



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ANNEX – E
A.O. No. 2012-0012

QUARTERLY HOSPITAL STATISTICAL REPORT
APRIL TO JUNE 2018

Name of Hospital: MANUEL A. ROXAS DISTRICT HOSPITAL Street Address: SAN ANTONIO
Municipality: ROXAS Province: ISABELA Region: II
Contact No.: _____ Fax Number: _____
Email Address: mardh_rxs@yahoo.com.ph

(PLEASE FILL OUT ALL ITEMS. PUT N/A IF NOT APPLICABLE.)

I. GENERAL INFORMATION

A. Classification

1. Service Capability

- Service capability: Capability of a hospital/other health facility to render administrative, clinical, ancillary and other services

General:

☒ Level 1 Hospital

(Specify): _____

☐ Level 2 Hospital

(Specify): _____

☐ Level 3 Hospital (Teaching/ Training)

(Specify): _____

Specialty: (Specify)

☐ Treats a particular disease

☐ Treats a particular organ

☐ Treats a particular class of patients

☐ Others (Specify): _____

Trauma Capability: ☐ Trauma Capable

☒ Trauma Receiving

2. Nature of Ownership

Government:

☐ National –DOH Retained/ Renationalized

☒ Local (Specify):

☒ Province

☐ City

☐ District

☐ Municipality

☐ DND/ DOJ

☐ State Universities and Colleges (SUCs)

☐ Others (Specify): _____

Private:

☐ Single Proprietorship/Partnership/Corp.

☐ Religious

☐ Civic Organization

☐ Foundation

☐ Others (Specify): _____



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B. Quality Management

- Quality Management/ Quality Assurance Program: Organized set of activities designed to demonstrate on-going assessment of important aspects of patient care and services

☐ ISO Certified (Specify ISO Certifying Body and
area(s) of the hospital with Certification) Validity Period _____

☐ International Accreditation Validity Period _____

☒ PhilHealth Accreditation Validity Period _____

☒ **Basic Participation**

☐ **Advanced Participation**

☐ PCAHO Validity Period _____

C. Bed Capacity/Occupancy

1. **Authorized Bed Capacity:** 50 beds

- Authorized bed: Approved number of beds issued by BHFS, the licensing agency of DOH.

2. **Implementing Beds:** 75 beds

- Implementing beds: Actual beds used (based on hospital management decision)

3. **Bed Occupancy Rate (BOR) Based on Authorized Beds:** _____ %

(Total Inpatient service days for the period)**

(Total number of Authorized beds) x (Total days in the period) X 100

- Bed Occupancy Rate: The percentage of inpatient beds occupied over a period of time. It is a measure of the intensity of hospital resources utilized by in-patients.
- Inpatient Service days: Unit of measure denoting the services received by one in-patient in one 24 hour period.
- **Inpatient Service days (Bed days) = [(Inpatients remaining at midnight + Total admissions) – Total discharges/deaths) + (number of admissions and discharges on the same day)].

II. HOSPITAL OPERATIONS

A. Summary of Patients in the Hospital

For each category listed below, please report the total volume of services or procedures performed.

*Inpatient: A patient who stays in a health facility while under treatment.

*Bed day: Bed used for a continuous 24 hours by an inpatient.



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Inpatient Care	Number
Total number of Inpatients	1,690
Total Newborn (In facility deliveries)	259
Total Discharges (Alive)	1,648
Total patients admitted and discharged on the same day	50
Total number of inpatient bed days (service days)	5,352
Total number of inpatients transferred TO THIS FACILITY from another facility for inpatient care	12
Total number of inpatients transferred FROM THIS FACILITY to another facility for inpatient care	76
Total number of patients remaining in the hospital as of midnight last day of previous year	68

B. Discharges

Kindly accomplish the “Type of Service and Total Discharges According to Specialty” in the table below.

