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IMPLEMENTING GUIDELINES ON THE LICENSURE STANDARDS FOR HOSPITALS AND INFIRMARIES FOR REGULATORY OFFICERS

BACKGROUND/RATIONALE

Administrative Order No. 147 s. 2004 “Amending Administrative Order No. 70-A, series 2002 Re: Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and Other Health Facilities in the Philippines” mandated the Bureau of Health Facilities and Services to create a committee that will study and formulate the guidelines on the regulation of hospital and other health facilities. On June 11, 2004, a Technical Working Group, composed of representatives from the Department of Health, Philippine Health Insurance Corporation, and major hospital, medical, and nursing organizations, was created for this purpose.

On October 6, 2004, after a series of workshops, public hearings, and meetings involving various stakeholders, the new licensure standards for hospitals and infirmaries were finally submitted by the Technical Working Group to the Undersecretary for Health Regulation, and were subsequently approved. These new licensure standards are incorporated in the Inspection Tools for Infirmatory, Primary Care Hospital, Secondary Care Hospital, and Tertiary Care Hospital.

Basing on the Inspection Tools formulated by the TWG, and on the latter’s discussions on how to enforce the new standards, the Bureau of Health Facilities and Services formulated implementing guidelines in order to standardize the flexibility in the enforcement of the licensure standards by Regulatory Officers.

SCOPE

Regulatory Officers of the Bureau of Health Facilities and Services and the Centers for Health Development shall use these implementing guidelines in the enforcement of the licensure standards for hospitals and infirmaries.

GENERAL GUIDELINES

1. SERVICE CAPABILITY

- 1.1. The licensure standards for Infirmaries and Hospitals shall focus on structural standards for the next three to five (3-5) years.
- 1.2. All services listed under Service Capability are mandatory requirements. The health facility or hospital may add other services, e.g. Dental Service for Infirmatory or Primary Care Hospital.

- 1.3. Items 2.1 and 2.2 (General Statements of Standards on Service Capability), and all items in the Service Capability Table and Ancillary Services Table are mandatory for both the issuance of initial license and the renewal of license. Item 2.3 (Operations), Item 2.4 (Programs) and Item 2.5 (Hospital Committees) are mandatory only for the renewal of license, except the first three sub-items of Item 2.3.5 (Medical Records -Recording of medical diagnoses, operations and/or procedures using ICD-10, Availability of ICD-10 books, and ICD-10-trained Medical Records Personnel/Clerk/Officer), which are all mandatory for both the issuance of initial license and the renewal of license.
- 1.4. For a health facility to be classified under a specific category (Infirmity, Primary Care Hospital, etc.), the definition of the Service Capability and all the requirements under Service Capability for that category must be met. For example, a hospital is classified as a Tertiary Care Hospital if it has the appropriate Administrative, Clinical and Nursing Services, and it has an Accredited Training Program for Physicians, Nurses or Medical Technologists. Under Clinical Service, it must offer Subspecialty Clinical Care.
- 1.5. A service that is contracted out is one that is not owned by the health facility or hospital.
- 1.6. For all services that may be contracted out, there must be a Memorandum of Agreement with or Contract of Service from the provider of the service.
- 1.7. For the Nursing Service, the regulatory officer and health facility may refer to the Hospital Nursing Service Administration Manual (DOH, 1994) for a more in-depth definition of the levels of nursing care and management.
- 1.8. In all tables under Service Capability, a blocked cell means the requirement (column) is not applicable to the service/item (row).
- 1.9. Special and chronic care health facilities and hospitals must have the required support and ancillary services appropriate to the category/level being applied for. If services, equipment, and/or physical plant requirements are not applicable (for the reason that only specific service/s is/are being offered), a justification must be provided by the health facility/hospital.

2. PERSONNEL

- 2.1. Items 3.1, 3.1.1, and 3.1.2 (General Statement of Standards on Personnel), Item 3.2 (Hospital Organization), and all items in the Personnel Table are mandatory for both the issuance of initial license and the renewal of license. Item 3.1.3 is mandatory only for the renewal of license.
- 2.2. For all personnel requirements expressed as a ratio (e.g. 1:12 beds), an excess of not more than 50% of the number of beds in the ratio shall be allowed.

