



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SEP 03 2015

ADMINISTRATIVE ORDER

No. ~~2015~~ 2012 - 0012 - A

SUBJECT: Amendment to Administrative Order (A.O.) No. 2012-0012 entitled "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines"

Pursuant to A.O. No. 2012-0012 entitled "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines," the following provisions and specific Annexes are hereby amended:

IV. DEFINITION OF TERMS

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Under Section IV. 6.-7.:

- 6. Bureau of Health Facilities and Services (BHFS) – the Bureau of DOH charged with the implementation of these rules and regulations.
- 7. Center for Health Development (CHD) – the regional health Office of DOH.

The aforementioned is hereby amended to read as follows:

- 6. **Health Facilities and Services Regulatory Bureau (HFSRB) – the Bureau of DOH charged with the implementation of these rules and regulations.**
- 7. **Regional Office – the Regional Health Office of DOH.**

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V. IMPLEMENTING MECHANISMS

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Under Section V. A. 1.on General Guidelines:

All hospitals duly licensed by DOH shall be deemed automatically accredited by PhilHealth as Centers of Safety in accordance with A.O. No. 2011-0020entitled "Streamlining of Licensure and Accreditation of Hospitals."

The aforementioned is hereby amended to read as follows:

The Health Facilities and Services Regulatory Bureau (HFSRB) and DOH Regional Offices shall stipulate in the License to Operate (LTO) all of the services identified, minimum and add-on services, that a health facility is capable of providing.

All hospitals duly licensed by DOH shall be deemed qualified for accreditation by PhilHealth with Basic Participation without the need for pre-accreditation survey. PhilHealth shall reimburse hospitals and other health facilities based on its service capability provided it is stipulated and required in the PhilHealth applicable policy.

AMENDED by
No. 2012 - 0012 - B
Date JAN. 16, 2017
Posted on/by: JAN. 16, 2017 / SPH

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Under Section V. A. 2. on General Guidelines:

All hospitals shall provide basic hospital functions such as but not limited to, acute medical and surgical services, anesthesia services, emergency and outpatient services, nursing service, dental service, with common diagnostic and support units as pathology, radiology and pharmacy.

The aforementioned is hereby amended to read as follows:

All hospitals shall provide basic hospital functions such as, but not be limited to, acute medical and surgical services, anesthesia services, emergency and outpatient services, nursing service, dental service for Levels 2 and 3 be it by referral system or outsourcing, with common diagnostic and support units as pathology, radiology and pharmacy.

For all services that may be contracted out or outsourced, there must be a Memorandum of Agreement with or Contract of Service from the provider of the service.

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Under Section V. B. 1. c. 1. c. 1. on Functional Capacity of a Level 3 Hospital:

A Level 3 hospital shall have as minimum all of Level 2 capacity, including but not be limited to, the following:

1. Teaching and/or training hospital with accredited residency training program for physicians in the four (4) major specialties namely: Medicine, Pediatrics, Obstetrics and Gynecology and Surgery;
2. Provision for Physical Medicine and Rehabilitation Unit;
3. Provision for ambulatory surgical clinic;
4. Provision for dialysis facility.

The aforementioned is hereby amended to read as follows:

A Level 3 hospital shall have as minimum all of Level 2 capacity, including but not be limited to, the following:

1. **Teaching and/or training hospital with at least any two (2) accredited residency training program for physicians in any medical/surgical specialty and/or subspecialty;**
2. **Provision for Physical Medicine and Rehabilitation Unit;**
3. **Provision for ambulatory surgical clinic (ASC) – ASC in the Out-Patient Department or designate one of its major operating rooms in the OR complex solely for elective day surgeries;**
4. **Provision for dialysis facility – hemodialysis or peritoneal dialysis or both.**

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Under Section V. B. 1. Table 2. New Classification of General Hospitals

HOSPITALS	LEVEL 1	LEVEL 2	LEVEL 3
Clinical Services for in-patients	Consulting Specialists in: Medicine Pediatrics OB-GYNE Surgery	Level 1 plus all:	Level 2 plus all:
		Departmentalized Clinical Services	Teaching/training with accredited residency training program in the 4 major clinical services
	Emergency and Out-patient Services	Respiratory Unit	Physical Medicine and Rehabilitation Unit
	Isolation Facilities	General ICU	
	Surgical/ Maternity Facilities	High Risk Pregnancy Unit	Ambulatory Surgical Clinic
	Dental Clinic	NICU	Dialysis Clinic
Ancillary Services	Secondary Clinical Laboratory	Tertiary Clinical Laboratory	Tertiary lab with histopathology
	Blood Station	Blood Station	Blood Bank
	1 st Level X-ray	2 nd Level X-ray with mobile unit	3 rd Level X-ray
	Pharmacy		

The aforementioned is hereby amended to read as follows:

Hospital Services	Level 1	Level 2	Level 3
Clinical Services for In-Patients	Consulting specialists in, but not be limited to: Medicine Pediatrics Ob-Gyne Surgery	All of Level 1 plus, the following:	All of Level 1 and Level 2 plus, the following:
		Departmentalized Clinical Services	Teaching/training with at least any two (2) accredited residency training program for physicians in any medical/surgical specialty and/or subspecialty
	Emergency and Out-Patient Services	Respiratory Unit	Physical Medicine and Rehabilitation Unit
	Isolation Facilities	General ICU	Ambulatory Surgical Clinic
	Surgical / Maternity Facilities	High Risk Pregnancy Unit	Dialysis Clinic
		NICU	
		Dental Clinic	
Ancillary Services	Secondary Clinical Laboratory	Tertiary Clinical Laboratory	Tertiary Clinical Lab with Histopathology
	Blood Station	Blood Station	Blood Bank
	1 st Level X-Ray	2 nd Level X-Ray with Mobile Unit	3 rd Level X-Ray
	Pharmacy		

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Under Section V. B. 3. a. 2. on Standards for Personnel:

Every health facility shall have an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality services.

