

COMPUTATION OF FINAL INDIVIDUAL RATING FOR ADMINISTRATIVE STAFF

Annex P

Name of Administrative Staff: **MERRY CHRIST'L S. GUINOCOR**

Particulars (1)	Numerical Rating (2)	Percentage Weight (3)	Equivalent Numerical Rating (2x3)
3. Numerical Rating per IPCR	4.89	70%	3.42
4. Supervisor/Head's assessment of his contribution towards attainment of office accomplishments	4.91	30%	1.47
TOTAL NUMERICAL RATING			4.89

TOTAL NUMERICAL RATING: 4.89

Add: Additional Approved Points, if any:

TOTAL NUMERICAL RATING:

FINAL NUMERICAL RATING 4.89

ADJECTIVAL RATING: Outstanding

Prepared by:

MERRY CHRIST'L S. GUINOCOR
Name of Staff

Reviewed by:

ELWIN JAY V. YU
Department/Office Head

Approved:

ELWIN JAY V. YU
Vice Pres. for Admin and Finance



**UNIVERSITY SERVICES FOR HEALTH,
EMERGENCY AND RESCUE (USHER)**

Visca, Baybay City, Leyte 6521-A

Email: usher@vsu.edu.ph

Website: www.vsu.edu.ph

Phone: (053) 565-0607



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FM-VSU-03

V2 05-09-2023

No. 24-40

INDIVIDUAL PERFORMANCE COMMITMENT & REVIEW FORM (IPCR)

I, DR. MERRY CHRIST'L T. SUPNET- GUINOCOR, Medical Officer III of VSU - USHER commits to deliver and agree to be rated on the attainment for the following accomplishments in accordance with the indicated measures for the period July - December, 2024

MERRY CHRIST'L T. SUPNET-GUINOCOR, MD
Medical Officer III- USHER

ELWIN JAY V. YU, MD, MPH.
Chief of Hospital I 1-10-25

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q ¹	E ²	T ³	A ⁴	
USHER MFO1: ISO aligned Health Services	Percentage compliant of process under ISO standard	100% complaint to ISO standard	100%	100%	5	5	5	5.00	
	Cascading of revised forms.	attends the cascading o revised forms and	5	50	5	5	5	5.00	1 Document Review Form Approved
USHER MFO2: Administrative Support Management of Health Services	Efficient & customer-friendly frontline services	zero complaint for every clients served	Zero Complaint	Zero Complaint	5	5	5	5.00	Emergency hiring during Annual/Periodic Medical Examination for Students
	Compliance to requirements of regulatory/accreditation bodies	Coordinate and assist USHER's compliance officer	7	7	5	5	5	5.00	ISO 9001:2015, DOH, DENR, FDA, Philhealth, Philippine Hospital Association, AACCUP
	Manpower meeting	attend Manpower meeting called by COH	4 (1 per quarter)	2	5	5	5	5.00	
	Number of clinical services personnel supervised (ER, clinical laboratory, Radiology Dept, Medical Records, PHIC, IT)	conduct regular clinical services staff meeting	4	2	5	5	5	5.00	quarterly
		ensure smooth implementation of hospital processes	100%	100%	5	5	5	5.00	

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q ¹	E ²	T ³	A ⁴	
		ensure timely submission of required reports from respective section heads	100%	100%	5	5	5	5.00	deadline set for submission of reports
		facilitate and coordinate with staff in charge in the renewal of license to operate and accreditation by other licensing agencies.	100%	100%	5	5	5	5.00	
		propose clinical service staff development	1	100%	5	5	5	5.00	
	Availability of hospital supplies and instruments at all times	ensures the availability of hospital supplies through conduct quarterly inventory	4	4	5	5	5	5.00	*Via USHER Registry *As the need arises
		ensure sterility of surgical instruments and other supplies by setting a schedule for sterilization and monitoring the compliance of the personnel incharge	100%	100%	5	5	5	5.00	
	Committee membership	Perform functions on various committees assigned	100%	100%	4	5	5	4.70	
	Performs function of the Head of Office	Officer in charge	100%	100%	5	5	5	5.00	
	Number of hospital policies proposed	Propose new hospital policy as the need arises	1	100%	5	5	4	4.70	1 POLICY ON UNDERSTANDING AND SATISFYING SPECIAL REQUEST OF THE FAMILY AND THE PATIENT 1 INFECTION PREVENTION CONTROL POLICY

