

MEDICAL SERVICE



DR. EVA MACARANG - MACAPAGAL NATIONAL CENTER FOR GERIATRIC HEALTH
MEDICAL SERVICES ACTION PLAN 2022
WITH ACCOMPLISHMENT MONITORING REPORT

SERVICE/UNIT	OBJECTIVES/GOALS/ACTIVITY	STRATEGY/ACTIVITY	LOCUS OF RESPONSIBILITY	TIMELINE	REMARKS
TRAINING OFFICE	a. Achieve Full Fellowship Training Accreditation	Request for Virtual Accreditation	Philippine Subspecialty Board of Geriatric Medicine	22-Jan	DONE
	b. Acute Care Rotations	Submitted letters of request	JRRMMC Tondo Medical Center	22-Feb	DONE
	c. Subspecialty Rotations	Submitted letters of request	JRRMMC Tondo Medical Center POC	Feb-22	DONE
		Signed Memorandum of Agreement	Tondo Medical Center	Feb-22	DONE
	d. Training of additional Fellows	Recruitment of Trainees	HR, DOH	ASAP	DONE
	e. Training of other allied health care	Recruitment of Trainees	HR, DOH	Within the year	-----
f. Research upgrade – Good Clinical Practice (GCP)	Request for Training	Pharma	April 7, 2022	-----	



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CLINICAL SERVICE	1. Fully operational Medical Service in the Center.	Review of Organizational Chart	EXECOM	ASAP	DONE
	a. Designation of Head of Cardiology	Discussion with doctors	Dr. Reyes	ASAP	DONE
	b. Designation of Head of Ophthalmology	Discussion with doctors	Dr. Adraneda	ASAP	-----
	c. Designation of Heads of special areas like laboratory x-ray and rehabilitation Medicine	Hiring of doctors	HR	ASAP	-----
PARAMEDICAL					
MEDICAL RECORD	1. Efficient provision of Medical Records Services	Maintain updated record of patients Maintain an orderly and quick files at Medical Record satellite office Maintain an orderly and file files at the main Medical records office	MEDICAL RECORDS STAFF	ASAP	-----
				ASAP	ONGOING
				ASAP	-----



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DIETARY DEPARTMENT	1. To be fully operational before the year ends	At the end of 1 st quarter, cafeteria must already have been prepared tables, chairs. Divider Curtains, Linen Hiring Dietary Staff - Dietitian - Cook II - Food Service Worker	DIETARY/LINEN	ASAP	DONE
			ENGINEERING	ASAP	DONE
			LINEN	ASAP	DONE
			HR	ASAP	DONE
PUBLIC HEALTH UNIT	Health Information Dissemination	Conduct regular, webinar	Ms. Niña	Jan- 22	ONGOING
CARDIOLOGY	To be fully operational	Identify Heads of Units	Dr. Don Robespierre C. Reyes	ASAP	DONE
DENTAL			Maria Esperanza P. Lugtu	ASAP	DONE
LABORATORY			Joseph Christian Tabaldo	ASAP	DONE
PHARMACY			Penelope Maire Dela Cruz	ASAP	DONE
RADIOLOGY			Maribel B. Quintana, RRT	ASAP	DONE
SOCIAL SERVICE			Maila Galanido	ASAP	DONE

PREPARED BY:
Suzette Tavas
JOYCE ANNE E. TAVAS
 ADMINISTRATIVE ASSISTANT II

SUBMITTED BY:
Jose Leo V. Jiloca
JOSE LEO V. JILOCA, MD
 TRAINING OFFICER

NURSING SERVICE



NURSING DEPARTMENT 1ST QUARTER REPORT

I. PATIENT CARE PERSPECTIVE

A. Total Number of Patients Served (January 01 to March 31, 2021)

1. Out Patient Department

Service Unit	Patient Catered			Transfer to JRRMMC	Referral from other	
	NEW	OLD	Total		Hospital	Clinic
GERIATRIC CONSULTATION	150	3116	778	3		-
OPHTHALMOLOGY CONSULTATION			44		-	-
CARDIOLOGY CONSULTATION			28		-	-
FAMILY MEDICINE CONSULTATION			22			
NEUROLOGY CONSULTATION			54		-	-
REHAB MEDICINE CONSULTATION			6			
TELEMEDICINE CONSULTATION			15		-	-
MEDICATION REFILL			2250			
VACCINATION (Pneumococcal)			69			
TOTAL			150	3116	3266	3