For example, if the number of Nurses required is 1:12 beds at any time:

If a hospital has 1 to 12 beds, one nurse per shift is required. If the hospital has 13 to 18 beds, still one Nurse per shift is required. If the number of beds is 19 (the excess number of beds is more than 50% of 12), an additional Nurse per shift must already be provided.

- 2.3. Multitasking and team approach may be allowed for flexibility.
- 2.4. For all services that may be contracted out, there must be a Memorandum of Agreement with or Contract of Services from the provider of the service.
- 2.5. Administrative Personnel from the Local Government Unit (LGU) may be allowed to perform administrative functions in a provincial/district/city hospital that is under the jurisdiction of the LGU.
- 2.6. Physicians must not go on duty for more than forty-eight (48) hours.
- 2.7. A twelve-hour (12-hour) shift may be allowed for Nurses for all levels of health facilities. However, a written justification must be submitted by the health facility to the BHFS, and this shall be reviewed by a Technical Review Committee to be created for this purpose. Final approval for a 12-hour shift shall come from the BHFS Director.
- 2.8. For every three Nurses or Nursing Attendants/Midwives, there must be at least one (1) reliever.
- 2.9. For Non-Critical Nursing Care (Level I – Minimal Care and Management, and Level II – Intermediate Care and Management), the number of Nurses required is 1:12 beds at any time.
- 2.10. For Critical Nursing Care (Level III – Intensive Care and Management, and Level IV – Highly Specialized Critical Care and Management), the number of Nurses required is 1:3 Critical Care Unit beds at any time. The number of beds used in the ratio is the actual number of occupied Critical Care Unit beds at the time of inspection. Plantilla items are not required.
- 2.11. For Non-Critical Nursing Care (Level I – Minimal Care and Management, and Level II – Intermediate Care and Management), the number of Nursing Attendants/Midwives required is 1:24 beds at any time for health facilities with an Authorized Bed Capacity (ABC) of twenty-four (24) beds or more. For health facilities with an ABC of less than 24 beds, a Nursing Attendant/Midwife is optional.
- 2.12. For Critical Nursing Care (Level III – Intensive Care and Management, and Level IV – Highly Specialized Critical Care and Management), the number of Nursing Attendants/Midwives required is 1:15 Critical Care Unit beds at any time. The number of beds used in the ratio is the actual number of occupied Critical Care Unit beds at the time of inspection. Plantilla items are not required.
- 2.13. The number of Non-Critical Care beds is equivalent to the Authorized Bed Capacity of the health facility/hospital.
- 2.14. The number of Critical Care beds is the number of beds in all Intensive Care Units and Post-Anesthesia Care Unit / Recovery Room.
- 2.15. For chronic care health facilities and hospitals (e.g. Sanitaria), the number of Nurses required is 1:24 beds, while the number of Nursing Attendants/Midwives required is 1:18 beds.

3. EQUIPMENT

- 3.1. Item 4.1 and all its sub-items (General Statement of Standards on Equipment), and all items in the Equipment Table are mandatory for both the issuance of initial license and the renewal of license.

- 3.2. In Nursing Units and Intensive Care Units (ICUs), an Adult Ambu-bag is required if the Nursing Unit or ICU has adult patients, while a Pediatric Ambu-bag is required if the Nursing Unit or ICU has pediatric patients. Similarly, an Adult Sphygmomanometer Cuff is required if the Nursing Unit or ICU has adult patients, while a Pediatric Sphygmomanometer Cuff Set is required if the Nursing Unit or ICU has pediatric patients.