Type of Service	No of Pts	Total Length of Stay/ Total No. of Days Stay	Type of Accomodation								Condition on Discharge									
			Non- Philhealth			Philhealth			H M O	O W W A	R/ I	T	H	A	U	Deaths			Total Discharges	
			Pay	Service Charity	Total	Pay	Service									Total	< 48 hrs	≥ 48 hrs		Total
							Member	Dependent												
Medicine	742	2,449	45	183	228	41	377	90	514		6	671	46	8			7	10	17	725
Obstetrics	279	579	14	58	72	57	93	54	207		3	269	9	1						279
Gynecology	57	207	0	0	0	24	21	10	57		2	56	1							57
Pediatrics	458	1,611	12	28	40	47		366	418		5	440	16	2						458
Surgery:																				
Pedia	41	115	7	24	31	3		7	10			41								41
Adult	59	229	5	19	24	11	18	6	35			52	4	3						59
Ortho	29	162	2	4	6	3	7	13	23			28		1						29
Ophtha	0	0	0	0	0	0	0	0	0			0								0
TOTAL	1,665	5,352																		1,648
Total Newborn	297																			
-Pathologic	38																			
-Non-Patho/ Well Baby	259																			

* R/I – Recovered/Improved
H- Home Against Medical Advice

T- Transferred
A – Absconded

U - Unimproved
D – Died (died upon admission)



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1. Average Length of Stay (ALOS) of Admitted Patients

Total length of stay of discharged patients (including Deaths) in the period = 3 days
Total discharges and deaths in the period

- Average length of stay: Average number of days each inpatient stays in the hospital for each episode of care.

2. Ten Leading causes of Morbidity based on final discharge diagnosis

For each category listed below, please report the total number of cases for the top 10 illnesses/injury.

Cause of Morbidity/Illness/Injury	Number	ICD-10 Code (Individual)
1. ACUTE GASTROENTERITIS	308	A09, E86.1
2. PNEUMONIA	161	J18.92
3. URINARY TRACT INFECTION	142	N39.0
4. GASTRITIS	87	K29.7
5. HYPERTENSION	59	I10.1
6. BRONCHIAL ASTHMA	57	J45.90
7. TRAUMATIC INJURY	39	T07, V89.99
8. INFLUENZA	37	J11.1
9. PRESUMPTIVE TUBERCULOSIS	30	A16.2
10. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	17	J44.90

TEN (10) LEADING CAUSES OF DISCHARGES (MORBIDITY) APRIL TO JUNE 2018

Causes of Morbidity (Underlying)	Age of Distribution of Patients																																Total	ICD-10 Code Tabulation List		
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 to 44		45 to 49		50 to 54		55 to 59		60 to 64		65 to 69		70 & over				Subtotal	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			M	F
Acute Gastroenteritis	10	12	53	37	18	14	8	7	5	8	3	7	6	6	6	4	5	4	5	2	7	5	7	9	4	10	8	12	6	4	6	10	157	151	308	A09, E86.1
Pneumonia	11	7	33	24	4	3	1	2	1	2	0	2	0	1	0	1	1	2	3	1	3	0	2	3	5	0	2	7	8	6	15	11	89	72	161	J18.92
Urinary Tract Infection	2	2	8	13	3	12	4	3	4	11	4	4	6	6	2	4	5	3	4	2	0	6	4	6	2	4	1	2	1	5	2	7	52	90	142	N39.0
Gastritis	0	0	2	4	5	1	2	3	3	9	2	6	0	3	1	2	5	0	4	0	1	2	3	3	3	4	1	3	4	6	2	41	46	87	K	
Hypertension	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3	1	2	1	2	4	2	8	4	3	1	4	4	5	5	8	23	36	59	I10.1
Bronchial Asthma	2	0	3	1	0	0	1	1	0	0	0	1	1	2	0	1	3	0	2	0	2	3	1	3	7	2	2	2	6	4	4	3	34	23	57	J45.90
Traumatic Injury	0	0	0	1	0	2	1	1	4	1	4	1	2	1	2	0	4	0	1	0	2	0	2	0	0	0	1	0	1	0	2	0	32	7	39	T07, V89.99
Influenza	2	1	0	1	0	2	0	0	1	3	0	1	3	0	0	2	1	1	0	0	2	0	0	1	3	4	0	2	0	0	5	2	17	20	37	J11.1
Presumptive Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	1	0	0	0	0	0	1	1	1	3	2	0	2	4	3	6	3	17	13	30	A16.2
Chronic Obstructive Pulmonary Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	4	0	0	0	0	3	5	2	11	6	17	J44.90



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3. Total Number of Deliveries

For each category of delivery listed below, please report the total number of deliveries.

