



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

April 11, 2018

**DEPARTMENT CIRCULAR**

No. 2018- 0131

FOR : **ALL DOH REGIONAL DIRECTORS, HEALTH FACILITIES AND SERVICES REGULATORY BUREAU (HFSRB) DIVISION CHIEFS, REGULATORY LICENSING AND ENFORCEMENT DIVISION CHIEFS (RLED), HFSRB AND RLED REGULATORY OFFICERS, CHIEFS OF HOSPITALS AND HOSPITAL MEDICAL DIRECTORS**

SUBJECT : **Revised Licensing Assessment Tools for Hospitals**

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Based from the review of the draft hospital assessment tools and discussions during Technical Working Group meetings, Bimonthly Regulatory Licensing and Enforcement Division Chiefs Meetings, National Dialogue, and consultative meetings with HFSRB technical staff and specialty societies, the assessment tools for licensing of hospitals and infirmaries have been revised. The licensing standards and requirements are aligned with the provisions of Administrative Order No. 2012-0012 and its amendments.

The following are the major changes in the Assessment Tools:

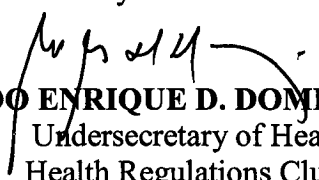
1. The Assessment Tools for licensing a Hospital are divided into parts:
  - a. Part I: Standards for Medical Services
  - b. Part II: Standards for Nursing Service
  - c. Part III: Standards for Physical Plant
  - d. Part IV for Level 1 Hospital
    - i. Attachment 1.A. – Personnel
    - ii. Attachment 1.B. – Physical Plant
    - iii. Attachment 1.C. – Equipment/Instruments
    - iv. Attachment 1.D. – Emergency Cart Contents for Level 1 Hospitals
    - v. Attachment 1.E – Add-on Services
  - e. Part IV for Level 2 Hospital
    - i. Attachment 2.A. – Personnel
    - ii. Attachment 2.B. – Physical Plant
    - iii. Attachment 2.C. – Equipment/Instruments
    - iv. Attachment 3.D – Emergency Cart Contents for Level 2 Hospitals
  - f. Part IV for Level 3 Hospital
    - i. Attachment 3.A. – Personnel
    - ii. Attachment 3.B. – Physical Plant
    - i. Attachment 3.C. – Equipment/Instruments
    - ii. Attachment 3.D – Emergency Cart Contents for Level 3 Hospitals

2. The HFSRB-approved floor plan shall be the basis for assessing compliance to the licensing standards for physical plant during inspection or monitoring.
3. The required quantity for each emergency medicine has been removed from the Assessment Tool. Hence, the hospitals and infirmaries have the sole responsibility for ensuring the availability of the emergency medicines based on their clinical practice guidelines or protocol and frequency of usage.
4. Additional licensing requirements include compliance to:
  - a. Implementation of the Electronic Medical Records
  - b. Implementation of the Antimicrobial Stewardship
  - c. National laws and DOH issuances:
    - i. R.A. No. 10932: Anti-Hospital Deposit Law
    - ii. EO No. 26 s. 2017: "Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places"
    - iii. A.O. No. 2007-0041: "Guidelines on the Mandatory Allocation of a Certain Percentage of the Authorized Bed Capacity as Charity Beds in Private Hospitals"
    - iv. R.A. No. 9439: "An Act Prohibiting the Detention of Patients in Hospitals and Medical Clinics on Grounds of Nonpayment of Hospital Bills or Medical Expenses"
    - v. R.A. 10173: "An Act Protecting Individual Personal Information in Information and Communications Systems in the Government and the Private Sector, Creating for this Purpose a National Privacy Commission, and for Other Purposes"
    - vi. Act No. 3753: "Law on Registry of Civil Status" and Presidential Decree No. 766: Amending Sections 2 and 5 of Presidential Decree No. 651, entitled "Requiring the Registration of Births and Deaths in the Philippines which occurred from January 1, 1974 and thereafter" and extending the Period of Registration up to December 31, 1975.

The revised Assessment Tools for hospitals to be used for both inspection and monitoring shall be effective starting **April 23, 2018**.

Thank you.

By Authority of the Secretary of Health:

  
**ROLANDO ENRIQUE D. DOMINGO, MD, MSc**  
Undersecretary of Health  
Health Regulations Cluster





Republic of the Philippines  
Department of Health  
**HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

**HOSPITAL ASSESSMENT TOOL**

**I. HEALTH FACILITY INFORMATION**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Tel. / Fax Nos.: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Tel. / Fax Nos.: \_\_\_\_\_

Hosp. Administrator: \_\_\_\_\_ Tel. / Fax Nos.: \_\_\_\_\_

Chief of Hospital/Med. Director: \_\_\_\_\_ Tel. / Fax Nos.: \_\_\_\_\_

License To Operate: \_\_\_\_\_ Authorized Bed Capacity: \_\_\_\_\_

Classification: General Level 1 ☐ Level 2 ☐ Level 3 ☐

Specialty ☐

Government: ☐

Private: ☐

National ☐

Single Proprietorship ☐

Local ☐

Corporation ☐

Others: (specify) \_\_\_\_\_

Others: (specify) \_\_\_\_\_

Type of application:

New ☐

Renewal ☐

Others: ☐ (specify) \_\_\_\_\_

**PART I**  
**HOSPITAL MEDICAL SERVICES**

**DOH STANDARDS (Indicators) for HOSPITALS**

**Instructions:**

- In the appropriate box, place a check mark (✓) if the hospital is compliant or X-mark if not compliant.
- Interview at least 10 patients and 10 hospital staff members.
- Conduct document review of at least 10 sample documents.

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>I. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS</b> <b>Standard: Organizational policies and procedures respect and support patients' rights to quality care and their responsibilities in that care.</b>					
1. Informed consent is obtained from patients prior to initiation of care.  <i>Note: Informed consent - includes a patient-doctor discussion of the nature of the decision or the procedure; alternatives to proposed intervention; the risks, benefits, and uncertainties related to each alternative; assessment to patient understanding; and patient's acceptance or refusal of the intervention.</i>	All patient charts have signed consent.	<b>DOCUMENT REVIEW</b> Patients charts  <b>INTERVIEW</b> Patients  <i>Ask patient/family from the wards/ICU if they were appropriately informed by authorized personnel (doctor or nurse) about their disease, condition or disability, its severity, prognosis, benefits and possible adverse effects of treatment options and the likely cost of treatment.</i>	Wards		
2. Policies and procedures which identify and address patients' rights and responsibilities are documented and monitored.	Presence of policies and procedures to identify and address patients' rights (Refer to DOH Department Memorandum No. 2017-0061)	<b>DOCUMENT REVIEW</b> Policies and procedures on patients' rights.  <b>INTERVIEW</b> Staff Patient  <b>OBSERVE</b> Posted patients' rights in conspicuous places.	Wards		
<b>II. PATIENT CARE</b> <b>A. ACCESS</b> <b>Standard: The organization informs the community about the services it provides and the hours of their availability.</b>					
3. Clinical services are appropriate to patients' needs and the former's availability is consistent with the organization's service capability and role in the community.	Presence of facilities consistent with clinical service capability.	<b>DOCUMENT REVIEW</b> 1. List of services with indicated time of availability 2. DOH LTO (updated, valid and original).	ER OPD OR/RR		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
		3. PNRI certification (when applicable)  <b>OBSERVE</b> The facilities, and structure. Check if the service capability of the hospital is in accordance with the health facility level			

**ACCORDING TO CLASSIFICATION OF HOSPITAL** (Place a check on the corresponding column, if complied)

CRITERIA	LEVEL 1	LEVEL 2	LEVEL 3	REMARKS
A. Clinical services at least for: - Medicine - Pediatrics - Obstetrics and Gynecology - Surgery - Anesthesia - Others (please specify)  <b>DOCUMENT REVIEW</b> Policies and procedures				
B. Departmentalized clinical services at least for: - Medicine - Pediatrics - Obstetrics and Gynecology - Surgery - Anesthesia - Others (please specify)  <b>DOCUMENT REVIEW</b> • Policies and procedures for each department • Separate recording of patients per department  <b>OBSERVE</b> • Physical separation of wards • Department head offices • Different clinical areas				
C. Dental Clinic  <b>DOCUMENT REVIEW</b> Policies and procedures including referral system				

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	LEVEL 1	LEVEL 2	LEVEL 3	REMARKS
D. High Risk Pregnancy Care  <b>DOCUMENT REVIEW</b> Policies and procedures				
E. Neonatal Intensive Care Unit  <b>DOCUMENT REVIEW</b> Policies and procedures				
F. Intensive Care Unit  <b>DOCUMENT REVIEW</b> Policies and procedures				
G. Respiratory Unit  <b>DOCUMENT REVIEW</b> Policies and procedures				
H. Physical Medicine and Rehabilitation Unit  <b>DOCUMENT REVIEW</b> Policies and procedures				
I. Ambulatory Surgical Clinic (ASC) (Refer to Assessment Tool for Ambulatory Surgical Clinic) Note: Levels 1 and 2 may opt to have an ASC				
J. Dialysis Clinic (Refer to Assessment Tool for Dialysis Clinic) Note: Levels 1 and 2 may opt to have a Dialysis Clinic				
K. Teaching and Training Hospital  <b>DOCUMENT REVIEW</b> • Policies and procedures • Certificate of accreditation of residency training (Must have at least two accredited residency trainings)				

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
4. All patients are correctly identified by their patient charts, including newborn	The contents of patient's charts are the following: 1. Summary or face sheet 2. Informed Consent	<b>DOCUMENT REVIEW</b> Patient charts from ER, ward, and OPD  <b>INTERVIEW</b> Patients	ER OPD Wards		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
	3. History and Physical Examination 4. Doctor's order 5. Nurses Notes 6. TPR Sheet 7. Laboratory report 8. Imaging reports 9. Maternal Record with Partograph (if warranted) 10. Newborn record and maturity rating (if warranted) 11. Medication and/or treatment record 12. Operative and anesthesia record (if warranted) 13. Record of interdepartmental referral/consultation to other physicians, including notes 14. Record of referral or transfer of patient to other facility/service/doctor including notes 15. Discharge summary 16. Clinical abstract 17. Advance directive, whenever applicable				
<b>Standard: The care plan addresses patient's relevant clinical, social, emotional and religious needs.</b>					
5. The plan of care, aside from delineating responsibilities, includes goals to be achieved, services to be provided, patient education strategies to be implemented, time frames to be met, and resources to be used.	Presence of adopted/developed protocols, CPGs or pathways containing goals to be achieved, services to be provided, patient education strategies to be implemented, time frames to be met and resources to be used	<b>DOCUMENT REVIEW</b> Adopted/developed protocols, CPGs or pathways containing goals to be achieved services to be provided patient education.  <b>OBSERVE</b> Check if medicines and treatment prescribed are in accordance with	Wards ER OPD ICU		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
		adopted CPGs/protocols			
<b>Standard: Each patient's physical, psychological and social status is assessed.</b>					
6. An appropriate comprehensive history and physical examination is performed on every patient within 48 hours from admission. The history includes present illness, past medical, family, social and personal history.	All patients have comprehensive history and PE within 48 hours from admission.	<b>DOCUMENT REVIEW</b> Patient chart from wards or Medical Records have complete history and P.E.	Wards  Medical Records Office		
<b>Standard: Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.</b>					
7. Previously obtained information is reviewed at every stage of the assessment to guide future assessments	All patient charts have progress notes by doctors and other health professionals.	<b>DOCUMENT REVIEW</b> Patient chart from medical records/wards.	Medical records room  Wards		
<b>Standard: Assessments are performed regularly and are determined by patients' evolving response to care.</b>					
8. Qualified personnel give patients for surgery pre-operative physical and pre-anesthetic assessment	All patients for surgery have undergone pre-operative physical and pre-anesthetic assessment	<b>DOCUMENT REVIEW</b> Patients' charts of surgery / OB-Gyne patients who have underwent surgery and presently admitted.	Surgical / OB-Gyne Wards		
<b>B. IMPLEMENTATION OF CARE</b> <b>Standard: Medicines are administered in a standardized and systematic manner. Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel</b>					
9. Policies and procedures for the standard performance, monitoring and quality control of diagnostic examinations	There is Quality control on diagnostic examinations including film reject analysis, etc. and calibration of diagnostic equipment	<b>DOCUMENT REVIEW</b> Proof of monitoring of implementation of the policies and procedures on quality control of diagnostic examinations	Laboratory X-ray CSSR		