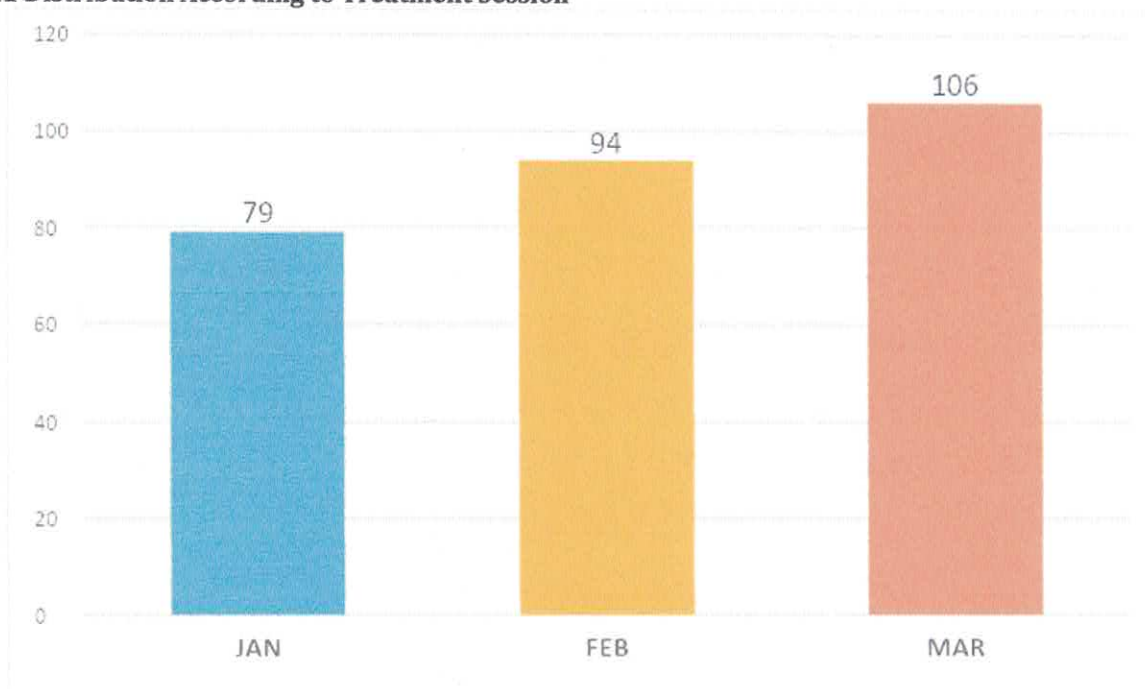
2. Distribution according to New Patient of Hemodialysis

Class	DIALYSIS	
	PHIC	Non-PHIC
Service	-	1
Pay	-	-
Total	1	



Service Section	Total Number of Patients	PHIC	Non - PHIC	Total In-Patients	Total Out-Patients
Hemodialysis (HD) SERVICE	106	-	106	-	106
PAY	-	-	-	-	-
Hemodiafiltration (HDF) SERVICE	-	-	-	-	-
PAY	-	-	-	-	-
TOTAL	106				