4. PHYSICAL PLANT

- 4.1. The following are mandatory for both the issuance of initial license and the renewal of license:
- 4.1.1. Item 5.1 (General Statement of Standard on Physical Plant), and all items in the Physical Plant Table
 - 4.1.2. Item 5.2 Environment
 - 4.1.3. Item 5.3 Occupancy
 - 4.1.4. Item 5.4 Safety
 - 4.1.5. Item 5.5 Security
 - 4.1.6. Item 5.6 Lighting and Ventilation
 - 4.1.7. Item 5.7 Exposure to Environmental Tobacco Smoke
 - 4.1.8. Item 5.8 Patient Movement
 - 4.1.9. Item 5.10 Power Supply
 - 4.1.10. Item 5.11 Water Supply – first three sub-items
 - 4.1.11. Item 5.12. Waste Management
 - 4.1.12. Item 5.13 Sanitation
 - 4.1.13. Item 5.15 Material Specification
 - 4.1.14. Item 5.16 Segregation – for Hospitals only
 - 4.1.15. Item 5.16 or 5.17 Signage, AND
 - 4.1.16. Item 5.17 or 5.18 Permits.
- 4.2. All other Items not mentioned above are mandatory only for the renewal of license.
- 4.3. Existing hospitals that are DOH-licensed shall be given until 2010 to comply with the following requirements on Patient Movement:
- 4.3.1. Corridors and ramps for access by patient and equipment are at least 2.44 meters in width.
 - 4.3.2. Corridors in areas not commonly used for bed, stretcher and equipment transport are at least 1.83 meters in width.
 - 4.3.3. A ramp or elevator is provided for ancillary, clinical and nursing services located on the upper floor.
 - 4.3.4. A ramp is provided as access to the entrance of the hospital or health facility that is not on the same level of the site.
- 4.4. Existing infirmaries that are DOH-licensed shall be given until 2010 to comply with the following requirement on Patient Movement:
- 4.4.1. A ramp or elevator is provided for ancillary, clinical and nursing services located on the upper floor.

INFIRMARY

1. SERVICE CAPABILITY

- 1.1. The Patient Transport Service may be contracted out, but the vehicle used for patient transport must be available for 24 hours. There must be a mechanism to ensure that it is readily available whenever there is a need to transfer patients to a higher level of facility or to transport patients to diagnostic facilities.
- 1.2. An Infirmary is only allowed to offer Non-surgical Gynecology Services, defined as the diagnosis and treatment of gynecologic problems through non-surgical or medical means.
- 1.3. Insertion of an IUD (Intrauterine Device) is allowed in an Infirmary.
- 1.4. Tubal ligation and vasectomy may be allowed in an Infirmary, provided that it has an AVSC Certification, maintains a delivery room and equipment for the procedure, and has personnel qualified to do the procedure.
- 1.5. Ancillary services are not mandatory for an Infirmary, but it must have an affiliation with a licensed clinical laboratory and radiology facility. A Memorandum of Agreement or any proof of affiliation with these two ancillary services must be available.

2. PERSONNEL

- 2.1. The personnel responsible for medical records must be trained in ICD-10.
- 2.2. The Driver refers to the driver of the patient transport vehicle. The services of a Driver may be contracted out.
- 2.3. The number of Physicians required is one (1) Physician at any time plus one (1) reliever. There must be one physician to man the Infirmary at any time. Because of the requirement that a physician must not go on duty for more than 48 hours, there must be at least one (1) additional physician who shall act as reliever.
- 2.4. The level of nursing care being provided in an Infirmary is Level I – Minimal Care and Management. Thus the number of Nurses required is 1:12 beds at any time, which means that for every 12 beds, there must be at least one (1) nurse per shift. For every three (3) nurses, there must be at least one (1) reliever.
- 2.5. The number of Nursing Attendants/Midwives required is 1:24 beds at any time for Infirmaries with twenty-four (24) beds or more. This means that if the Infirmary has 24 beds or more, there must be at least one (1) Nursing Attendant/Midwife for every 24 beds per shift. If the Infirmary has less than 24 beds, a Nursing Attendant/Midwife is optional. For every three (3) Nursing Attendants/Midwives, there must be at least one (1) reliever.

3. EQUIPMENT

- 3.1. The vehicle for patient transport must be available for 24 hours but not necessarily within the premises of the health facility.
- 3.2. The EENT Diagnostic Set may be substituted with an equivalent set of instruments.
- 3.3. The Emergency Cart may be replaced with equivalent equipment.

PRIMARY CARE HOSPITAL

1. SERVICE CAPABILITY

- 1.1. The Patient Transport Service may be contracted out, but the vehicle used for patient transport must be available for 24 hours. There must be a mechanism to ensure that it is readily available whenever there is a need to transfer patients to a higher level of facility or to transport patients to diagnostic facilities.
- 1.2. Housekeeping, Maintenance, Security, and Dietary Services may be contracted out.
- 1.3. The Laundry Service may be contracted out, provided that there is a mechanism to ensure that infection control is established.
- 1.4. A licensed secondary clinical laboratory is mandatory. However, a primary clinical laboratory may be considered, provided that a Contract of Service or Memorandum of Agreement with a secondary clinical laboratory located within the locality is secured, and results for emergency cases are transmitted within one hour.
- 1.5. A Primary Care Hospital must have a licensed First Level Radiology facility and a licensed Pharmacy, both of which may be contracted out but must be situated inside the hospital or within the hospital complex to ensure availability and timeliness of services.

