

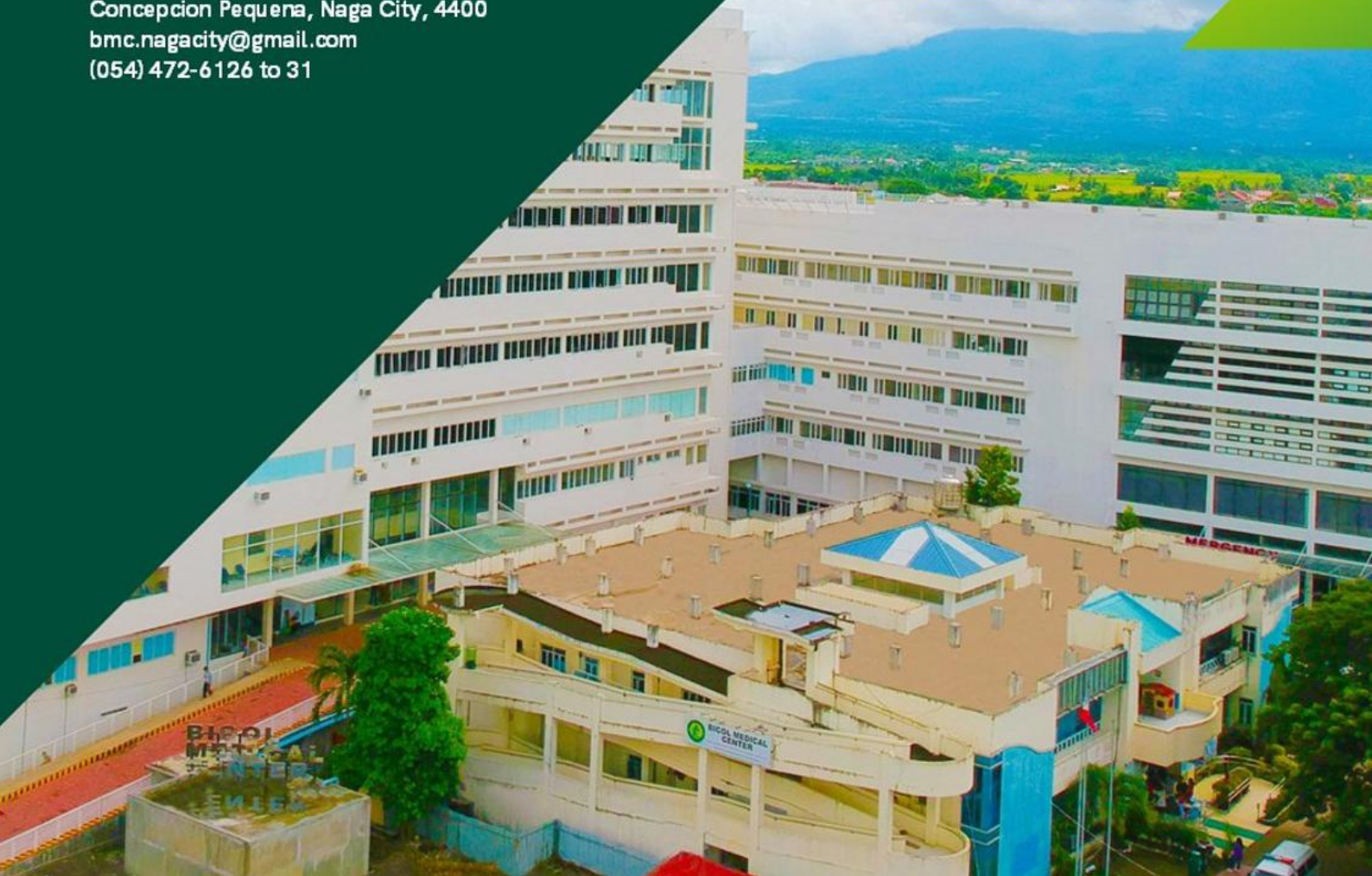


Hospital Development Plan 2023-2028

*Investment Plan for Inclusivity, Sustainability
and Continuous Hospital Modernization*


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DEPARTMENT OF HEALTH
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EDITORIAL TEAM

This Bicol Medical Center's (BMC) version of Hospital Development Plan (HDP) 2023-2028 was a revised version of the HDP 2022-2026.

It was developed by the hospital through the Planning and Management Unit (PMU), Office for Strategy Management (OSM) and the Hospital Operations and Patient Support Services (HOPSS). In coordination with all the Hospital Services and concerned unit Heads who form part of the Executive Committee, they provided technical support towards the realization of this HDP through their different gestures of concurrence.

These were the Nursing Service headed by Ms. Wilhelmina De Castro, HOPSS headed by Dr. Susan Barrameda, Finance Service headed by Ms. Armida Naz, Medical Service headed by Dr. Mary Jane Uy, Specialty Center headed by Dr. Janeta Froyalde, Allied Health Professional Service headed by Dr. Edgardo Paredes and Dr. Jency Ong of the Professional Education, Training & Research Unit.

This HDP 2023-2028 entitled *"Investment Plan for Inclusivity, Sustainability and Continuous Hospital Modernization"* was written by the staff of the PMU, OSM and the HOPSS. They were the following:

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2. Pornillos, Jessica Gabrielle of HOPSS;
3. Saño, Rodel Aguila; and
4. Serrano, Roselyn Camila, both from the OSM.

EXECUTIVE SUMMARY

This is an updated version of the BMC's Hospital Development Plan (HDP) from 2023 until 2028. While the entries in the old HDP 2022-2026 are still in effect and relatively applicable to a certain extent, there is a need to update the old plan in accordance with the instructions of the DOH-HFDB through DM 2022-0507 entitled *"Crafting and Submission of Hospital Development Plans (HDP)"* to craft a more comprehensive and inclusive plan for the next 5 years of the new administration. This version is likewise anchored on the demands of the Health Sector Strategy 2023-2028.

Corollary thereto, the BMC has recently been upgraded from a 500 to 1000-bed capacity institution pursuant to our enabling law entitled *"An Act increasing the Bed Capacity of the Bicol Medical Center from 500 Beds to 1000 Beds, Upgrading its Services Facilities and Professional Healthcare Complement, Authorizing the Increase of its Medical Workforce Complement Amending for the Purposes Republic Act No. 8053 and Appropriating Funds Therefor"*.¹ The hospital is now one of the biggest hospitals in South Luzon, if not the biggest, in terms of implementing capacity. In relation to the Department of Budget and Management's (DBM) approval of 740 additional manpower last year, the top management is focused on planning and implementing strategic plans and commitments as an apex hospital and specialty center for 16 clinical areas. Also, it continuously provides performance mentoring and technical assistance to the Health Care Provider Networks in the following: (1) quality, efficient, and patient-centered clinical services; (2) teaching and training of human resources; (3) functionality of referral system and (4) clinical, public health and operations research.

BMC is the only Level-III public hospital in the province and it is positioned to establish more specialty centers to address the unmet needs of the community. Until its realization, it will continue to have a high occupancy rate and overcrowded patients because of inevitable catering to secondary cases in the absence of a fully functional provincial hospital. In fact, during the unabated surge of COVID-19, the hospital has had a hard time implementing the hospital zoning. Nevertheless, minimum health standards protocols were strictly implemented and areas of improvement were identified. Presently, in order to reduce vulnerability and scarring brought about by the pandemic, the hospital's operation is on continuous improvement through innovative development plans and mechanisms.

Likewise, it establishes process reforms inspired by the Performance Governance System (PGS), its re-certification as ISO 9001-2015 and the recognition from the Civil Service Commission (CSC) for the Program to Institutionalize Meritocracy and Excellence in the Human Resource Management (PRIME-HRM) Level II.

¹ Republic Act No. 11478.

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Chapter 1

INTRODUCTION

1. MANDATE OF THE FACILITY

On July 1, 2020, amid the COVID-19 pandemic, President Rodrigo Roa Duterte approved the Republic Act No. 11478 entitled *"An Act increasing the Bed Capacity of the Bicol Medical Center from 500 Beds to 1000 Beds, Upgrading its Services Facilities and Professional Healthcare Complement, Authorizing the Increase of its Medical Workforce Complement Amending for the Purposes Republic Act No. 8053 and Appropriating Funds Therefor"*.²

2. MISSION AND VISION

Vision – "We are a patient-centered, highly specialized, tertiary Medical Center in the Bicol Region.

Mission – "We provide specialized multidisciplinary healthcare services, training, and research for a healthier and more resilient Bicolanos."

3. HISTORICAL BACKGROUND

In 1933, a 25-bed hospital in a vintage rented Spanish residential house at then Mabini Street, now Penafrancia Avenue, Naga City, served as the Camarines Sur provincial hospital. Due to inadequate facilities, the hospital operation ceased after three years. To address the need for a provincial hospital in Camarines Sur, the Provincial Government finalized the provincial hospital's blueprint. In 1941, a 1-storey hospital building was constructed on a 5000 square meter land in Panganiban Drive, Naga City. But the building never got inaugurated as World War II broke out.

Japanese invaders and Filipino opportunists looted the hospital and left the building completely bare. Amidst the hardship and grave danger, the hospital operated through the sheer determination and perseverance of its staff. As the hospital became one of the Japanese barracks in Naga City and Camarines Sur, it became a target for American bombing. The war left the hospital in ruins.

In 1945, the Philippine Civilian Affairs Unit of the American Government helped the hospital to rise again. After becoming a recipient of the United States Reparation Forces, the hospital increased its capacity to 75.

² *Supra*.



In 20 years, the hospital bed capacity of the provincial hospital further increased to 250. By 1984, DOH had integrated the Don Susano J. Rodriguez Memorial Mental Hospital (DSJRMMH) as the Department of Psychiatry to the existing provincial hospital. Hence, the Camarines Sur Provincial Hospital's bed capacity increased to 450.

The Republic Act 7454, passed in April 1992, changed the Camarines Sur Provincial hospital's name to Bicol Regional Training and Teaching Hospital.

Despite upgraded facilities as a regional hospital and trained health care workers, there was a need for a well-equipped tertiary hospital in Camarines Sur for the poor and disadvantaged who may seek medical consultation and treatment that otherwise may only be available in Manila.

On June 15, 1995, President Fidel Ramos passed Republic Act No. 8053, converting the Bicol Regional Training and Teaching Hospital into Bicol Medical Center (BMC). The new law also expanded the hospital's bed capacity to 500.

In 2005, the BMC management focused on organizational reforms through its strategic planning and crafting of its Mission and Vision. In 2010, a 2-Storey OPD Building was constructed. BMC has been the recipient of various infrastructure projects and in 2013 Modernization Projects started with the construction of: (1) Cancer Center Building, (2) 8-Storey General Wards Building, (3) 5-Storey ER Complex, (4) 2 Storey Dietary Building and (5) Acute Crisis Intervention Section (ACIS) and Male ward of the Psychiatry Department.

On July 1, 2020, President Rodrigo Roa Duterte, through the help of concerned lawmakers, finally granted the hospital's request for an increased bed capacity and passed Republic Act 11478. The hospital is now operating in a 1000-bed capacity with upgraded services and facilities complementing medical professionals to support the hospital expansion.



Chapter 2

EXTERNAL ANALYSIS

Significant conditions identified in the external environment of the Bicol Medical Center that affect or will affect its operation. These conditions are generally outside the control of this Center but will affect its capacity to deliver quality services. These have to be clearly understood and appreciated so that they can be addressed by managing the threats through the Center's opportunities and strengths.

1. SOCIO-DEMOGRAPHIC PROFILE

The population of Region V - Bicol as of 01 May 2020 is 6,082,165 based on the 2020 Census of Population and Housing (2020 CPH). This accounts for about 5.58 percent of the Philippine population in 2020.

The 2020 population of the region is higher by 285,176 from the population of 5.80 million in 2015, and 661,754 more than the population of 5.42 million in 2010. Moreover, it is higher by 1,395,496 compared with the population of 4.69 million in 2000 (Table 1).

TABLE 1. TOTAL POPULATION BASED ON VARIOUS CENSUSES: REGON V-BICOL

CENSUS YEAR	CENSUS REFERENCE DATE	TOTAL POPULATION
2000	MAY 1, 2000	4,686,669
2010	MAY 1, 2010	5,420,411
2015	AUGUST 1, 2015	5,796,989
2020	MAY 1, 2020	6,082,165

Source: *Philippine Statistics Authority*

The population of Region V increased by 1.02 percent annually from 2015 to 2020. By comparison, the rate at which the population of the region grew from 2010 to 2015 was higher at 1.29 percent (Table 2).

TABLE 2. ANNUAL POPULATION GROWTH RATE BASED ON VARIOUS CENSUSES: REGION V-BICOL

INTERCENSAL PERIOD	ANNUAL POPULATION GROWTH RATE (%)
2000 to 2010	1.46
2010 to 2015	1.29
2015 to 2020	1.02

Source: *Philippine Statistics Authority*



Among the six provinces comprising Region V, Camarines Sur had the biggest population in 2020 with 2,068,244 persons, followed by Albay with 1,374,768 persons, Masbate with 908,920 persons, Sorsogon with 828,655 persons, and Camarines Norte with 629,699 persons. Catanduanes had the smallest population with 271,879 persons (Table 3).

TABLE 3. TOTAL POPULATION BY PROVINCE BASED ON VARIOUS CENSUSES: REGION V-BICOL

PROVINCE	TOTAL POPULATION			
	2000	2010	2015	2020
Albay	1,090,907	1,233,432	1,314,826	1,374,768
Camarines Norte	470,654	542,915	583,313	629,699
Camarines Sur	1,551,549	1,822,371	1,952,544	2,068,244
Catanduanes	215,356	246,300	260,964	271,879
Masbate	707,668	834,650	892,393	908,920
Sorsogon	650,535	740,743	792,949	828,655

Source: *Philippine Statistics Authority*

Camarines Norte was the fastest-growing province in the region with an annual population growth rate (PGR) of 1.62 percent from 2015 to 2020. It was followed by Camarines Sur with a PGR of 1.22 percent, Albay (0.94 percent), Sorsogon (0.93 percent), and Catanduanes (0.87 percent). Masbate posted the lowest PGR of 0.39 percent (Table 4).

TABLE 4. ANNUAL POPULATION GROWTH RATE BY PROVINCE BASED ON VARIOUS CENSUSES: REGION V-BICOL

PROVINCE	ANNUAL POPULATION GROWTH RATE (%)		
	2000	2010	2015
Albay	1.23	1.22	0.94
Camarines Norte	1.44	1.38	1.62
Camarines Sur	1.62	1.32	1.22
Catanduanes	1.35	1.11	0.87
Masbate	1.66	1.28	0.39
Sorsogon	1.31	1.30	0.93

Source: *Philippine Statistics Authority*

Region V is composed of one independent component city, six component cities, 107 municipalities, and 3,471 barangays.



Among the cities and municipalities in the region, the largest in terms of population size is the City of Legazpi, Albay with 209,533 persons. It was followed by the City of Naga, an independent component city in Camarines Sur with 209,170 persons, and the City of Sorsogon, Sorsogon with 182,237 persons (Table 5).

TABLE 5. TOP TEN MOST POPULOUS CITIES/MUNICIPALITIES: REGION V-BICOL, 2020

RANK	CITY/MUNICIPALITY	PROVINCE	TOTAL POPULATION
1	City of Legazpi	Albay	209,533
2	City of Naga	Camarines Sur	209,170
3	City of Sorsogon	Sorsogon	182,237
4	City of Tabaco	Albay	140,961
5	Daraga (Locsin)	Albay	133,893
6	City of Ligao	Albay	Qq8,096
7	City of Iriga	Camarines Sur	114,457
8	Libmanan	Camarines Sur	112,994
9	Daet	Camarines Norte	111,700
10	Labo	Camarines Norte	109,245

Source: *Philippine Statistics Authority*

Gigmoto in Catanduanes is the least populous city/municipality in Region V with 8,712 persons. It was followed by Panganiban (Payo) with 9,713 persons, and Bagamanoc with 11,086 persons, both in the Province of Catanduanes. (Table 6)

TABLE 6. TEN LEAST POPULOUS CITIES/MUNICIPALITIES: REGION V-BICOL, 2020

RANK	CITY/MUNICIPALITY	PROVINCE	TOTAL POPULATION
1	Gigmoto	Catanduanes	8,712
2	Panganiban (Payo)	Catanduanes	9,713
3	Bagamanoc	Catanduanes	11,086
4	Gainza	Camarines Sur	11,584
5	San Vicente	Camarines Norte	12,579
6	Baras	Catanduanes	13,484
7	Batuan	Masbate	14,610
8	San Miguel	Catanduanes	15,680
9	San Lorenzo Ruiz (Imelda)	Camarines Norte	15,757
10	Santa Magdalena	Sorsogon	17,096

Source: *Philippine Statistics Authority*



Of the 3,471 barangays in Region V, the largest in terms of population size is Concepcion Pequeña in the City of Naga, Camarines Sur with 25,139 persons. It was followed by San Felipe, also in the City of Naga, Camarines Sur with 21,098 persons, and Bibincahan in the City of Sorsogon, Sorsogon with 20,618 persons (Table 7).

TABLE 7. TOP TEN MOST POPULOUS BARANGAYS: REGION V-BICOL, 2020

RANK	CITY/MUNICIPALITY	PROVINCE	TOTAL POPULATION
1	Concepcion Pequeña	City of Naga, Camarines Sur	25,139
2	San Felipe	City of Naga, Camarines Sur	21,098
3	Bibincahan	City of Sorsogon, Sorsogon	20,168
4	Cararayan	City of Naga, Camarines Sur	19,692
5	Brgy. 56-Taysan (Brgy. 68)	City of Legazpi, Albay	15,189
6	Pacol	City of Naga, Camarines Sur	14,747
7	San Jose	Pili, Camarines Sur	13,339
8	Anislag	Daraga (Locsin), Albay	12,877
9	Nursery	City of Masbate, Masbate	12,654
10	Alawihao	Daet, Camarines Norte	11,782

Source: *Philippine Statistics Authority*

Accordingly, age and sex distribution in the Bicol Region are closely dispersed with large percentages among the age group (both sexes) of 0-4, 5-9, 10-14 and 15-19. Age group from the elderly group of 80 and above shows to have the least population in terms of distribution. It can also be noted that there are more males than females from the overall category (Table 8).

TABLE 8. AGE AND SEX DISTRIBUTION: REGION V-BICOL, 2020

AGE GROUP	BOTH SEXES	MALE	FEMALE
TOTAL	6,067,290	3,078,272	2,989,018
0-4	678,781	351,254	327,527
5-9	697,454	363,215	334,239
10-14	693,247	358,990	334,257
15-19	665,791	341,388	324,403
20-24	529,513	272,403	257,110
25-30	438,468	224,267	214,201
31-34	384,849	198,665	186,184
35-39	344,492	177,454	167,038
40-44	323,224	165,905	157,319
45-50	284,233	144,653	139,580
51-54	264,872	133,629	131,243
55-59	224,152	112,015	112,137
60-64	185,959	90,104	95,855
65-69	136,836	63,084	73,752
70-74	96,149	40,408	55,741
75-79	60,836	22,883	37,953
80 years and over	58,344	17,955	40,389

Source: *Philippine Statistics Authority*

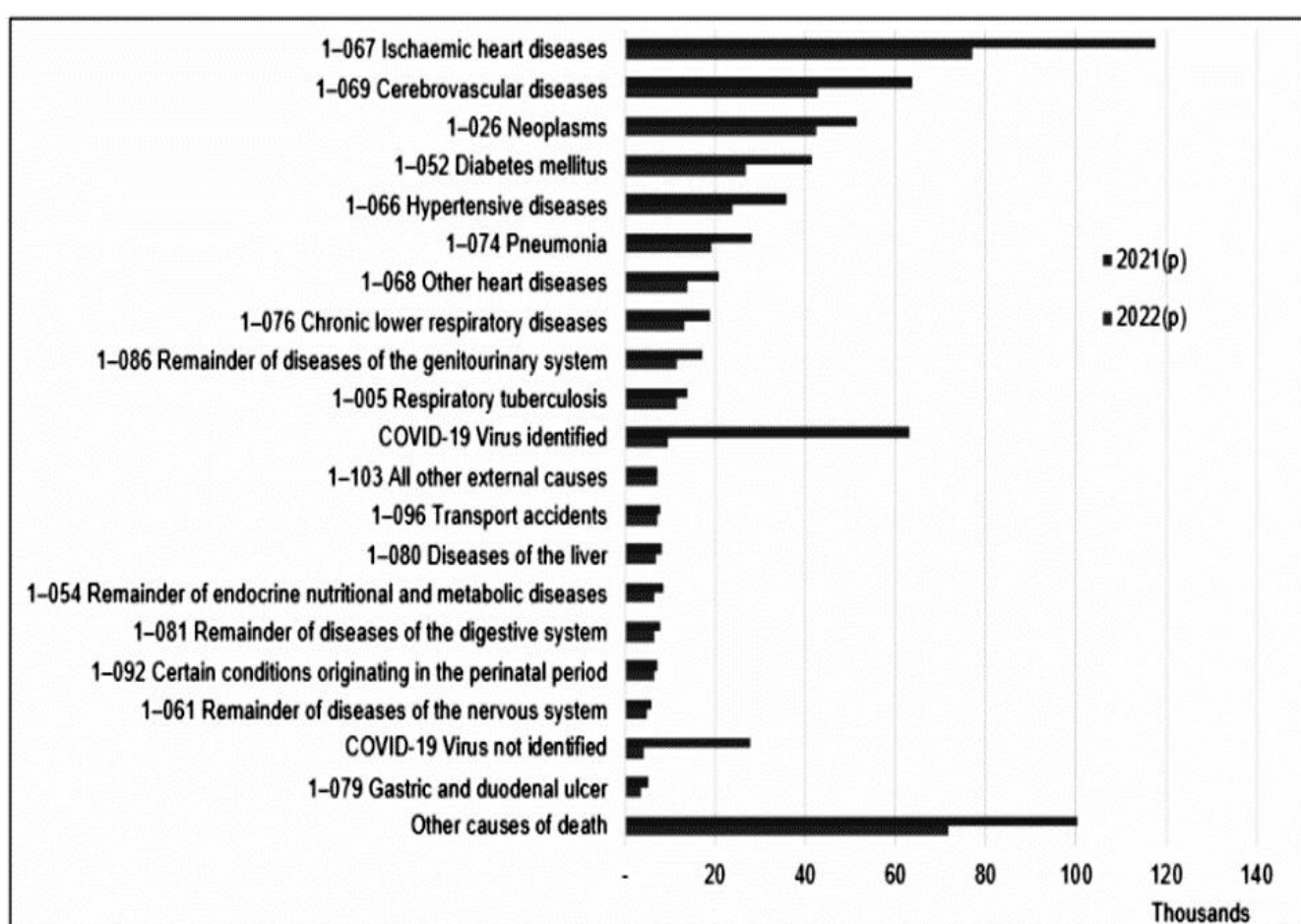


2. HEALTH STATISTICS, EPIDEMIOLOGICAL INDICES

A. Health Outcomes

From January 2021 to September 30, 2022, national data on the causes of mortality reveals that the country's top causes of death are attributable to Ischemic Heart Diseases, Cerebrovascular Diseases and Neoplasms (Figure 1). Thus, as a valid assumption, the regional data is very much illustrative of this national picture subject to the availability of PSA reports on the same.

FIGURE 1. ALL CAUSES OF MORTALITY (PRELIMINARY REPORT), 2021-2022



Source: *PSA Preliminary Report, 2021-2022*

On another note, as per the Field Health Services Information System (FHSIS), 2021 Annual Report, the top 1 leading causes of morbidity in the region was *Acute Respiratory Infection (ARI)* with 106,063 cases per 100,000 population (Table 9). It goes without saying considering that in 2021 was a coverage year of unabated surge of CoViD-19 rendering the cases of ARI to skyrocket in the given calendar year.



