

PHILIPPINE HEALTH INSURANCE CORPORATION
 12/F City State Centre, 709 Shaw Blvd., Brgy. Oranbo, Pasig City
MANDATORY MONTHLY HOSPITAL REPORT

For the Month of _____, 20____

Accreditation No. : _____ Region : _____
 Name of Hospital : _____ Category : _____
 Address No./Street _____ PHIC Accredited beds : _____
 Municipality : _____ DOH Authorized beds : _____
 Province : _____
 Zip Code : _____

A.1. DAILY CENSUS OF NHIP PATIENTS (EVERY 12:00 MN.) CENSUS FOR THE DAY = (CENSUS OF THE PREVIOUS DAY plus ADMISSIONS OF THE DAY minus DISCHARGES OF THE DAY)

| 1 DATE | 2 CENSUS | | |
|--------------|-------------|-------------|----------|
| | a. NHIP | b. NON-NHIP | c. TOTAL |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
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| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| TOTAL | | | |

| 3 DATE | 4 DISCHARGES | | |
|--------------|-----------------|-------------|----------|
| | a. NHIP | b. NON-NHIP | c. TOTAL |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
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| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| TOTAL | | | |

B. QUALITY ASSURANCE INDICATOR

1. Monthly Bed Occupancy Rate (MBOR) = _____

$$MBOR = \frac{\text{Total of NHIP CENSUS plus Total of NON-NHIP CENSUS}}{\text{Number of Days per Month Indicated multiplied by Number of DOH Authorized Beds}} \times 100$$

2. Monthly NHIP Beneficiary Occupancy Rate (MNHIBOR) = _____

$$MNHIBOR = \frac{\text{Total of NHIP CENSUS}}{\text{Number of Days per Month Indicated multiplied by Number of PHIC Accredited Beds}} \times 100$$

3. Average Length of Stay per NHIP Patient

(ALSP) = _____

$$ALSP = \frac{\text{Total of NHIP CENSUS}}{\text{Total NHIP DISCHARGES}}$$

C. NEWBORN CENSUS

(Well Babies Only)

| | PARENT | | |
|---------------------------|--------|----------|-------|
| | NHIP | NON-NHIP | TOTAL |
| TOTAL # OF NEWBORN | | | |

DATE OF RECEIPT : PRO/SO _____ RECORDS SECTION _____ ACCREDITATION _____

*** Note : This is a mandatory hospital report to be submitted within the first ten (10) days of he following month.**

D. MOST COMMON CAUSES OF CONFINEMENT

| DIAGNOSIS | TOTAL | |
|-----------|-------|----------|
| | NHIP | NON-NHIP |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

E. SURGICAL OUTPUT - Top 10 Procedures

| SURGICAL PROCEDURES | TOTAL | |
|---------------------|-------|----------|
| | NHIP | NON-NHIP |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

E.1. TOTAL SURGICAL STERILIZATION

| SURGICAL STERILIZATION PROCEDURE | NO. OF PATIENTS | |
|----------------------------------|-----------------|----------|
| | NHIP | NON-NHIP |
| 1. BILATERAL TUBAL LIGATION | | |
| 2. VASECTOMY | | |
| TOTAL | | |

F. OBSTETRICAL PROCEDURES

| | NHIP | NON-NHIP |
|---|-------------|-----------------|
| F.1. TOTAL NUMBER OF DELIVERIES (NSD plus CAESARIAN SECTION) | | |
| F.2. TOTAL NUMBER OF CAESARIAN CASES | | |
| INDICATIONS FOR CS: | NHIP | NON-NHIP |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

G. MONTHLY MORTALITY CENSUS (All Cases)

| DIAGNOSIS | TOTAL | |
|-----------|-------|----------|
| | NHIP | NON-NHIP |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

* Attach sheet if more than 5

H. REFERRALS

| MOST COMMON REASONS FOR REFERRAL | NO. OF PATIENT REFERRED | |
|----------------------------------|-------------------------|----------|
| | NHIP | NON-NHIP |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

PREPARED BY:

CERTIFIED CORRECT:

Name and Position of Person filling up the form
(signature over printed name)

Chief of Hospital/Medical Director
(signature over printed name)