



**COMPUTATION OF FINAL INDIVIDUAL RATING FOR ADMINISTRATIVE STAFF**

**Annex P**

Name of Administrative Staff: **GAY S. FERNANDEZ**

Particulars (1)	Numerical Rating (2)	Percentage Weight (3)	Equivalent Numerical Rating (2x3)
1. Numerical Rating per IPCR	4.76	70%	3.33
2. Supervisor/Head's assessment of his contribution towards attainment of office accomplishments	4.50	30%	1.40
<b>TOTAL NUMERICAL RATING</b>			<b>4.73</b>

TOTAL NUMERICAL RATING: \_\_\_\_\_

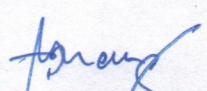
Add: Additional Approved Points, if any: \_\_\_\_\_

TOTAL NUMERICAL RATING: \_\_\_\_\_

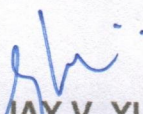
FINAL NUMERICAL RATING \_\_\_\_\_

ADJECTIVAL RATING: \_\_\_\_\_

Prepared by:

  
**GAY S. FERNANDEZ**  
Name of Staff

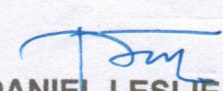
Reviewed by:

  
**ELWIN JAY V. YU**  
Department/Office Head

Recommending Approval:

  
**DANIEL LESLIE S. TAN**  
Vice Pres. for Admin and Finance

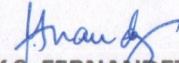
Approved:


  
**DANIEL LESLIE S. TAN**  
Vice Pres. for Admin and Finance



# INDIVIDUAL PERFORMANCE COMMITMENT & REVIEW FORM (IPCR)

I, **GAY S. FERNANDEZ**, Medical Technologist II, of VSU - University Services for Health Emergency and Rescue Office (USHER) commits to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period July to December, 2022.

  
**GAY S. FERNANDEZ**  
 Medical Technologist II VSU - USHER

  
**ELWIN JAY V. YU, M.D.**  
 Chief of Hospital I

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLISHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
USHER MFO1 : ISO Aligned Health Services	Percentage Compliant of process under ISO Standard	Implement 5S concept in the laboratory and monitor compliance daily.	100%	100%	5	5	5	5.00	Daily
		Ensure that all laboratory processes/ activities complies with USHER's approved quality procedures and guidelines.	100%	100%	5	5	5	5.00	All patients coming in for laboratory purpose.
USHER MFO2 : Administrative Support Management and Health Services	Compliance with requirements on regulatory/ accreditation bodies.	Ensure new laboratory results/ data are properly logged.	100%	100%	5	5	5	5.00	1 minute per test
		Ensure that all laboratory requests and results are properly filled-up (required data) with corresponding control numbers.	100%	100%	5	5	5	5.00	1 minute per request form.
		Submit proposal for VSU Hospital laboratory's compliance to new DOH Administrative Order No. 2021-0037 dated June 11, 2021 "New regulation governing the regulation of clinical laboratories in the Philippines" prescribing new service capability standards of a primary laboratory.	100%	100%	5	5	5	5.00	All patients coming in for laboratory purpose.



MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLI SHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
		Comply with (National External Quality Assurance )NEQAS's (HEMATOLOGY and PARASITOLOGY) annual accreditation.	100%	100%	5	5	5	5.00	2/2, Hematology and Parasitology
		Prepares and keeps record of approved contract between the pathologist and VSU.	100%	100%	4	5	5	4.70	1/1, once a year
		Ensure compliance with DOH requirements for a primary laboratory.	100%	100%	5	4	5	4.70	1/1, once a year
		Comply pathologist's recommendations per monitoring visit.	100%	100%	4	5	5	4.70	1/1 monthly
		Attend training for Biosafety & Biosecurity, HIV Training, diagnostic parasitology.	100%	100%	5	5	4	4.70	1.00
		Submit annual report to the of clinical services section.	100%	100%	4	5	5	4.70	1/1 annually
		Submit a segregated laboratory report to the head of the clinical services section monthly.	100%	100%	5	4	5	4.70	1/1 monthly
	Efficient and customer friendly services	Prepares and releases laboratory results on time (as scheduled) properly logged and with corresponding control numbers.	100%	100%	5	5	4	4.70	every patient who came in for any laboratory procedures
		Ensure customer satisfaction by giving proper instruction and courteous service.	100%	100%	5	4	5	4.70	every patient who came in for any laboratory procedures



MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLI SHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
		Periodically update the head of the clinical services section or Chief of Hospital I on the needed equipment, reagents, and laboratory supplies.	100%	100%	4	5	5	4.70	4/4, once every quarter
		Monitor, conduct inventory, and submit purchase requests for the needed laboratory equipment, reagents, and supplies when available stocks are already at 50% level.	100%	100%	5	5	4	4.70	Purchase request depends when 50% of the availability of stocks is reached.
		Ensure proper waste segregation and disposal and submit a report on wastes generated to the Chairman of the Infection Control Committee.	100%	100%	4	5	5	4.70	Disposal depends when waste containers are full, and submission of reports is done quarterly
		Monitor and keep a record of room (laboratory) and refrigerator temperatures daily.	100%	100%	5	4	5	4.70	Daily - 1 min.
		Ensure proper functioning and maintenance of laboratory equipment by facilitating periodic preventive maintenance and calibration.	100%	100%	4	5	5	4.70	preventive maintenance - daily , calibration - annually
		Maintains cleanliness of the laboratory at all times and keeps all glasswares (test tubes, pipettes, etc. ) dry and clean.	100%	100%	5	5	4	4.70	Daily routine - 10 mins. Washing of glasswares weekly - 20 mins.(depends on the volume for washing weekly).



MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLI SHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
USHER MFO3: Health and Wellness in the new normal	Percentage of students and employees for entrance and annual medical examination	Performs laboratory procedures requested for the medical examination of students and employees.	100%	100%	5	4	5	4.70	Actual Number of students and employees from Registrar and PRPEO; CBC- 45 minutes, UA-20 minutes, Fecalalysis- 20minutes.
	Percentage of patients needing laboratory examination	Performs laboratory procedure requested for patients both for routine and STAT requests.	100%	100%	5	5	4	4.70	Actual number of patients.
		Perform laboratory procedure requested on off office hours when available.	100%	100%	4	5	5	4.70	Actual number of laboratory procedures requested
		Extract and prepare blood sample for procedures to be done in other laboratories.	100%	100%	5	4	5	4.70	Blood extraction- 15 mins, Base on actual no. of patients for send out laboratory procedures.
USHER MF04: Public Health Services in the new normal	Percentage of returning Residents (Employees, Dependents, and Scholars), close contacts, and suspects subjected for laboratory assessment.	Perform and analyze nasopharyngeal swab for COVID 19 Rapid Antigen/Antibody Testing	100%	100%	4	5	5	4.70	Phlebotomy/patient - 20minutes; Processing of specimen - 20 minutes
USHER MFO6: Innovation In the New Normal	New system implemented	Adopt IHOMIS system for laboratory operation.	100%	100%	5	5	4	4.70	1



MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLISHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
		Submit a proposal for a drug-testing laboratory.	100%	100%	4	5	5	4.70	1
		Submit a proposal for a water analysis laboratory.	100%	100%	5	5	4	4.70	1
Total Over-all Rating					131.00	134.00	133.00	133.40	

Average Rating (Total Over-all rating divided by 31)			4.76
Additional Points:			
Approved Additional points (with copy of approval)			
FINAL RATING			
ADJECTIVAL RATING			

#### Comments & Recommendations

for Development Purposes:

- Improve the laboratory quality management system  
- Attend relevant trainings & seminars

Evaluated and Rated by

ELWIN JAY V. YU, M.

Chief of Hospital I

Date: 2-20-23

Recommending Approval:

DANIEL LESLIE S. TAN

Head and VP for Admin and Finance

Date: 2-22-23

Approved by:

DANIEL LESLIE S. TAN

Vice President for Admin and Finance

Date: 2-22-23

1 - quality

2 - efficiency

3 - timeliness

4 - average





## Instrument for Performance Effectiveness of Administrative Staff

Rating Period: **July – December, 2022**

Name of Staff: **GAY S. FERNANDEZ** Position: **Medical Technology II**

**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

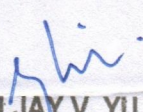
A. Commitment (both for subordinates and supervisors)		Scale				
1.	Demonstrates sensitivity to client's needs and makes the latter's experience in transacting business with the office fulfilling and rewarding.	5	4	3	2	1
2.	Makes self-available to clients even beyond official time	5	4	3	2	1
3.	Submits 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	5	4	3	2	1





improvement of his work accomplishment					
12. Willing to be trained and developed	5	4	3	2	1
Total Score	34				
<b>B. Leadership &amp; Management (For supervisors only to be rated by higher supervisor)</b>	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	4.5				

Overall recommendation : \_\_\_\_\_

  
**ELWIN JAY V. YU, M.D.**  
Chief of Hospital I



## EMPLOYEE DEVELOPMENT PLAN

Name of Employee: FERNANDEZ, Gay S.  
Performance Rating: OUTSTANDING

Aim: To improve understanding and develop expertise in parasitology and microorganism  
Encourage to maintain efficient laboratory management.

Proposed Interventions to Improve Performance:

Date: July, 2022 Target Date: December, 2022

First Step: Sent for training on Microorganism and Parasitology

Result: Capable of developing knowledge and skills in microorganism and parasitology.

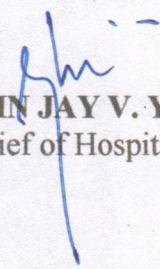
Date: \_\_\_\_\_ Target Date: \_\_\_\_\_

Next Step: \_\_\_\_\_

Outcome: \_\_\_\_\_

Final Step/Recommendation: \_\_\_\_\_

Prepared by:

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

Conforme:

  
**GAY S. FERNANDEZ**