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MANAGEMENT SCIENCES FOR HEALTH, INC.
Health Sector Reform Technical Assistance Project (HSRTAP)



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HOSPITAL PERFORMANCE MONITORING TOOL

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FOREWORD

In the course of implementing the reforms for public hospitals, in sync with other reforms in the areas of social health insurance, local health, drug management and public health, the need to undertake an organizational wide approach in monitoring the performance of public hospitals particularly those in convergence sites was recognized.

Basic quality training, costing studies, financial management and process improvement efforts and the like were only few of the technical assistance provided to the convergence areas as preparatory steps toward the achievement of a larger goal, that is, fiscal autonomy among government hospitals.

With the pillars of hospital reforms in place, monitoring performance is a natural process that should be done by these facilities. However, past experiences revealed that it is one activity that more often than not, is considered last in the list of priority activities, though its importance well recognized. This became a good opportunity to promote the Hospital Performance Monitoring Tool.

The Hospital Performance Monitoring Tool (HPMT) employs a comparatively simple methodology in monitoring hospital performance. It covers four major areas namely; service quality, service volume, cost and revenues. HSRTAP does not have the intention to re-invent existing monitoring tools, rather, it hopes to organize them into one comprehensive tool. Much of the indicators contained in the tool were derived from obtainable tools in the Department of Health and other related agencies. The innovative processes developed by government hospitals proved to be helpful contributions in the development of the tool. Results of the monitoring using the HPMT would allow hospital managers determine the level of performance of the whole hospital and its units. It would also allow them to compare performance across these units and use it as basis in making critical management and operational decisions. It would also allow provincial, regional and even national level health managers determine the performance of hospitals under their respective scope of responsibility and similarly make comparisons across hospitals. Nonetheless, the HPMT remains to be an open document that can be further enhanced.

I. RATIONALE

Monitoring performance is an important management activity. This ensures the achievement of the objectives, targets and quality levels by the organization. While hospital managers recognize the importance of this activity it is seldom performed at the organization level. First, there is lack of agreement as on the items to monitor. The whole organization presents many areas of concern and it will consume a great deal of effort to keep an eye on each of these items. Second, there has been no standard monitoring tool, which the managers can utilize as a model. Having no tool it is impossible for the hospital to keep score on selected indicators that will tell the operation status of the organization. Third, there are no Philippine standards for hospital indicators. After doing a monitoring exercise, the hospital manager is left not knowing if the hospital performance met the standard requirement level. Fourth, there are many ways to collect performance data. If this is so, indicators generated will not be comparable from one facility to another. Fifth, government hospitals' performance is not tied down to incentives. They do not lose or gain anything substantial as a result of performance. Lastly, government hospitals still need to familiarize themselves on a methodology on organizational performance monitoring.

The purposes monitoring performance are:

1. To allow for a more rational budget for Public hospitals – Assessing hospital performance provides information to guide budgeting decisions. It will point to areas that would need more budgetary support in order to improve hospital service delivery.
2. To solve inequities in providing health services - The poor segment of our society goes to public hospitals. If these hospitals perform poorly, they are further exposed to this inequity. Public hospitals that waste money because of inefficient operating systems further drain the government's scarce budgets. This limits the funds that would have been used for curative services. A hospital that delivers substandard services may endanger the lives of patients. (Local Governance Technical Notes, GOLD, July 2000)
3. To initiate standardization of performance indicators – Comparable indicators will show how a hospital organization stands among hospitals of similar size and capacity. Doing performance monitoring continuously will eventually lead to the standardization of indicators.
4. To draw out an operational problem – This will help identify a hospital unit that is having some operational problems. If done at an early stage the solutions may not be as difficult or effort intensive.
5. To motivate hospital staff – An incentive/disincentive system closely tied up with the performance evaluation tool will serve to keep staff and hospital officers motivated towards achieving higher levels of performance.

6. To identify and focus efforts on the areas that are important to the hospital organization – Areas that need to be improved are monitored continuously. This provides signals to the staff and personnel on the organization's priorities and directs their actions on the achievement of these priorities.

II. PROCESS

First Step: Dividing the Hospital into Several Units

The hospital divides itself into the following units:

1. Clinical Services: Inpatient
 - a. Medicine
 - b. Surgery
 - c. Obstetrics
 - d. Gynecology
 - e. Medicare/Infirmary
 - f. Critical Care Units
 - g. Private wards
2. Clinical Services: Outpatient / Outreach / ER / OR / DR
 - a. Outpatient/Outreach
 - b. Dental
 - c. ER
 - d. OR/RR
 - e. LR/DR
3. Ancillary Services
 - a. X-ray
 - b. Laboratory
 - c. Pharmacy
4. Administrative and Support services
 - a. Dietary
 - b. Laundry
 - c. Training
 - d. Administrative

Second Step: Data Collection

For each of these units, the hospital will gather information on the four performance areas that will be monitored. These are:

- a. Service volume,
- b. Service quality,

- c. Cost of services, and
- d. Revenues generated.

Collecting data for each area will follow a set of instructions.

Service Volume Indicators

Using the list of hospital service divisions and units, determine the service volumes of each.

- For inpatient services, the service volumes are commonly expressed in total patient days, total admissions or total discharges.
- For outpatient services, this is usually expressed in total visits.
- For outreach, service volumes are expressed in terms of the number of contacts, surveillance visits, and visits to the mobile clinics.
- For the ancillary service, the volumes normally include the number of x-ray examinations, laboratory test, major operations, and deliveries conducted. It may also include the number of prescriptions filled and patient days.
- Determine the number of beds for each inpatient cost center.

Fill in the following tables:

CLINICAL SERVICES INPATIENT:

	Clinical Services Inpatient						
	Medicine	Surgery	Obstetrics	Pediatrics	Private	Philhealth	Total
Total Discharges							
Total Patient Days							
Number of Beds							
% Occupancy Rate							

Occupancy rate = number of beds x 365 days/ number of patient days

Scoring system:

- a. Occupancy rate 85 – 100 = 90
- b. Occupancy rate 75 – 84 and 100 above = 80
- c. Occupancy rate 74 and 60 = 70
- d. Occupancy rate 59 and below = 60

Get the hospital occupancy rate and use above scoring system to enter as total hospital score for this parameter.

CLINICAL SERVICES OUTPATIENT:

CLINICAL SERVICES OUTPATIENT								
Preventive			Curative				Outreach	Total
Obstetrics Number of visits	Family planning Number of visits	Well baby clinic Number of visits	Curative clinic Number of visits	Dental Number of visits	Emergency room Number of visits	Number of visits/contacts		
2001								
2000								

Scoring:

Compare the number of visits with the previous year.

If higher than the previous year – 90

If lower than the previous year – 70

ANCILLARY SERVICES:

ANCILLARY SERVICES							
X-ray # of x-ray exams	Lab # of lab tests	Operating room # of major opns (4 minor equivalent to 1major)	Delivery room # of deliveries	Pharmacy # of prescriptions	ICUs # of ICU days	Total	
2001							
2000							

Scoring:

Compare the number of services performed with the previous year.

