



**Republic of the Philippines
Department of Health
Manila**

**OTHER HEALTH FACILITIES (BIRTHING HOME/PSYCHIATRIC CARE FAC.)
STATISTICAL REPORT
For the Year _____**

StatForm2

Name of Health Facility: _____ Complete Address: _____

Region: _____ Contact No. _____ Fax No. _____ E-mail Address _____

(PLEASE FILL-UP ALL ITEMS, N/A IF NOT APPLICABLE)

I. GENERAL INFORMATION

1. Classification:

1.1. **Service Capability**, Check if:

- Birthing Home
- Acute-Chronic Psychiatric Care Facility
- Custodial Psychiatric Care Facility

1.2. **Nature of Ownership:**

Government :

Private: []

- National – DOH Retained/Renationalized
- Local
- Other Government Agency, specify _____

2. Bed Capacity/Occupancy:

2.1 Authorized Bed Capacity _____ beds

2.2 Actual/Implementing Beds _____ beds

2.3 Bed Occupancy Rate (BOR)

2.3.1 Based on Authorized Beds _____%

Total In-patient service days for the period *

(Total no. of authorized beds) x (Total days in the period) x 100

3. Number of Personnel

PERSONNEL	Actual No. of Personnel		
	Permanent	Contractual	TOTAL
Medical Specialist/Consultant			
Physician			
Psychiatrist			
Psychologist			
Recreational Therapist			
Nurse			
Nursing Attendant			
Midwife			
Others, Specify _____			

4. Programs (for Birthing Home)

Health Promotion and Disease Prevention	EXISTING		REMARKS
	Yes	No	
A. Breastfeeding			
B. Newborn Screening (fully implemented by year 2006)			
C. Rooming-In			
D. Family Planning			
E. Immunization			

5. Financial Status

5.1	Total Budget	_____
5.2	Total Income	_____
5.3	Total Expenditure	_____

II. HEALTH FACILITY OPERATIONS

1. Summary of Patients in the Health Facility:

- 1.1 Patients remaining in the facility as of midnight last day of previous month/year _____
- 1.2 Total Admission _____
- 1.3 Total Discharges (Alive) _____
- 1.4 Total In-patients deaths _____
- 1.5 Total Patients Admitted and Discharged the same day _____
- 1.6 Total In-Patients Service Days for the period * _____
- 1.7 **Average Daily Census of Admitted Patients**
Total in-patient service days for the period *
 Total days in the period _____

1.8 Referrals (In-patient)

- 1.8.1 from RHU/centers _____
- 1.8.2 from other hospitals/centers _____
- 1.8.3 to other health facilities/hospitals _____

2. DISCHARGES

2.1 Services rendered and patients attended:

Type of Service	No of Pts.	Total Length of Stay/ Total No. of Days Stay	Type of Accommodation						Condition on Discharge**										
			Non-PhilHealth			PhilHealth			H M O	O W W A	R/ I	T	H	A	U	Died <48 hrs.	Died => 48 hrs.	Total	
			Pay	Service Charity	Total	Pay	Service												Total
							Member/ Depdnt	Indig.											
Obstetrics																			
Psychiatric																			
Custodial																			
Others, Specify																			
Total																			
Newborn (born alive) rooming-in																			

** R/I – Recovered/Improved
 H- Home Against Medical Advice
 T- Transferred
 A – Absconded
 U - Unimproved
 D – Died (died upon admission)

2.2 Average Length of Stay (ALOS) of Admitted Patients

$$\frac{\text{Total Length of stay of discharged patients (incl. Deaths) in the period}}{\text{Total discharges and deaths in the period}}$$

2.3. Ten (10) Leading Causes of Discharges (Morbidity)

Discharge Diagnosis (Primary) No Abbreviation	Distribution of Patients by Sex			ICD-10 CODE
	Male	Female	Total	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

3. DEATHS

Ten (10) Leading Causes of Deaths (Mortality)

Cause of Death (Underlying) No Abbreviation	Distribution of Patients by Sex			ICD-10 CODE
	Male	Female	Total	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

III. OUT-PATIENT SERVICES (N/A IF NOT APPLICABLE)

1. Total No. of Patients attended : New _____ Re-visit _____ Total _____
2. Average Number of Out-patient per day: _____
3. **Ten (10) Leading Causes of Consultations at OPD**

Causes	No. of Consultation	Causes	No. of Consultation
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Prepared by : _____

Designation/Section or Dept. : _____ Date: _____

APPROVED & CERTIFIED BY: _____ Date: _____

Head of Facility

DEFINITION OF TERMS :