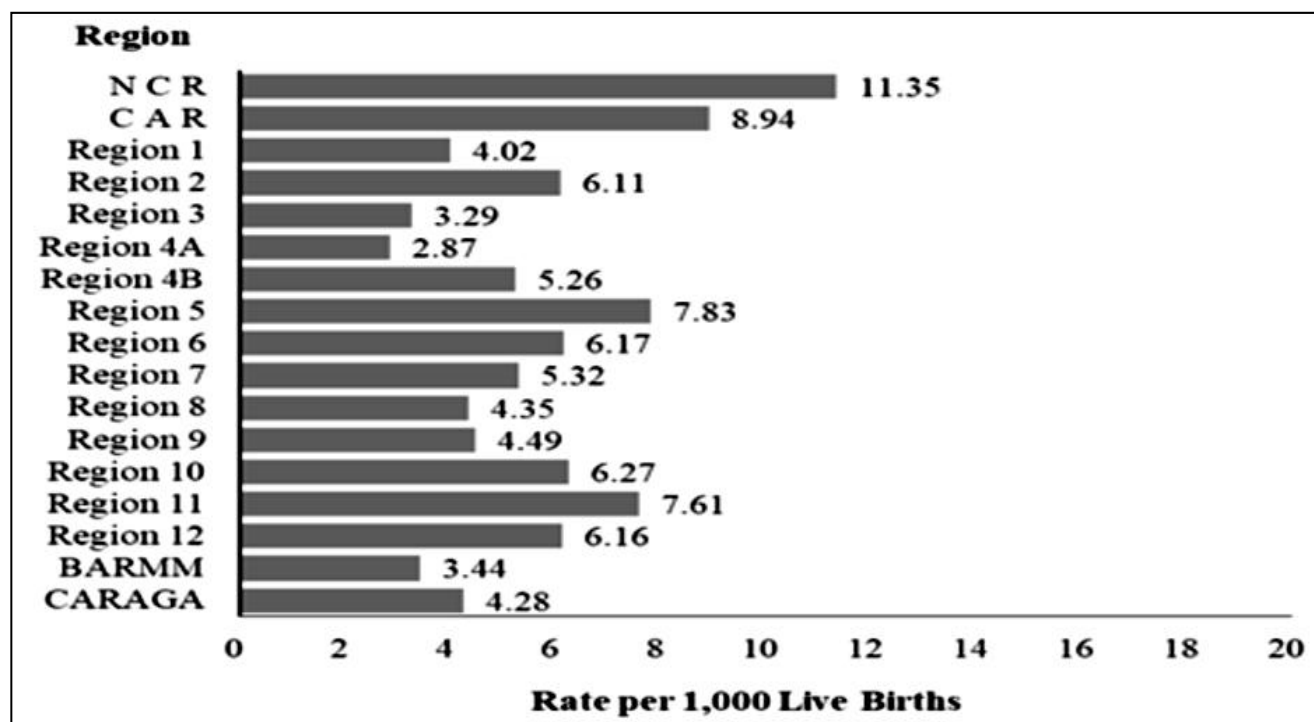
TABLE 9. TOP 10 CAUSES OF MORBIDITY, REGION V-BICOL, 2021

RANK	DISEASE	NUMBER OF CASES	RATE PER 100,000 POPULATION
1	Acute Respiratory Infection	106,063	1,712.65
2	Hypertension	68,594	1,107.62
3	TB all Forms	22,345	360.82
4	Fever of Unknown Origin	20,086	324.34
5	Animal Bites	14,005	226.15
6	Urinary Tract Infection	13,505	218.07
7	Skin Diseases	7,715	124.58
8	Bronchitis	5,034	81.29
9	Acute Febrile Illness	4,783	77.23
10	Influenza Like-Illness	4,353	70.29

Source: *FHSIS, 2021*

In terms of mortality rate, more particularly on fetal deaths, the Bicol Region ranks third with an incidence rate of 7.83 per 1000 live births out of 17 regions. This is a statistical aspect with so much room for improvement despite the ramped up efforts in strengthening BEMONC and CEMONC services that would have lessened the burden of neonatal deaths (Figure 2).

FIGURE 2. NEONATAL MORTALITY RATE BY REGION, 2021

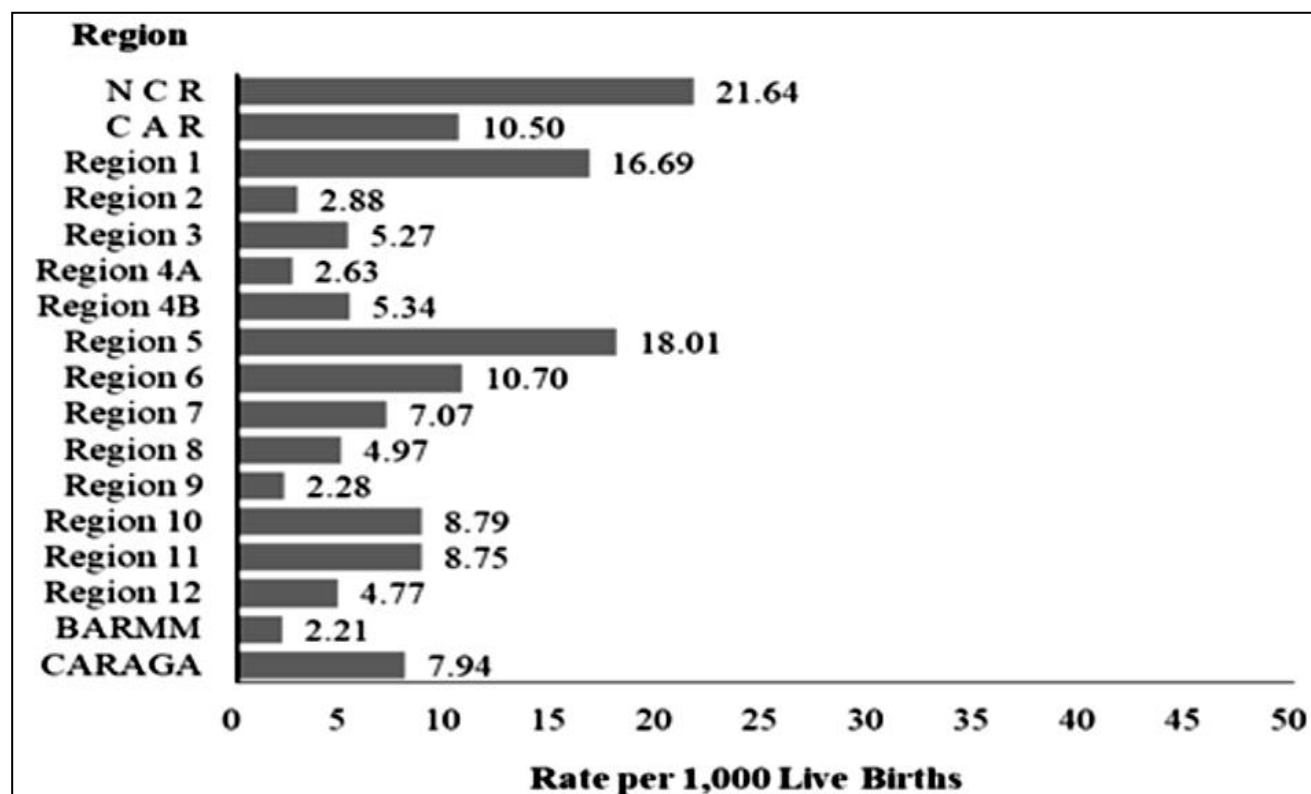


Source: *FHSIS, 2021*



Similarly, with respect to infant mortality rate, the following figure depicts the same import. Bicol region ranks second with an incidence rate of 18.01 per 1000 live births out of 17 regions (Figure 3).

FIGURE 3. INFANT MORTALITY RATE BY REGION, 2021



Source: *FHSIS, 2021*

In relation to the projected life expectancy, it is assumed that from 2020-2025 the females in the Bicol Region will have a projected life expectancy at birth of 76.46 years versus the 2010 baseline reference of 71.86. In contrast, males have a way lower projection at 70.52 years from the 2010 baseline data of 66.06. The projection difference has widened from 5.8 years in CY 2010 to 5.94 years in CY 2020-2025 (Table 10).



TABLE 10. PROJECTED LIFE EXPECTANCY AT BIRTH BY SEX AND BY REGION BY FIVE CALENDAR-YEAR INTERVAL: 2010 TO 2045 (MEDIUM ASSUMPTION)

Year	Philippines	Region																	
		NCR	CAR	I	II	III	IVA	MIMAROPA	V	VI	VII	VIII	IX	X	XI	XII	Caraga	BARMM	
Female																			
2010 (baseline)	72.95	75.19	71.99	72.60	72.43	73.19	72.72	70.71	71.86	72.30	72.10	70.67	70.99	71.55	71.60	71.75	70.14	65.51	
2010-2015	74.01	76.09	72.94	73.65	73.43	74.22	73.76	71.75	72.93	73.37	73.11	71.74	72.01	72.55	72.60	72.78	71.30	66.88	
2015-2020	75.91	77.70	74.69	75.52	75.23	76.06	75.62	73.65	74.82	75.25	74.96	73.69	73.88	74.38	74.42	74.63	73.37	69.38	
2020-2025	77.54	79.14	76.27	77.13	76.84	77.69	77.25	75.34	76.46	76.89	76.58	75.41	75.57	76.00	76.06	76.28	75.16	71.61	
2025-2030	78.98	80.41	77.71	78.53	78.26	79.13	78.68	76.86	77.90	78.31	78.03	76.95	77.11	77.47	77.55	77.74	76.71	73.62	
2030-2035	80.26	81.56	79.06	79.78	79.55	80.44	79.98	78.24	79.17	79.56	79.33	78.33	78.52	78.81	78.89	79.06	78.07	75.45	
2035-2040	81.43	82.60	80.30	80.90	80.71	81.62	81.14	79.49	80.32	80.68	80.53	79.58	79.83	80.02	80.13	80.25	79.28	77.12	
2040-2045	82.50	83.55	81.47	81.91	81.77	82.71	82.20	80.65	81.35	81.68	81.62	80.72	81.05	81.13	81.27	81.32	80.37	78.68	
Male																			
2010 (baseline)	66.88	69.08	66.25	66.57	66.53	67.27	66.65	65.75	66.06	66.09	66.47	65.71	65.65	65.82	66.00	66.04	65.08	60.44	
2010-2015	67.84	69.93	67.18	67.57	67.50	68.21	67.64	66.75	67.05	67.10	67.44	66.67	66.59	66.77	66.98	67.03	66.08	61.73	
2015-2020	69.63	71.51	68.95	69.42	69.30	69.97	69.48	68.60	68.87	68.97	69.25	68.47	68.36	68.58	68.79	68.86	67.94	64.11	
2020-2025	71.26	72.96	70.60	71.11	70.95	71.60	71.18	70.31	70.52	70.67	70.89	70.11	69.99	70.22	70.44	70.53	69.64	66.24	
2025-2030	72.74	74.28	72.14	72.65	72.46	73.11	72.75	71.88	72.03	72.20	72.39	71.64	71.52	71.73	71.93	72.06	71.20	68.15	
2030-2035	74.11	75.50	73.58	74.06	73.87	74.53	74.21	73.33	73.40	73.59	73.78	73.05	72.94	73.13	73.31	73.46	72.63	69.87	
2035-2040	75.36	76.63	74.95	75.37	75.16	75.84	75.55	74.67	74.66	74.85	75.07	74.36	74.29	74.42	74.57	74.75	73.95	71.44	
2040-2045	76.52	77.68	76.23	76.58	76.36	77.07	76.80	75.94	75.83	76.01	76.26	75.57	75.57	75.63	75.73	75.93	75.18	72.88	

Source: Philippine Statistics Authority. 2010 Census-Based National, Regional, and Provincial Population Projections

B. Hospital Morbidity and Mortality

In comparison with the 2021 regional morbidity data from the FHSIS, the BMC's 2021 record also corroborates the regional information. In 2021, the top and leading causes of morbidity in the hospital are Pneumonia and COVID-19, Confirmed cases (Table 11)- all form part of the respiratory infection category as shown in Table 9.



TABLE 11. LEADING CAUSES OF MORBIDITY 2018-2022

2022		2021		2020		2019		2018	
Pneumonia	1,944	Pneumonia	1,306	Cerebrovascular Disease	1,109	Pneumonia	2,816	Pneumonia	2,240
Malignant Neoplasm	1,712	Covid 19, Confirmed	1,279	End Stage Renal Disease	979	Dengue	2,689	Dengue	1,345
End Stage Renal Disease	1,481	Malignant Neoplasm	1,279	Malignant Neoplasm	959	End Stage Renal Disease	1,543	Abortion	1,243
Cerebrovascular Disease	1,148	Cerebrovascular Accident	1,052	Pneumonia	943	Acute Gastroenteritis	1,238	Acute Gastroenteritis	1,243
Abortion	1,028	Abortion	839	Abortion	868	Cerebrovascular Disease	1,144	End Stage Renal Disease	1,168
Heart Diseases	922	Pre-Eclampsia	709	Appendicitis	632	Abortion	1,018	Cerebrovascular Disease	1,057
Acute Gastroenteritis	795	Heart Diseases	674	Ischemic Heart Disease & Other Forms Of Heart Diseases	569	Pre-Eclampsia	875	Pre-Eclampsia	934
COVID 19	771	Ends Stage Renal Disease	667	Acute Gastroenteritis	556	Malignant Neoplasm	804	Ischemic Heart Disease & Other Forms Of Heart Diseases	737
Pre-Eclampsia Severe	769	Neonatal Jaundice	531	Neonatal Jaundice	482	Neonatal Jaundice	671	Malignant Neoplasm	738
Neonatal Pneumonia	738	Appendicitis	458	COVID 19	352	Ischemic Heart Disease & Other Forms Of Heart Diseases	669	Appendicitis	609

Source: **BMC Hospital Statistics 2022**

The leading causes of mortality from the 5-year period remain consistent and the same- Cerebrovascular Diseases (Table 12). This tells that this lifestyle-related disease, although preventable through behavior modification, is still a major disease burden resulting in death of the hospitalized patients in the BMC. This affirms the above-mentioned PSA report, that upon conducting a national survey on the top leading causes of death, it appears that heart-related ailments were and still are the top 1 and 2 causes of mortality.



TABLE 12. LEADING CAUSES OF MORTALITY 2018-2022

2022		2021		2020		2019		2018	
Pneumonia	1,944	Pneumonia	1,306	Cerebrovascular Disease	1,109	Pneumonia	2,816	Pneumonia	2,240
Malignant Neoplasm	1,712	Covid 19, Confirmed	1,279	End Stage Renal Disease	979	Dengue	2,689	Dengue	1,345
End Stage Renal Disease	1,481	Malignant Neoplasm	1,279	Malignant Neoplasm	959	End Stage Renal Disease	1,543	Abortion	1,243
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Neonatal Pneumonia	738	Appendicitis	458	COVID 19	352	Ischemic Heart Disease & Other Forms Of Heart Diseases	669	Appendicitis	609

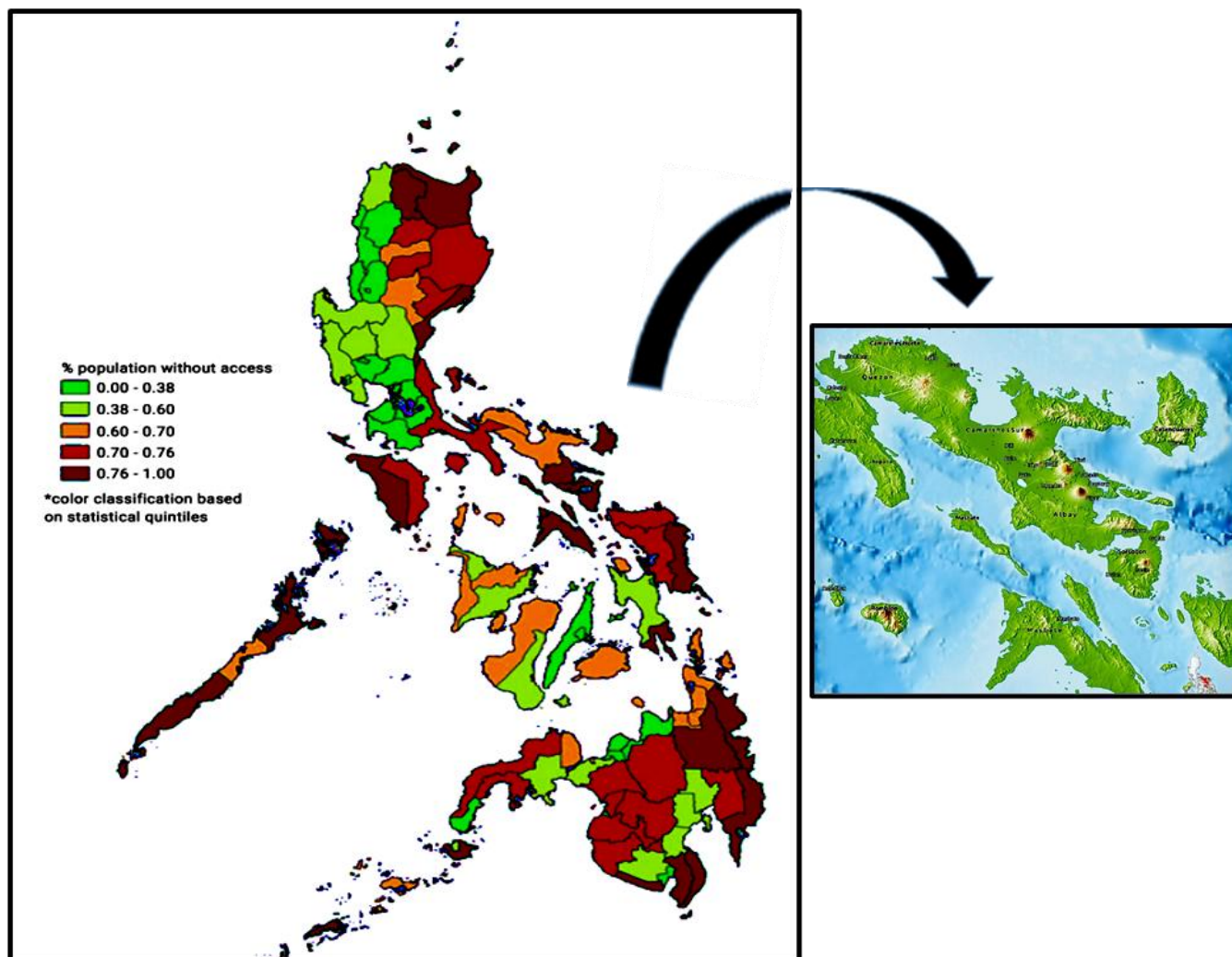
Source: **BMC Hospital Statistics 2022**

C. Access to Health Facilities, Bed-to-Population and HRH-to-Population Ratios

Generally, based on the national data of Philippine Health Facility Development Plan (PHFDP) 2020-2040, only half of the population has access to health facilities such as RHU or Health Centers within the travel period of 30 minutes. Bicol Region is among the regions with the highest share of the population without access to a RHU/HC within 30-minute travel time (Figure 4).



FIGURE 4. DISTRIBUTION OF POPULATION WITHOUT ACCESS TO HEALTH FACILITIES (RHU/HC) WITHIN 30 MINUTES (REGION 5)



Source: *PHFDP 2020-2040*

Relatively, the ideal bed-to-population ratio must not be more than **one (1) bed per 1,000 population (1:1 000)**. In a province or region where the bed-to-population ratio is already more than 1:1000, additional beds may be put up if the average occupancy rate for all hospitals for the past two years is more than 85%. In Camarines Sur, the bed-to-population ratio can be illustrated in the Table below (Table 13). There are 15 hospitals in the province of Camarines Sur, both private and public. As of 2022, the bed-to-population has already exceeded the 1:1000 threshold, thus additional beds may be established already.



TABLE 13. DISTRIBUTION OF HOSPITALS BY CLASSIFICATION AND SERVICE CAPABILITY AND BED-TO-POPULATION RATIO BY DISTRICT IN CAMARINES SUR, 2022

District	Private			Public			Total
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	
1 st District	0	0	0	0	1	0	1
2 nd District	0	0	0	1	0	0	1
3 rd District	1	3	1	1	0	1	7
4 th District	1	0	0	0	0	0	1
5 th District	5	0	0	0	0	0	5
Total	7	3	1	2	1	1	15

Source: *BMC Hospital Statistics 2022*

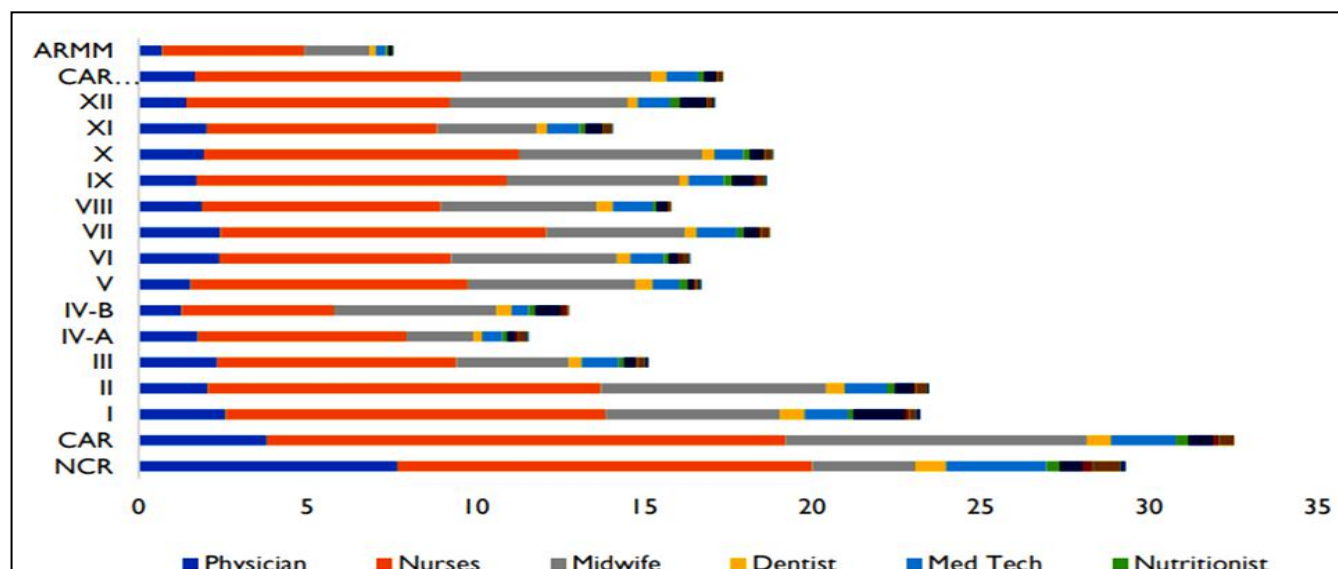
District	Private ABC	Public ABC	Total	2021 Population	Bed : Pop Ratio Private Hospital	Bed : Pop Ratio Public Hospital
1 st District		50	50	361,508	1:7,230	1:7,230
2 nd District		40	40	253,128	1:6,328	1:6,328
3 rd District	374	1,016	1,390	605,015	1:680	1:595
4 th District	20		20	505,310	1:25,265	
5 th District	201		201	568,685	1:2,892	
TOTAL	595	606	1,701	2,293,646	1:1,873	1:3,711

Source: *BMC Hospital Statistics 2022*

In determining the number of health staff needed per facility, it should be based on a standard HRH-to-population ratio of: 1 RHU/MC physician to 20,000 population, 1 public health nurse (PHN) to 10,000 population, 1 Rural Health Midwife (RHM) to 5,000 population, and 1 dentist to 50,000 population. In terms of HRH-to-population ratio, the inequitable distribution of HRH is evident in Bicol Region when comparing the density with other regions. For instance, in the Bicol Region, the HRH to population ratio is around 17 per 10,000 while the ARMM has a ratio of 7.59. The NCR has the highest doctor to population ratio (7.68), which is thrice as many of that in the Bicol Region with only around 2 (Figure 5).



FIGURE 5. HRH-TO-POPULATION RATIO BY REGION, 2022



Source: *DOH-HRH Deployment 2022*

D. Gap in Hospital Beds

Based on the projected shares of the private and public sectors, the medium and long-term public spending for health infrastructure can be then estimated. The Bicol Region has a reflected gap in hospital beds in terms of both level 1 and level 2 hospitals (Table 14).

TABLE 14. ESTIMATED CUMULATIVE GAP IN HOSPITAL BEDS UNTIL 2040, BY PUBLIC AND PRIVATE

REGION	LEVEL 1		LEVEL 2	
	PRIVATE	PUBLIC	PRIVATE	PUBLIC
NCR	24,646	4,349	8,523	1,504
CAR	1,771	1,685	565	574
I-Ilocos	6,621	2,934	1,992	851
II-Cagayan	3,209	2,982	1,079	1,011
III-Central Luzon	17,571	9,582	5,261	2,818
IVA-CALABARZON	32,209	10,382	8,948	3,036
IVB-MIMAROPA	3,532	2,826	1,470	1,257
V-Bicol	4,860	7,268	1,658	2,605
VI-Western Visayas	8,477	6,909	2,490	2,469
VII-Central Visayas	11,656	6,268	3,685	2,239
VIII-Eastern Visayas	4,017	4,718	1,532	1,978
IX-Zamboanga Peninsula	2,909	4,795	944	1,653
X-Northern Mindanao	4,910	6,015	945	1,478
XI-Davao Region	5,910	6,038	1,530	1,646
XII- SOCCSKSARGEN	4,600	6,740	1,264	2,241
XIII-CARAGA	2,707	2,811	580	730
BARMM	3,951	7,337	1,633	3,032
TOTAL	143,555	93,639	44,100	31,120

Source: *PHFDP 2020-2040*

In terms of Level 3 Hospitals, the categorization based on the national allocation framework will be best suited to assess the gap in hospital beds. This assists the national government to identify the appropriate financial and non-financial support in provinces and HUCs under each quadrant. The framework only applies to health facilities with provincial catchment (Figure 6). It can be noted that Bicol Region belongs to category 1 (poor region, low capacity, high gap) in applying the parameters such as the GDP per capita as measure of regional capacity.