2.1 Distribution According to Treatment Session



MONTH	NUMBER OF TREATMENT	
	OUT-PATIENT	TOTAL
JANUARY	79	79
FEBRUARY	94	94
MARCH	106	106

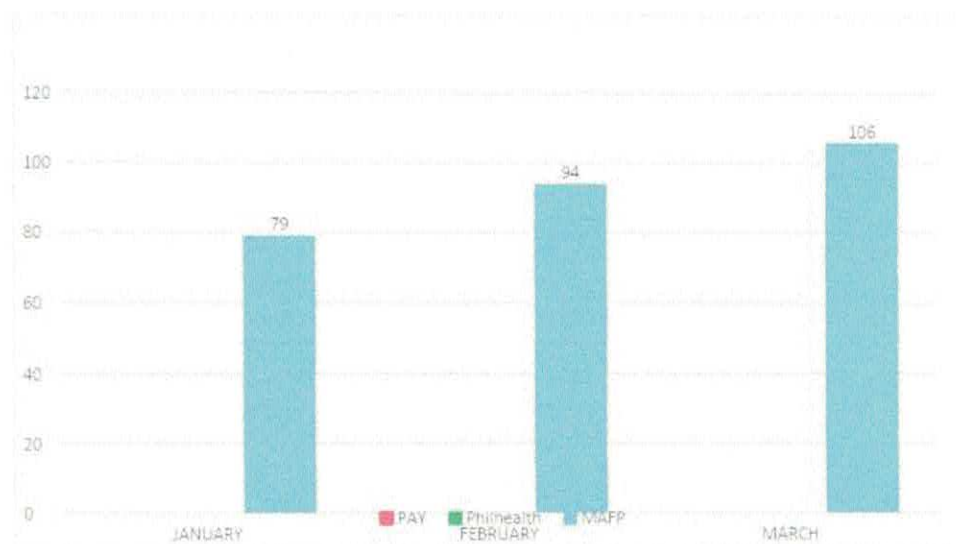


3. Distribution According to Inactive Patients

PATIENT NAME	LAST DIALYSIS	INACTIVE DAYS	REMARKS
Castañeda, Alfredo	02/07/2022	52 days	Poor Outflow on both limbs of Perm Catheter
Maravive, Elmer	01/25/2022	63 days	Poor Outflow on both limbs of Perm Catheter

Financial Perspective

MONTH	PHILHEALTH	PAY	MEDICAL ASSISTANCE FUND (MAFP)	TOTAL NUMBER OF TREATMENT
JANUARY	-	-	79	79
FEBRUARY	-	-	94	94
MARCH	-	-	106	106



C. Support to Operation:

CURRENT IDENTIFIED PROBLEM	ACTION TAKEN	RESULT/OUTCOME	REMARKS
Machine error (Error on hydraulics phase) -8VSAGD 19 -8VSAGD 16 -8VSAGD 21 -8VSAGD 20 -8VSAGD17	Reported to Technician and then reported to Fresenius Medical Care	Calibrated done by Fresenius Medical Care	May able to use Done March 22, 2022



B. Quality Objectives and Breakthroughs

Quality Objectives/ Breakthroughs	Outcome	Corrective Action
<ul style="list-style-type: none"> • To improve Customer satisfaction <ul style="list-style-type: none"> • JAN • FEB • MAR 	<ul style="list-style-type: none"> • 100% • 100% • 100% 	<ul style="list-style-type: none"> • Constant monitoring of all staff on proper attitude/behavior towards clients/relatives and other members of the health team thru: introduce self, Serve with a smile, proper communication, modulation of voice and proper gestures • Attends the needs of customers immediately. • Gives information and explain regarding the condition of their disease. • Gives health teachings regarding home medications, activities, laboratory examination/ radiologic examination, if any and compliance on follow up check-up. • Gives information regarding consultation protocols thru: Telemedicine consultation utilizing the provided service Facebook page and contact numbers of every department. • If there is any valid complaint, discussed and explained to concerned staff and make the necessary corrective action.
<ul style="list-style-type: none"> • To Prevent Customer Complaints <ul style="list-style-type: none"> • JAN • FEB • MAR 	<ul style="list-style-type: none"> • NO COMPLAINT • NO COMPLAINT • NO COMPLAINT 	<ul style="list-style-type: none"> • Constant monitoring of staff regarding compliance to customer satisfaction guidelines and strategies mentioned above. • Proper communication/ behavior and attitudes towards clients and co-workers. • Observes patient's safety at all times • Ensures that quality patient care is being rendered by all staff • If there is a verbal complaints/ inquiry, immediate action taken thru Assistance and correct information to satisfy the needs/ solve the problem.
<ul style="list-style-type: none"> • To prevent on incidence of prevent data privacy breach <ul style="list-style-type: none"> • JAN • FEB • MAR 	<ul style="list-style-type: none"> • NO INCIDENCE • NO INCIDENCE • NO INCIDENCE 	<ul style="list-style-type: none"> • Ensures that all staff have attended data privacy act seminar • Constant monitoring of all staff regarding compliance on data privacy act



		<ul style="list-style-type: none"> Maintains patient records safe at medical records (regular OPD - patient record forwarded every end of the shift. Strict exercises of non-disclosure pertinent to the case of the patient to others, not related to the treatment of patient
<ul style="list-style-type: none"> Compliance to statutory and Regulatory Requirements <ul style="list-style-type: none"> PRC BLS training 	<ul style="list-style-type: none"> 100% 100% 	<ul style="list-style-type: none"> Strict monitoring of updated PRC licenses thru tabulated name of staff with corresponding color as to year of expiration of licenses. Constantly reminding of staff which has near expiry if license to apply for renewal for at least three months prior to expiration date. Coordinated with the BLS training provider that employee are due for renewal
<ul style="list-style-type: none"> To ensure that all patients are attended within 8 hours 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> Assigned OPD staff in the Triage Monitoring of residents' attendance and punctuality Prompt facilitation of the flow process Coordination of unscheduled and walk-in patient to respective departments

