

YEAREND BREAKTHROUGH SUMMARY

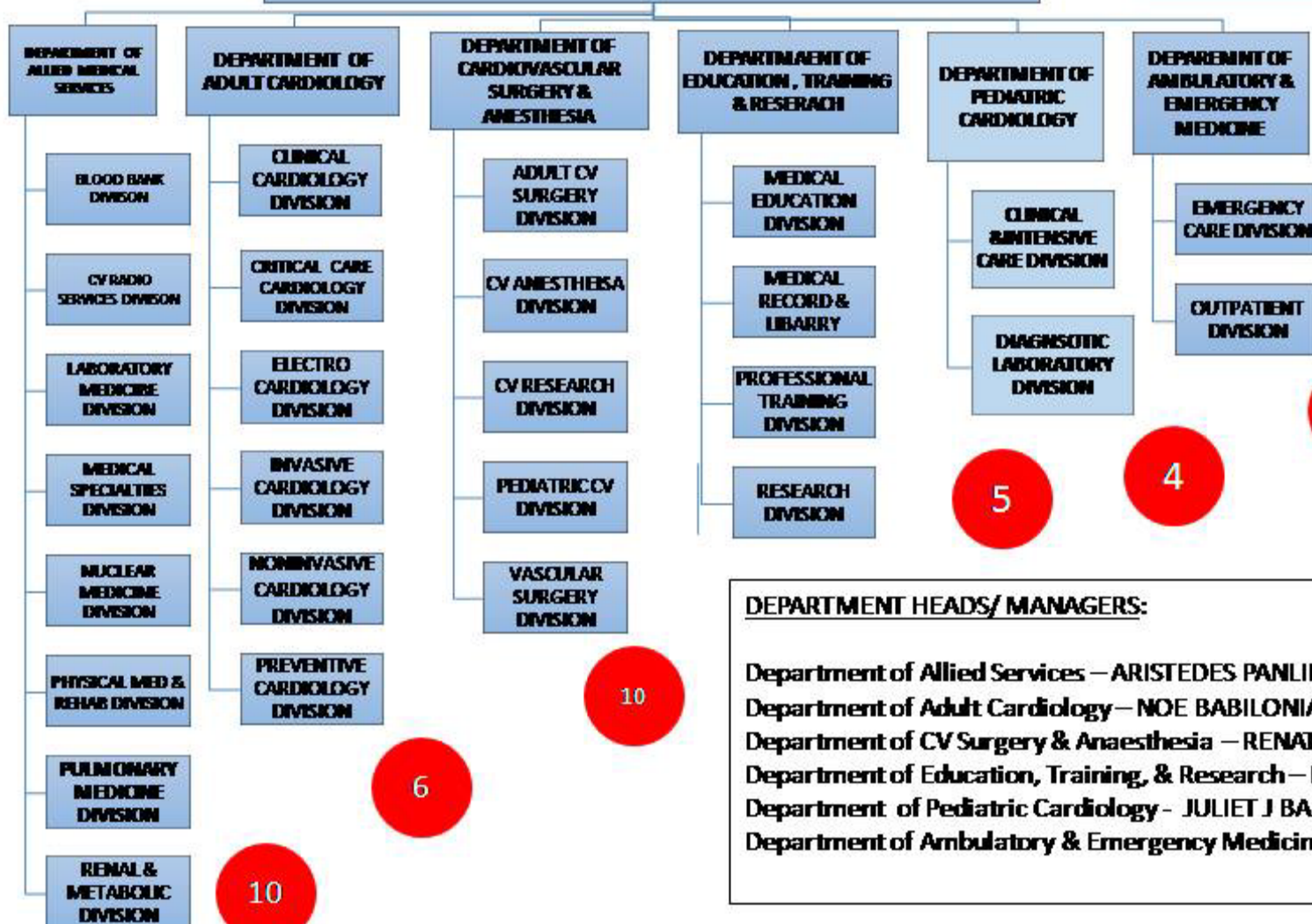
MEDICAL SERVICES

JANUARY-DECEMBER 2014

MEDICAL SERVICE ORGANIZATIONAL STRUCTURE

GERARDO S. MANZO, MD
ASSITANT DIRECTOR MEDICAL SERVICES

2014: 37 SCOREBOARDS



DEPARTMENT HEADS/ MANAGERS:

Department of Allied Services – ARISTEDES PANLILIO, MD

Department of Adult Cardiology – NOE BABILONIA, MD

Department of CV Surgery & Anaesthesia – RENATO VILLANUEVA, MD

Department of Education, Training, & Research – RAUL D. JARA, MD

Department of Pediatric Cardiology – JULIET J BALDERAS, MD

Department of Ambulatory & Emergency Medicine – ANNETTE BORROMRO, MD

BREAKTHROUGH SUMMARY

MEDICAL SERVICES: 131.54%



GOOD
51-89%

SATISFACTORY
90-114%

VERY SATISFACTORY
115-129%

OUTSTANDING
>130%

DIVISION	ACCOMPLISHMENT	DASHBOARD
DEPARTMENT OF ADULT CARDIOLOGY	175.18%	
DEPARTMENT OF ALLIED MEDICAL SERVICES	114.45%	
DEPARTMENT OF AMBULATORY AND EMERGENCY CARE	107.35%	
DEPARTMENT OF EDUCATION TRAINING AND RESEARCH	93.78%	
DEPARTMENT OF PEDIATRIC CARDIOLOGY	140.45%	
DEPARTMENT OF CV SURGERY AND ANESTHESIA	158.03%	

PHILIPPINE HEART CENTER

**Department of Adult
Cardiology**

SCOREBOARD YEAREND REPORT

January-December 2014



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase Patient Satisfaction score
from **87% to 97% by Dec 2016**



Medical Services

DEPT OF ADULT CARDIOLOGY
DIVISION OF CLINICAL
CARDIOLOGY



BREAKTHROUGH

Decrease Mortality Rate
from
3.18% to 3% by
December 2014

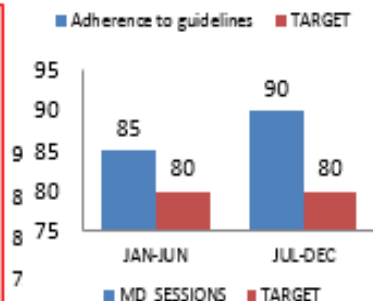
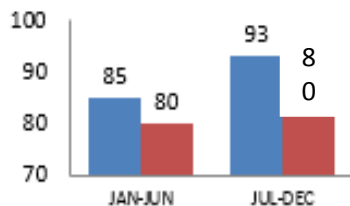
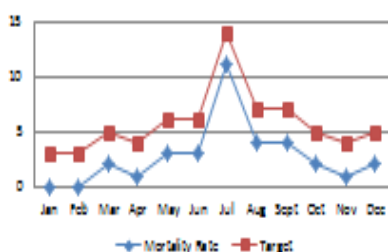
• LEAD MEASURE 1

Adhere by 80% to established clinical guidelines and conduct peer review for mortality and prolonged hospital stay cases monthly

• LEAD MEASURE 2

Attend by 80% review session/ meetings of at least one existing clinical guideline per section per week and provide recommendations for its further applicability monthly,

Mortality Rate



DIVISION OF CLINICAL CARDIOLOGY

Target : 3% Medical Mortality Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Admissions	47	68	55	47	44	53	53	47	38	65	49	41	607
Mortality	0	4	0	0	3	3	0	1	0	0	2	1	14
Mortality rate	0	5.9	0	0	6.8	5.7	0	2.1	0	0	4.1	2.4	2.3
% ACC	YEAREND AVERAGE : 2.3%												489%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Adherence to clinical guidelines
Target : 80%

89%
% ACC= 111.25%

Attend review sessions/ meetings
Target 80%

87.5%
%ACC = 109.4%



PHILIPPINE HEART CENTER BREAKTHROUGHS

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**



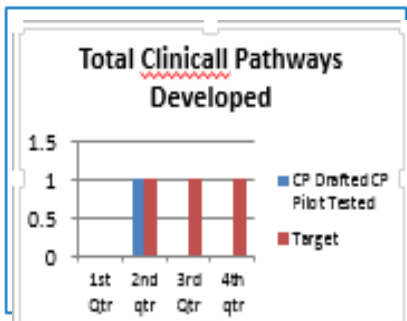
Medical Services

DEPT OF ADULT CARDIOLOGY
DIVISION OF CRITICAL CARE



BREAKTHROUGH

Develop 2-3
comprehensive
clinical pathways at
CCU by December
2014



LEAD MEASURE 1

Conceptualize and
draft 1 clinical
pathway per quarter
starting 2nd quarter
of 2014.

DRAFT	1	2	3	4
Acute Coronary Syndrome		→		
Acute Heart Failure			→	
Sepsis			→	

LEAD MEASURE 2

LEAD MEASURE 2

Present and pilot test
1 clinical pathway per
quarter starting 3rd
quarter of 2014.