FIGURE 6. CAPACITY VS. GAP IN LEVEL 3 HOSPITALS' BEDS AND EQUIPMENT

Region	GDP per capita (as measure of regional capacity)	Category		Low Capacity	High Capacity
BARMM	639	Category 1			
V – Bicol	1,163	Category 1	High Gap	Low Capacity High Gap Category 1	High Capacity High Gap Category 3
XIII – CARAGA	1,334	Category 1			
VIII – Eastern Visayas	1,468	Category 1			
IVB – MIMAROPA	1,659	Category 1			
II – Cagayan	1,650	Category 1			
IX – Zamboanga Peninsula	1,714	Category 2			
VI – Western Visayas	1,826	Category 2			
XII – SOCCSKSARGEN	1,925	Category 2			
I – Ilocos	2,040	Category 2			
III – Central Luzon	2,774	Category 3			
X – Northern Mindanao	2,782	Category 3			
VII – Central Visayas	2,938	Category 3			
XI – Davao Region	3,088	Category 3			
CAR	3,212	Category 3			
IVA – CALABARZON	3,419	Category 3			
NCR	9,939	Category 3			

Source: PHFDP 2020-2040

3. PATIENT FLOW AND INTER-FACILITY REFERRALS

A. Patient Profile

In terms of distribution of patients by province in Region V from 2018-2022, over 90% of patients were essentially from the province of Camarines Sur while the remaining about 10% were distributed and came from the rest of the provinces of Bicol and adjacent municipalities/cities from CaLaBaRZon (Table 15).



TABLE 15. DISTRIBUTION OF INPATIENTS BY PROVINCE IN REGION-V 2018-2022

Province	2018		2019		2020		2021		2022	
	Data	%	Data	%	Data	%	Data	%	Data	%
Albay	301/ 37,684	0.80	348/ 43,844	0.79	372/ 31,248	1.19	355/ 37,664	1.20	391/ 37,346	1.05
Camarines Norte	803/ 37,684	2.13	927/ 43,844	2.11	607/ 31,248	1.94	754/ 37,664	2.55	1,061/ 37,346	2.84
Camarines Sur	35,843/ 37,684	95.11	41,574/ 43,844	94.82	29,463/ 31,248	94.29	27,736/ 37,664	93.77	34,922/ 37,346	93.51
Catanduanes	42/ 37,684	0.11	23/ 43,844	0.05	22/ 31,248	0.07	42/ 37,664	0.14	38/ 37,346	0.10
Masbate	269/ 37,684	0.71	351/ 43,844	0.80	231/ 31,248	0.74	200/ 37,664	0.68	383/ 37,346	1.03
Sorsogon	145/ 37,684	0.38	210/ 43,844	0.48	226/ 31,248	0.72	223/ 37,664	0.75	226/ 37,346	0.61
Quezon and Others	281/ 37,684	0.75	411/ 43,844	0.94	327/ 31,248	1.05	270/ 37,664	0.91	325/ 37,346	0.87

Source: **BMC Hospital Statistics 2022**

The distribution of patients by district/cities in Camarines Sur from 2018-2022 consistently shows that the majority of patients came from the 3rd district of Camarines Sur (24.91%). It is understandably so since it is the district where the BMC is situated. It consists of the provincial capital Pili, its largest city Naga (with separate statistics at 17.62%) and adjacent municipalities of Bombon, Calabanga, Camaligan, Canaman, Magarao and Ocampo (Table 16).

It is followed by the 2nd district of Camarines Sur with 19.77%. It is the district closest to the 3rd district consisting of the west central Camarines Sur municipalities of Gainza, Libmanan, Milaor, Minalabac, Pamplona, Pasacao and San Fernando.



**TABLE 16. DISTRIBUTION OF INPATIENT BY DISTRICT/CITIES IN CAMARINES SUR
2018-2022**

District/Cities (Cams. Sur)	2018		2019		2020		2021		2022	
	Data	%	Data	%	Data	%	Data	%	Data	%
Cam.Sur (1 st District)	2,719/ 35,823	7.59	2,560/ 41,574	6.16	1,816/ 29,463	6.16	1,384/ 27,736	4.99	1,225/ 34,922	3.51
Cam.Sur (2 nd District)	8,002/ 35,823	22.34	8,781/ 41,574	21.12	6,226/ 29,463	21.13	5,451/ 27,736	19.65	6,904/ 34,922	19.77
Cam.Sur (3 rd District)	8,323/ 35,823	23.34	9,821/ 41,574	23.62	6,866/ 29,463	23.30	6,698/ 27,736	24.15	8,698/ 34,922	24.91
Cam.Sur (4 th District)	5,742/ 35,823	16.03	6,840/ 41,574	16.45	4,953/ 29,463	16.81	4,636/ 27,736	16.71	5,564/ 34,922	15.93
Cam.Sur (5 th District)	4,682/ 35,823	13.07	5,409/ 41,574	13.01	3,882/ 29,463	13.18	3,682/ 27,736	13.28	5,124/ 34,922	14.67
Cam.Sur (Iriga City)	1,193/ 35,823	3.33	1,835/ 41,574	4.41	854/ 29,463	2.90	917/ 27,736	3.31	1,253/ 34,922	3.59
Cam.Sur (Naga City)	5,182/ 35,823	14.47	6,328/ 41,574	15.22	4,866/ 29,463	16.52	4,968/ 27,736	17.91	6,154/ 34,922	17.62

Source: **BMC Hospital Statistics 2022**

B. HCPN or P/CWHS Referral System

A two-way referral system was established through the organization of the Inter-local Health Zones and Health Care Provider Network (HCPN) (Table 17). The inpatients referred in the CY 2018 and 2019 have reached a 5-digit mark, however, it dipped in CY 2020 and 2021 due to the COVID-19 Pandemic. In CY 2022, it increased again to almost pre-pandemic level. A referral manual was developed but was not successfully implemented due to various factors. Nevertheless, in line with the advent of the Philippine Health Agenda (PHA), Fourmula 1 Plus for Health (F1+) several years back up to the enactment of Universal Health Care Law in 2019 and now with the Health Sector Strategy (HSS), the DOH Center for Health Development-Bicol in coordination with the different provinces initiated the establishment of the HCPN which involves matching patients to the health service provider and navigation of patients in the health system. The BMC was identified as the Apex Hospital for Camarines Sur, Camarines Norte and San Pascual, Masbate. A series of consultations with primary health care providers was done including the other apex hospitals to fine tune the HCPN set-up in the region.



**TABLE 17. DISTRIBUTION OF INPATIENTS REFERRED FROM LOWER LEVEL FACILITY
2018-2022**

2018	2019	2020	2021	2022
17,868	14,397	7,424	9,597	11,815

Source: *BMC Hospital Statistics, 2022*

4. NATURAL AND ENVIRONMENTAL FACTORS

A. Geography

Bicol Region lies at 11030' to 14020' north latitude and 122020' to 124030' east longitude or the midsection of the Philippines. It is a peninsula in the southeastern part of Luzon and has a total land area of 18,114 square kilometers, comprising 6% of the Philippine land area. It is bounded on the north by Lamon Bay, the Pacific Ocean on the east, and the Sibuyan Sea and Ragay Gulf on the west. The northernmost province, Camarines Norte, is bordered on the north by the Province of Quezon, which connects the region to the rest of Luzon. The Region has six provinces—Albay, Camarines Norte, Camarines Sur, Catanduanes, Masbate, and Sorsogon. Camarines Sur is the largest province in the region, with 5,266.8 square kilometers occupying about 29% of its total land area. Catanduanes is the smallest, with 1,511.5 square kilometers covering 8.3% of the total regional area.³

Accordingly, it is irregular in form, with several deep coastal bays, large sub peninsulas, and a lengthy coastline. The peninsula has an area of about 4,660 square miles (12,070 square km). It comprises the Bicol Plain, a large lowland area important in the production of rice, and volcanic highlands. A well-watered area, it is densely populated although largely rural and agricultural. The peninsula is the homeland of the Bicol, the fifth largest ethnolinguistic group in the Philippines, whose educational and commercial centers are Legazpi City and Naga City.⁴

B. Disaster and Calamity Risk

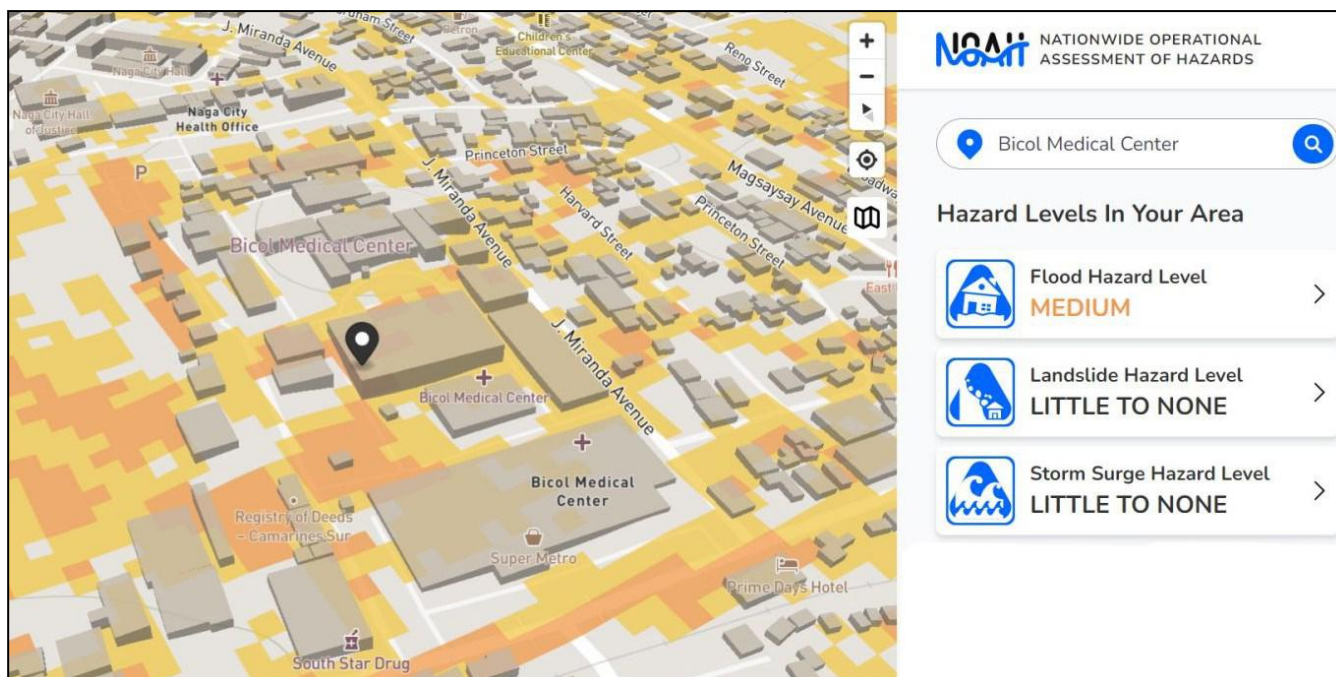
The Bicol Medical Center's geographical location is situated below sea level. As a result, it has a *medium* flood hazard level with little to none landslide and storm surge (Figure 7). Camarines Sur has an identified active stratovolcano also known as *Mt. Isarog* but it has had no pyroclastic activities for the past several years. Currently, it vents and displays gas seepages, steams and warm springs. In addition, *Mt. Iriga* is also located in the Camarines Sur. Likewise, it is a stratovolcano but it is considered dormant for the past several decades.

³ "Overview of Bicol Region", 2020, Department of Agriculture, Regional Field Unit No. 5- Bicol Region.

⁴ "Bicol Peninsula", www.britannica.com, last accessed February 17, 2023.

Moreover, the Bicol Region is particularly vulnerable to typhoons and natural disasters because of its location (typhoon corridor) and geographic features (volcanoes and the Pacific Ocean).

FIGURE 7. Bicol Medical Center, Nationwide Assessment of Hazards, 2022



Source: **Project NOAH**, last accessed: **February 13, 2023**

C. Transportation

The Bicol Region's transport sector provides the vital link between people, products and services. The transportation network in the region is a complex system that integrates the four modes of transportation, namely: road, rail, air and water. The complexity of the system is attributed to the geographical location of the component provinces. The road density in the region increased from 0.50 km/sq.km. in 1989 to 0.62 km./sq.km. in 2000. Among the region's six provinces, only Masbate remained poorly served by road network, while the other provinces had road densities of more than 0.60 km/sq. km, with Camarines Sur having the highest.

There are many ways to go to the Bicol Medical Center such as, among others, by plane, bus, taxi or private cars. Camarines Sur has an Airport known as the Pili Airport which can be used for air travel. It is located in the Camarines Sur capital town, Pili, and a 30-40-minute ride from the airport to the Bicol Medical Center. Aside from air travel, the hospital is also accessible via land travel either by bus, taxi or private car. It is a 12-14 hours travel time from the country's capital to the said hospital institution.⁵

⁵"Bicol Infrastructure", https://www.neda5.net/rpfp/infrastructure_utilities.html, last accessed February 16, 2023.



5. POLITICAL AND GOVERNMENT PROFILE

A. Laws, Policies and Standards

In 2019, Republic Act No. 11223 (RA 11223), otherwise known as the Universal Health Care Act was enacted. It aims to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and are protected against financial risk. In the BMC, the management sees to it that it is implementing the intent of the law specifically on the aspect of zero out-of-the-pocket expenses for the classified patients.

Subsequently, RA 11463 also known as the Malasakit Center Act, which establishes the Malasakit Program and institutionalizes Malasakit Centers in DOH and other government hospitals in the country was enacted. Faithful to the intent of the law, the BMC's Malasakit Center is a One-Stop Shop where indigent patients can efficiently access financial medical assistance from agencies such as PhilHealth, Philippine Charity Sweepstakes Office, and the Department of Social Welfare and Development.

In 2020, the Philippine Health Facility Development Plan (PHFDP) 2020-2040, the macro-plan for the country's government health facilities, was published by the DOH to provide guidelines to the DOH Hospitals to become Specialty Centers for one or more of the 16 medical specialties that shall serve as the apex or end-referral hospitals of the HCPNs. It has helped BMC in refocusing its direction from what is priority and least priority in terms of services.

On January 04, 2021, the DOH, through the Health Facility Development Bureau (HFDB), issued the Department Order 2021-0001 entitled "Designation of Selected Hospitals as Specialty Centers for Brain and Spine Care, Burn Care, Cancer Care, Cardiovascular Care, Dermatology Care, Eye Care, Geriatric Care, Infectious Disease and Tropical Medicine, Lung Care, Mental Health, Neonatal Care, Orthopedic Care, Physical Rehabilitation Medicine, Renal Care and Kidney Transplant, Poison Control and Trauma Care". Currently, the BMC has 14 functional specialty centers from the 12 designation and the 2 being an institutional initiative.

In 2022, the BMC released its own Hospital Development Plan (HDP) 2022-0226 anchored on the provisions of PHFDP 2020-2040. This provided specifics on what infrastructure and equipment proposals, including the strategic position to be undertaken by the hospital in accordance with the principles of ISO 9001:2015 and PGS. The designs for each infrastructure is in accordance with the standards of green architectural features.



The other policies being implemented in the hospitals are Infectious Diseases COVID-19, Pneumonia, Tuberculosis, HIV/AIDS, Malaria (Republic Act 11469, Sustainable Development Goals), Cancer Control Law (Republic Act 11215), Geriatrics Wards (Republic Act 9994), Mental Health Law (Republic Act 11036), Orthopedics & Physical Rehabilitation and Medicine (Republic Act 2679, Republic Act 6786), Cardiovascular Care (Presidential Decree No. 673), Lung Care (Presidential Decree No. 1823), Renal Care and Kidney Transplant (Presidential Decree No. 1832. The provisions of these laws are being strictly complied and observed in the day-to-day operation of the hospital.

B. Political Jurisdiction and Governance

The region has a few cities and municipalities classified as “competitive” in the national Cities and Municipalities Competitiveness Index (CMCI) survey conducted in 2019. Legazpi City was ranked in 4th place and Naga City was ranked 8th among the most competitive component cities. The ranking was based on economic dynamism, government efficiency, infrastructure, and resiliency. The Region’s top three industries are tourism, agriculture, and fisheries, and mining.

The BMC’s big-ticket projects are always referred to the Regional Development Council-NEDA for necessary endorsement and all proposals thereat require a Sangguniang Panlalawigan or Panlungsod. To date, the hospital does not have a record of rejected proposals from the LGU. The Local Government of Camarines Sur is supportive of the project endeavors of the hospitals.

Furthermore, the BMC has established the Multi-Sectoral Governance Council (MSGC). It is a group of key external stakeholders who can assist the organizations/institutions to ensure sustainability and shared responsibilities toward better delivery of health services. This is composed of key officials from the City Government of Naga, Provincial Government of Camarines Sur, Department of Education, private sectors, the media and the DOH Center for Health Development-Bicol.

6. CULTURAL PROFILE

A. Community Activities and Preference

Health programs in the region are more focused on the establishment of functional service delivery, such as improvement of rural health units (RHUs) including the provision of necessary equipment (such as ECG machines, x-ray, and ambulances), meeting the need for doctors, improving provincial hospital services, and strengthening health programs, particularly against dengue and typhoid fever.



Recently, due to the COVID-19 Pandemic, LGUs were instructed to direct Special Emergency Fund support for health needs related to the pandemic, such as the purchase of alcohol and personal protective equipment. In addition, with the Covid-19 pandemic, some DepEd programs were made a venue to focus on partnership agreements that will bring in donations for thermal scanners, hand sanitizing equipment and materials, and printing of Covid-19-related materials to aid in the advocacy of health protection and protocols to learners and the community.⁶

To suit the tropical climate, Bicolanos use light material for their houses while others now have bungalows to withstand the impact of strong typhoons. Light, western-styled clothes are predominantly used now. The typical Bicolano wears light, western-styled clothes similar to those of other Filipinos in urban centers.⁷

B. Beliefs, Customs and Practices

Bicolanos observe an annual festival in honor of the Our Lady of Peñafrancia on the third Sunday of September. The City of Naga comes alive and the celebration is intended to offer gratitude for the year's graces or to implore the Virgin for good health, safety and blessing. During the celebration, a jostling crowd of all-male devotees carries the image of the Virgin on their shoulders to the Naga Metropolitan Cathedral, while shouting *Viva La Virgen!* For the next nine days people, mostly Bicolanos, come for an annual visit, light candles and kiss the cult image of the Virgin. To the Bicolanos, this affair is religious and cultural as well.

Every night, shows are held at the plaza. A lively boat race precedes the fluvial procession. At noon of the third Saturday of the month, the devotees carry the image on their shoulders in procession to the packed waterfront. On the ninth day of the festivities, The Virgin of Peñafrancia is brought to her home, to the Minor Basilica of the Our Lady of Peñafrancia via a grand fluvial procession in the Naga River. This celebration of the Bicolanos is considered one of the largest Marian celebrations in Asia.⁸

7. ECONOMIC PROFILE

A. Health Expenditure

The 7-year period from 2014-2020 can be noted that the health expenditure by the Bicolanos is consistently on the rise. From about 20B in 2014 up to around 38B in 2020. Such health expenditure has roughly doubled in figures in the 7-year timeframe (Table 18). A further increase would be expected in the upcoming survey by the PSA considering that the country is still grappling with the COVID-19 pandemic.

⁶ "A Political Economy Analysis of the Bicol Region, Final Report", 2020, Ateneo Social Science Research Center.

⁷ "The Bicolanos", 2019, National Commission for Culture and the Arts.

⁸ "Bicolanos Culture, Customs And Traditions - Culture And Tradition", 2019, Don Herrington, livinginthephilippines.com, last accessed February 16, 2023.



TABLE 18. HEALTH EXPENDITURE BY REGION, 2014-2020

Levels (in million PhP)

Region	2014	2015	2016	2017	2018 ^f	2019 ^f	2020
NCR National Capital Region	120,731.06	125,034.07	134,929.05	144,644.90	160,858.77	182,821.64	155,297.03
CAR Cordillera Administrative Region	10,047.66	11,188.73	12,296.49	13,655.10	15,070.02	17,318.49	19,115.38
I Ilocos Region	19,568.12	21,985.75	24,072.27	26,534.58	29,140.45	31,370.80	39,571.63
II Cagayan Valley	11,436.58	13,021.97	14,397.45	15,124.36	16,890.72	19,206.92	23,738.70
III Central Luzon	53,101.58	58,358.66	64,715.38	69,621.95	78,642.85	87,630.22	98,374.20
IVA CALABARZON	13,946.77	14,197.18	17,541.91	18,293.79	26,731.96	25,634.68	20,812.33
MIMAROPA	6,005.48	6,599.88	7,275.93	8,916.98	3,299.04	8,702.68	7,699.24
V Bicol Region	20,303.91	22,271.52	24,490.86	25,888.27	28,939.60	32,908.97	38,448.43
VI Western Visayas	31,471.59	33,861.06	37,636.93	41,057.09	45,867.02	47,401.96	58,740.00
VII Central Visayas	28,618.75	30,372.05	33,304.65	37,244.05	42,335.14	47,288.93	50,721.94
VIII Eastern Visayas	15,267.35	16,407.75	18,676.19	19,434.17	20,835.74	24,212.80	24,929.70
IX Zamboanga Peninsula	10,564.26	11,727.20	12,922.29	13,453.94	15,194.59	17,850.53	21,697.67
X Northern Mindanao	16,599.41	18,392.96	19,715.93	21,618.30	22,814.02	26,926.34	30,099.33
XI Davao Region	17,939.34	20,357.26	21,594.02	23,092.98	25,901.98	29,923.77	35,060.65
XII SOCCSKSARGEN	19,007.48	20,974.90	22,151.58	23,507.34	27,003.49	26,998.79	32,080.94
XIII Caraga	8,394.02	9,254.21	10,231.24	11,114.72	11,002.44	13,082.38	15,312.15
BARMM Bangsamoro Autonomous Region in Muslim Mindanao	3,943.86	4,623.54	4,751.95	5,056.75	7,508.43	8,561.13	14,588.53
Nationwide	82,119.72	104,952.95	117,757.85	137,454.92	144,136.31	147,797.88	209,592.72
TOTAL CURRENT HEALTH EXPENDITURE	489,066.90	543,581.63	598,461.98	655,714.20	722,172.57	795,638.92	895,880.56

Source: *PSA, 2021*

B. Income Classification

The Bicol Region has three (3) 1st income class provinces namely Albay, Camarines Sur and Masbate. The rest are 2nd income class provinces except Catanduanes which is a 3rd income class province (Table 19).

TABLE 19. INCOME CLASSIFICATION, DOF ORDER 23-08, 2008

PROVINCE	INCOME CLASSIFICATION
Albay	1st
Camarines Norte	2nd
Camarines Sur	1st
Catanduanes	3rd
Masbate	1st
Sorsogon	2nd

Source: *DOF, 2008*



C. Poverty Incidence

It can be noted that the annual per capita poverty threshold has increased in the Bicol Region from 2015-2021 in a survey conducted on a 3-year interval basis. It can also be observed that all provinces have shown a poverty incidence increase. This makes the incidence of poverty in the Bicol Region is affecting the multitude at an increased rate (Table 20).