2. PERSONNEL

2.1. Administrative Service

- 2.1.1. The hospital may EITHER have a Chief of Hospital OR an Administrative Officer.
- 2.1.2. The Chief of Hospital and the Administrative Officer must have completed at least twenty (20) units towards a Master's Degree in Hospital Administration or a related course OR must have at least three (3) years of experience in a supervisory/managerial position.
- 2.1.3. The designation of an Accounting Clerk can be flexible, as long as the function is present, i.e. there is one person who does the functions of an Accounting Clerk though the title of the position held by that person may not be Accounting Clerk.
- 2.1.4. The Medical Records Clerk must be trained in ICD-10.
- 2.1.5. There is no requirement for a Laundry Worker. Laundry service can be contracted out, as long as the provider of the service observes infection control.
- 2.1.6. The services of a Utility Worker may be contracted out.
- 2.1.7. The Driver refers to the driver of the patient transport vehicle. The services of a Driver may be contracted out.
- 2.1.8. The services of a Nutritionist/Dietitian may be contracted out. If the hospital shares the services of its Nutritionist/Dietitian with other hospitals, the Nutritionist/Dietitian must be residing in the locality where the hospital concerned is located.

- 2.1.9. A Medical Social Worker is mandatory. However, in the absence of a Medical Social Worker, patients may be referred to the Municipal/City/Provincial Social Worker of the municipality/city/province where the hospital is located, provided there is a Memorandum of Agreement between the hospital and the Local Government Unit.

2.2. Clinical Service

- 2.2.1. The number of Physicians required is 1:20 beds at any time plus one (1) reliever. The Inspection Officer must look at the schedule of duty of Physicians to ensure that the number of Physicians in the hospital allows for the compliance to the required Physician-to-bed ratio and to the requirement that a Physician must not go on duty for more than 48 hours.
- 2.2.2. Physician-on-Call is a physician who may be called on at any time to provide services. There must be at least one (1) Physician-On-Call. Plantilla position for the Physician-on-Call is not required.

2.3. Nursing Service

The level of nursing care being provided in a Primary Care Hospital is Non-Critical Care (Level I – Minimal Care and Management and Level II – Intermediate Care and Management). Thus:

- 2.3.1. The number of Staff Nurses required is 1:12 beds at any time, which means that for every 12 beds, there must be at least one (1) Staff Nurse per shift. For every three (3) Staff Nurses, there must be at least one (1) reliever.
- 2.3.2. The number of Nursing Attendants/Midwives required is 1:24 beds at any time for hospitals with twenty-four (24) beds or more. This means that if the hospital has 24 beds or more, there must be at least one (1) Nursing Attendant/Midwife for every 24 beds per shift. If the hospital has less than 24 beds, a Nursing Attendant/Midwife is optional. For every three (3) Nursing Attendants/Midwives, there must be at least one (1) reliever.
- 2.3.3. If the number of registered nurses being supervised does not exceed fifteen (15), the hospital may EITHER have a Chief Nurse OR a Supervising Nurse. Otherwise, there must be one (1) Chief Nurse AND one (1) Supervising Nurse.
- 2.3.4. The Chief Nurse must have completed at least nine (9) units towards a Master's Degree in Management or Administration AND must have at least two (2) years of experience in general nursing service administration.

3. EQUIPMENT

- 3.1. The vehicle for patient transport must be available for 24 hours but not necessarily within the premises of the health facility.
- 3.2. The EENT Diagnostic Set may be substituted with an equivalent set of instruments.
- 3.3. The Emergency Cart may be replaced with equivalent equipment.
- 3.4. There must be one (1) Oxygen Unit per Nursing Unit, plus one (1) Standby Oxygen Unit for the whole hospital.