PILOT TEST	1	2	3	4
Acute Coronary Syndrome			→	
Acute Heart Failure			→	
Sepsis				

DIVISION OF CRITICAL CARE

Target: 2-3 CPs for 2014

JAN-DEC	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Heart Failure	LM1	LM 1	LM 2	
ACS			COMPLETED →	
Sepsis			COMPLETED →	

Target : 2 CP/ 12months
Actual : 2 completed
1 CP for pilot test
% ACC = 100%



PHILIPPINE HEART CENTER BREAKTHROUGHS

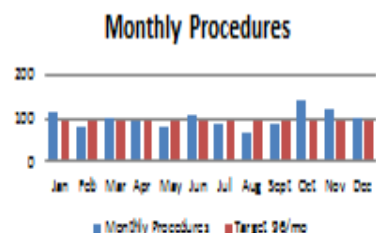


**Increase number of new patients from
7k to 20k by Dec 2016**

DEPT OF ADULT CARDIOLOGY
Medical Services

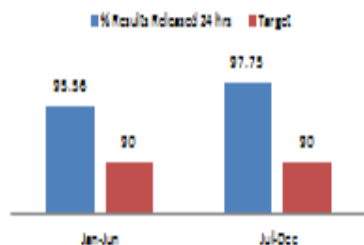
DIVISION OF
ELECTROCARDIOLOGY

BREAKTHROUGH
Increase the number of
total EP procedures
from
**1051 to 1156 by
December 2014**



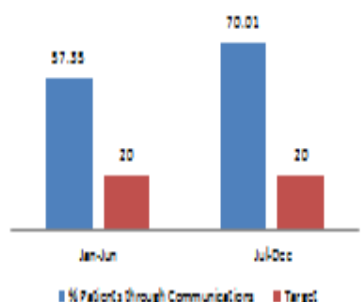
• LEAD MEASURE 1

Release of
comprehensive results
to referring MD's by
90% within 24 hours



• LEAD MEASURE 2

- Increase patients
availing of EP Services
through division
initiated forms of
communication from
10-20% /month



DIVISION OF ELECTROCARDIOLOGY

Target: 96 Procedures/Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	112	77	97	92	79	105	89	69	88	137	121	99	1165
Target													1156
% ACC	1165/1156												100.78%

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Release result within 24 hours
Target 90%

96.66%
%ACC- 107.4%

No of patients availing through division
initiated communication forms
Target : 20%.

63.73%
%ACC =318.7%



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase number of new patients from
7k to 20k by Dec 2016**



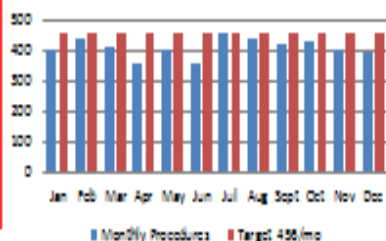
Medical Services

DEPT OF ADULT CARDIOLOGY
DIVISION OF INVASIVE CARDIOLOGY

BREAKTHROUGH

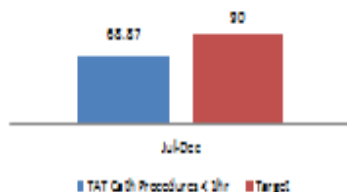
Increase in number of
procedures from
5217 to 5477 by
December 2014

Total No. Of Procedures



• LEAD MEASURE 1

Release 85% of official
results of diagnostic
procedures within
48 hours



• LEAD MEASURE 2

Decrease turn around time
of 90% of coronary
angiogram and
coronary intervention
procedures from 1 hour
to 30 minutes



DIVISION OF INVASIVE CARDIOLOGY

Target: 456 Procedures/Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	401	437	413	354	397	356	454	437	417	429	405	392	4892
Target	456	456	456	456	456	456	456	456	456	456	456	456	5477
% ACC	4892/5477												89.32

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Release of results within 48 hours
Target: 85%

Ave =64.8%
% ACC =72 %

Decrease TAT of 90% of coronary
ANGIOGRAM PROCEDURES TO <30
MINS

100%
% ACC =111.1%



PHILIPPINE HEART CENTER BREAKTHROUGHS

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

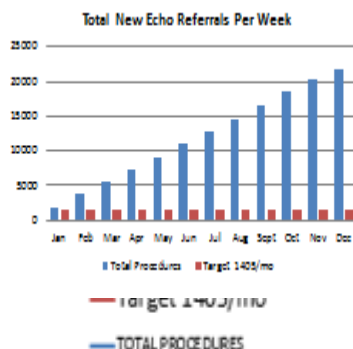


Medical Services

ADULT CARDIOLOGY
DIVISION OF NONINVASIVE
CARDIOLOGY

BREAKTHROUGH

Increase number of new
Echo referrals from
15328 to 16860
by **December**
2014



• LEAD MEASURE 1

Release 90% of official
echo results within 24
hours



• LEAD MEASURE 2

Increase machine
utilization by 90%
or 8 cases per day
per machine



DIVISION OF NON-INVASIVE CARDIOLOGY

Target : 1405 New Echo Referrals/Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	1917	1820	1868	1698	1831	1864	1924	1688	1844	2054	1839	1444	21,791
Target													16,860
% ACC	21,791/16860 = 129%												129%

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Release of results within 24 hours
Target : 90%

91.7%
%ACC = 101.9%

Maximize machine utilization
Target : 90% - 8 cases/day/machine

16
patients/machine
% ACC = 200%



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase number of new patients from
7k to 20k by Dec 2016



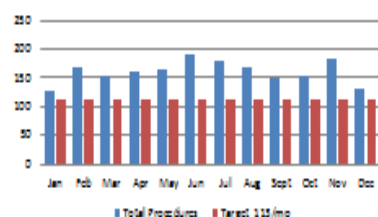
Medical Services

DEPT OF ADULT CARDIOLOGY
DIVISION OF PREVENTIVE
CARDIOLOGY

BREAKTHROUGH

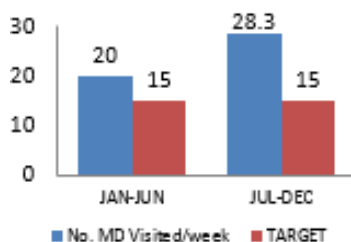
Increase number of
new In- and Out-
patient referrals
from 1233 to 1356
by December 2014

Total Monthly Procedures



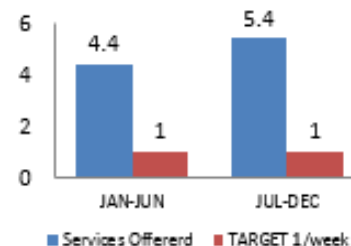
LEAD MEASURE 1

Visit 15 PHC MD/s a week
to encourage referral
to OPD packages
Target : 85%/ week



LEAD MEASURE 2

Offer new services/Wellness
OPD packages to at least
one private Company or
Gov't office per week



DIVISION OF PREVENTIVE CARDIOLOGY

Target : 113 New Referrals/ month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	129	170	155	162	166	192	179	168	149	154	182	130	1,936
Target	113	113	113	113	113	113	113	113	113	113	113	113	1,356
% ACC	1936/1356												143%

COMPLIANCE TO LEAD MEASURE

Mean
Compliance

Visit PHC MDs to encourage referrals
Target : 15/ week

24.15/wk
%ACC =161%

Offer new services to private/gov't office
Target : 1/week

4.9 /wk
%ACC =490%

BREAKTHROUGH SUMMARY 2014

Average DAC 2014 Accomplishment:175.18%



GOOD 51-89%	SATISFACTORY 90-114%	VERY SATISFACTORY 115-129%	OUTSTANDING >130%
----------------	-------------------------	-------------------------------	----------------------

DIVISION	BREAKTHROUGH GOAL	ACTUAL	ACCOMPLISHMENT	DASHBOARD
CLINICAL CARDIOLOGY	3%	2.3%	489%	
CRITICAL CARE CARDIOLOGY	2	2 CP's	100%	
ELECTROCARDIOLOGY	1,156	1,165	100.78%	
INVASIVE CARDIOLOGY	5,477	4,892	89.32%	
NON-INVASIVE CARDIOLOGY	16,860	21,791	129%	
PREVENTIVE CARDIOLOGY	1,356	1,939	143%	

PHILIPPINE HEART CENTER

Department of Allied Medical Specialties (DAMS)

SCOREBOARD YEAREND REPORT

January- December 2014



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase number of new patients from
7k to 20k by Dec 2016**

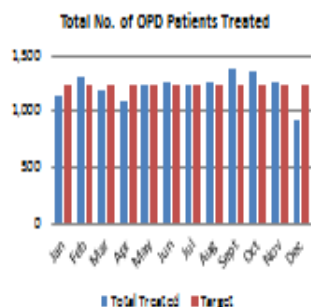


Medical Services

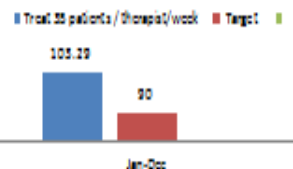
DEPT OF ALLIED MEDICAL SERVICES
PHYSICAL MEDICINE DIVISION

BREAKTHROUGH 1

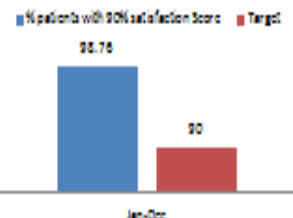
Increase number of out-
patients treated from
14,248 to 14,960 by
December 2014



% of therapist Compliance to 35
Patients/Week



% with Satisfaction Score of 90 or better



LEAD MEASURE 1

Treat at least 35 patients per
therapist per week with
90% compliance

LEAD MEASURE 2

Obtain 90% of patients with
satisfaction score of
90 or better

PHYSICAL MEDICINE DIVISION

Target 1247 patients /month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	1,138	1,299	1,193	1,094	1,244	1255	1237	1270	1381	1348	1268	924	14651
Target													14960
% ACC													97.93

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Treat 35 patients / therapist/week
Target : 90%

**103.29%
Compliance
114.77%**

% patients with 90% satisfaction Score
Target : 90%

**98.76%
Compliance
109.73%**



PHILIPPINE HEART CENTER BREAKTHROUGHS



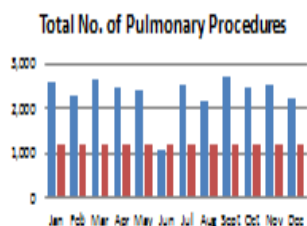
Increase number of new patients from
7k to 20k by Dec 2016

Medical Services

DEPT OF ALLIED MEDICAL SERVICES
PULMONARY MEDICINE DIVISION

BREAKTHROUGH

Increase total number
pulmonary procedures
by 5% from
13642 to **14,324** by
December 2014



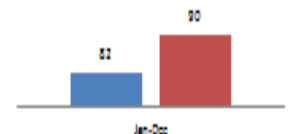
■ Total Procedures ■ Target

Total PFT Procedures per Week



■ Compliance to 100 Cases/mo ■ Target

% Official Results in 24 Hours



■ % Release in 24 hours ■ Target

- **LEAD MEASURE 1**
- Maximize schedule of Pulmonary Function Tests by 80% from 7-9 cases per day or 190 cases/month

