

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

A.O. No.

ANNUAL HEALTH FACILITY STATISTICAL REPORT

YEAR 2021

Name of Hospital: H.M. CORACHEA GENERAL HOSPITAL City / Municipality: CITY OF TANAUAN Contact Number: +63 437781298 Email Address: hm_corachea@yahoo.com	Street Address: COLLANTES SUBDIV District / Province: BATANGAS Fax Number: +63 437848386	ISION Region: REGION IV-A (CALABARZON)
(PLEASE FILL OUT ALL ITEMS. PUT N/A IF NOT APPLICABLE	Ξ.)	
I. GENERAL INFORMATION		
A. Classification		
1. Service Capability		
■ Service capability: Capability of a hospital/other hea	alth facility to render administrative, clinical,	ancillary and other services
General: [✓] Level 1 Hospital [] Level 2 Hospital [] Level 3 Hospital (Teaching/Training) [] Infirmary Trauma Capability: [] Trauma Capable [✓] Trauma Receiving		Specialty: (Specify) [] Treats a particular disease [] Treats a particular organ [] Treats a particular class of patients [] Others(Specify):
2. Nature of Ownership		
Government: [] National - DOH Retained/Renationalized [] Local (Specify):		Private: [✓] Single Proprietorship/Partnership/Corporatio [] Religious [] Civic Organization [] Foundation [] Others(Specify):
B. Quality Management		
 Quality Management/Quality Assurance Program: Of Services 	Organized set of activities designed to demons	trate on-going assessment of important aspects of patie
[] 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		■ Jan 01, 2021 - Dec 31, 2021
[]РСАНО		Validity Period:
C. Bed Capacity/Occupancy		
1. Authorized Bed Capacity: 38 beds		
Authorized bed: Approved number of beds issued beds.	by HFSRB/RO, the licensing offices of DOH	
2. Implementing Beds: 41 beds		
Implementing beds: Actual beds used (based on ho	spital management decision)	
3. Bed Occupancy Rate (BOR) Based on Authorized Beds	: <u>47.28%</u> beds	

x 100

[Total Inpatient service days for the period]**

[Total number of Authorized beds] x [Total days in the period (365 0r 366 for leap year)]

- Bed Occupancy Rate: The percentage of inpatient beds occupied over a given period of time. It is a measure of the intensity of hospital resources utilized patients.(given period of time is January 1 to December 31each year for the annual statistics)
- Inpatient Service days (Inpatient bed days): Unit of measure denoting the services received by one in-patient in one 24 hour period.
- Total Inpatient Service days or Inpatient Bed days = [(Inpatients remaining at midnight + Total admissions) Total discharges/deaths) + (number of admis 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 licensed to admit patients, while under treatment

Inpatient Care	Number
Total number of inpatients	1,922
Total Newborn (In facility deliveries)	297
Total Discharges (Alive)	1,886
Total patients admitted and discharged on the same day	10
Total number of inpatient bed days (service days)	6,558
Total number of inpatients transferred TO THIS FACILITY from another facility for inpatient care	70
Total number of inpatients transferred FROM THIS FACILITY to another facility for inpatient care	6
Total number of patients remaining in the hospital as of midnight last day of previous year	17

B. Discharges

		Total Length			T	ype of A	Accomodation				Condition on Discharge									
	No. of	of Stay/		Non-Philhealth			Philhealth										Deat	hs		
Type of Service	Patients	Total No. of Days Stay	Pay	Service/Charity	Total	Pay	Service/Charity	Total	НМО	OWWA	R/I	Т	Н	A	U	< 48 hrs	≥ 48 hrs	Total	Total Discharge	
Medicine	676	5,408	24	0	24	652	0	652	0	2	555	2	90	0	0	11	18	29	67	
Obstetrics	363	1,452	5	0	5	358	0	358	0	0	359	1	3	0	0	0	0	0	36	
Gynecology	3	12	0	0	0	3	0	3	0	0	3	0	0	0	0	0	0	0		
Pediatrics	516	2,580	21	0	21	495	0	495	0	16	352	4	158	0	0	2	0	2	51	
Surgery																				
Pedia	10	30	0	0	0	10	0	10	0	0	10	0	0	0	0	0	0	0	1	
Adult	57	228	0	0	0	57	0	57	0	0	57	0	0	0	0	0	0	0	5	
Total	1,625	9,710	50	0	50	1,575	0	1,575	0	18	1,336	7	251	0	0	13	18	31	1,62	
Total Newborn	297	1,399	3	0	3	294	0	294	0	0	207	1	84	0	0	5	0	5	29	
Pathologic	127	889	3	0	3	124	0	124	0	0	46	1	75	0	0	5	0	5	12	
Non-Pathologic	170	510	0	0	0	170	0	170	0	0	161	0	9	0	0	0	0	0	17	

