



**COMPUTATION OF FINAL INDIVIDUAL RATING FOR ADMINISTRATIVE STAFF**

**Annex P**

Name of Administrative Staff: **CHRISTELLE VENUS F. CAPUNO**

Particulars (1)	Numerical Rating (2)	Percentage Weight (3)	Equivalent Numerical Rating (2x3)
1. Numerical Rating per IPCR	4.85	70%	3.40
2. Supervisor/Head's assessment of his contribution towards attainment of office accomplishments	4.90	30%	1.47
<b>TOTAL NUMERICAL RATING</b>			<b>4.87</b>

TOTAL NUMERICAL RATING:

Add: Additional Approved Points, if any:

TOTAL NUMERICAL RATING:

FINAL NUMERICAL RATING

ADJECTIVAL RATING:

4.87

4.87

Outstanding

Prepared by:

CHRISTELLE VENUS F. CAPUNO

Name of Staff

Reviewed by:

ELWIN JAY V. YU

Department/Office Head

Recommending Approval:

DANIEL LESLIE S. TAN

Vice Pres. for Admin and Finance

Approved:

DANIEL LESLIE S. TAN

Vice Pres. for Admin and Finance

## Exhibit "B"

## INDIVIDUAL PERFORMANCE COMMITMENT &amp; REVIEW FORM (IPCR)

I, **CHRISTELLE VENUS F. CAPUNO**, Medical Officer III of VSU - USHER commits to deliver and agree to be rated on the attainment of the following accomplishments in accordance with the indicated measures for the period January to June, 2023

*Way*  
**CHRISTELLE VENUS F. CAPUNO, M.D.**

Medical Officer III - USHER *11-0-23*

*gln*  
**ELWIN JAY V. YU, MD, MPH**

Chief of Hospital I *11-15-23*

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
<b>USHER MFO1: ISO aligned Health Services</b>	Percentage compliant of process under ISO standard	100% compliant to ISO standard	100%	100%	5	5	5	5.00	
<b>USHER MFO2: Administrative Support Management of Health Services</b>	Efficient & customer-friendly frontline services	Zero complaint for every client served	0	0	5	5	5	5.00	
	Performs function of the Head of Office	Officer-in-Charge	100%	100%	5	5	4	4.70	
	Committee membership	Perform functions on various committees assigned	100%	100%	5	5	5	5.00	
	Number of public health services personnel supervised	Conduct regular public health unit meeting	4	2	5	5	5	5.00	
	No. of hospital policies drafted & reviewed	Draft and review policies for VSU Hospital	1	1	5	4	5	4.70	
<b>USHER MFO3: Health and Wellness</b>	Number of reproductive and maternal and child activities	Propose and conduct activities	2	2	4	5	5	4.70	target based on schedule of activities



MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
	Number of health promotion activities conducted	Facilitate the activity	2	1	5	5	5	5.00	
	Percentage of timely, courteous and quality provision of inpatient, outpatient and emergency services	Patient seen and examined within 10 minutes	1	1	5	5	5	5.00	
	Percentage of staff and employees attended for Entrance Medical Examination	Conduct entrance medical examination for staff and employees	100%	100%	5	5	4	4.70	
	Percentage of staff and employees for Annual Medical Examination attended	Conduct regular periodic examination for employees	100%	100%	5	5	5	5.00	
	Percentage of students who seek consult and given medical/dental treatment	Attend to students who came in for consultation	100%	100%	5	5	5	5.00	
	Percentage of students who needs further evaluation and treatment attended and referred to higher institution	Attend, evaluate and refer students who came in for consultation but needs further management to higher center	100%	100%	5	4	5	4.70	
	Percentage of staff, employees and their dependents who seek consult and given medical/dental treatment	Attend to staff, employees and their dependents who came in for consultation	100%	100%	4	5	5	4.70	
<b>USHER MFO4: Public Health Services in the New Normal</b>	Percentage of staff, employees and their dependents who needs further evaluation and treatment referred to higher institution	Attend, evaluate and refer students who came in for consultation but needs further management to higher center	100%	100%	5	4	5	4.70	