TABLE 20. ANNUAL PER CAPITA THRESHOLD AND POVERTY INCIDENCE, 2021

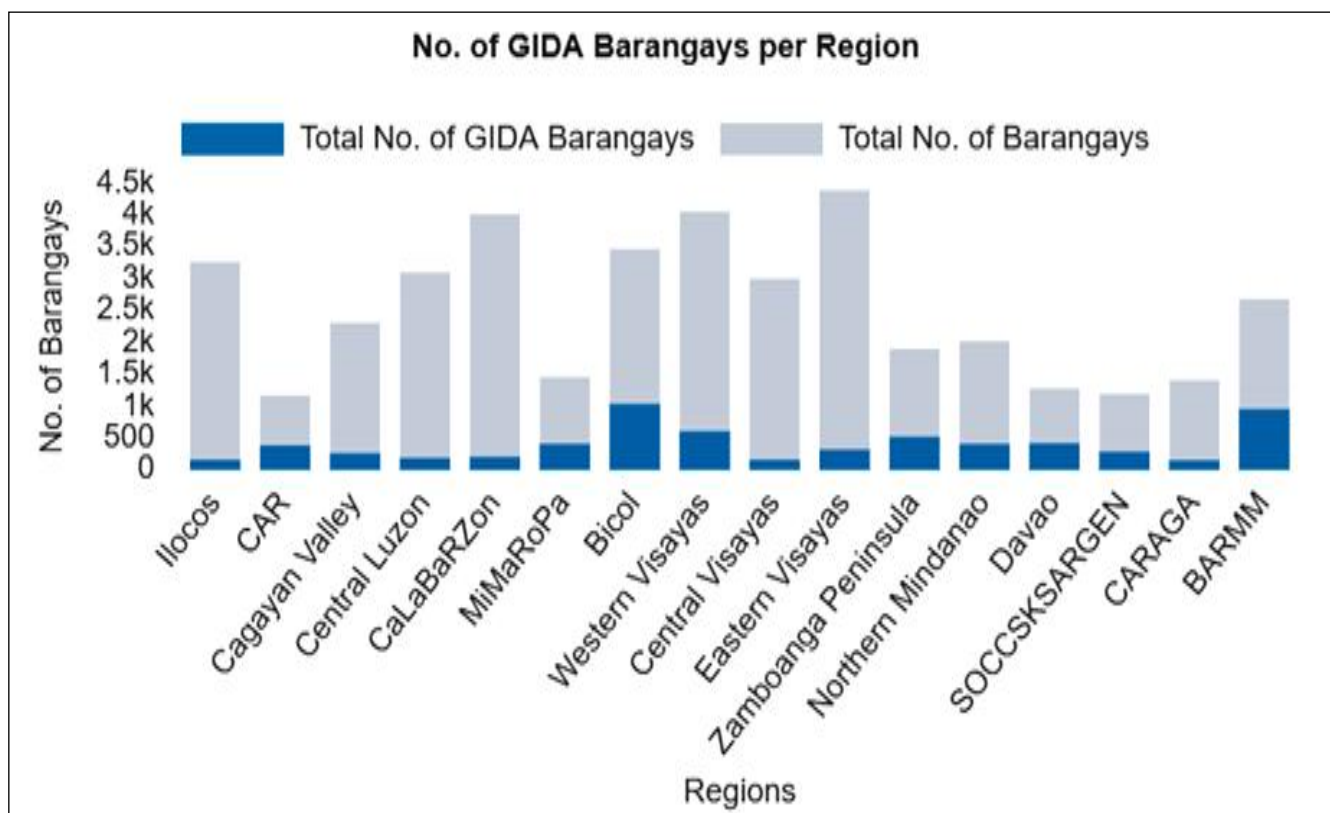
Region/Province	Annual Per Capita Poverty Threshold (in PHP)			Poverty Incidence among Families														
				Estimates (%)			Coefficient of Variation			Standard Error			90% Confidence Interval					
	2015	2018	2021 ^a	2015	2018	2021 ^a	2015	2018	2021 ^a	2015	2018	2021 ^a	2015		2018		2021 ^a	
													Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit
Region IV-A (CALABARZON) ^{1/2/}	25,642	27,928	31,059	9.2	5.1	7.2	8.6	7.3	6.4	0.8	0.4	0.5	7.9	10.5	4.5	5.7	6.5	8.0
Batangas ^{1/2/}	30,086	33,068	30,828	17.4	8.6	4.3	13.3	12.7	19.2	2.3	1.1	0.8	13.6	21.2	6.8	10.4	2.9	5.6
Cavite ^{1/2/}	27,394	29,157	35,843	6.1	3.7	7.1	17.3	18.3	14.6	1.1	0.7	1.0	4.4	7.9	2.6	4.8	5.4	8.8
Laguna ^{2/2, n/ c/}	21,278	23,688	29,892	3.8	2.7	6.9	25.2	20.1	14.6	1.0	0.5	1.0	2.2	5.4	1.8	3.6	5.2	8.5
Quezon ^{1/2/}	20,962	22,805	27,151	18.4	9.3	16.3	14.0	14.7	10.1	2.6	1.4	1.6	14.2	22.7	7.1	11.6	13.6	19.0
Rizal	25,126	28,647	32,217	4.1	3.3	4.3	19.2	17.1	16.8	0.8	0.6	0.7	2.8	5.4	2.4	4.3	3.1	5.5
MIMAROPA REGION ^{1/2/}	20,369	23,315	26,321	18.0	10.5	15.0	11.0	6.5	5.1	2.0	0.7	0.8	14.8	21.3	9.4	11.6	13.8	16.3
Marinduque ^{2/2/}	19,951	24,054	26,959	12.5	10.0	15.6	29.2	10.6	8.1	3.6	1.1	1.3	6.5	18.4	8.2	11.7	13.6	17.7
Occidental Mindoro ^{1/2, 2/2, n/}	20,064	21,341	26,661	30.5	16.1	23.0	21.9	13.1	8.6	6.7	2.1	2.0	19.5	41.5	12.6	19.5	19.7	26.2
Oriental Mindoro ^{1/2, 2/2, n/}	20,345	24,470	26,265	15.3	7.3	12.8	20.4	19.0	14.7	3.1	1.4	1.9	10.2	20.4	5.0	9.6	9.7	15.9
Palawan ^{n/}	19,709	23,425	24,127	12.6	8.2	9.4	21.9	12.7	10.9	2.8	1.0	1.0	8.1	17.2	6.5	9.9	7.7	11.1
Romblon ^{1/2, 2/}	21,897	24,087	28,749	29.3	19.7	31.0	15.8	8.8	5.8	4.6	1.7	1.8	21.6	36.9	16.8	22.5	28.1	34.0
Region V (Bicol Region) ^{1/}	22,503	24,461	27,675	31.0	20.0	21.9	5.4	4.0	4.0	1.7	0.8	0.9	28.2	33.8	18.7	21.3	20.5	23.4
Albay	22,328	24,902	27,346	18.5	15.0	15.4	12.7	9.9	10.1	2.3	1.5	1.6	14.6	22.3	12.5	17.4	12.9	18.0
Camarines Norte ^{1/2, 2/}	23,940	25,051	27,571	35.1	22.4	16.6	14.4	7.1	9.8	5.1	1.6	1.6	26.8	43.5	19.8	25.0	13.9	19.2
Camarines Sur ^{1/2, 2/}	22,874	24,271	28,651	28.5	21.0	29.8	9.6	8.7	7.1	2.7	1.8	2.1	24.0	33.0	17.9	24.0	26.3	33.3
Catanduanes ^{1/}	21,668	24,380	28,014	33.6	14.4	16.8	12.3	8.7	8.7	4.1	1.2	1.5	26.8	40.4	12.3	16.4	14.4	19.2
Masbate ^{1/2, 2/}	20,406	22,911	25,545	35.5	25.8	20.2	11.0	7.5	8.7	3.9	1.9	1.8	29.1	42.0	22.6	29.0	17.3	23.1
Sorsogon ^{1/}	23,268	26,069	27,133	46.2	19.6	21.7	10.5	8.1	7.8	4.9	1.6	1.7	38.2	54.2	17.0	22.2	19.0	24.5
Region VI (Western Visayas) ^{1/2, 2/}	21,921	24,494	27,083	18.5	11.9	13.8	7.6	6.2	5.3	1.4	0.7	0.7	16.2	20.8	10.7	13.1	12.6	15.0
Aklan ^{2/2, n/}	22,184	23,745	26,837	12.0	8.8	13.9	29.8	14.0	12.2	3.6	1.2	1.7	6.1	17.8	6.7	10.8	11.1	16.7
Antique ^{2/2, n/}	20,672	24,023	26,633	18.4	12.9	18.2	30.4	10.5	9.6	5.6	1.4	1.8	9.2	27.6	10.7	15.2	15.4	21.1
Capiz ^{n/}	20,866	22,669	26,692	7.0	4.1	6.1	43.4	15.1	17.0	3.0	0.6	1.0	2.0	12.0	3.1	5.1	4.4	7.8
Guimaras ^{n/2, n/}	23,327	25,899	27,090	4.8	6.8	7.3	81.5	18.8	13.5	3.9	1.3	1.0	0.0	11.3	4.7	8.9	5.7	9.0
Iloilo ^{1/}	22,898	26,113	27,821	16.4	12.1	12.6	12.3	9.3	11.0	2.0	1.1	1.4	13.1	19.8	10.2	13.9	10.3	14.9
Negros Occidental ^{1/}	21,577	23,692	26,782	25.5	14.5	16.4	9.8	10.5	8.3	2.5	1.5	1.4	21.3	29.6	12.0	17.0	14.1	18.6
Region VII (Central Visayas) ^{1/2, 2/}	22,644	25,745	31,220	24.9	13.4	22.1	5.8	6.1	5.1	1.4	0.8	1.1	22.5	27.3	12.0	14.7	20.2	23.9
Bohol ^{1/2, 2/}	22,634	26,108	26,853	25.2	15.5	19.1	12.6	10.0	7.7	3.2	1.5	1.5	19.9	30.4	12.9	18.0	16.7	21.5
Cebu ^{1/2, 2/}	23,061	25,914	33,657	20.0	11.3	22.8	7.8	9.6	6.9	1.6	1.1	1.6	17.4	22.6	9.5	13.1	20.2	25.4
Negros Oriental ^{1/}	22,077	25,113	26,024	36.3	19.4	23.6	10.9	9.6	9.0	3.9	1.9	2.1	29.8	42.8	16.3	22.5	20.1	27.1
Siquijor ^{1/2, 2/2, n/2, b/ c/}	21,563	25,649	25,603	47.0	7.2	2.2	9.9	20.2	31.9	4.6	1.5	0.7	39.4	54.6	4.8	9.6	1.1	3.4

Source: PSA, 2021

D. Geographically Isolated and Disadvantaged Areas (GIDAs)

The Bicol Region has over 1000 GIDAs out of around 3500 barangays as of the 2021 report. This makes Bicol region to be one of the regions with the highest number of GIDAs, coming second to BARMM (Figure 8). Being a region composed of island provinces, access in these areas remains crucial in improving the health care service delivery.

FIGURE 8. ANNUAL PER CAPITA THRESHOLD AND POVERTY INCIDENCE, 2021



Source: DOH-BLHSD, 2021

E. PhilHealth Registration

The percentage of *de jure* population in the Bicol Region with PhilHealth registration only accounts to 62.4%. The advent of the UHC Law would perhaps change and improve these figures in the next survey as the law espouses that all citizens shall be automatically included in the insurance program and are automatically entitled to PhilHealth benefits, including comprehensive outpatient services (Table 21).



TABLE 21. HEALTH INSURANCE COVERAGE, 2019

Percentage of the de jure population with any health insurance coverage and with specific types of health insurance coverage, according to background characteristics, Philippines NDHS 2017

Background characteristic	Any health insurance	PhilHealth insurance	GSIS	SSS	Private ¹	None	Don't know	Number
Sex								
Male	67.0	64.5	2.1	22.8	2.3	32.7	0.3	59,506
Female	69.8	67.3	2.9	20.7	2.4	29.9	0.3	56,699
Age								
0-4	62.0	61.3	0.9	10.2	1.1	37.7	0.3	10,925
5-29	63.3	61.7	1.4	17.9	1.9	36.3	0.4	55,549
30-59	72.0	68.9	3.4	34.9	3.8	27.8	0.3	15,597
60+	77.0	72.7	4.3	25.8	2.7	22.8	0.2	34,106
Don't know	(23.9)	(23.9)	(4.4)	(11.0)	(0.0)	(54.8)	(21.3)	29
Residence								
Urban	68.9	65.7	2.7	32.8	3.6	30.8	0.3	52,058
Rural	67.9	66.0	2.3	12.8	1.3	31.8	0.3	64,147
Region								
National Capital Region	74.9	70.7	2.5	49.1	5.8	24.9	0.2	16,594
Cordillera Admin. Region	73.5	71.2	5.8	16.7	1.1	25.7	0.8	2,131
I - Ilocos Region	68.2	65.2	2.5	18.1	0.5	31.2	0.6	6,156
II - Cagayan Valley	65.6	64.9	1.9	5.0	0.6	34.0	0.3	4,208
III - Central Luzon	67.8	65.7	2.1	26.3	2.2	32.1	0.1	11,196
IVA - CALABARZON	67.2	65.0	1.5	23.7	3.1	32.7	0.1	17,753
MIMAROPA Region	68.8	66.9	3.3	13.6	1.1	30.8	0.4	3,004
V - Bicol	63.9	62.4	2.5	8.1	0.2	35.8	0.3	7,359
VI - Western Visayas	69.0	65.5	3.2	18.9	1.3	30.2	0.8	7,874
VII - Central Visayas	63.8	59.4	2.6	24.7	4.1	35.3	0.9	7,383
VIII - Eastern Visayas	67.5	65.9	3.2	6.4	1.7	32.2	0.3	5,084
IX - Zamboanga Peninsula	69.7	66.2	2.7	10.5	0.4	29.6	0.7	3,959
X - Northern Mindanao	67.3	65.2	3.1	17.5	0.6	32.4	0.3	4,849
XI - Davao	71.2	69.2	2.8	22.1	2.4	28.6	0.1	6,264
XII - SOCCSKSARGEN	71.9	71.0	2.0	7.7	1.4	27.9	0.2	5,469
XIII - Caraga	71.4	69.7	3.5	17.9	1.0	27.9	0.7	3,243
ARMM	50.4	50.2	1.8	0.9	0.1	49.5	0.1	3,679
Wealth quintile								
Lowest	59.7	59.0	0.1	3.7	0.2	40.1	0.2	23,252
Second	62.2	60.6	0.5	10.2	0.6	37.5	0.4	23,226
Middle	65.0	62.1	1.5	20.0	1.0	34.7	0.3	23,237
Fourth	71.7	68.2	3.1	30.4	2.0	27.9	0.4	23,250
Highest	83.2	79.2	7.2	44.6	7.8	16.4	0.3	23,240
Total	68.3	65.8	2.5	21.8	2.3	31.3	0.3	116,205

Notes: Respondents may report more than one type of insurance. Figures in parentheses are based on 25-49 unweighted cases.

GSIS = Government Service Insurance System

SSS = Social Security System

¹ Includes private insurance company, health maintenance organization, and pre-need insurance plan company

Source: PSA-NDHS, 2017



F. Household Spending and Patient Health Financing Profile

The national average for household spending for those who will visit a public facility is over Php700.00, covering the cost of transportation, consultation, advice and/or treatment. In terms of patient health financing, the average cost of hospital bills for those who wanted to be admitted in a public facility would amount to around Php11,000.00 (Table 22).

TABLE 22. HOUSEHOLD SPENDING AND PATIENT HEALTH FINANCING PROFILE

Table 13.9 Average costs of care

Average costs (in pesos) for various aspects of medical care, Philippines NDHS 2017

Type of care	Any facility ¹		Public facility		Private facility	
	Mean cost	Number	Mean cost	Number	Mean cost	Number
For those who visited a health facility in the past 30 days						
Cost of transport	89.4	8,765	61.9	5,150	131.9	3,470
Cost of consultation, advice, and/or treatment	1,379.5	8,682	668.1	5,104	2,490.9	3,435
For those confined to a hospital or clinic in the last 12 months						
Total cost of medicines/services from outside pharmacy/lab	5,236.5	2,856	3,856.0	1,737	7,398.8	1,115
Paid from salary/loan/sale of property	6,924.4	2,853	4,208.7	1,735	11,167.3	1,115
Paid by PhilHealth	4,668.7	2,846	3,823.7	1,732	5,996.8	1,112
Total hospital bill	21,399.8	4,676	11,627.0	2,553	33,190.8	2,120
Paid from salary/loan/sale of property	12,529.8	4,100	5,004.0	2,102	20,476.4	1,995
Paid by PhilHealth	9,657.6	4,094	8,269.6	2,098	11,131.9	1,993

Note: Table excludes persons whose costs were either in-kind only or not known.

¹ Includes 3 facilities not classified as public or private that are not shown separately

Source: *PSA-NDHS, 2017*

In the BMC, the average cost of inpatient hospitalization would amount to a much lesser cost of over Php6000.00. This is subsidized by the government through PhilHealth and other sources of medical assistance like MAIP and PCSO, among others. More often than not, such is the case for charity and service patients. However, when it comes to paying patients this would be covered by out-of-pocket expenses (Table 23).



TABLE 23. BMC'S PATIENT HEALTH FINANCING PROFILE, 2022

STATISTICAL REPORT ON FINANCIAL DATA					
For the Quarter Ending December 31, 2022					
10.4.4	Capital Outlay				
10.4.4.1	Capital Outlay		1,594,927.66		84,867,881.19
10.4.4.2	Purchase of Equipment		104,741,899.20		222,198,791.48
			106,336,826.86		307,066,672.67
10.5	Cost analysis based on allotted MOOE				
10.5.1	In-Patient				
10.5.1.1	Cost/ Bed Day	P	3,467.74	P	3,849.53
10.5.1.2	Cost of Medicine/ Bed Day		288.43		508.06
10.5.1.3	Cost of Medical Supplies/ Bed Day		1,790.39		1,804.32
10.5.1.4	Cost of Food/ Bed Day		94.97		110.96
10.5.2	ER Patient				
10.5.2.1	Cost per Patient	P	262.47	P	270.18
10.5.2.2	Cost of Medicine/ Patient		118.30		106.08
10.5.2.3	Cost of Medical Supplies/ Patient		406.50		424.01
10.5.3	OPD Patient				
10.5.3.1	Cost of Consultation/ Patient	P	50.00	P	50.00
10.5.3.2	Cost of Supplies/ Patient		470.68		461.01
10.6	Distribution of Treatment Cost by Responsibility				
10.6.1	Philhealth		150,560,909.66		520,387,014.51
10.6.2	Hospital Subsidy [Quantified Free Service]		152,509,062.01		565,543,614.26
	[Personnel Dependent, PWD & SC Discount]		71,110,228.19		213,194,004.60
10.6.3	Out of Pocket (Patients' Payment/ Participation)		15,294,514.99		61,303,960.33
10.6.4	Donors (Funds from PCSO or Other				
	Philanthropic Agencies or individuals)		27,601,190.13		87,360,187.54
10.6.5	Others (MAIP-Medical Assistance to Indigent Patient)		53,487,569.72		235,683,456.87

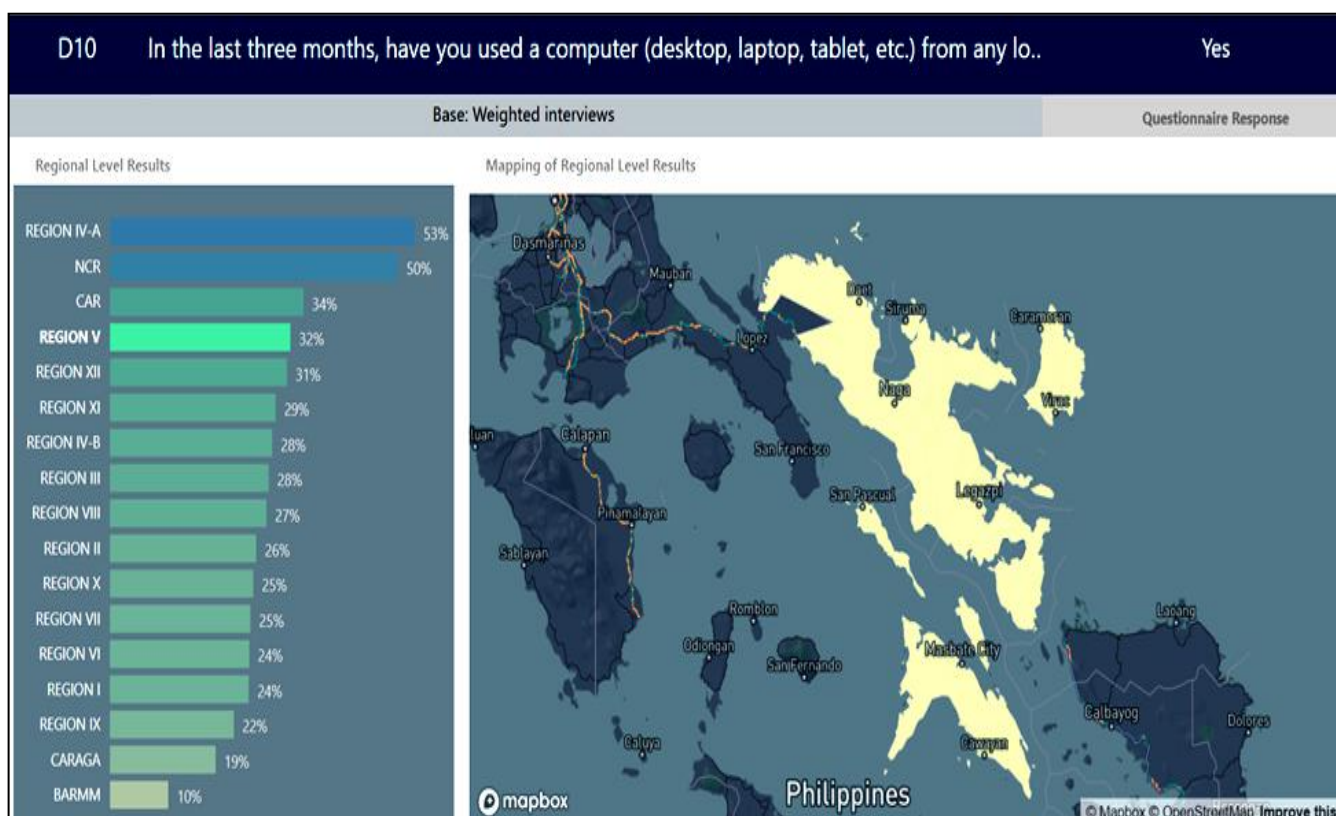
Source: BMC Financial Report, 2022

8. TECHNOLOGICAL PROFILE

A. DIGITAL ACCESS

In 2019, Bicol Region has registered a 32% access to the digital world. It includes access to laptop, desktop, tablet and other devices other than cellphones using internet connectivity. The region ranks 4th in digital access with CaLaBarZon on top, followed by NCR and CAR, respectively (Figure 9).

FIGURE 9 . DIGITAL ACCESS BY REGION, 2019



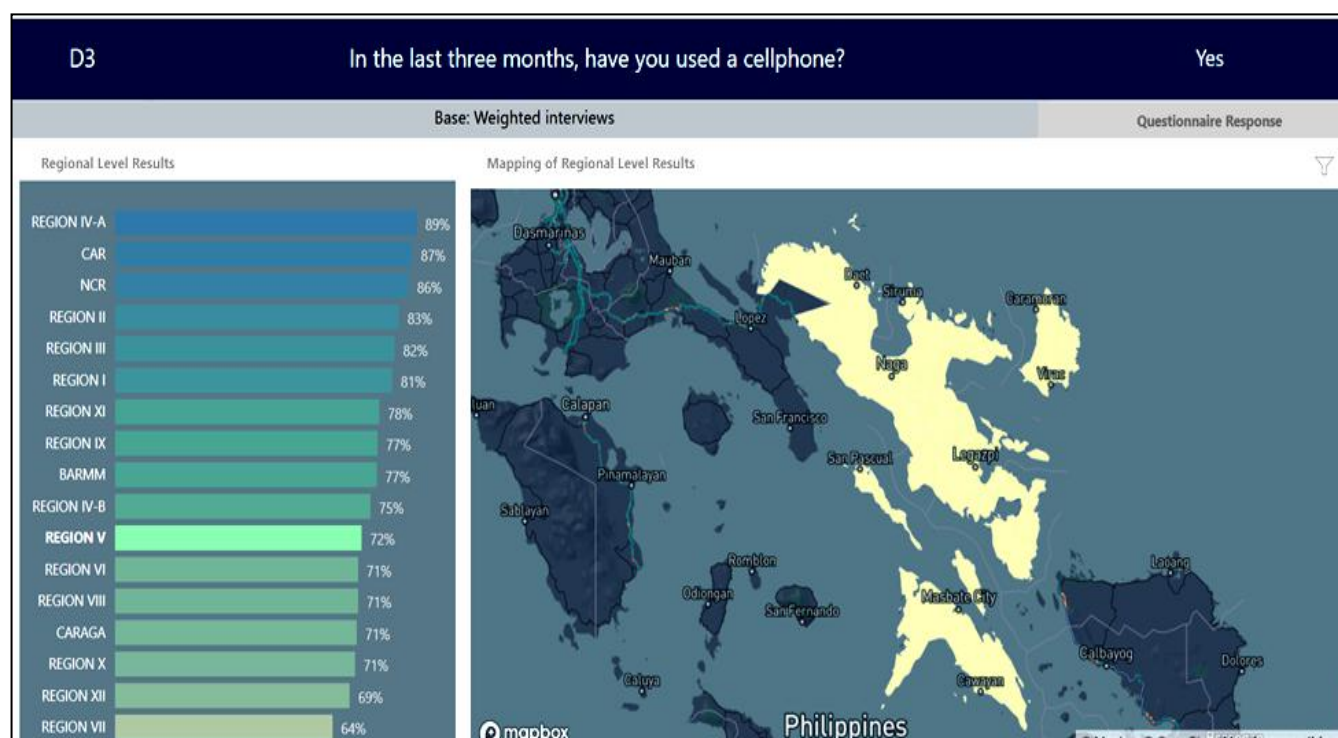
Source: PIDS, 2019

B. TELECOMMUNICATION ACCESS

In terms of telecommunications access, 72% of the *de jure* population in the Bicol Region has access to telecommunication devices in the form of cellphones. The region fared around in the median level in terms of access in relation to other regions of the country (Figure 10).



FIGURE 10. TELECOMMUNICATION ACCESS BY REGION, 2019



Source: *DICT-ICT Household Survey, 2019*

C. TECHNOLOGICAL ADVANCES

As an apex hospital and multi-specialty center, the BMC has engaged in many technological innovations and improvements. Among others, in 2021, the hospital purchased a new 4k laparoscopic tower that enabled hospital surgeons to perform advanced procedures (such as gallbladder, colon, hernia, and thoracic surgeries), through keyhole incisions (band-aid surgery) which is the gold standard worldwide. Also, the BMC is one of the facilities with state of the art design in terms of cardiac and cancer procedures and equipment.

Furthermore, to improve service delivery, the hospital has also modernized the facility's services and processes by adopting the design and installation of an integrated discharge process from access to discharge of patients, adoption of a patient classification system as to the type of discharge planning, computerization of the discharge system and improving customer satisfaction levels. The system was installed in the Obstetrics-Gynecology Department. To monitor changes in the incidence of overstaying, the number of patients who stay beyond what is necessary and the number of days of overstaying was measured.



