



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

**ASSESSMENT TOOL FOR LICENSING AN  
ACUTE-CHRONIC PSYCHIATRIC CARE FACILITY**

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

Address of the Health Facility : \_\_\_\_\_  
\_\_\_\_\_

**1. GENERAL INFORMATION**

Owner : \_\_\_\_\_  
Medical Director : \_\_\_\_\_

Classification : Government  National   
Local   
Others, specify \_\_\_\_\_

Private  Single   
Proprietorship   
Partnership   
Corporation   
Civic Organization   
Religious   
Foundation   
Others, specify \_\_\_\_\_

Chairman of the Board (If Corporation) : \_\_\_\_\_  
\_\_\_\_\_

Authorized Bed Capacity : \_\_\_\_\_  
Implementing Bed Capacity : \_\_\_\_\_



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**2. SERVICE CAPABILITY**

2.1. Service Capability of an Acute-Chronic Psychiatric Care Facility:

2.1.1. Provides medical service, nursing care, pharmacological treatment and psychosocial intervention for mentally ill patients.

2.2. The health facility shall render quality health services appropriate to the level of care being provided.

<b>SERVICE</b>	<b>AVAILABILITY</b> (/ if Available)	<b>REMARKS</b>
<b>General Administrative Service</b>		
<b>Clinical Service</b>		
Medical and Psychiatric Services		
Crisis Intervention		
<b>Nursing Service</b>		
Psychiatric Nursing Care		
<b>Ancillary Service</b>		
Psychosocial Services <input type="checkbox"/>		
Referral Services		
Medical-Surgical Services		
Dental Services		
Clinical Laboratory		
Radiology		
<input type="checkbox"/> For psychological evaluation of patients, affiliation with a service provider is allowed. A memorandum of agreement with the service provider must be secured as a prerequisite for license to operate.		

## 2.3. Operations

### 2.3.1. Policies and Procedures

An organizational chart is placed in a location readily seen by the public.  Yes  No

The health facility has documented policies and standard operating procedures for the following:

General Administrative Service  Yes  No

Clinical Service

Medical and Psychiatric Services  Yes  No

Crisis Intervention  Yes  No

Use of Restraint  Yes  No

Isolation of Patient  Yes  No

Patient Transport/Conduction  Yes  No

Nursing Service

Psychiatric Nursing Care  Yes  No

Ancillary Service

Psychosocial Services  Yes  No

Referral Services  Yes  No

### 2.3.2. General Administrative Service

New personnel receive an orientation program that covers the essential components of the service being provided.

Yes  No

Duties and responsibilities of the personnel are identified and documented.

Yes  No

### 2.3.3. Clinical Service

Personnel to deliver care are available for 24 hours.

Yes  No

All equipment, medicines and supplies necessary to provide care are available.

Yes  No

The use of restraint is covered by doctor's order.

Yes  No

Nursing care is provided at all times.  Yes  No

A Nursing Procedure Manual and a properly utilized Kardex are available in all patient care units.

Nursing Procedure Manual  Yes  No

Properly Utilized Kardex  Yes  No

The delivery of nursing care utilizes the nursing process.

Yes  No

Medical diagnoses, procedures and/or operations performed on patients are recorded using ICD – 10.

[ ] Yes [ ] No

Records of medico – legal cases are properly and completely filled up.

[ ] Yes [ ] No

Death certificate forms are properly and completely filled up.

[ ] Yes [ ] No

Confidentiality of patient information is maintained at all times.

[ ] Yes [ ] No

A Patient Logbook is properly filled up in the following areas:

Admission [ ] Yes [ ] No

Discharge [ ] Yes [ ] No

Patient Charts are properly and completely filled up and contain up-to-date information on the following:

Contents of Medical Chart	In-Patient	Out-Patient
	(/ if Available)	(/ if Available)
Identification Data		
Consent Form		
Chief Complaint / Referral Information		
History of Present Illness or Interval History for Re-admitted Patients		
Physical and Neurological Examination and Initial Mental Status Examination		
Laboratory Results, X-ray Results and all other Ancillary Procedures		
Diagnosis/Admitting Diagnosis		
Admitting/Attending Physician		
Consultation/Referral Notes		
Progress Notes		
Doctor's Order Sheet		
Medication/Treatment Record		
Nursing Record		
Visitor's Log		
Discharge Summary		
Others		

## 2.4. Programs

### 2.4.1. Psychosocial Program

The health facility has a documented psychosocial program for patients, delineating, among others, the program objectives, activities and responsibilities of personnel.

Yes  No

### 2.4.2. Disaster Management

The health facility has a documented emergency and disaster management plan.

Yes  No

### 2.4.3. Human Resource Development

The health facility implements a human resource development program that identifies, plan, facilitate and record training and education for all personnel.

Yes  No

An appraisal system identifies and reviews the effectiveness and appropriateness of the training provided.

Yes  No

### 2.4.4. Quality Management

The health facility has an established, documented and maintained quality management program that reflects continuous quality improvement principles.