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CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>C. EVALUATION OF CARE</b>					
<b>Standard: The discharge plan is part of the patient's care plan and is documented in the patients' chart.</b>					
10. Discharge plans for patients to ensure continuity of care.	All charts have discharge plans.	<b>DOCUMENT REVIEW</b> Patients' charts from medical records, look at the discharge orders. It should contain all of the following: <ul style="list-style-type: none"> <li>• May go home order</li> <li>• Home medications (if applicable)</li> <li>• Follow up visits/schedule</li> <li>• Home care/advise</li> </ul>	Medical records room wards		
<b>III. LEADERSHIP AND MANAGEMENT</b>					
<b>A. MANAGEMENT REVIEW</b>					
<b>Standard: The provider organization's management team provides leadership, acts according to the organization's policies and has overall responsibility for the organization's operation, and the quality of its services and its resources</b>					
11. Organizational Structure/Chart	Presence of organizational structure	<b>OBSERVE</b>  Organizational structure/chart is posted in a conspicuous area	Lobby		
12. The organization and its services develop their vision, mission and corporate goals based on agreed-upon values	Presence of written vision, mission, and goals of the hospital and all services/departments	<b>DOCUMENT REVIEW</b> Written vision, mission and goals  <b>OBSERVE</b> Posted vision and mission in a conspicuous area	Medical, Nursing and Administrative Services Laboratory		
13. The organization and its services develop their policies and procedures.	Written policies and procedures manual for all services/departments/units	<b>DOCUMENT REVIEW</b>  • Written Policies • Procedure manual	Medical, Nursing and Administrative Services		
14. Committees within the organization which includes the terms of reference for membership	Proof of the creation of all committees within the organization which includes the terms of reference for membership.  The following are the committees required:	<b>DOCUMENT REVIEW</b> Proof of the creation of all committees, written policies and procedures, minutes of meetings	Administrative office		

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**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
	1. Credentialing and privileging 2. Blood Transfusion 3. Healthcare Waste Management 4. Patient Safety 5. Infection Prevention and Control 6. Antimicrobial Stewardship (functional in Level 3 Hospitals by 2019, Level 2 by 2020, and all levels by 2022) 7. Pharmacologic and Therapeutic 8. Emergency and Disaster Preparedness 9. CQI 10. Grievance 11. Information and Communication Technology	<b>INTERVIEW</b> Committee members			
15. Evaluation and monitoring activities to assess management and organizational performance	Presence of evaluation and monitoring activities to assess management and organizational performance	<b>DOCUMENT REVIEW</b> Accomplishment reports or other annual reports as applicable	Administrative Office		

**ANCILLARY SERVICES** (Place a check on the corresponding column, if complied)

REQUIREMENTS	Level 1	Level 2	Level 3	REMARKS
<b>A. CLINICAL LABORATORY</b> (Refer to assessment tool for Clinical Laboratory) Notes: Level 1 and 2 Hospitals may opt for laboratory service capability higher than Secondary Clinical Laboratory and Tertiary Clinical Laboratory, respectively.				
1. Secondary Clinical Laboratory				
2. Tertiary Clinical Laboratory				
3. Tertiary Clinical Laboratory with Histopathology				
<b>B. IMAGING FACILITY</b>  <b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>For waived inspection of Center for Device Regulation Radiation Health and Research (CDRRHR): Recommendation Letter</li> <li>For inspected facilities by CDRRHR: Certificate of Compliance of Diagnostic X-ray facilities, interventional and specialized X-ray facilities</li> </ul>				



**PART I**  
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REQUIREMENTS	Level 1	Level 2	Level 3	REMARKS
Note: Level 1 and 2 Hospitals may opt for imaging facility service capability higher than Level 1 Imaging Facility and Level 2 Imaging Facility, respectively.				
1. Level 1 Imaging Facility				
2. Level 2 Imaging Facility				
3. Level 3 Imaging Facility				
<b>C. PHARMACY</b>  Open 24/7, providing safe, affordable and efficacious medicines  <b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Recommendation Letter from Center for Drug Regulation and Research (CDRR) for initial LTO for waived inspection.</li> <li>• Inspection Report from CDRR</li> </ul>				
<b>D. BLOOD SERVICE FACILITY</b> (Refer to assessment tool for blood service facility) There shall be 24 hours / 7 days a week provision of safe blood. Note: Levels 1 and 2 may opt to have a higher a blood service facility higher than a Blood Station.				
	Level 1	Level 2	Level 3	REMARKS
1. Blood Station				
2. Blood Bank				
3. Blood Bank with Additional Functions				
<b>E. AMBULANCE SERVICE</b> (Refer to assessment tool for ambulance service) The ambulance vehicle should be physically present in the hospital. It shall be available 24 hours/7 days a week.				
	Level 1	Level 2	Level 3	REMARKS
1. Type 1 – Basic Life Support (BLS)				
2. Type 2 – Advance Life Support (ALS)				

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>IV. HUMAN RESOURCE MANAGEMENT</b> <b>A. HUMAN RESOURCES PLANNING</b> Standard: Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.					

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**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
16. The organization documents and follows policies and procedures for hiring, credentialing, and privileging of its staff.	Presence of policies and procedures for hiring, credentialing and privileging of staff	<b>DOCUMENT REVIEW</b>  Policies and procedures for hiring, credentialing and privileging of staff  <b>INTERVIEW</b> Human Resources Management Officer/Personnel Officer	Personnel /Administrative office		
17. Staff numbers and skill mix are based on actual clinical needs.  (Trainees, except physicians undergoing residency training and volunteers not included)	Staff to bed ratio for licensed doctors, registered nurses and midwives/nursing aides follows the DOH prescribed ratio. (Refer to Attachment of Assessment Tool for Personnel)	<b>DOCUMENT REVIEW</b>  <ul style="list-style-type: none"> <li>• List of licensed doctors and nurses based on HR records</li> <li>• Payroll</li> <li>• Schedule of duties for the previous and current month</li> <li>• Number of beds authorized by DOH and actual beds being used</li> <li>• 201 files of employees</li> </ul>	Personnel/ Administrative office  Wards		
<b>B. STAFF RECRUITMENT, SELECTION, APPOINTMENT AND RESPONSIBILITIES</b> <b>Standard: There are relevant orientation, training and development programs to meet the educational needs of management and staff.</b>					
18. Professional qualifications are validated, including evidence of professional registration /license where applicable, prior to employment	Presence of Qualification Standards	<b>DOCUMENT REVIEW</b> Check Qualification Standards; procedures in hiring.  <b>OBSERVE</b> Check PRC License of some MDs, Nurses, Pharmacists	Personnel/ Administrative office		
19. The staff are provided with a documented job description outlining accountabilities	Staff provided with job description outlining their accountabilities and responsibilities	<b>DOCUMENT REVIEW</b> Written job descriptions with conforme	Personnel/ Administrative office		

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CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
and responsibilities					
<b>C. STAFF TRAINING AND DEVELOPMENT</b> <b>Standard: There are relevant orientation, training and development programs to meet the educational needs of management and staff.</b>					
20. New personnel, new graduates and external contractors- are adequately supervised by qualified staff	Proof that new personnel are adequately oriented and supervised	<b>DOCUMENT REVIEW</b> Documentation of orientation conducted  <b>INTERVIEW</b> Ask new personnel about the lines of authority and supervision and if the supervision is adequate  <b>OBSERVE</b>	Personnel/ Administrative office		
21. Annual plan on training activities	Presence of annual plan on training activities	<b>DOCUMENT REVIEW</b>  Annual plan (including resource/ budgetary allocation) on training activities	Personnel/ Administrative office		
<b>V. INFORMATION MANAGEMENT</b> <b>A. DATA COLLECTION AND AGGREGATION</b> <b>Standard: Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services</b>					
22. Records are stored, retained and disposed of in accordance with the guidelines set by National Archives of the Philippines (NAP)	Policies and procedures on record storage, retention and disposal.	<b>DOCUMENT REVIEW</b> Logbooks on record storage, retention and disposal  <b>OBSERVE</b> Proper storage of records	Medical records room		
23. The organization defines data sets, data generation, collection and aggregation methods and the qualified staff	Presence of annual statistical reports and other additional hospital statistics as determined by the management (Refer to National Archives of the Philippines [NAP] per DC No. 70 s. 1996)	<b>DOCUMENT REVIEW</b> • Policies and procedures on record storage, safekeeping and maintenance, retention and disposal.	Medical records room		

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**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
who are involved in each stage		<ul style="list-style-type: none"> <li>• Proof of participation or submission in the OHFSRS (Online Health Facility Statistical Reporting System)</li> </ul>			
<b>B. RECORDS MANAGEMENT</b> <b>Standard: Clinical records are readily accessible to facilitate patient care, are kept confidential and safe, and comply with all relevant statutory requirements and codes of practice.</b>					
24. When patients are admitted or are seen for ambulatory or emergency care, patient charts documenting any previous care can be quickly retrieved for review, updating and concurrent use.	Presence of policies and procedures on filing and retrieval of charts	<b>OBSERVE</b> Patient charts are easily retrievable within 10-15 minutes	Medical Records Room/ Office		
25. The organization has policies and procedures, and devotes resources, including infrastructure, to protect records and patient charts against loss, destruction, tampering and unauthorized access or use. Only authorized individuals make entries in the patient chart.	Presence of policies and procedures on protection of records and patient charts against loss, destruction, tampering and unauthorized access or use, and in maintaining confidentiality/ privacy.	<b>DOCUMENT REVIEW</b> Logbooks for borrowing and retrieval of charts  <b>OBSERVE</b> Access to records and patient charts	Medical Records Room/ Office Wards		
26. Electronic Medical Records	All general and specialty hospitals are mandated to comply with the EMR implementation starting October 2018.	<b>OBSERVE</b>  EMR implementation includes, but is not limited to, e-claims, primary care benefits, maternal and neonatal deaths,	Medical Records Room/ Office Wards		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
		injury, and confirmed cases of diagnosis (e.g. cancer, diabetes mellitus, cerebrovascular accident)			
<b>VI. SAFE PRACTICE AND ENVIRONMENT</b>					
<b>A. INFECTION CONTROL</b>					
<b>Standard: An interdisciplinary infection control program ensures the prevention and control of infection in all services.</b>					
27. Infection Prevention and Control Committee	Presence of an Infection Prevention and Control Committee (IPCC) with defined roles and responsibilities	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• IPCC composition</li> <li>• Full time Infection Control Nurse (1:100 beds)</li> <li>• IPCC functions and activities</li> <li>• Minutes of meetings</li> </ul>	Infection Control Committee Office		
28. Infection Prevention and Control Program	Presence of an infection control program ensuring prevention and control of infections on all services.	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• IPC Manual.</li> <li>• Policies on rational antimicrobial use based on the hospital antibiogram and surveillance of AMR</li> <li>• Reports of infection control activities e.g. surveillance, training, outbreak investigation, etc.</li> <li>• Policies and procedures on disposition of dead bodies with dangerous communicable disease.</li> </ul>	Nurse Supervisor's Office		
<b>Standard: The organization uses a coordinated system-wide approach to reduce the risks of healthcare-associated infections.</b>					
29. Organization takes steps to prevent and control	Presence of a coordinated system-wide procedure for prevention	<b>DOCUMENT REVIEW</b> Validate hospital policies on	ER Wards Laboratory		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
outbreaks of healthcare associated infections.	of hospital associated infections  Presence of a coordinated system-wide procedure for asepsis.	infection control such as use of PPEs, isolation precautions and hand washing.  <b>INTERVIEW</b> Ask staff in ER and wards the procedures on isolation  <i>(Isolation - physical isolation of a patient with infection and reverse isolation).</i>  Ask staff from ER, wards and laboratory about the approaches for asepsis during diagnostic and treatment procedures			
30. There are programs for the prevention of transmission of airborne infections, and risks from patients with signs and symptoms suggestive of tuberculosis or other communicable diseases are managed according to established protocols	Presence of program on prevention of transmission of airborne infections and risks from patients with signs and symptoms suggestive of tuberculosis or other communicable diseases	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Policies and procedures on isolation.</li> <li>• Occupational Health and Safety Program for employees</li> <li>• Policies on timely referral and case reporting of highly transmissible and notifiable infectious disease e.g. meningococemia, SARS, avian flu, etc.</li> <li>• Procedures on recycling &amp; reuse</li> </ul> <b>OBSERVE</b> <ul style="list-style-type: none"> <li>• Use of gloves, surgical masks</li> <li>• Lavatories or designated areas for hand</li> </ul>	ER Wards Isolation room Laboratory		



