,399.67 | P1,254,253.09 | 62.8 % |
| PEDIA WARD | P156,435.65 | P251,195.13 | 60.5 % |
| SURGICAL WARD | P164,698.60 | P358,533.62 | 117.6 % |
| TRAUMA WARD | P110,975.40 | P211,155.93 | 90.3 % |
| NURSERY | P 28,713.41 | P370,146.67 | 1,189 % |
| OR/RR | P389,498.64 | P1,059,263.20 | 172 % |
| CSR USE | P201,425.10 | P462,758.37 | 130 % |
| TOTAL = | P2,507,098.33 | P5,165,540.95 | 106 % |

FIG.21 - COMPARATIVE BUDGET OF QCGH-NOVALICHES ANNEX HOSPITAL



The QCGH- Novaliches Annex Hospital and the QCGH- Sta. Lucia Annex Hospital have their own separate approved allotments and Figures 20 and 21 show the comparative bar graphs of these budgets. The budget of QCGH- Novaliches Annex Hospital was increased from P3.4 million in 1998 to P10.1 million in 1999 with an additional budget of P9.3 million to cover the vacant 51 positions. Similarly the budget of QCGH- Sta. Lucia Annex Hospital also increased from P3.3 million in 1998 to P7.5 million in 1999 for an additional budget of P6.2 million to cover the vacant 33 positions. Licensing and operation of the annex are hampered by lack of personnel.

FIG. 21 - COMPARATIVE BUDGET OF QCGH-STA. LUCIA ANNEX HOSPITAL



VIII. RECOMMENDATIONS : STRATEGIC & OPERATIONAL PLANS FOR YEAR 2000 - 2003

A. STRATEGIC PLANNING - A Systematic process for developing both short-term and long-term plans which included the following:

1. Analysis of patients' and health care market requirements, including cost and patients and health care market expectations and new opportunities.
2. Analysis of the hospital's competitive environment and or collaborative environment to conserve resources including use of new technology.
3. Analysis of financial, regulatory and societal risks.
4. Analysis of the hospital's staff capabilities and needs.
5. Analysis of operational capabilities and needs, including resource availability.
6. Analysis of supplier and/or partner capabilities, including capabilities and roles of any health care provider alliances.

B. INFRASTRUCTURE DEV'T - OPERATIONAL PLAN:

The operational plan for year 2000-2001 will include the continuation of the infrastructure development projects which were not started during the previous 3-year development plan and these include the following:

1. Phase III of QCGH renovation of the main administrative building, medicare wards, charity wards, ER & expansion of the OPD.
2. New construction of the 4-storey building which was gutted down by fire in 1992 which will include the 15-bed Psychiatry Ward.
3. New construction of the 4th floor hospital auditorium with an elevator to replace the burned auditorium in 1992.
4. Restoration of the burned hospital chapel.
5. Renovation/modification of the satellite hospitals to satisfy the requirements of the licensing standards of the DOH.
6. To install the necessary requirements for accreditation of QCGH to ensure electrical safety by upgrading the electrical entrance and wiring of the hospital, mechanical safety and fire safety.
7. To install an upgraded water distribution system of QCGH.
8. To finish the construction of the QCGH Burn Center building.

These infrastructure development projects will improve the image of QCGH and help achieve the strategy of moving the hospital to a new strategic group thus enhancing the marketability of QCGH hospital services not only to low income groups, but also to middle income class of the population. ✓

C. OTHER STRATEGIC OPTIONS:

1. Continue the overriding strategy and thrust of cost containment and control without sacrificing quality patient care.
2. There is need to emphasize training in the methodology of quality assurance to all hospital and medical staff which could contribute to cost reductions.
3. Continue to implement an institutional strategy of cost leadership by adopting the Q.C. Local Revenue Code which gives the hospital above average returns inspite of the existence of strong competitive forces.
4. Improve the collections of revenue centers and create additional revenue centers like the Hemodialysis Unit, EEG Unit and Ultrasound Unit for QCGH and packaging of services like Executive Check-ups, health benefits package of nearby industrial companies.
5. Continue the strategy of asking GOs like PCSO & Congressmen and NGOs like Rotary Clubs and selected Foundations like those in Pedia and OB to share their resources to the hospital as we share with them our human resources. In so doing, both will achieve the common goals and objectives of helping the urban poor and underprivileged citizens of Quezon City.
6. To purchase the prioritized equipment which were listed approved by Hospital Management and submitted to Dr. Manuel Alba to be financed by the Mayor's Fund.