Yes  No

There is an exception reporting system that includes the recording, reporting, investigation, analysis, corrective action and review process for adverse, unplanned, or untoward events such as:

Accidents, incidents, near misses, and adverse clinical events

Yes  No

Complaints and suggestions

Yes  No

Infectious / Notifiable diseases

Yes  No

Service shortfalls

Yes  No



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**3. PERSONNEL**

3.1. The health facility appoints and allocates personnel who are suitably qualified, skilled and/or experienced to provide the service and meet patient needs.

3.1.1. Each personnel is qualified, skilled and/or experienced to assume the responsibilities, authority, accountability and functions of the position. [ ] Yes [ ] No

3.1.2. Professional qualifications are validated, including evidence of professional registration/license, where applicable, prior to employment. [ ] Yes [ ] No

3.1.3. An organized medical and nursing staff shall be responsible for the quality of patient care and for the ethical conduct and professional practices of its members. [ ] Yes [ ] No

POSITION	REQUIREMENT	COMPLIANCE (/ if Compliant)	STATUS (FT if Full Time) (PT if Part Time)	REMARKS
<b>General Administrative Service</b>				
Administrator	1			
Administrative Assistant	1			
Cook ( <i>May be contracted out</i> ) ∞	1			
Driver ( <i>On call and May be contracted out</i> ) @	1			
Laundry Worker ( <i>May be contracted out</i> ) ∞	1			
∞ A contract of service or memorandum of agreement with a service provider must be secured as a prerequisite for license to operate.				
@) The Driver refers to the driver of the Patient Transport Vehicle. If the services of the Driver are contracted out, there must be a contract of service or memorandum of agreement between the Driver and the health facility.				

POSITION	REQUIREMENT	COMPLIANCE (/ if Compliant)	STATUS (FT if Full Time) (PT if Part Time)	REMARKS
<b>Clinical Service</b>				
Psychiatrist ( <i>On call and Board Certified</i> ) <input type="checkbox"/>	1			
Licensed Physician ( <i>Full time</i> ) <input type="checkbox"/>	1			
<input type="checkbox"/> A Board Certified Psychiatrist is a diplomate or fellow of the Philippine Psychiatric Association. <input type="checkbox"/> If there is already a fulltime Psychiatrist, he/she may also act as the full time Physician. Thus, another fulltime Physician is no longer required.				
<b>Nursing Service</b>				
Registered Nurse	1:24 beds/shift <input type="checkbox"/>			
Nursing Attendant	1:18 beds/shift <input type="checkbox"/>			
<input type="checkbox"/> For all personnel requirements expressed as a ratio (e.g. 1:24 beds), an excess of not more than 50% of the number of beds in the ratio will be allowed. For example: if the health facility has 1 to 24 beds, one Registered Nurse per shift is required. If the health facility has 25 to 36 beds, one Registered Nurse per shift is required. If the number of beds is 37 (the excess number of beds is more than 50% of 24), an additional Registered Nurse per shift is required.				
<b>Ancillary Service</b>				
Registered Psychologist ( <i>Full</i> )	1			
∞ The Psychologist must have at least two (2) years of relevant experience.				
Others (Please specify)				



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 \_\_\_\_\_

**4. EQUIPMENT/INSTRUMENT**

4.1. All equipment and instruments necessary for the safe and effective provision of services are available and are properly maintained.

4.1.1. Records of equipment are maintained and updated regularly.  
 [ ] Yes [ ] No

4.1.2. A preventive maintenance program ensures that all equipment are maintained and/or calibrated to an appropriate standard or specification.  
 [ ] Yes [ ] No

ITEM	REQUIREMENT	COMPLIANCE (/ if Compliant)	CONDITION (/ if Serviceable)	REMARKS
<b>General Administrative Service</b>				
Emergency Light	1			
Fire Extinguisher	1			
Patient Transport Vehicle (Available for 24 hours) <input type="checkbox"/>	1			
Secured Filing Cabinet	1			
Typewriter/Computer	1			
<input type="checkbox"/> The Patient Transport Vehicle may be contracted out. If contracted out, the vehicle must be available for 24 hours, although not necessarily within the premises of the health facility, and the health facility must have a Contract of Service or Memorandum of Agreement with the owner of the vehicle.				
<b>Clinical Service</b>				
Ambu Bag	1			
Beds/Mattresses/Mats	Depends on ABC <input type="checkbox"/>			
Clinical Weighing Scale	1			
Oxygen Unit	1			



ITEM	REQUIREMENT	COMPLIANCE (/ if Compliant)	CONDITION	REMARKS
Sphygmomanometer	1			
Stethoscope	1			
Recreational/Sports/ Exercise Equipment	1			
Others (Please specify)				
<input type="checkbox"/> ABC is Authorized Bed Capacity.				



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\_\_\_\_\_

**5. PHYSICAL PLANT**

5.1. All physical facilities and utility systems necessary for the safe and effective provision of services are available and are properly maintained.

