

Visayas State University
OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE

Visca, Baybay City, Leyte

OFFICE PERFORMANCE ACCOMPLISHMENT & REVIEW (OPAR)



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 July to December 2022.


EDITHA G. CAGASAN

Director for Quality Assurance

Date: December 20, 2022

Approved:


EDGARDO E. TULIN

President

Date: 12/20/23

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 VI and designated University DRC (Ms. Pamela Orano)	1
Admin Aide III and dDRC for AACUP accreditation (Ms. Maria Lilia P. Vega)	1
JO clerk (to replace Mr. Valenzona who was transferred to DPM)	1
Customer Feedback Analyst and CFO dDRC (Job order status)	1
Customer feedback data encoder (JO)	1
dDRCs 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 2022	Actual Accomplishments		Rating				Remarks
					Actual	%	G	U	I	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			8	14	175%	5	5	5	5	September 26-30, 2022 - 2 programs in VSU Main (Level I accreditation); October 12-14, 2022 - 7 programs in VSU Main subjected to Level III Phase 2 accreditation; October 19-21, 2022 - 3 programs in VSU Tolosa subjected to Level III Phase 2 visit; October 24-26, 2022- 2 programs in VSU Isabel subjected to Level III Phase 2 accreditation; Still waiting for the results.
	AACCUP	Number of PPPs or narrative profiles (NPs)/ sets of supporting documents/ compliance reports reviewed/edited	EGCagasan/ AO / internal evaluators	50	208	416%	5	5	5	5	2 programs level I with 20 PPPs and 20 compliance; 12 programs for level III comprising 7 from VSU main, 3 from VSU Tolosa and 2 from VSU Isabel for a total of 68 NPs and 120 compliance

[illegible]


		Number of New quality procedures/guidelines, forms and manuals formatted / produced scanned	QA Director, QMR, LA and other ODQA staff	5	13	260%	5	5	5	5	
		Number of quality procedures/guidelines, forms and manuals discontinued	QA Director, QMR, LA and other ODQA staff	5	12	240%	5	5	5	5	
		Number of internal quality audits coordinated	Lead auditor/QMR	1	1	100%	5	5	5	5	4th IQA conducted from Sept - Oct 2022
		Number of management reviews coordinated/conducted	QMR/QA Director/ other ODQA staff								Conducted in January 2022; next MR to be conducted in January 2023
		No. of ISO-related trainings/workshops/ meetings coordinated/facilitated	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk/ other ODQA staff	2	11	550%	5	5	5	5	2 Internal Quality Auditors' Training - August 2022 and Nov 28-30, 2022; Root Cause Analysis Training - ; ISO Awareness/Reawareness Trainings (2 sessions); Preparation/planning meeting with top management for the coming 4th IQA, Orientations for dDRCs (2 sessions), Briefing/orientation for new internal quality auditors (Sept 2022); Opening meeting for IQA, Closing meeting for IQA; Meeting with internal quality auditors (2nd week of Sept)
		Number of PMs, GLs and Forms Reviewed	Lead Auditor		18		5	5	5	5	PMs, GLs and Forms on Planning, Risk Assessment, Registrar, ODIE, OVPA, PPO, QM, documentation (Note: An extra work of the LA)
		Number of processes/procedures monitored during the roll out/implementation	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk/ other ODQA staff	350	687	196%	5	5	5	5	
		Number of manuals/ documented procedures and forms revised and cascaded, scanned and distributed	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk	15	50	333%	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	80	267%	5	5	5	5	
		No of RFCAs monitored and verified	Lead auditor	30	80	267%	5	5	5	5	
		No. of Corrective Action Plans (CAPs) reviewed	Lead auditor/QMR	15	80	533%	5	5	5	5	
		No. of Audit Checklist prepared/reviewed	Lead auditor	15	112	747%	5	5	5	5	
		No. of ODQA related planning documents prepared and submitted	QAD and ODQA staff	2	5	250%	5	5	5	5	
		No. of NC Reports and Root Cause Analysis Prepared and submitted (Second Surveillance Audit)									Done during the first half of the year
		No. of GOOL list (Second Surveillance Audit) prepared and submitted	Lead Auditor								Done during the first half of the year
		No. of NCs and OFIs monitored and verified	Lead Auditor	100	572	572%	5	5	5	5	528 OFIs, 44 NCs,
		No. of Audit Program Prepared	Lead Auditor	1	1	100%	5	5	5	5	
		No. of GOOI List prepared/ reviewed	Lead Auditor	15	112	747%	5	5	5	5	
		No. of NC reports reviewed and collated (major and minor)	Lead Auditor	30	80	267%	5	5	5	5	
		No. of evaluation for Internal Auditors prepared	Lead Auditor	19	32	168%	5	5	5	5	