4. PHYSICAL PLANT

- 4.1. The following areas are optional if the corresponding service being provided is contracted out:
 - 4.1.1. Laundry area, if Laundry Service is contracted out;
 - 4.1.2. Maintenance and Housekeeping Area, if both the Housekeeping and Maintenance Services are contracted out; AND
 - 4.1.3. The following areas in the Dietary, if the Dietary Service is contracted out:
 - 4.1.3.1. Cold and Dry Storage Area
 - 4.1.3.2. Food Preparation Area
 - 4.1.3.3. Cooking and Baking Area
 - 4.1.3.4. Serving and Food Assembly Area
 - 4.1.3.5. Washing Area
 - 4.1.3.6. Garbage Disposal Area
 - 4.1.3.7. Toilet
- 4.2. The OPD and ER may be separate or combined in one complex.
 - 4.2.1. If they are separate, all the areas specified under each are required.
 - 4.2.2. If they are combined in one complex, the OPD-ER complex must have a Consultation Area. All the other areas under OPD are not required.

SECONDARY CARE HOSPITAL

1. SERVICE CAPABILITY

- 1.1. General Dentistry under Clinical Service may be contracted out, but must be located within hospital premises.
- 1.2. Housekeeping, Laundry and Linen, Maintenance, Security, and Dietary Services may be contracted out.
- 1.3. The Ambulance Service may be contracted out, but the ambulance must be available for 24 hours and physically present in the hospital premises.
- 1.4. A Secondary Care Hospital must have a Tertiary Clinical Laboratory, Second Level Radiology facility, and a Pharmacy, all of which must be licensed. These ancillary services may be contracted out but must be situated inside the hospital or within the hospital complex to ensure availability and timeliness of services.

2. PERSONNEL

2.1. Administrative Service

- 2.1.1. The Chief of Hospital and the Administrative Officer must have completed at least twenty (20) units towards a Master's Degree in Hospital Administration or a related course OR must have at least five (5) years of experience in a supervisory/managerial position.
- 2.1.2. The Medical Records Officer must be trained in ICD-10.
- 2.1.3. The services of the following personnel may be contracted out: Laundry Worker, Utility Worker, Security Guard and Driver.
- 2.1.4. The Driver refers to the driver of the ambulance.
- 2.1.5. Although the Maintenance Service may be contracted out, there must be at least one in-house Maintenance Personnel per shift who shall do corrective repairs. The rest of the Maintenance Personnel may be contracted out.

2.2. Clinical Service

- 2.2.1. The Chief of Clinics must be a Diplomate/Fellow of a specialty or subspecialty society AND must have at least five (5) years of experience in a supervisory/managerial position.
- 2.2.2. The Department Head must be a Diplomate/Fellow of a specialty or subspecialty society.
- 2.2.3. There must be one Department Head for the following Departments: Medicine, Pediatrics, Obstetrics and Gynecology, and Surgery and Anesthesia. Any additional Department must also have its own Department Head.
- 2.2.4. The number of Physicians required is as follows:
For every 50 beds and below, there must be at least six (6) physicians.
For every additional 50 beds, there must be two (2) additional physicians.
- 2.2.5. The services of the Dentist and Dental Aide may be contracted out.

2.3. Nursing Service

A Secondary Care Hospital provides Non-Critical Care (Level I – Minimal Care and Management and Level II – Intermediate Care and Management) and Critical Care (Level III - Intensive Care and Management). Thus:

- 2.3.1. For Non-Critical Care areas, the number of Staff Nurses and Nursing Attendants/Midwives required is the same as those in an Infirmary and a Primary Care Hospital.
- 2.3.2. For Critical Care areas (ICUs, PACU/Recovery Room), the number of Staff Nurses required is 1:3 Critical Care Unit beds at any time. This means that for every three (3) beds that are occupied during inspection of the hospital, there must be at least one (1) Staff Nurse per shift. For every three (3) Staff Nurses, there must be at least one (1) reliever.
- 2.3.3. For Critical Care areas, the number of Nursing Attendants/Midwives required is 1:15 Critical Care Unit beds at any time. This means that for every fifteen (15) beds that are occupied during inspection of the hospital, there must be at least one (1) Nursing Attendant/Midwife per shift. For every three (3) Nursing Attendants/Midwives, there must be at least one (1) reliever.
- 2.3.4. The schedule of duties for Critical Care Unit Staff Nurses and Nursing Attendants/Midwives must be made available to Inspection Officers.
- 2.3.5. Plantilla items for Critical Care Unit Staff Nurses and Nursing Attendants/Midwives are optional.
- 2.3.6. The Chief Nurse must have completed at least thirty-six (36) units towards a Master's Degree in Nursing AND must have at least five (5) years of experience in a nursing supervisory/managerial position.

