

Summary

- Baseline measures of Hospital Arformance were established in terms of
 - · Accessibility
 - Efficiency
 - · Effectiveness
- Cases of NSD dilute significantly indices pertaining to efficiency and effectiveness

Recommendations

- Expand and to formulate indicator of other facets of hospital operations like
 - · patient satisfaction
 - · technical proficiency
 - · financial ratios and measures
 - · equipment needs and other requirements
 - · appropriateness of care
- Formulate a model defining the most sensitive indicator in assessing hospital performance

Recommendations

- A similar study be conducted addressing private hospital indicators
- Compare the performance indicators of government and private hospitals
- Come up with a comprehensive hospital system indicators



Good Afternoon

Methodology

- Forty-one of the 72 hospitals under the Department of Health are tertiary general hospitals.
- 17 hospitals were recently renationalized (after 1997)
- Standard performance indices were derived from the remaining 24 hospitals
- Twelve hospitals were selected by Delphi techniques

Methodology

The Study Design

- Cross-sectional Study Design
 All eligible hospitals included for analysis

The Study Procedures

- Definition of Ideal Hospital
 - >Deliberation of panel of experts on the 24 eligible tertiary government hospitals

National Center for Health Facility Development

Mission

The center that shall provide technical expertise and leadership for the continuous development of health facilities into effective and dynamic providers of Quality health care in partnership with the concerned sector

Vision

 Center for Excellence in Health Facility Development

Credo:

We are a God-Loving Center and treat our clientele with utmost care, compassion, respect, dignity and honesty.

We believe that to be effective and responsive to the needs of our clients and stakeholders, we must be dynamic. Therefore we value new ideas, innovations, creativity and willingness to reform for building better health facilities and rendering quality health care. We recognize enterpeneurialship without prejudice to Quality management and service to people.

We are committed to practice professionalism and strive to do better each day in everything that we do in the pursuit of excellence

Credo:

We value teamwork. We encourage open discussion of issues. We consider the success of the center, the success of all.

We value the preservation of the environment and teach the highest ethical standards in guarding the environment thru proper waste management, proper use of facilities equipment and proper designing of building considering safety and welfare of our clients and the natural environment of the country

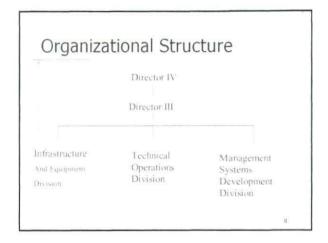
Objectives

*To ensure Quality patient care through formulation and implementation of plans, programs, policies, standards and techniques geared towards quality management, continuing quality improvement of health facilities and management autonomy.

General Functions

- Formulate policies, plans and programs on health facilities design, operation and management, hospital corporate restructuring in congruence with hospital system reform and the HSRA
- Provision of technical assistance to all stakeholders regarding health facility development
- Nurture and sustain government hospitals

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Infrastructure & Equipment Division

- Develop and update technical guidelines on health facilities design, planning, implementation, building and medical equipment maintenance
- Develop & coordinate the implementation of hospital's infra upgrading projects
- Develop training program on health facilities design, planning, building maintenance in coordination with CHD

Infrastructure & Equipment Division

- Provide advisory services regarding health facilities design, planning, implementation and building maintenance
- Conceptualize special health facilities projects
- Prepare master site development plans for hospitals
- Coordinate training programs on medical equipment maintenance
- Ensure coordination of function with CHD

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Technical Operations Division

- Review, revise and develop technical guidelines on: manual of operation of health facilities, program health implementation & integration of public health unit in hospitals
- Coordinate training programs/modules with HHRDB on management of different component of health care facilities
- Provide technical assistance on:
 - Hospital operations and management to BHFS, LGUs & CHDs
 - Infra and Equipment Div on training prog and health facility planning, design and maintenance

Technical Operations Division

- HPDPB on legislative bills on hospital issues
- HHRDB on health facility personnel training & development
- Conduct assessment of hospital operations for CQI
- Develop project proposals on Hospital equipment facility upgrading for funding
- Provide equipment requirement for Building design and Technical guidelines purposes