D. HUMAN RESOURCE DEVELOPMENT

Infrastructure development is not enough. There must be a corresponding human resource development as well. The office of PDER plans to focus on quality assurance as the backbone of human resource development. The WORK IMPROVEMENT TEAMS (WIT) already established in 1999 will be further strenghtened until all sections of the hospital will have their own working teams. To ensure success of the program, PDER was able to get the approval from Management of the new FUNCTIONAL ORGANIZATIONAL STRUCTURE OF THE TRAINING SERVICES OF QCGH since training is the most effective strategy to enable these WORK IMPROVEMENT TEAMS to achieve their goals and objectives.

E. SERVICE/DEPARTMENTAL ACTION PLANS FOR YEAR 2000:

CY 1998 - 1999 IMPLEMENTED

To review the submitted Work Plan of each department/section and included them in the strategic plan for year 2000-2003. Those recommendations which can be included in the operational plan can be implemented in year 2000 to be funded by the MOOE of current budget and through the City Council Resolution allowing the hospital the previous year income to augment the insufficient budget.

Resolution No. 965, S.98 - Authorizing the Quezon City General Hospital and QCGH - Sta. Lucia Annex Hospital to use hospital income derived from donations and payments of hospital fee during the previous year (1997) in addition to the current hospital appropriation in 1998.

Resolution No. 953, S.98 - Authorizing the Quezon City General Hospital use PhP 12 Million of its HDF and to withdraw such amount from its time deposits to purchase an 880 MA, X-Ray Machine and its accessories an autoclave and other hospital equipments.

Resolution No. SP 1060 - 98 - Authorizing the QCGH to utilize use part of the Hospital Development Fund Amounting to PhP Million for the improvement of Hospital Electrical System and installation of fire safety measures.

Resolution No. PR 98 - 352 - A resolution separating the EENT Department into (2) two New Clinical Department of QCGFH, the Department of Ophthalmology and Department of Ears, Nose and Throat (ENT) without additional appropriation for personnel.

Resolution No. SP 1260, S.99 - Authorizing the QCGH, QCGH - Sta. Lucia Annex Hospital and QCGH - Novaliches Annex Hospital to use hospital income derived from donation and payments of hospital fees during the immediate prior years in addition to the current approved hospital maintenance and other operating expenses (MOOE) allotment as continuing appropriation to augment the insufficient appropriation for maintenance operation for the purchase of Emergency medicines, medical supplies, purchase of medical equipment and repair of hospital structures.

Ordinance No. 711, S.98 - Creating 33 positions for QCGH - Sta. Lucia Annex Hospital.
APPROVED RESOLUTION AND ORDINANCES
CY 1998 - 1999 IMPLEMENTED
Ordinance No. 705, S.98 - Creating 33 positions for QCGH - Sta. Lucia Annex Hospital.

Resolution No. 913, S.98 - Authorizing the Quezon City General Hospital to use the the income derived from the Hospitalization of Medicare patient known as the Medicare Fund which shall not exceed PhP 4 Million.

Resolution No. 965, S.98 - Authorizing the Quezon City General Hospital and QCGH - Sta. Lucia Annex Hospital to use hospital income derived from donations and payments of hospital fee during the previous year (1997) in addition to the current hospital appropriation in 1998.

Ordinance No. 711, S.98 - Creating 33 positions for QCGH - Sta. Lucia Annex Hospital.
Resolution No. 953, S.98 - Authorizing the Quezon City General Hospital use PhP 12 Million of its HDF and to withdraw such amount from its time deposits to purchase an 880 MA, X-Ray Machine and its accessories an autoclave and other hospital equipments.