9. OPPORTUNITIES AND THREATS

The BMC continues to manage secondary cases resulting in a high bed occupancy rate. With the current realities in the Province of Camarines Sur where there is inadequate and maldistribution of public hospitals, the high occupancy rate of Bicol Medical Center leads to overcrowding of patients, long waiting hours, and may threaten an increase in nosocomial infection and further deterioration of services leading to poor patient satisfaction. Primary care facilities such as Rural Health Unit may be able to provide primary care but districts and provincial hospitals are burdened to provide secondary care and navigation patients to higher-level facilities.

The provinces are confronted with a triple burden of disease, while infectious diseases continue to be among the ten leading causes of morbidity and mortality, non-communicable diseases especially life-style related diseases continue to increase, and so with neonatal diseases. Diseases of rapid urbanization and industrialization such as vehicular accidents and other trauma also continue to rise. Emerging and reemerging diseases such as Merscov and now the pandemic Covid-19 that is presently emerging globally now occur as one of the leading causes of morbidity and mortality in the region and the whole Philippines. In addition, the location of Bicol Medical Center being in the Bicol Region is also one source of threat due to the area being a typhoon corridor and presence of other geographic features such as volcanoes and the Pacific Ocean. The BMC is the only public tertiary health care institution in the province.

In contrast, there are a lot of opportunities to speak of with regard to the hospital operation. BMC is capitalizing with the advances in information technology and the financial support coming from different funding agencies such as the Malasakit Center and PhilHealth. The hospital was also able to establish linkages and partnerships with other government agencies, NGO's and organizations. The positive progress in the legal issues of the DOH-BMC donated lot in Cadlan, Pili also presents an invaluable opportunity to develop it further to the advantage of the institution.



Chapter 3

INTERNAL ANALYSIS

A. SERVICE CAPABILITIES & ACCESS MARKERS

The details of the service capabilities and access markers provided in this portion reflect the licensing classification of HFSRB and designation of the hospital's specialty centers. It distinguishes the services and tabulates data in accordance with the national standards (Table 24).

TABLE 24. BMC'S SERVICE CAPABILITY, 2023

HOSPITAL: Level 3	Services
Clinical services	Emergency Room, Outpatient Department, Dialysis Clinic, Surgical Service, Anesthesia Department, Pediatrics, Obstetrics and Gynecology, Neonatal Intensive Care Unit (NICU), Intensive Care Unit, Physical Medicine and Rehabilitation Unit, Respiratory Unit
Ancillary services	Tertiary Clinical Laboratory, Radiology, Pharmacy, Specialized Diagnostic Services: Computed Tomography, Mammography, Dental - Panoramic
Specialty Centers	
	Brain and Spine Center (BC), Cardiovascular Center (BC), Dermatology Center (BC), Geriatric Center (BC), Infectious Disease and Tropical Medicine Center (BC), Mental Health/ Psychiatry Center (BC), Neonatology Center (BC), Newborn Hearing Screening Reference Center (BC), Physical and Rehabilitation Medicine Center (BC), Poison Control Center (BC), Cancer Center (BC), Regional Orthopedics Center (BC), Renal Care and Kidney Transplant (BC), Trauma and Burn Center (BC)
Additional services	
	Blood bank with additional functions to collect, test and process blood, Ambulatory Surgical Clinic, Molecular Laboratory, Animal Bite Treatment Center, Drug Testing Laboratory, TB DOTS Center



Furthermore, BMC provides general and specialty services and caters to referrals on different clinical areas (Tables 25 and 26).

TABLE 25. LIST OF GENERAL CLINICAL AREAS AND ITS SERVICES

Clinical Areas	Services
1. Internal Medicine	a. Cardiology b. Pulmonology c. Neurology d. Oncology e. Hematology f. Gastroenterology g. Endocrinology h. Rheumatology i. Dermatology j. Nephrology k. ESRD l. Poison Control m. Infectious and Communicable Disease
2. Surgery	a. General Surgery b. Head and Neck and Cancer Surgery c. Kidney Transplant Surgery d. Thoracic Cardiovascular Surgery e. Neurosurgery f. Urology g. Hepatobiliary Surgery h. Colorectal Surgery j. Plastic and Reconstructive Surgery i. Pediatric Surgery k. Minimally Invasive Surgery
3. Obstetrics and Gynecology	a. General OB and Gyne b. Perinatology c. Infertility, Reproductive Endocrinology and Menopause d. Trophoblastic Diseases e. Oncology f. Sonology g. Infectious h. Minimally Invasive Surgery i. Adolescent Gynecology j. Teen Wellness and Gynecology
4. Pediatrics	a. General Pediatrics b. Neonatology c. Neurology d. Cardiology g. Poison Control h. Ambulatory Pediatrics i. Nephrology
5. Anesthesia	a. General Surgery (open and minimally invasive) pediatric surgery, thoracic, urology, otorhinolaryngology, obstetrics and gynecology, ophthalmology, & orthopedics. b. Neurosurgery c. Transplant Anesthesia d. Cardiovascular Anesthesia e. Non-operating room anesthesia (Endoscopy, ABR, Brachytherapy, MRI, CT Scan, EBRT, Bronchoscopy, & BMA) f. Ambulatory Anesthesia g. Inpatient and Outpatient (Cancer Center) Pain Management h. Difficult Airway Management i. Critical Care (PACU)

**TABLE 25. LIST OF GENERAL CLINICAL AREAS AND ITS SERVICES** *(continued)*

Clinical Areas	Services
6. Laboratories & Pathology	a. Clinical Laboratories b. Anatomic Pathology/Autopsy c. Blood Bank & Transfusion Services d. Molecular Laboratory
7. Radiology	a. CT-scan b. X-ray (Stationary Images & Fluoroscopy) c. Ultrasound d. Mammography e. MRI
8. ENT	a. General ENT b. Otology/Audiology c. Rhinology d. Laryngobronchoesophagology e. Head and Neck Surgery f. Craniomaxillofacial, Plastic and Reconstructive Surgery
9. OPD Services	a. Ambulatory Surgery b. Animal Bite Treatment Center c. Bacteriology d. Adolescent and Youth Reproductive Health e. Major and Specialty Clinics f. Dental Medicine - General Prophylactic, Reconstructive, and Pediatric Dentistry g. PMDT/ TB-DOTS h. Drug Testing i. Occupational/Industrial Clinic j. Integrative Medicine & Acupuncture Clinic k. Ophthalmology l. Senior Citizen Clinic m. Smoking Cessation Clinic n. Prenatal & Family Planning o. Other services from the Clinical Departments

TABLE 26. LIST OF SPECIALTY CENTERS AND ITS SERVICES

Specialty Centers	Services
1. Cardiac Center	a. Cardiac Catheterization (Diagnostic and Interventional) b. Cardiac Intensive Care c. Cardiovascular Surgery and Post-Anesthesia Care Unit d. Non-Invasive Test (Cardiovascular Echo, Stress Test, Ambulatory Blood Pressure Monitoring, Holter Test, ECG)
2. Cancer Center	a. Screening and Diagnostics b. Multidisciplinary Cancer Management c. Pain Management (Anesthesia) d. Palliative/Hospice Care (OPD) e. Tumor/Cancer Registry f. Other Medical Services (Blood Transfusion/Correction of Electrolyte Deficiency, neutropenia, etc.)
3. Mental Health / Psychiatry	a. Psychiatric Consultation and Treatment b. Alcohol and Substance Detoxification c. Residency Training Program and Practicums d. Neuro-psychological Test and Evaluation e. Social Services + (Home Conduction, Family Support Group) f. Pharmacy



TABLE 26. LIST SPECIALTY CENTERS AND ITS SERVICES *(continued)*

Specialty Centers	Services
4. Orthopedic Center	a. General Orthopaedic Surgery and Traumatology b. Spine Orthopaedics c. Hand and Microvascular Surgery d. Hip and Knee Arthroplasty e. Diabetic Foot and Wound Care Clinic f. Musculoskeletal Tumors g. Pediatric Orthopedic and Limb Deformities h. Sports Medicine and Arthroscopy Clinic
5. Neonatology Center	a. Neonatal Intensive Care Unit – Level III b. Neonatal Intensive Care Unit – Level II and Level I c. Outborn NICU in Pediatric Intensive Care Unit d. Early Essential Newborn Care e. Kangaroo Mother Care/Care for Small Baby Ward f. Mother and Infant Area g. Rooming-In Ward h. Sick Neonatal Ward (Outborn) i. Neonatal Transport System j. Human Milk Bank k. Multi-specialty and subspecialty services l. Complex Surgical Procedures m. Expanded Newborn Screening n. Newborn Screening Continuity Clinic at OPD o. Newborn Hearing Screening p. Critical Congenital Heart Disease Screening (CCHD) q. High Risk Clinic
6. Renal Care & Kidney Transplant	a. Kidney Transplant (Transplantation and Organ Procurement Services) b. Hemodialysis c. Peritoneal Dialysis Unit d. End-Stage Renal Disease (ESRD)
7. Newborn Hearing	a. Newborn Hearing Screening (Otoacoustic Emission) b. Automated Auditory Brainstem Response (AABR) c. Auditory Brainstem Response (ABR) and Auditory Steady State Response (ASSR) d. Pure Tone Audiometry/Speech Test e. Play Audiometry f. Tympanometry
8. Dermatology	a. Phototherapy b. Skin Punch Biopsy c. OPD Consultation
9. Physical Rehabilitation Medicine	a. Medical Consultation b. Physical Therapy Treatment c. Occupational Therapy Treatment and Advocacy Programs d. Occupational Therapy Services (ADL/I-ADL retraining, Pediatric Occupational Therapy, Basic Swallowing Intervention, Hand and Wrist Splinting)
10. Poison Control Center	a. Clinical Management of Poisoning b. Urine Drug Testing Laboratory c. Poison and Drug Information Hotlines d. Adverse Drug Reaction Monitoring Services e. Toxicovigilance f. OPD Clinic g. Community Involvement
11. Geriatric	a. Geriatric Clinic (OPD Consultation) b. Acute Geriatric Management

TABLE 26. LIST SPECIALTY CENTERS AND ITS SERVICES *(continued)*

Specialty Centers	Services
12. Trauma and Burn	a. Management of all difficult and complex, multiply injured trauma and burn patients b. End referral for all trauma and burn patients within the Bicol region c. Several Highly Specialized Multidisciplinary Teams that are on 24 hours hospital coverage (General Surgeons, Orthopedic Surgeons, Plastic Surgeons, ENT, Ophthalmologists, Neurosurgeons, Internists, Cardiologists, Pulmonologists, Intensivist, Pediatricians, Pediatric Surgeons, TCVS, Toxicologist, Rehabilitation Medicine d. Trauma and Burn Patients' Care and Research e. Advance Ambulance Services within the Bicol Region
13. Infectious Disease and Tropical Medicine/ERIED	a. Emerging and Re-emerging Infectious disease management (Covid-19, Monkeypox, Meningococemia, Diphtheria, Pertussis, Measles) b. Pop-up Molecular Laboratory (Confirmatory test for SARS-CoV-2)
14. Brain and Spine	a. Craniectomy b. VP Shunting c. Bilateral Frontal Ventriculostomy d. Tube Ventriculostomy e. Clipping of Aneurysm f. SONTAGG procedure g. Application of Crutchfield Cervical Spine Traction h. Craniotomy

Finally, the Special Services available at BMC are the following are enumerated as follows:

Blood Bank - The hospital is a National Voluntary Blood Services Program Awardee in Quality Management in 2008, able to cover the blood requirements of patients and other hospitals in the Bicol Region, even extending its services to the Bicol Red Cross. Active voluntary blood donation program with the LGUs, including blood screening, serology, and cross-matching.

Women and Child Protection Unit - This is for abused women and children. The unit is under Pediatrics, OB, and Social Worker.

Bacteriology Laboratory- Regional Referral Laboratory for Fastidious Organisms as conferred by the Research Institute of Tropical Medicine, 2007. Blood, CSF, urine, and stool cultures; gram stain, AFB smear.

Human Milk Bank - it was the first Human Milk Bank established in the Bicol Region in 2015. Its equipment was donated by Rotary Club International, Rotary of Daejun Korea, Rotary Club of Timog, and Rotary of Naga. The BMC Human Milk Bank is vital in the survival of preterm babies in the Neonatal Intensive Care Unit (NICU). It is where donated human milk is collected, screened, processed, stored and distributed to newborn babies in need. Mothers with a newborn blessed to have breast milk oversupply to donate to the BMC's Human Milk Bank.



Professional Education Training and Research Unit - BMC provides learning and development interventions for all its employees and accepts trainees from other institutions to enhance the competencies necessary for their job roles. The Center has a Research Technical Review Committee (RTRC) and Research Ethics Committee (REC) (currently working on its accreditation) that ensure publishable research. The BMC as a teaching/training and research institution as mandated under Republic Act 8053 section 2, admits interns /students in and but not limited to Nutrition & Dietetics, Physical Therapy, Pharmacy, Medical Technology, Radiologic Technology, Nurses, Midwifery, and Medicine. BMC personnel who are experts in their field contribute to the learners as resource person/learning service providers during any learning situation.

Infection Control - Hospital infection control advocacy, measures, intervention, and hospital surveillance monitoring.

HEMS - The Health Emergency and Medical Services provide Basic and Advanced Life Support training, emergency and disaster preparedness, and response.

Public Health Unit - technical assistance team for health education and advocacy.

HACT- HIV screening and counseling and treatment hub.

DOH Botika - It is an out-patient pharmacy that serves outpatients and the general public

Malasakit Center - one-stop service center to expedite processes and provide services relevant to the financial needs of patients.

Payward Services- In accordance with the Universal Health Care Act of 2019, the BMC is allocating 10% of its beds to pay accommodations that will be established in the 8th Floor of the 8-Storey General Ward.

B. PHYSICAL RESOURCES

Bicol Medical Center is strategically located in the region's center for trade, business, education and culture, the City of Naga, in a sprawling 5.38 hectares of land in Concepcion Pequeña duly owned and registered under the Ministry of Health. While its psychiatric ward is located in 32 hectares of donated land from the state of Don Susano, J. Rodriquez was already ruled out for titling under the Bicol Medical Center, Department of Health once the Certificate of Finality was received from the Supreme Court.



In 2013, the Bicol Medical Center had been a recipient of various infrastructure and development projects of the Department of Health's Hospital Modernization Program, namely: 1. Construction of 8-storey General Ward Building; 2. Design and Build of 5-storey E.R. and Diagnostic Complex Building; 3. Design and Build of Cancer Center Building.

The modernization of the physical facilities continues with additional infrastructure and development projects, namely: 1. 2-storey Dietary Building with Mezzanine and Equipment; and 2. Construction of Various Psychiatric Facilities at the Psychiatry Department in Cadlan, Pili, Camarines Sur.

BMC Cancer Center

The 4-storey BMC Cancer Center, the first in Bicol Region was inaugurated last June 18, 2019, and is equipped with high-end and state-of-the-art medical equipment that continuously delivers comprehensive cancer care. The first floor includes diagnostic and treatment areas with Linear Accelerator, Brachytherapy and CT Scan. As of December 2021, this benefits more than 10,000 cancer patients in the region.

5-Storey Emergency Room and Diagnostic Complex Building

The 5-story building was inaugurated in 2018 composed of the Emergency Room for Medical, Surgical, Ortho, and ENT cases, some Administrative Offices, several Specialty Centers, Executive Offices, Training Offices including the Research Ethics Committee and the Auditorium that has become the venue for training and conferences, including the Covid-19 vaccination program. The area has a wide space that can accommodate all stages of vaccination activity, with good ventilation, stable power and water supply, and where infection control measures can be observed.

8-storey General Wards Building

The upper ground of the 8-storey General Wards Building has the Laboratory, Radiology, Pharmacy, Social Services, and Central Supply Unit. The 2nd floor houses a 33-bed ICU complex (PICU, SICU, MICU, ASU, Gynecology, CCU), Cardio-Pulmo-Neuro Laboratory, and Endoscopy Unit. The 3rd floor is currently occupied by the Operating Room Complex, PACU, Surgery, and Anesthesia offices. The 4th floor has 120 beds dedicated to ENT, Dental, Ophtha, Surgery, and Orthopedic ward. The 120 beds on the 5th floor are for the Pedia and OB-Gyne Wards while the 120 beds on the 6th floor are now occupied by the Medical Ward. The 7th floor is practically completed and the 8th floor is now for completion. Other services like the OB, Pedia, OB-ER, CD, ESRD, and old OR remained in the old buildings which presently need renovations, with some needing new construction.

2-Storey Dietary Building

It was inaugurated in December 2019 and now in full operation, providing meal services, diet counseling, food storage, among others.



Construction of Various Psychiatric Facilities

The psychiatric facilities were completed in 2019 and were inaugurated on February 17, 2020, with the following components: 200-bed capacity Male Ward, Outpatient Department, Dietary Section, Laundry, and Linen Section and improvement of the road network, among others.

B. 1. Financial Information

The construction of various facilities was funded by the national government and the Department of Health Health Facility Enhancement Program (HFEP) appropriated and allocated to the hospital. There is an increase in the Personnel Services (PS) due to the implementation of Salary Standardization Law and increase in the number of plantilla personnel because of the increase in bed capacity (see C. Human Resources).

The 2021 allocation for PS included the released Agency Personnel Benefits amounting to P 142.134M. A notable increase in MOOE from 2021 to 2022 was also noted (Table 27).

TABLE 27. 7-YEAR COMPARATIVE BUDGET ALLOTMENT, INCLUDING CAPITAL OUTLAY DETAILS

GAA	Allotment						
	2017	2018	2019	2020	2021	2022	2023
PS	580,249,122	713,563,553	829,931,781	870,605,995	1,023,186,784	979,420,000	1,107,139,000
MOOE	177,145,521	98,402,169	84,099,918	87,443,934	229,445,135	351,266,000	453,602,000
CAPITAL OUTLAY	-	260,078,000	-	-	20,000,000		287,851,000
TOTAL GAA	757,394,643	1,072,043,722	914,031,699	958,049,929	1,272,631,919	1,330,686,000	1,848,592,000
HFEP							
Medical Equipment	100,600,000		268,400,000	230,000,000	69,000,000	50,000,000	
Motor Vehicle			2,500,000				
Infrastructure	126,800,000		20,500,000	65,000,000		95,000,000	98,000,000
TOTAL	227,400,000	-	291,400,000	295,000,000	69,000,000	145,000,000	98,000,000

Source: *BMC Financial Report, 2023*

Accordingly, augmentation for maintenance and operating expenses for hospital operations and capital outlay not funded from GAA and HFEP were also sourced from hospital income which is composed of an average of 70% Philhealth reimbursement. Although there was a decrease in income collection in 2020 because of the pandemic, there is an improvement in 2021 and 2022 which includes collection of prior year's receivable including COVID claims (Table 28).

**TABLE 28. 6-YEAR COMPARATIVE HOSPITAL INCOME**

Nature of Income	2017	2018	2019	2020	2021	2022
Income	152,315,967.40	326,113,743.35	475,515,020.17	341,513,613.35	430,882,277.09	785,274,004.46
PHIC	96,532,724.90	248,992,616.75	253,992,293.78	271,673,239.33	307,943,623.74	457,338,274.47
Collection						
HI	55,783,242.50	77,121,126.60	218,774,316.39	68,876,197.65	112,425,733.30	324,386,081.20
PCSO			2,748,410.00	964,176.37	10,512,920.05	3,549,648.79
Revolving Fund	57,682,176.30	43,331,879.16	42,708,958.11	74,289,875.14	34,619,367.22	99,776,246.70
PHIC Medicines	33,416,673.52	32,271,648.60	30,182,222.27	52,732,458.22	26,450,086.43	48,828,864.99
Pharmacy/RF	24,265,502.78	11,060,230.56	12,526,735.84	21,557,416.92	8,169,280.79	50,947,381.71
TOTAL	209,998,143.70	369,445,622.51	518,223,978.28	415,803,488.49	465,501,644.31	885,050,251.15

Source: *BMC Financial Report, 2022*

Bigger chunk of income was primarily utilized for direct patient care. It also augments the increasing cost of operations which includes hiring of Job-Order Workers, gasoline and utilities, security, janitorial and environmental services, including procurement of medical equipment, data center and other infrastructure projects. With the increasing number of patients coupled with increase in prices, hospital income is vital in ensuring that the continuous delivery of services to clients and improvements of the hospital including equipping of wards and Specialty Centers are provided.

B.2. Capital Outlay

As adopted from the floor plan service areas of HFSRB, the total floor area of the BMC is highlighted in Table 29. It can be noted that the buildings with the highest number of percent shares are the 8-Storey General Wards and the 5-Storey ER and Diagnostic Complex.

TABLE 29. BMC'S SERVICE AREA

PHYSICAL DISTRIBUTION		
Building Number	Building Name	Total Floor Area of the Bldg (sq.m.)
1	8-Storey General Wards Building	52,960.00
2	5-Storey E.R. and Diagnostic Complex Building	6,547.00
3	Old Surgery Wards, OB-Complex, Histopathology & Library	1,179.00
4	Old Surgery Wards, OB-Complex, Histopathology & Library	2,306.80
5	New Dietary Building	1,084.00
6	Payward 1 to 3	2,591.87
7	Old Surgery Office, OB Office and Amphitheater	901.82
8	Old Ortho Wards, Pedia Wards and Auditorium	2,575.95



TABLE 29. BMC'S SERVICE AREA *(continued)*

PHYSICAL DISTRIBUTION		
Building Number	Building Name	Total Floor Area of the Bldg (sq.m.)
9	Old OR/RR, Delivery Room and NICU	1,593.76
10	Old CMPS, ENT, Infection Control and Pedia Office	359.21
11	ERMA Building	1,882.00
12	OB Annex and Radiology	779.40
13	Linen and Laundry Building	192.00
14	Maintenance/ Engineering Building	735.30
15	CSSU	146.00
16	OPD	2,080.20
17	Supply, Accounting, and Budget Office	716.00
18	Male Dorm (Isolation Quarters)	188.00
19	Female Dorm	188.00
20	New Overhead Concrete Elevated Water Tank	256.00
21	Old Overhead Concrete Elevated Water Tank	36.00
22	Overhead Steel Elevated Water Tank	45.00

In addition, in terms of outlay categorization, the capital outlays of the BMC have been sorted out through its infrastructure, equipment and other outlay as components. This dates back from CY 2022 to CY 2023 (Table 30).

TABLE 30. CY 2022-2023 INFRASTRUCTURE, EQUIPMENT AND OTHER OUTLAY DETAILS

Name of the project and brief description of the project	Year project was awarded	Target date of project completion	Funding body	Service area the project is intended for
Construction of 5-Storey Renal Center	2023	2025	ADB Loans	The project includes the 5-storey renal care and transplant center and it would expand services to the patients with renal diseases.



TABLE 30. CY 2022-2023 INFRASTRUCTURE, EQUIPMENT AND OTHER OUTLAY DETAILS
(continued)

Name of the project and brief description of the project	Year project was awarded	Target date of project completion	Funding body	Service area the project is intended for
Construction of 8-Storey Maternal-Pedia-Neonatal Center	2023	2026	ADB Loans	The project includes the 8-storey construction of Maternal, Child and Neonatal integrated in one OB Complex since the mother and the new-born cannot be separated right after delivery. Thus, they must be closer to one another.
Construction of Cancer Center (Phase 1)	2023	2025	ADB Loans/ GAA	The project includes construction of a cancer institute for medical/surgical/diagnostic/palliative care to accommodate the Cancer Diagnostic Services.
Brain and Spine & Physical Rehab Medicine	2023	2024	Hospital Income	To cater to the neurological cases, including those undergoing rehabilitation therapy.
Construction of 8th Floor (8-Storey Building)	2023	2024	HFEP	To serve as a payward service as mandated by the UHC Law (10% at least)
Repair of Female Psychiatric Ward	2023	2023	Hospital Income	To improve the psychiatric services as part of the Mental Health Specialty Center establishment.
OB Building Repairs	2023	2023	Hospital Income	To renovate the unserviceable areas in the OB Department.
128-Slice CT Scan System	2023	2023	Hospital Income	To provide CT-Scan system with larger volume coverage and shorter examination times. This is specifically useful in cardiac studies.
Repair and Improvement of Lobby of 8-Storey Building	2023	2023	HFEP	Intended to generally improve the hallways and other damaged areas of the 8-storey general wards.



TABLE 30. CY 2022-2023 INFRASTRUCTURE, EQUIPMENT AND OTHER OUTLAY DETAILS
(continued)

Name of the project and brief description of the project	Year project was awarded	Target date of project completion	Funding body	Service area the project is intended for
Construction of 7th Floor (8-Storey)	2022	2023	HFEP	To serve as a new surgery wards
Equipping of 7th Floor of the 8-Storey Building	2022	2023	HFEP	This caters to the related surgery ward equipment.
Infectious Waste Treatment Facility with Housing	2022	2023	ADB-UNOPS	To treat all the medical waste generated by the hospital.
16-Slice CT Scan	2022	2023	ADB-UNOPS	To augment the services of the existing CT-Scan and provide expanded patient coverage.
L300 Mitsubishi Reefer Van	2022	2023	OCD	To serve as a transport vehicle of the hospital's cadaver.