*R/I - Recovered/Improved

T - Transferred

U - Unimproved

H - Home Against Medical Advice

A - Absconded

D - Died

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

<u>Total length of stay of discharged patients (including Deaths) in the period</u> = <u>5 - 6 Day(s)</u>

Total Discharges and Deaths for the same 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
1. Influenza and pneumonia	276	J10-J18
2. Infections specific to the perinatal period	127	P35-P39
3. Arthropod-borne viral fevers and viral hemorrhagic fevers	78	A90-A99
4. Cerebrovascular diseases	61	160-169

5. Metabolic disorders	61	E70-E90
6. Diabetes mellitus	60	E09-E14
7. Other diseases of the urinary system	44	N30-N39
8. Hypertensive diseases	41	I10-I15
9. Chronic lower respiratory diseases	39	J40-J47
10. Ischemic heart diseases	23	120-125

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

C. C														Age	e Di	stri	but	ion	of I	Pati	ient	s													
Cause of Morbidity/Illness/Injury	Un	der 1	1	- 4	5 -	9		0 -	15 1:		-2 -2		25 25		30		35 39		40 44		45 49		50 54		55 59		60		65		' "	& /er		ub tal	Total
Spell out. Do not abbreviate.	М	F	М	F	М	F	М	F	М	F	M	F	M	F	М	F	M	F	M	F	M	F	M	F	M	F	М	F	М	F	М	F	М	F	
Influenza and pneumonia	15	11	67	58	16	8	6	2	2	1	2	1	2	1	2	3	6	2	5	2	2	1	4	2	5	5	2	7	4	3	10	19	150	126	276
2. Infections specific to the perinatal period	74	53	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74	53	127
3. Arthropod-borne viral fevers and viral hemorrhagic fevers	1	1	3	7	15	7	11	12	7	2	2	5	1	2	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	41	37	78
4. Cerebrovascular diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	3	0	2	3	5	2	5	2	7	7	6	5	2	9	32	29	61
5. Metabolic disorders	5	4	14	15	6	6	5	2	1	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	31	30	61
6. Diabetes mellitus	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	1	4	2	1	5	4	1	3	8	4	6	3	3	4	8	25	35	60
7. Other diseases of the urinary system	1	4	2	2	1	9	3	2	2	3	2	1	0	2	0	1	0	2	0	0	1	1	0	1	1	1	0	1	0	0	0	1	13	31	44
8. Hypertensive diseases	0	0	0	0	0	0	0	0	0	0	1	0	1	2	0	0	1	1	2	1	1	4	1	5	3	3	2	1	1	3	5	3	18	23	41
9. Chronic lower respiratory diseases	0	1	7	10	0	2	2	3	0	1	0	2	1	1	0	1	0	2	0	1	1	1	0	1	0	1	0	0	0	0	0	1	11	28	39
10. Ischemic heart diseases	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	2	2	2	1	1	1	0	2	0	1	0	0	3	5	9	14	23

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	297
Total number of live-birth vaginal deliveries (normal)	64
Total number of live-birth C-section deliveries (Caesarians)	233
Total number of other deliveries	0

