



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

ASSESSMENT TOOL FOR LICENSING AN AMBULATORY SURGICAL CLINIC

I. FACILITY INFORMATION

Name of Facility : _____

Complete Address : _____

No. & Street

Barangay

City/Municipality

Province

Region

Geographic Coordinates of the Facility: Latitude: _____ Longitude: _____

Contact Number : _____ E-mail Address: _____

Name of Owner : _____

Name of Head of the Facility : _____

Latest DOH License Number (if renewal): _____

Type of Application: Initial Renewal

Classification:

Government National Local
Others, specify: _____

Private Single Proprietorship/Partnership/Corp.
Religious
Civic Organization
Foundation
Others, specify: _____

Institutional Character:

Hospital-Based Nonhospital-based

Surgical Services:

Colorectal Surgery	<input type="checkbox"/>	Pediatric Surgery	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	Plastic and Reconstructive Surgery	<input type="checkbox"/>
Oral-Maxillo-Facial Surgery	<input type="checkbox"/>	Reproductive Health Surgery	<input type="checkbox"/>
Ophthalmologic Surgery	<input type="checkbox"/>	Thoracic Surgery	<input type="checkbox"/>
Orthopedic Surgery	<input type="checkbox"/>	Urologic Surgery	<input type="checkbox"/>
Otorhinolaryngologic Surgery	<input type="checkbox"/>		

Ancillary Services:

Radiology:	Chest and Lungs	<input type="checkbox"/>	Level 1	<input type="checkbox"/>	Level 2	<input type="checkbox"/>	Level 3	<input type="checkbox"/>
Clinical Laboratory:	Primary	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Tertiary	<input type="checkbox"/>		
Pharmacy	<input type="checkbox"/>							

II. TECHNICAL REQUIREMENTS

Instruction: In the appropriate box, place a check mark (/) if the Ambulatory Surgical Clinic is compliant or x mark (X) if it is not compliant.

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
<p>A. PERSONNEL The health facility appoints and allocates personnel who are suitably qualified, skilled and/or experienced to provide the service and meet the patient needs.</p>		
1. Surgeon		
a. Valid PRC license		
b. PTR		
c. Updated Certificate of Training in Basic Life Support and Advanced Cardiac Life Support		
d. Specialty Board Certificate		
e. Notarized Contract of Employment		
2. Anesthesiologist		
a. Valid PRC license		
b. PTR		
c. Specialty Board Certificate		
d. Notarized Contract of Employment		
3. Nurse		
a. Valid PRC license		
b. Valid Certificates of Training in Basic Life Support		
c. At least one nurse on duty with valid Certificate of Training of Advanced Cardiac Life Support		
d. Notarized Contract of Employment		
4. Nursing Attendant/Aide		
- Notarized Contract of Employment		
5. Administrator/Clerk		
- Notarized Contract of Employment		
6. Designated Medical Records Officer (MRO)		
- Letter of Appointment/Designation as MRO		
7. Designated ICD-10 Coder		
a. Certificate of Completion for ICD-10 Training for Coders		
b. Letter of Appointment		
8. Designated Regulatory Compliance Officer (RCO)		
- Letter of Appointment/Designation as RCO		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
B. EQUIPMENT, INSTRUMENTS/SUPPLIES, AND BASIC MEDICINES <i>(Refer to checklist of appropriate service/s applied for.)</i> All equipment and instruments necessary for the safe and effective provision of services are available and properly maintained.		
C. PHYSICAL FACILITY Services in ASC are provided in an environment that ensures physical privacy and promotes safety has adequate space and meets the needs of patients, service providers and other stakeholders		
1. Approved Permit to Construct		
2. ASC conforms to the approved Floor Plan		
3. Signage		
a. Information and Orientation		
b. Direction		
c. Identification		
d. Prohibition and Warning		
e. No Smoking Sign		
f. Evacuation Plan		
g. Process flowchart of clinical services		
4. Posted in conspicuous area		
a. License of ASC (for renewal)		
b. Local Permits		
c. Vision and mission		
d. Organizational Chart		

