



Republic of the Philippines
Department of Health
Manila

HOSPITAL STATISTICAL REPORT
For the Year _____

Statform3

Name of Hospital: _____ Complete Address: _____

Region: _____ Catchment Population : _____ Contact No. _____ Fax No. _____ E-mail Address _____

(PLEASE FILL-UP ALL ITEMS, N/A IF NOT APPLICABLE)

I. GENERAL INFORMATION

1. Classification:

1.1. **Service Capability:**

- Level 1/Infirmery
- Level 2/Primary Care
- Level 3/Secondary Care (Non-Teaching and Non-Training)
- Level 4/Tertiary Care (Teaching and Training)

- 1.2. General
- Special, Specify _____

1.3. **Nature of Ownership:**

- Government :
- National – DOH Retained/Renationalized
 - Local
 - Other Government Agency, specify _____

- Private:
- Single Proprietorship/Partnership/Corp.
 - Religious
 - Civic Organization
 - Foundation

2. Quality Management:

- Certified ISO, Specify _____
- PCAHO
- Other Certifying Body, Specify _____

- Validity Period _____
Validity Period _____
Validity Period _____

3. Bed Capacity/Occupancy:

- 3.1 Authorized Bed Capacity _____beds
- 3.2 Actual/Implementing Beds _____beds
- 3.3 Bed Occupancy Rate (BOR)

Based on Authorized Beds _____%

Total In-patient service days for the period *

(Total no. of authorized beds) x (Total days in the period) x 100

3.4 **Bed Count:**

Number of Beds per Service based on Actual Bed Capacity

No. of Beds

No. of Beds per Classification:

Pay _____
Service _____

No. of Beds per Service:

Medicine _____

Obstetrics _____

Gynecology _____

Pediatrics _____

Surgery _____

Pedia _____

Adult _____

Others: Specify _____

TOTAL _____

* **In-Patient Service Days (Bed Days)** = [(In-patients remaining at midnight... + Total Admission)
 - (Total discharges/deaths) + (Admitted and discharge on the same day)]

4. Staffing Pattern

PERSONNEL	Actual No. of Personnel		
	Permanent	Contractual	TOTAL
Medical Specialist/Consultant			
Surgeon			
Physician			
Chief Nurse			
Supervising Nurse			
Staff Nurse			
Staff Nurse- CCU			
Nursing Attendant			
Midwife			
Dentist			
Physical Therapist			
Pharmacist			
MedTech			
Radiologist			
Medical Records Officer			
Medical Social Worker			
Engineer			
Others, Specify			

5. Committees

	EXISTING		REMARKS
	YES	NO	
5.1 Technical			
Medical Audit			
Infection Control Committee			
Pharmaceutical/Therapeutic Committee			
Tissue Committee			
Waste Management Committee			
Blood Transfusion			
Safety Committee			
5.2 Administrative			
Bidding and Awards Committee			
Records Management Improvement Committee			
Finance Committee			
Medical Library Committee			
5.3 Quality Assurance			
Medical Records Committee			
5.4 Others, Please Specify			

6. Other Facility/Service Available

FACILITY	EXISTING		Remarks
	Yes	No	
a. Blood Bank			
b. Blood Collection Unit/Blood Station			
c. Dialysis Clinic			
d. Drug Testing Laboratory			
e. HIV Testing Laboratory			
f. MedTech Intern Training Laboratory			
g. Rehabilitation Center			
h. Water Testing Laboratory			
i. Newborn Screening Center			
j. Kidney Transplant Facility			
k. Ambulatory Surgical Clinic			
l. Others, Please Specify			