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	5,213
Number of outpatient visits, re-visit	2,032
Number of outpatient visits, adult (Age 19 years old and above)	4,116
Number of outpatient visits, pediatric (Age 0 to 18 yrs old; before 19th birthday)	1,070
Number of adult general medicine outpatient visits	6,148
Number of specialty (non-surgical) outpatient visits	6,148
Number of surgical outpatient visits	95
Number of antenatal care visits	371
Number of postnatal care visits	62

Ten Leading Causes of OPD Consultation

327	N30-N39
205	I10-I15
103	J10-J18

4. Diseases of esophagus, stomach and duodenum	93	K20-K31
5. Diabetes mellitus	87	E09-E14
6. Acute upper respiratory infections	83	J00-J06
7. Intestinal infectious diseases	80	A00-A09
8. Disorders of muscles	55	M60-M63
9. Other and unspecified effects of external causes	36	T66-T78
10. Arthropod-borne viral fevers and viral hemorrhagic fevers	30	A90-A99

Ten Leading Causes of ER Consultation

Ten Leading ER Consultations	Number	ICD-10 Code
1. Symptoms and signs involving the digestive system and abdomen	47	R10-R19
2. Other diseases of the urinary system	30	N30-N39
3. Injury of unspecified body region	25	T08-T14
4. Symptoms and signs involving the circulatory and respiratory systems	23	R00-R09
5. Other and unspecified effects of external causes	14	T66-T78
6. Symptoms and signs involving cognition, perception, emotional state and behavior	12	R40-R46
7. Certain early complications of trauma	11	T79
8. Episodic and paroxysmal disorders	5	G40-G47

TESTING

Total number of medical imaging tests (all types including x-rays, ultrasound, CT scans, etc.)	Number
X-Ray	1,985
Ultrasound	623
CT-Scan	0
MRI	0
Mammography	0
Angiography	0
Linear Accelerator	0
Dental X-Ray	0
Other	0
Total number of laboratory and diagnostic tests (all types, excluding medical imaging)	
Urinalysis	2,988
Fecalysis	1,021
Hematology	9,130
Clinical chemistry	12,012
Immunology/Serology/HIV	4,784
Microbiology (Smears/Culture & Sensitivity)	103
Surgical Pathology	0
Autopsy	0
Cytology	0
Blood Service Facilities	
Number of Blood units Transfused	243

EMERGENCY VISITS

Emergency visits	Number
Total number of emergency department visits	382
Total number of emergency department visits, adult	329
Total number of emergency department visits, pediatric	53
Total number of patients transported FROM THIS FACILITY'S EMERGENCY DEPARTMENT to another facility for inpatient care	2
Total number of patients transported TO THIS FACILITY'S EMERGENCY DEPARTMENT from other health facilities i.e. RHU, Medical Clinic, Infirmary, other hospital)	0

C. Deaths

Types of deaths	Number
Total deaths	67
Total number of inpatient deaths	36
■ Total deaths < 48 hours	18
■ Total deaths ≥ 48 hours	18
Total number of emergency room deaths	5
Total number of cases declared 'dead on arrival'	26
Total number of stillbirths	2
Total number of neonatal deaths	0
Total number of maternal deaths	0

1. Gross Death Rate 13.89%

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

$$\underline{13.89}\% = \underline{5} \times 100$$
 (User defined / EMR generated) 36

2. Net Death Rate <u>2.14</u>%

Net Death Rate = $\underline{\text{Total Deaths (including newborn for a given period)}}$ - death \leq 48 hours for the period x 100 Total Discharges (including deaths and newborn) - death \leq 48 hours for the period

$$\underline{2.14}\% = \underline{36}$$
 x 100 (User defined / EMR generated) 1,679

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

(Do not include Cardio-respiratory arrest, put underlying cause instead)

Mortality/Deaths	Number	ICD-10 Code
1. Diabetes mellitus	14	E09-E14
2. Influenza and pneumonia	4	J10-J18
3. Other bacterial diseases	2	A30-A49
4. Other forms of heart disease	2	130-152
5. Metabolic disorders	2	E70-E90
6. Ischemic heart diseases	2	120-125
7. Chronic lower respiratory diseases	1	J40-J47
8. Renal failure	1	N17-N19
9. Cerebrovascular diseases	1	160-169