If higher than the previous year – 90

If lower than the previous year – 70

SUPPORT SERVICES:

SUPPORT SERVICES		
Dietary # of meals served	Laundry # of kilos laundry washed	Total

Scoring:

Compare the number of services performed with the previous year.

If higher than the previous year – 90

If lower than the previous year – 70

Service Quality Indicators

The Chief of Hospital and the Hospital administrator will assign an internal assessor to accomplish the Hospital Quality Questionnaires. There will be one set of questionnaire for each service unit. *(Please refer to Annex A)*

The following features in each unit will be covered to determine level of quality:

- a. Service existence/availability – questions under this area will assess the services which the unit should provide and whether they are actually available (i.e. materials are actually available for tests and exams, staff are available to operate equipment)
- b. Staffing – are staff available to take care of patients and run the hospital? Are they professionally qualified?
- c. Facility Status – working environment? Sanitation? Lighting? Cleanliness?
- d. Quality Process – various management processes? Management information?
- e. Patient Satisfaction – Level of comfort (not sharing beds, all inside rooms) promptness of service, availability of services (not having to go outside the hospital for drugs, laboratory test, x-ray exams, quality of food.
- f. Quality indicators –Average length of stay, caesarian section rate, net death rate, etc.

Each unit will be assessed according to a set of quality indicators. Each indicator has been assigned corresponding scores. A unit shall be graded according to its compliance to these indicators. After each unit is assessed and graded, all scores will be added. The total score of a particular unit, in itself, can be used to compare its level of service quality with the other units in the hospital. To get the average score for the hospital's over-all level of service quality, the grand total score will then be divided by the number of units assessed.

Cost of Services

The hospital shall monitor the cost of services. To accomplish this, we should determine the cost of each hospital unit (similar to hospital costing exercise). If costing per hospital unit is not possible, obtain total hospital cost. If unit cost is within budget allocation, give a score of 90, if higher, give a score of 70. Do the same scoring system for overall hospital cost

Revenues Generated

The hospital shall monitor the revenues generated by each service center. To do this each revenue center shall make an extra copy of their charge slips for this purpose. The revenues shall accumulate for the unit that provided the service. For example accommodations shall be credited to the medical departments, ER services credited to the ER department, laboratory services to the laboratory department etc.

Fill in the table to indicate income per hospital unit:

Income	Medicine	Surgery	Pediatrics	Obstetrics	Laboratory	X-ray	Pharm.
2001							
2002							

If data are not available, a 1-month study to accumulate charge slips can be done. Sum up the total income of the different units based on the charge slips. Divide each unit's income with total hospital income for the study period. Multiply the annual income with the results.

Scoring:

Compare the revenues generated with the previous year.

If higher than the previous year – 90

If lower than the previous year – 70

Third Step: Assessment, Findings and Conclusions

The four areas that are being monitored (service volume, quality, revenues, cost) will be graded according to their importance as determinants of performance. The relative weights will be decided after consultations with the hospital officials and the DOH

The following are examples of how the weights are allotted to each area:

Service Volume – 30%

Quality – 30 %

Revenue – 20%

Cost – 20%

Using the weights assigned to each area, data can be analyzed to compare each hospital unit.

Example:

Hospital X

Clinical Services: In-Patient – Medical Department

Area	Weight	Gross Maximum	Unit Score	Adjusted Score
	A	B	C	D
Service Volume Indicators	30	50	40	24
Service Quality Indicators	30	75	63	25
Cost of Services	20	20	15	15
Revenues Generated	20	15	12	16
Total	100%			80

Column A – Weight allocated to the area

Column B – The maximum number of points an area can score

Column C – The hospital's score for that area

Column D – the overall score adjusted to the weight (AxC/B)

Clinical Services: In-Patient – Surgical Department

Area	Weight A	Gross Maximum B	Unit Score C	Adjusted Score D
Service Volume Indicators	30	25	20	24
Service Quality Indicators	30	50	33	20
Cost of Services	20	12	6	10
Revenues Generated	20	15	11	15
Total	100%			69

In this example the medical department had a higher score compared to the surgical department.

The results shall be analyzed in a spreadsheet to obtain the performance score for the hospital.

Hospital X

Area	Clinical Inpatient	Clinical Outpatient	Ancillary	Administrative	Average Score
Service Volume Indicators	20	22	25	22	22.25
Service Quality Indicators	25	29	24	22	25
Cost of Services	10	15	13	17	13.75
Revenues Generated	13	12	18	9	13
Total					74

The score of 74 can be compared with other hospitals that went through the same exercise

III. INTRODUCTION OF THE HOSPITAL PERFORMANCE MONITORING TOOL IN CONVERGENCE SITES: FEEDBACKS AND FUTURE STEPS

The Hospital Performance Monitoring Tool (HPMT) was introduced separately in all eight convergence sites during the third quarter of 2002. The current path that most of the hospitals in the sites are trudging is that of performance monitoring. Apparently, monitoring efforts are focused mainly on service quality. This is mainly due to the fact that all these hospitals, its managers and staff, have undergone basic training on quality assurance/quality improvement. This development was taken by HSRTAP as an opportunity to introduce the tool to be able to assist hospital managers monitor performance at an organizational level.

The hospital managers in all convergent provincial hospitals generally accepted the tool. In Bulacan, the introduction of the tool was very timely. The Bulacan Provincial Hospital, at the time it was presented, was in the process of developing a similar tool. Focus, however, was largely on service quality. The HPMT gave them a wider perspective on the whole monitoring process.

In Pangasinan, it will be applied on a relatively larger scale. Dr. Nemesia Mejia, the Provincial Health Officer, was present during the presentation. She would be using the tool to determine the level of performance of all government hospitals in the province. The results of the activity would be substantial inputs for provincial budget hearings.

This would also motivate the different hospitals under her stewardship to pursue for excellent performance. In the same way, the Pangasinan Provincial Hospital expressed their intention to adopt the tool. Modifications will be made according to their priorities.

A common response was heard from the other convergence sites. They found the tool simple yet substantial and very useful. They agreed to study it more closely. They were given the prerogative to modify the tool based on current priorities and existing expertise.

IV. RECOMMENDATIONS

- 1. There is a need to determine the extent to which the tool was applied in the convergence sites.**

The Hospital Performance Monitoring Tool was widely accepted in all convergence sites. As mentioned earlier, hospital leaders and managers expressed their intention to use the tool in monitoring organizational performance. However, there is a need to determine the extent to which it was applied in their respective hospitals. Further, the

modifications that were employed and the rationale for such modifications would be very valuable to their respective provincial health offices, HSRTAP and to the Department of Health. Much flexibility is given to the hospitals in the convergence sites in further improving the tool as this would allow them to give due consideration to the intrinsic qualities of their provinces, current concerns and existing expertise. It is recommended that since HSRTAP is nearing its close down, this task of monitoring the extent to which HPMT was used be delegated to either the National Center for Health Facility Development or to the Bureau of Local Health Development.

2. Allow improvements in the tool.

HSRTAP welcomes every opportunity that would further improve the tool. The tool should not be taken to contain rigid indicators in measuring performance under the four main areas; rather it should be taken as a guide with which similar tools can evolve.