7. Financial Status

- 7.1 Total Budget _____
- 7.2 Total Income _____
- 7.3 Total Expenditure _____

II. HOSPITAL OPERATIONS

1. Summary of Patients in the Hospital

1.1 Patients remaining in the hospital as of midnight last day of previous month/year _____

1.2 Total Admission (excluding Newborn) _____

Newborn_____

1.3 Total Discharges (Alive) _____

1.4 Total In-patients Deaths _____

1.5 Total Patients Admitted and Discharged the same day _____

1.6 Total In-Patient Service Days for the Period * _____

1.7 Average Daily Census of Admitted Patients

Total in-patient service days for the period *

Total days in the period

1.8 Referrals (In-patient)

1.8.1 from RHU _____

1.8.2 from other hospitals/centers _____

1.8.3 to other health facilities _____

2. DISCHARGES

2.1 Services rendered and patients attended

Type of Service	No of Pts.	Total Length of Stay/ Total No. of Days Stay	Type of Accommodation							CONDITION ON DISCHARGE							TOTAL DISCHG				
			Non-PhilHealth			PhilHealth Service				H M O	O W W A	R/ I	T	H	A	U		DEATHS			
			Pay	Service Charity	Total	Pay	Service		Total									Died <48 hrs.	Died => 48 hrs.	TOTAL	
							Member/ Depdnt	Indig.													
Medicine																					
Obstetrics																					
Gynecology																					
Pediatrics																					
Surgery																					
Pedia																					
Adult																					
Others, Specify																					
TOTAL																					
Total																					
Newborn:																					
- Pathologic																					
- Non-Patho.																					

* R/I – Recovered/Improved

T- Transferred

U - Unimproved

H- Home Against Medical Advice

A – Absconded

D – Died (died upon admission)

2.2 Average Length of Stay (ALOS) of Admitted Patients

Total Length of stay of discharged patients (incl. Deaths) in the period

Total discharges and deaths in the period

2.3 Ten (10) Leading Causes of Discharges (Morbidity)

Discharge Diagnosis (Primary) No Abbreviation	Age Distribution of Patients																TOTAL			ICD-10 CODE/ TABULATION LIST
	Under 1		1-4		5-9		10-14		15-19		20-44		45-64		=>65		M	F	T	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				

2.4 Total No. of Deliveries

- 2.4.1 Normal _____
- 2.4.2 Caesarian _____
- 2.4.3 Others _____

3. DEATHS

3.1 Types of Deaths:

- 3.1.1 No. Fetal Death - Less than 22 completed weeks or < 500g. birth weight _____
- 3.1.2 No. Fetal Death - 22 or more completed weeks or 500 g. or more birth weight _____
- 3.1.3 No. Neonatal Death _____
- 3.1.4 No. Infant Death _____
- 3.1.5 No. Maternal Death _____
- 3.1.6 No. E R Death _____
- 3.1.7 No. Dead on Arrival _____

3.2 Gross Death Rate _____ %

$$\text{Gross Death Rate} = \frac{\text{Total Deaths (including newborn for a given period)}}{\text{Total Discharges and Deaths for the same period}} \times 100$$

3.3 Net Death Rate _____ %

$$\text{Net Death Rate} = \frac{\text{Total Deaths (including newborn for a given period) - deaths < 48 hours for the period}}{\text{Total Discharges (including deaths and newborn) - deaths < 48 hours for the period}} \times 100$$

3.4 Ten (10) Leading Causes of Deaths (Mortality)

Cause of Death (Underlying) No Abbreviation	Age Distribution of Patients																TOTAL			ICD-10 CODE/ TABULATION LIST
	Under 1		1-4		5-9		10-14		15-19		20-44		45-64		=>65		M	F	T	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
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9.																				
10.																				

4. HOSPITAL INFECTION RATE (NOSOCOMIAL INFECTION)

4.1 Gross Infection Rate _____ %

$$\frac{\text{Total no. of infection in the hospital (ward) for the period}}{\text{Total discharges and deaths from hospital (ward) for the same period}} \times 100$$

4.2 Net Infection Rate _____ %

$$\frac{\text{Total no. of infection debited against the hospital (ward) for the period}}{\text{Total discharges and deaths from hospital (ward) for the same period}} \times 100$$

5. SURGICAL OPERATIONS

Type of Operations	=< 19 y.o.		=>20 y.o.		All Ages		
	Male	Female	Male	Female	Male	Female	Total
Major Operation (excl. CS)							
Caesarian Operation	xxxxxx		xxxxxx		xxxxxxxx		
Minor Operation (In-Pt)							
Minor Operation (Out-Pt)							

6. E R SERVICES (N/A if not applicable)

- 6.1 Total No. of patients attended: _____
- 6.2 Average No. of E R patients per day _____
- 6.3 Ten (10) Leading Causes of Emergency Cases in the E R Department

Causes	No. of Cases	Causes	No. of Cases
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

7. OUT-PATIENT SERVICES

- 7.1 Total No. of Patients attended : New _____ Re-visit _____ Total _____
- 7.2 Average Number of Out-patient per day: _____
- 7.3 Ten (10) Leading Causes of Consultations at OPD

Causes	No. of Consultation	Causes	No. of Consultation
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