- **LEAD MEASURE 2**
- Release 90% of official results within 24 hours

PULMONARY MEDICINE DIVISION

Target 1194 procedures/month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2621	2294	2674	2500	2397	1085	2542	2205	2736	2457	2554	2240	28,305
Target													14,324
% ACC													197.6

COMPLIANCE TO LEAD MEASURE

Mean
Compliance

Maximize schedule of pulmonary function
test - 9 cases per day or 190 cases/mo
Target : 80% compliance

88%
% ACC = 110.0%

Release official results within 24 hours
Target : 90%

82
%ACC
=91.1%

BLOOD BANK DIVISION

Target: 900 Blood Units /Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	928	994	1,072	840	982	943	1261	1161	1157	1323	1431	1317	13409
Target													10800
% ACC													124.16

COMPLIANCE TO LEAD MEASURE	Mean Compliance
Increase in house donors by 10% or 165 per week Target: 165/ week= 650/month	196/week 118.8%
Increase mobile blood donors by 10% or 65 per week Target : 65 per week: 250/month	84/week 129.2%

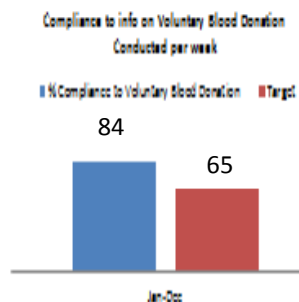
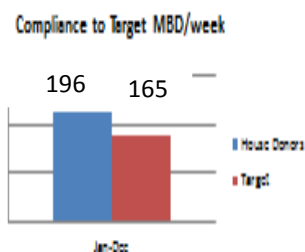
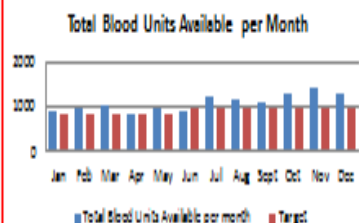
BREAKTHROUGH
Increase safe and adequate blood supply from **10373 to 10,800 blood units** by **December 2014**

• LEAD MEASURE 1

Increase in house donors by 10% or 165 per week

• LEAD MEASURE 2

• Increase Mobile Blood Donors by 10% 65 per week





PHILIPPINE HEART CENTER BREAKTHROUGHS



Increase number of new patients from
7k to 20k by Dec 2016



Medical Services

DEPT OF ALLIED MEDICAL SERVICES
RENAL MEDICINE DIVISION

BREAKTHROUGH

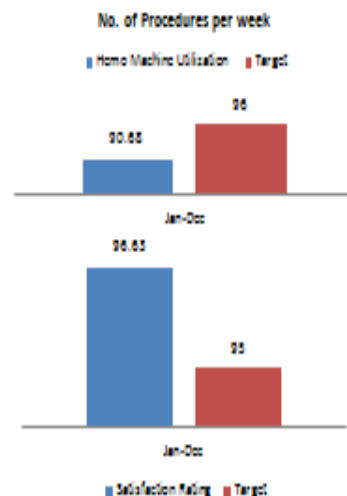
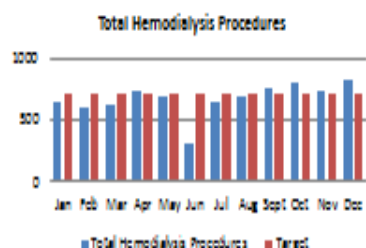
Increase hemodialysis
procedures by 5% from
8213 to **8623** by
December 2014

• LEAD MEASURE 1

Maximize utilization of
haemodialysis
machines by 96% %
or 165 procedures
per week

• LEAD MEASURE 2

Increase patients with
rating of good or
better satisfaction
rating from _____ to
95%



RENAL MEDICINE DIVISION

Target: 718 Hemodialysis Procedures /Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	636	606	618	736	683	302	654	689	768	804	725	833	8054
Target													8623
% ACC													93.4%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Maximize utilization of hemodialysis
machines
Target : 96% or 165 procedures /week

90.68%
%ACC =94%

Increase patients with rating of good or
better satisfaction rating
Target : 95%

96.63%
%ACC =92.9%



PHILIPPINE HEART CENTER
BREAKTHROUGHS 2016





Increase Patient Satisfaction score
from 87% to 97% by Dec 2016



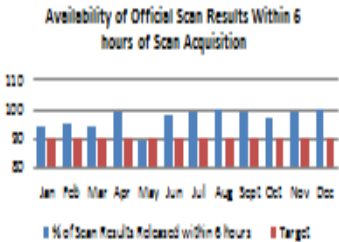
DEPT OF ALLIED MEDICAL SPECIALTIES
NUCLEAR MEDICINE DIVISION

NUCLEAR MEDICINE DIVISION

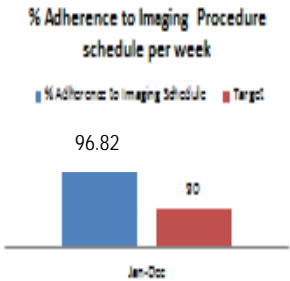
Target : Release 90% of Official Results within 5 hours

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	94.19	95.25	94.27	99.17	89.61	98	98.96	100	99.5	97.13	98.75	100	97.1
Target													90%
% ACC	Yearend Ave : 97.1%												107.9%

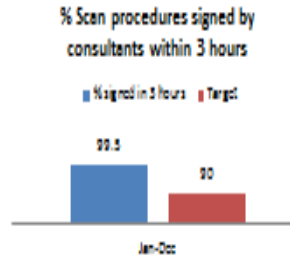
BREAKTHROUGH
 Increase % of results released within 5 hours from 85% to 90% by December 2014



• **LEAD MEASURE 1**
 Adhere by 90% to imaging procedure schedule (from image acquisition to processing and initial reading)



• **LEAD MEASURE 2**
 Ensure that 90% of scans are signed by consultants within 3 hours from the initial reading



COMPLIANCE TO LEAD MEASURE

Mean Compliance

Adhere by 90% to imaging procedure schedule (from image acquisition to processing and initial reading)

96.82
%ACC =107.6%

Ensure that 90% of scans are signed by consultants within 3 hours from the initial reading

93.6
%ACC =104%



PHILIPPINE HEART CENTER BREAKTHROUGHS 2016



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

Medical Services

DEPT OF ALLIED MEDICAL SPECIALTIES
CV RADIO SCIENCES DIVISION

BREAKTHROUGH

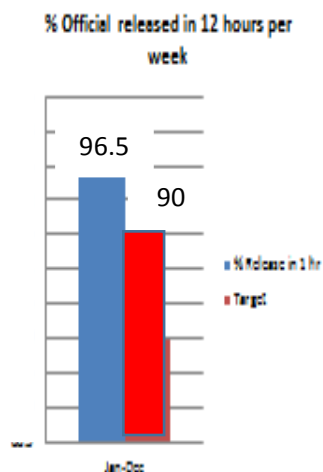
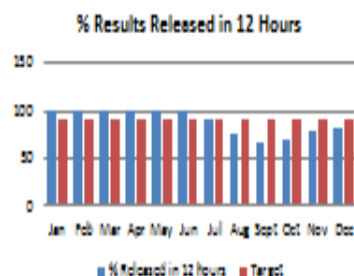
Increase results
released within 12 hours
from
81% to 90% by
Dec 2014

• LEAD MEASURE 1

- Release **90%** of official results within 12 hours and 1 hour initial results for emergency cases

Compliance Rate (%)

Total results released in 12 hours
Total Number of Official Results released



CV RADIO SCIENCES DIVISION

Target : 90% Results Released Within 12 Hours

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	100	100	100	100	100	100	111	111	111	111	111	111	105.5
Target													90
% ACC	Jan- Dec AVE = 105.5% /90												117.2%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Release official results within 12 hours and 1 hour initial results for emergency cases
Target : 90%

96.5%
%ACC = 107.2%



PHILIPPINE HEART CENTER BREAKTHROUGHS 2016



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

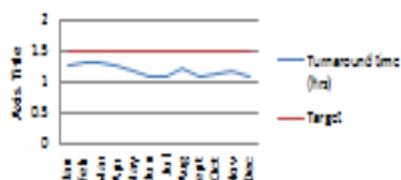
Medical Services

DEPT OF ALLIED MEDICAL SERVICES
LABORATORY MEDICINE DIVISION

BREAKTHROUGH

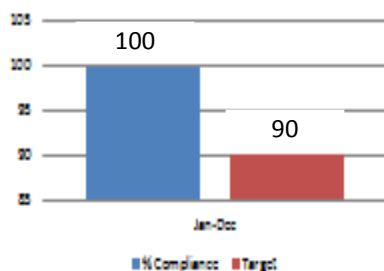
Decrease turnaround time (TAT) of OPD routine clinical tests from **2hrs to 1.5 hours by December 2014**

Turn Around time of OPD Routine Clinical Test Within 2 hrs



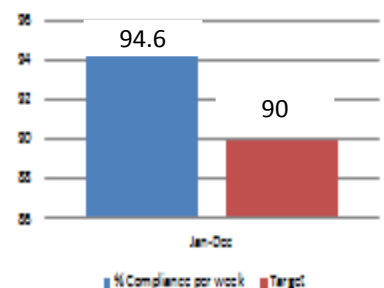
LEAD MEASURE 1

Deploy by 90% at least 2 reception front liners during peak hours and one staff to transport blood tubes from extraction area to main lab every 10 minutes



LEAD MEASURE 1

Prompt review and sign 90% of printed reports within 15 minutes by MT/MD



LABORATORY MEDICINE DIVISION

Target : 1.5 Hours Patients /month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVE
Actual	1.28	1.32	1.30	1.27	1.19	1.07	1.08	1.22	1.1	1.12	1.16	1.08	1.18
Target	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
% ACC	Expected decrease 0.5hrs ; 0.82/0.5												164%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Deploy least 2 reception front liners during peak hours and one staff to transport blood tubes from extraction area to main lab every 10 minutes
Target : 90%