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CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
		washing or dispenser for hand sanitizers • Separate holding room for highly infectious cases.  • Ask a staff to demonstrate hand washing technique			
<b>Standard: When needed, the organization reports information about infections to personnel and public health agencies.</b>					
31. Policies and procedures in reporting notifiable diseases (Refer to AO No. 2008-0009).	Presence of policies and procedures in reporting notifiable diseases	<b>DOCUMENT REVIEW</b> Copy of reports submitted to Philippine Integrated Disease Surveillance and Response (PIDSR)			
<b>B. PATIENT AND STAFF SAFETY</b> <b>Standard: The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations.</b>					
32. An incident reporting system identifies potential harms, evaluates causal and contributing factors for the necessary corrective and preventive action	Presence of incident reporting system/sentinel event monitoring system (which may include hospital associated infections, unexpected deaths, adverse drug reactions, blood transfusion reactions, falls, etc.)	<b>DOCUMENT REVIEW</b> Incident/sentinel event reports or communications/memoranda/orders or proceedings on sentinel events  <b>INTERVIEW</b> Ask at random any staff from wards and ER: • How the incident reporting system works • Correction, corrective and preventive actions taken	Infection Control Committee office CQI Office Wards ER ICU OR		
<b>VII. IMPROVING PERFORMANCE</b> <b>Standard: The organization has a planned systematic organization- wide approach to process design and performance measurement, assessment and improvement.</b>					
33. Continuous Quality Improvement Program	Presence of Quality Improvement Program	<b>DOCUMENT REVIEW</b> CQI plan and proof of implementation	Administrative Office		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>Standard: Management is primarily responsible for developing, communicating, and implementing a comprehensive quality improvement program throughout the organization and delegating responsibilities to appropriate personnel for its day-to-day implementation</b>					
34. Comprehensive quality improvement program throughout the organization and delegating responsibilities to appropriate personnel for its day-to-day implementation	Proof that the management is primarily responsible for developing, communicating and implementing a comprehensive quality improvement program implementation	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Memoranda/orders creating the QI team/Quality circle</li> <li>• Minutes of meetings/ extracts of minutes relating to concerned topic, documentation of activities</li> <li>• Monitoring reports on CPG use or similar QI activities</li> <li>• Designation of a point person for the CQI</li> </ul> <b>INTERVIEW</b> Validate the activities by asking the management team or officer involved in CQI program	Administrative Office		
<b>Standard: The organization provides better care service as a result of continuous quality improvement activities</b>					
35. Customer satisfaction survey	Presence of customer satisfaction survey	<b>DOCUMENT REVIEW</b> Accomplished client satisfaction survey forms with monthly analysis; actions taken	Administrative Office		
36. Better patient outcome.	Proof of better patient outcomes	<b>DOCUMENT REVIEW</b> Documentation of better outcomes for patients as a result of CQI activities (Correction, corrective and preventive actions of problems identified)	Administrative Office		



**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>VIII. NATIONAL LAWS AND DOH ISSUANCES IMPLEMENTED IN HOSPITALS AND OTHER HEALTH FACILITIES</b>					
37. <b>Newborn Screening – in compliance to RA 9288 and its IRR</b>	Proof of implementation of Newborn Screening	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Policies and procedures on Universal Newborn Screening</li> <li>• Logbook of Newborns who were tested and copies of waiver for those who were not screened</li> <li>• Availability of filter paper</li> </ul>	OB Ward (Rooming In)		
38. <b>Universal Newborn Hearing Screening – in compliance to RA 9709 (Universal Newborn Hearing Screening Act)</b>	Proof of implementation of Newborn Hearing Screening	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Logbook of Newborns who were tested on hearing</li> <li>• Proof of referral if service is not available</li> </ul>	Newborn hearing screening room		
39. <b>Mother- Baby Friendly Hospital Initiative – in compliance to RA 7600 and RA 10028 and its IRR, and Executive Order No. 51 (Milk Code)</b>	Proof of implementation of Rooming-in and Breastfeeding	<b>DOCUMENT REVIEW</b> MBFHI Certificates: <ul style="list-style-type: none"> <li>• MBF Hospital</li> <li>• MBF Workplace</li> </ul> (MOU for those who are not certified yet).  <b>OBSERVE</b> <ul style="list-style-type: none"> <li>• Breastfeeding area should be provided at the NICU</li> <li>• There shall be no nursery for normal newborns</li> </ul>	OB Ward		
40. <b>Family planning – in compliance to RA 10354 (Responsible Parenthood and Reproductive</b>	Presence of Family planning services	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• List of FP acceptors</li> <li>• Evidence as conscientious objector if FP</li> </ul>	OPD OB wards		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
Health Act of 2012)		services are not provided • Referral Logbook if conscientious objector.			
41. Immunization – in compliance to RA No. 306	Proof that newborn babies given BCG and first dose Hepatitis B vaccine	<b>DOCUMENT REVIEW</b> Records of Newborns given BCG and first dose Hepa-B vaccine  <b>OBSERVE</b>  <b>INTERVIEW STAFF</b>	OB Ward		
42. Anti-smoking – in compliance to RA 9211  EO No. 26 s. 2017, “Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places”	Proof of implementation of policies and procedures on anti-smoking	<b>DOCUMENT REVIEW</b> Policies and procedures on anti-smoking  <b>OBSERVE</b> “No Smoking” signages posted in a conspicuous spaces	Hallways Toilets Wards Offices OPD		
43. Generic Prescribing – in compliance to RA 6675 (Generics Act of 1988)	Proof of implementation of policies and procedures on generic prescribing	<b>DOCUMENT REVIEW</b> • Prescriptions filled in the Pharmacy • Physicians’ orders in patients’ charts • Documentation of nurses on medicines.	Pharmacy Wards		
44. Health Emergency Management Services (HEMS) – in compliance to AO 2004-0168 “National Policy on Health Emergencies and Disasters”	Proof of implementation of the Hospital Emergency Management Plan (e.g. fire drill, earthquake drill, etc.)	<b>DOCUMENT REVIEW</b> • Self-assessment for disaster readiness using the “Safe Hospital Checklist” available at the HEMB website. • Result of self-assessment and how gaps were resolved	ER Wards Offices		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
		<b>OBSERVE</b> Exit plans posted in all hallways and rooms			
<b>45. National Tuberculosis Program</b>  <b>NTP – in compliance with RA 10767 (Comprehensive TB Elimination Plan Act)</b>	Proof of implementation of National TB Program	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Presence of Hospital TB Referral Logbook</li> <li>• List of Diagnosed TB Cases Notified (with received remarks by DOH-Regional Office)</li> </ul>	OPD Wards		
<b>46. A.O. No. 2007-0041: “Guidelines on the Mandatory Allocation of a Certain Percentage of the Authorized Bed Capacity as Charity Beds in Private Hospitals”</b>	Proof of implementation of allocation of charity beds to indigent patients in private hospitals	<b>DOCUMENT REVIEW</b> Policies and procedures on the allocation of charity beds for confinement of indigent patients or patients classified as Class C or D patients as defined in A.O. No. 51-A s. 2000: “Implementing Guidelines on Classification of Patients and on Availment of Medical Social Services in Government Hospitals.”  <b>OBSERVE</b>  At least ten percent (10%) of authorized bed capacity of private hospital is allocated as charity beds.	Wards		
<b>47. R.A. 9439: “An Act Prohibiting the Detention of Patients in Hospitals and Medical</b>	Proof of implementation of R.A. 9439	<b>DOCUMENT REVIEW</b>  Policies and procedures on handling cases of patients for	Adminis- trative Office		

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
Clinics on Grounds of Nonpayment of Hospital Bills or Medical Expenses”		discharge but with unpaid hospital bills are aligned with the provisions in R.A. No. 9439.			
48. R.A. 10932: Anti-Hospital Deposit Law	Proof of implementation of R.A. 10932	<p><b>DOCUMENT REVIEW</b></p> <p>Policies and procedures on the implementation of RA 10932 rendering emergency care and admission to poor indigent and marginalized patients.</p> <p><b>OBSERVE:</b></p> <p>A copy of the R.A. 10932 and its Implementing Rules and Regulations are posted in a conspicuous space.</p>	Adminis- trative Office  ER		
49. R.A. 10173: Data Privacy Act	Proof of implementation of R.A. 10173	<p><b>DOCUMENT REVIEW</b></p> <p>Policies and procedures on the implementation of RA 10173</p>	Adminis- trative Office  Medical Records Office		
50. Act No. 3753: “Law on Registry of Civil Status” and Presidential Decree No. 766: Amending Sections 2 and 5 of Presidential Decree No. 651, entitled “Requiring the Registration of Births and Deaths in the Philippines which occurred from January 1, 1974 and	Proof of implementation of Act No. 3753 and Presidential Decree No. 766	<p><b>DOCUMENT REVIEW</b></p> <ul style="list-style-type: none"> <li>• Birth certificates and death certificates properly filled out and filed</li> <li>• Logbooks showing proof of submission of accomplished birth and death certificates to local civil registry</li> <li>• Properly filed and signed waivers by families or relatives if they</li> </ul>			

**PART I**  
**HOSPITAL MEDICAL SERVICES**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
thereafter” and extending the Period of Registration up to December 31, 1975.		opt to file the births/deaths personally at the local civil registry.			



Republic of the Philippines  
Department of Health  
**HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

Name of Health Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**RECOMMENDATIONS:**

**A. For Licensing Process**

[ ] For Issuance of License To Operate as HOSPITAL

Validity from \_\_\_\_\_ to \_\_\_\_\_

[ ] Issuance depends upon compliance to the recommendations given and submission of the following within \_\_\_\_\_ days from the date of inspection

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Non-issuance. Specify reason/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inspected by:**

Printed name

Signature

Position/Designation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Date: \_\_\_\_\_



Republic of the Philippines  
Department of Health  
**HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

Name of Health Facility: \_\_\_\_\_

Date of Monitoring: \_\_\_\_\_

**RECOMMENDATIONS:**

**B. For Monitoring Process**

☐ Issuance of Notice of Violation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Non-issuance of Notice of Violation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Others. Specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monitored by:**

Printed name

Signature

Position/Designation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**PART II**  
**HOSPITAL NURSING SERVICE**

**DOH STANDARDS (Indicators) for HOSPITALS**

**Instructions:**

- In the appropriate box, place a check mark (✓) if the hospital is compliant or X-mark if not compliant.
- Interview at least 10 patients and 10 hospital staff members.
- Conduct document review of at least 10 sample documents.

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>I. PATIENT CARE</b>					
<b>A. ACCESS</b>					
<b>Standard: Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.</b>					
<b>1. NURSING SERVICES</b> Moderate Nursing Care and Management	Licensed and appropriately trained nursing personnel assigned in special and critical areas	<b>DOCUMENT REVIEW</b> PRC Valid license Certificate of relevant training	Wards, ER, OPD		
2. Nurses make use of Nursing Process in the care of patients	Charts have nurses' notes  Presence of Nursing manual and properly utilized Kardex	<b>CHART REVIEW</b> Patients' charts from medical records or wards have nurses' notes  <b>DOCUMENTS</b> Patients' charts Kardex	Wards  Medical Records Office		
<b>B. IMPLEMENTATION OF CARE</b>					
<b>Standard: Medicines are administered in a standardized and systematic manner. Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel</b>					
3. Medicines are administered in a timely, safe, appropriate and controlled manner	All medicines are administered observing the five (5) R's of medication which are:  1. Right patient 2. Right medication 3. Right dose 4. Right route 5. Right time	<b>CHART REVIEW</b> Check patients charts for the accuracy of medicine administration.	ER Wards		
4. Only qualified personnel order, prescribe, dispense, prepare, and administer drugs.	All doctors, pharmacists and nurses have updated licenses	<b>INTERVIEW</b> Randomly check the licenses of some doctors, nurses and pharmacists if they are updated.	Wards Pharmacy ER OPD		
5. Prescriptions or orders are verified and patients are properly identified before medications are administered	Proof that prescriptions or orders are verified before medications are administered	<b>INTERVIEW</b> Ask staff how they verify orders from doctors prior to administration of medicines.  <b>OBSERVE</b> How staff verifies the prescriptions or orders	Wards ER		



**PART II**  
**HOSPITAL NURSING SERVICE**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
		for medicines with the doctor's order.			
6. Patients are properly identified before medicines are administered	Proof that patients are correctly identified prior to administration of medications	<b>INTERVIEW</b> Verify from patients if they were correctly identified prior to drug administration.  <b>OBSERVE</b> if the staff verifies the identity of patient prior to administration of medications (patient should be the one to state his/her name.)	Wards ER		
7. Medicine administration is properly documented in the patient chart	All charts have proper documentation of medicine administration.	<b>CHART REVIEW</b> Medication sheet in patient chart from medical records or from the wards.	Medical records office wards		
<b>II. SAFE PRACTICE AND ENVIRONMENT</b>					
<b>A. INFECTION CONTROL</b>					
<b>Standard: The organization uses a coordinated system-wide approach to reduce the risks of healthcare-associated infections.</b>					
8. There are programs for prevention and treatment of needle stick injuries, and policies and procedures for the safe disposal of used needles are documented and monitored	Presence of policies and procedures on the prevention and treatment of needle stick injuries and safe disposal of needles	<b>INTERVIEW</b> Ask staff their policies on needle stick injury  <b>OBSERVE</b> Use of PPEs in doing minor surgeries, IV insertions, etc.	ER Wards		
<b>Standard: Cleaning, disinfecting, drying, packaging and sterilizing of equipment, and maintenance of associated environment, conform to relevant statutory requirements and codes of practice.</b>					
9. Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies.	Presence of policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies	<b>DOCUMENT REVIEW</b> • Policies and procedures • Logbooks on packaging and sterilizing of equipment, instruments and supplies  <b>OBSERVE</b> Designated areas for receiving, cleaning, disinfecting, drying packaging, sterilizing and releasing of sterilized equipment, instruments and supplies.	CSSR		

## PART III HOSPITAL PHYSICAL PLANT

### DOH STANDARDS (Indicators) for HOSPITALS

#### Instructions:

- In the appropriate box, place a check mark (✓) if the hospital is compliant or X-mark if not compliant.
- Interview at least 10 patients and 10 hospital staff members.
- Conduct document review of at least 10 sample documents.