AREA	COMPLIANCE (/ if Compliant)	LIGHTING (/ if Adequate)	VENTILATION (/ if Adequate)	REMARKS
<b>General Administrative Service</b>				
Waiting Area				
Information, Reception and Business Office				
Office of the Administrator				
Toilet				
Laundry* and Linen Area				
Garage				
Supply Storage Area				
Waste Holding Area				
Dietary				
Dining Area				
* Not required if the service is contracted out.				
<b>Clinical Service</b>				
Admission, Discharge and Follow-up Unit				
Admitting and Records Area				
Consultation Area				
Examination and Treatment Area				
Equipment and Supply Storage Area				
Nursing Unit				
Private / Semi-Private Room				

AREA	COMPLIANCE (/ if Compliant)	LIGHTING (/ if Adequate)	VENTILATION (/ if Adequate)	REMARKS
Ward				
Observation Room				
Toilet				
Nurse Station with Work Area and Lavatory/Sink				
<b>Ancillary Service</b>				
Psychosocial Unit				
Indoor Activity Area				
Outdoor Activity Area				

5.2. Environment

The health facility is:

Readily accessible to the community.  Yes  No

Free from undue noise, smoke, dust, foul odor, flood.  Yes  No

Not located adjacent to railroads, freight yards, children's playgrounds, airports, industrial plants, and waste disposal plants.  Yes  No

5.3. Occupancy

The location of the health facility complies with all local zoning ordinances.  Yes  No

5.4. Safety

The health facility provides and maintains a safe environment for patients, personnel and public.  Yes  No

Buildings pose no hazards to the life and safety of patients, personnel and public.  Yes  No

Exits are restricted to the following types: door leading directly outside the building, interior stair, ramp, and exterior stair.  Yes  No

A minimum of two (2) exits, remote from each other, are provided for each floor of the building.  Yes  No

Exits terminate directly at an open space to the outside of the building.  Yes  No

Protective devices are used on doors and windows:

Ward	[ ]	Yes	[ ]	No
Observation Room	[ ]	Yes	[ ]	No
Nurse Station	[ ]	Yes	[ ]	No
Toilet	[ ]	Yes	[ ]	No

5.5. Security

The health facility ensures the security of person and property within the facility. [ ] Yes [ ] No

5.6. Lighting and Ventilation

Areas used by patients and personnel are adequately lighted and ventilated. [ ] Yes [ ] No

5.7. Patient Movement

Adequate space is provided to allow patients and personnel to move safely around patient bed areas. [ ] Yes [ ] No

Patients who use mobility aids are able to safely maneuver with the assistance of their aid within their bed area. [ ] Yes [ ] No

5.8. Auditory and Visual Privacy

Adequate privacy for patients is provided such that sensitive or private discussion, examination, and/or procedure are conducted in a manner or environment where these cannot be observed or the risk of being overheard by others is minimized. [ ] Yes [ ] No

5.9. Power Supply

The health facility has an approved power supply system. [ ] Yes [ ] No

5.10. Water Supply

The health facility has an approved water supply system. [ ] Yes [ ] No

5.11. Waste Management

5.11.1. Liquid Waste

Liquid waste is discharged into a multi-chamber septic tank. [ ] Yes [ ] No

5.11.2. Solid Waste

Solid waste is collected, treated and disposed of in accordance with the Health Care Waste Management Manual of the Department of Health, 2004. [ ] Yes [ ] No

The health facility observes segregation, coding and labeling of waste.

Black Trash Bag  
(General – Non-Infectious – Dry) [ ] Yes [ ] No  
Green Trash Bag  
(General – Non-Infectious – Wet) [ ] Yes [ ] No  
Sharp Container  
(Sharps) [ ] Yes [ ] No

Protective equipment and clothing appropriate to the risks associated with the handling, storage, and disposal of wastes are provided to and used by personnel. [ ] Yes [ ] No

5.12. Sanitation

The health facility observes pest and vermin control:

In-House [ ] Yes [ ] No  
Contractor [ ] Yes [ ] No  
Company Name .....

Records are available and updated. [ ] Yes [ ] No  
Frequency .....

5.13. Maintenance

A building/facility inventory is maintained and updated regularly.  
[ ] Yes [ ] No  
Frequency .....

5.14. Material Specification

Floors, walls and ceiling are made of sturdy materials that allow durability, ease of cleaning and fire resistance. [ ] Yes [ ] No

5.15. Signage

There are visual aids and devices for:  
Information and Orientation [ ] Yes [ ] No  
Direction [ ] Yes [ ] No  
Identification [ ] Yes [ ] No

5.16. Permits

A Permit to Construct is available for:  
Construction of New Health Facility (if applicable) [ ] Yes [ ] No  
Alteration/Expansion/Renovation of Existing Health Facility  
(if applicable) [ ] Yes [ ] No  
Change in Classification (if applicable) [ ] Yes [ ] No  
Increase in Bed Capacity (if applicable) [ ] Yes [ ] No



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

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

**RECOMMENDATIONS:**

**A. For Licensing Process:**

For issuance of License as Acute-Chronic Psychiatric Care Facility.

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 \_\_\_\_\_



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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 \_\_\_\_\_