- 1. Service Capability** - Capability of the hospital/other health facility to render administrative, clinical, ancillary and other services
- 3. Hospital bed** - Bed which is maintained for continuous (24 hours) use by an in-patient
- 4. Bed Occupancy Rate** - The percentage of in-patients beds occupied over a period of time. It is a measure of the intensity of hospital resources utilized by in-patients.
- 5. Authorized bed** - Approved number of beds as per issued license to operate in the hospital and other health facilities.
- 6. Implementing beds** - Actual beds use (based on hospital/facility management decision)
- 7. In-Patient Service days**- Unit of measure denoting the services received by one in-patient in one 24 hours period.
- 8. Average Number of In-patients per day** - Average no. of in-patients present each day for a given period of time.
- 9. Total Length of Stay -(for one In-patient)-** The number of calendar days from admission to discharge.
- 10. Average Length of Stay-** Average no. of days each in-patient stays in the hospital for each episode of care.
- 17. ICD-10 Code** - an International Statistical Classification of Diseases and Related Health Problems (10th revision) published by WHO. Administrative Order No. 47s., 2000 dated May 5, 2000, DOH stated that ICD-10 coding shall be fully implemented in all government and private hospitals starting January 2001 to improve the quality of morbidity and mortality statistics.
- 18. NON-PHILHEALTH** - A type of accommodation that pertains to patients without PhilHealth Insurance. This is further subdivided to Pay and Service or Charity.
- 19. PHILHEALTH** - A type of accommodation that pertains to patients with PhilHealth Insurance. This is further subdivided into Pay and Service or Charity.
 - a. PAY - Patients confined in the pay wards or private rooms
 - b. Service- Patients confined in the service wards which used to be called Charity ward
 - b.1 Indigent- Patient under the service care who is enrolled PHIC indigent as validated by a PHIC Indigent Card/GMA Card.
 - b.2 Member/Dependent – Patient under the service care with mandatory or voluntary PHIC membership or is a dependent of said member.
- 20. OWWA** - acronym for Overseas Workers Welfare Administration, which provides health/hospitalization insurance of the overseas workers and their dependents.
- 21. HMO** - acronym for Health Maintenance Organization which provides medical/hospitalization insurance to Policyholders.

TYPE OF HEALTH FACILITY _____ GOVT ____ PVT _____
 STATISTICAL REPORT, JANUARY-DECEMBER _____

SERVICES		ACCOMPLISHMENT
1. BED CAPACITY AND OCCUPANCY:		
1.1 Authorized Bed Capacity (ABC)		
1.2 Actual/Implementing Beds		
1.3 Bed Occupancy Rate (based on authorized beds); *Total In-patient service days ÷ (No. ABC) x (Total days in the period) x 100		
2. HEALTH FACILITY OPERATIONS		
2.1. Summary of Patients in the Health Facility:		
2.1.1 Total Admission (excluding Newborn)		
2.1.2 Number Newborn		
2.1.3 Total Discharges (Alive)		
2.1.4 Total In-patient Deaths		
2.1.5 Total Patients Admitted and Discharge the same day		
2.1.6 Total In-patient service days*		
2.1.7 Average Daily Census of Admitted Patients: *Total In-patient service days ÷ Total days in the period		
2.1.8 Referrals (check if existing) -from RHU -from hosp. - to other health fac./hosp.		
2.2. Discharges:		
2.2.1 Services rendered and patients attended:	No. of Patients	Total Length of Stay/No. of Days Stay
Medicine		
Obstetrics		
Gynecology		
Pediatrics		
Surgery		
Others:		
TOTAL		
Newborn (born Alive)		
		ACCOMPLISHMENT
2.2.2 Average length of stay of admitted patients: Total length of stay of discharge patients including deaths ÷ Total discharges and deaths in the period		
2.2.3 Number died under 48 hours including newborns		
2.2.4 Number died beyond 48 hours including newborns		
2.2.5 No. of deliveries:		
Normal		
Caesarian		
Others		
3. OUT-PATIENT SERVICES		
3.1 Total No. of Patients Attended:		
- New		
3.2 Average no. of out-patient/day		
4. E R SERVICES		
4.1 Total No. of Patients Attended:		
4.2 Average no. of ER cases/day		
5. TOTAL SURGICAL OPERATIONS		
MAJOR		
MINOR		