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>I. PATIENT CARE</b>					
<b>A. ACCESS</b>					
1. A multi-level ramp shall have a minimum clear width of 1.22 meters in one direction and slope is 1:12; an elevator which can accommodate at least a patient bed, provided if there is no ramp; Ramp is provided at the entrance if it is not at the same level with the inside	Presence of ramp or elevator	<b>OBSERVE</b>			
2. Entrances and exits are clearly and prominently marked	Presence of entrances and exits that are readily accessible. <i>(Reference: RA 6541 Building Code of the Philippines)</i>	<b>OBSERVE</b> <ul style="list-style-type: none"> <li>• With entrance and exit signs. Check ER, OPD and wards</li> <li>• Entrances and exits are accessible and free from any obstruction</li> </ul>	ER OPD Wards OR/RR/DR Imaging		
3. Directional signs are prominently posted to help locate service areas within the organization.	Presence of directional signage to locate service areas	<b>OBSERVE</b> Signage is easily seen along corners, corridors, lobby, clinic	ER OPD Wards Lobby		
4. Alternative passageways for patients with special needs (e.g. ramps) are available, clearly and prominently marked and free of any obstruction.	Entrance ramp is provided, as required in Accessibility Law for all types of structure	<b>OBSERVE</b> Check: <ul style="list-style-type: none"> <li>• Alternative passageways for patients with special needs.</li> <li>• They are prominently marked</li> <li>• They are free from obstruction.</li> </ul>	ER OPD Wards Other areas		
5. Corridors conform with standard measurement	Corridors used as access for patients using bed or stretcher are at least 2.44 meters while in areas not commonly used for bed or stretcher are at least 1.83 meters	<b>OBSERVE</b> <ul style="list-style-type: none"> <li>• Corridors 2.44 meters wide can accommodate 2 wheeled stretchers alongside each other</li> </ul>			

**PART III**  
**HOSPITAL PHYSICAL PLANT**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
		<ul style="list-style-type: none"> <li>Wheeled stretcher can have a 360 degree turning radius</li> </ul>			
<b>B. SERVICES THAT MAY BE OUTSOURCED</b>					
6. Outsourced services are within the facility	Presence of all outsourced services within the hospital	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Contracts/MOA for outsourced services</li> <li>Valid licenses of all providers</li> <li>Check contracts / job orders</li> </ul>	Administrative Office		
<b>1. ADMINISTRATIVE SERVICES</b>					
A. Dietary	There shall be provision of safe, quality and nutritious food to patients.  Diet prescription or diet counselling is provided to patients	<b>DOCUMENT REVIEW/ INTERVIEW</b> <ul style="list-style-type: none"> <li>Check policies and procedures in the dietary.</li> <li>Monthly menu for patients</li> </ul>	Administrative Office		
B. Linen/ Laundry	If not contracted out, there shall be: <ul style="list-style-type: none"> <li>Sorting of soiled and contaminated linens in designated areas</li> <li>Systematic washing of laundry with safeguard against spread of infection</li> <li>Disinfection of laundry</li> </ul>	<b>DOCUMENT REVIEW/ INTERVIEW</b>  Check policies and procedures on how soiled linens are collected disinfected and washed.			
C. Security	Policies and procedures on security of patients, visitors and hospital staff	<b>DOCUMENT REVIEW</b> Security check for internal and external customers including use of visitor's pass			
D. Housekeeping / Janitorial	There shall be provision and maintenance of clean, safe and sanitary facilities and environment for hospital personnel, patients and clients	<b>OBSERVE</b> Proof of implementation			

**PART III**  
**HOSPITAL PHYSICAL PLANT**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
E. Proper Waste Disposal	Policies and procedures on proper waste disposal.	<b>DOCUMENT REVIEW</b>  Proof of implementation of policies and procedures on proper waste disposal.			
F. Maintenance (Equipment and Building)	Policies and procedures on maintenance	<b>DOCUMENT REVIEW</b>  <b>OBSERVE</b> Proof of implementation	Lobby ER / OPD Wards and the rest of the hospital		
<b>II. SAFE PRACTICE AND ENVIRONMENT</b> <b>A. PATIENT AND STAFF SAFETY</b> <b>Standard: The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations</b>					
7. Hospital has a valid license	Presence of updated DOH license to operate	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Updated DOH license</li> <li>If facility has nuclear medicine, check certificate issued by PNRI</li> </ul>	Administrative office		
8. Building Maintenance Program is in place ensuring facilities are in state of good repair	Policies and procedures	<b>DOCUMENT REVIEW</b> Routine program of work for preventive maintenance and record of corrective maintenance are available			
9. Hospital is free from undue noise, pollution and from foul odor		<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Check presence of MSDS (Material Safety Data Sheet) in the laboratory and Engineering</li> <li>Record of disposal of radiologic wastes</li> </ul> <b>INTERVIEW</b> Ask staff at random: their manner of waste segregation and disposal; safe storage and disposal of reagents, and disposal of wastewater	Hospital surroundings Laboratory Pharmacy and other part of the facility and Maintenance		
10. Presence of a management plan, policies and procedures addressing safety	Presence of a management plan, policies and procedures addressing: <ul style="list-style-type: none"> <li>Safety</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Management plan, policies and procedures</li> </ul>	Administrative office Maintenance office,		

**PART III**  
**HOSPITAL PHYSICAL PLANT**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
	<ul style="list-style-type: none"> <li>•Security</li> <li>•Disposal and control of hazardous materials and biologic wastes</li> <li>•Emergency and disaster preparedness</li> </ul>	<ul style="list-style-type: none"> <li>•Proof of Implementation</li> </ul> <p><b>INTERVIEW</b> Ask about the frequency of the following:</p> <ul style="list-style-type: none"> <li>•Fire drill conducted in the past 12 months</li> <li>•Earthquake drill conducted in the past 12 months</li> </ul>	ER Wards		
11. Policies and procedures for the safe and efficient use of medical equipment according to specifications are documented and implemented.	Presence of policies and procedures for: <ul style="list-style-type: none"> <li>• Quality Control</li> <li>• Corrective and Preventive Maintenance Program for medical equipment</li> </ul>	<p><b>DOCUMENT REVIEW</b></p> <ul style="list-style-type: none"> <li>• Presence of operating manuals of the medical equipment</li> <li>• Preventive and corrective maintenance logbook</li> <li>• Film reject analysis</li> <li>• Quality control tests results</li> </ul> <p><b>OBSERVE</b> How staff performs necessary precaution or safety procedures such as: red light is on while x-ray procedure is being done. <i>Note: Look into their storage of mercury containing devices which are no longer allowed to be used</i></p>	ER OPD Wards DR Laboratory Pharmacy Maintenance Office Other areas		
12. Patient areas provide sufficient space for safety, comfort and privacy of the patient and for emergency care.	<ul style="list-style-type: none"> <li>• Presence of adequate space, lighting and ventilation in compliance with structural requirements (for patient safety and privacy)</li> </ul>	<p><b>OBSERVE</b></p> <ul style="list-style-type: none"> <li>• Adequate space for patients in moving around the bed areas</li> <li>• Adequate lighting (lights are working, lighting is adequate enough for conduct of general activities)</li> <li>• Adequate ventilation</li> <li>• Segregation of sexes, in wards and clinical areas</li> </ul>	ER OPD Wards DR		
13. A coordinated security arrangement in the organization assures protection of	Presence of an appointed personnel in charge of security.	<p><b>DOCUMENT REVIEW</b></p> <p>Contract or Appointment of person in charge of security.</p>			

**PART III**  
**HOSPITAL PHYSICAL PLANT**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
patients, staff and visitors.		<b>INTERVIEW</b> Ask the personnel in charge of security what the policies on security are.  <b>OBSERVE</b> <ul style="list-style-type: none"> <li>• Security measures</li> <li>• CCTV is provided</li> </ul>			
<b>B. MAINTENANCE OF THE ENVIRONMENT OF CARE</b> <b>Standard: Emergency light and/or power supply, water and ventilation systems are provided for, in keeping with relevant statutory requirements and codes of practice.</b>					
14. Generator, emergency light, water system, adequate ventilation or air conditioning	Presence of generator, emergency light, water system, adequate ventilation or air conditioning.	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Check result of water analysis for the last 6 months.</li> <li>• Preventive and corrective maintenance logbooks</li> </ul> <b>OBSERVE</b> <ul style="list-style-type: none"> <li>• Test if faucets and water closets are working</li> <li>• Functional emergency lights and generators</li> </ul>	Engineering/ Maintenance Other Relevant Areas		
15. Equipment are regularly maintained with plan for replacement according to expected life span or when no longer serviceable.	Presence of policies and procedures on preventive and corrective maintenance and replacement if warranted	<b>DOCUMENT REVIEW</b> Records of preventive and corrective maintenance and plan for replacement			
16. Training of the staff who is in charge of the maintenance of the equipment	Proof of training of the staff who is in charge of the maintenance of the equipment	<b>DOCUMENT REVIEW</b> For in-house: Certificate of training of service personnel or Certificate of training For outsourced service: MOA/Contract  <b>INTERVIEW</b> Ask about how equipment (generator, A/C, Medical and non-medical devices, etc.) are maintained	Engineering/ Maintenance Office Laboratory Imaging Other Areas		

**PART III**  
**HOSPITAL PHYSICAL PLANT**

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>Standard: Current information and scientific data from manufacturers concerning their products are available for reference and guidance in the operation and maintenance of plant and equipment.</b>					
17. Operating manuals of equipment	Presence of operating manuals equipment	<b>DOCUMENT REVIEW</b> Operating manual of Medical equipment, generators, air conditioners and other non-medical equipment.	Engineering/ Maintenance Office Imaging, Laboratory		
<b>C. ENERGY AND WASTE MANAGEMENT</b> <b>Standard: The handling, collection and disposal of waste conform with relevant statutory requirements and code of practice</b>					
18. Licenses/permits/ clearances from pertinent regulatory agencies	Presence of licenses/permits/ clearances from pertinent regulatory agencies, if applicable	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Valid licenses/permits from regulatory agencies (LGU, DENR, etc.)</li> <li>Proof of compliance i.e., generator permit, elevator permit, etc.</li> </ul>	Adminis- trative office		
19. Policies and procedures on Waste Disposal Management	Proof of strict implementation of policies and procedures on waste management	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Issuances - memos, guidelines on waste segregation, collection, treatment and disposal.</li> <li>Contracts with service providers waste handlers or disposal contractors (if applicable)</li> </ul> <b>OBSERVE</b> <ul style="list-style-type: none"> <li>Segregation of waste</li> <li>Proper labelling of waste receptacles</li> <li>Recyclable waste staging areas</li> <li>Proper management of temporary storage areas prior to hauling for disposal.</li> </ul> <b>INTERVIEW</b> Ask staff regarding SOPs on actual procedure on waste disposal			



## PART IV - LEVEL 1 HOSPITAL

Instruction: In the appropriate box, place a check mark (✓) if the hospital is compliant or X-mark if not compliant.

