



Department of Health  
BUREAU OF HEALTH FACILITIES AND SERVICES

ANNEX – E  
A.O. No. 2012-0012

HOSPITAL STATISTICAL REPORT  
SEMI ANNUAL 2018

Name of Hospital: Southern Isabela General Hospital Street Address: Zamora St. Rosario, Santiago City

Municipality: Santiago Province: Isabela Region: II

Contact No.: 078 305-0459 Fax Number: 305-0459

Email Address: southern\_isabela09@yahoo.com

(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  
 Level 2 Hospital  
 Level 3 Hospital (Teaching/ Training)

Specialty: (Specify)

- Treats a particular disease (Specify): Neurology  
 Treats a particular organ (Specify): Kidney/ Renal  
 Treats a particular class of patients  
(Specify): All Classes  
 Others (Specify): High Pregnancy Unit

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 December 31, 2020 -

International Accreditation      Validity Period \_\_\_\_\_

PhilHealth Accreditation      Validity Period **January 1,2018 to**  
 Basic Participation      **December 31, 2018**  
 Advanced Participation

PCAHO      Validity Period \_\_\_\_\_

**C. Bed Capacity/Occupancy**

**1. Authorized Bed Capacity: 200 beds**

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

**2. Implementing Beds: 225 beds**

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

**3. Bed Occupancy Rate (BOR) Based on Authorized Beds: 104.76 %**

$$\frac{\text{(Total Inpatient service days for the period)**}}{\text{(Total number of Authorized beds) x (Total days in the period)}} \times 100$$

- 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 (admissions)	7084
Total Discharges (Alive)	7252
Total patients admitted and discharged on the same day	8
Total number of inpatient bed days (service days)	37926
Total number of inpatients transferred <b>TO THIS FACILITY</b> from another facility for inpatient care	698
Total number of inpatients transferred <b>FROM THIS FACILITY</b> to another facility for inpatient care	26
Total number of patients remaining in the hospital as of midnight last day of previous year/ month	227



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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	Type of Accommodation						Condition on Discharge													
			Non-Public Health			Public Health			Discharge Status	Died	W	W	A	T	I	SI	S	U	Discharge Status			Total Discharges
			Service Charge	Total	Pac	Standard (Dependent)	Service	Self-pay											Total	1-40 hrs	41-60 hrs	
Medicine	2012	5032	18	132	772	267	514	176	1817	0	3	1766	8	78	0	0	0	0	80	39	160	2613
Therapies	2518	4083	13	181	114	225	518	1565	2798	0	14	2804	18	7	0	0	0	0	80	39	160	2408
Cardiology	106	306	6	4	19	15	31	88	98	0	8	187	0	0	0	0	0	0	0	1	1	188
Pediatrics	1578	4332	29	187	148	439	173	917	1424	0	8	1906	2	25	0	0	0	0	21	21	42	1578
Surgery																						
Paeds	264	1813	1	27	29	28	28	28	267	0	8	348	2	5	0	0	0	0	0	5	3	394
Adult	922	2628	8	183	108	238	166	612	814	0	8	881	4	13	0	0	0	0	9	19	28	922
Obstet-Speds																						
TOTAL	7348	26294	84	515	979	1151	1674	4943	6868	0	17	7163	26	123	0	0	0	0	110	122	232	7484
and Newborn																						
Outpatient	471	1371	25	16	41	269	27	133	638	0	0	439	0	16	0	0	0	0	18	7	17	471
-Newborn	2049	6268	22	145	167	281	418	1151	1872	0	0	2049	0	0	0	0	0	0	0	0	0	2049

\* RT - Reexamined/Improved T - Transferred U - Unimproved  
B - Better Against Medical Advice A - Amputated D - Died (date upon admission)



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1. Average Length of Stay (ALLOS) of Admitted Patients  
Total length of stay of discharged patients (including Deaths) in the period = 2,768ays
  - Total discharges and deaths in the period
  - Average length of stay Average number of days each inpatient stays at the hospital for each episode of care.



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Kindly accomplish the "Ten Leading Causes of Mortality/Diseases Disaggregated as to Age and Sex" in the table below.

