

### ANNUAL ACCOMPLISHMENT REPORT JANUARY - DECEMBER 2022 **HEMODIALYSIS UNIT NURSING SERVICE**

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Assistant Nurse Unit Manager

Noted by: Armi Lyn F. Custodio, RN
Unit Manager- HD Unit

### I. PATIENT CARE PERSPECTIVE

### A. Total Number of Patients Served

1.1 According to New Patient (January - December 2022)

Total	Pay	Service		Class
	c	,	PHIC	
2	Y	2	Non-PHIC	DIALYSIS

1.2. According to Number of Treatment





SERVICE         891         -         891           PAY         Hemodiafiltration (HDF)           SERVICE         351         -         351	
VICE 891 - Hemodiafiltration (HDF)	_
VICE 891 - Hemodiafiltration (HDF)	
VICE 891 -	
891 -	
Patients	Non-



HTNOM	NUN	NUMBER OF TREATMENT	
	IN PATIENT	OUTPATIENT	TOTAL
January	1	79	79
February	T.	94	94
March	ï	106	106
April	(1)	109	109
May	ť	115	115
June	1	103	103
July	1	104	104
August	1	117	117
September	E	108	108
October	1	108	108
November	t	103	103
December	1	96	96
TOTAL		1242	1242



### B. Quality Objectives/Breakthrough

the necessary corrective actions.		
report of clinical areas and make		
<ul> <li>Evaluate and discuss monthly</li> </ul>		
performance of care.		
dealings with clients and		
<ul> <li>Monitor staff's behavior in their</li> </ul>		
promptly		
<ul> <li>Attends to customer's needs</li> </ul>		
<ul> <li>Serve with a SMILE policy</li> </ul>		
<ul> <li>Observe courtesy and politeness</li> </ul>		
gesture		
modulation of voice; proper		
etiquette: eye to eye contact;		
Proper communication and		
<ul> <li>Introduce self</li> </ul>		
during duty:		
<ul> <li>Enhance staff-client interactions</li> </ul>		
holistic care.		
demonstrate and providing	• 100%	<ul> <li>OCT-DEC</li> </ul>
providers, behavior to	• 100%	<ul> <li>JUL-SEP</li> </ul>
expectation among healthcare	• 100%	<ul> <li>APR-JUN</li> </ul>
emphasizing patient's	• 100%	• JAN-MAR
patient/relative relationship,		Rating
<ul> <li>To provide proper orientation of</li> </ul>		To Maintain Customer Satisfaction
Corrective Action/Action Plan 2022	Outcome	Quality Objective/Breakthrough



### NATIONAL CENTER FOR GERIATRIC HEALTH Gen. Solano Street, Malacañang Complex, San Miguel, Manila HEMODIALYSIS UNIT JOSE R. REYES MEMORIAL MEDICAL CENTER

during monthly meetings		• 100%	ACLS (NURSES)
Remind staff on compliance	•	• 100%	• BLS
requirements through:		• 100%	• PRC
Maintain compliance in implementing staff regulatory	•		Requirements
electronic based record.			-
encryptions/password to all			
Provide specific			
posted in strategic location			
Presence of Privacy Notice			
Agreement		<ul> <li>NO INCIDENCE</li> </ul>	OCI-DEC
Accomplished Non-Disclosure	•	<ul> <li>NO INCIDENCE</li> </ul>	• JUL-SEP
Privacy Notice	•	<ul> <li>NO INCIDENCE</li> </ul>	APR-JUN
Assessment		<ul> <li>NO INCIDENCE</li> </ul>	• JAN-MAR
Conduct of Privacy Impact	•		breach
Data Privacy Awareness	•		To prevent incident of Data Privacy
the necessary corrective actions			
report of clinical areas and make			
Evaluate and discuss monthly	•		
performance of care.			
dealings with clients and			
Monitor staff's behavior in their			
promptly			
Attends to customer's needs	•	<ul> <li>NO COMPLAINT</li> </ul>	• OCT-DEC
Observe courtesy and politeness		<ul> <li>NO COMPLAINT</li> </ul>	<ul> <li>JUL-SEP</li> </ul>
immediately		<ul> <li>NO COMPLAINT</li> </ul>	<ul> <li>APR-JUN</li> </ul>
Attend to customer's needs	•	<ul> <li>NO COMPLAINT</li> </ul>	• JAN-MAR
Serve with a smile	•		To Prevent Customer Complaints



