

Republic of the Philippines PROVINCE OF ISABELA Ilagan City

GOV. FAUSTINO N. DY, SR. MEMORIAL HOSPITAL

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2017 ACCOMPLISHMENT REPORT

A. Brief Background

The Isabela Provincial Hospital was created by an act of the Philippine National Assembly in 1939, giving way to the construction of the Main Building in 1940 with a Lot Area of 103,567 square meters as surveyed in January 19,1940 and proclaimed by then President Manuel L. Quezon on March 1, 1940 with Proclamation #516. The Hospital started its operation under the DOH with an authorized bed capacity of 25 beds to 50 beds and later to 100 beds. In 1998 after the hospital operation was devolved to the Provincial Government of Isabela, a new 4 story hospital was constructed fronting the old building under the administration of Gov. Benjamin G. Dy with a total floor area of 9,964.70 m². After its completion in 2001, it was inaugurated and renamed as Governor Faustino N. Dy Sr. Memorial Hospital under SP Resolution #0168 dated April 02, 2012.

The Gov. Faustino N. Dy Memorial Hospital, a Philhealth-accredited facility is commonly referred as the *Provincial Hospital*, the core referral hospital with an approved bed capacity of 100. It is categorized as a Level I hospital due to the recent implementation of DOH Administrative Order 0012 Series of 2012 on Rules and Regulations governing the New Classification of Hospitals and Other Health Facilities.It is centrally located along the National Highway, Barangay Calamagui 2nd, City of Ilagan making it accessible to both northern and southern districts of the province. Though it has an authorized bed capacity of 100,it is actually implementing 200 beds as a result of upsurge of patients seeking consultation. It is the only public health facility that offers a departmentalized system of clinical care and management on the prevalent diseases in the locality, as well as different forms of treatment and surgical procedures.

As to its Emergency care services, aside from the usual consultation and minor surgeries, the hospital is also PHIC accredited as Animal Bite Treatment Center and TB-DOTS Clinic. Complete package of services due to women, newborns and children are well provided and attended in the Pre/Post –Natal Units and Family Planning Units. To complete quality health services due to every Isabeleno, Ancillary and Support Medical services exist such as Clinical Laboratory, Pharmacy, Radiology, Dietary services, Blood Bank, Dialysis Clinic, Physical Therapy, Newborn Screening, Disease Surveillance Unit and Water Laboratory Analysis.

VISION

A Secondary Hospital Providing comprehensive and continual Quality HealthCare Services.

MISSION

To provide accessible, affordable and acceptable curative, rehabilitative, Medical Care to the people of Isabela and adjacent provinces, particularly to the poor in accordance to the standard of health care.

B. 2017 Hospital Scorecard and Annual Statistical Report (Pls. see attached)

I. Bed Capacity/ Occupancy Rate And Hospital Operations

At present, Governor Faustino N. Dy Sr. Memorial Hospital, under the new Licensing Classification of the DOH is a Level 1 Referral Hospital and Accredited by the Philhealth as Level I Hospital. It has an authorized bed capacity of 100, but actually implementing 200 beds.

250 200 212% 197% 193% 179.53% 150 164% 100 50 0 2013 2014 2015 2016 2017

Fig. 1 Five- Year Bed Occupancy Rate, 2013 - 2017

As can be gleaned in Fig. 1, the Bed Occupancy Rate exceeded the 200 implementing Bed Capacity to 212% in 2013 and 193% in 2014. There was a decrease of 193 % in 2014, 179.53 % in 2015 and 164% in 2016. The increase on the Bed Occupancy Rate, 2017 in particular, reflects the many referred cases from the District and Community Hospitals in nearby towns as well as walk-in patients as can be attributed to the improved facility, despite the rise of new neighboring private hospitals with complete and modernized facilities. Table 1 shows that the most common illness affecting the patients are that involving the respiratory and gastrointestinal systems as exemplified by pneumonia and gastroenteritis. Followed by hypertension, a lifestyle - related disease.