Management Systems Development Division

- Develop Guidelines on Integrated Hospital Information System: Corporate Assessment Tools checklist and Manual of Operations, Change Management, Blood services network, Lab network, Hospital network and Public Health Unit in hospitals
- Develop training programs / modules for corporatization and other hospital operations
- Develop assessment mechanism for corporatization of DOH & LGU hospitals
- Develop monitoring parameters for DOH hospitals

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Management Systems Development Division

- Evaluate project proposals on Hospital Operations and Management and corporate re-structuring
- Establish a National Data Bank on performance indices
- Provide advisory services on advocacy for corporate re-structuring and local health development

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Strategic Approach

- Facility Upgrading to meet standards (Philippine Hospital Development Plan)
- Human Resource Development
- Integration of Public Health Programs
- Networking and Patient Referral System
- Conversion into Government owned corporations

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NCHFD Plans

- ◆ Short Term (CY 2002-2003)
 - Modernized priority government hospitals in Mindanao area
 - Operationalize Hospital Information System in 15% of DOH hospitals
 - Corporatize 2 pilot DOH hospitals
 - · ITRMC
 - * QMMC

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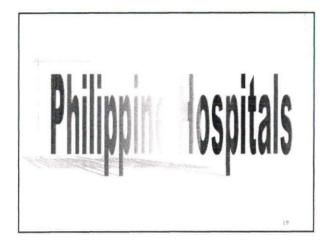
NCHED Plans

- ◆ Medium Term (CY 2004)
 - Modernized priority government hospitals in Visavas area
 - Operationalize Hospital Information System in 50% of DOH hospitals
 - Sustain the newly corporatize 2 pilot DOH hospitals and re-structure additional 2 DOH hospitals

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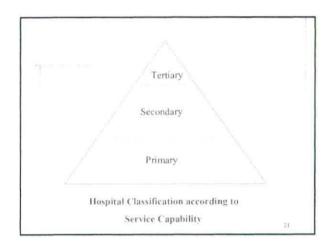
NCHFD Plans

- ◆Long Term (CY 2010)
 - Modernized priority government hospitals in Luzon area
 - Operationalize Hospital Information System in 100% of DOH hospitals
 - Corporatize 2 additional DOH hospitals
 - Advisory service provider to both government and private hospitals



Health Facilities Inventory

- 44 DOH Medical Centers, 134 District Regional and Special Hospitals
- · 4 Specialty Hospitals
- * 8 Sanitaria
- * 78 Provincial Hospitals
- 156 Core District Hospitals
- Hospitals
- 105 Municipal Hospitals
- 1,812 Rural Health Units
- 9,797 Barangay Health Stations



Comparison Between Government and Private Hospitals

- Classification
 - 28.4% Primary
 - 53.8% Secondary
 - 18.8% Tertiary
- Hospital Beds
- 6.9% Primary 27.8% Secondary
- 65% Tertiary
- Classification
 - 57.5% Primary
 - 29.8% Secondary
 - · 12.6% Tertiary
- Hospital Beds
 - 26.9% Primary
 - 26.8 Secondary
 - 46.3% Tertiary

Classification of Hospitals According to Service Capabilities

- Primary: capabilities & facilities for 1st contact emergency care & hospitalization for simple cases. They are equipped needed to support licensed physicians rendering services in Medicine, Pediatrics, Obstetrics and Minor Surgery
- Secondary: capabilities & facilities for cases requiring hospitalization and expertise of trained physicians. Higher level of services in Medicine, Pediatrics, Ob-Gynecology, General Surgery and other Ancillary Services

Classification of Hospitals According to Service Capabilities

- · Tertiary: capabilities and facilities for providing care to cases requiring the expertise of trained specialist / subspecialists using highly specialized ancillary diagnostic & therapeutic equipment
 - Level I (Provincial general)
 - Level II (Regional hospital)
 - Level III (Medical Center)
 - Special Hospital