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
	Percentage of outsiders who seek consult and given medical/dental treatment	Attend to outsiders who came in for consultation	100%	100%	4	5	5	4.70	
	Number of Sanitary inspection of food establishments, dormitories, and housing units within the campus conducted	Facilitate and conduct the sanitary inspection among food establishments, dormitories and housing units within the campus.	1	1	5	5	5	5.00	
	Number of close contacts of suspect, probable and confirmed cases of COVID-19 traced and monitored	Facilitate the contact tracing of VSU's COVID-19 suspected, probable and confirmed cases	2	2	5	5	4	4.70	
	Number of Dental Health prevention and promotion activities conducted	Facilitate the activity in coordination with Dental Department	4	2	5	5	5	5.00	
	Number of injury/accident prevention activities conducted	Propose and coordinate with OSH committee on injury and accident prevention program in the university	1	1	5	5	5	5.00	submitted injury Jan-June report for work-related injuries with recommendation to COH; conduct ocular inspection of dormities and offices
	Percentage of employees with symptoms related to COVID-19 identified, monitored and endorsed to City Health Operation Center	Request swab testing for COVID-19 suspected patients	100%	100%	5	4	5	4.70	



MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLIS HMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
	Number of injury/accident prevention activities conducted	Propose and coordinate with OSH committee on injury and accident prevention program in the university	1	1	4	5	5	4.70	submitted injury Jan-June report for work-related injuries with recommendation to COH; conduct ocular inspection of dormities and offices
	Percentage of employees with symptoms related to COVID-19 identified, monitored and endorsed to City Health Operation Center	Request swab testing for COVID-19 suspected patients	100%	100%	5	5	5	5.00	
	Number of Survey For VSU Health Database conducted	Facilitate the conduction of the health data base survey in the VSU community	1	1	5	5	4	4.70	
	Number of Non-Communicable Diseases Prevention and Control activities conducted	Propose and conduct activities	3	2	5	5	5	5.00	target based on schedule of activities
	Number of Communicable Diseases Prevention and Control activities conducted	Propose and conduct activities	3	2	5	5	5	5.00	target based on schedule of activities
	Animal Bite Prevention and Control Program established	Propose and conduct activities	1	1	5	4	5	4.70	
USHER MFO7: Innovations in the New Normal	Number of Hospital Operations Manual proposed and approved	Assist in drafting the manual for health operations	1	1	5	5	5	5.00	
	Telemedicine practice in USHER	Propose and implement telemedicine services	1	1	5	4	5	4.70	

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLISHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
	Number of Emergency and rescue policy proposed and established	Assisted in drafting the policy on emergency and rescue	1	1	5	5	5	5.00	
	Continuing Medical Education	Conduct monthly audit on the 10 Leading Causes of Morbidity and propose a topic for discussion	4	2	5	4	5	4.70	
	New system implemented	Assist in implementing the hospital management system by USHER	1	1	5	5	5	5.00	
	VSU Health data base established	Facilitate the conduction of the health data base survey in the VSU community	1	1	5	4	5	4.70	
<b>Total Over-all Rating</b>					<b>161</b>	<b>157</b>	<b>161</b>	<b>160.20</b>	
<b>Average Rating (Total Over-all rating divided by 31)</b>			<b>4.85</b>						
<b>Additional Points:</b>									
<b>Approved Additional points (with copy of approval)</b>									
<b>FINAL RATING</b>									
<b>ADJECTIVAL RATING</b>									

#### Comments & Recommendations

for Development Purposes:

- Attend related workshops.
- Updated her practices.

Evaluated and Rated by

ELWIN JAY V. YU, M.D.

Chief of Hospital I

Date: 11-15-23

Recommending Approval:

DANIEL LESLIE S. TAN

Head and VP for Admin and Finance

Date: 11/20/23

Approved by:

DANIEL LESLIE S. TAN

Vice President for Admin and Finance

Date: 11/20/23

1 - quality

2 - efficiency

3 - timeliness

4 - average





Annex O

**Instrument for Performance Effectiveness of Administrative Staff**

Rating Period: January – June, 2023

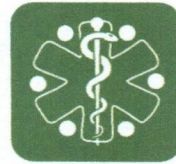
Name of Staff: CHRISTELLE VENUS F. CAPUNO Position: Medical Officer III