II. HUMAN RESOURCE PERSPECTIVE

A. TOTAL NUMBER OF UNIT STAFF

OPD

POSITION	TRANSFER TO OTHER AREA	CURRENT NO. OF STAFF
Nurse III (Designated Chief Nurse)		1
Nurse III		1
Nurse II		1
Nurse I	1	3
Nursing Attendant II		1
Nursing Attendant I	1	6



HEMODIALYSIS

Position	Newly Hired/ Promotion	Transfer to Other Area	Resigned	Retired	Current No. of Staff
Part time Medical Specialist I	-	-	-	-	1
Medical Officer IV	-	-	-	-	2
Nurse III	-	-	-	-	1
Nurse II	2	-	-	-	2
Nurse I	-	-	-	-	1
Nursing Attendant II	-	-	-	-	3
Nursing Attendant I	-	-	-	-	1
Medical Equipment Technician I	-	-	-	-	1
Administrative Officer	1	-	-	-	1
TOTAL					13

During the Surge, some of the staff was transferred to augment the needs for additional staff in catering COVID-19 patients.

B. STAFF PARTICIPATION IN HOSPITAL/ NURSING DIVISION ACTIVITY/ COMMITTEE

PROJECT/ COMMITTEE ACTIVITY	NAME OF STAFF	POSITION
Philippine Governance System	Dhonald L. Angulo	Member
	Armi Lyn F. Custodio	Member
Safety Officer	Dhonald L. Angulo	Member
	Armi Lyn F. Custodio	Member
Infection Prevention Control Committee	Pinky C. Baloloy	Member
	Maribel E. Salas	Member
Information Communications Technology Committee	Raffy Resty C. Principe	Member
	Ronald A. Reyes	Member
	Maribel E. Salas	Member
Grievance Committee	Pinky C. Baloloy	Member
Patient Safety Committee	Raffy Resty C. Principe	Member
	Charmagne Rasalan	Member
	Maribel E. Salas	Member
	Maria Salvacion T. Villar	Member
Emergency and Disaster Preparedness Committee	Dhonald L. Angulo	Member



Spiritual Committee	Dhonald L. Angulo Pinky C. Baloloy	Member Member
Healthcare Waste Management	Pinky C. Baloloy	Member
Blood Donation / Transfusion Committee	Pinky C. Baloloy	Member
Human Resource Merit Promotion And Selection Board (HRMPSB)	Dhonald L. Angulo Raffy Resty C. Principe	Member Member
Society of Seniors Committee	Armi Lyn F. Custodio	Member

C. STAFF LEARNING AND DEVELOPMENT INTERVENTION INSIDE/OUTSIDE THE INSTITUTION INCLUDING WEBINARS

All staff complied the regulatory requirements of learning and development intervention, seminars/webinars attended with certificates. (Copy of attendance certificate submitted to NETRU)

NAME OF STAFF	NO. OF SEMINAR/ WEBINARS ATTENDED
1. DHONALD ANGULO	4
2. ARMI LYN F. CUSTODIO	4
3. PINKY C. BALOLOY	4
4. RAFFY RESTY C. PRINCIPE	5
5. PENELOPE MAGNOLIA B. OLIVA	8
6. ROCHEL ANN T. PADAY	-
7. JUDITH J. CAMACHO (JO)	9
8. MARIBEL E. SALAS	5
9. MARIA SALVACION T. VILLAR	-
10. RONALD REYES JR	4
11. NENA BULAN (JO)	3
12. RAZUL GERONIMO (JO)	2
13. MELVIN FRANILLA (JO)	3
14. ROVIC ANGELO CLASARA (JO)	4
15. BENEDICT ERWIN PESIGAN (JO)	0



16. JEROME NEIL Y. DEL ROSARIO	6
17. CHARMAIGNE F. RASALAN	6
18. JOHN RAY PENOLIAR	5
19. CELIA DE JESUS	4
20. JEWEL REGINE SAMSON	3
21. KENNY RICARTE	2
22. MHARLYN TESORO	4
23. CRESENCIO BERO	5

III. FINANCIAL PERSPECTIVE

A. Patient Charges for special procedures

- All patients for laboratory, X-ray and Medicine Refill are referred to Medical Social Service and advice to file their Philhealth
- Ensures all procedures done to patient are properly referred to medical social service (2 D-Echo and ECG)
- Ensures all supplies used by patients are properly accounted.