100%
%ACC = 111.1%

Prompt review and sign printed reports within 15 minutes by MT/MD
Target : 90%

94.6%
%ACC= 105.8%



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase number of new patients from 7k to 20k by Dec 2016



Medical Services

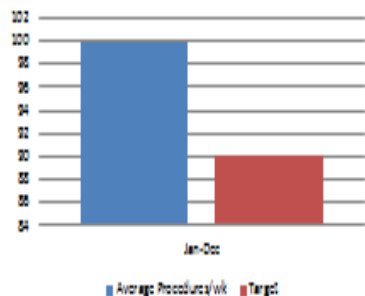
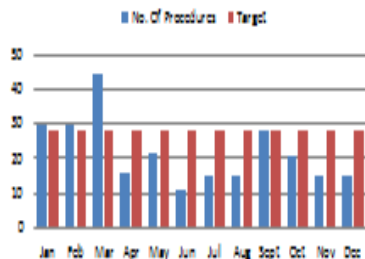
DEPT OF ALLIED MEDICAL SERVICES
MEDICAL SPECIALTIES DIVISION -
GASTROENTEROLOGY



BREAKTHROUGH

Increase number of procedures from 309 to 339 (10%) by December 2014

Total Procedures/Month



• LEAD MEASURE 1

Maximize use of GI procedure room or 7 procedures per week

MEDICAL SPECIALTIES DIVISION: GASTROENTEROLOGY

Target: 28 Procedures /Month

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	30	30	45	16	22	11	15	15	28	21	15	15	263
Target													339
% ACC	263/339												77.6

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Maximize use of GI procedure room or 7 procedures per week
Target : 90%

100%
%ACC =111.1%



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase number of new patients from 7k to 20k by Dec 2016



Philippine Government Service

Medical Services

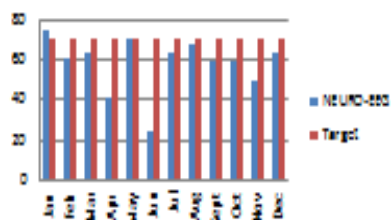
DEPT OF ALLIED MEDICAL SERVICES
MEDICAL SPECIALTIES DIVISION
NEUROLOGY



BREAKTHROUGH

Increase number of EEG procedures by 10% from 768 to 845 by December 2014

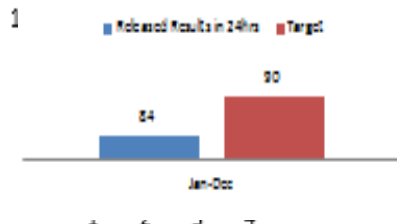
EEG Procedures/Month



% Compliance to perform EEG in 8hrs/24 hrs OPD



% of Referrals seen within 8 hrs (Response time)



LEAD MEASURE 1

Perform 90% of EEG procedures within 8 hrs for inpatients and within 24 hrs for Outpatient,

LEAD MEASURE 2

Release 90% of official EEG results within 48 hours

MEDICAL SPECIALTIES DIVISION: NEUROLOGY

Target : 70 EEG Procedures /month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	75	60	63	41	71	25	63	68	59	59	49	64	697
Target													845
%ACC	697/845												82.5

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Perform EEG procedures within 8 hours for inpatients and within 24 hours for outpatient
Target : 90%

111.11%
%ACC = 123%

Release official EEG results within 48 hours
Target : 90%

84%
%ACC- 93.3%



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase number of new patients from **7k** to **20k** by **Dec 2016**



Medical Services

DEPT OF ALLIED MEDICAL SERVICES
MEDICAL SPECIALTIES DIVISION
PSYCHIATRY

BREAKTHROUGH

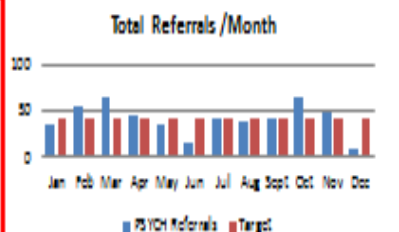
Increase number of referrals from **475** to **522 (10%)** by **December 2014**

LEAD MEASURE 1

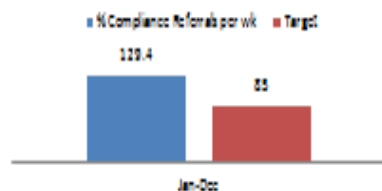
Attend to at least 10 referrals per week with 85% compliance

LEAD MEASURE 2

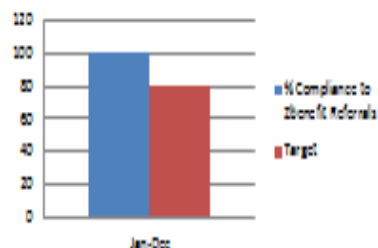
- Attend promptly to 80% of Z benefit clearance for CABG / VSD/TOF referred per month



% Compliance to 10 Referrals / week



% of Referrals seen within 8 hrs (Response time)



MEDICAL SPECIALTIES DIVISION: PSYCHIATRY

Target: 44 Referrals /Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	36	55	67	45	37	16	43	39	42	66	50	10	525
Target	44	44	44	44	44	44	44	44	44	44	44	44	522
% ACC	525/522												100.6

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Attend to at least 10 referrals per week with 85% compliance

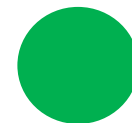
129.4%
%ACC = 152%

Attend promptly to 80% of Z benefit clearance for CABG / VSD / TOF referred per month

100%
%ACC = 80%

BREAKTHROUGH SUMMARY

Average DAMS 2014 Accomplishment : 114.45 %



GOOD
51-89%

SATISFACTORY
90-114%

VERY SATISFACTORY
115-129%

OUTSTANDING
>130%

DIVISION	BREAKTHROUGH GOAL	ACTUAL	ACCOMPLISHMENT	DASHBOARD
LABORATORY MEDICINE	1.5	1.18	164%	
BLOOD BANK	10,800	13,409	124.2%	
PULMONARY	14,324	28,305	197.6%	
NUCLEAR MEDICINE	90%	97.1%	107.9%	
RADIOLOGY	90%	88.88%	98.8%	
PMRD	14,952	14,651	97.93%	
RENAL & METABOLIC	8,623	8,054	93.4%	
PSYCHIATRY	522	525	100.6%	
NEUROLOGY	845	697	82.5%	
GASTROENTEROLOGY	339	263	77.6%	

PHILIPPINE HEART CENTER

Department of Ambulatory and Emergency Medicine

SCOREBOARD YEAREND REPORT

January-December 2014



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase Patient Satisfaction score
from 87% to 97% by Dec 2016

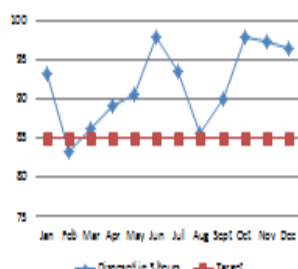


Medical Services

DEPARTMENT OF
EMERGENCY AND AMBULATORY CARE

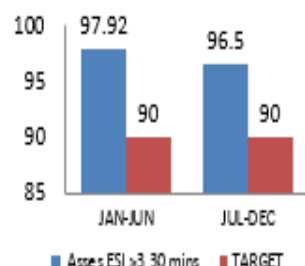
ER BREAKTHROUGH

Increase the percentage of
patients Disposed
within 3 hours from
70 % to 85% by
Dec 2014



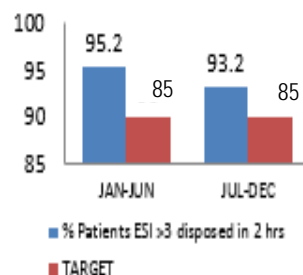
LEAD MEASURE 1

Assess 90% Of ER patients
with Emergency severity
index (ESI) > 3 within
30 minutes



LEAD MEASURE 2

Discharge 85% Of ER patients
with Emergency severity
index (ESI) > 3 within
2 hours.



DIVISION OF EMERGENCY MEDICAL

Target 85% Disposed in 3 hours /Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	93.3	83.4	86.3	89.1	90.7	97.8	93.4	85.7	89.9	97.8	97.3	96.5	91.8%
Target													85%
% ACC	110%	98%	102%	105%	107%	115%	110%	101%	106%	115%	114%	114%	108%

COMPLIANCE TO LEAD MEASURE

Mean
Compliance

Assess ER patients (ESI>3)within 30 minutes
Target : 90%

97.21%
% ACC= 108%

% patients with ESI>3 Disposed in 2 hours
Target : 85%

94.2%
% ACC =110.8%



PHILIPPINE HEART CENTER BREAKTHROUGHS

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**



Medical Services

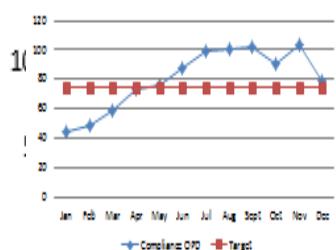
DEPARTMENT OF
EMERGENCY & AMBULATORY CARE



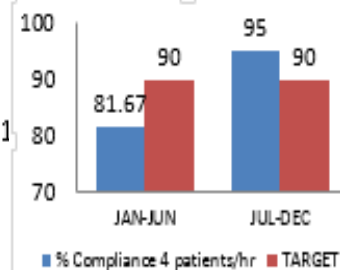
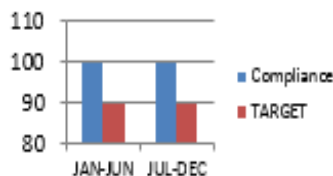
BREAKTHROUGH

Increase number of patients disposed in **2.5 hours** (Adult Cardio) and **3.5 hours** (Pedia Cardio) from **60%** to **75%** by **December 2014**

Compliance to Dispose at OPD



% Compliance TRIAGE ESI
<3 within 1 hour



• LEAD MEASURE 1

Assess and triage 90 % of OPD patients with Emergency severity index (ESI) <3 within 1 hour