3. There is a need to document how monitoring performance at an organizational level benefited public hospitals.

As it was previously cited, most institutions seldom do monitoring at an organizational level. Documenting the benefits derived from the process would raise the level of awareness of other hospital managers particularly in non-convergence sites and would motivate them to undertake the same process using the tool or the principles with which it was based.

ANNEX A
HOSPITAL QUALITY QUESTIONNAIRE

HOSPITAL QUALITY QUESTIONNAIRE

General Instructions:

1. The following questionnaire primarily employs the following methodologies:
 - a. Observation
 - b. Records Review
 - c. Interviews
2. For staffing concerns, reference will be made to the *General Plantilla* of the hospital as well as to the 201 files of each personnel, whenever necessary.
3. For quality processes, it is not enough that the assessor determine the mere presence or absence of quality policies and procedures alone. Necessary observations will have to be made to determine if actual work processes are *within the work standards* set by the unit.

Clinical Services-IN-PATIENT

**MEDICINE DEPARTMENT
(tertiary)**

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10 (5) (5)	1. SERVICE EXISTENCE/ CAPABILITY 1.1. Does the hospital have a functioning medicine department? 1.2. Is it accredited by an appropriate specialty society?	Yes No Yes No		
10 (4) (4) (2)	2. STAFFING 2.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/ Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 2.2. Are specialists staff regularly available? 2.3. Do they conduct or attend regular training programs?	Yes No Yes No Yes No		
15 (3)	3. FACILITY/EQUIPMENT STATUS 3.1. Is the space allocated to the medical department/ward sufficient to accommodate the equipment and personnel?	Yes No		

(3)	3.2. Does it have sufficient hand washing and toilet facilities?	Yes	No		
(3)	3.2. Is it clean and orderly?	Yes	No		
(3)	3.3. Is it well lighted and well ventilated?	Yes	No		
(3)	3.4. Does it have the necessary functioning equipment and apparatus?	Yes	No		
(3)	3.5. Does the emergency cart in the area contain appropriate and adequate emergency drugs and supplies?				
25 (10)	4. QUALITY PROCESS				
	4.1. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the medical ward/department?	Yes	No		
(10)	4.2. Does it have written standard treatment and diagnosis guidelines?	Yes	No		
(5)	4.3. Is there a functional inter-department and intra-hospital referral system?	Yes	No		
20	5. PATIENT SATISFACTION Does it monitor	Yes	No		
	• Promptness of care				
	• Acceptability of care				
20	6. QUALITY INDICATORS What are its;				
	6.1. Average Length of Stay				
	6.2. Infection Rate				
	6.3. Net Death Rate				
100					

SURGERY DEPARTMENT
(tertiary)

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10 (5) (5)	7. SERVICE EXISTENCE/ CAPABILITY 7.1. Does the hospital have a functioning surgery department? 7.2. Is it accredited by an appropriate specialty society?	Yes No Yes No		
10 (4) (4) (2)	8. STAFFING 8.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 8.2. Are specialist staff regularly available? 8.3. Do they conduct or attend regular training program?	Yes No Yes No Yes No		
15 (3) (3)	9. FACILITY/EQUIPMENT STATUS 9.1. Is the space allocated to the Surgery department/ward sufficient to accommodate the equipment and personnel? 9.2. Does it have sufficient hand washing and toilet facilities?	Yes No Yes No		

(3)	9.2. Is it clean and orderly?	Yes	No		
(3)	9.3. Is it well lighted and well ventilated?	Yes	No		
(3)	9.4. Does it have the necessary functioning equipment and apparatus?	Yes	No		
(3)	9.5. Does the emergency cart in the area contain appropriate and adequate emergency drugs and supplies?	Yes	No		
25 (10)	10. QUALITY PROCESS				
	10.1. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the surgery ward/department?	Yes	No		
(10)	10.2. Does it have written standard treatment and diagnosis guidelines?	Yes	No		
(5)	10.3. Is there a functional inter-department and intra-hospital referral system?	Yes	No		
20	11. PATIENT SATISFACTION Does it monitor <ul style="list-style-type: none"> • Promptness of care • Acceptability of care 				
20	12. QUALITY INDICATORS What are its; <ul style="list-style-type: none"> 12.1. Average length of stay 12.2. Infection Rate 12.3. Appendectomy Rate 12.4. Net Death Rate 				
100					

(3)	apparatus? 15.5. Does the emergency cart in the area contain appropriate and adequate emergency drugs and supplies?	Yes	No		
25 (10)	16. QUALITY PROCESS 16.1. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the medical ward/department?	Yes	No		
(10)	16.2. Does it have written standard treatment and diagnosis guidelines?	Yes	No		
(5)	16.3. Is there a functional inter-department and intra-hospital referral system?	Yes	No		
20	17. PATIENT SATISFACTION Does it monitor: 17.1. Promptness of care 17.2. Acceptability of care				
20	18. QUALITY INDICATORS What are its: 18.1. Average length of stay 18.2. Infection Rate 18.3. Net Death Rate				
100					

GYNECOLOGY DEPARTMENT
(tertiary)

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	19. SERVICE EXISTENCE/ CAPABILITY 19.1. Does the hospital have a functioning gynecology department? 1.2. Is it accredited by an appropriate specialty society?	Yes No Yes No		
10 (4)	20. STAFFING 20.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 	Yes No		
(4)	20.2. Are specialty staff regularly available?	Yes No		
(2)	20.3. Are they trained and experienced in providing the type of care needed by patients?	Yes No		
15	21. FACILITY/EQUIPMENT STATUS 21.1. Is the space allocated to the Gyne department/ward sufficient to accommodate the equipment and personnel?	Yes No		
(3)	21.1. Is the space allocated to the Gyne department/ward sufficient to accommodate the equipment and personnel?	Yes No		
(3)	3.2. Does it have sufficient hand washing and toilet facilities?	Yes No		
(3)	21.2. Is it clean and orderly?	Yes No		
(3)	21.3. Is it well lighted and well ventilated?	Yes No		
(3)	21.4. Does it have the necessary functioning equipment and	Yes No		

(3)	apparatus? 21.5. Does the emergency cart in the area contain appropriate and adequate emergency drugs and supplies?	Yes No		
25 (10)	22. QUALITY PROCESS 22.1. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the gyne ward/department?	Yes No		
(10)	22.2. Does it have written standard treatment and diagnosis guidelines?	Yes No		
(5)	22.3. Is there a functional inter-department and intra-hospital referral system?	Yes No		
20	23. PATIENT SATISFACTION Does it monitor: 23.1. Promptness of care 23.2. Acceptability of care			
20	24. QUALITY INDICATORS What are its; 24.1. Average length of stay 24.2. Infection Rate 24.3. Net Death Rate			
100				

**CRITICAL CARE UNITS
(tertiary)**

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	25. SERVICE EXISTENCE/ CAPABILITY Is the hospital's critical care units render a 24-hour service coverage?	Yes No		
10 (4)	26. STAFFING 26.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 	Yes No		
(3)	26.2. Have they met all standard qualification requirements?	Yes No		
(3)	26.3. Do they attend or conduct regular training programs?	Yes No		
15	27. FACILITY/EQUIPMENT STATUS 27.1. Does the general lay-out of the ICU permit direct and indirect observation of patients by the units' staff?	Yes No		
(2)	27.2. Is the space allocated to each bed sufficient to accommodate the equipment and personnel necessary to respond to	Yes No		