C. HUMAN RESOURCES

The BMC is a fully departmentalized tertiary hospital with 136 active consultants who are PMA members, diplomates, or fellows of their respective specialty and subspecialty societies. Some visiting consultants provide additional expertise. Currently, the BMC has a total of 2824 authorized plantilla positions vis-à-vis a 1000-bed capacity hospital. Table 31 shows that 70% of the plantilla positions are filled up. Out of the authorized medical positions, 49% are filled up, nurses – 71% and 88 % are support and other allied positions. To cope with the high Bed Occupancy Rate, (BOR), the current staffing is being augmented by Job Order Workers (JOW). As of December 31, 2022, BMC has a total of 730 JOWS.



TABLE 31. PLANTILLA POSITION BY CATEGORY, NUMBER OF FILLED AND UNFILLED POSITIONS AS OF DECEMBER 31, 2022

PLANTILLA	TOTAL	FILLED	UNFILLED	PERCENT FILLED
Doctors including Dentists	754	370	384	49%
Nurses	826	589	237	71%
Others	1,244	1,026	218	82%
Total	2,824	1,985	839	70%

Despite the available manpower resources, there are some impediments in the filling up of nurses and doctors. As pandemic eases, more Filipino nurses are seeking to work abroad because of higher salaries and hiring becomes more aggressive than before, putting the Philippines including BMC in a tight spot because of increasing attrition rate. Moreover, because of the pandemic, newly graduated and licensed nurses have no or little exposure to clinical nursing practice. Thus, hospitals require higher allocation for training and more exposure to general wards before they can be assigned in specialized areas. Moreover, there is a shortage in the number of medical doctors in the Philippines particularly in the Bicol Region. There is an inadequate number of graduates and a wide disparity of doctors in big cities and in provinces resulting in a lower rate of filled positions (see Figure 5).

D. ORGANIZATIONAL RESOURCES

The BMC's Executive Committee is responsible for the overall administration and management of the hospital. It formulates policies, plans, programs, and strategies to ensure standardization of the care process to improve quality health services and capability building of medical and allied health personnel. It takes charge of the day-to-day supervision and maintains good governance practices. BMC is composed of six (6) services: Medical, Specialty Center, Nursing, Hospital Operation and Patient Support Services, Allied Health Professional Service, and Finance Services.

The **Medical Services** is responsible for providing quality inpatient and outpatient care and high standards of clinical training for medical personnel; provision of ancillary health services to patients; promoting research activities; implementing of clinical resource management system; and advising and assisting the Medical Center Chief in the formulation and implementation of policies, plans, and programs of the hospital.



The **Specialty Center Services** provides specialty services including Cancer, Neonatology, Mental Health/Psychiatry, Newborn Hearing Screening, Orthopedics, Poison Control, Cardiovascular, Infectious Disease & Tropical Medicine /EREID, Trauma and Burn, Physical Rehabilitation Medicine, Dermatology, Renal Care and Transplant, Geriatric, and Brain and Spine.

The **Nursing Services** is responsible for implementing nursing programs for total quality health care; providing continuous nursing care to medical cases; and developing, coordinating, and implementing relevant training programs for nursing personnel.

The **Hospital Operations and Patient Support Services** provide administrative services relating to human resource management, administrative records management, procurement, materials management, engineering and facilities management, and security.

The **Finance Services** provide financial services relating to budgeting, accounting, cash operations, billing, and claims. It provides the management with accurate, timely, and reliable Financial Reports.

The **Allied Health Professional Services** provide services for the Health information Management Department, Nutrition & Dietetics Department, Medical Social Welfare Department, and Pharmacy Department.

In addition, the BMC has an established quality management system that provides the requirements in accordance with the international standard that applies to all functions in the hospital from the management processes to the delivery of patient care and support services. BMC has been ISO Certified (ISO 9001:2008) since 2014 and at present BMC is certified with the new standard (ISO 9001:2015) up to June 2023. The Center started its PGS journey in January 2019 and was awarded the Gold Trailblazer Award for both its Initiation and compliance Stage. It was able to translate its vision, mission, and values into its specific agency roadmap showing directions of the Center to achieve its mandates in accordance with the Fourmula OnePlus for Health and Universal Health Care.

Also, the BMC is one of the few hospitals to make the Integrated Hospital Operations and Management Information System (IHOMIS) developed by DOH functional. It is being maintained and customized by BMC IHOMP Unit to suit the center's needs and continually upgrade functionality and security. Other than the required DOH modules, BMC has also formulated other information systems that will help in its day-to-day transactions to further improve processes, and monitor and analyze data. These include Modules 1, 2 and 3 (See table 8 below) and the (1) Electronic Customer Satisfaction Survey (Online); (2) Electronic Customer Satisfaction Survey Android App (Offline – for areas with no WiFi coverage); (3) Human Resource Information System (HRIS - Payroll and Leave Module) (4) HRIS - Recruitment and Placement Module (5) Material Management Information System (MMIS-RIS Module). BMC IP-Telephony was also introduced and made functional (Table 32).

**TABLE 32. THE MODULE ON MANAGEMENT INFORMATION SYSTEM**

Module	Service Areas	Additional Features/Reports (BMC)
Module 1-Basic	Admitting/Discharge	Bed, wrist, chart tags, and watchers ID Printing, Watchers Monitoring, Discharge TAT monitoring (by ward, by Service), LOS monitoring (by ward, by service), ALOS Report (by ward, by service), Admission and Discharge Registry, Admission Logbook, Discharge Logbook, Admitting TAT with Adm Clerk performance Report, In-Patient Disposition by Accommodation
	Billing	Billing Console with monitoring and tagging, Checking of digitized billing attachment, Billing Report of Discharge (ADM, OPD, ER), Billing Report (by Type of Charge, by Type of Account), PHIC Quarterly Mandatory Report
	Cashier	Collection and Deposit Report, Summary of Collection by type of account, Schedule of Doctors Fee Report, Summary of Doctors Fee Report
	PHIC	Enrollment Console, Clearance and CF4 monitoring Console, Claim Processing Console, Transmittal Console, Transmittal Logbook, PHIC Monthly Mandatory, PHIC Processing TAT
	MSS	MSS Console, MSS Logbook, Fund Source Utilization, PREXC Report, MSS Class by Demographic, MSS Staff performance report. Fund source utilization by type of charge, Malasakit Center Queuing System
	Medical Records	ICD10 Coding Console, Receiving of In-Patient Clinical Chart with TAT, Records Lock, Digitized In-Patient Clinical Chart, Blacklisting chart borrower, Death Register, Medical Certificate Issued, Admission List Report, Discharge List Report, Adm Data for Extraction, Chart TAT Report, Scanned Clinical Chart Uploaded Report, Clinical Chart Viewer Logs Report
	OPD (Patient Registration)	Out-Patient Logbook
	ER (Patient Registration)	Emergency Room Logbook
Module 2-Regular	Laboratory	Integrated with LIS, Laboratory Logbook, OPD Lab Census, ER Lab Census, ADM Lab Census, Blood bank Summary of Charges Report, Receiving of Lab eRequest
	Radiology	Radiology Logbook, Examination by Type of Accommodation, Radiology Diagnostic Report, Radiology TAT Report, Integrated with RIS
	Pharmacy	On-Line Prescription, Tagging of Disposition of Unavailable DM, Notification for low stock balance, Patient Acct Status Tracking, Filled prescription Report, Unfilled Prescription report, DM Issuance (by Ward, By Service, by Age Group, by Accommodation), Walk-in Issuance Report, DM Stocks Reorder Monitoring, Staff Performance Report, DM Graphical Report, Canceled CS Report, Deliveries Report, Replenishment Report, Returned Drugs, Summary of for EP Medicines, List of DM for Preparation, List of DM for Prescription
	Central Supply	Patient Acct. Status Tracking, CSR Issuance Report, Issuance of Medical Supply (by Ward, by Service)



TABLE 32. THE MODULE ON MANAGEMENT INFORMATION SYSTEM *(continued)*

Module	Service Areas	Additional Features/Reports (BMC)
	Operating Room	Uploading of OR Documents for billing and claims purposes, DM Issuance Report, Medical Supply Issuance Report
	Delivery Room	Uploading of DR Documents for billing and claims purposes, DM Issuance Report, Medical Supply Issuance Report
	Out-Patient	Queuing System, Out-Patient Console, Patient Records, DM Lookup, Viewing of Exam Results, CF4 Integrated, Out-Patient Registry, OPD Consultation Logbook, Patient Served by Service by Age, OPD Served by Demographic, OPD TAT Monitoring, DM Issuance Report, Medical Supply Issuance Report
	Emergency Room	ER Console with 4hrs TAT Monitoring, Patient Records, DM Lookup, Viewing of Exam Results, CF4 Integrated, ER Registry, OPD consultation Logbook, Patient Served by Service by Age, ER Served by Demographic, ER TAT Report, Patient Served by Service by Age, ER Clerk Performance, DM Issuance Report, Medical Supply Issuance Report
	Dietary	Dietary Console, Diet Logs with Patient Account Status, Generation of Diet List, Diet List Report, Daily Meal Census, Diet Counseling Report, Meal Census Summary, Meals Served Summary, Meal Tags, Diet List for Food Server (Android App), Food Served TAT
	Nursing Care (Ward)	Ward Console, with 4 hrs TAT Monitoring, Patient Acct Status Tracking, Receiving/Trans-out of Patient, Patient Records, Charging/Billing, DM Lookup, Viewing of Exam Results, DM Issuance Report, Medical Supply Issuance Report, Discharge Logbook, CF3, and CF4 Integrated, Printing of Ward Forms (Discharge Summary, Clinical Abstract & History Record, Daily Ward Census)
	Cancer Center	iHOMIS (OPD Module, Pharmacy, Billing, Cashier, PHIC)
	Psychiatry	iHOMIS (Admitting/Discharge, Billing, Cashier, PHIC, MSS, Out-Patient, Medical Records, Pharmacy)
Module 3- Advanced (BMC Developed System)	Accounting Section	Electronic National Government Accounting System (eNGAS)
	Medical Social Service	On-Line Assessment Tool
	Customer Satisfaction Survey	Android App for Offline - for areas with no Wifi)
	Online Referral and OPD Appointment System	User Account, Patient Records, Referral List, OPD Clinic Appointment, Message Thread, Appointment/Referral Slip, Reports
	RCC Online Appointment System	User Account Management, Doctors Scheduler, Appointment Management, Uploading of Patient Related Documents. Appointment Slip, Triaging, Reports
	Human Resource Mgt. Section	HRIS - Payrolls, Biometric DTR Leave Processing Modules HRIS - Recruitment, Selection and Placement Module
	Employees Portal	Personal Data Sheet (PDS), 201 Files, COVID Vaccination Status, Attendance and Pay slip Employee Management, Staff Scheduler, Staff Checker, CREC/HEAPS, JOW ID Generator, User Account Management, Document Tracking System

**TABLE 32. THE MODULE ON MANAGEMENT INFORMATION SYSTEM** *(continued)*

Module	Service Areas	Additional Features/Reports (BMC)
	Materials Mgt. Section	MMIS - eRIS (Requisition and Issue Slip) PPE Inventory
	iHOMIS Web	Management Dashboard Doctors Module QR Code Bed Tag OR Scheduler OPD/HIMS Queueing System HL7 iHOMIS - Lifetrack Integration
	Information and Social Media	BMC Website, Facebook, Instagram
Others	Telephony	Cisco Unified Communication System (IP-Telephony)
	Virtual Meetings, Conferences, etc.	Cisco Webex Platform

E. STRENGTHS AND WEAKNESSES

Through the additional increase in manpower in 2022, the BMC was strengthened in terms of service capability. Another strength of the institution is the establishment of 14 specialty centers that expanded its health services. It has become wide-reaching and diverse in the sense that the hospital can cater and perform diagnostics of highly sophisticated diseases such cardiovascular diseases, cancer and neuro-degenerative disorders. In addition, the hospital has also engaged in many innovative programs and best practices making it a regular recipient of different awards pertaining thereto. Moreover, BMC has an existing MOA with PCSO, Office of the President, and Office of the City Social Welfare Development (CSWD) of Naga City providing additional funds for medical assistance to eligible patients, giving more available sources for BMC to ensure responsive, equitable and financial risk protection to the marginalized sector of society in response to Universal Health Care and No Balance Billing Policy.

Further, the hospital was able to maintain its ISO certification, the new certificate was released last December 16, 2020, and it will be valid until June 5, 2023. The certificate's scope pertains to Level 3 Hospital Services' provision, including Dialysis Center, Kidney Transplant Facility, and Oxygen Plant Services. ISO also certified the hospital's Psychiatric Services in the Don Susano J. Rodriguez Medical Memorial Mental (BMC - Department of Psychiatry). BMC is continually improving its services thru compliance to the vital requirements of quality management system in the ISO 9001 standard which includes conduct of documentation review and internal audit, risk management, customer satisfaction survey and feedback mechanisms, performance evaluation and monitoring as well as regular Management Review.



BMC has also adopted the PGS that allows BMC to establish its performance management framework that builds on potential and create future plans through strategies that have the most impact to its patients and stakeholders. BMC was granted Compliant Status with another Gold Trailblazer Award, that highlighted the hospital's continuous strategy implementation and accomplishment of deliverables through multi-faceted and inter-connected approach on its PGS Roadmaps, especially on Patient Care BMC ensuring proper communication and cascading its strategic position to internal and external stakeholders, as well monitoring of its performance in the achievement of its strategies, goals and objectives.

On the other hand, the longstanding weaknesses of the BMC lie in the presence of dilapidated buildings (ERMA & Gabaldon building, Psychiatry Female Ward), inadequate infrastructure and equipment requirements for specialty centers, delayed infrastructure contract implementation resulting in low disbursement rate, unavailability of staffing standard for specialty center, inadequate nurses supply and the unavailability of a more powerful management information system that is commensurate to the 1000-bed capacity hospital. As regards its internal environment, end users are also caught in the delayed preparation of purchase requests and more often than not, the culture of blame is very much an across the board concern in the organization.



Chapter 4

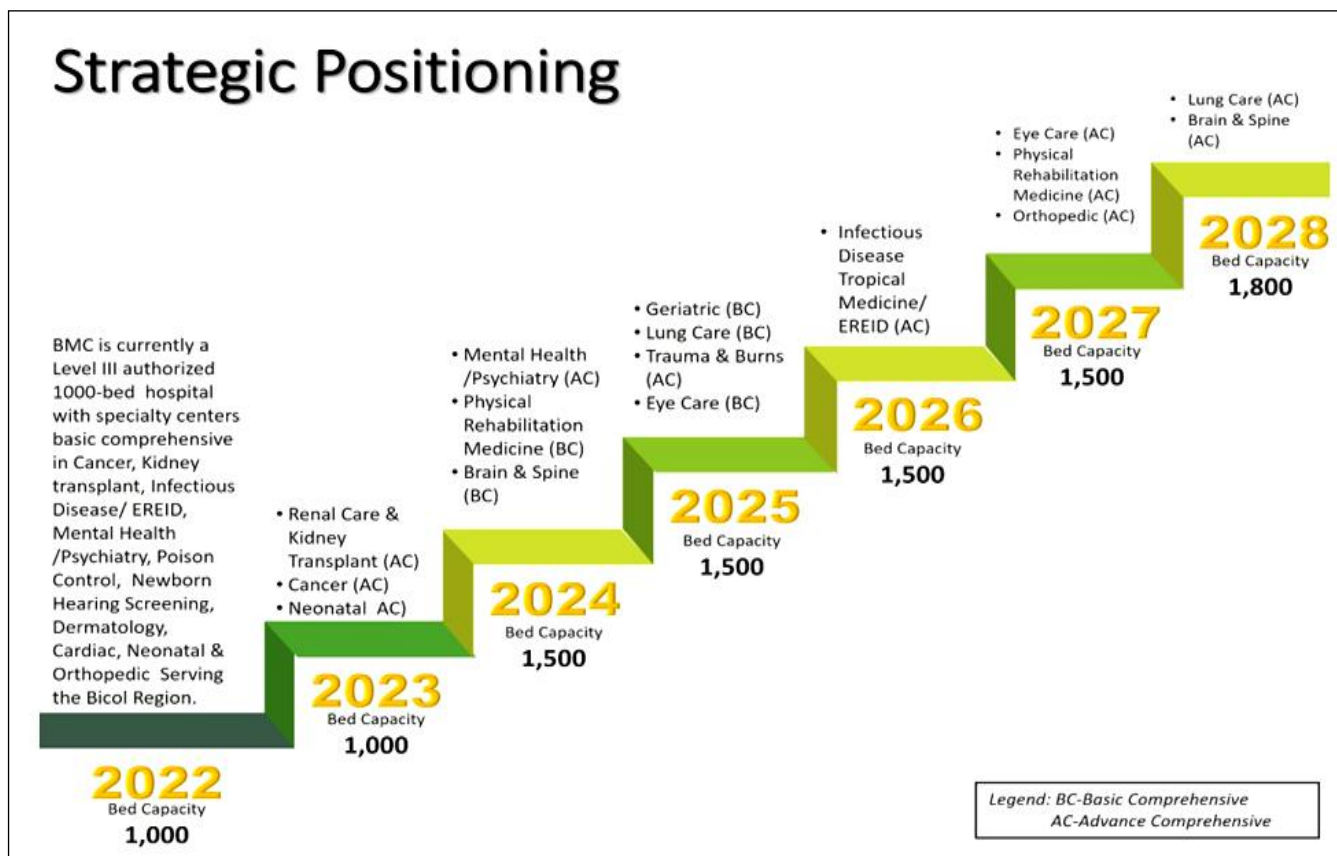
DEVELOPMENT PLAN

A. GOALS AND OBJECTIVES

In the next six years, Bicol Medical Center aims to be a 1800-bed capacity that shall operate with full manpower complement in a properly allocated space and fully equipped specialty centers which provide advanced and basic comprehensive services. The upgrading will be a step-by-step process from 1000 beds, 1500 beds until 1800 beds (see *Table 46, Strategy 2*).

Specifically, the target is full operationalization of 16 specialty centers which is in accordance with the PHFDP 2020-2040. These include Brain and Spine Care, Burn Care, Cancer Care, Cardiovascular Care, Dermatology, Eye Care, Geriatric Care, Infectious Disease and Tropical Medicine, Lung Care, Mental Health, Neonatal Care, Orthopedic Care, Physical Rehabilitation Medicine, Renal Care and Kidney Transplant, Poison Control Center, Trauma Care serving the entire Bicol Region and its adjacent areas (Figure 11). To realize such a strategic position, the BMC will need additional bed allocation enabled by a legislative act and with the necessary DOH support.

FIGURE 11. BMC SPECIALTY CENTER 6-YEAR STRATEGIC POSITIONING



Source: *BMC-OSM, 2023*



Accordingly, with the positioning of specialty centers in the next six years including the baseline specialty centers, the need for a fast and reliable management information system is also one of the support targets worth underscoring in the expeditious discharge of hospital services. The anticipated increase in the workforce and patients will demand efficiency in the execution time frame and that is where a reliable digital infrastructure will come in. The success of quality health care delivery depends largely on its workforce and streamlined digital processes. In 2019, BMC occupancy rate soared to as high as 191%, 164% in 2020, 84.77% in 2021, 88.48% in 2022, and it is expected to rise again in the following years to come due to additional specialty center services, thus, expansion in terms of infrastructure is an imperative.

B. STRATEGY SELECTION

The analysis of the current internal and external environment of BMC led to a better understanding of forces working for or against the carrying out of its mandate, including the opportunities towards the realization of the patient-centered, highly specialized, tertiary Medical Center in the Bicol Region. Findings were illustrated in the SWOT analysis (Table 33).

TABLE 33. BMC'S REVISED SWOT ANALYSIS

STRENGTH	WEAKNESSES
1. DOH Hospital and subsidized by the national government a. Approved 1000 bed capacity b. Additional 740 plantilla positions 2. 89 years of history as a public hospital 3. Resourceful & Dynamic Management a. Supportive BMC management b. Innovative programs c. Shared Decision Making 4. Competent Manpower a. Increase medical specialist / consultants b. Consultants are all PMA members, diplomates or fellows of their respective specialty and subspecialty societies c. Doctors are officers of their respective local and national societies d. Post graduate studies of BMC personnel e. Adequate training opportunities for personnel f. Dr. Raymundo B. Ibarrientos Recipient for Dr. Jorge C. Peralta Memorial Lecture Award/JCP awardee (September,2021) g. Ms. Lina R. Patoc Recipient for DOH commendable award as TWG for 4th edition HIMS manual h. Dr. Elmer Jose Meceda, recognized for having performed the World's 1st Slipped Disc Surgery through the Mouth. i. BMC- Emergency Response Team recipient for CSC- ROV commendable for frontline Government Workers (September 27,2021).	1. Dilapidated buildings (ERMA & Gabaldon building, Psychiatry Female ward) 2. Inadequate Infra and Equipment requirements for specialty centers 3. Management Information System not yet fully implemented resulting in a considerable number of charts being returned to hospital by PHIC, among others. 4. Delayed Purchase Request Preparation by End Users 5. Delayed Contract Implementation for Infrastructure Projects resulting in low disbursement rate 6. Lack of Parking Areas 7. Culture of blame

**TABLE 33. BMC'S REVISED SWOT ANALYSIS** *(continued)*

STRENGTH	WEAKNESSES
j. BMC recipient for DOH Hospital Star Awards "Breaking Barriers of Mediocrity: The Best Pandemic Responders" (November 21,2022) k. BMC recipient for Serbisayong Salud Bicolnon "Best Institutionalized and Established Mental Health Services for the workplace (January 13,2023 5. Established 14 specialty centers a. Basic Comprehensive (Derma, Poison Control, Cardiovascular, Newborn Hearing Screening, Neonatal, Orthopedic, Geriatric, Physical Rehab Medicine and Brain and Spine b. Advance Comprehensive (Renal Care & Kidney Transplant, Trauma & Burns, Infectious Disease Tropical Medicine/ ERIED, Mental Health/ Psychiatry and Cancer c. Approved 1000 bed -capacity d. Sole government psychiatry facility in Bicol e. Telemedicine (Online Referral, appointment and Consultation) f. Pop-up Molecular Laboratory Confirmatory test for SARS-CoV-2 6. Recognized Teaching and Training hospital in Bicol a. Accredited residency programs in departments of Internal Medicine Surgery, OB-Gynecology, Pediatrics, Radiology, Pathology, ENT, Anesthesia, Orthopedic and Psychiatry b. Base hospital of nursing and midwifery schools in Camarines Sur c. Training hospital of medical schools in Bicol d. Affiliation hospital of colleges and universities for Medical Technology, Radiologic Technology, Dietetics and Nutrition, Pharmacy and Physical Therapy 7. PGS and Quality Management System a. ISO 9001:2015 Certified b. PGS Initiation and Compliance Stage Governance Gold Trailblazer c. PRIME HR Maturity Level II Accredited d. PhilHealth Accredited level 3 hospital e. Patient Satisfaction 8. Facilities and Equipment a. New Infrastructure Facilities: 8-Storey, 5-Storey, Cancer Center, Dietary, Psychiatry (ACIS and Male ward), Pop-up Molecular Laboratory and EREID Modular facility/hospital b. Purchase of Vehicles: 3 new fully furnished ambulances, 2 new service ambulances. c. Ongoing construction of Trauma and Burns Center, 7th and 8th Floor of 8-Storey Building d. Continuous investment in clinical equipment	



TABLE 33. BMC'S REVISED SWOT ANALYSIS (*continued*)

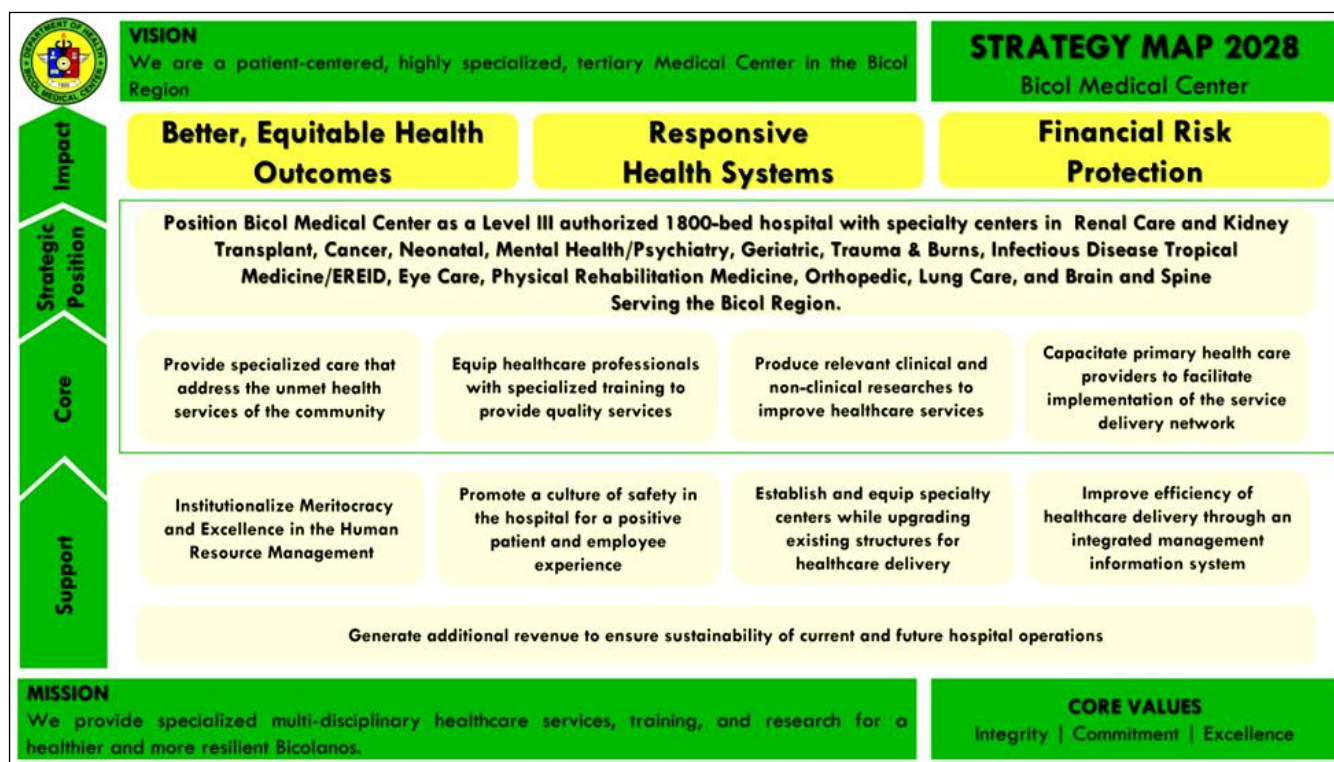
OPPORTUNITIES	THREATS
1. Ongoing upgrading of IT, state – of – the – art technology in equipment, infrastructure 2. Transparent Procurement processes under RA 9184 and the capitalization on the benefits of Consignment, FOI, Accreditation and Licensing 3. Philhealth Point of Care 4. Financial support- Malasakit Center 5. Linkages and partnerships with other government agencies, and NGOs 6. R.A.11478 increase in bed capacity from 500 to 1000, up-grading service facilities and professional health care services 7. Proposed Development of Don Susano- Donated Lot in Cadlan, Pili 8. More research opportunities due to high numbers of patients with varied clinical cases.	1. Continuing lack of responsive bidders and suppliers a. Inability of the suppliers to deliver after award of contract 2. Lack of LGU support for health services in the districts and province 3. Lack of residents in OB, Radiology, Anesthesia, Surgery, Internal Medicines and Pediatrics 4. Complaints and Litigation 5. Continuous “good” rating in the Performance-Based Bonus (PBB) 6. Emerging/ Re- Emerging Diseases and unforeseen emergencies/ calamities 7. High cost of medical equipment and supplies, inflation and devaluation 8. Increasing non-compensated cases 9. Lack of Standard Staffing for Specialty Centers 10. Some departments lack residents on training (e.g. Pediatrics) 11. Better opportunities for nurses abroad (external migration)

C. STRATEGY MAP

As a training and teaching hospital, the BMC's main functions center on the provisions of specialized care, specialized training to provide quality services, relevant clinical and non-clinical research papers and the capacitation of the primary care providers as a concerted measure to establish a health care provider network (HCPN). In terms of ancillary functions, the hospital is committed to maintaining an institutionalized meritocracy and excellence in human resource management, promoting positive culture of patient safety and experience, establishing/improving infrastructure and equipment components, and the investment on digital infrastructure to speed up transaction execution (Figure 12).