• LEAD MEASURE 2

Ensure that each doctor sees four (4) patients per hour with 90% compliance

DIVISION OF AMBULATORY CARE

**Target 75% disposed in 2.5 hrs. (Adult)
3.5 hrs. (Pedia)**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mean Adult/ Pedia	44	48	58.66	73.33	76	88	99.5	100	101.5	90	103	78.5
Ave.	Jan- Dec 80.04											
Year end Ave	% ACC = 106.7%											

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Asses and triage OPD patients with ESI <3 within 1 hour Target : 90%

100%
%ACC -111.11%

Ensure each doctor sees four (4) patients per hour Target : 90%

88.3%
%ACC =98.11%

BREAKTHROUGH SUMMARY 2014

Average DAEC 2014 Accomplishment : 107.35%

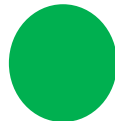
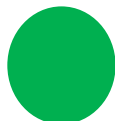


GOOD
51-89%

SATISFACTORY
90-114%

VERY SATISFACTORY
115-129%

OUTSTANDING
>130%

DIVISION	BT GOAL	ACTUAL	ACCOMPLISHMENT	DASHBOARD
EMERGENCY MEDICAL DIVISION	85%	91.8%	108%	
OUT-PATIENT DIVISION				
Adult	75%	80.04%	106.7%	
Pediatric	75%			

PHILIPPINE HEART CENTER

**Department of Education
Training and Research**

SCOREBOARD YEAREND REPORT

January-December 2014



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**



Medical Services

DETR- EDUCATION

BREAKTHROUGH

Increase number of Clinical Pathways developed and approved by concerned departments from **6 to 8** by **December 2014**

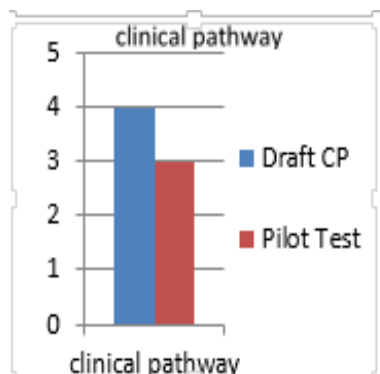
LEAD MEASURE 1:

Conceptualize and Draft by 90% 3 clinical pathway on a leading CV procedure/ cause of morbidity , with concerned specialty or Division

LEAD MEASURE 2:

Present and pilot-test 3 drafted and approved clinical pathway to concerned clinical units before final implementation

CLINICAL PATHWAY



DETR BREAKTHROUGH

Target: Develop 8 New Clinical Pathways

	JANUARY to DEC 2014	Total
Actual	6	6
Target	8	8
% ACC	75%	75%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Conceptualize & draft 3 clinical pathways

Target : 90% = 2.7

4

% ACC= 148%

Present & pilot-test 3 drafted & approved clinical pathway

Target : 3

3

% ACC=100%



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase Patient Satisfaction score
from 87% to 97% by Dec 2016



Medical Services

DETR
EDUCATION DIVISION

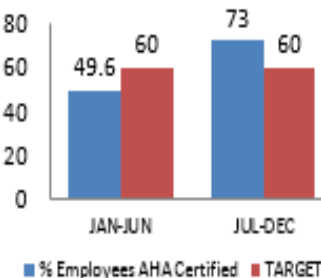
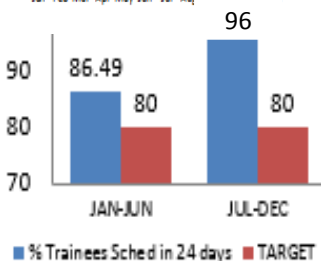
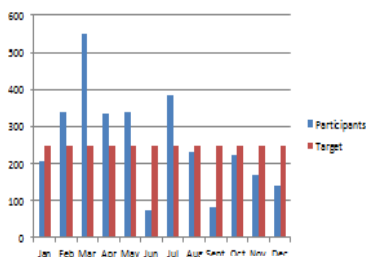


EDUCATION DIVISION

Target No. of participants: 247/ month

BREAKTHROUGH
Increase number of
participants
in all educational
programs/courses
from **2700** to **2970**
by **December 2014**

TOTAL PARTICIPANTS



- **LEAD MEASURE 1**
- Schedule 80 % of Applications for training slots within 24 days

- **LEAD MEASURE**
- Certify 70% of employees to AHA Lifesaving Courses

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	205	340	551	334	339	200	385	233	82	224	169	141	3203
Target	247	247	247	247	247	247	247	247	247	247	247	247	2970
% ACC	YEAREND TOTAL 3203/2970												107.8

COMPLIANCE TO LEAD MEASURE	Mean Compliance
% of trainees scheduled within 24 days Target : 80%	91.25% % ACC =114.06%
% Employees certified in AHA Life support Target : 60%	937/1286 (73%) % ACC =121.7%



PHILIPPINE HEART CENTER BREAKTHROUGHS

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

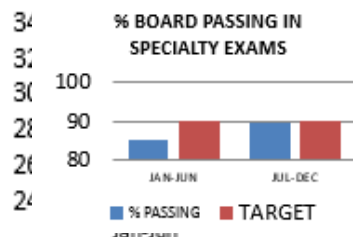


Medical Services

DETR
TRAINING DIVISION

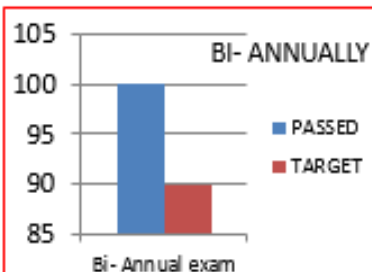
BREAKTHROUGH

Increase % of Board Certification of PHC graduates in CV Specialties from **85%** to **90%** by **Dec 2014**



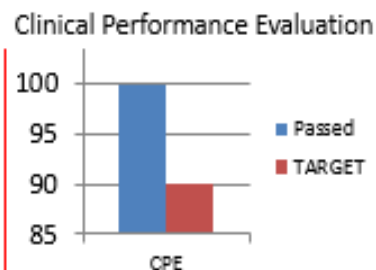
• LEAD MEASURE 1

Pass biannual examinations for fellows and residents in training given by respective Departments with 80% getting grade of 75% or better



• LEAD MEASURE 2

Comply to 90% to Clinical Performance Evaluation and list of skills requirement for fellows – in training per rotation or quarterly



TRAINING DIVISION

Target : 90% passing in Specialty Board

	Jan to June	July to Dec	Total
Actual	29/33	34/38	88.5%
Target			90%
% ACC	97.8%	98.9%	98.3%

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Pass biannual examinations for fellows and residents in training.
Target : 90%

100%
% ACC= 111%

Comply to 90% Clinical Performance Evaluation
Target : 90%

100%
%ACC =111%



PHILIPPINE HEART CENTER BREAKTHROUGHS

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**



Medical Services

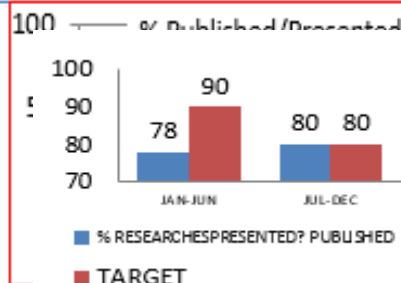
DETR

RESEARCH DIVISION

BREAKTHROUGH

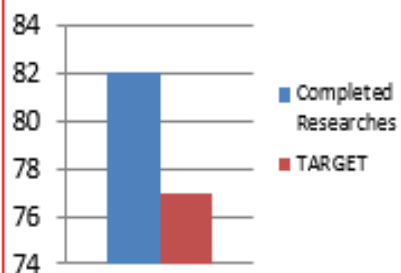
Increase % of PHC
researches presented
or published local and
international forum

**75 % to 80 % by
December 2014**



LEAD MEASURE 1

Complete 77 medical
researches by
December 2014



LEAD MEASURE 2

Accomplish required
research projects of
fellows in training
within the proposed
time frame by 80%



RESEARCH DIVISION

Target 80% researches presented/published

	JANUARY to DEC 2014	Total
Actual	Presented/Published	120
	Completed	150
		80%
% ACC	80% /80 %	100%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Complete 77 medical researches
Target : 77 researches

**82
%ACC
=106.5%**

Accomplish required research
projects of fellows
Target : 80%

**96%
%ACC= 120%**



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

DETR

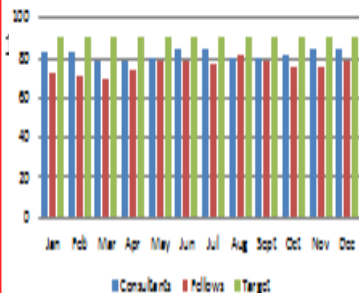
MEDICAL RECORDS

Medical Services

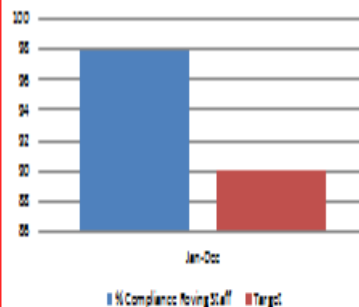
BREAKTHROUGH

Increase % of completed medical records from **78% (consultants)** and **63 % (House Staff)** to **90%** by **December 2014**

% Completion of Medical Records



Total Charts Assessed While Admitted



LEAD MEASURE 1

Deploy 2 roving medical records staff to attach checklist for completion of medical records of 90% of patients' for discharge during time of confinement per week

* Patients' records at ICU's not included

MEDICAL RECORDS DIVISION

Target 90% Completed Medical Records

Actual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVE.
Consultants	83	83	79	79	80	84	84	85	81	80	80	84	82
Fellows	73	71	70	74	78	78	78	76	75	78	81	77	76
AVE	Consultants Fellows AVE = 79%												Target 90%
% ACC	Consultants (91.1%) Fellows (84.4%)												87.8%