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HEMODIALYSIS UNIT

100% 100% 100% 100% 100% 100% 100% 100%	<ul> <li>To ensure all patients will be given treatment schedule.</li> <li>To inform patients a week prior to their schedule for dialysis.</li> <li>To ensure updated laboratory and serological results.</li> <li>Conduct of scheduled preventive maintenance.</li> <li>Conduct three times a week backwashing</li> <li>To provide daily monitoring of water quality</li> <li>Conduct of scheduled preventive maintenance.</li> <li>To strictly implement orientation to all staff and monitor its compliance.</li> <li>To provide strict Implementation on prevention of production of prevention of prevention of prevention.</li> </ul>
	licenses.
100%	_
	given treatment schedule.
	to their schedule for dialy
	<ul> <li>To ensure undated labor</li> </ul>
	and serological results
	and schological results.
	<ul> <li>Conduct of scheduled pre</li> </ul>
	maintenance.
	disinfection
100%	
100%	backwashing
100%	
100%	water quality
	<ul> <li>Conduct of scheduled prev</li> </ul>
	maintenance.
Y	٠
	orientation to all staff and
100%	monitor its compliance.
100%	<ul> <li>To provide strict</li> </ul>
100%	Implementation on preven
100%	of modella chick injury and



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incluence.	Committee for reported	Prevention and Control	<ul> <li>Coordinate with Infection</li> </ul>	lavatory)	areas (e.g. treatment room,	shall be available on ide	prevention of needle sti	<ul> <li>Posting of materials on</li> </ul>	<ul> <li>Punctured proof containers</li> </ul>	<ul> <li>Pick-up forceps</li> </ul>	required materials	<ul> <li>Availability and proper use of</li> </ul>

### II.HUMANRESOURCE PERSPECTIVE

A. Total Number of Unit Staff

Position	Newly Hired/ to Otl Promotion Area	Transfer to Other Area	Transfer Resigned Retired Lateral to Other Area	Retired	Lateral	Current No. of Staff
Nurse III	ı		1	1	I	H
Nurse II	×	ř.		ï		2
Nurse I	x	ı	i	ï	3	1
Nursing Attendant II	1	4	1	3		3
Nursing Attendant I	1	1	1	9	3	1
TOTAL						8

# STAFF PARTICIPATION IN HOSPITAL/ NURSING DIVISION ACTIVITY/ COMMITTEE

PROJECT /COMMITTEE ACTIVITY	NAME OF STAFF	POSITION
Philippine Governance System	Armi Lyn F. Custodio	Member
Safety Officer	Armi Lyn F. Custodio	Member
Infection Prevention Control	Armi Lyn F. Custodio	Member
Committee	я	
Society of Seniors Committee	Armi Lyn F. Custodio	Member

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

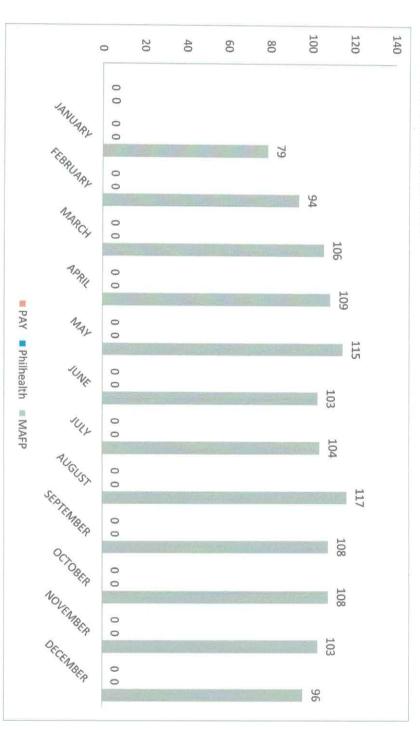
All staff complied the regulatory requirements of learning and development intervention, seminar/webinars attended with certificates. (Copy of attendance certificate submitted to NETRU)