III. FACILITY OPERATIONS

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
A. MANUAL OF OPERATIONS/STANDARD OPERATING PROCEDURES		
Efficient and effective governance ensures a planned and coordinated service delivery system appropriate to the needs of patients, families and service providers.		
1. Vision and Mission		
2. Organizational chart		
3. Human Resource Management		
a. Human resource development program that identifies, plan, facilitate and record training and education for all personnel.		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
b. Personnel hired are qualified and competent on the basis of appropriate education, training, skills, and experiences.		
c. New personnel receive an orientation program that covers essential component of the service being provided.		
d. An exit interview is conducted for personnel who resign or retire from the service.		
e. Performance of each personnel is monitored and evaluated.		
4. Documented process flow for provision of clinical services in the facility.		
a. Pre-operative		
b. Intraoperative		
c. Post-operative		
5. Documented technical procedures of services provided in the facility.		
6. Quality Management Review System		
a. Quality Management Program that reflects continuous quality improvement principles		
b. Documented procedure for handling complaints, reporting and analysis of incidents, adverse events, etc.		
c. Exception reporting system for adverse, unplanned or untoward events (accidents, complaints, infectious/notifiable diseases)		
c.1 Recording		
c.2 Reporting		
c.3 Investigation		
c.4 Analysis		
c.5 Corrective Action		
c.6 Review process		
7. Preventive maintenance program for equipment.		
a. Plan for essential equipment replacement in case of breakdown		
b. Record of equipment		
c. Operational manuals of all equipment and instruments		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
8. Transfer/Referral System Documented policy and procedures on transfer or referral of patient to at least Level 2 Hospital for the provision of inpatient care especially during emergencies and other hospital services.		
9. Healthcare Waste Management The clinic observes safe and appropriate handling, storage and disposal of wastes that complies with current legislation, local government requirements and the Health Care Waste Management Manual of Department of Health, 2004.		
a. Written policy and procedures on waste Management.		
b. Proper collection, segregation, coding, storage, and disposal of wastes (for both solid and liquid wastes)		
c. Use of protective equipment and clothing appropriate for handling, storage, and disposal of wastes.		
10. Building maintenance program		
11. Pest and vermin control program Documented policies for pest and vermin control program		
12. Medical Records		
a. Confidentiality of patient information		
b. Medical diagnoses, procedures and/or operations performed on patients are recorded using ICD-10.		
c. Policy and procedures for retention and disposal of medical records.		

IV. RECORDS/FILES

STANDARDS AND REQUIREMENTS	COMPLIANT		REMARKS
	INITIAL	RENEWAL	
1. Human Resource Management			
a. Verification of credentials of personnel			
b. Review of effectiveness of training provided to personnel			
c. Proof of orientation given to new personnel (i.e. communication, attendance to orientation)			
d. Monitoring and evaluation of performance of personnel			
2. Quality Management Program			
a. Minutes of meeting	N/A		
b. Attendance log book	N/A		
c. File of customer satisfaction survey/ feedback, analyses, and corrective actions taken			
d. Reports of adverse, unplanned or untoward events and recommendations for preventive/corrective action			
e. Evidence of implementation of preventive/corrective actions			
3. Equipment			
a. Calibration certificates (third party)			
b. Records of equipment maintenance			
4. Physical Facility			
Water Analysis Report (Bacteriological)			
5. Waste Management			
Wastes are properly segregated, coded and labeled as follows:			
a. General/Non-infectious/Dry – Black			
b. General/Non-infectious/Wet – Green			
c. Infectious/Pathological – Yellow			
d. Sharps – Sharps container			

STANDARDS AND REQUIREMENTS	COMPLIANT		REMARKS
	INITIAL	RENEWAL	
6. Building Maintenance			
a. Schedule of building maintenance			
b. Reports of building maintenance			
c. Report of water tank/reservoir flushing			
7. Pest and Vermin Control			
Reports of activities of pest and vermin control			
8. Notarized Memorandum of Agreements			
a. Patient Transport Service Provider (if applicable)			
b. Security Service			
c. Utility Service			
d. At least one Level Two Hospital for the provision of inpatient care especially during emergencies and other hospital services.			
e. Waste management service			
f. Pest and vermin control service (if applicable)			

