

OFFICE PERFORMANCE COMMITMENT AND REVIEW (OPCR)

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I, JULIUS M. DRILON, MD, Head of the Corazon Locsin Montelibano Memorial Regional Hospital commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period January 1 - December 31, 2019.

Head of Office: _____

JULIUS M. DRILON, MD

Date: _____

Approved By: _____

Date: _____

MARLYN W. CONVOCAR, MD, MPH, CESO IV
 Name of Supervisor

Strategic Goals and Objectives (a)	Success Indicators and Target (b)	Alloted Budget (c)	Division/Unit Accountable (d)	Actual Accomplishment (per Division/Unit Accountable) (e)		Actual Accomplishment (f)	RATING (g)				Remarks/ Justification of Unmet Targets (use separate sheet if needed) (h)
				1st semester (1)	2nd semester (2)		Q (1)	E (2)	T (3)	A (4)	
Health Goals:	Better Health Outcome; Responsive Health System, Equitable Health Financing										
Impact Indicators:	Maternal Mortality Ratio per 100,000 live births; Infant Mortality rate per 1,000 live births; Mortality from cardiovascular disease, cancer, diabetes or chronic respiratory disease; Tuberculosis incidence per 100,000 population; Prevalence of stunting among under-five children; Client Satisfaction Rate; Provider Responsiveness Score; Out of the Pocket health spending as % of total health expenditure; % of the population who have spent less than 10% of their HH income on health										
Strategic Pillars:	Financing; Service Delivery; Governance; Performance Accountability										

Strategic Functions

Ensure that the hospital maintain its Level 3 status with enhancement of the Psychiatric Facility	100% acquisition of medical equipment of the Psychiatry Facility as per approved budget for 2019	Php 784,723,470.00	Psychiatry and Behavioral Medicine, Budget, Materials Management & Procurement	N/A	100%	100%	5			5.00	The equipment were procured during the 2nd semester of 2019
Average Rating (Strategic Functions)										5.00	

Core Functions

1. 94% patients in basic accommodation with zero co-payment					97.37% (11477/11787)	96.84% (11483/11858)	97.10% (22960/23645)				5.00	Computed as number of NBB patients with zero co-payment/total NBB patients x 100 based on the discussion with Ms. Dianne Meledy De Roxas of HFDB. Our ward accommodation contains both for NBB & co-pay patients.
2. <8 % of Returned-to Hospital of the PhilHealth claims					4.37% (724/16572)	1.79% (370/20704)	2.93% (1094/37276)				5.00	
3. 93 % of ER Patients with < 4 hours Turnaround Time					99.81% (40879/40957)	99.64% (37854/37992)	99.73% (78733/78949)				4.00	

4. 80 % of patients with < 4 hours Discharge Process Turnaround Time				43.29% (9495/21932)	42.10% (9044/21481)	42.70% (18539/43413)				1.00	Turn-around time for tertiary hospital is affected by the volume of patients discharged. We are the only government end referral hospital in Negros Island. Unavailability or delayed completion of required documents by the patients/folks is the major factor contributing to increase in discharge turn-around time.
5. <2% Hospital Acquired Infection Rate			Nursing Division and Billing Section								
6. 80 % of inpatient laboratory test result with < 5 hours Turnaround Time			Infection Control Committee	.2% (45/22,065)	.18% (38/21,481)	.19% (83/43546)				5.00	
7. Accreditation to ISO 9001:2015			Dept. of Pathology	96.90% (396,052/408,724)	96.48% (397,127/411,621)	96.69% (793179/820345)				4.00	
8. 80% Report Card Survey (RCS) Scores			QMS Office	1						3.00	Accredited last February 2019
9. 6 Research outputs funded & presented			ARTA Researchers/Team	86.09%						4.00	Audit conducted last July 2019
			Research Committee, CMETRU, CNETRU	4	71	75 researches				5.00	
Average Rating (Core Functions)										4.00	(36/9)

Support Functions											
1. Budget Utilization Rate for FY 2019										4	4.00
a. 95% Obligation Utilization Rate			Finance Division	52.87% (446,216,157.09/844,008,858.33)	96.84% (1,036,361,041.97/1,070,213,144.26)	101.94%				3	
b. 70% Disbursement Utilization Rate				88.04% (392,849,290.87/446,216,157.09)	93.47% (968,638,189.24/1,036,361,041.97)	133.53%				5	
2. 100% of all internal staff provided with learning & development interventions (LDIs) and/or updates (based on Training Plan)			Professional Education and Training	69.94% (761/1088)	100% (1,088/1,088)	100%				5	5.00
3. Percentage of other cross cutting requirements complied within the prescribed timeline:									5	5	5.00
a. 1 100% of unmet target in Quality Objectives and Plans (QOPs) responded with Request for Action (RFA)			Quality Management System Office	100% (390/390)	100% (268/268)	100%				5	5
a. 2 100% of unmet target in OPCR responded with Request for Action (RFA)			Performance Management Team	100% (3/3)	100% (3/3)	100%				5	5
b. 100% of complaints closed			Public Information and Assistance Desk	100% (18/18)	100% (15/15)	100%				5	

	c. 35% of COA Audit Recommendations fully implemented	Accounting Section	59% (54/92)	63% (58/92)	180%		5			
	d. 100% of received FOI requests were responded to within the prescribed timeline	Legal Office	100% (2/2 - February)	N/A	100%	5	5	5		
	4. 100% of filled positions (for non-medical positions)	Human Resource Management Office	98.48% (519/527)	98.50% (527/535)	98.50%		2		2.00	Some positions are still on process and expected to be filled this 2020. The HRM Office is also processing the request to convert the Occupational Therapist and Speech Therapist positions because of scarcity of qualified applicants into Physical Therapist positions. There is also fast rate of turnover most especially among nurses whose applications for jobs abroad have been accepted. Lastly the DOH has issued new guidelines in the recruitment and selection of applicants which we have just cascaded/disseminated for initial implementation last Dec. 2019 and early January 2020.
	5. 100% of filled Nurse, Medical Officer & Medical Specialist positions		98.22% (551/561)	99.46% (557/560)	99.46%		2		2.00	The HRM Office will religiously monitor the status of the vacancy.
Average Rating (Support Functions)									3.60	(13/5)

RATING

Function	Percentage Distribution	Average Rating per Function	Final Rating per Function (Average Rating x Percentage Distribution)	Final Rating (i)	Adjectival Rating (j)	Remarks
Strategic Functions	40%	5.00	2.00	4.36	VS	
Core Functions	50%	4.00	2.00			
Support Functions	10%	3.60	0.36			
Prepared by (k):	<i>K. Durana</i> KAYE B. DURANA PMT Secretariat	Date: 1/29/2020	Validated and Approved by (l): <i>[Signature]</i> ORLYN W. CONVOCAR, MD, MPH, CESU DIRECTOR IV Supervisor			Date: 1/29/20
Assessed by (m):	Planning Office, HPDPB	Date:	Final Rating by (n):			Date:
			Chair, Performance Management Team			

Legend: 1 - Quality 2 - Efficiency 3 - Timeliness 4 - Average (100% and above) (70% - 99%) (69% - below)