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

(Do not include cardio-respiratory Arrest and maternal deaths)

Cause of														Age	e Di	stri	but	ion	of 1	Pati	ient	s														
Mortality (Underlying)	Un	der	1 -	- 4 5		5 - 9		1 - 4	15 - 19		20 -24		25 2		30) - 4		5 - 9	40) - 4	45		50 5		55 59		60 6-		65					ub tal	Total	ICD-10 CODE / TABULAR
Spell out. Do not abbreviate.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	М	F	M	F	M	F	М	F	М	F	M	F	M	F	М	F	M	F	M	F		LIST
1. Diabetes mellitus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	1	1	1	2	0	4	4	10	14	E09-E14
2. Influenza and pneumonia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	3	1	4	J10-J18
3. Other bacterial diseases	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	A30-A49
4. Other forms of heart disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	2	130-152
5. Metabolic disorders	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	2	E70-E90
6. Ischemic heart diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2	0	2	120-125
7. Chronic lower	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	J40-J47

respiratory diseases																																				
8. Renal failure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	N17-N19
9. Cerebrovascular diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	160-169

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 (General and Specialty)

INFECTION RATE = $\underline{\text{Number of Healthcare Associated Infections}}$ x 100

Number of Discharges

- a. Device Related Infections
 - 1. Ventilator Acquired Pneumonia (VAP) = Number of Patients with VAP x 1000

 Total Number of Ventilator Days

(Not to be filled up by Level 1 with no ICU facilities)

- 2. Blood Stream Infection (BSI) = Number of Patients with BSI x 1000

 Total Number of Central Line (peripheral lines not included)
- 3. Urinary Tract Infection (UTI) = $\frac{\text{Number of Patients (with catheter) with UTI}}{\text{Total Number of Catheter Days}} \times 1000$
- b. Non-Device Related Infections

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

	Percentage (%)
INFECTION RATE	0.00
Device Related Infections	·
Ventilator Acquired Pneumonia (VAP)	0.00
Blood Stream Infection (BSI)	0.00
Urinary Tract Infection (UTI)	0.00
Non-Device Related Infections	·
Surgical Site Infections (SSI)	0.00

E. Surgical Operations

- 1. Major Operation refers to surgical procedures requiring anesthesia/ spinal anesthesia to be performed in an operating theatre. (Refer to different cutting specialt
- Minor Operation refers to surgical procedures requiring only local anesthesia/ no OR needed, example suturing. (Refer to different cutting specialties)

	10 Leading Major Operations (excluding Caesarian Sections)	Number
1	BILTATERAL TUBAL LIGATION	38
2	APPENDECTOMY	30
3	Exlap OB (Salphingoooophorectomy ,ONG, Ectopic Preg)	9
4	Open cholecystectomy	9
5	TAHBSO	4
6	RAY AMPUTATION	4
7	HERNIORRAPHY	3
8	Amputation Below the Knee (BKA)	3
9	EVACUATION OF VULVAR HEMATOMA	3

	10 Leading Minor Operations	Number
1	Episiotomy Repair	41
2	Dilatation and curettage	37
3	Circumcission	26
4	Suturing of Wound	25
5	WOUND DEBRIDEMENT	15
6	INCISSION & DRAINAGE	6

III. STAFFING PATTERN (Total Staff Complement)

	Profession/Position/Designation	Specialty Board Certified	time (at	working full t least 40 /week)	time (at	vorking part least 20 /week)	Active Rotating or Visiting/	Outsourced
•			Number of permanent	Number of contractual full time staff	Number of permanent	Number of contractual	Affiliate	