Ordinance No. 705, S.98 - Creating 33 positions for QCGH - Sta. Lucia Annex Hospital.
Ordinance No. 637, S.98 - Appropriating the amount of PhP31,200,914.00
Resolution No. SP 1060 - 98 - Authorizing the QCGH to utilize use part of the Hospital Development Fund Amounting to PhP Million for the improvement of Hospital Electrical System and installation of fire safety measures.

Ordinance No. 705, S.98 - Creating 33 positions for QCGH - Sta. Lucia Annex Hospital.
Resolution No. PR 98 - 352 - A resolution separating the EENT Department into (2) two New Clinical Department of QCGFH, the Department of Ophthalmology and Department of Ears, Nose and Throat (ENT) without additional appropriation for personnel.

Resolution No. 965, S.98 - Authorizing the Quezon City General Hospital to use hospital income derived from donation and payments of hospital fees during the immediate prior years in addition to the current approved hospital maintenance and other operating expenses (MOOE) allotment as continuing appropriation to augment the insufficient appropriation for maintenance operation for the purchase of Emergency medicines, medical supplies, purchase of medical equipment and repair of hospital structures.
Resolution No. 869, S.98 - Authorizing the Quezon City General Hospital to use hospital income derived from donation and payments of hospital fees during the immediate prior years in addition to the current approved hospital maintenance and other operating expenses (MOOE) allotment as continuing appropriation to augment the insufficient appropriation for maintenance operation for the purchase of Emergency medicines, medical supplies, purchase of medical equipment and repair of hospital structures.

Ordinance No. 623, S.98 - Converting the Two Storey Multipurpose Building located Along Quirino Highway San Bartolome Novaliches Quezon City into QCGH-Novaliches Annex Hospital.

Ordinance No. 624, S.98 - Converting the Two Storey Multipurpose Building located at Sta. Lucia Avenue, Sitio 5 Barangay Sta. Lucia Quezon City into a QCGH-Sta. Lucia Annex Hospital.

**APPROVED RESOLUTION AND ORDINANCES
CY 1998 - 1999 NOT IMPLEMENTED**

Ordinance No. 711, S.98 - Creating 33 positions for QCGH - Sta. Lucia Annex Hospital.

Ordinance No. 705, S.98 - Creating 50 positions for QCGH - Novaliches Annex Hospital

Ordinance No. 637, S.98 - Appropriating the amount of PhP31,209,614.00 representing the unpaid benefits granted to Public Health Workers under Republic Act. No. 7305 other wise known as the Magna Carta of Public Health Workers, the amount of which shall be taken from salary saving 20% mandatory reserve and any available funds of the Quezon City Treasury.

Resolution No. 865, S.98 - Authorizing the Quezon City General Hospital to use part of Quezon City General Hospital Development Fund which shall not exceed PhP25 Million for the construction of a Four Storey Administrative Building.

Resolution No. 869, S.98 - Authorizing the Quezon City General Hospital to use the proceed of Quezon City General Hospital Fire Claims worth PhP5,912,241.42 for the renovation of the burned multipurpose building chapel, Training Auditorium and for the purchase of the replacement of Burned Office, etc

FOR FOLLOW-UP 2000

1. Proposed Resolution authorizing the Quezon City General Hospital (QCGH) to use the total amount of Two Hundred Thirty Eighth Thousand Eight Hundred Ninety Five Pesos (PhP238,895.00) to be taken from the Hospital Development Fund (HDF) for the beautification of the parking area locate at the QCGH compound, Barangay Bahay Toro, Quezon City. ✓
2. Proposed Resolution authorizing the Honorable Ismael A. Mathay, Jr. to appropriate Five Hundred Thousand Pesos (PhP500,000.00) for the maintenance costs of sustaining 100 hemodialysis sessions of the Quezon City General Hospital for Year 2000 to be taken from any available fund in the City Treasury. ✓