(2)	anticipated emergencies? 3.3. Do the units have sufficient hand washing and toilet facilities?	Yes No		
(2)	3.4. Is it clean and orderly?	Yes No		
(2)	3.5. Is it well lighted and well ventilated?	Yes No		
(3)	3.6. Does it have the necessary functioning equipment and apparatus?	Yes No		
(2)	3.7. Do emergency carts in the critical care units contain appropriate and adequate emergency drugs and supplies?	Yes No		
25 (15)	4. QUALITY PROCESS 4.4. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the critical care units?	Yes No		
(10)	4.5. Is there a functional inter-department and intra-hospital referral system?	Yes No		
20	5. PATIENT SATISFACTION Does it monitor; Promptness of care Acceptability of care			
20	6. QUALITY INDICATORS What are its; 6.4. Average length of stay 6.5. ICU/NICU Mortality Rate. 6.6. Net Death Rate			
100				

**PRIVATE WARDS
(tertiary)**

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	28. SERVICE EXISTENCE/ CAPABILITY 28.1. Does the hospital have private wards for paying patients?	Yes No		
10 (3)	29. STAFFING 29.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/ Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 	Yes No		
(3)	29.2. Have they met all standard qualification requirements?	Yes No		
(2)	29.3. Are they regularly available?	Yes No		
(2)	29.4. Are they trained and experienced in providing the type of care needed by patients?	Yes No		
15	30. FACILITY/EQUIPMENT STATUS 30.1. Is the space allocated to the private wards sufficient to accommodate the equipment and personnel??	Yes No		
(3)	3.2. Does it have sufficient	Yes No		

	hand washing and toilet facilities?			
(3)	30.2. Is it clean and orderly?	Yes	No	
(3)	30.3. Is it well lighted and well ventilated?	Yes	No	
(3)	30.4. Does it have the necessary functioning equipment and apparatus?	Yes	No	
(3)	30.5. Does the emergency cart in the area contain appropriate and adequate emergency drugs and supplies?	Yes	No	
25 (10)	31. QUALITY PROCESS 31.1. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the ward?	Yes	No	
(10)	31.2. Does it have written standard treatment and diagnosis guidelines?	Yes	No	
(5)	31.3. Is there a functional inter-department and intra-hospital referral system?	Yes	No	
20	32. PATIENT SATISFACTION Does it monitor; 32.1. Promptness of care 32.2. Acceptability of care			
20	33. QUALITY INDICATORS What are its; 33.1. Average length of stay 33.2. Infection Rate 33.3. Net Death Rate			
100				

**INFIRMARY-MEDICARE
(tertiary)**

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	34. SERVICE EXISTENCE/ CAPABILITY 34.1. Does the hospital have an infirmary or separate wards for medicare patients/philhealth members?	Yes No		
10 (3)	35. STAFFING 35.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/ Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 	Yes No		
(3)	35.2. Have they met all standard qualification requirements?	Yes No		
(3)	35.3. Are specialist staff regularly available?	Yes No		
(2)	35.4. Do they conduct or attend regular training programs?	Yes No		
15 (3)	36. FACILITY/EQUIPMENT STATUS 36.1. Is the space allocated to the private wards sufficient to accommodate the equipment and personnel?	Yes No		

(3)	3.2. Does it have sufficient hand washing and toilet facilities?	Yes No		
(3)	36.2. Is it clean and orderly?	Yes No		
(3)	36.3. Is it well lighted and well ventilated?	Yes No		
(3)	36.4. Does it have the necessary functioning equipment and apparatus?	Yes No		
(3)	36.5. Does the emergency cart in the area contain appropriate and adequate emergency drugs and supplies?			
25 (10)	37. QUALITY PROCESS 37.1. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the ward?	Yes No		
(10)	37.2. Does it have written standard treatment and diagnosis guidelines?	Yes No		
(5)	37.3. Is there a functional inter-department and intra-hospital referral system?	Yes No		
20	38. PATIENT SATISFACTION Does it monitor; 38.1. Promptness of care 38.2. Acceptability of care			
20	39. QUALITY INDICATORS What are its; 39.1. Average length of stay 39.2. Infection Rate 39.3. Net Death Rate			
100				

Clinical Services-OUT-PATIENT & SPECIAL AREAS

OUTPATIENT SERVICE
(tertiary)

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	40. SERVICE EXISTENCE/ CAPABILITY 1.1. Are services in the OPD, departmentalized?	Yes No		
10 (5)	41. STAFFING 41.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 	Yes No		
(5)	41.2. Have they met all standard qualification requirements?	Yes No		
15 (3)	42. FACILITY/EQUIPMENT STATUS 42.1. Is the space provided for the OPD, adequate for a systematic flow of work?	Yes No		
(3)	3.2. Does it have sufficient hand washing and toilet facilities?	Yes No		
(3)	3.3. Is it clean and orderly?	Yes No		
(3)	3.4. Is it well lighted and well ventilated?	Yes No		
(3)	3.5. Does it have the necessary functioning equipment and apparatus?	Yes No		
25 (10)	4. QUALITY PROCESS 4.1. Does it have documented and updated policies and procedures?	Yes No		
(7)	4.2. Is health education conducted at the OPD?	Yes No		
(8)	4.3. Is there a functional inter-department and intra-hospital referral system?	Yes No		

20	5. PATIENT SATISFACTION Does it monitor; 5.1. Promptness of care 5.2. Acceptability of care rendered			
20	6. QUALITY INDICATORS What are its; 6.1. Turn Around Time 6.2. Waiting Time 6.3. Admission Consultation Ratio			
100				

DENTAL SERVICE

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10 (5) (5)	43. SERVICE EXISTENCE/ CAPABILITY 1.1 Is there a separate dental unit? 1.2. Are the following procedures done on a regular basis? • Extraction • Fillings • Denture preparation	Yes No Yes No		
10 (5) (5)	44. STAFFING 44.1. Does it have a complete staffing complement? 44.2. Have they met all standard qualification requirements?	Yes No Yes No		
15 (3) (3) (2) (2) (5)	45. FACILITY/EQUIPMENT STATUS 45.1. Is the space allocated to the dental unit sufficient to accommodate equipment, personnel and clients? 3.2. Do the units have sufficient hand washing and toilet facilities? 3.3. Is it clean and orderly? 3.4. Is it well lighted and well ventilated? 3.5. Does it have the necessary functioning equipment and apparatus?	Yes No Yes No Yes No Yes No Yes No		

<p>25 (15)</p> <p>(10)</p>	<p>4. QUALITY PROCESS 4.3. Does it have documented and updated policies and procedures?</p> <p>4.4. Is there a functional inter-department and intra-hospital referral system?</p>	<p>Yes No</p> <p>Yes No</p>		
<p>20</p>	<p>5. PATIENT SATISFACTION 5.3. Promptness of care 5.4. Acceptability of care</p>			
<p>20</p>	<p>6. QUALITY INDICATORS 6.3. Infection Rate (dental in nature)</p>			

