

OFFICE PERFORMANCE COMMITMENT & REVIEW FORM (OPCR)

I, **ELWIN JAY V. YU**, Chief of Hospital I and Head, 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 accomplishments in accordance with the indicated measures for the period January to June, 2024.

Approved:

ELWIN JAY V. YU, MD, MPH
Chief of Hospital I and VP for Admin and Finance
7/12/24

PROSE IVY G. YEPES
President
01/06/24



MFOs/PAPs	Success Indicators	Unit/Persons Responsible	TARGET	ACTUAL	Rating				Remarks
			Jan.-Dec. 2024	Jan. - June 2024	Q ¹	E ²	T ³	A ⁴	
USHER MFO1: ISO aligned Health Services	Percentage compliant of process under ISO standard	USHER Staff	100% compliant to standard	Zero Complaint	5	5	5	5.00	
	Cascading of revised forms.	Chief of Hospital 1, dDrc, A.dDrc and USHER Staff	5	1	5	5	5	5.00	1 Document Review Form with 51 Document Title Approved
USHER MFO2: Administrative Support Management of Health Services	Efficient & customer-friendly frontline services	USHER Staff	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	Dr. Yu, Compendio, Herbolingo, Guiñarez, Bandilla	7	7	5	5	5	5.00	ISO 9001:2015, DOH, DENR, FDA, Philhealth, Philippine Hospital Association, AACUP
	Manpower meeting	All USHER Staff	4 (1 per quarter)	2	5	5	5	5.00	
USHER MFO3: Health and Wellnes	Number of injury/accident prevention activities conducted	Fruto, Gapasin	2 (Bi-annual)	0					
	Percentage of request for medics/first aid granted and served	Dr. Yu, Dr. Guinocor, Nursing Service and Ambulance Drivers	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)
MFOs/PAPs	Success Indicators	Unit/Persons Responsible	TARGET	ACTUAL	Rating				Remarks
			Jan.-Dec. 2024	Jan. - June 2024	Q ¹	E ²	T ³	A ⁴	
	Number of Dental Health prevention and promotion activities conducted	Dentist and Dental Aide	4 (1 per quarter)	4	4	5	5	4.70	

	Number of Non communicable Diseases Prevention and Control activities conducted	Chief of Hospital, Physician and Public Health	5	2	5	5	5	5.00	COPD, Cardiovascular, Diabetes, Cancer and Mental Health : DONE: Wellness Seminar; and BP Taking
	Number of Communicable Diseases Prevention and Control activities conducted	Chief of Hospital, Physician and Public Health	4	3	5	5	5	5.00	Dorm to dorm lecture (Dengue; Rabies; Deworming)
	Number of Reproductive, Maternal and Child Health activities conducted	Chief of Hospital, Physician and Public Health, Midwife	5	1	5	4	5	4.70	Proposal on Cervical Awareness
	Number of GRC coordinated act	USHER Staff	6	1	5	5	4	4.70	To submit budgetary plan for 2024 to GRC
	Percentage of student, staff and employees attended for Entrance Medical Examination	All USHER Staff	100%	100%	4	5	5	4.70	
	Percentage of student, staff and employee for annual medical examination attended	All USHER Staff	100%	100%	5	5	4	4.70	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						
	Percentage of student, staff, employees, dependents and outsider needing further evaluation and treatment referred to higher center/institution	All USHER Staff	100%	100%	5	4	5	4.70	Based on ambulance referrals among employees and students
MFOs/PAPs	Success Indicators	Unit/Persons Responsible	TARGET	ACTUAL	Rating				Remarks
			Jan.-Dec. 2024	Jan. - June 2024	Q ¹	E ²	T ³	A ⁴	
	Number of diagnostic equipment requested and approved	Laboratory Service, Dr. Yu, Dr. Guinocor, Mercado	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	Chief of Hospital; ODAHRD; Planning Office; OVPAF; FMO; OP	25	3	5	4	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)