III. OTHER HOSPITAL SERVICES

1. DIETARY SERVICE

- 1.1 No. of Meals Served: Routine Diets _____ Therapeutic Diets _____ TOTAL _____
- 1.2 No. of Patients Given Diet Counseling: _____

2. RADIOLOGICAL/LABORATORY SERVICES

	No. In-Patients	No. Out-Patients	TOTAL
2.1 RADIOLOGICAL PROCEDURE			
2.1.1 X-RAY			
2.1.2 ULTRASOUND			
2.1.3 CT-SCAN			
2.1.4 M R I			
2.1.5 MAMMOGRAPHY			
2.1.6 ANGIOGRAPHY			
2.1.7 LINEAR ACCELERATOR			
2.1.8 DENTAL X-RAY			
2.1.9 OTHERS, Specify			
2.2 LABORATORY SERVICE			
2.2.1 CLINICAL LABORATORY			
URINALYSIS			
FECALYSIS			
HEMATOLOGY			
CLINICAL CHEMISTRY			
IMMUNOLOGY/SEROLOGY/HIV			
MICROBIOLOGY(Smears/Culture & Sensitivity)			
2.2.2 ANATOMIC PATHOLOGY			
SURGICAL PATHOLOGY			
AUTOPSY			
CYTOLOGY			
2.2.3 BLOOD BANK			
BLOOD COLLECTED			
Voluntary Donor			
Replacement Donor			
BLOOD TRANSFUSED			

3. OTHER ACTIVITIES PERFORMED: (N/A if not applicable)

3.1 Ambulance calls/conduction _____ 3.2 No. Autopsies performed _____ 3.3 No. Medico-legal cases _____
 (exclude ER and DOA pt.)

Prepared by : _____

Designation/Section/Dept.. : _____

Date: _____

APPROVED & CERTIFIED BY: _____

Date: _____

Chief of Hospital/Medical Director

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DEFINITION OF TERMS :

- 1. Service Capability** - Capability of the hospital/other health facility to render administrative, clinical, ancillary and other services
 - 2. Quality Management/Quality Assurance Program** - Organized set of activities designed to demonstrate on-going assessment of important aspects of patient care and services.
 - 3. Hospital bed** - Bed which is maintained for continuous (24 hours) use by an in-patient
 - 4. Bed Occupancy Rate** - The percentage of in-patients beds occupied over a period of time. It is a measure of the intensity of hospital resources utilized by in-patients.
 - 5. Authorized bed** - Approved number of beds as per issued license to operate in the hospital and other health facilities.
 - 6. Implementing beds** - Actual beds use (based on hospital/facility management decision)
 - 7. In-Patient Service days**- Unit of measure denoting the services received by one in-patient in one 24 hours period.
 - 8. Average Number of In-patients per day** - Average no. of in-patients present each day for a given period of time.
 - 9. Total Length of Stay -(for one In-patient)-** The number of calendar days from admission to discharge.
 - 10. Average Length of Stay**- Average no. of days each in-patient stays in the hospital for each episode of care.
 - 11. Spontaneous Abortion** - without intervention
 - 12. Induced Abortion** - with intervention
 - 13. Septic** - with infection
 - 14. Non-Septic** - without infection
 - 15. Major Operation** - Surgical procedures requiring anesthesia/spinal anesthesia to be performed in an operating theatre
 - 16. Minor operations** - Surgical procedures requiring only local anesthesia/no OR needed example suturing.
 - 17. ICD-10 Code** - an International Classification of Diseases version 10. Administrative Order No. 47s., 2000 dated May 5, 2000, DOH stated that ICD-10 coding shall be fully implemented in all government and private hospitals starting January 2001 to improve the quality of morbidity and mortality statistics.
 - 18. NON-PHILHEALTH** - A type of accommodation that pertains to patients without PhilHealth Insurance. This is further subdivided to pay and Service or Charity.
 - 19. PHILHEALTH** - A type of accommodation that pertains to patients with PhilHealth Insurance. This is further subdivided into Pay and Service or Charity.
 - a. PAY - Patients confined in the pay wards or private rooms
 - b. Service- Patients confined in the service wards which used to be called Charity ward
 - b.1 Indigent- Patient under the service care who is enrolled PHIC indigent as validated by a PHIC Indigent Card/GMA Card.
 - b.2 Member/Dependent – Patient under the service care with mandatory or voluntary PHIC membership or is a dependent of said member.
- NOTE: The principle behind identifying these groupings is to have a clearer picture of who is responsible for the treatment cost of the patients.
- 20. OWWA** - acronym for Overseas Workers Welfare Administration, which provides health/hospitalization insurance of the overseas workers and their dependents.
- 21. HMO** - acronym for Health Maintenance Organization which provides medical/hospitalization insurance to Policyholders

