



Department of Health
 JOSE R. REYES MEMORIAL MEDICAL CENTER
 Rizal Ave., Sta. Cruz, Manila
<http://www.jrmmc.doh.gov.ph>
 NURSING SERVICE

OCT 07 2020
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 ID No. 5096451

NURSING SERVICE 3rd Quarter ACCOMPLISHMENT REPORT FOR CY- 2020

Functional Objectives	Target	Accomplishment	Catch-up plan
I. HUMAN PERSPECTIVE 1. Appropriate staffing by timely filling up vacant positions.	<ul style="list-style-type: none"> 90% vacant position filled up 	<ul style="list-style-type: none"> Nurse I vacant position filled up. N.A. It-on going process Preliminary Screening of other vacant positions ongoing. 	<ul style="list-style-type: none"> To process all vacant position this last quarter.
2. Provision of Staff Learning Development Interventions to improve work performance.	<ul style="list-style-type: none"> 100% staff provided with at least 2 relevant LDI per semester 	<ul style="list-style-type: none"> 50% staff attended outside seminars thru webinar. 	<ul style="list-style-type: none"> To resume virtual LDI to each area Submit request letter to MCC for approval of official time.
3. Prevention from Needle Stick Injury	With zero incidence of NSI	<ul style="list-style-type: none"> No incidence of Needle Stick injury reported. 	
4. Staff physical health and wellness	<ul style="list-style-type: none"> 100% compliance to health and wellness programs. 	<ul style="list-style-type: none"> Because of Pandemic, all fitness programs suspended. However, advised to perform exercises at home and maintain proper nutrition and medications/supplement. Closely monitor and managed staff afflicted with Covid-19 and those exposed. 	<ul style="list-style-type: none"> To continuously monitor staff safety and to communicate with responsible person any concern as needed.



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II. PATIENT PERSPECTIVE			
1. Improved Clients Satisfaction	<ul style="list-style-type: none"> 98% Client Satisfaction Survey result With zero complaint 	<ul style="list-style-type: none"> 99.79% Client satisfaction survey result No report of complaint 	
2. Prevention from hospital acquired infection	<ul style="list-style-type: none"> 100% staff compliance to standard infection prevention and control practices 	<ul style="list-style-type: none"> With findings as reported by ICN's. Corrective actions implemented. Still, hospital target infection rate achieved. 	<ul style="list-style-type: none"> To continuously monitor compliance.
3. Prevention from sentinel events: falls, burn injury, blood & medication error, wrong patient's identity.	<ul style="list-style-type: none"> With zero incidence of sentinel event. 	No report of incidence.	
4. Compliance to hospital scorecard: % of ESC patients managed with less than 4 hours turn-around time.	<ul style="list-style-type: none"> 98% ESC patients managed less than 4 hours turn-around time 	<ul style="list-style-type: none"> 99.79% (3,932/3940) ESC patients managed less than 4 hours turn-around time. 	
5. Compliance to hospital scorecard: % patients with discharge order processed less than 4 hours turn-around time.	<ul style="list-style-type: none"> 98% patients with discharge order process less than 4 hours turn-around time. 	<ul style="list-style-type: none"> 99.71% (1,736/1,741) patients with discharge order processed than 4 hours turn-around time 	



1. FINANCIAL PERSPECTIVE			
1. Completeness and timely submission of discharged patients' records.	<ul style="list-style-type: none"> 90% discharged patients' records complete and submitted on time. 	<ul style="list-style-type: none"> 98% completed and timely submitted. Discussed with unit nurse managers issues and concerns. 	<ul style="list-style-type: none"> Strictly assigned staff to complete encoding and checking & facilitation of completeness of records.
2. Proper utilization and monitoring of supplies and equipment	<ul style="list-style-type: none"> 100% staff compliance in regular checking of supplies and equipment. No incidence of zero stock and losses 	<ul style="list-style-type: none"> 100% staff compliance to monitoring. No report of incidence of loss. Issue and concern regarding depletion of fast-moving supplies properly coordinated and responded. 	
3. Appropriate PMP for the calendar year	<ul style="list-style-type: none"> CY PMP appropriate & responsive. 	<ul style="list-style-type: none"> Because of the Pandemic 2020 PMP for 2nd Semester amended and submitted. PPMP for equipment submitted. List of other equipment below P15,000.00 submitted. 	<ul style="list-style-type: none"> To follow up the procurement of requested equipment.

Submitted by:

for: *Alicia N. Salamanca*
Alicia N. SALAMANCA, RN, FT. MAN
 Chief, Nursing Service

Alicia N. Salamanca
 OCT-07-2020