	Number of required trainings attended	Chief of Hospital; Nursing Service;	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	Chief of Hospital, Medical Officer and Public Health	2 (Bi-annual)	2	5	4	5	4.70	1st quarter and 2nd quarter of the year.
	Number of Survey For VSU Health Database conducted	Cindy Fruto	1	2	5	4	5	4.70	Conduct House to House Survey- Survey/ quadrant
	Number of regular water analysis conducted	1 Utility, 1 Nurse, 1 PCO, Braganza	2 (bi-annual)	0					
USHER MFO5: Rescue Services	Number of Emergency and rescue team, rescue headquarters, evacuation center and equipment/ machines/vehicles proposed proposals prepared and submitted	Chief of Hospital; Emergency Service	1	0					Awaiting for action on the proposal.
	Number of emergency and rescue personnel hired and trained	Chief of Hospital; Emergency Service; ODAHRD; Finance Office	12	0					Awaiting for action on the proposal.
USHER MFO7: Innovations in the New Normal	Hospital Operations Manual Approved	COH, Section Heads	1	1	5	4	5	4.70	
	Electronic database maintained	All USHER Staff	1	1	5	5	4	4.70	
	iHOMIS maintained	Staff -In-Charge	1	1	5	4	5	4.70	
	Established and maintained telemedicine service	USHER ; DOH	1	1	4	5	5	4.70	
	Maintenance of USHER Facebook page, official email	Z. Compendio	1	1	4	5	5	4.70	
MFOs/PAPs	Success Indicators	Unit/Persons Responsible	TARGET	ACTUAL	Rating				Remarks
			Jan.-Dec. 2024	Jan. - June 2024	Q ¹	E ²	T ³	A ⁴	
	Continuing Medical Education	USHER	4	4	4	5	5	4.70	Morbidity Audit per month , 2 In-house BLS/SFA Refresher (twice a year) need to buy maniquins (Adult and Pedia); Fire & Earthquake Drill
	Proposal to construct covered hall for Medical Examination purposes	COH	1	1	5	5	4	4.70	Included in the priorities of the President.
	Follow-up submitted proposal for automatic sprinkler system	COH	1	1	5	4	5	4.70	Included in the priorities of the President.

	Follow-up submitted proposal for the rewiring of the three-phase line of the Infirmary	COH	1	1	4	5	5	4.70	Included in the priorities of the President.
Total Over-all Rating								134.30	
Average Rating								4.80	
Vice President for Administration and Finance (OP Memo No. 336 s. 2024, effective May 6, 2024)									
MFOs/PAPs	Success Indicators	Persons Responsible	Target (Jan 1 - Dec 31, 2024)	Actual (Jan - June 2024)	Rating				
					Q ¹	E ²	T ³	A ⁴	
UMFO5: Support to Operations (STO)									
VPAF STO1: ISO 9001: 2015 aligned documents	PI 1. Number of quality procedures prepared/revised	VPAF and All Office/Unit Heads	15 quality procedures prepared and submitted	14 (FMO-5, HRMO-5, ASO-3, PPO-1)	5	5	4	4.67	
	PI 2. Number of required mandatory operations manuals prepared and submitted	VPAF and All Office/Unit Heads	5 operations manual prepared and submitted	6 (FMO-1, HRMO-4, USHER-1)	5	5	5	5	
VPAF STO2: Freedom of Information (FOI) aligned compliance and reporting requirements	PI 3. Percentage compliance of reporting requirements in accordance with FOI Manual	VPAF and All Office/Unit Heads	100%	100%	5	5	5	5	
	PI 4. Percentage of online request responded thru eFOI portal	VPAF and All Office/Unit Heads	100%	100%	5	5	5	5	
VPAF STO3: ARTA aligned compliance and reporting requirements	PI 5. Percentage of external clients served and rated the service at least very satisfactory or higher	ALL OVPAF Staff	100% external clients served and rated at least very satisfactory or higher	100%	5	5	5	5	
VPAF STO4: Innovations & Best Practices	PI 6. Number of systems /innovations/proposals continuously implemented and used	VPAF and All Office/Unit Heads	10	30 (FMO-1, HRMO-5, ASO-13, ICTMC-10, PPO-1)	5	5	5	5	
	PI 7. Percentage operationalization of HRMIS on RSP	VPAF and All Office/Unit Heads	100% operationalized	90%	5	5	5	5	
UMFO6: General Administrative and Support Services									
VPAF GASS 1: Administrative and Support Services Management	PI 8. Percentage of clients/personnel supervised for efficient office management and maintenance of rooms, facilities and documents	All OVPAF Staff	100% clients/personne l supervised for efficient office	100%	5	5	5	5	