### ATTACHMENT 1.A - PERSONNEL

POSITION	QUALIFICATION	EVIDENCE	NUMBER/ RATIO	COMPLIED	REMARKS
<b>TOP MANAGEMENT (Should be full-time)</b>					
Chief of Hospital/Medical Director	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Have completed at least twenty (20) units towards a Master's Degree in Hospital Administration or related course (MPH, MBA, MPA, MHSA, etc.) <b>OR</b> at least five (5) years hospital experience in a supervisory or managerial position</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate of units earned</li> <li>Updated Physician PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Service Record/Certificate of Employment (proof of hospital supervisory/managerial experience)</li> </ul>	1		
Chief Nurse /Director of Nursing	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Master's Degree in Nursing <b>AND</b> at least five (5) years of clinical experience in a supervisory or managerial position in nursing (R.A. No. 9173)</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Service Record/Certificate of Employment (proof of supervisory/managerial experience in nursing)</li> </ul>	1		
Chief Administrative Officer/Hospital Administrator	Have completed at least twenty (20) Units towards Master's Degree in Hospital Administration or related course (MPH, MBA, MPA, MHSA, etc.) <b>OR</b> at least five (5) years hospital experience in a supervisory/ managerial position.	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate of units earned</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Service Record/Certificate of Employment (proof of hospital supervisory/managerial experience)</li> </ul>	1		



POSITION	QUALIFICATION	EVIDENCE	NUMBER/ RATIO	COMPLIED	REMARKS
		l experience)			
ADMINISTRATIVE SERVICES					
Accountant	Bachelor’s Degree in Accountancy (may be outsourced)	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Diploma/Certificate of units earned</li><li>• Updated PRC license (if applicable)</li><li>• Certificates of Trainings attended</li><li>• Proof of Employment/ Appointment (notarized)</li></ul>	1		
Billing Officer	With Bachelor’s Degree relevant to the job		1		
Budget / Finance Officer			1		
Cashier			1		
Human Resources Management Officer/ Personnel Officer			1		
Book keeper			1		
Supply Officer/ Storekeeper	With appropriate training and experience	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Certificates of Trainings attended</li><li>• Proof of Employment/ Appointment (notarized)</li></ul>	1		
Medical Records officer	<ul style="list-style-type: none"><li>• Bachelor's Degree</li><li>• Training in ICD 10</li><li>• Training in Medical Records Management</li></ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Diploma/Certificate of units earned</li><li>• Certificates of Trainings attended</li><li>• Proof of Employment/ Appointment (notarized)</li></ul>	1		
Medical Social worker (Full Time)	Licensed social worker	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Diploma/Certificate of units earned</li><li>• Updated PRC license</li><li>• Certificates of Trainings attended</li><li>• Proof of Employment/ Appointment (notarized)</li></ul>	1		
Nutritionist-Dietician (Full Time)	Licensed nutritionist		1		
Utility Worker	May be outsourced.  Security guard must be licensed.	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Relevant Training</li><li>• License, if applicable</li><li>• Proof of Employment/ Appointment (notarized) if employed by hospital</li><li>• Notarized MOA if outsourced</li></ul>	1 per shift		
Security Guard			1 per shift		
Laundry worker			1		

POSITION	QUALIFICATION	EVIDENCE	NUMBER/ RATIO	COMPLIED	REMARKS
<b>CLINICAL SERVICES</b>					
Consultant Staff in Ob-Gyn, Pediatrics, Medicine, Surgery, and Anesthesia.  <i>*Hospital may have additional consultants from other specialties.</i>	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Fellow/Diplomate</li> <li>ACLS certified (for Surgeons and Anesthesiologists)</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Certificate from Specialty society, if applicable (for Board Certified)</li> <li>Residency Training Certificate (for Board Eligible)</li> <li>Certificate of Residency Training/ Medical Specialists (*DOH Medical Specialist, last exam was in 1989)</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> </ul>	All consultants must be at least board eligible. At least one consultant must be board certified per specialty.		
Resident Physician on Duty (Shall not go on duty for more than 48 hours straight).	Licensed physician	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Schedule of duty approved by Medical Director/Chief of Hospital</li> </ul>	Wards - 1:20 beds at any given time PLUS ER – at least 1 at any given time <i>*This ratio does not include Resident Physicians on Duty that shall be required for add-on services such as dialysis facility. It shall be counted separately.</i>		
<b>NURSING SERVICES</b>					
Supervising Nurse/Nurse Managers	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>With at least nine (9) units of Master's Degree in Nursing</li> <li>At least two (2) years-experience in general nursing service administration.</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate of Units Earned</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/</li> </ul>	1:50 Beds Office hours only (8am to 5pm)		

POSITION	QUALIFICATION	EVIDENCE	NUMBER/ RATIO	COMPLIED	REMARKS
		Appointment (notarized) • Service Record/Certificate of Employment (Proof of general nursing service administration experience)			
Head Nurse/Senior Nurse	<ul style="list-style-type: none"> <li>• Licensed nurse</li> <li>• With at least 2 years-hospital experience</li> <li>• BLS certified</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Diploma</li> <li>• Updated PRC license</li> <li>• Certificate of trainings attended</li> <li>• Proof of employment (notarized)</li> <li>• If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital's LTO.</li> <li>• Schedule of duty approved by Chief Nurse</li> </ul>	1:15 staff nurses		
Staff Nurse	<ul style="list-style-type: none"> <li>• Licensed nurse</li> <li>• BLS certified</li> </ul>		Ward - 1:12 Beds at any given time (plus 1 reliever for every 3 RNs)		
Nursing Attendant	<ul style="list-style-type: none"> <li>• Highschool graduate</li> <li>• With relevant health-related training (may be in house training)</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Certificates of Trainings attended</li> <li>• Proof of Employment/ Appointment (notarized)</li> </ul>	1:24 beds at any given time (plus 1 reliever for every 3 NAs)		
Operating Room Nurses: -Scrub Nurse (SN) -Circulating Nurse (CN)	<ul style="list-style-type: none"> <li>• Licensed nurse</li> <li>• Training in OR Nursing</li> <li>• Training in BLS and ACLS</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>• Diploma</li> <li>• Updated PRC license</li> <li>• Certificate of trainings attended</li> <li>• Proof of employment (notarized)</li> <li>• If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital's LTO.</li> <li>• Schedule of duty</li> </ul>	1 SN and 1 CN per functioning OR per shift (plus 1 reliever for every 3 nurses)		
Delivery Room Nurse	<ul style="list-style-type: none"> <li>• Licensed nurse</li> <li>• Training in Maternal and Child Nursing (may be in house training or training in Essential Integrated Newborn Care [EINC])</li> <li>• Training in BLS and ACLS</li> </ul>		1 per 3 delivery table per shift (plus 1 reliever for every 3 nurses)		

POSITION	QUALIFICATION	EVIDENCE	NUMBER/ RATIO	COMPLIED	REMARKS
Emergency Room Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Training in Trauma Nursing, ACLS and other relevant training</li> </ul>	approved by Chief Nurse	1:3 beds per shift (plus 1 reliever for every 3 nurses)		
Outpatient Department Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Training in BLS</li> </ul>		1		

**ATTACHMENT 1.B - PHYSICAL PLANT**

DOCUMENTS	COMPLIED	REMARKS
1. DOH -Approved PTC		
2. DOH Approved Floor Plan		
3. Checklist for Review of Floor Plans (accomplished)		

**OBSERVATIONS/FINDINGS (may use separate additional sheets if needed):**


## ATTACHMENT 1.C – EQUIPMENT/INSTRUMENT

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
ADMINISTRATIVE SERVICE				
Ambulance • If owned by hospital, available 24/7 and physically present if not being used during time of inspection/monitoring • If outsourced, shall be on call but able to respond within reasonable time.	1	Parking		
Computer with Internet Access	1	Administrative Office		
Emergency Light		Lobby, hallway, nurses' station, office/unit and stairways		
Fire Extinguishers	1 per unit or area	lobby, hallway, nurses' station, office/unit and stairways		
Generator set with Automatic Transfer Switch (ATS)	1	Genset house		
KITCHEN/DIETARY				
Exhaust fan	1	Kitchen		
Food Conveyor or equivalent (closed-type)	1			
Food Scale	1			
Blender/Osteorizer	1			
Oven	1			
Stove	1			
Refrigerator/Freezer	1			
Utility cart	1			
Garbage Receptacle with Cover (color-coded)	1 for each color			
EMERGENCY ROOM				
Bag-valve-mask Unit		ER		
- Adult	1			
- Pediatric	1			
Calculator for dose computation	1			
Clinical Weighing scale	1			
Defibrillator with paddles	1			
Delivery set, primigravid	2 sets			
Delivery set, multigravid	2 sets			
ECG Machine with leads	1			
EENT Diagnostic Set with Ophthalmoscope and Otoscope	1			
Emergency Cart (for contents, refer to separate list).	1			
Examining table	1			
Examining table (with Stirrups for OB-Gyne	1			
Glucometer with strips				
Gooseneck lamp/Examining Light	1			

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
Instrument/Mayo Table	1	ER		
Minor Instrument Set (May be used for Tracheostomy, Closed Tube Thoracostomy, Cutdown, etc.)	2 sets			
Nebulizer	1			
Negatoscope	1			
Neurologic Hammer	1			
OR Light (portable or equivalent)	1			
Oxygen Unit	2			
Tank is anchored/chained/ strapped or with tank holder if not from pipeline				
Pulse Oximeter	1			
Sphygmomanometer, Non-mercurial	1			
- Adult Cuff				
- Pediatric Cuff	1			
Stethoscope	1			
Suction Apparatus	1			
Suturing Set	2 sets			
Thermometer, non-mercurial	1			
- Oral				
- Rectal	1			
Vaginal Speculum, Different Sizes	1 for each different size			
Wheelchair	1			
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	1			
OUT- PATIENT DEPARTMENT				
Clinical Height and Weight Scale	1	OPD		
EENT Diagnostic Set with ophthalmoscope and otoscope	1			
Gooseneck lamp/Examining Light	1			
Examining table with wheel lock or anchor	1			
Instrument/Mayo Table	1			
Minor Instrument Set	1			
Neurologic Hammer	1			
Oxygen Unit	1			
Tank is anchored/chained/ strapped or with tank holder if not pipeline				
Peak flow meter	1			
- Adult				
- Pediatric	1			
Sphygmomanometer, Non-mercurial	1			
- Adult cuff				
- Pediatric cuff	1			
Stethoscope	1			
Thermometer, non-mercurial	1			
- Oral				
- Rectal	1			
Suture Removal Set	1			
Wheelchair / Wheeled Stretcher	1			



EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS	
OPERATING ROOM					
Air conditioning Unit	1/OR	OR			
Anesthesia Machine	1/OR				
Cardiac Monitor with Pulse Oximeter	1/OR				
Caesarian Section Instrument	1				
Defibrillator with paddles	1				
Electrocautery machine	1				
Emergency Cart (for contents, refer to separate list)	1				
Glucometer with strips					
Instrument / Mayo Table	1				
Laparotomy pack (Linen pack)	1 set per OR				
Laparotomy / Major Instrument Set	1 set per OR				
Laryngoscopes with different sizes of blades	1				
Operating room light	1 per OR				
Operating room table	1 per OR				
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1 per OR		OR		
Rechargeable Emergency Light (in case generator malfunction)	1 per OR				
Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	1 per OR 1 per OR				
Spinal Set	1				
Stethoscope	1				
Suction Apparatus	1				
Thermometer, non-mercurial - Oral - Rectal	1 1				
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	1				
POST ANESTHESIA CARE UNIT / RECOVERY ROOM					
Air conditioning Unit	1	PACU/RR			
Cardiac Monitor	1				
Defibrillator with paddles	1 (if separate from the OR Complex)				
Emergency Cart (for contents, refer to separate list)	1 (if separate from the OR Complex)				
Glucometer with strips					
Mechanical / patient bed, with guard side rails and wheel lock or anchored	1				
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1				
Pulse Oximeter					
Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	1 1				