22. Categorization of Patients : (for availment of social services in hospitals)- Department Order No.435 s., 1990

- a. Class A – Pay
Patients shall pay in full the hospital services in suites, private or semi-private rooms. PhilHealth patients/other health insurance shall pay the excess of their privilege in full.
- b. Class B – Pay Ward (3 beds and above)
Patients shall pay the hospital services on the ward level. PhilHealth patients/other health insurance shall pay the excess of their privilege in full.
- c. Class C – Service PhilHealth; partial sharing:donation
Patients with PhilHealth benefits/other health insurance but cannot pay the excess in full. Patient's share of the balance after health insurance shall be in accordance with C1, C2, or C3 sub-classification, as affected by modifiers.
 - C1 - patients whose aggregate monthly family income is equal to or above the NSCB subsistence threshold.
 - C2 - patients whose aggregate monthly family income is more than 50% of the NSCB subsistence threshold.
 - C3 - patients whose aggregate monthly family income is less than 50% but more than 20% of the NSCB subsistence threshold.
- d. Class D - Complete social service/Indigent
Patients below class C3. Patients with no visible income or means of support. Patients who are covered by special laws.

(see also Administrative Order No. 171 s., 2004 dated October 1, 2004 and Administrative Order No. 177s. 2004 dated November 12, 2004 – Policies and Guidelines to Implement the Relevant Provisions of RA 9257 "Expanded Senior citizens Act of 2003" DOHwebsite: www.doh.gov.ph)

BED OCCUPANCY RATE - Based on Authorized Bed

$$\frac{\text{Total In-patient service days for a period}}{(\text{Total no. of authorized beds}) \times (\text{Total days in the same period})} \times 100$$

AVERAGE NO. OF IN-PATIENT PER DAY-
$$\frac{\text{Total in-patient service days for a period}}{\text{Total days in the same period}}$$

AVERAGE LENGTH OF STAY (ALOS) -
$$\frac{\text{Total Length of stay of discharged patients (incl. Deaths) for a period}}{\text{Total discharges and deaths in the period}}$$

GROSS DEATH RATE –
$$\frac{\text{Total Deaths (including newborn) for a given period}}{\text{Total Discharges (including deaths) for the same period}} \times 100$$

NET DEATH RATE -
$$\frac{[\{\text{Total Deaths (incl. Newborn)}\} - \{\text{those under 48 hrs. for the period}\}]}{[\{\text{Total No. of Discharges (including deaths and newborn)}\} - \{\text{death under 48 hours for the period}\}]} \times 100$$

CEASAREAN SECTION RATE -
$$\frac{\text{Total cesarean sections in a given period}}{\text{Total OB Discharges}} \times 100$$

FETAL DEATH RATE - Death of an offspring to its complete expulsion or extraction from the womb regardless of duration of pregnancy

$$\frac{\text{Total No. of intermediate and/or late fetal deaths for the period}}{\text{Total No. of livebirths (incl. Intermediate and late fetal deaths) for the period}} \times 100$$

Early fetal deaths - < 22 completed weeks of gestation or 500g. birthweight

Late fetal deaths - 22 or more completed weeks of gestation or 500g. or more birthweight

NEONATAL DEATH RATE - Death of child whose heart beat after complete expulsion of mother died within 28 days of birth

$$\frac{\text{Total No. of newborn deaths for the period}}{\text{Total No. of newborn discharges (including deaths) for the same period}} \times 100$$

Early neonatal deaths - < 24 hours of birth

INFANT DEATH RATE - Measures the risk of dying during the 1st year of life

$$\frac{\text{Total No. of deaths under 1 year of age for the period}}{\text{Total No. of infant discharges (including deaths) for the same period}} \times 100$$

MATERNAL DEATH RATE - Death of any woman, from any cause while pregnant or within 42 days of termination of pregnancy

$$\frac{\text{Total No. of direct maternal deaths for the period}}{\text{Total No. of maternal (OB) discharges (including deaths) for the period}} \times 100$$