FIGURE 12. BMC'S STRATEGY MAP 2023- 2028



Source: BMC-OSM, 2023

D. IMPLEMENTATION AND ACTION PLANS

In order to realize the strategy map commitments, the implementation and action plans of the BMC is geared towards the approaches that focus on the establishment of mandated specialty centers, upgrading of manpower complement with appropriate training, funding of unfunded TRIP 2024-2026 projects (Annex B) and the development of the donated lot in Cadlan, Pili, Camarines Sur (Table 34).

TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028

STRATEGY 1: Establish Priority Specialty Centers in accordance with the DO 2021-0001 and PHFDP 2020-2040.					
ACTION/TASK/ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
1. Preparation of project documents to be presented to the Hospital Executive Committee for approval.	Q1 2023	PowerPoint presentation with complete staff work	Planning & Mgt. Unit	Others: Logistical Requirements	-



TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028 *(continued)*

STRATEGY 1: Establish Priority Specialty Centers in accordance with the DO 2021-0001 and PHFDP 2020-2040.					
ACTION/TASK/ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
2. Preparation for bidding the design and build projects.	Q1 2023	Schematic Design, Technical Specifications, and other relevant Bidding Documents	HOPSS/Planning & Mgt. Unit/ Engineering Dept	Others: Logistical Requirements	-
3. Conduct the Bidding and Awarding for the Design and Build Project	Q1 2023	Design and Build Contract	BAC	-	-
4. Application for Permits and Clearances prior to construction works	Q2 2023	Approved DOH Permit to Construct and LGU Building Permits	HOPSS	Others (Incidental Costs)	10,000.00
5. Commence construction works for the Cancer Care, Renal Care, Maternal-Neonatal and Pedia Care, Brain and Spine Center & Physical Rehabilitation Medicine and Mental Health Center	Q3 2025	Finished Infrastructure	HOPSS/Planning & Mgt. Unit/ Specialty Centers/ Engineering Dept to oversee progress	Infrastructure	Cancer Center Phase 1- 287M Renal Care- 261M Maternal-Neonatal -Pedia Care- 400M Brain and Spine- and Physical Rehab- 85M Mental Health- 6.8M
6. Prepare for the bidding of the respective priority specialty center's equipment.	Q1 2025	Technical Specifications and other Bidding documents	HOPSS/Planning & Mgt. Unit/ Engineering Dept/ Specialty Centers	-	-
7. Conduct the bidding for the above-mentioned equipment	Q1 2025	Delivery and Installation Contract	BAC	-	-

**TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028** *(continued)*

STRATEGY 1: Establish Priority Specialty Centers in accordance with the DO 2021-0001 and PHFDP 2020-2040.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
8. Commence delivery and installation of equipment once Notice to Proceed is awarded to winning bidder	Q3 2025	Presence of delivered and ready-to-use equipment	HOPSS/Planning & Mgt. Unit/ Engineering Dept to oversee progress	Equipment	Cancer Center Phase 1- 426M Renal Care- 134M Maternal-Neonatal -Pedia Care- 97M
9. Application for Occupancy Permit	Q4 2025	Ready to use infrastructure	HOPSS/ Engineer- ing Dept.	Others (Incidental Costs)	5,000.00
10. Commence operation of newly constructed specialty centers	Q4 2025	Operational Specialty Centers	HOPSS	-	-
11. Sustain operations	2026-2028	Operational Specialty Centers	HOPSS/ Planning and Mgt. Unit/ Specialty Centers	Operating Cost (MOOE)	Charged to overall annual GAA for hospital MOOE, to be augmented by income if necessary
12. Complete the establishment of the specialty centers and transform the remaining BC Specialty Centers to ACC accordingly	2026-2028	16 Specialty Centers Established	HOPSS/ Planning and Mgt. Unit/ Specialty Centers	Infrastructure and Equipment	Proposal: At least a collective sum of Php1B for the remaining specialty centers.

STRATEGY 2: Upgrade manpower complement commensurate to 1500 beds & eventually 1800-bed capacity in accordance with DOH-DBM Joint Circular No. 3, s. 2022, including the requisite training.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
1. Preparation of position paper for the proposed 1500-bed upgrading.	Q1 2023	Position Paper approved by ExeCom	Office of the MCC/ OSM/ HRMS	Others: Logistical Requirements	-



TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028 *(continued)*

STRATEGY 2: Upgrade manpower complement commensurate to 1500 beds & eventually 1800-bed capacity in accordance with DOH-DBM Joint Circular No. 3, including the requisite training.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
2. Submission position paper transcript to the DOH for concurrence and necessary endorsement of the Secretary of Health.	Q1 2023	Endorsement Letter from the DOH-HFDB	Office of the MCC/ OSM/ HRMS	Others: Logistical Requirements	-
3. Furnish the concerned legislator a copy of the position paper for Authorship through a courtesy meeting.	Q1 2023	Response letter of authorship commitment from the concerned Legislator	MCC	Others (Incidental Costs)	5,000.00
4. Follow-up with the DOH the status of upgrading request.	Q2 2023	Response Letter from the DOH Legislative Liaison Division	Office of the MCC/ OSM/ HOPSS- HRMS	Others: Logistical Requirements	-
5. Monitor resolutions/bills in the 19th Congress for possible inclusion in the 1st Reading.	Q3 2023	Copy of the draft resolution/bill	Office of the MCC/ OSM/ HOPSS- HRMS	Others: Logistical Requirements	-
6. Once included, attend House of Representatives' Deliberation with DOH Officials to defend the position paper.	Q3 2023	Deliberation Updates/ MOM from the DOH- Legislative Liaison Division	MCC	Others (Incidental Costs)	5,000.00
7. Once it becomes an enrolled bill, wait for the transmittal to the Office of the President for approval.	Q4 2023	Copy of the En-rolled Bill online	Office of the MCC/ OSM/ HOPSS- HRMS	Others: Logistical Requirements	-
8. Once enacted into law, prepare and draft the IRR to be submitted to the DOH-HFDB.	Q4 2023	Copy of the RA	Office of the MCC/ OSM/ HOPSS- HRMS	Others: Logistical Requirements	-

**TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028** *(continued)*

STRATEGY 2: Upgrade manpower complement commensurate to 1500 beds & eventually 1800-bed capacity in accordance with DOH-DBM Joint Circular No. 3, s. 2022, including the requisite training.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
9. Once the IRR is approved, request the DBM, through the DOH Central Office, accordingly for the increase in manpower complement of 1500.	Q4 2023	Copy of the IRR	Office of the MCC/ OSM/ HOPSS- HRMS	Others: Logistical Requirements	-
10. Commence hiring and training of the additional manpower.	Q1-Q2 2024	DBM-NOSCA/ Filled Positions	Office of the MCC/ OSM/ HOPSS- HRMS	Others: Logistical Requirements	-
11. Repeat the process for 1800 beds upgrading once done with the 1500 beds.	Q1 2027	Position Paper approved by ExeCom	Office of the MCC/ OSM/ HRMS	Others: Logistical Requirements	-

STRATEGY 3: Secure funding for the remaining unfunded projects under the 2024-2026 Three-Year Rolling Infrastructure Plan (TRIP) under NEDA.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
1. Preparation of list of TRIP unfunded projects to be presented to the Hospital Executive Committee for notation	Q1 2023	PowerPoint presentation with complete staff work	Planning & Mgt. Unit	Others: Logistical Requirements	-
2. Discuss possible fund sources of the following unfunded projects with end users: a. <i>Expansion/ Renovation of OPD Building with Green Architectural Features</i> b. <i>Construction of 1-Phase EREID Center Buildings with Green Architectural Features</i>	Q1 2023	Meeting Summary of Agreements	Planning & Mgt. Unit	Others: Logistical Requirements	OPD Renovation- 350M EREID Construction- 500M Psych. Female Ward- 250M Bicol Blood Transfusion Institute- 300M Psychiatry Unit Warehouse Construction- 50M



TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028 *(continued)*

STRATEGY 3: Secure funding for the remaining unfunded projects under the 2024-2026 Three-Year Rolling Infrastructure Plan (TRIP) under NEDA.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
c. Construction of Advance Comprehensive Psychiatry Special Center (Female Ward) d. Construction of Bicol Institute for Transfusion Science and Research Center e. Construction of BMC/Don Susano J. Rodriguez Memorial Mental Hospital (Psychiatry Unit) Warehouse					
3. Lobby proposals via email or face-to-face meeting with different funding agencies.	Q1-Q2 2023	Letter and Budget Proposal Request to different funding agencies	Planning & Mgt. Unit/ Office of the MCC	Others (Incidental Costs)	5,000.00
4. Regular follow-up with the different funding agencies	Q3 2023	Follow-Up Letters	Planning & Mgt. Unit	Others: Logistical Requirements	-
5. Prepare for a catch up plan if the budget is not approved or prepare for the actual construction of the projects should the budget be approved via early procurement activities.	Q4 2023	GAA 2024	Planning & Mgt. Unit	Others: Logistical Requirements	-

**TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028** *(continued)*

STRATEGY 4: Develop the 32-hectare donated lot in Cadlan, Pili where the Psychiatry Department is currently located in accordance with the terms of upcoming “legacy projects” of the present administration.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
1. Preparation of Chronology of Events to be presented to the Hospital Executive Committee for approval.	Q1 2023	PowerPoint presentation with complete staff work	Planning & Mgt. Unit/ Legal Unit	Others: Logistical Requirements	-
2. Preparation of necessary legal documents for the Transfer of TCT in favor of the DOH-BMC or other related legal remedies.	Q1 2023	Legal Inquiries in a form of letter to the Office of Solicitor General and other authorities.	Legal Unit	Others: Logistical Requirements	-
3. If the response of the OSG/ concerned authority is positive, facilitate transfer of title with the registry of deeds.	Q2 2023	Affirmative Letter Response form the OSG or concerned authority Correspondence with the Registry of Deeds.	Legal Unit	Others: Logistical Requirements	-
4. Development of the lot by way of drafting a comprehensive development plan, which includes road network and other civil/earth works.	Q4 2023	TCT in favor of the Republic (DOH-BMC)	Planning & Mgt. Unit/ HOPSS/ Engineering Dept	Operating Cost (MOOE/Income)	40,000,000.00
5. Commence construction of “legacy project/s” to be allotted to the BMC once guidelines are approved by the DOH-HFEP.	Q4 2025	Finished Infrastructure	HOPSS/Planning & Mgt. Unit/ Engineering Dept to oversee progress	Infrastructure	TBD by HFEP-MO
6. Prepare for the bidding of the legacy project equipment.	Q2 2025	Technical Specifications and other Bidding documents	HOPSS/Planning & Mgt. Unit/ Engineering Dept	-	-



TABLE 34. REVISED BMC IMPLEMENTATION AND ACTION PLANS 2023-2028 *(continued)*

STRATEGY 4: Develop the 32-hectare donated lot in Cadlan, Pili where the Psychiatry Department is currently located in accordance with the terms of upcoming “*legacy projects*” of the present administration.

ACTION/TASK/ ACTIVITY	COMPLETION DATE	EXPECTED OUTPUTS	RESPONSIBLE UNIT	RESOURCES NEEDED*	COSTING / BUDGET
7. Conduct the bidding for the above-mentioned equipment	Q2 2025	Delivery and Installation Contract	BAC	-	-
8. Commence delivery and installation of equipment once Notice to Proceed is awarded to winning bidder	Q3 2025	Presence of delivered and ready-to-use equipment	HOPSS/Planning & Mgt. Unit/ Engineering Dept to oversee progress	Equipment	Legacy Project Equipment Amount to be determined by HFEP-MO
9. Application for Occupancy Permit	Q4 2025	Ready to use infrastructure	HOPSS/ Engineering Dept.	Others (Incidental Costs)	5,000.00
10. Commence operation of newly constructed legacy project	Q1 2026	Operational Specialty Centers	HOPSS	-	-
11. Sustain operations	2026-2028	Operational Specialty Centers	HOPSS/ Planning and Mgt. Unit	Operating Cost (MOOE)	Charged to overall annual GAA for hospital MOOE, to be augmented by income if necessary.

E. PRIORITIZATION AND GANTT CHART

The primordial consideration in selecting what to put on top of the priority list among the above-listed strategies is anchored in the selection of the Strategy 1. This pertains to the establishment of priority specialty centers as mandated by the DOH. The timelines-short, medium and long term metrics, including the Gantt Chart are illustrated in the table below (Table 35). The rest of the strategies are dependent on the implementation success of Strategy 1 since a significant amount of the resources are concentrated in the development of these priority specialty centers in accordance with PHFDP 2020-2040.



TABLE 35. PROJECT PRIORITIZATION WITH GANTT CHART

STRATEGY 1: Establish Priority Specialty Centers in accordance with the DO 2021-0001 and PHFDP 2020-2040.								
Success Indicators	Data Source	Baseline	Annual Targets					
			2023	2024	2025	2026	2027	2028
Renal Care and Transplant ACC RSF	HFDB	80%	90%	100%	100%	100%	100%	100%
Cancer Care ACC RSF	HFDB	70%	80%	90%	100%	100%	100%	100%
Neonatal Care ACC RSF	HFDB	80%	80%	90%	100%	100%	100%	100%
Mental Health ACC RSF	HFDB	80%	80%	90%	100%	100%	100%	100%
Physical Rehabilitation Medicine BCC RSF	HFDB	70%	70%	80%	90%	100%	100%	100%
Brain and Spine BCC RSF	HFDB	60%	70%	80%	90%	100%	100%	100%

Success Indicators	Data Source	Baseline	2023	2024	2025	2026	2027	2028
Renal Care and Transplant ACC RSF	HFDB	80%	10%	10%				
Cancer Care ACC RSF	HFDB	70%	10%	10%	10%			
Neonatal Care ACC RSF	HFDB	80%	10%	10%				
Mental Health ACC RSF	HFDB	80%	10%	10%				
Physical Rehabilitation Medicine BCC RSF	HFDB	70%	10%	10%	10%			
Brain and Spine BCC RSF	HFDB	60%	10%	10%	10%	10%		
Average Scheduled Accomplishment	Yearly	73%	10%	10%	5%	2%	0%	0%
	Cumulative	73%	83%	93%	98%	100%	100%	100%

F. FINANCIAL OR INVESTMENT PLAN

The financial/investment plan of BMC was crafted along with the inputs of concerned hospital units and with the guide of our Three-Year Rolling Infrastructure Plan (TRIP) 2024-2026 and Regional Development Council (RDC) 2024 Agency Budget Proposal. It was formulated and consolidated in a way that is progressive, taking into consideration the absorptive capacity of the hospital on a yearly basis (Table 36). The totality of details can be seen in Annex A.



TABLE 36. FINANCIAL PLAN AND INVESTMENT NEEDS

RDC Budget Review Form B FY 2024 AGENCY BUDGET PROPOSAL				
Agency: BICOL MEDICAL CENTER		Sector: HEALTH		
Particulars	FY 2022 Actual Budget Allocation per GAA (in PhP Million)	FY 2023 RDC- Endorsed Budget Allocation (in PhP Million)	FY 2023 Actual Budget Allocation per GAA or NEP (in PhP Million)	FY 2024 Proposed Budget Allocation (in PhP Million)
GENERAL ADMINISTRATION AND SUPPORT SERVICES				
SUPPORT TO OPERATIONS				
OPERATIONS	1,253.80	5,970.04	1,658.50	5,720.70
PS	902.54	4,384.80	1,206.90	2,316.80
MOOE	351.27	1,585.24	451.60	2,003.90
CO				1,400.00
REGULAR PROGRAMS AND PROJECTS				
PROGRAMS, ACTIVITIES AND PROJECTS		4,624.60		2,450.00
Note: Details are in RDC Budget Review Form A				
TOTAL	1,253.80	10,594.64	1,658.50	8,170.70

RDC Budget Review Form A Programs/Activities/Projects for Inclusion in the FY 2024 Budget								
Agency: BICOL MEDICAL CENTER			Sector: HEALTH					
Programs/Activities/Projects (PAPs)	Location: By Province, District, City/Municipality	Unit of Measure	2022 Actual Accomplishment (in percent)	2023 Targets	2024 Targets	Project Cost (in PhP Million)		
						2022	2023	2024
Ongoing						145	-	-
Completion of 7th Floor of the 8-Storey General Ward Building (Phase IV)	Cam. Sur/3 rd District/Naga City	Report of Completion	82.5%	100%	N/A	95	N/A	N/A
Acquisition of Medical Equipment	Cam. Sur/3 rd District/Naga City	Report of Completion	90% (18-delivered; 2-ongoing procurement process)	100%	N/A	50	N/A	N/A
*Proposed						-	-	2,450
Construction Psychiatry Female Ward, Psychiatry Department	Cam. Sur/3 rd District/Pili	1 Building	N/A	N/A	100%	N/A	N/A	250
Renovation/Expansion of OPD Building w/ Green Architecture Features	Cam. Sur/3 rd District/Naga City	1 Building	N/A	N/A	100%	N/A	N/A	350
Construction of EREID Ward and CD Ward Buildings with Green Architecture Features	Cam Sur/3 rd District/Naga City	1 Building	N/A	N/A	100%	N/A	N/A	650
Construction of Advanced Cancer Treatment Center	Cam Sur/3 rd District/Naga City	1 Building	N/A	N/A	100%	N/A	N/A	800
Proposed Bicol Institute for Transfusion Science and Research Center	Cam. Sur/3 rd District/Pili	1 Building	N/A	N/A	100%	N/A	N/A	300
Proposed Construction of Two (2) Storey Renal Building with Provision for 3rd-5th Floor (Phase I)	Cam Sur/3 rd District/Naga City	1 Building	N/A	N/A	100%	N/A	N/A	100
TOTAL						145	-	2,450
*proposed projects must be in the RDIP								



Chapter 5

MONITORING AND EVALUATION

A. HOSPITAL SCORECARD

The hospital scorecard, targets and success indicators are the basis of the Office Performance and Commitment Review of DOH Hospitals as provided in the DOH Department Order No. 2019-0036. In compliance, BMC is committed to delivering the given targets set forth by DOH as the basis of the hospital's core functions. This is illustrated with comparison between CY 2021 and CY 2022 BMC Scorecard (Table 37).

TABLE 37. CY 2021-2022 BMC SCORECARD

Success Indicator	2021		2022		Remarks
	Target	Accomplish-ments	Target	Accomplish-ments	
Patients in basic accommodation with zero co-payment	98%	100%	100%	100%	Basic accommodation refers to ward accommodation. This indicator measures how many patients in basic/ ward accommodation is zero copayment or No-Balance Billing. In the pursuit to provide better health services to our indigent patients, BMC has been consistent in attaining 100% zero co-payment
Returned-to-Hospital of the PhilHealth Claims	<4%	2.67%	<2%	1.26%	BMC reviewed the PhilHealth process and has done scrutiny of claims before PHIC submission. This is to determine the accuracy of the reports. As such, significant improvement has been noted with the accomplishment rate for two consecutive years BMC has attained the target.
ER Patients with <4 hours Turn-around Time	97%	96.48%	100%	95.51%	The yearly increasing targets posed a drawback in reaching a success rate for this indicator. Even with process improvement and evaluation conducted to lessen the necessary turn-around time for ER cases, still, the ER department failed to achieve the required target. Nevertheless, it must be noted that there is a significant improvement in the results which only shows the commitment of the concerned areas to deliver the required target.



TABLE 37. CY 2021-2022 BMC SCORECARD *(continued)*

Success Indicator	2021		2022		Remarks
	Target	Accomplish-ments	Target	Accomplish-ments	
<4 hours Dis-charge Process Turnaround Time	90%	94.65%	95%	97.69%	The effectiveness of the collective efforts from all concerned areas in the discharge process was proven once again. This increase only shows that the concerned areas were able to sustain the activities resulting in a high accomplishment rate.
Hospital-Acquired Infec-tion Rate	<1%	0.57%	<1%	0.45%	The result of this indicator shows that the hospital has established infection control procedures and vigorous infection control measures, still BMC was able to maintain a rating that is below the required target.
Inpatient labora-tory test results with <5 hours Turnaround Time	90%	99.42%	95%	99.46%	The Laboratory Information Sys-tem (LIS) measures only the time specimen was received for pro-cessing until the release of re-sults. The very high results of this indicator prove the efficiency of LIS and the effectiveness of the system in the hospital.
Accreditation to ISO, PGS, and international accrediting bod-ies	ISO and PGS Stage 1	ISO 9001:2015 Recertified and PGS Stage 2 Compliance	ISO and PGS Stage 2	ISO 9001:2015 Passed 2nd Fol-low-up Audit last April 28, 2022 PGS Stage 3: with Memoran-dum of Agree-ment. Waiting for ISA Assess-ment and Exter-nal Audit Sched-ule.	Even with the effects brought by the ongoing pandemic, BMC took on the challenge of Recertification via Remote Audit in April 28,2022 and the In 2021, BMC was impelled to re-assess and recalibrate the strate-gic goals. Determined that the hospital is now ready for the next PGS stage, BMC successfully passed the Compliance Stage on July 28, 2021, garnering the Gold Trailblazer award. To date, the BMC is waiting for ISA Assess-ment and external audit schedule with Memorandum of Agreement.