Deliveries	Number
Total number of in-facility deliveries	303
Total number of live-birth vaginal deliveries (normal)	239
Total number of live-birth C-section deliveries (Caesarians)	59
Total number of other deliveries	5

4. Outpatient Visits, including Emergency Care, Testing and Other Services

For each category of visit of service listed below, please report the total number of patients receiving the care.

Outpatient visits	Number
Number of outpatient visits, new patient	3,268
Number of outpatient visits, re-visit	3,045
Number of outpatient visits, adult (Age 19 years old and above)	3,543
Number of outpatient visits, pediatric (Age 0 to 18 yrs old; before 19 th birthday)	2,770
Number of adult general medicine outpatient visits	1,074
Number of specialty (non-surgical) outpatient visits	439
Number of surgical outpatient visits	415
Number of antenatal care visits	55
Number of postnatal care visits	33

Ten Leading Causes of OPD Consultation

Ten Leading Causes of OPD Consultations	Number
1.ANIMAL BITE	2,762
2.FOLLOW-UP CHECK-UP	900
3.DENTAL (TOOTH EXTRACTION)	809
4.PHYSICAL INJURIES	689



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5.ACUTE RESPIRATORY INFECTION	301
6.PHYSICAL EXAMINATION	192
7.URINARY TRACT INFECTION	164
8.BENIGN PAROXYSMAL POSITIONAL VERTIGO	60
9.PRENATAL CHECK-UP	55
10.ACUTE GASTROENTERITIS	54

Ten Leading Causes of ER Consultation

Ten Leading Causes of ER Consultation	Number
1.ACUTE GASTROENTERITIS	345
2.VEHICULAR ACCIDENT	303
3.WOUND	289
4.URINARY TRACT INFECTION	262
5.COMMUNITY ACQUIRED PNEUMONIA	172
6.GASTRITIS	138
7.HYPERTENSION	123
8.MAULING	92
9.BRONCHIAL ASTHMA IN ACUTE EXACERBATION	51
10.UPPER RESPIRATORY TRACT INFECTION	44

TESTING

Total number of medical imaging tests	
X-RAY	781
ULTRASOUND	38
CT-SCAN	N/A
MRI	N/A
MAMMOGRAPHY	N/A
ANGIOGRAPHY	N/A
LINEAR ACCELERATOR	N/A
DENTAL X-RAY	N/A
OTHER	N/A



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Total number of laboratory and diagnostic tests	
URINALYSIS	1,251
FECALYSIS	313
HEMATOLOGY	2,472
CLINICAL CHEMISTRY	1,619
IMMUNOLOGY/ SEROLOGY/ HIV	411
MICROBIOLOGY (SMEARS/ CULTURE & SENSITIVITY)	71
SURGICAL PATHOLOGY	N/A
AUTOPSY	N/A
CYTOLOGY	N/A
BLOOD SERVICE FACILITIES	
NUMBER OF BLOOD UNITS TRANSFUSED	50

EMERGENCY VISITS

Emergency Visits	Number
Total number of emergency department visits	3,430
Total number of emergency department visits, adult	2,342
Total number of emergency department visits, pediatric	1,088
Total number of patients transported FROM THIS FACILITY'S EMERGENCY DEPARTMENT to another facility for inpatient care	158

C. Deaths

For each category of death listed below, please report the total number of deaths.