COMPLIANCE TO LEAD MEASURE

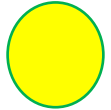
Mean Compliance

Deploy 2 roving medical records staff
Target : 90%

6880/7048
(98%)
%ACC=108.9%

BREAKTHROUGH SUMMARY 2014

Average DETR 2014 Accomplishment : 93.78%



GOOD
51-89%

SATISFACTORY
90-114%

VERY SATISFACTORY
115-129%

OUTSTANDING
>130%

DIVISION	BREAKTHROUGH GOAL	ACTUAL	ACCOMPLISHMENT	DASHBOARD
DETR CLINICAL PATHWAYS	8	6	75%	
EDUCATION	2,970	3,203	107.8%	
TRAINING	90%	88.5%	98.3%	
RESEARCH	80%	80%	100%	
MEDICAL RECORDS	90%	79%	87.8%	

PHILIPPINE HEART CENTER

**Department of Pedia
Cardiology**

SCOREBOARD YEAREND REPORT

January-December 2014



PHILIPPINE HEART CENTER BREAKTHROUGHS



Increase number of new patients from
7k to 20k by Dec 2016

Medical Services

DEPT OF PEDIATRIC CARDIOLOGY
PEDIA CLINICAL & CRITICAL CARE

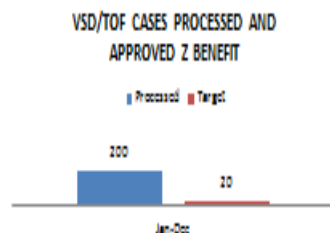
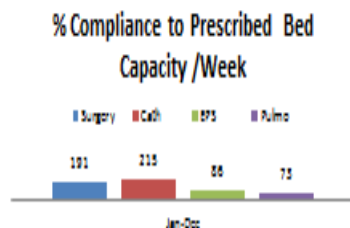
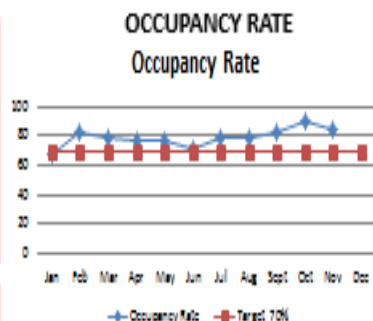
BREAKTHROUGH
Increase occupancy
rate from
65% to 70% by
December 2014

• LEAD MEASURE 1

Maximize utilization of
assigned beds by
90% per Section
per week

• LEAD MEASURE 2

Pre-authorize and
process by 80% 5
VSD /TOF patients
per week for
Philhealth Z Benefit
or 20 per month



PEDIA CLINICAL AND CRITICAL DIVISION Target 70% Occupancy/Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Actual	67.3	81.8	79.3	76.5	76.6	70.4	79.3	79.2	82.8	89.2	85	75.36
Target	AVE = 75.3						AVE = 81.81					
% ACC	Mean Occupancy 78.56%						%ACC =112%					

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Maximize Bed Capacity/section

Surgery	8/wk (32)	54/month
Cath	5/wk (20)	25.6/mo
EPS	1/wk (4)	3.5/mo
Pulmo	2/mo (5)	4/5.5

Mean : 141.25%

191%
215%
86%
73%

Process Z Benefit 5/week or 20/mo
Target : 80% = 4/week
96 patients 6 months

7.14/week
200 patients
%ACC= 178.5%



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase number of new patients from
7k to 20k by Dec 2016**

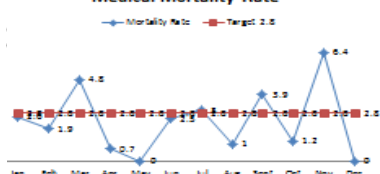
Medical Services

DEPT OF PEDIATRIC CARDIOLOGY
PEDIA CLINICAL & CRITICAL CARE

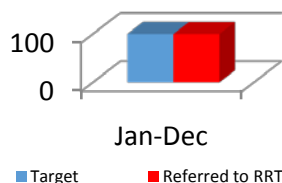
BREAKTHROUGH

Decrease medical mortality
rate in pedia units from
3.1% to 2.8% by
December 2014

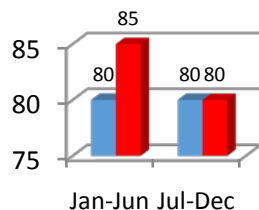
Medical Mortality Rate



%patients with Risk>2



% Compliance to Multispecialty
Conference for ALOS days



Target Family Conf for ALOS

LEAD MEASURE 1

Refer 90% of
patients admitted in
pedia units with Risk
≥2 to th Rapid
response team (RRT)

LEAD MEASURE 2

Conduct multispecialty &
family conference for
patients with ALOS>7
days per week by 80%
compliance

PEDIA CLINICAL AND CRITICAL DIVISION

Target Medical Mortality Rate 2.8% /month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Actual	2.6	1.9	4.8	0.70	0.00	2.5	3.0	1.0	3.9	1.20	6.4	0
Target	2.8%											
% ACC	Mean Mortality 2.3%						%ACC =267%					

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Refer 90% of Patients admitted at Pedia
units to Pedia RRT

100%

**% ACC=
111.11%**

Conduct multispecialty conference for
patients with ALOS > 10 days

82.5%

% ACC=103.1%



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

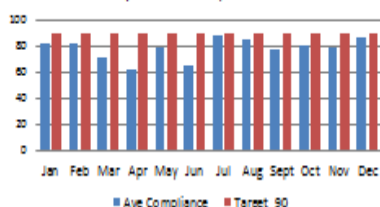
Medical Services

DEPT OF PEDIATRIC CARDIOLOGY
DIVISION PEDIA DIAGNOSTIC LAB

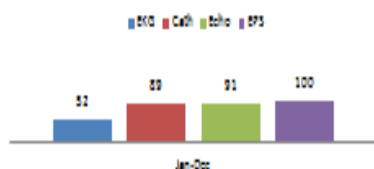
BREAKTHROUGH

Increase Percentage of
official results
released in 24
hours from **81%** to
90% by **December
2014**

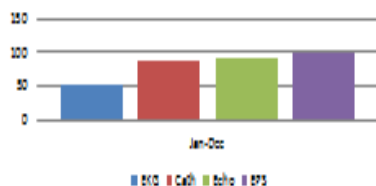
% Results Released Within 24 hours
per Section/Week



% Compliance to Conduct Procedure for OPD
PACKAGE within 2 hrs



% Compliance of Readers to Review Within 12
hours



• LEAD MEASURE 1

Conduct procedure within
2 hours for OPD
package patients
(Echo/ EKG) by 80%

• LEAD MEASURE 2

Review 90% of all
Echo/ EKG/Cath
results within 12
hours per section

DIVISION OF PEDIA DIAGNOSTIC LABORATORY

Target : 90% Released in 24 hours

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Actual	82	83	71	62	79	65	89	85	78	81	79	86.48
Target	AVE = 73.67						AVE = 83.08					
% ACC	Mean 78.38%						%ACC = 87.09%					

COMPLIANCE TO LEAD MEASURE

Mean Compliance

EKG results

1221/1696

52%

Cardiac Cath

141/158

89%

EPS

9/9

100%

Echo

**2557 procedures
21-25 /day
one machine
one secretary**

91%



PHC BREAKTHROUGH:

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**



Medical Services

DEPT OF PEDIATRIC CARDIOLOGY
PEDIA CARDIAC REHAB

BREAKTHROUGH

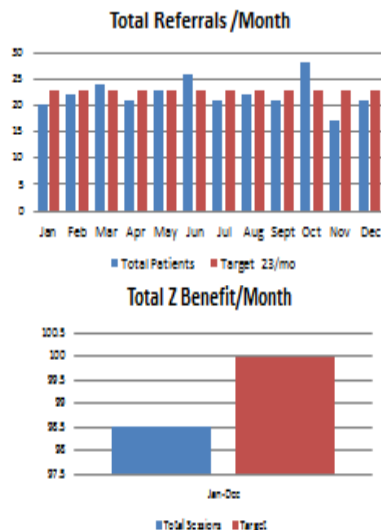
Increase number of referrals for pediatric cardiac rehab from **254 to 278 patients** by **December 2014**

• LEAD MEASURE 1

Provide 4 session to 100% of post VSD and TOF patients under the Z benefit patients up to one week after discharge

• LEAD MEASURE 2

Develop and implement new OPD packages for wellness and special problems in children and adolescents at least 1 per year



PHASE	Mar	Apr	May	Jun	Jul	Aug
Drafting/ Feasibility Study						
Presentation to Body/ Approval						
Implementation						
Patient Recruitment/ Marketing						

PEDIA CARDIAC REHAB (PEDIA CARE)

Target: 23 Patients/month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Actual	20	22	24	21	23	26	21	22	21	28	17	21
Target	23	23	23	23	23	23	23	23	23	23	23	23
% ACC	Total Number of Referrals 266/278 %ACC =95.7%											

COMPLIANCE TO LEAD MEASURE

Mean Compliance

4 sessions per Z Benefit patients
Target : 100 %

206

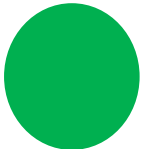
% ACC= 98.5%

New OPD Packages for children Wellness
RF Screening for School children - 1
Sports Clearance– for drafting

100%

BREAKTHROUGH SUMMARY

Average DPC Accomplishment : 140.45%



GOOD 51-89%	SATISFACTORY 90-114%	VERY SATISFACTORY 115-129%	OUTSTANDING >130%
----------------	-------------------------	-------------------------------	----------------------

DIVISION	BREAKTHROUGH GOAL	ACTUAL	ACCOMPLISHMENT	DASHBOARD
Division of Pediatric Clinical and Critical Care	70%	78.56%	112%	
Division of Pediatric Clinical and Critical Care	2.8%	2.3%	267%	
Division of Pediatric Diagnostic Laboratory	90%	78.38%	87.09%	
Section of Pedia Care	278	266	95.7%	