Table1 Ten Leading Causes of Morbidity

| 1. | Pneumonia | 1,854 |
|----|-----------------------------------|-------|
| 2. | TyphoidFever/AcuteGastroenteritis | 1,566 |
| 3. | Hypertension | 645 |
| 4. | Urinary Tract Infection | 574 |
| 5. | Acid Peptic Disease/Peptic Ulcer | 507 |
| | Disease Gastritis | |
| 6. | Multiple Physical Injury | 463 |

| 7. | Dengue Fever/ Dengue Hemorrhagic | 391 |
|-----|----------------------------------|-----|
| | Fever | |
| 8. | Asthma/Bronchitis/Chronic | 244 |
| | Obstructive Pulmonary Disease | |
| 9. | Abortion | 164 |
| 10. | Cardiovascular Disease | 158 |

OPD and ER consultations are also on the rise with a combined average of 345/day in 2017. The use of the newly renovated OR-PACU-DR-NICU Complex also benefited a significant number of patients as reflected in the tables below.

Table 2 Surgical Procedures

| | _ |
|------------------------|-----|
| Major Surgery | 185 |
| Minor Surgery | 150 |
| Orthopedic | 364 |
| ENT | 21 |
| Caesarian Section (CS) | 500 |
| Gynecology | 244 |
| CS with BTL | 101 |
| CS with PPIUD | 19 |
| BTL (Post-Partum) | 19 |
| BTL (Medical Mission) | 39 |

Table 3 Ten Leading Major Operations

| 1. Apendectomy | 67 | |
|---------------------------|----|--|
| 2. Cholecystectomy | 34 | |
| 3. ORIF Pinning | 33 | |
| 4. ORIF Plating | 20 | |
| 5. Herniorrhaphy | 15 | |
| 6. Exploratory laparotomy | 11 | |
| 7. TAHBSO | 8 | |
| 8. Close Reduction | 8 | |
| 9. Excision | 8 | |
| 10. ORIF IM Nailing | 5 | |

II. Other Parameters

As reflected in the Score Card, GFNDSMH has maintained, if not surpassed, its general status considering the other parameters and programs. Worth noticing are those of the laboratory utilization and availability of drugs and supplies which can be attributed to improved systems in the rational management and treatment by the physicians; wise utilization of medical, surgical and pharmaceutical resources; systematic procurement, strict utilization and distribution of such to patients especially to the PHIC-NBB Stakeholders, thus, rendering NBB Compliance Rate of 97%.

Diagnostic procedures by the Radiology Department are limited to X – Ray only. Although the CT scan, ultrasound and mammogram machines are already installed, the conundrum of engaging with a Radiologist imposes a great challenge even to date.

Taking into account the parameters that reflect the efficiency of managing patients, it can be deduced that the Death Rates and Infection Rate are generally acceptable, in fact, maintained to their lowest rates with infectious and lifestyle illnesses causing most of the deaths.

Table 4 Ten Leading Causes of Mortality

| 1. Community Acquired Pneumonia, High Risk | 54 |
|--|----|
| 2. Cardiovascular Disease - Bleed | 20 |
| 3. Acute Myocardial Infraction | 20 |
| 4. Hypertensive Cardiovascular Disease | 10 |
| 5. Multi-Organ Failure | 10 |
| 6. Sepsis Neonatorum | 6 |
| 7. Acute Gastroenteritis, Severe Dehydration | 5 |
| 8. Traumatic Brain Injury | 5 |
| 9. PTB Far Advanced | 4 |
| 10. Respiratory Distress Syndrome | 4 |

The implementation of other services and programs such as Newborn Screening (NBS), TB DOTS, and Family Planning are likewise continuously availed by increasing number of patients with 97% Coverage Rate for NBS.