Types of deaths	Number
Total deaths	17
Total number of inpatient deaths	
▪ Total deaths < 48 hours	7
▪ Total deaths \geq 48 hours	10
Total number of emergency room deaths	5



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Total number of cases declared ‘dead on arrival’	11
Total number of stillbirths	0
Total number of neonatal deaths	0
Total number of maternal deaths	0

1. **Gross Death Rate** _____ %

$$\text{Gross Death Rate} = \frac{\text{Total Deaths (including newborn for a given period)}}{\text{Total Discharges and Deaths for the same period}} \times 100$$

2. **Net Death Rate** _____ %

$$\text{Net Death Rate} = \frac{\text{Total Death (including newborn for a given period) – death <48 hours for the period}}{\text{Total Discharges (including deaths and newborn) – death <48 hours for the period}} \times 100$$

3. **Ten Leading Causes of Mortality/Deaths and Total Number of Mortality/Deaths.**

Mortality/Deaths	Number	ICD-10 Code (Individual)
1. CONGESTIVE HEART FAILURE	8	
2. PULMONARY TUBERCULOSIS	3	
3. RHEUMATIC HEART DISEASE	1	
4. MYOCARDIAL INFARCTION	1	
5. STROKE	1	
6. ACUTE GASTROENTERITIS WITH SEVERE DEHYDRATION	1	
7. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1	
8. SEPSIS, PNEUMONIA	1	



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D. Healthcare Associated Infections (HAI)

HAI are infections that patients acquire as a result of healthcare interventions. For purposes of Licensing, the four (4) major HAI would suffice.

For All Hospitals (Levels 1, 2, 3 General and Specialty)

$$\text{INFECTION RATE} = \frac{\text{Number of Healthcare Associated Infections}}{\text{Number of Discharges}} \times 100$$

a. Device Related Infections

- 1. Ventilator Acquired Pneumonia (VAP) = $\frac{\text{Number of Patients with VAP}}{\text{Total Number of Ventilator Days}} \times 1000$**
- 2. Blood Stream Infection (BSI) = $\frac{\text{Number of Patients with BSI}}{\text{Total Number of Central Line}} \times 1000$**
- 3. Urinary Tract Infection (UTI) = $\frac{\text{Number of Patients with UTI}}{\text{Total Number of Catheter Days}} \times 1000$**

b. Non-Device Related Infections

$$\text{Surgical Site Infections (SSI)} = \frac{\text{Number of Surgical Site Infections}}{\text{Total number of Procedures}} \times 100$$

	Percentage (%)
INFECTION RATE	0
Device Related Infections	
Ventilator Acquired Pneumonia (VAP)	0
Blood Stream Infection (BSI)	0
Urinary Tract Infection (UTI)	0
Non-Device Related Infections	
Surgical Site Infections (SSI)	0



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E. Surgical Operations

1. Major Operation refers to surgical procedures requiring anesthesia/ spinal anesthesia to be performed in an operating theatre. (The definition of a major operation shall be based on the definitions of the different cutting specialties.)
2. Minor Operation refers to surgical procedures requiring only local anesthesia/ no OR needed, example suturing.

10 Leading Major Operations (excluding Caesarian Sections)	Number	ICD-10 Code
1.CHOLECYSTECTOMY	10	
2.TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGOOOPHORECTOMY	2	
3.MASTECTOMY	2	
4.OPEN REDUCTION + PLATING	2	
5.OPEN REDUCTION + IM NAILING	2	
6.EXPLORE LAPAROTOMY	2	
7.OPEN REDUCTION WITH STATIC LOCKING FEMUR AND TIBIA-FIBULA	1	
8.TOTAL HIP REPLACEMENT	1	
9.BELOW KNEE AMPUTATION	1	
10.SUBTOTAL THYROIDECTOMY	1	

10 Leading Minor Operations	Number	ICD-10 Code
1.CIRCUMCISION	213	
2.SUTURING	37	
3. BILATERAL TUBAL LIGATION	21	
4.PALATOPLASTY	17	
5.EXCISION	16	
6.CHEILOPLASTY	13	
7.INCISION AND DRAINAGE	13	
8.DILATION AND CURETTAGE	11	
9.DEBRIDEMENT	7	
10.OPEN REDUCTION + PINING	6	