B. Equipment and Facilities

ACQUIRED EQUIPMENTS	
ITEM	QUANTITY
1. Air Purifier	2 units
2. Epson L3250 Printer	2 units
3. Hot & Cold Water Dispenser	2 units

C. Innovation/ Best Practices

GOAL/OBJECTIVE	INNOVATION/BEST PRACTICE	OUTCOME
1. Strictly no face shield, no face mask, no consultation policy	<ul style="list-style-type: none"> ➤ Ensure that all clients/ relatives and health workers complied on the proper utilization of PPE ➤ Constant monitoring regarding compliance to the said policy ➤ Ensures Availability of PPE at all times (for health care team) 	➤ 100% compliance



2. Strict implementation of social distancing in the waiting area	<ul style="list-style-type: none"> ➤ Utilization of tent in the waiting area ➤ Constant monitoring seating arrangement in the waiting area and awaits queuing ➤ Placed additional benches to be occupied by clients. 	<ul style="list-style-type: none"> ➤ Organized Queuing of patients and maintained distance
3. Coordination to all department for the patient list a day before consultation (15 patients only per service)	<ul style="list-style-type: none"> ➤ Patients' lists are used to obtain medical records, and organize queueing of patients per service 	<ul style="list-style-type: none"> ➤ To minimize delay in consultation and avoid multiple human exposure
4. Compliance in the implementation of COVID-19 screening assessment tool prior to consultation, if patient has manifestation of fever, cough, sore throat, and with exposure to COVID-19, patient is advised to stay outside	<ul style="list-style-type: none"> ➤ All patient will undergo temp assessment by the guard on duty ➤ Then will be examined by the triage officer to deck and clear for consultation, if one of symptoms to watch out for is present, patient will stay outside the hospital until dr attends to their needs 	<ul style="list-style-type: none"> ➤ To avoid unnecessary exposure
5. Promote customer satisfaction	<ul style="list-style-type: none"> ➤ Served with a smile. ➤ Attended all clients who are scheduled thru telemed consultation. ➤ Gives proper Consultation process of telemed consultation prior to face-to-face consultation ➤ Maintain consultation area clean and comfortable. 	<ul style="list-style-type: none"> ➤ No complaint
6. Accuracy of patient daily registry in the Grand Daily Census	<ul style="list-style-type: none"> ➤ Daily monitoring of OPD daily census and Grand daily census via Bizbox ➤ Coordinated with Mr. Buenoflor R. Grandea Jr. regarding status weekly ➤ Continued monitoring every two weeks 	<ul style="list-style-type: none"> ➤ 100% patient registry attained after two weeks after adjusting triaging process
7. Promote Vascular Access safety	<p>Strict aseptic technique in taking care to not contaminate the fistula and graft site before, during and after treatment.</p>	<p>Engage patient in prevention and control of infection in every hemodialysis treatment</p>
8. Provide Health Teaching both patient and relative	<p>Instruct proper hygiene and how to take care of their fistula or graft.</p>	<p>Expressed understanding and cooperation on how to do self-care.</p>

Table 01 – Schedule days of Consultation

Monday	Tuesday	Wednesday	Thursday	Friday
Face to face consultation	Face to face consultation	Face to face consultation	Face to face consultation	Face to face consultation
Medication refill	Medication refill	Medication refill	Medication refill	Medication refill
laboratory	laboratory	laboratory	laboratory	laboratory



X-Ray	X-Ray	X-Ray	X-Ray	X-Ray
Ophtha				
		Cardio		
Neuro	Neuro	Neuro	Neuro	Neuro

IV. OTHER ACTIVITIES

Other Activities	Action Taken
1. Community service	➤ Pneumococcal Vaccination
2. RE Schedule of new normal OPD Consultation	➤ Posting of the new schedule as per Memo

HEMODIALYSIS PREVENTIVE MAINTENANCE SERVICE

a.) MICROBIOLOGICAL TEST:

DATE COLLECTED	PROVIDER	SOURCE	RESULT
March 14, 2022	ENVIRONMENTAL	PRODUCT WATER	PASSED
		POINT OF USE	PASSED
		RAW WATER	PASSED