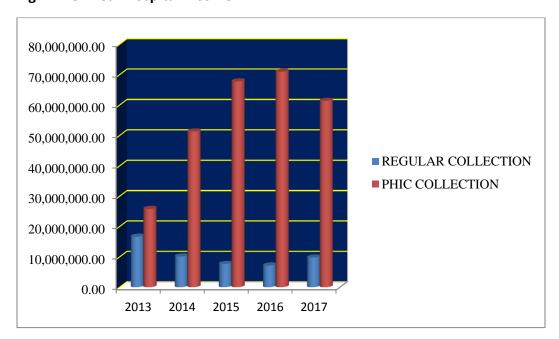
C. Hospital Income/Revenue

In order to cope up with the demands of modernization technology, the hospital has devised means to upgrade its existing facilities. As a result, with the help of DOH-Health Facility Enhancement Program (HFEP), the provincial government of Isabela successfully improved the facility vis-à-vis increase in income. To wit:

Table <u>5Five-Year Hospital Income</u>

| YEAR | REGULAR COLLECTION | PHIC COLLECTION | TOTAL |
|-------|--------------------|-----------------|----------------|
| 2013 | 16,622,432.10 | 25,800,985.24 | 42,423,417.34 |
| 2014 | 10,121,327.50 | 51,299,411.27 | 61,420,738.77 |
| 2015 | 7,665,501.00 | 67,752,398.60 | 75,417,894.60 |
| 2016 | 7,141,092.92 | 70,982,783.60 | 78,123,876.52 |
| 2017 | 9, 763,563.77 | 61, 399,422.00 | 71,162,985.77 |
| TOTAL | 51,313,917.29 | 277,235,000.71 | 328,548,913.00 |

Fig. 2Five - Year Hospital Income



D. 2017 Renovations/Improvements/Repairs(Pls. see attached)

I. <u>DOH HFEP PROJECT in 2017(₱17,500,000.00)</u>

- 1. General repainting of Hospital building (inside and outside)
- 2. Construction of roof deck
- 3. Repair of CR (third and fourth)
- 4. Retiling of wards and hallway (third and fourth)
- 5. Installation of canopy roofing (ramp)
- 6. Repair and retiling of Records room
- 7. Repair and retiling of OPD Pedia Room
- 8. Repair and retiling of Newborn Screening Room
- 9. Repair and retiling of OPD OB-GYNE Room
- 10. Repair and retiling of Chief Nurse Room
- 11. Installation of Air -conditioning Units (OR)
- 12. Repair of Blood Bank Room
- 13. Repair of Ceiling (third and fourth)
- 14. Repair of Electrical Panel Board (First & Second)
- 15. Repair of Electrical Room
- 16. Repair of Laundry Area
- 17. Installation of railings
- 18. Repair of Pharmacy Stock Room
- 19. Installation of Anti-Bacteria Rubberized Ramp

II. Provincial Government of Isabela in 2017

- 1. Replacement of sliding doors (Quadrangle) and window glass (All Floors)
- 2. Installation of Paging System
- 3. Installation of Air -conditioning Units (Private Rooms)

E. PLAN

Since it has been the clamor of DOH and the Provincial Government of Isabela to upgrade and level up the status to Level II, the following are the next projects to be implemented:

- 1. Renovation of ICU
- 2. Upgrading of Laboratory Department to level III by Establishment of Bacteriology Section
- 3. Upgrading of Radiology Department to level III by Licensing of the CT Scanning, Ultrasonography and Mammography Services
- 4. Replacement of the CCTV System

- 5. Construction of OPD building (MAB)
- 6. Construction of Watchers Dormitory
- 7. Renovation of Nurses' Dormitory
- 8. Construction of liquid Waste Management Structure
- 9. Construction of Refrigerated Crypt
- 10. Construction of Ware House
- 11. Installation of Integrated Hospital Operations & Management Information System (iHOMIS)
- 12. Filling up of vacant plantilla positions to satisfy the licensing requirements

IMELDA M. GUILLERMO, MD, FPS, MPH

OIC - PHO I & Chief of Hospital