A.O. 70-A Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and other Health Facilities in the Philippines

- Classification of Hospitals as to Service Capabilities
 - 1st Level: non departmentalized provides clinical care and management on prevalent diseases in the locality
 - Services: General medicine, Pediatrics, Obgynecology, Surgery and Anesthesia
 - Ancillary: Clinical Laboratory, Radiology and Pharmacy
 - Nursing care for patients requiring immediate, moderate and partial category of supervised care for 24 hours or longer

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A.O. 70-A Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and other Health Facilities in the Philippines

- Classification of Hospitals as to Service Capabilities
 - 2nd Level: departmentalized provides clinical care and management on prevalent diseases in the locality as well as particular forms of treatment, surgical procedure & intensive care
 - Clinical Services: same as 1st level with specialty care
 - Ancillary: Clinical Laboratory, Radiology and Pharmacy
 - Nursing care provided in 1st level as well as intensive skilled care

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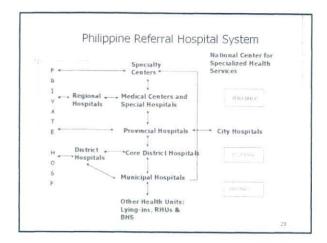
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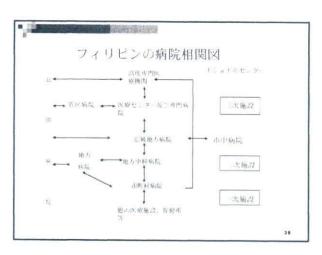
- Classification of Hospitals as to Service Capabilities
 - 3rd Level: teaching & training that provides clinical care and management on prevalent diseases in the locality as well as specialized and subspecialized forms of treatment, surgical procedure & intensive care
 - Clinical Services: same as 2nd level with subspecialty care
 - Ancillary: Clinical Laboratory, Radiology and Pharmacy
 - Nursing care provided in 2nd level as well as continuous and highly specialized critical care

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A.O. 70-A Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and other Health Facilities in the Philippines

- Classification of Hospitals as to Service Capabilities
 - Infirmary: provides emergency treatment as well as care and management to mothers & newborns
 - Birthing homes: provides maternity service on pre-natal, post-natal, NSD and newborn care
 - Acute Psychiatric Care Facility: provides medical service, nursing care, pharmacological tx & psychological intervention for mentally ill patients
 - Custodial Psychiatric Care Facility: provides long term care including basic human services to chronic mentally ill patients





(for Access & Efficiency)			
Indicator	Non-adjusted	NSD adjusted	
Occupancy Rate	106.71	71.93	
Total admission	20,086.03	14,501.66	
Ave in-patient	337.76	234.38	
ALOS	4.94	6.43	
Turn-over Interval	69.90	40.83	
MOE Expenditure per Patient	2781.39	4199.13	
Budget Utilization	93%		

Comparison between non-adjusted & NSD adjusted indicators (for Effectiveness)

Indicator	Non-adjusted	NSD adjusted
Death rate <48H	3.25	4.96
Death rate >48H	2.57	4.05
Gross Death	5.82	9.01
Medicare %	7.96	13.87
Caesarian Section Rate	15.91	



公的医療施設

- 44 国立医療センター、*134 地方病院 管区中核病院及び専 ◆105 市町村病院 門病院
- ◆4専門病院
- ◆8療養所
- ◆ 78 地方病院
- ◆ 156 地方中核病院

- ☀ 1,812 保健所
- ◆9,797 バランガイ保健 所

公私病院の比較

• 分類

- 28.4% 一次施設
- 53.8% 二次施設
- 18.8% 三次施設

- 6.9% 一次施設
- 27.8% 二次施設
- 65% 三次施設

* 分類

- 57.5% 一次施設
- 29.8% 二次施設
- 12.6% 三次施設

☀病床

- 26.9% 一次施設
- 26.8% 二次施設
- 46.3% 三次施設