



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

**ASSESSMENT TOOL FOR LICENSING A
CUSTODIAL 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 Custodial 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.

SERVICE	AVAILABILITY (/ if Available)	REMARKS
General Administrative Service		
Custodial Service		
Psychosocial Services		
Nursing Care		
Referral Services		
Medical-Surgical Services		
Dental Services		
Clinical Laboratory		
Radiology		
Dietary (<i>May be contracted out</i>) <input type="checkbox"/>		
<input type="checkbox"/> The service may be contracted out. A Contract of Service or Memorandum of Agreement with a service provider should 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
 Custodial Service
 Psychosocial Services [] Yes [] No
 Nursing Care [] Yes [] No
 Referral Services [] Yes [] No
 Use of Restraint [] Yes [] No
 Isolation of Patient [] Yes [] No
 Patient Transport/Conduction [] 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. Custodial Service

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

[] 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:

[] 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		

Contents of Medical Chart	In-Patient	Out-Patient
	(/ if Available)	(/ if Available)
Physical and Initial Mental Status Examination		
Laboratory Results, X-ray Results and all other Ancillary Procedures, if any		
Admitting Diagnosis		
Doctor's Order Sheet		
Medication/Treatment Record		
Nursing Record		
Discharge Summary or Clinical Summary, including escape, missing and death notes		
Others (Court Referral/Orders, Communications related to the patient, and Visitors' Log)		

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



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

POSITION	REQUIREMENT	COMPLIANCE (/ if Compliant)	STATUS (FT if Full Time) (PT if Part Time)	REMARKS
General Administrative Service				
Administrator	1			
Administrative Assistant	For ABC ≤ 5: None ∞ For ABC > 5: 1			
Cook	1			
∞ ABC is Authorized Bed Capacity.				
Clinical Service				
Psychiatrist (On call and Board Eligible) @	1			
Licensed Physician (On call) [⊖]	1			
Registered Psychologist (On call)	1			
Registered Nurse	1			
Nursing Attendant	1/shift			
@ A Board Eligible Psychiatrist is a physician who has completed residency training in Psychiatry in an accredited psychiatric institution. ⊖ Optional if Psychiatrist doubles as the Licensed Physician.				



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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
General Administrative Service				
Emergency Light	1			
Fire Extinguisher	1			
Patient Transport Vehicle <i>(Available for 24 hours)</i> <input type="checkbox"/>	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. Also, the health facility must have a Contract of Service or Memorandum of Agreement with the owner of the vehicle. If the Patient Transport Vehicle is owned by the health facility, a Driver must be designated.				
Custodial Service				
Beds/Mattresses/Mats	Depends on ABC			
Clinical Weighing Scale	1			
Sphygmomanometer	1			
Stethoscope	1			
Recreational/Sports/Exercise Equipment				
Others (Please specify)				

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:

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 Custodial 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 _____