TABLE 37. CY 2021-2022 BMC SCORECARD (continued)

Success Indicator	2021		2022		Remarks
	Target	Accomplish-ments	Target	Accomplish-ments	
Report Card Survey (RCS) Scores	80% Report Card Survey (RCS) Scores	N/A	80% Report Card Survey (RCS) Scores	<i>This indicator is not included in the 2022 Hospital Scorecard Rating Computation as per DOH-DM 2023-0010.</i>	With the ongoing pandemic, the DOH-ARTA team deemed it practical to forego the on-site survey and validation. Therefore, for two consecutive years, this indicator was not included in the Hospital Scorecard computation.
Research output	8	8	9	9	Clinical or operational research improvement is one of the PGS deliverables set forth by each Services. For two (2) consecutive years , BMC was able to deliver the required target of research presented to a local and international conference, although there are several ongoing researches.
Average Rating	4.86		4.86		Very Satisfactory

B. YEARLY TARGETS AND SUCCESS INDICATORS

The other yearly targets and success indicators derived from Chapter 4. D and in relation to Chapter 4. E include Strategies 2-4 (Table 38). This is subordinate and complementary to the implementation plan success of Strategy 1.

TABLE 38. COMPONENT ANNUAL TARGETS AND SUCCESS INDICATORS

STRATEGY 2: Upgrade manpower complement commensurate to 1500 beds & eventually 1800-bed capacity in accordance with DOH-DBM Joint Circular No. 3, s. 2022, including the requisite training.								
Success Indicators	Data Source	Baseline	Annual Targets*					
			2023	2024	2025	2026	2027	2028
100% filled vacancy for the 1000-bed capacity pursuant to RA 11478	Law, DOH IRR & DBM NOSCA Issued	740 Additional Plantilla Items + Existing Unfilled Positions	100% filled positions for the additional plantilla items by virtue of RA 11478	100% filled for the physicians & others that are existing prior to RA 11478	-	-	-	-



TABLE 38. COMPONENT ANNUAL TARGETS AND SUCCESS INDICATORS *(continued)*

STRATEGY 2: Upgrade manpower complement commensurate to 1500 beds & eventually 1800-bed capacity in accordance with DOH-DBM Joint Circular No. 3, s. 2022, including the requisite training.

Success Indicators	Data Source	Baseline	Annual Targets*					
			2023	2024	2025	2026	2027	2028
100% Completed Staff Work on the Upgrading of BMC for 1500 beds	DOH- HFDB, Legislature	1000 beds	1000 beds	1500 beds	1500 beds	1500 beds	1500 beds	1800 beds
100% filled vacancy for the 1500-bed capacity pursuant to RA 11478	Related Law, DOH IRR & DBM NOSCA	Additional Plantilla Items based on the new law	-	100% filled positions for the additional plantilla items by virtue of the new law	100% filled for the physicians & others that are existing prior to the new law	-	-	-
100% Completed Staff Work on the Upgrading of BMC for 1800 beds	DOH- HFDB, Legislature	1500 beds	1000	1500 beds	1500 beds	1500 beds (filled)	1500 beds (completely filled)	1800 beds

STRATEGY 3: Secure funding for the remaining unfunded projects under the 2024-2026 Three-Year Rolling Infrastructure Plan (TRIP) under NEDA.

Success Indicators	Data Source	Baseline (2022)	Annual Targets*					
			2023	2024	2025	2026	2027	2028
100% of Listed Projects in the TRIP 2024-2026 are duly funded	DOH- HFEP, NEDA and applicable loans	3/9	4/9	5/9	7/9	9/9	New Priority	New Priority

**TABLE 38. COMPONENT ANNUAL TARGETS AND SUCCESS INDICATORS** *(continued)*

STRATEGY 4: Develop the 32-hectare donated lot in Cadlan, Pili where the Psychiatry Department is currently located in accordance with the terms of upcoming “*legacy projects*” of the present administration.

Success Indicators	Data Source	Baseline (2022)	Annual Targets*					
			2023	2024	2025	2026	2027	2028
100% Completed Development Plan including Road Network	BMC Planning Unit and HOPSS	50%	80%	90%	100%	100%	100%	100%
100% of Legal Issues resolved	Legal Unit	80%	90%	100%	100%	100%	100%	100%

C. MONITORING AND EVALUATION PLAN

The BMC, as an ISO-certified and PGS-Compliance Stage certified institution, handles and safekeeps all institutional performance-related data through its PGS designated office- the Office for Strategy Management (OSM). Accordingly, the system of monitoring and evaluation (M&E) plan in the hospital is enabled by its commitment to the very essence of the PGS framework and Quality Management Service (QMS). For that reason, the BMC has a well-established OSM that takes care of monitoring, control and validation of the hospital indicators, more particularly the performance monitoring of the hospital’s core functions.

The OSM is in-charge of the M&E activities that are conducted on a year-round basis-some are quarterly and/or yearly depending on the nature of data. Office Performance and Commitment Review (OPCR)-related data are monitored, evaluated and presented both on a quarterly and yearly basis. ISO 9008-2015 certification and recertification are done every three years while the PGS certification, on the other hand, is conducted yearly until all the stages are completed. The OSM utilizes the tools such as but not limited to Hospital Scorecard, ISO Metrics such as the indicators related to quality management service.



ANNEX A. BMC-ITEMIZED FINANCIAL PLAN

		HOSPITAL NAME Bicol Medical Center							
PROJ	CONSOLIDATED INVESTMENT PLAN (CAPITAL OUTLAY ONLY)		2023	2024	2025	2026	2027	2028	
	INFRASTRUCTURE		₱1,833,000,000	₱1,290,000,000	₱250,000,000	₱500,000,000	₱600,000,000	₱500,000,000	
	EQUIPMENT		₱80,000,000	₱0	₱1,084,000,000	₱566,000,000	₱150,000,000	₱250,000,000	
	PROJECT NAME		2023			2024			
			₱1,913,800,000			₱1,290,000,000			
	CODE	▼	SUBTOTAL	Infra	Equip	SUBTOTAL	Infra	Equip	
	1		Construction of 8 Storey Maternal, Neonatal and Pedia Building	1,200,000,000	1,200,000,000	0	0	0	0
	2		Construction of 5 Storey Renal Care and Transplant Center	261,000,000	261,000,000	0	0	0	0
	3		Construction of 3-Phase 9 Storey Cancer Institute for Medical, Surgical, Diagnostic and Palliative Care	287,800,000	287,800,000	0	300,000,000	300,000,000	0
	4		Construction of Brain and Spine and Physical Rehab Medicine	85,000,000	85,000,000	0	0	0	0
	5		Equipping with CT Scan 128 Slice System	80,000,000	0	80,000,000	0	0	0
6		Expansion/Renovation of OPD Building with Green Architectural Features	0	0	0	350,000,000	350,000,000	0	
7		Construction of Advance Comprehensive Psychiatry Special Center (Female Ward)	0	0	0	250,000,000	250,000,000	0	
8		Construction of 1-Phase EREID Center Buildings with Green Architectural Features	0	0	0	0	0	0	
9		Construction of EREID Center Buildings Road Network	0	0	0	40,000,000	40,000,000	0	
10		Construction of Bicol Institute for Transfusion Science and Research Center	0	0	0	300,000,000	300,000,000	0	
11		Construction of BMC/Don Susano J. Rodriguez Memorial Mental Hospital (Psychiatry Unit) Warehouse	0	0	0	50,000,000	50,000,000	0	
12		Establishment of Advance Comprehensive Care Eye Care, Physical Rehab and Orthopedic	0	0	0	0	0	0	
13		Establishment of Advance Comprehensive Care for Lung Care and Brain and Spine	0	0	0	0	0	0	

ANNEX A. BMC-ITEMIZED FINANCIAL PLAN (CONTINUED)

PROJ CODE	PROJECT NAME	TOTAL CAPITAL OUTLAY COST					
		2025			2026		
		SUBTOTAL	Infra	Equip	SUBTOTAL	Infra	Equip
1	Construction of 8 Storey Maternal, Neonatal and Pedia Building	251,000,000	0	251,000,000	0	0	0
2	Construction of 5 Storey Renal Care and Transplant Center	133,000,000	0	133,000,000	0	0	0
3	Construction of 3-Phase 9 Storey Cancer Institute for Medical, Surgical, Diagnostic and Palliative Care	950,000,000	250,000,000	700,000,000	426,000,000	0	426,000,000
4	Construction of Brain and Spine and Physical Rehab Medicine	0	0	0	0	0	0
5	Equipping with CT Scan 128 Slice System	0	0	0	0	0	0
6	Expansion/Renovation of OPD Building with Green Architectural Features	0	0	0	90,000,000	0	90,000,000
7	Construction of Advance Comprehensive Psychiatry Special Center (Female Ward)	0	0	0	50,000,000	0	50,000,000
8	Construction of 1-Phase EREID Center Buildings with Green Architectural Features	0	0	0	500,000,000	500,000,000	0
9	Construction of EREID Center Buildings Road Network	0	0	0	0	0	0
10	Construction of Bicol Institute for Transfusion Science and Research Center	0	0	0	0	0	0
11	Construction of BMC/Don Susano J. Rodriguez Memorial Mental Hospital (Psychiatry Unit) Warehouse	0	0	0	0	0	0
12	Establishment of Advance Comprehensive Care Eye Care, Physical Rehab and Orthopedic	0	0	0	0	0	0
13	Establishment of Advance Comprehensive Care for Lung Care and Brain and Spine	0	0	0	0	0	0



ANNEX A. BMC-ITEMIZED FINANCIAL PLAN (CONTINUED)

PROJ CODE	PROJECT NAME	2027			2028		
		SUBTOTAL	Infra	Equip	SUBTOTAL	Infra	Equip
			₱750,000,000			₱750,000,000	
1	Construction of 8 Storey Maternal, Neonatal and Pedia Building	0	0	0	0	0	0
2	Construction of 5 Storey Renal Care and Transplant Center	0	0	0	0	0	0
3	Construction of 3-Phase 9 Storey Cancer Institute for Medical, Surgical, Diagnostic and Palliative Care	0	0	0	0	0	0
4	Construction of Brain and Spine and Physical Rehab Medicine	0	0	0	0	0	0
5	Equipping with CT Scan 128 Slice System	0	0	0	0	0	0
6	Expansion/Renovation of OPD Building with Green Architectural Features	0	0	0	0	0	0
7	Construction of Advance Comprehensive Psychiatry Special Center (Female Ward)	0	0	0	0	0	0
8	Construction of 1-Phase EREID Center Buildings with Green Architectural Features	0	0	0	0	0	0
9	Construction of EREID Center Buildings Road Network	0	0	0	0	0	0
10	Construction of Bicol Institute for Transfusion Science and Research Center	0	0	0	0	0	0
11	Construction of BMC/Don Susano J. Rodriguez Memorial Mental Hospital (Psychiatry Unit) Warehouse	0	0	0	0	0	0
12	Establishment of Advance Comprehensive Care Eye Care, Physical Rehab and Orthopedic	750,000,000	600,000,000	150,000,000			
13	Establishment of Advance Comprehensive Care for Lung Care and Brain and Spine	0	0	0	750,000,000	500,000,000	250,000,000



ANNEX A. BMC-ITEMIZED FINANCIAL PLAN (CONTINUED)

PROJ CODE	PROJECT	INFRASTRUCTURE		TARGET START YEAR	TARGET COMPLETION YEAR	TOTAL INFRASTRUCTURE COST					
		PROJECT DESC	TOTAL COST			2023	2024	2025	2026	2027	2028
1	Construction of 8 Storey Maternal, Neonatal and Pedia Building	The project includes equipment and the 8-storey construction of Maternal, Child and Neonatal integrated in one OB Complex since the mother and the new-born cannot be separated right after delivery. Thus, they must be closer to one another. This is among the specialty center priorities of the Philippine Health Facility Development Plan 2020-2040.	1,200,000,000	2023	2025	1,200,000,000	-	-	-	-	-
2	Construction of 5 Storey Renal Care and Transplant Center	The project includes equipment and the 5-storey renal care and transplant center. This is among the specialty center priorities of the Philippine Health Facility Development Plan 2020-2040 and our own aligned hospital development plan 2022-2026.	261,000,000	2023	2025	261,000,000	-	-	-	-	-
3	Construction of 3-Phase 9 Storey Cancer Institute for Medical, Surgical, Diagnostic and Palliative Care	The project includes equipment and the 9-storey construction of cancer institute for medical/surgical/diagnostic/palliative care to accommodate the Cancer Diagnostic Services, Rehabilitation Medicine, Hybrid OR with Recovery Room, Oncology Pharmacy, Laboratory/Pathology Services, Medical Equipments, Nuclear Medicine Facility, In-patient chemotherapy unit, Palliative Care Services, Counseling and Halfway House (including fixtures, service elevator, generator and transformer). This is among the specialty center priorities of the Philippine Health Facility Development Plan 2020-2040 and our own aligned hospital development plan 2022-2026.	287,000,000	2023	2025	287,000,000	300,000,000	250,000,000	-	-	-
						₱1,833,000,000	₱1,290,000,000	₱250,000,000	₱500,000,000	₱600,000,000	₱500,000,000



ANNEX A. BMC-ITEMIZED FINANCIAL PLAN (CONTINUED)

PROJ CODE	PROJECT	INFRASTRUCTURE		TARGET START YEAR	TARGET COMPLETION YEAR	TOTAL INFRASTRUCTURE COST					
		PROJECT DESC	TOTAL COST			2023	2024	2025	2026	2027	2028
4	Construction of Brain and Spine and Physical Rehab Medicine	This includes the construction of the Brain and Spine and Physical Rehab Medicine as mandated by the DO 2021-0001. Further, it will also allow the two centers to have a bigger space considering that the influx of patient in the old area is continuously increasing.	287,000,000	2023	2024	P1,833,000,000	P1,290,000,000	P250,000,000	P500,000,000	P600,000,000	P500,000,000
6	Expansion/Renovation of OPD Building with Green Architectural Features	With the upgrading of BMC from 500 to 1000 Bed Capacity, it follows that the OPD needs to be expanded also as response to the increasing number of patients availing OPD services. Thus, the project includes the renovation of the existing OPD building and construction of adjacent new 5-storey OPD building which includes Pedia, Ortho, Industrial, OB Clinic, Head Office, Toxicology Lab, New Family Clinic, and New Born Screening clinic.	350,000,000	2024	2025	-	350,000,000	-	-	-	-
7	Construction of Advance Comprehensive Psychiatry Special Center (Female Ward)	The project includes the construction of 170-bed capacity psychiatry female ward building with isolation occupational therapy and staff dormitory.	250,000,000	2024	2025	-	250,000,000	-	-	-	-
8	Construction of 1-Phase EREID Center Buildings with Green Architectural Features	The project includes the construction of new emerging and re-emerging infectious disease building with negative pressure isolation rooms, ER, Operating Room, Delivery Room, radiology, laboratories including hemodialysis and others.	500,000,000	2026	2027	-	-	-	500,000,000	-	-
9	Construction of EREID Center Buildings Road Network	The project includes the construction of concrete roads for the proposed ERIED Buildings including electrical utility poles and cables (30mx700m Concrete Roads).	40,000,000	2024	2024	-	40,000,000	-	-	-	-



ANNEX A. BMC-ITEMIZED FINANCIAL PLAN (CONTINUED)

PROJ	PROJECT	INFRASTRUCTURE		TARGET START	TARGET COMPLETION	TOTAL INFRASTRUCTURE COST					
CODÉ		PROJECT DESC	TOTAL COST	YEAR	YEAR	2023	2024	2025	2026	2027	2028
10	Construction of Bicol Institute for Transfusion Science and Research Center	The project includes transfusion science, blood research center and staff dormitory that aims to operate a facility equipped with the latest equipment for blood bank center. This would include research component to the benefit of Bicolanos and nearby provinces.	300,000,000	2024	2026	₱1,833,000,000	₱1,290,000,000	₱250,000,000	₱500,000,000	₱600,000,000	₱500,000,000
11	Construction of BMC/Don Susano J. Rodriguez Memorial Mental Hospital (Psychiatry Unit) Warehouse	Due to limitations in the current warehousing capacity of the BMC, the construction of a bigger warehouse would include storage of medical supplies, equipment and drugs and medicines.	50,000,000	2024	2025	-	50,000,000	-	-	-	-
12	Establishment of Advance Comprehensive Care Eye Care, Physical Rehab and Orthopedic	This project is in line with the prioritization of specialty centers and will enable the enumerated centers to upgrade into an advance comprehensive care centers.	600,000,000	2027	2028	-	-	-	-	600,000,000	-
13	Establishment of Advance Comprehensive Care for Lung Care and Brain and Spine	With the Increasing number of pulmo and Brain and Spine patinets, this project is in line with the prioritization of specialty centers and will enable the enumerated centers to upgrade into an advance comprehensive care centers.	500,000,000	2028	2029	-	-	-	-	-	500,000,000



ANNEX A. BMC-ITEMIZED FINANCIAL PLAN (CONTINUED)

PROJ CODE	PROJECT	EQUIPMENT				TARGET PROCUREMENT YEAR	TOTAL EQUIPMENT COST				
		NAME	QUANTITY	UNIT COST	TOTAL COST		2023	2024	2025	2026	2027
1	8- Storey Maternal, Neonatal and Pedia Building	Various Neonatal Care-Related Equipment	Multiple	Varies	251,000,000	2025	-	251,000,000	-	-	-
2	5- Storey Renal Care and Transplant Center	Various Renal Care and Transplant Related Equipment	Multiple	Varies	133,000,000	2025	-	133,000,000	-	-	-
3	9 Storey Cancer Institute for Medical, Surgical, Diagnostic and Palliative Care	Various Nuclear Medicine-Related Equipment	Multiple	Varies	700,000,000	2025	-	700,000,000	-	-	-
3	9 Storey Cancer Institute for Medical, Surgical, Diagnostic and Palliative Care	Various Nuclear Medicine/Cancer Institute-Related Equipment	Multiple	Varies	426,000,000	2026	-	-	426,000,000	-	-
5	128 Slice System Equipping with CT Scan	128 Slice CT Scan	1	80,000,000	80,000,000	2023	80,000,000	-	-	-	-
6	OPD Building with Green Architectural Features	Various OPD Units-Related Equipment	Multiple	Varies	90,000,000	2026	-	-	90,000,000	-	-
7	Advance Comprehensive Psychiatry Special Center (Female Ward)	Various Psychiatry-Related Equipment	Multiple	Varies	50,000,000	2026	-	-	50,000,000	-	-
12	Advance Comprehensive Care Eye Care, Physical Rehab and Orthopedic	Various Eye, Rehab and Ortho Advance Comprehensive Care-Related Equipment	Multiple	Varies	150,000,000	2027	-	-	-	150,000,000	-
13	Advance Comprehensive Care for Lung Care and Brain and Spine	Various Lung Care and Brain and Spine-Related Equipment	Multiple	Varies	250,000,000	2028	-	-	-	-	250,000,000

ANNEX B. BMC THREE-YEAR ROLLING INFRASTRUCTURE PLAN 2024-2026

Project Title	Infrastructure Amount	Medical Equipment Amount	Mother Program	Basis for Implementation	Project Description	Year Start of Implementation	Year of Project Completion	PDP Chapter Outcome Statements/ Outputs	Infrastructure Sector	Status of Implementation Readiness	Socio Economic Agenda	Sustainable Development Goals	Main Funding Source
Expansion/ Renovation of OPD Building with Green Architectural Features	350,000,000		HFEP	Existing masterplan/sector studies/ procurement plan	With the upgrading of BMC from 500 to 1000 -Bed Capacity, it follows that the OPD needs to be expanded also as response to the increasing number of patients availing OPD services. Thus, the project includes the renovation of the existing OPD building and construction of adjacent new 5-storey OPD building which includes Pedia, Ortho, Industrial, OB Clinic, Head Office, Toxicology Lab, New Family Clinic, and New Born Screening clinic.	2024	2025	13. Expand and Upgrade Infrastructure	Social Infrastructure	RDC Endorsement	Invest in human capital development including health and education systems, and match skills and training to meet the demand of businesses and the private sector.	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA)
Construction of 1-Phase EREID Center Buildings with Green Architectural Features	500,000,000		HFEP	Existing masterplan/sector studies/ procurement plan	The project includes the construction of new emerging and re-emerging infectious disease building with negative pressure isolation rooms, ER, Operating Room, Delivery Room, radiology, laboratories including hemodialysis and others.	2024	2026	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Social Infrastructure	RDC Endorsement	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA)
Construction of EREID Center Buildings Road Network	40,000,000		HFEP	Existing masterplan/sector studies/ procurement plan	The project includes the construction of concrete roads for the proposed EREID Buildings including electrical utility poles and cables (30mx700m Concrete Roads).	2024	2024	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Transportation/ Power/ Electrification	Right-of-Way Acquisition	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA)



ANNEX B. BMC THREE-YEAR ROLLING INFRASTRUCTURE PLAN 2024-2026 (CONTINUED)

Project Title	Infrastructure Amount	Medical Equipment Amount	Mother Program	Basis for Implementation	Project Description	Year Start of Implementation	Year of Project Completion	PDP Chapter Outcome Statements/ Outputs	Infrastructure Sector	Status of Implementation Readiness	Socio Economic Agenda	Sustainable Development Goals	Main Funding Source
Construction of Advance Comprehensive Psychiatry Special Center (Female Ward)	250,000,000		HFEP	Existing masterplan/sector studies/ procurement plan	The project includes the construction of 170-bed capacity psychiatry female ward building with isolation occupational therapy and staff dormitory.	2024	2025	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Social Infrastructure	RDC Endorsement	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA)
Construction of Bicol Institute for Transfusion Science and Research Center	300,000,000		HFEP	Existing masterplan/sector studies/ procurement plan	The project includes transfusion science, blood research center and staff dormitory that aims to operate a facility equipped with the latest equipment for blood bank center. This would include research component to the benefit of Bicolanos and nearby provinces.	2024	2025	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Social Infrastructure	RDC Endorsement	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA)
Construction of BMC/Don Susano J. Rodriguez Memorial Mental Hospital (Psychiatry Unit) Warehouse	50,000,000		HFEP	Existing masterplan/sector studies/ procurement plan	Due to limitations in the current warehousing capacity of the BMC, the construction of a bigger warehouse would include storage of medical supplies, equipment and drugs and medicines. This is among the priorities in our HDP 2022-2026.	2024	2024	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Social Infrastructure	RDC Endorsement	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA)



ANNEX B. BMC THREE-YEAR ROLLING INFRASTRUCTURE PLAN 2024-2026 (CONTINUED)

Project Title	Infrastructure Amount	Medical Equipment Amount	Mother Program	Basis for Implementation	Project Description	Year Start of Implementation	Year of Project Completion	PDP Chapter Outcome Statements/ Outputs	Infrastructure Sector	Status of Implementation Readiness	Socio Economic Agenda	Sustainable Development Goals	Main Funding Source
Construction of 3-Phase 9 Storey Cancer Institute for Medical, Surgical, Diagnostic and Palliative Care	850,000,000	1,270,000,000	HFEF/Loans	Existing masterplan/sector studies/ procurement plan	The project includes equipment and the 9-storey construction of cancer institute for medical/surgical/diagnostic/palliative care to accommodate the Cancer Diagnostic Services, Rehabilitation Medicine, Hybrid OR with Recovery Room, Oncology Pharmacy, Laboratory/Pathology Services, Medical Equipments, Nuclear Medicine Facility, In-patient chemotherapy unit, Palliative Care Services, Counseling and Halfway House (including fixtures, service elevator, generator and transformer). This is among the specialty center priorities of the Philippine Health Facility Development Plan 2020-2040 and our own aligned hospital development plan 2022-2026.	2024	2026	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Social Infrastructure	RDC Endorsement	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA) or NG-ODA Loan



ANNEX B. BMC THREE-YEAR ROLLING INFRASTRUCTURE PLAN 2024-2026 (CONTINUED)

Project Title	Infrastructure Amount	Medical Equipment Amount	Mother Program	Basis for Implementation	Project Description	Year Start of Implementation	Year of Project Completion	PDP Chapter Outcome Statements/Outputs	Infrastructure Sector	Status of Implementation Readiness	Socio Economic Agenda	Sustainable Development Goals	Main Funding Source
Construction of 3-Phase 8 Storey Maternal, Neonatal and Pedia Building	1,200,000,000	251,000,000	HFEP/Loans	Existing masterplan/sector studies/procurement plan	The project includes equipment and the 8-storey construction of Maternal, Child and Neonatal integrated in one OB Complex since the mother and the new-born cannot be separated right after delivery. Thus, they must be closer to one another. This is among the specialty center priorities of the Philippine Health Facility Development Plan 2020-2040 and our own aligned hospital development plan 2022-2026.	2024	2026	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Social Infrastructure	RDC Endorsement	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA) or NG-ODA Loan
Construction of 2-Phase 5 Storey Renal Care and Transplant Center	261,000,000	133,000,000	HFEP/Loans	Existing masterplan/sector studies/procurement plan	The project includes equipment and the 5-storey renal care and transplant center. This is among the specialty center priorities of the Philippine Health Facility Development Plan 2020-2040 and our own aligned hospital development plan 2022-2026.	2024	2026	4. Promote Human Capital and Social Development, 4.1 Boost Health and Nutrition	Social Infrastructure	RDC Endorsement	Invest in Human Capital Development	Ensure Healthy lives and promote well-being for all at all ages	NG-Local (GAA) or NG-ODA Loan

SOFT COPY OF ANNEXES

Annex A. BMC-Itemized Financial Plan

(Please See Link: https://bit.ly/BMC_IFP)



Annex B. BMC Three-Year Rolling Infrastructure Plan 2024-2026

(Please See Link: https://bit.ly/BMC_TRIP2024-2026)