The requirement of at least 36 units of Master's Degree in Nursing will apply only to incumbent Chief Nurses of existing hospitals. Once an incumbent Chief Nurse has retired or resigned, the newly appointed Chief Nurse must have a Master's Degree in Nursing. For new hospitals applying for an initial license, the Chief Nurse must have a Master's Degree in Nursing.

3. EQUIPMENT

- 3.1. Although the Ambulance Service may be contracted out, the Ambulance must be available and physically present within the premises of the hospital for 24 hours.

4. PHYSICAL PLANT

- 4.1. The following areas are optional if the corresponding service being provided is contracted out:
 - 4.1.1. Sorting and Washing Area, and Pressing and Ironing Area in the Laundry and Linen Office, if Laundry Service is contracted out;
 - 4.1.2. Maintenance Office and all the areas under it (Maintenance Area, Housekeeping Area, Motorpool Area), if the Maintenance Service is contracted out;

- 4.1.3. The following areas in the Dietary, if the Dietary Service is contracted out:
 - 4.1.3.1. Cold and Dry Storage Area
 - 4.1.3.2. Food Preparation Area
 - 4.1.3.3. Cooking and Baking Area
 - 4.1.3.4. Serving and Food Assembly Area
 - 4.1.3.5. Washing Area
 - 4.1.3.6. Garbage Disposal Area
 - 4.1.3.7. Toilet
- 4.2. The Motorpool Area should serve as the parking area for the Ambulance. If there is no Motorpool Area (it is optional if the Maintenance Service is contracted out), an Ambulance Parking Area should be provided, whether or not the Ambulance Service is contracted out.
- 4.3. If the Surgical OR and Obstetrical OR/DR are in one complex, only one male dressing room and one female dressing room are required. Otherwise, each should have its own dressing rooms.

TERTIARY CARE HOSPITAL

1. SERVICE CAPABILITY

- 1.1. A hospital is classified as a Tertiary Care Hospital if it has the appropriate Administrative, Clinical and Nursing Services, and it has an Accredited Training Program for Physicians, Nurses or Medical Technologists.
- 1.2. It must have Subspecialty Clinical Care under its Clinical Service. At least one subspecialty will suffice, and this can be any Section in any of the Departments, e.g. Section of Cardiology in the Department of Medicine, Section of Urology in the Department of Surgery, etc. The Subspecialty Section must be reflected in the organizational chart of the Clinical Service.
- 1.3. Tertiary Care Hospitals shall be given until 2010 to comply with the requirement of a Department of Emergency Medicine.
- 1.4. General Dentistry under Clinical Service may be contracted out, but must be located within hospital premises.
- 1.5. The Rehabilitation Service may be contracted out. If it is contracted out, it may or may not be located within hospital premises.
- 1.6. The organizational structure of the Nursing Service shall provide for departments similar to those in the Clinical Service. This must be reflected in the organizational chart.
- 1.7. The Accredited Training Program may be any Accredited Training Program for Physicians (at least one specialty), Accredited Training Program for Nurses, or Accredited Training Program for Medical Technologists.
- 1.8. Housekeeping, Laundry and Linen, Engineering, Security, and Dietary Services may be contracted out.
- 1.9. The Ambulance Service may be contracted out, but the ambulance must be available for 24 hours and physically present in the hospital premises.
- 1.10. A Tertiary Care Hospital must have a Tertiary Clinical Laboratory, Third Level Radiology facility, and a Pharmacy, all of which must be licensed. These ancillary services may be contracted out but must be situated inside the hospital or within the hospital complex to ensure availability and timeliness of services.