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III. STAFFING PATTERN

Profession/ Position/ Designation	Total staff working full time (at least 40 hours/week)			Total staff working part time (at least 20 hours/week)			Active Rotating or Visiting/ Affiliate (For Private Facilities)	Out- sourced
	Number of permanent staff	Number of contractual staff	Number of volunteer staff	Number of permanent staff	Number of contractual staff	Number of volunteer staff		
A. Medical								
1. Consultants (indicate One- Peso consultant)								
1.1. Internal Medicine								
a. Generalist								
b. Cardiologist								
c. Endocrinologist								
d. Gastro- Enterologist								
e. Pulmonologist								
f. Nephrologist								
g. Neurologist								
h. Urologist							1	
1.2. Obstetrics/ Gynecology (and subspecialty)							4	
1.3. Pediatrics (and subspecialty)							2	
1.4. Surgery (and subspecialty)							1	
1.5. Orthopedic Surgeon							2	
1.6. Anesthesiolo gist							3	
1.7. Ophthalmolo gist							2	
1.8. Pathologist								



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2. Post-Graduate Fellows								
(Indicate specialty/ subspecialty)								
3. Residents	4							
3.1. Internal Medicine								
3.2. Obstetrics- Gynecology	1							
3.3. Pediatrics	1							
3.4. Surgery	1							
3.5. ENT	1							
3.6. Radiologist/ Sonologist	1							
3.7. Dentist	2							
B. Allied Medical								
1. Nurses	11	4	4					
2. Midwives	5							
3. Nursing Aides	6	27	1					
4. Nutritionist	1							
5. Physical Therapist								
6. Pharmacists	2	2						
7. Medical Technologist	2	2	1					
8. Medical Technology Aide		1						
9. X-Ray Technologist		3						
10. Social Workers		1						
11. Medical Records Officer/ Hospital Health Information Officer with formal training in medical records management	1	2						
C. Non-Medical								
1. Administrative Officer	1							
2. Cashier	1							
3. Clerk		5						
4. Administrative Aide I		1						
5. Driver	2	2						
6. Storekeeper		1						
7. Cook	2							



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8. Food Server		2						
9. Health Care Coordinator		1						
10. General Support Staff								
- Janitorial		9						
- Maintenance		1						
- Utility Worker (OR Aide)		3						
- Laundry Worker	2							
- Security								6

IV. EXPENSES

Report all money spent by the facility on each category.

Expenses	Amount in Pesos
Amount spent on personnel salaries and wages	
Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example: social security contributions, health insurance)	
Allowances provided to employees at this facility (Allowances are in addition to wages/salaries. Allowances include for example: clothing allowance, PERA, vehicle maintenance allowance and hazard pay.)	
TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS)	
Total amount spent on medicines	
Total amount spent on medical supplies (i.e. syringe, gauze, etc.; exclude pharmaceuticals)	
Total amount spent on utilities	
Total amount spent on non-medical services (For example: security, food service, laundry, waste management)	
TOTAL amount spent on maintenance and other operating expenditures (MOOE)	
Amount spent on infrastructure (i.e., new hospital wing, installation of ramps)	
Amount spent on equipment (i.e. x-ray machine, CT scan)	
TOTAL amount spent on capital outlay (CO)	
GRAND TOTAL	



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V. REVENUES

Please report the total revenue this facility collected last year. This includes all monetary resources acquired by this facility from all sources, and for all purposes.

Revenues	Amount in Pesos
Total amount of money received from the Department of Health	
Total amount of money received from the local government	
Total amount of money received from donor agencies (for example JICA, USAID, and others)	
Total amount of money received from private organizations (donations from businesses, NGOs, etc.)	
Total amount of money received from Phil Health	
Total amount of money received from direct patient/out-of-pocket charges/fees	
Total amount of money received from reimbursement from private insurance/HMOs	
Total amount of money received from other sources (PDAF, PCSO, etc.)	
GRAND TOTAL	

Report Prepared by
Designation/Section/Department

: EMERITA G. PACIS, RN, MAN
: Chief Nurse

Date: _____

Report Approved and Certified by

: ERICSON C. PURUGGANAN, MD
: OIC - Chief of Hospital

Date: _____