

Visayas State University
OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE

Visca, Baybay City, Leyte

OFFICE PERFORMANCE COMMITMENT & REVIEW (OPCR)

I, EDITHA G. CAGASAN, Director for Quality Assurance, commits to deliver and agree to be rated on the attainment of the following accomplishment in accordance with the indicated measures for the period January to June, 2022.


EDITHA G. CAGASAN

Director for Quality Assurance

Date: July 1, 2022

Approved:


EDGARDO E. TULIN

President

Date:



INFORMATION ON PERSONNEL

<i>Personnel</i>	<i>Number</i>
Director for Quality Assurance (designee)	1
Quality Management Representative (designee)	1
Lead Auditor (designee)	1
Customer Feedback Officer (designee)	1
Admin aide and designated University DRC (Ms. Pamela Orano)	1
Clerk (casual; Mr. Raul Anthony Valenzona)	1
Administrative Aide III (Ms. Maria Lilia P. Vega)	1
Customer Feedback Analyst and CFO dDRC (Job order status)	2
dDRC for QMR and LA (Job order status)	2
IQA assistant (job order status)	1
Utility worker (job order status)	1

Rating Equivalents:
5 - Outstanding
4 - Very Satisfactory
3 - Satisfactory
2 - Fair
1 - Poor

MFO No.	MFO Description	Success/Performance Indicator (PI)	Unit/Persons Responsible	Target for 2021	Actual Accomplishments		Rating				Remarks
					Actual	%	A	E	T	A	
UMFO 5	Support to Operations										
	OVPI MFO 4. Program and Institutional Accreditation Services										
	QAC PI 1. Number of degree programs subjected to accreditation/evaluation			16	28	100%	5	5	5	5	March 21 - 23, 2022: 10 programs (5 programs in VU Main, 2 program in VSU-Alangalang, 3 programs in VSU Isabel); March 23-25, 2022: 10 programs (all in VSU Main); April 20-22, 2022: 7 programs (for Level 4; all in VSU Main); May 23-27, 2022: Institutional Accreditation (VSU Main; passed; granted level 4 accreditation)
	AACCUP	Number of PPPs or narrative profiles (NPs)/ sets of supporting documents/ compliance reports reviewed/edited	EGCagasan/ AO / internal evaluators	100	388	388%	5	5	5	5	These documents are for the 27 programs visited and for the institutional accreditation.
		Number of online accreditation trainings/workshops /coordination meetings organized/coordinated/ attended	EGCagasan/other ODQA staff	5	46	920%	5	5	5	5	These included training workshops and coordination/followup meetings done in preparation for the accreditation of 27 programs and the institutional accreditation
		Number of online accreditation activities of other universities served by accreditors from VSU	EGCagasan and AACCUP accreditors from the VSU system	2	5	250%	5	5	5	5	Target for the whole year is 4 schools; target for Jan - June is 2 schools (half of 2022 target). Served 4 schools from Jan to June, as follows: CMU (March 7-9 and 9-11, 2022); Southern Luzon State University (Zabali and Casiguran Campuses) on March 28-April 1, 2022; DAVAO DEL NORTE STATE COLLEGE on June 20-24, 2022; BengSU in Feb. 2022
		Number of VSU accreditors serving as online acceditors for the programs of other universities	EGCagasan and AACCUP accreditors from the VSU system	2	4	200%	5	5	5	5	Dr. SB Iina, Dr. R. Mollejon (served 2 schools), Dr. MNV Serino, Dr. LB Cano

QAC PI 2. ISO:9001-2015 Certified											
		subjected to Surveillance Audit (ISO 9001:2015)	QA Director, QMR, LA and other ODQA staff	1	1	100%	5	5	5	5	2nd surveillance audit conducted on March 15, 2022; VSU passed the audit and retained its certification
		Number of New quality procedures/guidelines, forms and manuals formatted / produced scanned	QA Director, QMR, LA and other ODQA staff	10	101	1010%	5	5	5	5	
		Number of quality procedures/guidelines, forms and manuals discontinued	QA Director, QMR, LA and other ODQA staff	10	46	460%	5	5	5	5	
		Number of internal quality audits coordinated	Lead auditor/QMR	1							to be done in the 3rd Quarter of the Year
		Number of management reviews coordinated/conducted	QMR/QA Director/ other ODQA staff	1	3	300%	5	5	5	5	MR was done in 3 sessions (Feb 2, 3 and 9, 2022).
		No. of ISO-related trainings/workshops/ meetings coordinated/facilitated	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk/ other ODQA staff	4	18	450%	5	5	5	5	
		Number of processes/procedures monitored during the roll out/implementation	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk/ other ODQA staff	350	880	251%	5	5	5	5	
		Number of documented procedures and forms revised and cascaded scanned and distributed	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk	15	18	120%	5	5	5	5	