2. PERSONNEL

2.1. Administrative Service

- 2.1.1. The Chief of Hospital and the Administrative Officer must have completed at least twenty (20) units towards a Master's Degree in Hospital Administration or a related course OR must have at least five (5) years of experience in a supervisory/managerial position.
- 2.1.2. The Medical Records Officer must be trained in ICD-10.
- 2.1.3. The services of the following personnel may be contracted out: Laundry Worker, Utility Worker, Security Guard, Engineer, Medical Equipment/Biomedical Technician, Mechanic, and Driver.
- 2.1.4. The Driver refers to the driver of the ambulance.
- 2.1.5. There must be at least one in-house Maintenance Personnel per shift who shall do corrective repairs. The rest of the Maintenance Personnel may be contracted out.

2.2. Clinical Service

- 2.2.1. The Chief of Clinics must be a Diplomate/Fellow of a specialty or subspecialty society AND must have at least five (5) years of experience in a supervisory/managerial position.
- 2.2.2. The Department Head must be a Diplomate/Fellow of a specialty or subspecialty society.
- 2.2.3. There must be one Department Head for the following Departments: Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, Anesthesia, and Emergency Medicine (if applicable). Any additional Department must also have its own Department Head.
- 2.2.4. Consultant Physicians must be Diplomates/Fellows of a specialty or subspecialty society.
- 2.2.5. The number of Physicians required is as follows:
For every 100 beds and below, there must be at least eight (8) physicians.
For every additional 50 beds, there must be three (3) additional physicians.
- 2.2.6. The services of the Dentist and Dental Aide may be contracted out.
- 2.2.7. The services of the Physical Therapist may be contracted out.

2.3. Nursing Service

A Tertiary Care Hospital provides Non-Critical Care (Level I – Minimal Care and Management and Level II – Intermediate Care and Management) and Critical Care (Level III - Intensive Care and Management and Level IV – Highly Specialized Critical Care and Management). Thus:

- 2.3.1. For Non-Critical Care areas, the number of Staff Nurses and Nursing Attendants/Midwives required is the same as those of Non-Critical Care areas in a Secondary Care Hospital.
- 2.3.2. For Critical Care areas (ICUs, PACU/Recovery Room), the number of Staff Nurses and Nursing Attendants/Midwives is the same as those of Critical Care areas in a Secondary Care Hospital.
- 2.3.3. The schedule of duties for Critical Care Unit Staff Nurses and Nursing Attendants/Midwives must be made available to Inspection Officers.
- 2.3.4. Plantilla items for Critical Care Unit Staff Nurses and Nursing Attendants/Midwives are optional.
- 2.3.5. The Chief Nurse must have a Master's Degree in Nursing AND must have at least five (5) years of experience in a nursing supervisory/managerial position.

3. EQUIPMENT

- 3.1. Although the Ambulance Service may be contracted out, the Ambulance must be available and physically present within the premises of the hospital for 24 hours.
- 3.2. The Standby Generator must have an automatic transfer switch.
- 3.3. If the Rehabilitation Service is contracted out and not located within hospital premises, all pieces of equipment in the Rehabilitation Room are not required.

4. PHYSICAL PLANT

- 4.1. The following areas are optional if the corresponding service being provided is contracted out:
 - 4.1.1. Receiving and Releasing Area, Sorting and Washing Area, and Pressing and Ironing Area in the Laundry and Linen Office, if Laundry Service is contracted out;
 - 4.1.2. Engineering Office and all the areas under it (Maintenance Area, Housekeeping Area, Motorpool Area), if the Engineering Service is contracted out;
 - 4.1.3. The following areas in the Dietary, if the Dietary Service is contracted out:
 - 4.1.3.1. Cold and Dry Storage Area
 - 4.1.3.2. Food Preparation Area
 - 4.1.3.3. Cooking and Baking Area
 - 4.1.3.4. Serving and Food Assembly Area
 - 4.1.3.5. Washing Area
 - 4.1.3.6. Garbage Disposal Area
 - 4.1.3.7. Toilet
- 4.2. The Motorpool Area should serve as the parking area for the Ambulance. If there is no Motorpool Area (it is optional if the Engineering Service is contracted out), an Ambulance Parking Area should be provided, whether or not the Ambulance Service is contracted out.
- 4.3. If the Surgical OR and Obstetrical OR/DR are in one complex, only one male dressing room and one female dressing room are required. Otherwise, each should have its own dressing rooms.
- 4.4. If the Rehabilitation Service is contracted out and not located within hospital premises, a Rehabilitation Room is not required.