



Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur



Contact No. (0917) 715-0041 / e-mail add: mrh_gov@yahoo.com, mrhgov@gmail.com website: <http://mrh.doh.gov.ph>

MRH MEMORANDUM

No. 002 s., 2020

TO : ALL CONCERNED OFFICIALS/EMPLOYEES
This Hospital

FROM : RICHARD B. SISON, MD, MHA, FPCHA, FPSMS
Medical Center Chief II

SUBJECT : RECONSTITUTION OF THE MARGOSATUBIG REGIONAL HOSPITAL
CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

DATE : 13 FEBRUARY 2020

Dedicated to providing quality healthcare consistent with the hospital Vision, Mission, Goals and Strategic Objectives, in order to render consistently safe, effective, efficient, equitable and patient centered services, the Continuous Quality Improvement Committee shall operate within the framework of the hospital Quality Manual for the organized, ongoing and systematic measurement, assessment and performance improvement of activities.

The Continuous Quality Improvement program shall be hospital-wide, comprehensive and integrated focusing on the outcomes and review and evaluation of patient care and clinical performance.

Therefore, the Continuous Quality Improvement Committee is hereby reconstituted, to wit:

Chairperson : KERWIN EMIL E. FAUSTINO - Medical Officer III
Vice -Chairperson : MAYPHINE V. SACATROPEZ, RN - Nurse VI

Members :

- NONA C. GALVEZ RN, MN – Nurse VII
- MARY FAITH B. BRIONES, MD – Medical Specialist III
- MA. FLORDEVIDA A. PARAGAS, RN, MN – Nurse VI
- ELBERTO A. BUCOY, MD – Medical Officer IV
- MA. CZARINA P. BUCOY, RN - Nurse V
- PHARAH NINA S. ALUYEN, RPh, MPA – Pharmacist IV
- TITA C. AZUR, CPA - Financial & Management Officer II
- HYDE M. VILLAMOR, MPA - Supervising Administrative Officer
- KRISTINE AUBREY S. ACLAN, RN, MN, MAN - Nurse III

Meetings: The Continuous Quality Improvement Committee shall meet quarterly or as deemed necessary by the Chair.

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Duties and Responsibilities:

1. To identify and appraise all present hospital activities concerned with quality services.
2. To recommend additional activities and modification of existing activities as needed, as well as combination of activities, if possible.
3. To promote and assist where needed, in development of standards of care for all CQI activities, with particular reference to existing rules and regulations of professional staff.
4. To receive, evaluate and coordinate reports of all CQI activities.
5. To share information between activities, in order to prevent duplication of efforts.
6. To identify problems and evaluate processes, both by section and hospital wide, and to set priority for their investigation and resolution, where priority is given to those problems, which may adversely affect patient care.
7. To assess problems and processes objectively for causes, extent, previous remedial action and the attribute of responsibility for the existence of the problem and its resolution, if possible.
8. To recommend corrective action and monitor the problem resolution.
9. To report at least quarterly to the Management Committee.

The members of the Continuous Quality Improvement Committee shall serve for a term of one (1) year unless replaced earlier.

This memorandum shall take effect upon its approval and shall remain enforced until sooner rescinded.

Be guided accordingly.

RICHARD B. SISON, MD, MHA, FPCHA, FPSMS
Medical Center Chief II

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