6. NO. OF PERSONNEL (ACTUAL)		
6.1 No. Physician *		
6.2 No. Psychiatrist		
6.3 No. Psychologist		
6.4 No. Staff Nurse		
6.5 No. Chief Nurse		
6.6 No. Supervising Nurse		
6.5 No. Nursing Attendant		
6.6 No. Midwife		
7. FINANCIAL STATUS		
7.1 Total Budget		
7.2 Total Income		
7.3 Total Expenditures		
8. OTHER FACILITY/SERVICE AVAILABLE	NO. EXISTING FAC./SERV.	
1. BLOOD BANK		
2. BLOOD COLLECTION UNIT/BLOOD STATION		
3. DIALYSIS CLINIC		
4. DRUG TESTING LAB.		
5. HIV TESTING LAB.		
6. MEDTECH INTERN TRAINING LAB.		
7. REHABILITATION CENTER		
8. WATER TESTING LAB.		
9. NEWBORN SCREENING CTR.		
10. KIDNEY TRANSPLANT FACILITY		
11. AMBULATORY SURGICAL CLINIC		
9. DEATHS		
1. NO. FOETAL DEATHS (less than 22 completed weeks or <500g b.w.		
2. NO. FOETAL DEATHS (22 weeks or more compl. Wks or >500g. b.w.		
3. NO. NEONATAL DEATHS (less than 28 days)		
4. NO. INFANT DEATH (less than 1 yr.)		
6. NO. MATERNAL DEATH (within 42 days after term. pregnancy)		
7. NO. E R DEATHS		
8. NO. DEAD ON ARRIVAL		

TYPE OF FACILITY _____ GOV'T. _____ PVT. _____
 TOTAL NO. OF HOSPITALS W/ REPORT _____ TOTAL ABC _____
 TOTAL NO. OF DISCHARGES _____
 TOTAL NO. OF NSD _____

10. TEN LEADING CAUSES OF DISCHARGES – Discharge Diagnosis		
Disease (No Abbreviations)	Number	ICD-10 Code
1.		
2.		
3.		
4.		
6.		
7.		
8.		
9.		
10.		

11. TEN LEADING CAUSES OF DEATHS- Underlying Cause of Death		
Disease (No Abbreviations)	Number	ICD-10 Code
1.		
2.		
3.		
4.		
6.		
7.		
8.		
9.		
10.		

TYPE OF FACILITY _____ GOV'T. _____ PVT. _____
 TOTAL NO. OF HOSPITALS W/ REPORT _____ TOTAL ABC _____
 TOTAL NO. OF OPD _____ NEW _____ REVISIT _____

12. TEN LEADING CAUSES OF CONSULTATIONS (OPD)		
Disease (No Abbreviations)	Number	
1.		
2.		
3.		
4.		
6.		
7.		
8.		
9.		
10.		

TYPE OF FACILITY _____ GOV'T. _____ PVT. _____
 TOTAL NO. OF HOSPITALS W/ REPORT _____ TOTAL ABC _____
 TOTAL NO. OF ER CASES _____

13. TEN LEADING E R CASES			
CAUSES	NO. OF CASES	CAUSES	NO. OF CASES
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

DEFINITION OF TERMS :

- 2. Service Capability** - Capability of the hospital/other health facility to render administrative, clinical, ancillary and other services
 - 3. Quality Management/Quality Assurance Program** - Organized set of activities designed to demonstrate on-going assessment of important aspects of patient care and services.
 - 3. Hospital bed** - Bed which is maintained for continuous (24 hours) use by an in-patient
 - 4. Bed Occupancy Rate** - The percentage of in-patients beds occupied over a period of time. It is a measure of the intensity of hospital resources utilized by in-patients.
 - 5. Authorized bed** - Approved number of beds as per issued license to operate in the hospital and other health facilities.
 - 6. Implementing beds** - Actual beds use (based on hospital/facility management decision)
 - 7. In-Patient Service days**- Unit of measure denoting the services received by one in-patient in one 24 hours period.
 - 8. Average Number of In-patients per day** - Average no. of in-patients present each day for a given period of time.
 - 9. Total Length of Stay -(for one In-patient)-** The number of calendar days from admission to discharge.
 - 10. Average Length of Stay-** Average no. of days each in-patient stays in the hospital for each episode of care.
 - 11. Spontaneous Abortion** - without intervention
 - 12. Induced Abortion** - with intervention
 - 13. Septic** - with infection
 - 14. Non-Septic** - without infection
 - 15. Major Operation** - Surgical procedures requiring anesthesia/spinal anesthesia to be performed
in an operating theatre
 - 16. Minor operations** - Surgical procedures requiring only local anesthesia/no OR needed example suturing.
 - 17. ICD-10 Code** - an International Classification of Diseases version 10. Administrative Order No. 47s., 2000 dated May 5, 2000, DOH stated that ICD-10 coding shall be fully implemented in all government and private hospitals starting January 2001 to improve the quality of morbidity and mortality statistics.
 - 18. NON-PHILHEALTH** - A type of accommodation that pertains to patients without PhilHealth Insurance.
This is further subdivided to pay and Service or Charity.
 - 19. PHILHEALTH** - A type of accommodation that pertains to patients with PhilHealth Insurance.
This is further subdivided into pay and service or charity.
 - PAY** - Patients confined in the pay wards or private rooms
 - Service-** Patients confined in the service wards which used to be called Charity ward
 - Member-** The policyholder of PhilHealth Insurance who was confined in the service ward.
 - Dependent-** Refers to dependents of PhilHealth Insurance member confined in the service ward.
 - Indigent-** The beneficiaries of the Indigent Program of PhilHealth which used to be called Medicare para sa Masa Program. Their premiums were either solely paid by the Local government or with support from the national government. They are issued Identification Cards which are called GMA Cards.
- NOTE: The principle behind identifying these three last groupings is to have a clearer picture of who is responsible for the treatment cost of the patients.
- 20. OWWA** - acronym for Overseas Workers Welfare Administration, which provides health/hospitalization insurance of the overseas workers and their dependents.