V. Checklist of Requirements on Medical Records, Equipment, Instruments, and Medicines for Ambulatory Surgical Clinic

STANDARDS AND REQUIREMENTS	COMPLIANT		REMARKS
	INITIAL	RENEWAL	
5. Medical Records			
a. Diagnoses, procedures and operations are recorded in patient charts using ICD-10	N/A		
b. Patient logbook			
b.1 Outpatient department			
b.2 Operating Room			
b.2.1 Case Number			
b.2.2 Date			
b.2.3 Patient name			
b.2.4 Age			
b.2.5 Gender			
b.2.6 Pre-operative Diagnosis			
b.2.7 Procedure done			
b.2.8 Post-operative diagnosis			
b.2.9 Time started			
b.2.10 Time ended			
b.2.11 Surgeon			
b.2.12 Anesthesiologist			
b.2.13 Nurse			
c. Content of Patient Chart			
c.1 Identification Data			
c.2 Chief Complaint			
c.3 History of Present Illness			
c.4 Physical Examination			
c.5 Diagnosis			
c.6 Attending Physician			
c.7 Clinical Laboratory Report			
c.8 X-ray report			
c.9 Consultation/Referral Notes			
c.10 Medication/Treatment			
c.11 Nurse's Notes			
c.12 Consent			
c.13 Doctor's Order Sheet			
c.14 Operative Technique			
c.15 Anesthesia Record			
c.16 Discharge Summary			

All Ambulatory Surgical Clinics shall have the following equipment, instruments and medicines. Place a check (✓) if the ASC is compliant and x mark (X) if not compliant.

	COMPLIANT	REMARKS		COMPLIANT	REMARKS
EQUIPMENT/INSTRUMENTS					
Ambu bag (adult and pedia)			Instrument tray		
Anesthesia machine with tanks of gases and gauges			IV stand		
Autoclave machine			Laryngoscope with curve and straight blades, spare bulb and battery		
Cardiac monitor			Minor Surgical Set		
Cardiac board			Operating Light		
Clinical Weighing Scale			Operating Table		
Computer/Typewriter			Oxygen tank with gauge in trolley or rack		
Defibrillator			Patient Transport Vehicle		
Electrocautery machine			Pulse oximeter		
Emergency lights			Sphygmomanometer		
Emergency medicine cart/tray			Standby generator		
Endotracheal tubes (all sizes)			Stethoscope		
Examining table			Stretcher		
Fire extinguisher			Suction machine		
Foot stool			Thermometer		
Instrument table			Wheelchair		
MEDICINES					
Amiodarone 150mg/ampule			D5W 250 ML/bottle		
Aspirin USP grade 325mg/tab)			Dexamethasone		
Atropine 1 mg/mL ampule			Diphenhydramine 50 mg/ampule		
B-adrenergic agonists like Salbutamol 2 mg/mL			Dobutamine 250 mg/20 mL vial		
Benzodiazepine (Diazepam 10 mg/2 mL ampule and/or Midazolam)			Dopamine 200 mg/vial		
D5 0.3 NaCl 500 mL			Epinephrine 1 mg/mL		
D5 LR 1 L/bottle			Hydrocortisone 250 mg/vial		
D5NM 500 mL/bottle			Hyoscine N-butyl-bromide 20 mg/vial		
D5 NSS 1 L/bottle			Lidocaine 5% solution/vial		

	COMPLIANT	REMARKS		COMPLIANT	REMARKS
MEDICINES					
Mefenamic acid 500 mg/tablet			Plain LRS 1 L/bottle		
Meperidine 100mg/vial			Plain NSS 1 L/bottle		
Metoclopramide 10mg/ampule			Sodium bicarbonate 50 mEq/ampule		
Morphine sulfate 10 mg/ampule			Tramadol 50 mg/cap		
Nitroglycerine spray or Isosorbide dinitrate 5 mg/tab/amp			Verapamil 5 mg/2mL ampule		
Noradrenaline 2 mg/ampule			5 Caloric agent (D50 W50 mL/vial)		
Paracetamol 300 mg/ampule					



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Name of Health Facility: _____

Date of Inspection/Monitoring: _____

RECOMMENDATIONS:

A. For Licensing Process:

[] For issuance of License to Operate as Ambulatory Surgical Clinic.

Validity from _____ to _____

[] Issuance depends upon compliance to the recommendations given and submission of the following within _____ days from the date of inspection/monitoring:

[] Non-Issuance: Specify reason/s. _____

Inspected by:

Printed Name

Signature

Position/Designation

Received by:

Signature _____

Printed Name _____

Position/Designation _____

Date _____



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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 _____