Cause of Mortality (Underlying)	Age Distribution of Patients																				Total	Male	Female																		
	Males										Females																														
	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+																						
1. Pneumonia	48	41	76	4	1	4	1	5	1	2	4	4	4	4	8	2	7	1	8	7	1	9	1	3	1	1	3	1	3	2	3	2	3	2	5	7	31	27	645		
2. Acute Gastroenteritis	20	25	44	2	5	1	7	6	3	5	3	1	5	3	4	3	1	1	3	2	4	3	1	4	2	1	4	2	1	4	4	3	6	5	13	12	10	231			
3. Fracture			2	2	1	8	14	5	6	8	2	4	18	4	12	10	1	1	4	1	9	3	4	5	4	2	2	2	1	2	1	2	1	2	1	2	15	49	205		
Septic Neutrotoem	11	5	96																																						
5. Dengue	2	1	18	4	9	1	17	15	1	8	3	3	1	2	3	1	2	2	3	1	2	1	1																		
6. Chronic Kidney Disease				1		2	4	1	1	3	2	2	3	2	3	2	3	3	3	3	5	4	5	6	9	2	7	8	4	1	1	1	6	5	13	58	42	100			
7. Urinary Tract Infection	5	1	7	5	3	6	4	6	5	8	6	1	1	1	1	1	2	2	2	2	1	1	4	2	5	4	1	1	1	5	2	1	5	2	42	48	91				
8. Cardiovascular Accident																																									
9. Hypertensive				1				1																																	
10. Chronic Obstructive Pulmonary Disease																																									

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**2. Total Number of Deliveries**

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

Deliveries	Number	ICD-10 Code
Total number of in-facility deliveries	2332	
Total number of live-birth vaginal deliveries (normal)	1606	
Total number of live-birth C-section deliveries (Caesarians)	726	
Total number of other deliveries		

**3. 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	25303
Number of outpatient visits, re-visit	16575
Number of outpatient visits, adult	36178
Number of outpatient visits, pediatric	5760
Number of adult general medicine outpatient visits	10756
Number of specialty (non-surgical) outpatient visits	9071
Number of surgical outpatient visits	9757
Number of antenatal care visits	4434
Number of postnatal care visits	1260





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Emergency visits	Number
Total number of emergency department visits	18096
Total number of emergency department visits, adult	15373
Total number of emergency department visits, pediatric	3323
Total number of patients transported FROM THIS FACILITY'S EMERGENCY DEPARTMENT to another facility for inpatient care	250
Testing	Number
Total number of medical imaging tests (all types including x-rays, ultrasound, CT scans, etc.)	12194
Total number of laboratory and diagnostic tests (all types, excluding medical imaging)	161494
Other services and diseases seen	Number
Total number of outreach or home visits	3
Total number of immunization doses administered to children 0-59 months at this facility or during outreach or home visits. Include immunizations administered during child health weeks.	4673
Total number of newly diagnosed cases of TB	174
Total number of confirmed cases of dengue	0

#### B. Deaths

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

Types of deaths	Number
Total deaths	232
Total number of inpatient deaths	
• Total deaths < 48 hours	110
• Total deaths ≥ 48 hours	122

Total number of emergency room deaths	30
Total number of cases declared 'dead on arrival'	56
Total number of stillbirths	44
Total number of neonatal deaths	18
Total number of maternal deaths	2





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1. **Gross Death Rate 3.02%**

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 1.65%**

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





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**C. 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**

$$1. \text{ Ventilator Acquired Pneumonia (VAP)} = \frac{\text{Number of Patients with VAP}}{\text{Total Number of Ventilator Days}} \times 1000$$

$$2. \text{ Blood Stream Infection (BSI)} = \frac{\text{Number of Patients with BSI}}{\text{Total Number of Central Line}} \times 1000$$

$$3. \text{ Urinary Tract Infection (UTI)} = \frac{\text{Number of Patients with UTI}}{\text{Total Number of Catheter Days}} \times 1000$$

**b. Non-Device Related Infections**

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

**D. Surgical Operations**

- 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 caring specialties.)
- 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. Open Reduction Internal fixation (Ortho)	146	
2. Cholecystectomy (Open)	86	
3. Explor lap	82	
4. Appendectomy	56	
5. TAHBSO	52	
6. Laparoscopic Cholecystectomy	24	
7. Hernioplasty	12	
8. Mesh Herniorrhaphy	8	
9. Modified Radical Mastectomy	8	
10. Closed Treatment, Percutaneous Skeletal Fixation	8	

10 Leading Minor Operations	Number	ICD-10 Code
1. Sutures	671	
2. IJ Catheter Insertion	66	
3. Esophagogastroduodenoscopy	51	
4. Removal of Implant	10	
5. Femoral Catheter Insertion	9	
6. Incision and Drainage	8	
7. Debridement Skin, subcutaneous muscle with casting	7	
8. Colonoscopy	5	
9. Closed Reduction with casting	5	
10. Debridement Infected Wound	4	



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III. STAFFING PATTERN (Total Staff Complement)