		No. of communications prepared to follow up submission of audit reports	Lead Auditor		14		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
		Number of supporting documents prepared and bound ready for evaluation	EGC and other ODQA staff								Not included in the target
	QAC PI 4. Administrative Service										
		Number of pages of documents to photocopy as supporting Documents for AACCUP,ISO, and CHED Monitoring	PPOrano/ RAValenzona	5,000	10000	200%	5	5	5	5	
		Number of manuals reproduced and disseminated	PPOrano/ RAValenzona	15	50	333%	5	5	5	5	
		Number of PPPs/NPs /IPto print (copy for the internal technical evaluators for corrections)	PPOrano/ RAValenzona								Printing not done since accreditation was done online
	QAC PI 5. Support to Operations										

		Number of meetings/workshops/ trainings facilitated (AACCUP, ISO, etc)	ODQA staff	4	10	250%	5	5	5	5	These include several coordination/follow up virtual meetings with JO personnel on July 2, 6, 7, 8, 20, 2022 in preparation for the accreditation of 14 programs; Face to Face Meeting with the AACCUP Job Order personnel of the 7 programs in preparation of accreditation; Face to Face meeting with selected ODQA Staff for Document Review PM-QAC-12 (July 26, 2022); Virtual meeting with Program Incharge regarding preparation and updates compliance report and other pertinent documents (July 29, 2022); Sept 2, 2022 Virtual Meeting re: MSLT and ABE;S Level I accreditation preparation; Sept. 7, 2022 Virtual Meeting ODQA Director with the Chancellors of VSU Tolosa and VSU Isabel regarding preparation of Level III accreditation.
		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								NA; accreditation done online
		Number of PPPs/NPs to layout for final layout and printing for AACCUP Accreditors	PPOrano/ RAValenzona/ LP Vega								NA; accreditation done online
		Number of benchmarking to schedule/facilitate	EGCagasan/ other ODQA staff		1	100%	5	5	5	5	Faculty and staff from Southern Leyte State University (Sept 2022)
		Number of programs to monitor for compliance of the Mandatory Requirements for AACCUP accreditation	QAD/ LP Vega /PPOrano/ RAValenzona	6	14	233%	5	5	5	5	2 programs for Level I accreditation; 7 programs for Level III Phase 2 accreditation; 2 programs in VSU Isabel and 3 programs in VSU Tolosa all for Level III Phase 2

	QAC PI 6. Efficient customer friendly assistance	Efficient and customer-friendly frontline service for QAC	PPOrano/ RAValenzona/Maria Lilia Vega	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	337	1123%	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	25	125%	5	5	5	5	
Total Overall Rating							145.00				
Average Rating							5.00				
Adjectival Rating							Outstanding				

Received by: 
TONI MARC L. DARGANTES
 Planning Office
 Date: **DEC 22 2022**

Calibrated by:

DANIEL LESLIE S. TAN, Ph.D.
 Chair, PMT
 Date: **JAN 06 2023**

Approved: 
EDGARDO E. TULIN, Ph.D.
 President
 Date: **1/9/2023**

Q- Quality

E- Efficiency

T - Timeliness

A- Average