2. The staff composition, particularly the Medical, Allied Medical, Nursing, Administrative and Finance Sections of the hospital, shall depend on the workload and the services being provided and other personnel qualifications as may be required by DOH.

The aforementioned is hereby amended to read as follows:

Every health facility shall have an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality services.

2. The staff composition, particularly the Medical, Allied Medical, Nursing, Administrative and Finance Sections of the hospital, shall depend on the workload and the services being provided and other personnel qualifications as may be required by DOH. (Refer to Assessment Tool in the Licensure of Hospitals for details.)

a. Administrative Service for Level 3 Hospitals

1. For Government Hospitals

- The Chief of Hospital or Administrative Officer has a Master's Degree in Hospital Administration or related course AND at least five (5) years experience in a supervisory / managerial position.
- Grandfather's Clause may be accepted in place of the Master's Degree in Hospital Administration (or related course), provided that the individual is fifty-five (55) years old and above, AND currently holding the position for at least five years. A two-year moratorium is granted to allow those who are yet to finish their Master's Degree.

2. For Private Hospitals

The Medical Director or Administrative Officer has a Master's Degree in Hospital Administration (or related course) AND/OR at least five (5) years experience in a supervisory / managerial position. A two-year moratorium is granted to allow those who are yet to finish their Master's Degree.

b. Clinical Service

1. The Chief of Clinics (for Levels 2 and 3 hospitals) must be a Diplomate/Fellow of a specialty and/or subspecialty society and must have at least five (5) years of experience in a supervisory / managerial position.
2. The Department Head (for Levels 2 and 3 hospitals) must be a Diplomate/Fellow of a specialty and/or subspecialty society.
3. Consultant Physicians (for Level 3 hospitals) must be Diplomates/Fellows of a specialty and/or subspecialty society.

c. Ancillary Service

In the simplest clinical laboratory, there shall be at least two (2) registered medical technologists in the morning and afternoon shifts and one (1) in the evening shift. Additional staff depends on the workload as determined by the head of the clinical laboratory. (Refer to Assessment Tool in the Licensure of Clinical Laboratories for details.)

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VI. PROCEDURAL GUIDELINES

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Under Section VI. F. 5. on Monitoring:

5. Each CHD shall submit a summary of violations on a semi-annual basis to BHFS stating among others, the name of the health facility, location, its violation and the course of action taken.

The aforementioned is hereby amended to read as follows:

5. **Each RO shall submit a summary of violations on a semi-annual basis to HFSRB stating among others, the name of the health facility, location, its violation and the course of action taken. However, in decisions for suspension, cancellation or revocation of the LTO or COA or non-issuance/disapproval of DOH-PTC, the HFSRB or the RO Director shall transmit a complete copy of the files to the Secretary of Health within seven (7) days from issuance of said decision.**

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X. INVESTIGATION OF CHARGES AND COMPLAINTS

Under B:

B. The Bureau of Health Facilities and Services or the Director of CHD and/or his authorized representative(s), after investigation, may suspend, cancel or revoke LTO of licensees found violating the provisions of this Order and its related issuances, without prejudice to taking the case to judicial authority for criminal action.

The aforementioned is hereby amended to read as follows:

B. Decisions of the HFSRB or the RO Director on the suspension, cancellation or revocation of LTO or COA found in violation of the provisions of this Order and its related issuance, without prejudice to taking the case to judicial authority for criminal action, shall be automatically reviewed by the Secretary of Health and/or his or her two (2) undersecretaries within thirty (30) days from receipt of the decision as stated in Section VI-F, 5 of this Order. Reports and complaints on disapproval or non-issuance or revocation of PTC by HFSRB shall also be automatically reviewed by the Secretary of Health and/or his or her two (2) undersecretaries within thirty (30) days. HFSRB or RO Director suspension, cancellation or revocation of license and certificate shall be stayed pending review by the Secretary of Health and/or his or her two (2) undersecretaries.

C. If the review is not acted on by the Secretary of Health and/or his or her two (2) undersecretaries within the 30-day period, the decision of the HFSRB or RO Director shall be enforced.

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XIII. TRANSITORY PROVISIONS

Under Section XIII. B.on the grace period:

Hospitals currently categorized as Level 2, Level 3 and Level 4, applying for renewal of LTO shall be given a grace period of three (3) years to attain full compliance with the rules and regulations set forth in this Order.

The aforementioned is hereby amended to read as follows:

An additional One (1) Year moratorium is given to ALL GENERAL HOSPITALS including INFIRMARIES, to complete all requirements under the new classification of health facilities on or before 18 August 2016.

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XIV. REPEALING CLAUSE

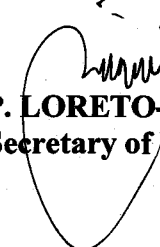
Provisions from previous issuances that are inconsistent or contrary to the provisions of this Order shall be deemed impliedly or expressly amended or revoked.

XV. SEPARABILITY CLAUSE

In the event that any provision or part of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and in force.

XVI. EFFECTIVITY

This Order shall take effect fifteen (15) days after its approval and publication in a newspaper of general circulation.


JANETTE P. LORETO-GARIN, M.D., MBA-H
Secretary of Health