b.) STATUS OF HD MACHINES

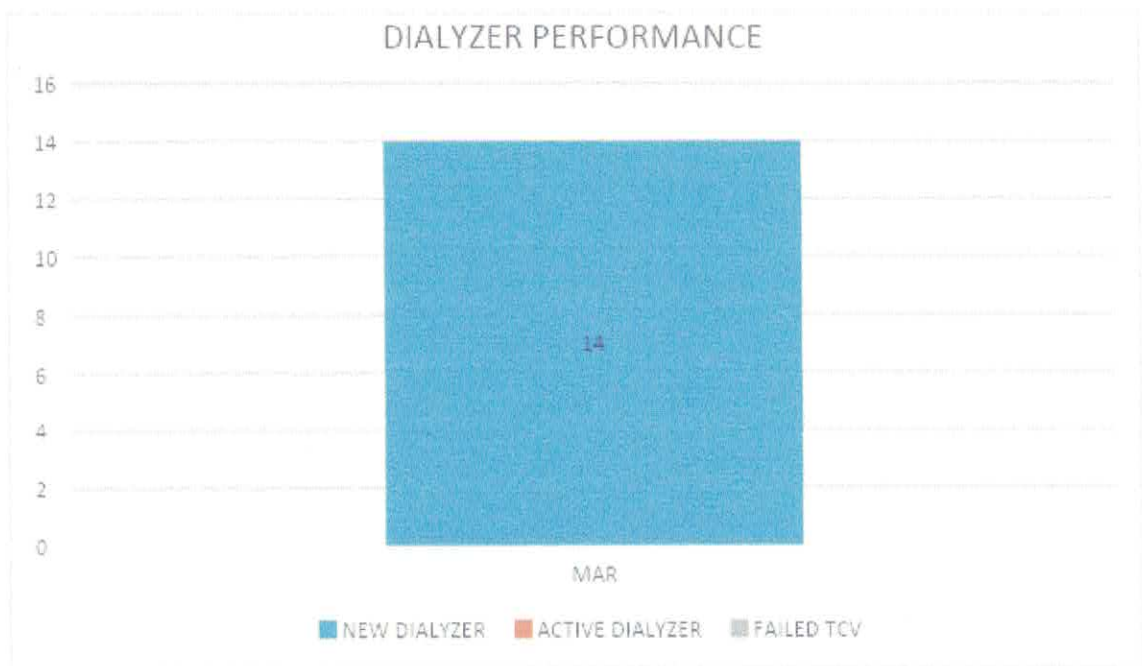
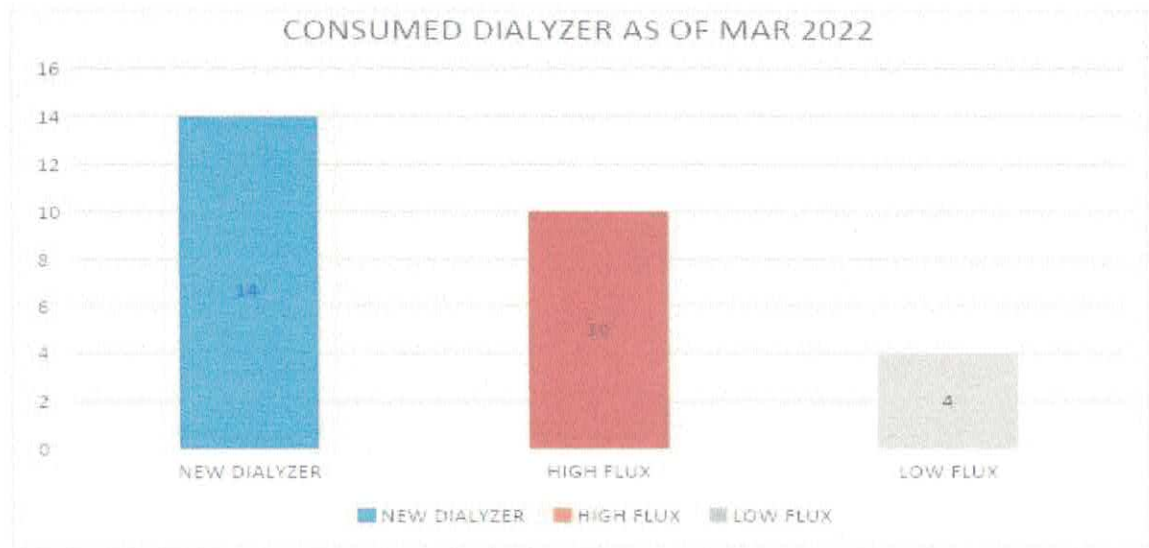
MACHINE HOURS AS OF February 31, 2022		
MACHINE #	SERIAL #	MACHINE HOURS
1	8VSAGD 19	2652
2	8VSAGD 16	2826
3	8VSAGD 21	2559
4	8VSAGD 20	2788
5	8VSAGD17	2699
6	8VSAGD22	2760

MACHINE FUNCTIONALITY		
MACHINE #	SERIAL #	
1	8VSAGD 19	GOOD CONDITION
2	8VSAGD 16	GOOD CONDITION
3	8VSAGD 21	GOOD CONDITION
4	8VSAGD 20	GOOD CONDITION