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
Stethoscope	1			
Thermometer, non-mercurial	1			
LABOR ROOM				
Fetal Doppler	1	Labor Room		
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Patient Bed	1			
Pulse Oximeter	1			
Sphygmomanometer, Non-mercurial	1			
Stethoscope	1			
Thermometer, Non-mercurial	1			
DELIVERY ROOM				
Air-conditioning Unit	1	DR		
Bag valve mask unit (Adult and pediatric)	1			
Bassinet				
Clinical Infant Weighing Scale	1			
Defibrillator with paddles	1 (if DR is separate from the OR Complex )			
Delivery set, primigravid	1 set			
Delivery set, multigravida	2 sets			
Delivery room light	1			
Delivery room table	1			
Dilatation and Curettage Set	1 set			
Emergency Cart (for contents, refer to separate list)	1 (if DR is separate from OR Complex)			
Instrument/Mayo Table	1			
Kelly Pad or equivalent	1			
Laryngoscope with different sizes of blades	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Rechargeable Emergency Light (In case of generator malfunctions)	1			
Sphygmomanometer -Non-mercurial	1			
Stethoscope	1			
Suction Apparatus	1			
Wheeled Stretcher	1			
NURSING UNIT/WARD				
Bag-Valve-Mask Unit - Adult	1	NURSING UNIT/WARD		
- Pediatric	1			
Clinical Height and Weight Scale	1			
Defibrillator with paddles	1			Nursing units located on the same floor may share the defibrillator and the E-cart,

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
		NURSING UNIT/WARD		provided that they are not more than 50 meters away from each other.
Emergency cart or equivalent (refer to separate list for the contents)	1			
EENT Diagnostic Set with ophthalmoscope and otoscope	1			
Laryngoscope with different sizes of blades	1			
Mechanical/Patient bed with lock, if wheeled; with guard or side rails	ABC			
Bedside Table	ABC			
Nebulizer	1			
Neurologic Hammer	1			
Oxygen Unit tank is anchored/chained if not pipeline	1			
Sphygmomanometer, Non- Mercurial				
- Adult cuff	1			
- Pediatric cuff	1			
Stethoscope	1			
Suction Apparatus	1			
Thermometer, non-mercurial				
- Oral	1			
- Rectal	1			
<b>CENTRAL STERILIZING &amp; SUPPLY ROOM</b>				
Autoclave/Steam Sterilizer	1	CSSR		
<b>CADAVER HOLDING AREA/ROOM</b>				
Bed or stretcher for cadaver	1	CADAVER HOLDING AREA		

### ATTACHMENT 1.D - EMERGENCY CART CONTENTS FOR LEVEL 1 HOSPITAL

EMERGENCY CART CONTENTS	ER	OR	DR	NS 1	NS 2	NS 3	NS 4	NS 5	NS 6	NS 7	NS 8	NS 9	NS 10	NS 11	NS 12	REMARKS
Adenosine 6 mg/2mL vial																
Amiodarone 150mg/3mL ampule																
Anti-tetanus serum (either equine-based antiserum or human antiserum)																
Aspirin USP grade (325 mg/tablet)																
Atropine 1mg/ml ampule																
B-adrenergic agonists (i.e. Salbutamol 2mg/ml)																
Benzodiazepine (Diazepam 10mg/2ml ampule and/or Midazolam) (in high alert box )																
Calcium (usually calcium gluconate 10% solution in 10 mL ampule)																
Clopidogrel 75 mg tablet																
D5W 250 mL																
D50W 50mg/vial																
Digoxin 0.5mg/2mL ampule																
Diphenhydramine 50mg/mL ampule																
Dobutamine 250mg/5mL ampule																
Dopamine 200 mg/5mL ampule/vial																
Epinephrine 1mg/ml ampule																
Furosemide 20mg/2ml ampule																
Haloperidol 50mg/mL ampule																
Hydrocortisone 250mg/2mL vial																
Lidocaine 10% in 50mL spray																
Lidocaine 2% solution vial 1g/50ml																
Magnesium sulfate 1g/2mL ampule																
Mannitol 20% solution in 500ml/bottle																

EMERGENCY CART CONTENTS	ER	OR	DR	NS 1	NS 2	NS 3	NS 4	NS 5	NS 6	NS 7	NS 8	NS 9	NS 10	NS 11	NS 12	REMARKS
Methylprednisolone 4mg/tablet																
Metoclopramide 10mg/2mL ampule																
Morphine sulfate 10mg/mL ampule (in high alert box )																
Nitroglycerin inj. 10 mg/10mL ampule or Isosorbide dinitrate 5mg SL tablet or 10 mg/10mL ampule																
Noradrenaline 2mg/2mL ampule																
Paracetamol 300mg/ampule (IV preparation)																
Phenobarbital 120mg/ml ampule IV or 30mg tablet (in high alert box )																
Phenytoin 100mg/capsule or 100 mg/2mL ampule																
Plain LRS 1L/bottle																
Plain NSS 1L/bottle – 0.9% Sodium Chloride																
Potassium Chloride 40mEq/20mL vial (in high alert box )																
Vitamin B1/6/12 vial (1g B1, 1g B6, 0.01gB12 in 10 mL vial)																
Sodium bicarbonate 50mEq/50mL ampule																
Verapamil 5 mg/2 ml ampule																
<b>EQUIPMENT/SUPPLIES</b>																
Airway adjuncts																
Airway / Intubation Kit ( with stylet and bag valve masks )																
Alcohol disinfectant																
Aseptic bulb syringe																
Calculator																
Capillary Blood Glucose (CBG ) Kit																
Cardiac Board																
Endotracheal Tubes, all sizes																

EMERGENCY CART CONTENTS	ER	OR	DR	NS 1	NS 2	NS 3	NS 4	NS 5	NS 6	NS 7	NS 8	NS 9	NS 10	NS 11	NS 12	REMARKS
Flashlights or Pen lights																
Gloves, sterile																
Gloves, non-sterile																
Laryngoscope with different sizes of blades																
Nasal cannula																
Protective face shield or mask or goggles																
Standard face mask																
Sterile gauze ( pre-folded and individually packed )																
Syringes (different volumes)																
Urethral catheter																
Urine collection bag																
Waterproof aprons																

**\*Notes:**

ER – Emergency Room

OR – Operating Room

DR – Delivery Room

NS – Nurses' Station

## ASSESSMENT TOOL FOR LEVEL 1 HOSPITAL

### ATTACHMENT 1.E – ADD-ON SERVICES CHECKLIST

Level 1 hospitals applying for the following add-on services must comply first with the licensing standards for the following:

1. Physical plant of the desired add-on service by securing an approved DOH Permit to Construct; and
2. Licensing standards for the required ancillary and support units (e.g. tertiary clinical laboratory, Level 2 x-ray facility, board certified specialists, and respiratory therapy unit).

Thus, it is still strongly recommended to upgrade to a higher level of hospital.

#### A. INTENSIVE CARE UNIT (ICU)

I. ICU PERSONNEL					
POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
Multidisciplinary Team composed of, but not limited to, board certified Cardiologist, Pulmonologist, Neurologist, Pulmonologist <b>OR</b> an Intensivist	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Fellow/Diplomate</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate from Specialty society</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment / Appointment (notarized)</li> </ul>	A team composed of at least 1 per specialty (May be part time or visiting consultant/s) <b>OR</b> an intensivist		
Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Certificate of Training in Critical Care Nursing, ACLS</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificate of trainings attended</li> <li>Proof of employment (notarized)</li> <li>If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital's LTO.</li> <li>Schedule of duty approved by Chief Nurse</li> </ul>	1:3 beds at any time per shift (plus 1 reliever for every 3 RNs)		
Nursing Attendant	<ul style="list-style-type: none"> <li>Highschool graduate</li> <li>With relevant health-related training (may be in house training)</li> </ul>	<b>DOCUMENTS REVIEW</b> <ul style="list-style-type: none"> <li>Certificates of Trainings attended</li> <li>Proof of Employment ( notarized )</li> </ul>	1:12 beds at any time (plus 1 reliever for every 3 NA/MWs)		



II. ICU EQUIPMENT			
EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	COMPLIED	REMARKS
Air Conditioning Unit	1		
Bag-valve-mask Unit			
- Adult	1		
- Pediatric	1		
Cardiac Monitor with Pulse Oximeter	1		
Defibrillator with paddles	1		
EENT Diagnostic Set with ophthalmoscope and otoscope	1 set		
Emergency Cart (for contents, refer to separate list).	1		
Infusion pump	1		
Laryngoscope with different sizes of blades	1		
Mechanical Bed	Depending on the number of beds applied		
Mechanical Ventilator (May be outsourced)	1		
Minor Instrument Set (May be used for Tracheostomy, Closed Tube Thoracostomy, Cutdown, etc.)	1 set		
Oxygen Unit			
Tank is anchored/chained/ strapped or with tank holder if not pipeline	1		
Sphygmomanometer, Non-mercurial			
- Adult Cuff	1		
- Pediatric Cuff	1		
Stethoscope	1		
Suction Apparatus	1		
Thermometer, Non-mercurial	1		

**B. NEONATAL INTENSIVE CARE UNIT (NICU)**

I. NICU PERSONNEL					
POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
Multidisciplinary team composed of, but not limited to, pediatric cardiologist, pediatric nephrologist, pediatric pulmonologist <b>OR</b> a neonatologist	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Fellow/Diplomate</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma / Certificate from Specialty society</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment / Appointment (notarized)</li> </ul>	A team composed of at least 1 per specialty (May be part time or visiting consultant) <b>OR</b> a neonatologist		

I. NICU PERSONNEL					
POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Certificate of Training in Critical Care Nursing, ACLS</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificate of trainings attended</li> <li>Proof of employment (notarized)</li> <li>If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital's LTO.</li> <li>Schedule of duty approved by Chief Nurse</li> </ul>	1:3 bassinets/ incubator/ warmer (1 reliever for every 3 RNs)		
Nursing Attendants/ Midwife	<ul style="list-style-type: none"> <li>Highschool graduate</li> <li>With relevant health-related training (may be in house training)</li> </ul>	<b>DOCUMENTS REVIEW</b> <ul style="list-style-type: none"> <li>Certificates of Trainings attended</li> <li>Proof of Employment (notarized)</li> </ul>	1:12 bassinets/ incubator/ warmer (1 reliever for every 3 NAs)		

II. NICU EQUIPMENT			
EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	COMPLIED	REMARKS
Air Conditioning Unit	1		
Bassinet	1		
Bilirubin Light / Phototherapy machine or equivalent			
Cardiac Monitor with Pulse Oximeter	1		
Clinical Infant Bag-valve mask unit	1		
Clinical Infant weighing scale	1		
Defibrillator with paddles	1		
EENT Diagnostic Set with ophthalmoscope and otoscope	1		
Emergency Cart (for contents, refer to separate list)	1		
Glucometer	1		
Incubator	Depending on the number of beds applied		
Infusion pump	1		

<b>I. NICU EQUIPMENT</b>			
<b>EQUIPMENT/INSTRUMENT (Functional)</b>	<b>QUANTITY</b>	<b>COMPLIED</b>	<b>REMARKS</b>
Laryngoscope with neonatal blades of different sizes	1		
Mechanical Ventilator (May be outsourced)	1		
Neonatal Stethoscope	1		
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1		
Refrigerator for Breast milk storage	1		
Sphygmomanometer, Non-mercurial - Neonate	1		
Suction Apparatus	1		
Thermometer, Non-mercurial	1		
Umbilical Cannulation set	1 set		

**C. HIGH RISK PREGNANCY UNIT (HRPU)**

<b>A. HRPU PERSONNEL</b>					
<b>POSITION</b>	<b>QUALIFICATION</b>	<b>EVIDENCE</b>	<b>NUMBER / RATIO</b>	<b>COMPLIED</b>	<b>REMARKS</b>
General Obstetricians, preferably with a Perinatologist, and a referral team of IM specialists	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Fellow/Diplomate</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate from Specialty society</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment / Appointment (notarized)</li> </ul>	General Obstetricians, Perinatologist, and IM specialists (May be part time or visiting consultant)		
Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Certificate of Training in Critical Care Nursing, ACLS</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificate of trainings attended</li> <li>Proof of employment (notarized)</li> <li>If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity</li> </ul>	1:3 beds at any given time (plus 1 reliever for every 3 RNs)		

A. HRPV PERSONNEL					
POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
		period of the hospital's LTO. • Schedule of duty approved by Chief Nurse			
Nursing Attendants/ Midwife	<ul style="list-style-type: none"> <li>• Highschool graduate</li> <li>• With relevant health-related training (may be in house training)</li> </ul>	<b>DOCUMENTS REVIEW</b> <ul style="list-style-type: none"> <li>• Certificates of Trainings attended</li> <li>• Proof of Employment ( notarized )</li> </ul>	1:12 beds at any given time (plus 1 reliever for every 3 NAs/MWs)		

B. HRPV EQUIPMENT			
EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	COMPLIED	REMARKS
Cardiac Monitor with Pulse Oximeter	1		
Cardiotocography (CTG) Machine	1		
Fetal doppler	1		
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1		
Patient bed with side rails	Refer to approved PTC		
Sphygmomanometer, Non-mercurial	1		
Suction Apparatus	1		

**D. AMBULATORY SURGICAL CLINICS (ASC)**

- Refer to assessment tool for ASCs

**E. DIALYSIS CLINICS**

- Refer to assessment tool for Dialysis Clinics

## PART IV - LEVEL 2 HOSPITAL

Instruction: In the appropriate box, place a check mark (✓) if the hospital is compliant or X-mark if not compliant.