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		
<b>A. Medical</b>								
1. Consultants (indicate One-Peso consultant)								
1.1 Internal Medicine	1						2	
a. Generalist							1	
b. Cardiologist								
c. Endocrinologist								
d. Gastro-Enterologist								
e. Pulmonologist								
f. Nephrologist							1	
g. Neurologist							1	
h. Others (Specify)								
1.2 Obstetrics/ Gynecology (and subspecialty)	5	1					4	
1.3 Pediatrics (and subspecialty)	5	2					3	
1.4 Surgery (and subspecialty)	4	1					4	
1.5 Anesthesiologist							3	
1.6 Radiologist							1	
1.7 Pathologist							1	
2. Post-Graduate Fellows (indicate specialty/ subspecialty)								
3. Residents	19							
3.1 Internal Medicine								
3.2 Obstetrics- Gynecology								
3.3 Pediatrics								
3.4 Surgery								
3.5 Others (Specify)								
Orthopedics								
<b>B. Allied Medical</b>							2	
1. Nurses	163		63					
2. Midwives	6		17					
3. Nursing Aides	22		4					
4. Nutritionist	2		2					
5. Physical Therapist			3					
6. Pharmacists	9		10					
7. Medical Technologist	12		9					
8. Others (Specify) Dental/Dentist	2							
9. Dental Aide			1					
10. Health Education	1							



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Promotion Officer							
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C. Non-Medical							
1. Social Workers	6						
2. Medical Records Officer/ Hospital Health Information Officer with formal training in medical records management							
3. Laboratory Technicians	11						
4. X-Ray Technicians	7	7					
5. Administrative Officer							
6. Accounting/ Finance Officer	1	1					
7. General Support Staff (maintenance, janitorial, secretarial) – indicate if outsourced							

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**IV. EXPENSES**

Report all money spent by the facility on each category.

Expenses	Amount in Pesos
Amount spent on personnel salaries and wages	75,195,667.64
Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example social security contributions, health insurance) RPIP, PAG-IBIG, PHIC, ECIP	10,562,453.75
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) G.I.DIVISION, PERA, RATA, IIP, SCL, PIA, DORUS, SI	47,332,365.16
<b>TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS)</b>	<b>133,090,486.55</b>
Total amount spent on medicines funded by the Revolving Fund	30,932,471.76
Total amount spent on medicines funded by the Government of the Philippines (from any level of government, including the central, provincial and municipal governments)	
Total amount spent on medical supplies (i.e. syringe, gauze, etc., exclude pharmaceuticals)	51,510,160.95
Total amount spent on utilities WATER, ELECTRICITY, CELL, FUEL	6,096,872.88
Total amount spent on non-medical services (For example: security, food service, laundry, waste management) TOL, TRAINING, OFFICE SUPPLY, TROUBLESHOOTING, OTHER MAINTENANCE, PEST CONTROL, OTHER SUPPLY	40,916,752.67
<b>TOTAL amount spent on maintenance and other operating expenditures (MOOE)</b>	<b>129,456,258.26</b>
Amount spent on infrastructure (i.e., new hospital wing, installation of ramps)	59,518,087.25
Amount spent on equipment (i.e. x-ray machine, CT scan)	16,025,330.43





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TOTAL amount spent on capital outlay (CO)	75,543,417.67
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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.

Revenue	Amount in Pesos
Total amount of money received from the Department of Health	943,242,536.00
Total amount of money received from the local government	4,326,143.00
Total amount of money received from donor agencies (for example JICA, USAID, and others)	163,196.00
Total amount of money received from private organizations (donations from businesses, NGOs, etc.)	
Total amount of money received from Phil Health	80,168,697.70
Total amount of money received from direct patient/out-of-pocket charges/fees	23,481,050.83
Total amount of money received from contribution from private insurance/HMOs	
Total amount of money received from other sources (PDAF, PCSO, etc.)	4,205,212.00
<b>TOTAL Revenue</b>	<b>1,057,586,835.03</b>

Report Prepared by  
Designation Section Department

*[Signature]*  
: *[Signature]* *[Signature]* V. Pivara  
NA-I-BIRIARU Clerk (Designate) Date: July 25, 2018

*[Signature]*  
: Balleguez F. Viscarra, RMT, MBA, MSPH, PhD, JDO  
HMOB Head (Designate) Date: July 25, 2018

Report Approved and Certified by

*[Signature]*  
: *[Signature]* B. Costales Jr., MD, PhD, CESC, FCCP Date: July 25, 2018  
Medical Center Chief I

PREPARED BY:

STANDARDS DEVELOPMENT DIVISION (SDD)  
BUREAU OF HEALTH FACILITIES AND SERVICES (BHFS)  
DEPARTMENT OF HEALTH (DOH)

APPROVED BY:

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DOH