		full time staff		part time staff	part time staff		
A. Medical							
1. Consultants	12	0	0	0	0	0	0
1.1 Internal Medicine	2	0	0	0	0	2	
a. Generalist	1	0	0	0	0	1	
b. Cardiologist	0	0	0	0	0	0	
c. Endocrinologist	0	0	0	0	0	0	
d. Gastro-Enterologist	0	0	0	0	0	0	
e. Pulmonologist	0	0	0	0	0	0	
f. Nephrologist	0	0	0	0	0	0	
g. Neurologist	0	0	0	0	0	0	
1.2. Obstetrics/ Gynecology (and sub-specialty)	11	0	0	0	0	11	
1.3. Pediatrics (and subspecialty)	2	0	0	0	0	0	
1.4. Surgery (and subspecialty)	4	0	0	0	0	4	
1.5. Anesthesiologist	8	0	0	0	0	8	
1.6. Radiologist	3	0	0	0	0	1	0
1.7. Pathologist	1	0	0	0	0	1	0
Post-Graduate Fellows (Indicate specialty/subspecialty)	3	0	0	0	0	0	0
3. Residents	4	0	0				
3.1. Internal Medicine	0	0	0				
3.2. Obstetricts-Gynecology	0	0	0				
3.3. Pediatrics	0	0	0				
3.4. Surgery	0	0	0				
B. Allied Medical			l			I	I
1. Nurses		11	0				
2. Midwives		1	0				
3. Nursing Aides		7	0				
4. Nutritionist		1	0				
5. Physical Therapist		0	0				
6. Pharmacists		2	0				
7. Medical Technologist		5	0				
8. Laboratory Technician		1	0				
9. X-Ray Technologist/X-Ray Technician		3	0				
10. Medical Equipment Technician		0	0				
11. Social Worker		1	0				
12. Medical Records Officer/ Hospital Health Information Officer		2	0				
C. Non-Medical		1	1	·	·	1	1
1. Chief Administrative Officer		1	0				
2. Accountant		1	0				
3. Budget officer		1	0				
4. Cashier		3	0				
5. Clerk		6	0				
6. Engineer		1	0				
7. Driver		1	0				
9. General Support Staff		2	0	0	0	0	0
- Janitorial		11	0	0	0	0	0
- Maintenance		2	0	0	0	0	0
- Security		2	0	0	0	0	0

Report all money spent by the facility on each category.

Expenses	Amount in Pesos
Amount spent on personnel salaries and wages	33,950,796.00
Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example: social security contributions, health insurance)	1,644,822.00
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.)	444,900.00
TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS)	36,040,518.00
Total amount spent on medicines	6,951,431.00
Total amount spent on medical supplies (i.e. syringe, gauze, etc.; exclude pharmaceuticals)	8,501,871.00
Total amount spent on utilities	1,956,864.00
Total amount spent on non-medical services (For example: security, food service, laundry, waste management)	2,954,651.00
TOTAL amount spent on maintenance and other operating expenditures (MOOE)	20,364,817.00
Amount spent on infrastructure (i.e., new hospital wing, installation of ramps)	4,611,746.00
Amount spent on equipment (i.e. x-ray machine, CT scan)	1,382,000.00
TOTAL amount spent on capital outlay (CO)	5,993,746.00
GRAND TOTAL	62,399,081.00

V. REVENUES

Please report the total revenue this facility collected last year. This includes all monetary resources acquired by this facility from all sources including donations.

Revenues	Amount in Pesos
Total amount of money received from the Department of Health	3,246,200.00
Total amount of money received from the local government	642,000.00
Total amount of money received from donor agencies (for example JICA, USAID, and others)	0.00
Total amount of money received from private organizations (donations from businesses, NGOs, etc.)	260,000.00
Total amount of money received from Phil Health	23,253,205.00
Total amount of money received from direct patient/out-of-pocket charges/fees	38,788,881.00
Total amount of money received from reimbursement from private insurance/HMOs	0.00
Total amount of money received from other sources (PAGCOR, PCSO, etc.)	930,380.00
GRAND TOTAL	67,120,666.00

If donation is in kind, please put equivalent amount in peso

Report Prepared by: MS. ELVIRA L. UNICO/MS. ROSARIO O. GOMEZ
Designation/Section/Department: Medical Record's Staff/Record's Section/Medical Record's Department Date: Apr. 07, 2022
Report Approved and Certified by : <u>DIOGENES LEYCANO CORACHEA</u> Date: Chief of Hospital/Medical Director