5	8VSAGD17	GOOD CONDITION
6	8VSAGD22	GOOD CONDITION

DIALYZER PERFORMANCE





V. ISSUES AND CONCERNS

PROBLEMS ENCOUNTERED	ACTION TAKEN	REMARKS
1. Transferring of urgent /emergency cases of scheduled OPD patients to JRRMMC / HOC.	Raised this concern to Chief of Hospital regarding clear protocols coordination.	Awaiting response.
2. Lack of Medical Officers to cater the increasing number of patients for OPD consultation.	Raised this concern to Chief of Hospital; Requested for additional manpower.	Acknowledged by the COH. Still waiting for applicants.
3. Unavailability of Medications and Blood Chemistry Reagents.	Followed-up to concerned departments	Awaiting for delivery of supplies.

PROGRAMS/ACTIVITIES	ACTION TAKEN	RESULT/OUTCOME	REMARKS
1. Semiannual physical / chemical testing of water	Requested to conduct semiannual water testing of water.	Collected water sample for analysis aseptically.	Done February 14, 2022
2. Loop disinfection of Reverse Osmosis System	Technician dwell sodium hypochlorite and recirculate the water in the water loop.	Negative result upon testing for presence of bleach in the water to identify completion of loop disinfection.	Done March 13, 2022
3. Monthly Microbiological testing of water	Requested to conduct monthly water testing of water.	Collected water sample for analysis aseptically.	Done March 14, 2022
4. Quality Assessment and Patient Improvement Meeting	Announced attendance of all Dialysis Nursing staffs.	All Dialysis staffs attended the Quality Assessment and Patient Improvement Meeting	Participation done by Dialysis Nursing Staffs. Done March 30, 2022

Prepared by:


RAFFY BESTY PRINCIPE
Nurse 1

Reviewed By:


ARMILYN CUSTODIO
Nurse III Unit Manager

Approved By:


DONALD L. ANGULO RN MAN
Chief Nurse Designated

ADMINISTRATIVE /

FINANCE SERVICE



**DR. EVA DR. EVA MACARAEG - MACAPAGAL
NATIONAL CENTER FOR GERIATRIC HEALTH**

ADMINISTRATIVE SERVICES

**ACCOMPLISHMENT REPORT 2022
FIRST (1st) QUARTER**

SERVICE/UNITS	OBJECTIVE / GOAL / MILESTONE	STRATEGY/ACTIVITY	LOCUS OF RESPONSIBILITY	TIMELINE	REMARKS	
CHIEF ADMINISTRATIVE OFFICE	1. Full compliance to DOH requirement on License to Operate on Specialty Level 1 Hospital 2. Fully operational administrative units 3. Ensure an orderly and clean facilities of the Center.	At the end of the 1 st qtr., deficiencies that are not yet complied – application on LTO for NCGH must have been met	CAO/PROCUREMENT	ASAP	DONE	
		1. Oisterizer, pressure cooker, oven, blender				
		2. Food Conveyor	CAO/DIETARY/ENGINEERING	ASAP	DONE	
		3. Manual Autoclave	NURSING SERVICE/ENGINEERING	ASAP	DONE	
		4. Designation of three (3) ambulance driver	HR / ENGINEERING	ASAP	DONE (BLS to drivers scheduled for April 2022)	
		5. Facilitate, keep track, and follow up necessary request FDA Application	OCH/CAO/PHARMACY/CCU	ASAP	DONE	
		1. Hire staff as required	OCH/CAO/NURSING/HR	ASAP	DONE (almost)	
		2. Identify Heads of Units per specialty level I Organizational Structure	OCH/CAO/HR	ASAP		
		3. Assign room for each unit per approved floor plan	OCH/CAO/ENGR.	ASAP	DONE	
		1. Parking (Front/Side) and open area - Coordinate with Barangay resident cars parked in NCGH. Only hospital/employee vehicles are parked in said area Relocate non mobile parked NCGH vehicle at back area. Eye sore somehow eliminated.	OCH/CAO/SECURITY	ASAP	DONE	
	CAO/JANITORIAL SERVICES	ASAP	DONE			