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q ¹	E ²	T ³	A ⁴	
	Performs functions as Clinical Section Head	Supervision of section heads (Laboratory, Radiology Department, OPD, ER and Ward)	100%	100%	5	5	5	5.00	
		ensures maintenance of hospital cleanliness as well as proper waste segregation, storage and disposal	100%	100%	5	5	5	5.00	
		conducts meeting with section heads	1 per quarter	100%	5	5	5	5.00	
USHER MFO3: Health and Wellnes	Number of injury/accident prevention activities conducted	coordinate with PHU in crafting inkury/accident prevention programs	2 (Bi-annual)	2	4	5	5	4.70	by OPCR
	Percentage of request for medics/first aid granted and served	Evaluates request for medics and coordinate with personnel incharge	100%	100%	5	5	5	5.00	VSU faculty, students and staff intramurals Regional annual administrative and tactical inspection, VSU alumni graduate home coming fun run, CAT - I graduation and turn over, VSU anniversary, civil service month, SCUAA, presentation of sponsors (ROTC and CAT) (By OPCR)
	Number of Non communicable Diseases Prevention and Control activities conducted	Facilitate and coordinate with Public Health Unit in the implementation of Programs and activities.	5	9	5	5	4	4.70	COPD, Cardiovascular, Diabetes, Cancer and Mental Health : DONE: Wellness Seminar; and BP Taking (By OPCR)
	Number of Communicable Diseases Prevention and Control activities conducted	Facilitate and coordinate with Public Health Unit in the implementation of Programs and activities.	4	6	5	4	5	4.70	Dorm to dorm lecture (Dengue; Rabies; Deworming) (By OPCR)
	Number of Reproductive, Maternal and Child Health activities conducted	Facilitate and coordinate with Public Health Unit in the implementation of Programs and activities.	5	3	4	5	5	4.70	Proposal on Cervical Awareness (By OPCR)

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q ¹	E ²	T ³	A ⁴	
	Number of GRC coordinate	USHER Staff	6	1	5	5	5	5.00	To submit budgetary plan for 2024 to GRC
	Percentage of student, staff and employees attended for Entrance Medical Examination	Attended to staff and employees who came in for Entrance Medical examination	100%	100%	5	5	5	5.00	
	Percentage of student, staff and employee for annual medical examination attended	Attended to staff and employees who came in for Annual Medical examination	100%	100%	5	5	5	5.00	Data from ODHRM: FACULTY Member: Perm-242; Temp-148; Temp S-10; Partime- 124) Admin Staff - Casual- 50; Contractual- 19; Perm-243; Temp- 10; Job Order 810) 1656/1656 -- Proposed a policy on Mandatory Annual Medical Examination of all permanent employees.
	Number of Entrance and Annual Medical Examination Guidelines/Policy submitted for approval	Medical, Nursing, Dental, Laboratory, Xray and Administrative Staff	1- for Student, 1 for Employee	1	5	5	4	4.70	1 draft submitted to COH
	Percentage of student, staff, employees, dependents and outsider needing further evaluation and treatment referred to higher center/institution	Attended to, evaluated, and referred staff, employees, and their dependents to higher center for further work-up and management	100%	100%	5	5	5	5.00	Based on ambulance referrals among employees and students
	Number of diagnostic equipment requested and approved	Assisted in identifying needed equipment	6	4	5	4	5	4.70	Laboratory equipment - Automated Chemistry Analyzer; Hematology Analyzer; Electrolytes; Hemoglobin A1C.
	Number of additional medical, nursing and allied health personnel hired		25	5	4	5	5	4.70	Number is based on DOH requirement (nurse, midwife, SG, driver, med tech, admin officer)- Letter submitted to the President. (1- Driver ; 1- Emergency Medtech ; 1 - IT) (By OPCR)