**Instruction to supervisor: Please evaluate the effectiveness of your subordinate in contributing towards attainment of the calibrated targets of your department/office/center/ college/campus using the scale below. Encircle your rating.**

Scale	Descriptive Rating	Qualitative Description
5	Outstanding	The performance almost always exceeds the job requirements. The staff delivers outputs which always results to best practice of the unit. He is an exceptional role model
4	Very Satisfactory	The performance meets and often exceeds the job requirements
3	Satisfactory	The performance meets job requirements
2	Fair	The performance needs some development to meet job requirements.
1	Poor	The staff fails to meet job requirements

A. Commitment (both for subordinates and supervisors)		Scale				
1.	Demonstrates sensitivity to client's needs and makes the latter's experience in transacting business with the office fulfilling and rewarding.	5	4	3	2	1
2.	Makes self-available to clients even beyond official time	5	4	3	2	1
3.	Submits urgent non-routine reports required by higher offices/agencies such as CHED, DBM, CSC, DOST, NEDA, PASUC and similar regulatory agencies within specified time by rendering overtime work even without overtime pay	5	4	3	2	1
4.	Accepts all assigned tasks as his/her share of the office targets and delivers outputs within the prescribed time.	5	4	3	2	1
5.	Commits himself/herself to help attain the targets of his/her office by assisting co-employees who fail to perform all assigned tasks	5	4	3	2	1
6.	Regularly reports to work on time, logs in upon arrival, secures pass slip when going out on personal matters and logs out upon departure from work.	5	4	3	2	1
7.	Keeps accurate records of her work which is easily retrievable when needed.	5	4	3	2	1
8.	Suggests new ways to further improve her work and the services of the office to its clients	5	4	3	2	1
9.	Accepts additional tasks assigned by the head or by higher offices even if the assignment is not related to his position but critical towards the attainment of the functions of the university	5	4	3	2	1
10.	Maximizes office hours during lean periods by performing non-routine functions the outputs of which results as a best practice that further increase effectiveness of the office or satisfaction of clientele	5	4	3	2	1
11.	Accepts objective criticisms and opens to suggestions and innovations for improvement of his work accomplishment	5	4	3	2	1






12. Willing to be trained and developed	5	4	3	2	1
Total Score					

B. Leadership & Management ( <i>For supervisors only to be rated by higher supervisor</i> )	Scale				
1. Demonstrates mastery and expertise in all areas of work to gain trust, respect and confidence from subordinates and that of higher superiors	5	4	3	2	1
2. Visionary and creative to draw strategic and specific plans and targets of the office/department aligned to that of the overall plans of the university.	5	4	3	2	1
3. Innovates for the purpose of improving efficiency and effectiveness of the operational processes and functions of the department/office for further satisfaction of clients.	5	4	3	2	1
4. Accepts accountability for the overall performance and in delivering the output required of his/her unit.	5	4	3	2	1
5. Demonstrates, teaches, monitors, coaches and motivates subordinates for their improved efficiency and effectiveness in accomplishing their assigned tasks needed for the attainment of the calibrated targets of the unit	5	4	3	2	1
Total Score	50				
Average Score	4.9				

Overall recommendation : \_\_\_\_\_

  
**ELWIN JAY V. YU, M.D.**  
Chief of Hospital I



## EMPLOYEE DEVELOPMENT PLAN

Name of Employee: CAPUNO, Christelle Venus F.

Performance Rating: OUTSTANDING

Aim: Enhance and maintain professional skills in the practice of Pediatrician

Proposed Interventions to Improve Performance:

Date: January 2023 Target Date: June 2023

First Step: ~~Encourage to attend PPS Convention~~

*Encourage to undergo Inservice  
Training in IM, Emergency Medicine, Pediatrics, OB, ENT  
+ Psych*

Result: Able to update knowledge and inquire management of patients

Date: \_\_\_\_\_ Target Date: 2024 End of Quarter

Next Step:

Outcome: \_\_\_\_\_

Final Step/Recommendation:

Prepared by:

*[Signature]*  
ELWIN JAY V. YU, MD, MPH  
Chief of Hospital I

Conforme:

*[Signature]*  
CHRISTELLE VENUS F. CAPUNO, M.D.