21. HMO - acronym for Health Maintenance Organization which provides medical/hospitalization insurance to Policyholders

22. Categorization of Patients : (for availment of social services in hospitals)- Department Order No.435 s., 1990

- a. Class A – Pay
Patients shall pay in full the hospital services in suites, private or semi-private rooms. PhilHealth patients/other health insurance shall pay the excess of their privilege in full.
- b. Class B – Pay Ward (3 beds and above)
Patients shall pay the hospital services on the ward level. PhilHealth patients/other health insurance shall pay the excess of their privilege in full.
- c. Class C – Service PhilHealth; partial sharing:donation
Patients with PhilHealth benefits/other health insurance but cannot pay the excess in full. Patient's share of the balance after health insurance shall be in accordance with C1, C2, or C3 sub-classification, as affected by modifiers.
 - C1 - patients whose aggregate monthly family income is equal to or above the NSCB subsistence threshold.
 - C2 - patients whose aggregate monthly family income is more than 50% of the NSCB subsistence threshold.
 - C3 - patients whose aggregate monthly family income is less than 50% but more than 20% of the NSCB subsistence threshold.
- d. Class D - Complete social service/Indigent
Patients below class C3. Patients with no visible income or means of support. Patients who are covered by special laws.

(see also Administrative Order No. 171 s., 2004 dated October 1, 2004 – Policies and Guidelines to Implement the Relevant Provisions of RA 9257 "Expanded Senior citizens Act of 2003"
DOHwebsite: www.doh.gov.ph)

BED OCCUPANCY RATE - Based on Authorized Bed

$$\frac{\text{Total In-patient service days for a period}}{(\text{Total no. of authorized beds}) \times (\text{Total days in the same period})} \times 100$$

AVERAGE NO. OF IN-PATIENT PER DAY-
$$\frac{\text{Total in-patient service days for a period}}{\text{Total days in the same period}}$$

AVERAGE LENGTH OF STAY (ALOS) -
$$\frac{\text{Total Length of stay of discharged patients (incl. Deaths) for a period}}{\text{Total discharges and deaths in the period}}$$

GROSS DEATH RATE –
$$\frac{\text{Total Deaths (including newborn) for a given period}}{\text{Total Discharges (including deaths) for the same period}} \times 100$$

NET DEATH RATE -
$$\frac{[\{\text{Total Deaths (incl. Newborn)}\} - \{\text{those under 48 hrs. for the period}\}]}{[\{\text{Total No. of Discharges (including deaths and newborn)}\} - \{\text{death under 48 hours for the period}\}]} \times 100$$

CEASAREAN SECTION RATE -
$$\frac{\text{Total cesarean sections in a given period}}{\text{Total OB Discharges}} \times 100$$

FETAL DEATH RATE - Death of an offspring to its complete expulsion or extraction from the womb regardless of duration of pregnancy

$$\frac{\text{Total No. of intermediate and/or late fetal deaths for the period}}{\text{Total No. of livebirths (incl. Intermediate and late fetal deaths) for the period}} \times 100$$

 Early fetal deaths - < 22 completed weeks of gestation or 500g. birthweight
 Late fetal deaths - 22 or more completed weeks of gestation or 500g. or more birthweight

NEONATAL DEATH RATE - Death of child whose heart beat after complete expulsion of mother died within 28 days of birth

$$\frac{\text{Total No. of newborn deaths for the period}}{\text{Total No. of newborn discharges (including deaths) for the same period}} \times 100$$

 Early neonatal deaths - < 24 hours of birth

INFANT DEATH RATE - Measures the risk of dying during the 1st year of life

$$\frac{\text{Total No. of deaths under 1 year of age for the period}}{\text{Total No. of infant discharges (including deaths) for the same period}} \times 100$$

MATERNAL DEATH RATE - Death of any woman, from any cause while pregnant or within 42 days of termination of pregnancy

$$\frac{\text{Total No. of direct maternal deaths for the period}}{\text{Total No. of maternal (OB) discharges (including deaths) for the period}} \times 100$$