100

**EMERGENCY ROOM
(tertiary)**

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	46. SERVICE EXISTENCE/ CAPABILITY 1.1. Does a 24-hour service coverage exist?	Yes No		
10 (5)	47. STAFFING 47.1. Does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 	Yes No		
(3)	47.2. Have they met all standard qualification requirements?	Yes No		
(2)	47.3. Have they undergone training on Basic Life Support, Emergency medicine etc./Do they attend or conduct regular training programs?	Yes No		
15	48. FACILITY/EQUIPMENT STATUS			
(2)	48.1. Does it have sufficient hand washing and toilet facilities?	Yes No		
(2)	48.2. Is it clean and orderly?	Yes No		
(2)	48.3. Is it well lighted and well ventilated?	Yes No		
(3)	48.4. Does it have the necessary functioning equipment and apparatus?	Yes No		
(3)	48.5. Does the ER currently have an adequate supply of emergency drugs and medical supplies?	Yes No		
(3)	48.6. Are the ER drugs accessible at all times?	Yes No		

25 (10)	49. QUALITY PROCESS 49.1. Does it have documented and updated policies and procedures?	Yes	No		
(5)	49.2. Is there an existing functional triage system?	Yes	No		
(5)	49.3. Is there a functional inter-department and intra-hospital referral system?	Yes	No		
20	50. PATIENT SATISFACTION Does it monitor 50.1. Promptness of care 50.2. Acceptability of care				
20	51. QUALITY INDICATORS What are its; 51.1. Turn Around Time 51.2. Response Time 51.3. ER Mortality Rate				
100					

25 (15)	55. QUALITY PROCESS 55.1. Does it have documented and updated policies and procedures to include among others infection control policies and safety practices and procedures, proper recording of procedures etc.?	Yes	No		
(10)	55.2. Is there a functional inter-department and intra-hospital referral system?	Yes	No		
20	56. PATIENT SATISFACTION Does it monitor; 56.1. Promptness of care 56.2. Acceptability of care				
20	57. QUALITY INDICATORS What are its; 57.1. Caesarean Section Rate 57.2. Infection Rate				
100					

(3)	60.4. Does it have the necessary functioning equipment and apparatus?	Yes No		
(3)	60.5. Do emergency carts in the OR/RR contain appropriate and adequate emergency drugs and supplies?	Yes No		
25 (15)	61. QUALITY PROCESS 61.1. Does it have documented and updated policies and procedures to include among others infection control policies and safety practices and procedures, proper recording of procedures etc.?	Yes No		
(10)	61.2. Is there a functional inter-department and intra-hospital referral system?	Yes No		
20	62. PATIENT SATISFACTION 62.1. Promptness of care 62.2. Acceptability of care			
20	63. QUALITY INDICATORS 63.1. Elective cases done within three days			
100				

ANCILLARY SERVICES

RADIOLOGY DEPARTMENT
(tertiary)

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	64. SERVICE EXISTENCE/ CAPABILITY 1.1. Does the Radiology Department currently perform the following types of procedures on a regular basis? <ul style="list-style-type: none"> • Plain films (chest x-rays, abdominal, ankle) • Simple contrast studies (upper GI series, barium studies, IVP) • Specialized contrast studies (arteriography) • Ultrasound 	Yes No		
10 (5)	65. STAFFING 65.1. Based on licensing standards, does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Radiologist • Health Physicist • X-Ray Technologist • Clerk/Admin Staff 	Yes No		
(5)	65.2. Have they met all standard qualification requirements?	Yes No		
15	66. FACILITY/EQUIPMENT STATUS 3.1. Is the space provided for the OPD, adequate for a systematic flow of work? 3.2. Is it clean and orderly? 3.3. Is it well lighted and well ventilated? 3.4. Does it have the following equipment in good working condition? <ul style="list-style-type: none"> ➤ Portable x-ray machine ➤ Ultrasound ➤ CT Scan ➤ ECG Machine ➤ EEG Machine 	Yes No		
(2)		Yes No		
(2)		Yes No		
(4)		Yes No		
(4)	3.6. Films are adequate?	Yes No		

25 (10)	4. QUALITY PROCESS			
	4.2. Does it have an updated manual of policies and procedures and techniques for radiologic examinations?	Yes	No	
(7)	4.3. Is there a record for preventive and corrective maintenance of equipment?	Yes	No	
(8)	4.4. Is there a functional inter-department and intra-hospital referral system?	Yes	No	
20	5. PATIENT SATISFACTION Do they monitor; 5.2. Promptness of service			
20	6. QUALITY INDICATORS What are its; 6.1. % Reject Films 6.2. % Poor Films 6.3. % Good Quality Films			
100				

LABORATORY

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
<p style="text-align: center;">20</p> <p>(5)</p> <p>(5)</p> <p>(5)</p> <p>(5)</p>	<p>67. SERVICE EXISTENCE/ CAPABILITY</p> <p>67.1. Does the hospital has its own laboratory?</p> <p>67.2. Is it licensed by the Department of Health</p> <p>67.3. What is the laboratory's category?</p> <p>67.4. Is it accredited for other capabilities such as HIV testing accreditation; drug testing accreditation?</p> <p>67.5. Does the hospital has a blood service facility?</p> <p>67.6. If yes, what category?</p>	<p>Yes No</p>		
<p>10</p> <p>(5)</p> <p>(3)</p> <p>(2)</p>	<p>68. STAFFING</p> <p>68.1. Does it have a complete staffing complement composed of the following:</p> <ul style="list-style-type: none"> • Pathologist • Medical Technologist • Laboratory Tech • Clerk • Others <p>68.2. Have they met all standard qualification requirements?</p> <p>68.3. Are they regularly available?</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>		
<p>25</p> <p>(5)</p>	<p>69. FACILITY/EQUIPMENT STATUS</p> <p>69.1. Is the space allocated to the laboratory sufficient to accommodate the equipment and</p>	<p>Yes No</p>		

	personnel necessary to respond to anticipated emergencies?			
(5)	3.2. Does it have sufficient hand washing and toilet facilities?	Yes	No	
(5)	69.2. Is it clean and orderly?	Yes	No	
(5)	69.3. Is it well lighted and well ventilated?	Yes	No	
(5)	69.4. Does it have the necessary functioning equipment and apparatus?	Yes	No	
	69.5. Does it have the adequate and appropriate reagents, strips to perform various laboratory exams.	Yes	No	
25 (4)	70. QUALITY PROCESS 70.1. Does it have documented and updated policies and procedures both for administrative and clinical aspects?	Yes	No	
(5)	70.2. Is there an established system for proper waste disposal of laboratory wastes?	Yes	No	
(6)	70.3. Does it implement an internal quality assurance program?	Yes	No	
(5)	70.4. Is there an on-going voluntary blood donation in the hospital?	Yes	No	
(5)	70.5. Is there a functional inter-department and intra-hospital networking system?	Yes	No	
10	71. PATIENT SATISFACTION Does it monitor; 71.1. Patients' comfort considered			
20	72. QUALITY INDICATORS 72.1. Error rate			
100				

	and supplies readily available at the ER, OR/RR, DR, ICU and Nsg. Units			
(2)	76.6. Is there an Annual Drug Procurement Plan?	Yes	No	
(3)	76.7. Does the pharmacy strictly adhere to the provisions of the Generics Act?	Yes	No	
20	77. PATIENT SATISFACTION Does it monitor; 77.1. Promptness of service 77.2. Service acceptability			
20	78. QUALITY INDICATORS What are its 6.1. % of filled prescriptions vs. unfilled prescriptions			
100				