	PI 9. Percentage of administrative services and financial/administrative documents acted within time frame	ALL OVPAF Staff	100% admin services acted within time frame	100%	5	5	5	5	
	PI 10. Efficient and effective disbursement of funds within prescribed time and in accordance with DBM/COA and other rules and regulations	VPAF	5,300 approved vouchers	3,470 approved vouchers, payrolls, communications, etc.	5	5	5	5	
	PI 11. Number of linkages with external agencies maintained	VPAF and All Office/Unit Heads	30 external linkages	37 external linkages	5	5	5	5	
	PI 12. Number of offices and units directly supervised, monitored and coordinated	VPAF	25 offices	25 offices	5	5	5	5	
	PI 13. Number of major university committees chaired and coordinated	VPAF	14 committees chaired and coordinated	14 committees chaired and coordinated	5	5	5	5	Reconstituted Committees: 1.NAPB, 2.VASC, 3. PMT, 4.SIAC, 5.VSU CADUPOA, 6. Crisis Mgt. Comm., 7.Safety & Health Comm., 8. CART 9.FDU, 10. Finance Comm., 11.Solid Waste Mgt. Comm., 12.Calibration Comm., 13. VSUEECC, 14. BAC
	PI 14. Number of administrative meetings conducted for effective management and implementation of offices and projects	VPAF	40	26	5	5	5	5	
	PI 15. Number of major university committees meetings conducted to effectively coordinate and implement plans	VPAF	45	24	5	5	5	5	
	PI 16. Efficient & customer-friendly frontline service	All OVPAF Staff	Zero Complaint	No Complaint	5	5	5	5	
	PI 17. Efficient and effective Human Resource Management and Development	HRMO	100%	107%	5	5	5	5	
	PI 18. Efficient and effective Administrative Services.	ASO	100%	130%	5	5	5	5	
	PI 19. Efficient, effective and timely Financial Services and Management.	FMO	100%	98%	5	5	4	4.67	
	PI 20. Efficient and effective Physical Facilities Development and Maintenance.	PPO	100%	105%	5	5	5	5	
	PI 21. Efficient and effective University Health Services and Management.	USHER	100%	98%	5	5	4	4.67	

	PI 22. Efficient and effective Security and Safety Management Services.	UDRRMSSO	100%	115%	5	5	5	5	
	PI 23. Efficient and effective University Disaster Risk and Reduction Management		100%	115%	5	5	5	5	
	PI 24. Efficient and effective Network Infrastructure Development and Maintenance.	ICTMC	100%	105%	5	5	5	5	
	PI 25. Percentage of NCs received and acted	OVPAP	0%	No NCs received	5	5	5	5	
	PI 26. Percentage of CARs received and acted	OVPAP	0%	No CARs received	5	5	5	5	
									129.01
Total Over-all Rating									4.97
Average Rating									4.89

Received by:

TONI MARC L. DARGANTES
Planning Office

Date: JUL 15 2024

Calibrated by:

ELWIN JAY V. YU
Chairman, PMT

Date: 7/12/24

Approved by:

PROSE IVY G. YEPES
University President

Date: 09/06/24

1- Quality

2 - Efficiency

3 - Timeliness

4 - Average