		Percentage of programmed ISO-related activities implemented within the targeted timeline	QMR/Lead Auditor/QAD/CFO/DRC/ Clerk/ other ODQA staff	100%	100%	100%	5	5	5	5	
		No. of Request for Corrective Actions (RFCAs) reviewed	Lead auditor	30	89	297%	5	5	5	5	
		No of RFCAs monitored and verified	Lead auditor	30	89	297%	5	5	5	5	
		No. of Corrective Action Plans (CAPs) reviewed	Lead auditor/QMR	15	203	1353%	5	5	5	5	
		No. of Audit Checklist prepared/reviewed	Lead auditor	15	114	760%	5	5	5	5	
		No. of IQA related planning documents prepared and submitted	Lead auditor	2	5	250%	5	5	5	5	
		No. of NC Reports and Root Cause Analysis Prepared and submitted (Second Surveillance Audit)	Auditor	1	1	100%	5	5	5	5	
		No. of GOOL list (Second Surveillance Audit) prepared and submitted	Lead Auditor	10	12	120%	5	5	5	5	
		No. of NCs and OFIs monitored and verified	Lead Auditor	100	184	184%	5	5	5	5	
		No. of Audit Program Prepared	Lead Auditor	1	1	100%	5	5	5	5	
		No. of GOOI List prepared/ reviewed	Lead Auditor	15	114	228%	5	5	5	5	
		No. of NC reports reviewed and collated (major and minor)	Lead Auditor	30	89	297%	5	5	5	5	

QAC PI 3. Institutional Sustainability Assessment (ISA) Accredited											
		Percentage of completion of Institutional Sustainability Assessment (ISA) Accreditation	EGC and other ODQA staff								Not included in the target for 2022
		Number of supporting documents prepared and bound ready for evaluation	EGC and other ODQA staff								Not included in the target for 2022
QAC PI 4. Administrative Service											
		Number of pages of documents to photocopy as supporting Documents for AACUP, ISO, and CHED Monitoring	PPOrano/ RAValenzona	5,000 pages	10,000 pages	200%	5	5	5	5	
		Number of manuals reproduced and disseminated	PPOrano/ RAValenzona	15	155	1033%	5	5	5	5	
		Number of PPPs/NPs to print (copy for the internal technical evaluators for corrections)	PPOrano/ RAValenzona								Hard copies not needed because accreditation is done online.
QAC PI 5. Support to Operations											
		Number of meetings/workshops/trainings facilitated (AACUP, ISO, etc)	ODQA staff	4	64	1600%	5	5	5	5	

		Number of PPPs/NPs/IPs/Best practices/Compliance Report/Supporting Documents to edit for final layout and to print for file (for Levels IV and I accreditation)	PPOrano/ RAValenzona/ LP Vega								Printing of hard copies not included in the target since accreditation activities were done online, but ODQA staff printed hard copy of IPs, best practices, and compliance report for the IA as file in preparation for the face-to-face benchmarking
		Number of PPPs/NPs to layout for final layout and printing for AACCUP Accreditors	PPOrano/ RAValenzona/ LP Vega								Hard copies not needed because accreditation is done online.
		Number of benchmarking to schedule/facilitate	EGCagasan/ other ODQA staff		1						Not included in the target due to the pandemic, but staff of 1 university was able to do benchmarking in May 2022.
		Number of programs to monitor for compliance of the Mandatory Requirements for AACCUP Levels I to IV, and other accreditation	QAD/ LP Vega /PPOrano/ RAValenzona	21	28	133%	5	5	5	5	Including institutional accreditation
	QAC PI 6. Efficient customer friendly assistance	Efficient and customer-friendly frontline service for ODQA	PPOrano/ RAValenzona	Zero complaint from clients	Zero complaint from clients	100%	5	5	5	5	
UMFO 6. GENERAL ADMINISTRATION & SUPPORT SERVICES											
	PI 1. Number of Risk Assessment/Review conducted	Risk Manager									This task is already transferred to the designated risk manager
	PI 2. Number of risks identified/monitored and reported	Risk Manager									This task is already transferred to the designated risk manager
	PI 3: Number of customer feedback (positive/negative comments) received/analyzed and acted upon for the entire University	Customer Feedback Officer/Customer Feedback Data Analyst		30	1618	5393%	5	5	5	5	

	PI 4: Number of customer feedback indicated in PI 3, if any, verified and addressed closed out within the prescribed period.	Customer Feedback Officer/Customer Feedback Data Analyst	20	72	360%	5	5	5	5	
Total Overall Rating						155.00				
Average Rating						5.00				
Adjectival Rating						Outstanding				

Received by:

TONI MARC L. DARGANTES

Planning Office

Date: 7/14/2022

Calibrated by:

DANIEL LESLIE S. TAN, Ph.D.

Chair, PMT

Date: JUL 22 2022

Approved:

EDGARDO E. TULIN, Ph.D.

President

Date: 7/14/22

Q- Quality

E- Efficiency

T - Timeliess

A- Average