ADMINISTRATIVE AND SUPPORT SERVICES

DIETARY SERVICE

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	79. SERVICE EXISTENCE/ CAPABILITY Is there an in house dietary service	Yes No		
10 (5)	80. STAFFING 80.1. Does it have a complete staffing complement composed of the following: Chief Pharmacist Nutritionist-Dietitian Food Service Supervisor Cook Utility Worker	Yes No		
(3)	80.2. Have they met all standard qualification requirements?	Yes No		
(2)	80.3. Do they all have the latest valid health certificates?	Yes No		
15	81. FACILITY/EQUIPMENT STATUS 81.1. Is the location and layout of the service accessible to wards' in-patients?	Yes No		
(2)	81.2. Is the work space adequate and permits systematic workflow?	Yes No		
(3)	81.3. Does it have a drainage system and adequate water supply?	Yes No		
(2)	81.4. Does it have sufficient hand washing and toilet facilities?	Yes No		
(2)	81.5. Is it clean and orderly?	Yes No		
(2)	81.6. Is it well lighted and well ventilated?	Yes No		
(3)	81.7. Does it have the necessary functioning kitchen equipment and supplies?	Yes No		
25 (10)	82. QUALITY PROCESS 82.1. Does it have documented and updated policies and procedures concerning dietetic service both for administrative and clinical aspects?	Yes No		

(3)	82.2. Is there an existing functional system on food production, to include among others cycle menus and annual food procurement?	Yes	No		
(2)	82.3. Does it follow a system on food storage?	Yes	No		
(3)	82.4. Is portion control observed during food production?	Yes	No		
(3)	82.5. Is monitoring on food acceptance, diet modification and patients' meal census done regularly?	Yes	No		
(2)	82.6. Do they implement rodent and pest control measures?	Yes	No		
(1)	82.7. Is diet education conducted?	Yes	No		
(1)	82.8. Are there available IEC materials and diet slips for distribution?				
20	83. PATIENT SATISFACTION Do they monitor; 83.1. Timeliness of meal service. 83.2. Food acceptance.				
20	84. QUALITY INDICATORS What are its; 84.1. % Food wastage (Number of meals prepared are in accordance to the meal census) 84.2. Monthly food expenses within the budgetary limit.				
100					

LAUNDRY SERVICE

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	85. SERVICE EXISTENCE/ CAPABILITY Is there an in-house laundry service?	Yes No		
10 (5)	86. STAFFING 86.1. Based on licensing standards, does it have a complete staffing complement composed of the following: Seamstress Laundry Workers Utility Workers Others	Yes No		
(5)	86.2. Have they met all standard qualification requirements?	Yes No		
15 (3)	87. FACILITY/EQUIPMENT STATUS 87.1. Is the space provided for laundry adequately maintained and well ventilated?	Yes No		
(3)	87.2. Is there a separate area for washing infectious soiled linens?	Yes No		
(3)	87.3. Is there a space for drying?	Yes No		
(3)	87.4. Does it have a drainage system and adequate water supply?	Yes No		
(3)	87.5. Does it have the necessary functioning laundry equipment and supplies to ensure continuous processing of linens?	Yes No		
25	88. QUALITY PROCESS 88.1. Does it have documented and updated policies and procedures which includes among others the following; <ul style="list-style-type: none"> • Policies on handling soiled infectious linens • Linen storage 	Yes No		

	<ul style="list-style-type: none"> • Mechanism or linen distribution 			
20	89. PATIENT SATISFACTION Do they monitor; 89.1. Timeliness of service. 89.2. Patient Comfort.			
20	90. QUALITY INDICATORS Please indicate if; 90.1. Clean linens available at all times in the laundry section 90.2. % Linen loss (should be minimal or low)			
100				

TRAINING
(tertiary)

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	91. SERVICE EXISTENCE/ CAPABILITY <ul style="list-style-type: none"> • Does the hospital has a separate training department in charge of meeting the training needs of all personnel in the facility? 	Yes No		
10 (5)	92. STAFFING 92.1. Does it have a complete staffing complement? 92.2. Have they met all standard qualification requirements?	Yes No Yes No		
15 (3)	93. FACILITY/EQUIPMENT STATUS 93.1. Is the space provided for the Training Department/ Service adequate to facilitate the different work processes? 93.2. Is it clean and orderly? 93.3. Is it well lighted and well ventilated? 93.4. Does it have the necessary functioning equipment?	Yes No Yes No Yes No Yes No		
25 (10)	94. QUALITY PROCESS 94.1. Does it have documented and updated policies and procedures? 94.2. Do they perform training needs assessment? 94.3. Do they have an over-all training program for all its departments which includes	Yes No		

	94.3.1. In-service training 94.3.2. Training outside			
20	95. PATIENT/PERSONNEL SATISFACTION Do they monitor the ff; 95.1. Training needs met 95.2. Training program appropriate			
20	96. QUALITY INDICATORS Indicate the ff; 6.1. % of personnel trained			
100				

ADMINISTRATIVE SERVICE
(tertiary)

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	97. SERVICE EXISTENCE/ CAPABILITY 97.1. Does the administrative service provide services in the following areas; <ul style="list-style-type: none"> • Accounting • Budget • Billing and Collection • Human Resource Mgt. • Housekeeping • Engineering and Maintenance • Medical Records 	Yes No		
10 (5)	98. STAFFING 98.1. Based on licensing standards, does it have a complete staffing complement in each of the following sections/ divisions/service: <ul style="list-style-type: none"> • Accounting • Billing and Collection • Budget • Human Resource • Housekeeping • Engineering and Maintenance • Medical Records 	Yes No		
(5)	98.2. Have they met all standard qualification requirements?	Yes No		
15 (4)	99. FACILITY/EQUIPMENT STATUS 99.1. Is the space provided for the Administrative Service and its sub-sections adequate to facilitate the different administrative work processes?	Yes No		
(4)	99.2. Is it clean and orderly?	Yes No		
(3)	99.3. Is it well lighted and well ventilated?	Yes No		

(4)	99.4. Does it have the necessary functioning equipment?	Yes	No		
25 (10)	100.QUALITY PROCESS 100.1. Does it have documented and updated policies and procedures that are available to the different areas in the administrative service? Policies and procedures should include among others the following: <ul style="list-style-type: none"> • Policies on Attendance/Leaves • Policies on Vacancies • Policies on accounting/ budgeting/ billing and collection • Policies on Human Resource Management • Housekeeping • Engineering and Maintenance • Policies on records management 	Yes	No		
(5)	100.2. Are these policies available to all the sections under the administrative service and are made known to all employees including the newly hired.				
(10)	100.3. Are there existing functional committees as mandated by Civil Service Rules and Regulations/Labor Laws such as Grievance Committee, Selection and Promotion Committee etc.				
20	101.PATIENT SATISFACTION Do they monitor; 101.1. Promptness of Service				