CRESENCIO J. BERO JR.	MHARLYN F. TESORO	JEWEL REGINE F. SAMSON	CELIA A. DE JESUS	JEROME NEIL Y. DEL ROSARIO	CHARMAIGNE F. RASALAN	JOHN RAY PENOLIAR	ARMI LYN F. CUSTODIO	NAME OF STAFF
16	18	15	17	17	19	22	16	NO. OF SEMINAR/ WEBINARS ATTENDED



### III. FINANCIAL PERSPECTIVE

### A. Patient Charges for special procedures





1242	1242			TOTAL
96	96	i	1	DECEMBER
103	103	i	i i	NOVEMBER
108	108	d.	1	OCTOBER
108	108	GI .	1	SEPTEMBER
117	117	1	÷ <b>r</b>	AUGUST
104	104		ä	JULY
103	103	4	ı	JUNE
115	115	£	1	MAY
109	109	ä	ж.	APRIL
106	106	3	1	MARCH
94	94	2	4	FEBRUARY
79	79	2	1	JANUARY
TOTAL NUMBER OF TREATMENT	MEDICAL ASSISTANCE FUND (MAFP)	PAY	РНІІНЕАІТН	HTNOM



### B. Innovation/Best Practices

Goal/Objective	Innovation / Best Practice	Outcome
To ensure safety.	Installed steel chain	Oxygen tank properly
	barrier.	placed and secured.
To ensure safety.	Color Coded Folder	Folders were provided
		with different color as
		ff: Red- Urgent, Green-
		for signing and
		approval, Blue-
		Memos and
		communication
		letters, Black- for filing
To ensure correct	Neighbor Checking	Completed treatments
dialysis machine set-		with proper machine
up and patient's		set-up without
safety.		machine related
		complications.

### C. Equipment

ITEM	QUANTITY
<ol> <li>Digital wheelchair weighing scale</li> </ol>	1 unit
<ol><li>Hot &amp; Cold Water Dispenser</li></ol>	1 unit



### IV. OTHER ACTIVITIES

6.	Ċ	.4	ÿ	2.	÷,	
6. JRRMMC Nursing Service Christmas Party	5. Hemodialysis Patient's Christmas Party	DEMM NCGH Christmas Party	DEMM-NCGH 12 <sup>TH</sup> Year Anniversary	2. Quality Assessment and Performance Improvement	1. Provision of Health Education	Other Activities
	•		•	•		
Participated the Annual Nursing Division Christmas Party organized by NSDA in Disney Theme last	Organized the 1st Christmas Party for Hemodialysis Patients last December 21, 2022.	Participated in Rockstar Themed Party and awarded as $4^{\mathrm{th}}$ placed in Door Christmas Decorating Contest	Participated and joined in giving away freebies and snacks during Day 3 and joined Zumba for Employees on Day 4.	Monthly reporting to promote continuous improvement and outcomes.	Pre and Post Health Education to All Hemodialysis Patients	Action Taken



### V. ISSUES AND CONCERNS

PROBLEMS ENCOUNTERED	ACTION TAKEN	REMARKS
1. Machine error, only 4 machine are working	<ul> <li>-Reported to senior Technician and service provider.</li> </ul>	All Patients were accommodated
(Error on hydraulic phase)	-Two shift were made to accommodate all patients	
2. Machine error (Error on hydraulic	-Reported to Fresenius Medical Care	Calibrated done by Fresenius Medical
phase) -8VSAGD 19		Care. Done March 22, 2022
-8VSAGD 16		П
-8VSAGD 21		
-8VSAGD 20		
-8VSAGD17		
3.Nonfunctioning Digital Wheelchair	Requested urgent purchase of	Received Digital Wheelchair Weighing
Weighing Scale	equipment	Scale last November 23, 2022
4.Inadequate dialysis consumable	-Purchase requested using Petty Cash	-All Patients were treated.
supplies due to delayed approval of PPMP.	and Cash Advance	
5.Lack of manpower (Technician)	-Relieved by Nurse on duty (John Ray	-All Patients were treated.
	-Requested one technician from	
	JRRMMC Dialysis Main.	