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q ¹	E ²	T ³	A ⁴	
	Number of required trainings attended	attends required trainings	5	7	5	5	5	5.00	Number is based on DOH requirement (Hospital Health Management System; IHOMIS Plus; IHOMP; Mother Birthing; Fire & Earthquake Drill; BLS & SFA
USHER MFO4: Public Health Services in the New Normal	Number of Sanitary inspection of food establishments, dormitories and housing units within the campus conducted	Facilitated and conducted the sanitary inspection among food establishments, dormitories and housing units within the campus.	2 (Bi-annual)	2	5	5	5	5.00	1st quarter and 2nd quarter of the year.
	Number of Survey For VSU Health Database conducted	Assist Public Health Section in the conduct of Survey	1	1	5	5	5	5.00	Conduct House to House Survey- Survey/ quadrant
	Number of regular water analysis conducted	Coordinate with personnel incharge	2 (bi-annual)	1	5	5	5	5.00	August 2024
USHER MFO5: Rescue Services	Number of Emergency and rescue team, rescue headquarters, evacuation center and equipment/ machines/vehicles proposed proposals prepared and submitted	Coordinate and assist personnel in charge in crafting the proposal	1	1	5	5	5	5.00	Awaiting for action on the proposal. (Submitted to CHO)
	Number of emergency and rescue personnel hired and trained	coordinate and assist personnel in charge	12	0	4	5	5	4.70	Awaiting for action on the proposal.
USHER MFO7: Innovations in the New	Hospital Operations Manual Approved	submit Policies and procedures	1	1	5	5	5	5.00	
	Electronic database maintained	comply with the Electronic database system	1	1	5	5	5	5.00	
	iHOMIS maintained	Staff -In-Charge	1	1	5	4	5	4.70	
	Established and maintained telemedicine service	practice telemedicine	1	1	4	5	5	4.70	

MFOs/PAPs	Success Indicators	Unit/Persons Responsible	TARGET	ACTUAL	Rating				Remarks
					Q ¹	E ²	T ³	A ⁴	
Others	Continuing Medical Education	attend trainings and conventions	4	8	5	5	5	5.00	15 (Jan - June) RESOURCE PERSON FOR THE TRAINING WORKSHOP ON PROPOSAL WRITING
	Proposal to construct covered hall for Medical Examination purposes	assist in drafting the proposal	1	1	5	5	4	4.70	
	Coordinated with Physical Plant Office for the Fire Safety compliance		1	1	5	4	5	4.70	
	Resource person last December 13, 2024 "A guide to Chickenpox Prevention"		1	1	4	5	5	4.70	
	Resource person last December 6, 2024 "LNU Lympics 2024".		1	1	4	5	5	4.70	
Total Over-all Rating					217	221	221	220	
Average Rating									
Adjectival Rating									

Average Rating (Total Over-all rating divided by 31)			4.89
Additional Points:			
Approved Additional points (with copy of approval)			
FINAL RATING			
ADJECTIVAL RATING			

Comments & Recommendations for Development Purposes:
<p><i>Added things: what came to updating of sites / language. my other leadership things.</i></p>

Evaluated and Rated by

ELWIN JAY V. YU, MD. MPH

Chief of Hospital I

Date: 1-10-25

Approved by:

ELWIN JAY V. YU, MD. MPH

Vice President for Admin and Finance

Date: 1-10-25

PERFORMANCE MONITORING & COACHING JOURNAL

Name of Office: UNIVERSITY HEALTH SERVICES

Head of Office: ELWIN JAY V. YU, MD, MPH

Number of Personnel: 33


	1st	Q U A R T E R
	2 nd	
	3 rd	
	4th	


Activity Monitoring	MECHANISM				Remarks
	Meeting		M e m o	Others (Pls. specify)	
	One-on-One	Group			
Monitoring		Daily & monthly census on 7-20-2024			Meeting on daily and monthly census on nursing service
		Clinical services section head meeting. August 20, 2024			DOH Compliance and Other Matters
		Nurses and nursing attendant monthly meeting. September 15, 2024			Schedule of duties; Calibration and Maintenance
		ManCom Staff Meeting. Sept. 16 and 17, 2024			Costumer feedback report (Mar, Apr, May, June, 2024); OTHER MATTERS
		Meeting. November 29, 2024			HIV Fun Run Activity
		MANCOM MEETING December 5, 2024			MONTHLY REPORTING: Financial Matters; Admin Matters; Clinical Matters; Compliance to regulatory. UPDATE OF INVENTORY EQUIPMENT & SUPPLIES (Medical and Office Supplies) COSTUMER FEEDBACK REPORT; OTHER MATTERS
Coaching					

Note: Please indicate the date in the appropriate box when the monitoring was conducted.

Conducted by:

Noted by:


ELWIN JAY V. YU, MD, MPH
Immediate Supervisor


ELWIN JAY V. YU, MD, MPH
Next Higher Supervisor

EMPLOYEE DEVELOPMENT PLAN

Name of Employee: GUINOCOR, Merry Christ'l S.