	101.2. Courtesy is observed. 101.3. Comments, suggestions and recommendations of clients are sought.			
20	102. QUALITY INDICATORS Indicate the ff: 6.1. Error rate			
100				

PRIVATE WARDS

MAXIMUM SCORE	SERVICE QUALITY INDICATORS	RESULTS	ACTUAL SCORE	REMARKS
10	103.SERVICE EXISTENCE/ CAPABILITY 103.1. Does the hospital have an infirmary or a separate ward for medicare/philhealth patients?	Yes No		
10 (3)	104.STAFFING 104.1. Does it have a complete staffing complement composed of the following: <ul style="list-style-type: none"> • Full-time MS/Consultants • Part-time MS/Visiting Consultants • Medical Officers/Residents • Nurses • Nursing Aide • Others 	Yes No		
(3)	104.2. Have they met all standard qualification requirements?	Yes No		
(2)	104.3. Are they regularly available?	Yes No		
(2)	104.4. Are they trained and experienced in providing the type of care needed by patients?	Yes No		
15	105.FACILITY/EQUIPMENT STATUS			
(3)	105.1. Is the space allocated to the infirmary/medicare/philhealth wards sufficient to accommodate the equipment and personnel necessary to respond to anticipated emergencies?	Yes No		
(3)	3.2. Does it have sufficient hand washing and toilet facilities?	Yes No		

(3)	105.2. Is it clean and orderly?	Yes No		
(3)	105.3. Is it well lighted and well ventilated?	Yes No		
(3)	105.4. Does it have the necessary functioning equipment and apparatus?	Yes No		
(3)	105.5. Does the emergency cart in the area contain appropriate and adequate emergency drugs and supplies?	Yes No		
25 (10)	106.QUALITY PROCESS 106.1. Does it have documented and updated policies and procedures to include among others infection control policies and procedures and criteria on admission to and discharge from the ward?	Yes No		
(10)	106.2. Does it have written standard treatment and diagnosis guidelines?	Yes No		
(5)	106.3. Is there a functional inter-department and intra-hospital referral system?	Yes No		
20	107.PATIENT SATISFACTION 107.1. Promptness of care 107.2. Acceptability of care			
20	108.QUALITY INDICATORS Infection Rate			
100				

ANNEX B
SLIDE PRESENTATION

Hospital Performance Monitoring Tool

Management Sciences for Health
Health Sector Reform Technical Assistance Project
August 2002

Why is monitoring an important management activity?

because this ensures the achievement of
the OBJECTIVES, TARGETS and
QUALITY LEVELS by the organization.

"MONITORING is seldomly performed" ... WHY?

- ◆ Lack of agreement on the items to monitor
- ◆ Absence of a STANDARD monitoring tool
- ◆ Absence of Philippine standards for hospital indicators
- ◆ Presence of various methods on collecting data
- ◆ Government hospitals' performance is not tied down to incentives

There is a need to familiarize government hospitals on a methodology on organizational performance monitoring.

PURPOSES OF MONITORING PERFORMANCE

- ◆ To allow for a more rational budget for public hospitals
- ◆ To solve inequities in providing health services
- ◆ To initiate standardization of performance indicators
- ◆ To draw out an operational problem
- ◆ To motivate hospital staff
- ◆ To identify and focus efforts on areas important to the hospital organization

Hospital Units

- ◆ **Clinical Services - Inpatient**
 - a. Medicine
 - b. Surgery
 - c. Obstetrics
 - d. Gynecology
 - e. Medicare/Infirmarary
 - f. Critical Care Units
 - g. Private Wards
- ◆ **Clinical Services - Outpatient/Special Areas**
 - a. Outpatient/Outreach
 - b. Dental
 - c. ER
 - d. OR/RR
 - e. LR/DR

Hospital Units

- ◆ **Ancillary Services**
 - a. X-ray
 - b. Laboratory
 - c. Pharmacy
- ◆ **Administrative and Support Services**
 - a. Dietary
 - b. Laundry
 - c. Training
 - d. Administrative

Four Performance Areas to be Monitored

- 1 Service Volume
- 2 Service Quality
- 3 Cost of Services
- 4 Revenues Generated

Service Volume Indicators

Service Volume Indicators

- ◆ For INPATIENT SERVICES, the service volumes are expressed in total patient days.
- ◆ For OUTPATIENT SERVICES, this is expressed in total visits.
- ◆ For OUTREACH, service volumes are expressed in terms of the number of contacts.

Service Volume Indicators

- ◆ For the ANCILLARY SERVICE, the volumes normally include the number of x-ray examinations, laboratory tests, major operations, deliveries conducted, number of prescriptions filled etc.

PROCEDURE

- ◆ Determine the service volume for each cost center

Fill in the following tables:

Clinical Services Inpatient							
	Medicine	Surgery	OB	Pedia	Private	Philhealth	Total
Total Discharges							
Total Patient Days							
Number of Beds							
% Occupancy Rate							

OCCUPANCY RATE = number of beds x 365 days/no. of patient days

SCORING SYSTEM

- a. Occupancy Rate ≥ 85 - 100 = 90
- b. Occupancy Rate ≥ 75 - 84 and 100 and above = 80
- c. Occupancy Rate ≥ 74 and 60 = 70
- d. Occupancy Rate ≥ 59 and below = 60

Get the hospital's occupancy rate and use the above scoring to enter as total hospital score for this parameter.

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Clinical Services Outpatient

CLINICAL SERVICES OUTPATIENT

	Preventive		Curative			Outreach	Total
	OB Number of visits	FR Number of visits	Well Baby Clinic Number of visits	Curative Clinic Number of visits	Dental Number of visits	ER Number of visits	Number of visits/contacts
2001							
2002							

*Scoring:
Compare the number of visits with the previous year.
If higher than the previous year = 90
If lower than the previous year = 10*

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Ancillary Services

ANCILLARY SERVICES							
	X-RAY	LAB	OR	IDR	PHARMACY	ICU	Total
	Number of ray exams	Number of lab exams	Number of operations (4 minor operation = 1 major operation)	Number of deliveries	Number of prescriptions	Number of ICU days	
2001							
2002							

Scoring

Compare the number of services performed within the previous year.