### ATTACHMENT 2.A - PERSONNEL

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
<b>TOP MANAGEMENT (Should be full-time)</b>					
Chief of Hospital/Medical Director	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Have completed at least twenty (20) units towards a Master's Degree in Hospital Administration or related course (MPH, MBA, MPA, MHSA, etc.) <b>AND</b> at least five (5) years hospital experience in a supervisory or managerial position</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate of units earned</li> <li>Updated Physician PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Service Record/Certificate of Employment (proof of hospital supervisory/managerial experience)</li> </ul>	1		
Chief of Clinics / Chief Medical Professional Services	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Fellow/diplomate of a specialty/ subspecialty society</li> <li>At least five (5) years hospital experience in a clinical supervisory or managerial position</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate from Specialty society</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment / Appointment (notarized)</li> <li>Service Record/Certificate of Employment (proof of clinical supervisory/managerial experience in hospital)</li> </ul>	1		
Department Head (Specialty)	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Fellow / diplomate in a specialty / Subspecialty society of the department he/ she heads</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate from Specialty society</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment / Appointment (notarized)</li> </ul>	1 per department		
Chief Nurse/ Director of Nursing	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Master's Degree in Nursing <b>AND</b> at least five (5) years of clinical experience in a</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment /</li> </ul>	1		

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
	supervisory or managerial position in nursing (R.A. No. 9173)	Appointment (notarized) <ul style="list-style-type: none"><li>• Service Record/Certificate of Employment (proof of supervisory/managerial experience in nursing)</li></ul>			
Chief Administrative Officer/Hospital Administrator	Have completed at least twenty (20) Units towards Master’s Degree in Hospital Administration or related course (MPH, MBA, MPA, MHSA, etc.) <b>AND</b> at least five (5) years hospital experience in a supervisory / managerial position.	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Diploma/Certificate of units earned</li><li>• Updated PRC license</li><li>• Certificates of Trainings attended</li><li>• Proof of Employment / Appointment (notarized)</li><li>• Service Record/Certificate of Employment (proof of hospital supervisory/managerial experience)</li></ul>	1		
ADMINISTRATIVE SERVICES					
Accountant	Certified Public Accountant (may be outsourced)	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Diploma/Certificate of units earned</li><li>• Updated PRC license (if applicable)</li><li>• Certificates of Trainings attended</li><li>• Proof of Employment/ Appointment (notarized)</li></ul>	1		
Billing Officer	With Bachelor’s Degree relevant to the job		1		
Book keeper			1		
Budget / Finance Officer			1		
Cashier			1		
Human Resources Management Officer / Personnel Officer			1		
Engineer (full time)	Licensed Engineer	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Diploma</li><li>• Updated PRC license</li><li>• Proof of Employment / Appointment (notarized)</li></ul>	1		
Supply Officer/- Storekeeper	With appropriate training and experience	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Certificates of Trainings attended</li><li>• Proof of Employment / Appointment (notarized)</li></ul>	1		
Laundry Worker			1		
Medical Records officer	<ul style="list-style-type: none"><li>• Bachelor's Degree</li><li>• Training in ICD 10</li><li>• Training in Medical Records Management</li></ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Diploma</li><li>• Certificates of Trainings attended</li><li>• Proof of Employment / Appointment</li></ul>	1		



POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
		(notarized)			
Medical Social worker (Full Time)	Licensed Social Worker	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>Diploma / Certificate of units earned</li><li>Updated PRC license</li><li>Certificates of Trainings attended</li><li>Proof of Employment / Appointment (notarized)</li></ul>	1		
Nutritionist-Dietician (Full Time)	Licensed Nutritionist-Dietician		1		
Building Maintenance Man/Utility Worker	May be outsourced.  Security guard must be licensed.	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>Relevant Training</li><li>License, if applicable</li><li>Proof of Employment/ Appointment (notarized) if employed by hospital</li><li>Notarized MOA if outsourced</li></ul>	1 per shift		
Security Guard (licensed)			1 per shift		
CLINICAL SERVICES					
Consultant Staff in Ob-Gyn, Pediatrics, Medicine, Surgery, and Anesthesia  <i>*Hospital may have additional consultants from other specialties.</i>	<ul style="list-style-type: none"><li>Licensed physician</li><li>Fellow/Diplomate</li><li>ACLS certified (for Surgeons and Anesthesiologists)</li></ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>Certificate from Specialty society, if applicable (for Board Certified)</li><li>Residency Training Certificate (for Board Eligible)</li><li>Certificate of Residency Training / Medical Specialists (*DOH Medical Specialist, last exam was in 1989)</li><li>Updated PRC license</li><li>Certificates of Trainings attended</li><li>Proof of Employment/ Appointment (notarized)</li></ul>	At least 50% of the consultants per specialty are board certified		
Intensive Care Unit: Multidisciplinary Team composed of, but not limited to, board certified Cardiologist, Pulmonologist, Neurologist, Pulmonologist Preferably <b>OR</b> an intensivist	<ul style="list-style-type: none"><li>Licensed physician</li><li>Fellow/Diplomate</li></ul>		A team composed of at least 1 per specialty (May be part time or visiting consultant/s) <b>OR</b> an intensivist		
Neonatal Intensive Care Unit: A multidisciplinary team composed of, but not limited to, pediatric cardiologist, pediatric nephrologist, pediatric	<ul style="list-style-type: none"><li>Licensed physician</li><li>Fellow/Diplomate</li></ul>		A team composed of at least 1 per specialty (May be part time or visiting consultant) <b>OR</b> a neonatologist		



POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
pulmonologist <u>OR</u> a neonatologist		<b>DOCUMENT REVIEW</b>			
High Risk Pregnancy Unit: General Obstetricians, preferably with a Perinatologist, and a referral team of IM specialists	<ul style="list-style-type: none"> <li>Licensed physician</li> <li>Fellow/Diplomate</li> </ul>	<ul style="list-style-type: none"> <li>Certificate from Specialty society, if applicable (for Board Certified)</li> <li>Residency Training Certificate (for Board Eligible)</li> <li>Certificate of Residency Training / Medical Specialists (*DOH Medical Specialist, last exam was in 1989)</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> </ul>	General Obstetricians, preferably with a Perinatologist, and a referral team of IM specialists (May be part time or visiting consultant)		
Resident Physician on Duty (Shall not go on duty for more than 48 hours straight).	Licensed physician	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Schedule of duty approved by Medical Director/Chief of Hospital</li> </ul>	Wards - 1:20 beds at any given time PLUS ER – at least 1 at any given time <i>*This ratio does not include Resident Physicians on Duty that shall be required for add-on services such as dialysis facility. It shall be counted separately.</i>		
<b>NURSING SERVICES</b>					
Assistant Chief Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>At least twenty (20) units towards Master's Degree in Nursing</li> <li>At least three (3) years-experience in supervisory/ managerial position in nursing</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate of Units Earned</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Service Record/Certificate of Employment (proof of supervisory/ managerial experience in nursing)</li> </ul>	1:100 Beds		

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
Supervising Nurse/Nurse Managers	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>With at least nine (9) units of Master's Degree in Nursing</li> <li>At least two (2) years-experience in general nursing service administration.</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma/Certificate of Units Earned</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>Service Record/Certificate of Employment (Proof of general nursing service administration experience)</li> </ul>	1 per Department – Office hours only (8am – 5pm)		
Head Nurse/Senior Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>With at least 2 years-hospital experience</li> <li>BLS certified</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificate of trainings attended</li> <li>Proof of employment (notarized)</li> <li>If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital's LTO.</li> <li>Schedule of duty approved by Chief Nurse</li> </ul>	1 per shift per clinical department		
Staff Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>BLS certified</li> </ul>		Ward - 1:12 beds at any time (1 reliever for every 3 RNs)		
Staff Nurse in every Critical Unit (CCU, ICU, NICU, PICU, SICU, HRPV etc.)	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Certificate of Training in Critical Care Nursing, ACLS</li> </ul>		1:3 beds at any time per shift (plus 1 reliever per 3 CCU RNs)		
Nursing Attendants in wards	<ul style="list-style-type: none"> <li>Highschool graduate</li> <li>With relevant health-related training (may be in house training)</li> </ul>	<b>DOCUMENTS REVIEW</b> <ul style="list-style-type: none"> <li>Certificates of Trainings attended</li> <li>Proof of Employment ( notarized )</li> </ul>	1:24 beds at any time(1 reliever for every 3 NAs)		
Nursing Attendant in CCUs			1:12 beds at any time (plus 1 reliever for every 3 NA/MWs)		
Operating Room Nurses: -Scrub Nurse (SN) -Circulating Nurse (CN)	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Training in OR Nursing</li> <li>Training in BLS and ACLS</li> </ul>	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificate of trainings attended</li> <li>Proof of employment (notarized)</li> <li>If nursing staffing is outsourced: Validity of the contract of</li> </ul>	1 SN and 1 CN per functioning OR per shift (plus 1 reliever for every 3 nurses)		
Delivery Room Nurse	<ul style="list-style-type: none"> <li>Licensed nurse</li> <li>Training in Maternal and Child Nursing (may be in house training or</li> </ul>		1 per 3 delivery table per shift (plus 1 reliever for every 3		

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
	training in Essential Integrated Newborn Care [EINC]) • Training in BLS and ACLS	employment should be at least one (1) year and within the validity period of the hospital's LTO. • Schedule of duty approved by Chief Nurse	nurses)		
Emergency Room Nurse	• Licensed nurse • Training in Trauma Nursing, ACLS and other relevant training		1:3 beds per shift (plus 1 reliever for every 3 nurses)		
Outpatient Department Nurse	• Licensed nurse • Training in BLS		1 Office hours only (8am – 5pm)		
Dentist – MOA if outsourced but the dental service should be within the vicinity of hospital	Licensed dentist	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"> <li>Diploma</li> <li>Updated PRC license</li> <li>Certificates of Trainings attended</li> <li>Proof of Employment/ Appointment (notarized)</li> <li>If outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital's LTO.</li> </ul>	1 Office hours only (8am – 5pm)		
Respiratory Therapist	Licensed respiratory therapist or licensed nurse with respiratory therapy training		1 per shift		

## ATTACHMENT 2.B - PHYSICAL PLANT

DOCUMENTS	COMPLIED	REMARKS
1. DOH -Approved PTC		
2. DOH Approved Floor Plan		
3. Checklist for Review of Floor Plans (accomplished)		

**OBSERVATIONS/FINDINGS (may use separate additional sheets if needed):**[illegible]

## ATTACHMENT 2.C –EQUIPMENT/INSTRUMENT

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
ADMINISTRATIVE SERVICE				
Ambulance • Available 24/7 • Physically present if not being used during time of inspection/monitoring	1	Parking		
Computer with Internet Access	1	Administrative Office		
Emergency Light		lobby, hallway, nurses' station, office/unit and stairways		
Fire Extinguishers	1 per unit or area	lobby, hallway, nurses' station, office/unit and stairways		
Generator set with Automatic Transfer Switch (ATS)	1	Genset house		
KITCHEN/DIETARY				
Exhaust fan	1	Kitchen		
Food Conveyor or equivalent (closed-type)	1			
Food Scale	1			
Blender/Osteorizer	1			
Oven	1			
Stove	1			
Refrigerator/Freezer	1			
Utility cart	1			
Garbage Receptacle with Cover (color-coded)	1 for each color			
EMERGENCY ROOM				
Bag-valve-mask Unit - Adult - Pediatric	1 1	ER		
Calculator for dose computation	1			
Clinical Weighing scale	1			
Defibrillator with paddles	1			
Delivery set, primigravid	2 sets			
Delivery set, multigravid	2 sets			
ECG Machine with leads	1			
EENT Diagnostic Set with Ophthalmoscope and Otoscope	1 set			
Emergency Cart (for contents, refer to separate list)	1			