PHILIPPINE HEART CENTER

Department of Cardiovascular Surgery and Anaesthesia

SCOREBOARD YEAREND REPORT

January-December 2014



PHILIPPINE HEART CENTER BREAKTHROUGHS

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

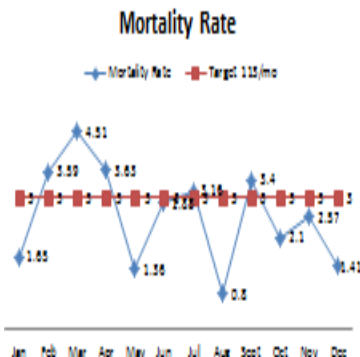
Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA



BREAKTHROUGH 1

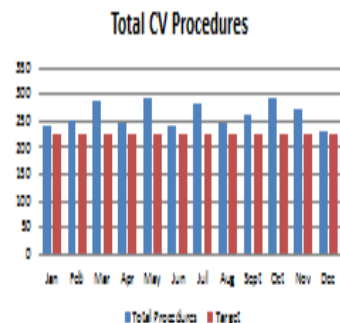
Decrease overall in
hospital cardiac mortality
rate of pediatric and adult
cases from **3.6% to
3.0%** by **December
2014**



**Increase number of new patients from 7k to
20k by Dec 2016**

BREAKTHROUGH 2

Increase total number of
CV Procedures by
10% from
2461 to 2707 by
December 2014



CVS DEPARTMENT BREAKTHROUGH 1

Target Mortality Rate 3.0% (47/1557)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVE
Actual	1.65	3.59	4.51	3.63	1.36	2.88	3.16	0.8	3.4	2.1	2.57	1.41	2.6%
Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3.0%
% ACC	2.6/3.0												166%

CVS DEPARTMENT BREAKTHROUGH 2

Target 226 procedures per month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Actual	242	251	288	248	295	243	284	249	261	291	272	232	3156
Target	226	226	226	226	226	226	226	225	225	225	225	225	2707
% ACC	3156/2707= 116.59%												116.5

NOTE : TCVS CENSUS : ADULT + PEDIATRIC + GENERAL SURGERY



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

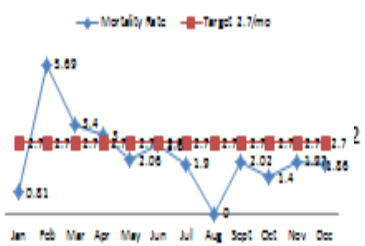
Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

ADULT CARDIOTHORACIC BREAKTHROUGH

Decrease the mortality
rate of adult CT surgery
to **3.0% or less** by
December 2014

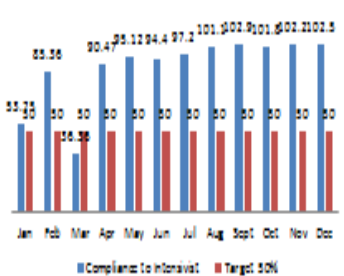
Mortality Rate



• LEAD MEASURE 1

Increase referral to
intensivist for
postoperative care
management from
30% to 50%

% Compliance to Intensivist Management



DIVISION OF ADULT CV SURGERY

Target Mortality Rate 2.7%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVE
Actual	0.81	5.69	3.4	3.00	2.06	2.6	1.9	0	2.02	1.4	1.97	1.86	2.24
Target													2.7
% ACC	0.76 decrease/ target 0.3 decrease												253

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Increase referral to Intensivist for
postoperative care and Management
Target Compliance : 50%

TARGET
(247/494)
50%

Actual Compliance

ACTUAL
(1015/1112)
91.3%

% Accomplishment

182.6%



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase number of new patients from
7k to 20k by Dec 2016



Medical Services

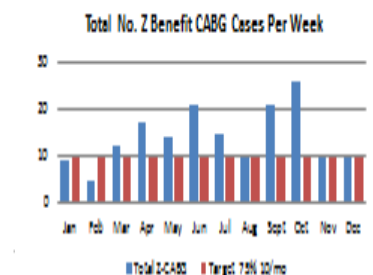
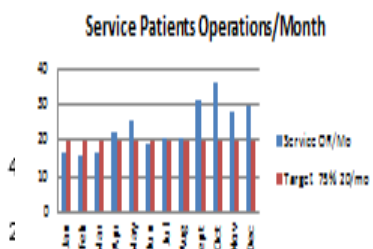
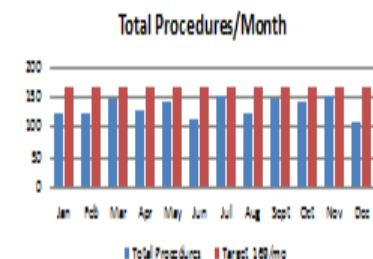
DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

ADULT CARDIOTHORACIC BREAKTHROUGH

To Increase the
number of Adult
CT surgery
operations from
1610 to 1771 by
December 2014

- **LEAD MEASURE 1**
- Maximize schedule of operation of service patients to 20 per month with 75% compliance

- **LEAD MEASURE 2**
- Increase Z-benefit CABG cases to 10 per month with 75% compliance



DIVISION OF ADULT CV SURGERY

Target No. of procedures 148/month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	122	123	148	127	145	114	155	123	148	142	152	107	1606
Target													1771
% ACC													90.7%

GRAND TOTAL 1606/ 1771 = 90.7%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Maximize schedule of operation of
service patients to 20 per month
Target : 75% compliance **15/mo**

24/month
284 procedures
%ACC= 185%

Increase Z-benefit CABG cases to 10 per
month
Target : 75% compliance (**7.5/mo**)

14/month
(170 Z -CABG))
%ACC = 204 %



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase number of new patients from **7k** to **20k** by Dec 2016



Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

PEDIATRIC CARDIOTHORACIC BREAKTHROUGH 1

Increase the number of operations from **647** to **692** cases by December, 2014

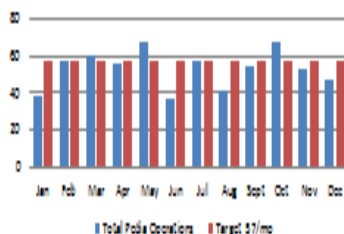
LEAD MEASURE 1

Operate 8 charity cases per week or 32 cases per month with **85%** compliance

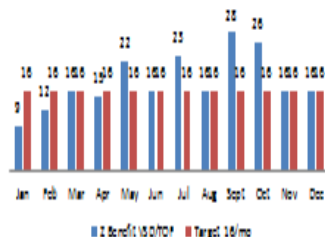
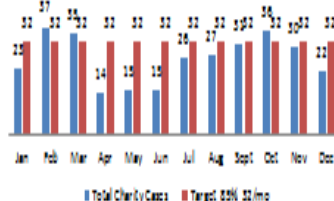
LEAD MEASURE 2

Increase Z-benefit VSD/TOF cases to 4 per week or 16 per month with **80%** compliance

Total Pedia CT Operations



% Compliance to Charity Cases per Month



Z-Benefit VSD/TOF TARGET 16/mo

DIVISION OF PEDIATRIC CV SURGERY

Target No. of procedures 57/month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	39	58	61	56	68	37	57	41	55	68	53	47	640
Target													692
% ACC	640 procedures/692 = 92.48%												92.48

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Increase in the number of charity operations 8 cases per week or 32 cases per month

Target : 85% compliance (27.2/mo)

26/month
311 procedures
%ACC= 105.1%

Increase Z-benefit VSD/TOF cases to 4 per week or 16 per month

Target :80% compliance (12.8/mo)

18/month
215 Z Benefit Procedures
%ACC =162.5%



PHILIPPINE HEART CENTER BREAKTHROUGHS



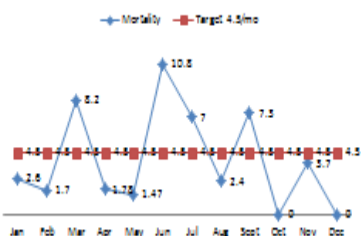
**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**



Medical Services

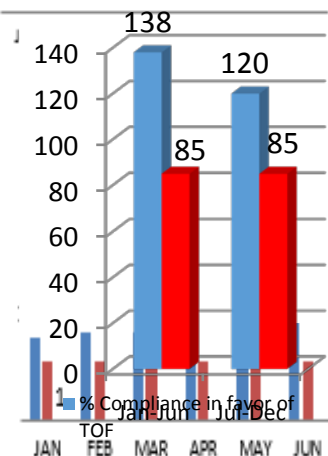
DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

Mortality Rate



**PEDIATRIC
CARDIOTHORACIC
BREAKTHROUGH 2**
Decrease overall
mortality rate of pedia
cardiac surgery from
**4.86% to 4.5% by
December 2014.**

- **LEAD MEASURE 1**
- Favor Total correction or Glenn shunt vs. BTS in 70% of TOF and Univentricular heart surgical patients with 85% compliance



DIVISION OF PEDIATRIC CV SURGERY

Target Mortality : 4.5%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	2.6	1.7	8.2	1.78	1.47	10.8	7.0	2.4	7.3	0	3.7	0	3.75%
Target													4.5
% ACC													308%

COMPLIANCE TO LEAD MEASURE

Favor Total correction and Glenn shunt
versus BTS in 70% of TOF and
Univentricular heart surgical patients
Target : 85% compliance

Mean Compliance

**84.1% Total
Correction
15.8 %BTS**

**Ave Compliance
120%
%ACC = 141%**



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase number of new patients from 7k to 20k by Dec 2016



PGS

Philippine General Services

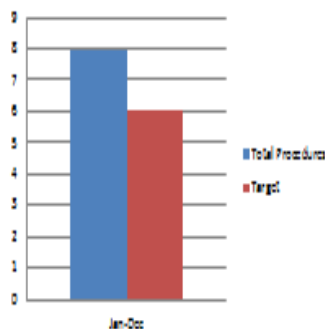
Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

VASCULAR SURGERY BREAKTHROUGH 2

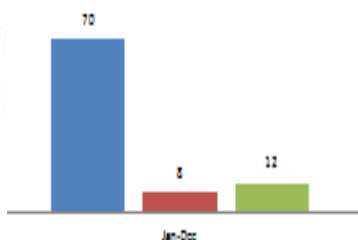
Increase number adult hybrid surgery cases from 3 to 6 by December 2014