**CENTRAL
COMMUNICATION
AND INFORMATION
TECHNOLOGY
OFFICE**

4. Ensure Culture -friendly and patient safety environment	Trimming of plants	HOUSEKEEPING/JANITORIAL SERVICES	ASAP	DONE
	2. Frontage of Building - Signage already mounted	CAO/ENGR. /PROCUREMENT	ASAP	DONE
	- Repainting of Façade	ENGR/PROCUREMENT	STARTED	Mar-22
	3. Side/Back premises		ASAP	-----
	- Rock debris for hauling -If still no response from city hall be disposed in a sacks	ENGR/HOUSEKEEPING/JANITORIAL SERVICES	ASAP	-----
	1. Provision of tent in the waiting area may utilize stage as waiting area	EXECOM PROCUREMENT/HOUSEKEEPING	ASAP	DONE
	2. Provide podium for security guards. Security office already identified	SECURITY	ASAP	DONE
	3. Triage and assessment area	ENGINEERING/HOUSEKEEPING/SECURITY	ASAP	DONE
	4. Clear the lobby, Rooms at 4th floor are now being utilized.	ENGINEERING/HOUSEKEEPING	ASAP	DONE
	Review Bills: Queries at PLDIT. Reiterate Letter request w/ CCU JRRMMC		ASAP	COORDINATED WITH PLDIT
Subscription to Internet Connections		2ND QUARTER	-----	
Paging System		ASAP	PR in process	
CCTV Camera and Monitoring System		ASAP	PR in process	
		COH/CCU / CAO / ENGINEERING / PROCUREMENT	ASAP	PR in process

This Allows us to keep an eye on activities in and around DEMM NCGH premises
-Identify which part of hospital where we should place the camera's
-PR for CCTV Camera and Monitoring System

	<p>Repair & Renovation of 4th Floor and other Areas</p>	<p>Invite several suppliers/contractors with enough experience and already completed related projects to other government agencies. Submit PR to acquire tools needed</p>	<p>ASAP</p>	<p>-----</p>
<p>ENGINEERING & FACILITIES MANAGEMENT DEPARTMENT</p>	<p>Repair of 44 units of ACU</p>	<p>Assessment of all existing Air condition units</p>	<p>ASAP</p>	<p>DONE</p>
	<p>Provision of related training to maintenance personnel.</p>	<p>Coordinate with HR/ Training Office</p>	<p>COH/CCU / CAO / ENGINEERING / PROCUREMENT</p>	<p>-----</p>
	<p>Office Supply</p>	<p>Request supplies at procurement office</p>	<p>ASAP</p>	<p>DONE</p>
<p>FINANCE DEPARTMENT</p>	<p>Fully Operational Finance Department Unit</p>	<p>Return Cash Unit at the Business Center Identify room at 4th floor for Finance office</p>	<p>ASAP</p>	<p>DONE</p>
	<p>Fully operational Housekeeping Department</p>	<p>Continuous monitoring of on premises Coordinate hauler for rock debris located at the side back part of the premises / or put debris in to sacks mean time waiting for the hauler</p>	<p>ASAP</p>	<p>DONE</p>
<p>HOUSEKEEPING DEPARTMENT</p>	<p>Maintain cleanliness and safety environment</p>	<p>Daily monitoring / Maintain logbook/Checklist</p>	<p>ASAP</p>	<p>DONE</p>
	<p>Electric and Water Conservation</p>	<p>Employee Orientation on energy and water conservation</p>	<p>2ND QUARTER</p>	<p>-----</p>
		<p>PR of bundy clock/ follow up</p>		

HUMAN RESOURCES DEPARTMENT	Fully operational HR Department Ensure efficient and on time salary of personnel	Provide a readily available 201 file PR Issuance of HPO for assignment of all personnel	CAO/HR/PROCUREMENT	ASAP	DONE
		Assign contracts assessment and reviews of requirements and payroll to various HR personnel			
LINEN DEPARTMENT	Fully operational linen department	Identification of Hospital Rooms for Curtains and other linen requirements	LINEN/PROCUREMENT	ASAP	DONE
		Request for Linen and Sewing machine		MARCH	-----
		Continuous rendering of linen management and Inventory (Clean/Spoiled) Monthly Report		ASAP	DONE
		Continuous processing of request from different services		ASAP	DONE
PROCUREMENT, PROPERTY AND SUPPLIES	Fully operational Procurement, Property and Supplies	Review files of past Procurement made	CAO/PROCUREMENT/PROPERTY	ASAP	ONGOING
		Provide stock position of supplies		ASAP	DONE
SECURITY OFFICE	Ensure Peace and Order within the vicinity	Provide security office Manning of frontline areas and routine roving of guards on duty	CAO / SECURITY	ASAP	DONE

APPROVED BY:

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 CHIEF OF ADMINISTRATIVE OFFICER

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 ADMINISTRATIVE AIDE III