Performance Rating: OUTSTANDING

Aim: Enhance and maintain professional skills in the practice of Pediatrician

Proposed Interventions to Improve Performance:

Date: July 2024 Target Date: December 2024

First Step: Encourage to attend PPS Convention

Result: Able to update knowledge and inquire management of pediatric patients

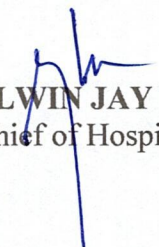
Date: _____ Target Date: _____

Next Step: _____

Outcome: _____

Final Step/Recommendation: _____

Prepared by:


ELWIN JAY V. YU, MD, MPH
Chief of Hospital I

Conforme:


MERRY CHRIST'L S. GUINOCOR, M.D.



Annex O

Instrument for Performance Effectiveness of Administrative Staff

Rating Period: JULY – DECEMBER, 2024

Name of Staff: MERRY CHRIST'L S. GUINOCOR Position: Medical Officer III

Instruction to supervisor: Please evaluate the effectiveness of your subordinate in contributing towards attainment of the calibrated targets of your department/office/center/ college/campus using the scale below. Encircle your rating.

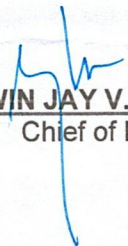
Scale	Descriptive Rating	Qualitative Description
5	Outstanding	The performance almost always exceeds the job requirements. The staff delivers outputs which always results to best practice of the unit. He is an exceptional role model
4	Very Satisfactory	The performance meets and often exceeds the job requirements
3	Satisfactory	The performance meets job requirements
2	Fair	The performance needs some development to meet job requirements.
1	Poor	The staff fails to meet job requirements

A. Commitment (both for subordinates and supervisors)	Scale				
1. Demonstrates sensitivity to client's needs and makes the latter's experience in transacting business with the office fulfilling and rewarding.	5	4	3	2	1
2. Makes self-available to clients even beyond official time	5	4	3	2	1
3. Submits urgent non-routine reports required by higher offices/agencies such as CHED, DBM, CSC, DOST, NEDA, PASUC and similar regulatory agencies within specified time by rendering overtime work even without overtime pay	5	4	3	2	1
4. Accepts all assigned tasks as his/her share of the office targets and delivers outputs within the prescribed time.	5	4	3	2	1
5. Commits himself/herself to help attain the targets of his/her office by assisting co- employees who fail to perform all assigned tasks	5	4	3	2	1
6. Regularly reports to work on time, logs in upon arrival, secures pass slip when going out on personal matters and logs out upon departure from work.	5	4	3	2	1
7. Keeps accurate records of her work which is easily retrievable when needed.	5	4	3	2	1



8. Suggests new ways to further improve her work and the services of the office to its clients	5	4	3	2	1
9. Accepts additional tasks assigned by the head or by higher offices even if the assignment is not related to his position but critical towards the attainment of the functions of the university	5	4	3	2	1
10. Maximizes office hours during lean periods by performing non-routine functions the outputs of which results as a best practice that further increase effectiveness of the office or satisfaction of clientele	5	4	3	2	1
11. Accepts objective criticisms and opens to suggestions and innovations for improvement of his work accomplishment	5	4	3	2	1
12. Willing to be trained and developed	5	4	3	2	1
Score	Total 59				
B. Leadership & Management (For supervisors only to be rated by higher supervisor)	Scale				
1. Demonstrates mastery and expertise in all areas of work to gain trust, respect and confidence from subordinates and that of higher superiors	5	4	3	2	1
2. Visionary and creative to draw strategic and specific plans and targets of the office/department aligned to that of the overall plans of the university.	5	4	3	2	1
3. Innovates for the purpose of improving efficiency and effectiveness of the operational processes and functions of the department/office for further satisfaction of clients.	5	4	3	2	1
4. Accepts accountability for the overall performance and in delivering the output required of his/her unit.	5	4	3	2	1
5. Demonstrates, teaches, monitors, coaches and motivates subordinates for their improved efficiency and effectiveness in accomplishing their assigned tasks needed for the attainment of the calibrated targets of the unit	5	4	3	2	1
Total Score					
Average Score	4.91				

Overall recommendation : _____


ELWIN JAY V. YU, MD, MPH
Chief of Hospital I