Total Hybrid Surgery Operations



% Hybrid Surgery in Complex Thoracic Cases

■ Total Thoracic AA ■ Hybrid Surgery ■ Target



• LEAD MEASURE 2

Perform hybrid surgery on 50% of complex thoracic aortic cases

DIVISION VASCULAR SURGERY

Target No. of HYBRID procedures 6/yr

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	8												8
Target	3 Every 6 months												6
% ACC	8 procedures / 6												133%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Perform hybrid surgery on 50% of complex thoracic aortic cases

Target : 50% (12/ 25 T-A cases)

Actual : 8/70 cases (11.43%)

% Accomplishment

22.86%



PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

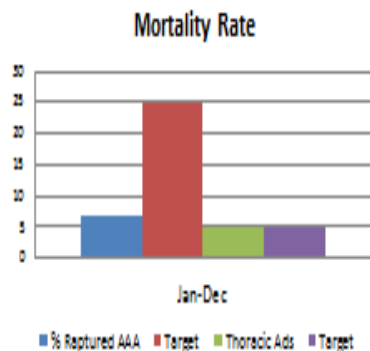


Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

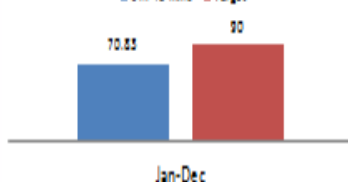
VASCULAR SURGERY BREAKTHROUGH 1

Decrease mortality rate for
ruptured AAA cases from
40% to 25% and complex
thoracic aortic disease
from **10% to 5%**
December 2014



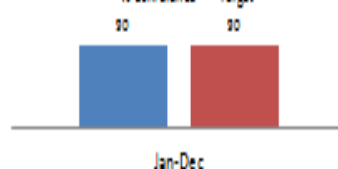
% Compliance to Door to Knife Time

■ 1 hr 45 mins ■ Target



% Compliance to Preop Hybrid Conference

■ % Conference ■ Target



DIVISION OF VASCULAR SURGERY

Target Mortality Ruptured AAA: 25%

Target Mortality : Thoracic Aortic Ds : 5%

	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
AAA	7/48												14.6%
Target 1													25%
T-A ds	5/70												7.14%
Target 2													5%
% ACC	AAA= actual decrease / target decrease= 25.4/15 = 169% T-A ds= actual decrease / target decrease= 2.86/5= 57.2%												113.1

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Decrease door to knife time from >2 hr
to 1 hr 45 mins in **90%** of r AAA

70.83%
(17/24)

%ACC = 78.70%

Conduct pre-op Hybrid team conference
Target: 90% of complex thoracic-aortic
cases (22.5/25)

90%

% ACC = 100%



PHILIPPINE HEART CENTER BREAKTHROUGHS

**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

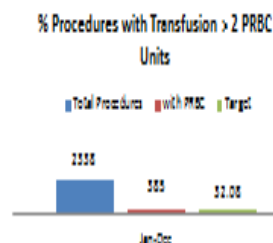
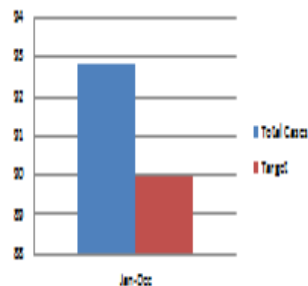
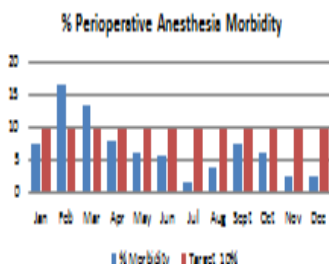


Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

CV ANESTHESIA

**Decrease perioperative
anesthesia morbidity
from 12.5% to 10% by
December 2014**



• LEAD MEASURE 1

Complete intraoperative
Anesthesia Reportable
events Form in 90% of
cases

• LEAD MEASURE 2

Decrease no. of
patients with 0-1
PRBC transfusion to
10%

DIVISION OF CV ANESTHESIA

Decrease Perioperative Morbidity

Target : 10% of total surgery

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	7.40	16.93	13.38	8.20	5.96	5.53	1.79	3.78	7.36	6.02	2.59	2.65	6.78
Target													10%
% ACC	205/3024												229%

**Complete Intraoperative Reportable
Events form in 90% of cases**

Mean Compliance

**Complete Intraoperative Reportable
Events form in 90% of cases**

2,808/3024

92.86%

%ACC=103.18%

**Decrease number of patients given 0-1
PRBC intraop from 17% to 10%**

(385/2338)

16.47%

TARGET : 10% ((111.30/1,113))

% ACC = 0



PHILIPPINE HEART CENTER BREAKTHROUGHS

Increase Patient Satisfaction score
from 87% to 97% by Dec 2016

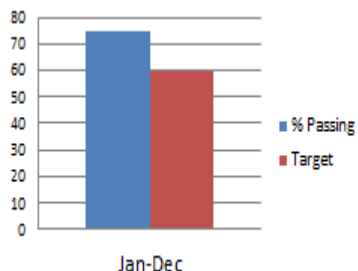
Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA



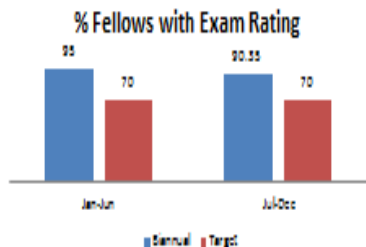
CV SURGERY TRAINING BREAKTHROUGH

Achieve passing rate
among 60% of fellows in
quarterly fellows exam
by December 2014



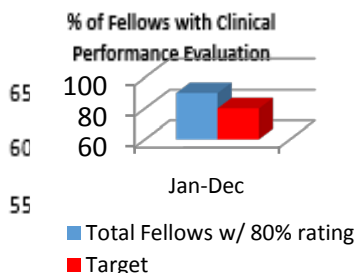
• LEAD MEASURE 1

Attain a PATACSI In- Service
and Institutional
Quarterly written and
OSCE with an average
rating of 70% or better



• LEAD MEASURE 2

Achieve a rating of 80% or
better on the Clinical
Performance Evaluation
Criteria set by the
Department



DIVISION OF CV SURGERY TRAINING

Pass PATACSI IN SERVICE EXAM

Target : 60% of Fellows

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	As of Dec 2014												75%
Target	60% of Fellows :												60%
% ACC	75/60												125%

Complete Intraoperative Reportable Events
form in 90% of cases

Mean Compliance

Pass Biannual DETR Exam and OSCE
Target Passing Rate : 70%

964/1067

90.35%

ACC = 129.1%

Clinical Performance Evaluation Rating

9/10

Mean Target Grade : 80% of trainees

90%

%ACC =112.5%



PHILIPPINE HEART CENTER BREAKTHROUGHS



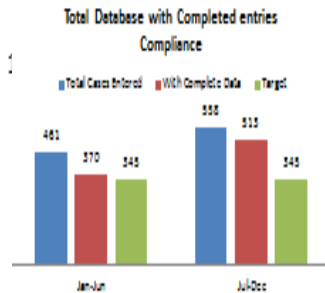
**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

Medical Services

DEPARTMENT OF
THORACIC AND CV SURGERY &
ANESTHESIA

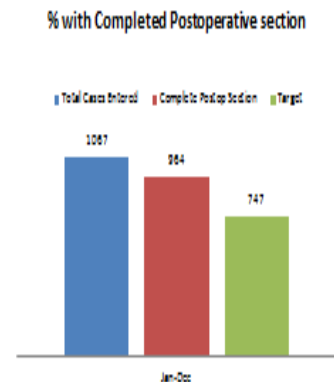
CVSURGERY RESEARCH

Increase % of completed entries in CV Surgery and Anesthesia database from **62.5% to 75 %** by **December 2014**



LEAD MEASURE 1

Complete data on "postoperative section" of the DSA Database Registry in 70% of post-op patients.



DIVISION OF CV RESEARCH

Increase Complete Entries in CV Database

Target : 75%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVE
Actual	927/1067												86.88
Target													75
% ACC													115.8

Complete CV Entries : $927/1067 = 86.88\%$ (115.8% ACC)

Complete Intraoperative Reportable Events form in 90% of cases

Mean Compliance

Complete data on "postoperative section" of the DSA Database Registry in Target : 70% of post-op patients

**$964/1067$
90.3 %
%ACC = 129%**

BREAKTHROUGH SUMMARY

Average DSA Accomplishment : 158.03%



GOOD 51-89%	SATISFACTORY 90-114%	VERY SATISFACTORY 115-129%	OUTSTANDING >130%
----------------	-------------------------	-------------------------------	----------------------

DIVISION	BREAKTHROUGH GOAL	ACTUAL	%ACC	AVE ACCOMPLISHMENT	DASHBOARD
Division of Adult CV Surgery	1771	1606	90.7%	171.85%	
	2.7%	2.24%	253%		
Division of Pedia CV Surgery	692	640	92.48%	200.24%	
	4.5	3.75%	308%		
Division of Vascular Surgery	25% & 5%	14.6% & 7.14%	113.1%	123.05%	
	6	8	133%		
Division of CV Anaesthesia	10%	6.78%	229%	229%	

BREAKTHROUGH SUMMARY 2014

Average DSA 2014 Accomplishment : 158.03%



GOOD 51-89%	SATISFACTORY 90-114%	VERY SATISFACTORY 115-129%	OUTSTANDING >130%
----------------	-------------------------	-------------------------------	-----------------------------

DIVISION	BREAKTHROUGH GOAL	ACTUAL	% ACC	AVE ACCOMPLISHMENT	DASHBOARD
Division CV Research	75%	86.88	115.8%	115.8%	
Division CV Training	60%	75%	125%	125%	
CVS Department of Thoracic & CV Surgery & Anaesthesia	2707	3156	116.5%	141.25%	
	3.0%	2.6%	166%		
AVERAGE ACCOMPLISHMENT				158.03%	