If higher than the previous year - 90

If lower than the previous year - 70



Support Services

SUPPORT SERVICES			
	DIETARY	LAUNDRY	TOTAL
	Number of meals served	Number of kilos washed	
2001			
2002			

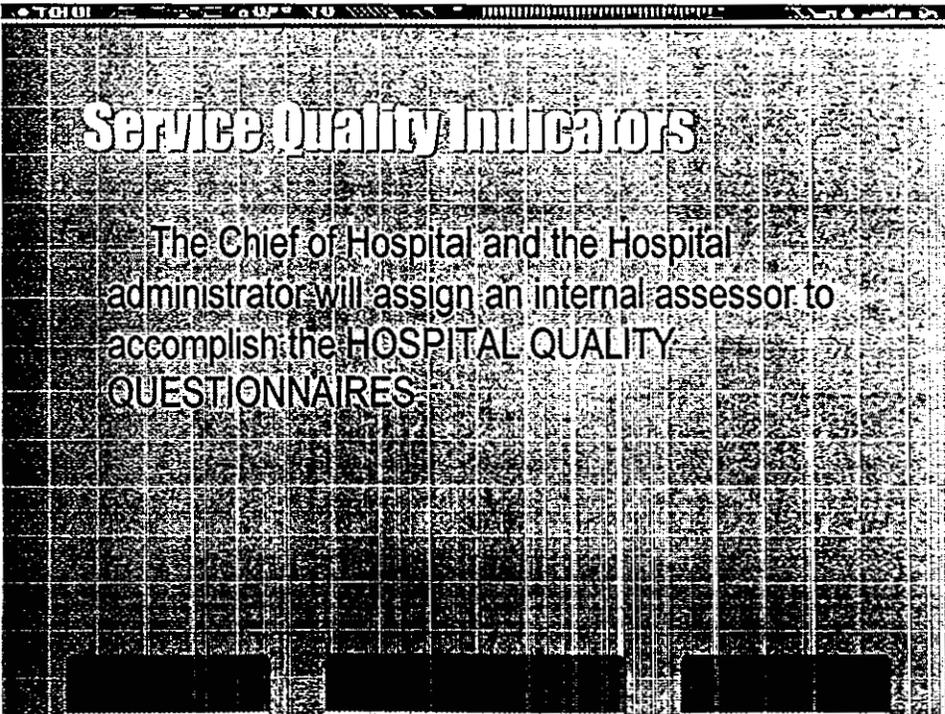
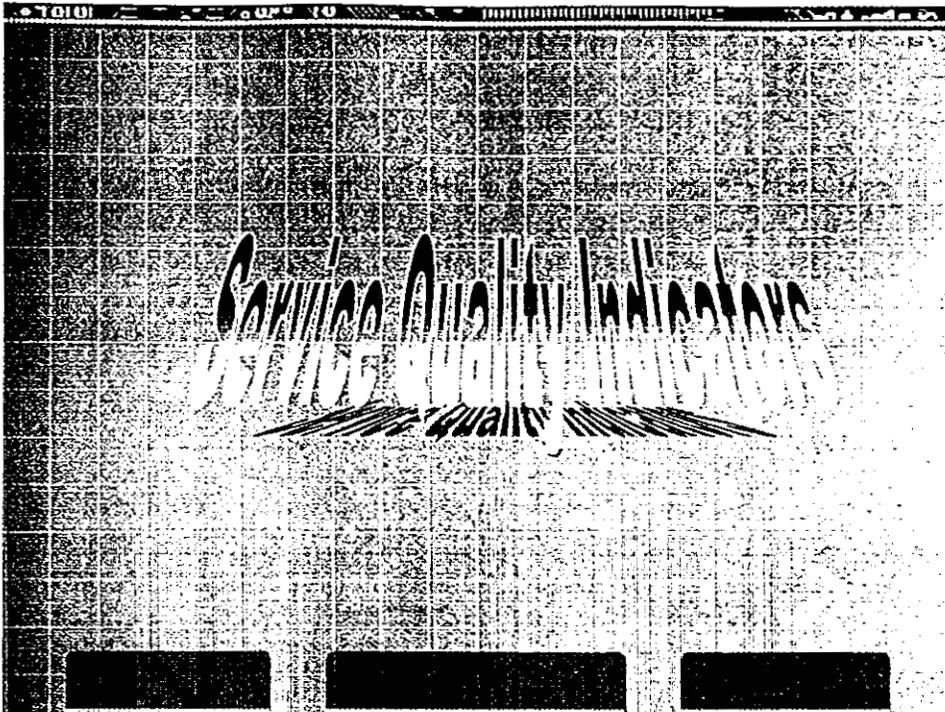
Scoring

Compare the number the number of services performed within the previous year.

If higher than the previous year - 90

If lower than the previous year - 70





Level of Quality

- ◆ Service existence/availability
- ◆ Staffing
- ◆ Facility status
- ◆ Quality process
- ◆ Patient satisfaction
- ◆ Quality indicators

Service Quality

- ◆ *Each unit will be assessed according to a set of quality indicators.*
- ◆ *Each indicator has been assigned corresponding scores.*
- ◆ *A unit shall be graded according to its compliance to these indicators.*

Service Quality

After each unit is assessed and graded, all scores will be added. The total score of a particular unit, in itself, can be used to compare its level of service quality with the other units in the hospital. To get the average score for the hospital's over-all level of service quality, the grand total score will then be divided by the number of units assessed.

Cost of Services

Cost of Services

- ◆ Determine cost of each hospital unit (similar to hospital costing exercise)
- ◆ If costing per hospital unit is not possible, obtain total hospital cost
- ◆ If unit cost is within budget allocation, give a score of 90, if higher, give a score of 70
- ◆ Do the same scoring system for overall hospital cost

Revenues Generated

Revenues Generated

The hospital shall monitor the revenues generated by each service center.

HOW?

- Each revenue center shall keep an extra copy of their charge slips.
- The revenue shall accumulate for the unit that provided the service.



Income

	INCOME						
	Medicine	Surgery	Pediat	Obstetrics	Lab	X-ray	Pharm.
2001							
2002							

Scoring

Compare the revenues generated within the previous year.

If higher than the previous year - 90

If lower than the previous year - 70



If data for revenues are not available...

- ◆ Do a 1-month study to accumulate charge slips.
- ◆ Sum up the total income of the different units based on the charge slips.
- ◆ Divide each unit's income with the hospital income for the study period.
- ◆ Multiply the annual income with the results.

ASSESSMENT FINDINGS AND CONCLUSIONS

SERVICE VOLUME
▲
SERVICE QUALITY
▲
REVENUE
▲
COST

These four areas will be graded according to their importance as determinants of performance

SERVICE VOLUME (30%)
▲
SERVICE QUALITY (30%)
▲
REVENUE (20%)
▲
COST (20%)

Using the weights assigned to each area, data can be analyzed to compare each hospital unit

Example: HOSPITAL X Clinical Services In-patient Medical Department

AREA	WEIGHT	GROSS MAX	UNIT SCORE	ADJUSTED SCORE
	A	B	C	D
Service Volume Indicators	30	50	40	24
Service Quality Indicators	30	75	63	25
Cost of Services	20	20	15	15
Revenues Generated	20	15	12	16
Total	100%			80

Formula

- ◆ Column A - Weight allocated to the area
- ◆ Column B - The maximum number of points an area can score
- ◆ Column C - The hospital's score for that area
- ◆ Column D - The over-all score adjusted to the weight ($A \times C / B$)

Example: HOSPITAL X
Clinical Services In-patient Surgical Department

AREA	WEIGHT A	GROSS MAX B	UNIT SCORE C	ADJUSTED SCORE D
Service Volume Indicators	30	25	20	24
Service Quality Indicators	30	50	33	20
Cost of Services	20	12	6	10
Revenues Generated	20	15	11	15
Total	100%			69



Example: HOSPITAL X

AREA	CLINICAL IN-PATIENT	CLINICAL OUTPATIENT	ANCILLARY	ADMINISTRATIVE	AVERAGE
Service Volume	30	25	20	24	22.25
Service Quality	30	50	33	20	25
Cost of Services	20	12	6	10	13.75
Revenues Generated	20	15	11	15	13
Total	100%			69	74