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
Examining table	1	ER		
Examining table (with Stirrups for OB-Gyne)	1			
Glucometer with strips				
Gooseneck lamp/Examining Light	1			
Instrument/Mayo Table	1			
Minor Instrument Set (May be used for Tracheostomy, Closed Tube Thoracostomy, Cutdown, etc.)	2 sets			
Nebulizer	1			
Negatoscope	1			
Neurologic Hammer	1			
OR Light (portable or equivalent)	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	2			
Pulse Oximeter	1			
Sphygmomanometer, Non-mercurial	1			
- Adult Cuff	1			
- Pediatric Cuff	1			
Stethoscope	1			
Suction Apparatus	1			
Suturing Set	2 sets			
Thermometer, non-mercurial	1			
- Oral	1			
- Rectal	1			
Vaginal Speculum, Different Sizes	1 for each different size			
Wheelchair	1			
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	1			
OUT- PATIENT DEPARTMENT				
Clinical Height and Weight Scale	1	OPD		
EENT Diagnostic Set with ophthalmoscope and otoscope	1 set			
Gooseneck lamp/Examining Light	1			
Examining table with wheel lock or anchor	1			
Instrument/Mayo Table	1			
Minor Instrument Set	1 set			
Neurologic Hammer	1			

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1	OPD		
Peak flow meter - Adult - Pediatric	1 1			
Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	1 1			
Stethoscope	1			
Thermometer, non-mercurial - Oral - Rectal	1 1			
Suture Removal Set	1 set			
Wheelchair / Wheeled Stretcher	1			
OPERATING ROOM				
Air conditioning Unit	1	OR		
Anesthesia Machine	1			
Cardiac Monitor with Pulse Oximeter	1			
Ceasarian Section Instrument	1			
Defibrillator with paddles	1			
Electrocautery machine	1			
Emergency Cart (for contents, refer to separate list)	1			
Glucometer with strips				
Instrument / Mayo Table	1			
Laparotomy pack (Linen pack)	1 per OR			
Laparotomy / Major Instrument Set	1 per OR			
Laryngoscopes with different sizes of blades	1			
Operating room light	1 per OR			
Operating room table	1 per OR			
Orthopedic Instrument Set	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1 per OR			
Rechargeable Emergency Light (in case generator malfunction)	1 per OR			
Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	1 per OR 1 per OR			
Spinal Set	1 set			
Stethoscope	1			
Suction Apparatus	1			
Thermometer, non-mercurial - Oral - Rectal	1 1			
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	1			



EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
POST ANESTHESIA CARE UNIT / RECOVERY ROOM				
Air conditioning Unit	1	PACU/RR		
Cardiac Monitor	1			
Defibrillator with paddles	1 (if separate from the OR Complex )			
Emergency Cart (for contents, refer to separate list)	1 (if separate from the OR Complex )			
Mechanical / patient bed, with guard side rails and wheel lock or anchored	1			
Oxygen Unit	1			
Tank is anchored/chained/ strapped or with tank holder if not pipeline				
Sphygmomanometer, Non-mercurial	1	PACU/RR		
- Adult cuff				
- Pediatric cuff	1			
Stethoscope	1			
Thermometer, non-mercurial	1			
LABOR ROOM				
Fetal Doppler	1	Labor Room		
Oxygen Unit	1			
Tank is anchored/chained/ strapped or with tank holder if not pipeline				
Patient Bed	1			
Pulse Oximeter	1			
Sphygmomanometer, Non-mercurial	1			
Stethoscope	1			
Thermometer, Non-mercurial	1			
DELIVERY ROOM				
Air-conditioning Unit	1	DR		
Bag valve mask unit (Adult and pediatric)	1			
Bassinet	1			
Clinical Infant Weighing Scale	1			
Defibrillator with paddles	1 ( if DR is separate from the OR Complex )			
Delivery set, primigravid	1 set			
Delivery set, multigravid	2 sets			
Delivery room light	1			
Delivery room table	1			
Dilatation/Curettage set	1 set			
Emergency Cart (for contents, refer to separate list).	1 (if DR is separate from OR Complex)			

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
Instrument/Mayo Table	1	DR		
Kelly Pad or equivalent	1			
Laryngoscope with different sizes of blades	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Rechargeable Emergency Light (In case of generator malfunctions)	1			
Sphygmomanometer -Non-mercurial	1			
Stethoscope	1			
Suction Apparatus	1			
Wheeled Stretcher	1			
HIGH RISK PREGNANCY UNIT				
Cardiac Monitor with Pulse Oximeter	1	HRPU		
Cardiotocography (CTG) Machine	1			
Fetal doppler	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Patient bed with side rails	1			
Suction Apparatus	1			
Sphygmomanometer -Non-mercurial	1			
NEONATAL INTENSIVE CARE UNIT (NICU)				
Air conditioning unit	1	NICU		
Bassinet	1			
Bilirubin Light / Phototherapy machine or equivalent	1			
Cardiac Monitor with Pulse Oximeter	1			
Clinical Infant Bag-valve mask unit	1			
Clinical Infant weighing scale	1			
Defibrillator with paddles	1			
EENT Diagnostic Set with ophthalmoscope and otoscope	1 set			
Emergency Cart (for contents, refer to separate list)	1			
Glucometer	1			
Incubator	1			
Infusion pump / Syringe pump	1			
Laryngoscope with neonatal blades of different sizes	1			
Mechanical Ventilator (May be outsourced)	1			
Neonatal Stethoscope	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Refrigerator for Breast milk storage	1			

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
Sphygmomanometer, Non-mercurial - for neonate	1			
Suction apparatus	1			
Thermometer, Non-mercurial	1			
Umbilical Cannulation set	1 set			
INTENSIVE CARE UNIT (ICU) – For all types of ICU (PICU, SICU, Medical ICU, etc.)				
Air conditioning unit	1	ICU		
Bag-valve-mask Unit				
- Adult	1			
- Pediatric	1			
Cardiac Monitor with Pulse Oximeter	1			
Defibrillator with paddles	1			
Emergency Cart (for contents, refer to separate list)	1			
EENT Diagnostic Set with ophthalmoscope and otoscope	1 set			
Infusion pump	1			
Laryngoscope with different sizes of blades	1			
Mechanical Bed	Depending on the number of beds declared			
Mechanical Ventilator / Respirator (May be outsourced)	1			
Minor Instrument Set (May be used for Tracheostomy, Closed Tube Thoracostomy, Cutdown, etc.)	1 set			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Sphygmomanometer, non-mercurial (reserved for sudden breakdown of cardiac monitor)				
- Adult cuff for adult unit	1			
- Pediatric cuff for pediatric unit	1			
Stethoscope	1			
Suction Apparatus	1			
NURSING UNIT/WARD				
Bag-Valve-Mask Unit		NURSING UNIT/ WARD		
- Adult	1			
- Pediatric	1			
Clinical Height and Weight Scale	1			
Defibrillator with paddles	1			Nursing units located on the same floor may share the defibrillator and the E-cart, provided that they are not more than 50 meters away from each other.
Emergency cart or equivalent (refer to separate list for the contents)	1			
EENT Diagnostic Set with ophthalmoscope and otoscope	1 set			
Laryngoscope with different sizes of blades	1			

EQUIPMENT/INSTRUMENT (Functional)	QUANTITY	AREA	COMPLIED	REMARKS
Mechanical/Patient bed with lock, if wheeled; with guard or side rails	ABC			
Bedside Table	ABC			
Nebulizer	1			
Neurologic Hammer	1			
Oxygen Unit tank is anchored/chained if not pipeline	1			
Sphygmomanometer, Non- Mercurial - Adult cuff - Pediatric cuff	1 1			
Stethoscope	1			
Suction Apparatus	1			
Thermometer, non-mercurial - Oral - Rectal	1 1			
RESPIRATORY/PULMONARY UNIT				
ABG Machine	1	Respiratory / Pulmonary Unit		
Pulmonary Function Test (PFT) or Peak Expiratory Flow Rate (PEFR) Tube				
Spirometer	1			
Nebulizer	1			
DENTAL CLINIC				
Air compressor	1	DENTAL CLINIC		
Autoclave	1			
Bone file, stainless	1			
Cotton pliers	1			
Cowhorn Forceps	1			
Dental Chair unit	1			
Explorer, double-end	1			
Forceps, No. 8	1			
Forceps, No. 17 Upper molar	1			
Forceps, No. 18 Upper molar	1			
Forceps, No. 150 Maxillary Universal	1			
Forceps, No. 150 S Primary Teeth	1			
Forceps, No. 151 Lower Universal	1			
Forceps, No. 151 Mandibular Pre-molar	1			
Forceps, No. 151 S Lower Primary Teeth	1			
Gum separator	1			
High speed handpiece with Burr remover	1			
Low speed handpiece, Angled head	1			
Mouth mirror explorer	1			
Periosteal elevator No. 9, double-end	1			
Rongeur	1			
Root elevator	1			
Scaler Jacquettes Set No. 1, 2, and 3	1			
Surgical Chisel	1			

<b>EQUIPMENT/INSTRUMENT (Functional)</b>	<b>QUANTITY</b>	<b>AREA</b>	<b>COMPLIED</b>	<b>REMARKS</b>
Surgical Malette	1			
<b>CENTRAL STERILIZING &amp; SUPPLY ROOM</b>				
Autoclave/Steam Sterilizer	1	CSSR		
<b>CADAVER HOLDING AREA/ROOM</b>				
Bed or stretcher for cadaver	1	CADAVER HOLDING AREA		

## ATTACHMENT 2.D - EMERGENCY CART CONTENTS FOR LEVEL 2 HOSPITAL

EMERGENCY CART CONTENTS	ER	OR	DR	ICU	NICU	HRPU	NS 1	NS 2	NS 3	NS 4	NS 5	NS 6	NS 7	OTHERS	OTHERS	REMARKS
Adenosine 6 mg/2mL vial																
Amiodarone 150mg/3mL ampule																
Anti-tetanus serum (either equine-based antiserum or human antiserum)																
Aspirin USP grade (325 mg/tablet)																
Atropine 1mg/ml ampule																
B-adrenergic agonists (i.e. Salbutamol 2mg/ml)																
Benzodiazepine (Diazepam 10mg/2ml ampule and/or Midazolam) (in high alert box )																
Calcium (usually calcium gluconate 10% solution in 10 mL ampule)																
Clopidogrel 75 mg tablet																
D5W 250 mL																
D50W 50mg/vial																
Digoxin 0.5mg/2mL ampule																
Diphenhydramine 50mg/mL ampule																
Dobutamine 250mg/5mL ampule																
Dopamine 200 mg/5mL ampule/vial																
Epinephrine 1mg/ml ampule																
Furosemide 20mg/2ml ampule																
Haloperidol 50mg/mL ampule																
Hydrocortisone 250mg/2mL vial																
Lidocaine 10% in 50mL spray																
Lidocaine 2% solution vial 1g/50ml																
Magnesium sulfate 1g/2mL ampule																
Mannitol 20% solution in 500ml/bottle																
Methylprednisolone 4mg/tablet																
Metoclopramide 10mg/2mL ampule																
Morphine sulfate 10mg/mL ampule (in high																

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alert box )																
Nitroglycerin inj. 10 mg/10mL ampule or Isosorbide dinitrate 5mg SL tablet or 10 mg/10mL ampule																
Noradrenaline 2mg/2mL ampule																
Paracetamol 300mg/ampule (IV preparation)																
Phenobarbital 120mg/ml ampule IV or 30mg tablet (in high alert box )																
Phenytoin 100mg/capsule or 100 mg/2mL ampule																
Plain LRS 1L/bottle																
Plain NSS 1L/bottle – 0.9% Sodium Chloride																
Potassium Chloride 40mEq/20mL vial (in high alert box )																
Vitamin B1/6/12 vial (1g B1, 1g B6, 0.01gB12 in 10 mL vial)																
Sodium bicarbonate 50mEq/50mL ampule																
Verapamil 5 mg/2 ml ampule																
<b>EQUIPMENT/SUPPLIES</b>																
Airway adjuncts																
Airway / Intubation Kit ( with stylet and bag valve masks )																
Alcohol disinfectant																
Aseptic bulb syringe																
Calculator																
Capillary Blood Glucose (CBG ) Kit																
Cardiac Board																
Endotracheal Tubes, all sizes																
Flashlights or Pen lights																
Gloves , sterile																
Gloves, non-sterile																



EMERGENCY CART CONTENTS	ER	OR	DR	ICU	NICU	HRPU	NS 1	NS 2	NS 3	NS 4	NS 5	NS 6	NS 7	OTHERS	OTHERS	REMARKS
Laryngoscope with different sizes of blades																
Nasal cannula																
Protective face shield or mask or goggles																
Standard face mask																
Sterile gauze (pre-folded and individually packed )																
Syringes (different volumes)																
Urethral catheter																
Urine collection bag																
Waterproof aprons																

**\*Notes:**

ER – Emergency Room

OR – Operating Room

DR – Delivery Room

NS – Nurses' Station