Annex B. Self-Assessment/Accreditation Survey Tool for PhilHealth Konsulta Provider

Name of Facility: _____
Address: _____
_____

National Health Facility Registry Code Short (Optional): _____

Longitude _____ **Latitude** _____

Ownership of Health Facility: ○ Government ○ Private

Catchment Population: _____

Date of Assessment: (MM/DD/YY):_____

Type of Health Facilities:
○ OPD of PhilHealth accredited L1, L2, and L3 hospital
○Infirmary
○ Ambulatory surgical clinic
○ Rural Health Units/Health Center
○ Medical outpatient clinic
○ Others:_____

MINIMUM ACCREDITATION REQUIREMENTS	**Applicant**		**PhilHealth Surveyor**	**REMARKS**
	Please check (√) the box corresponding to your answer		**Please mark with check (√) if present (indicate evidence provided: photos, videos/ virtual observation), or mark with X if absent**	
	Yes	**No**		
1.1 DOH license (for hospitals, ASCs, infirmaries) OR 1.2 Mayor's/Business Permit* OR 1.3 PTR of professional (head of facility)[1] 1.4 Signed performance commitment				
2.1. Qualified Health Human Resource employed or contracted by the facility for its catchment population (Annex B.1 2.1.a Copy of license/s (if applicable) 2.1.b Certification of Employment/Contract Arrangement 2.1.c. Signed performance commitments 2.2. Schedule of duties				

[1] not required for RHUs

2.3 A microscopist trained in Direct Sputum Smear Microscopy (DSSM) is on site on designated schedules.** 2.2.a. A Certificate of Training for DSSM is given separate for a microscopist, who may not necessarily be a medical technologist[2].				
3.1 Adequate and Safe General Infrastructure of Facility (Provide evidence: Photos, videos, virtual observation) 3.1.a Clear sign bearing the name of the health facility 3.1.b Clear sign indicating** 3.1.b.1 it is a PhilHealth Konsulta provider 3.1.b.2. PhilHealth Konsulta facility operating hours 3.1.b.3. Available services with corresponding fees/co-payment schedule and maximum co-payment cap (if applicable), posted in a conspicuous area in the consultation room/area 3.1.c Generally clean environment, with prohibition for smoking 3.1.d Adequate lighting and electric supply 3.1.e Adequate clean water supply 3.1.f Sufficient seating for patients in a well-ventilated area 3.1.g Consultation area 3.1.g.1. with structures for assuring that patients' privacy is respected 3.1.g.2. available Examination area, separate from consultation area 3.1.h Functional Toilet 3.1.i Adequate signages for entrance and exit 3.1.j Fire safety provision 3.1.k Non-slippery floors 3.1.l Safe storage of laboratory reagents, if applicable 3.1.l Emergency preparedness plans (exit, evacuation plans) **To be completed within three (3) months of accreditation				If any ONE of the items is missing, mark **NO**.

[2] Ask for the DSSM Certificate of the microscopist. The requirements for a trained medical technologist and radiology technician are deemed complied with if the facility has a DOH license for laboratory, and radiology, respectively. If the microscopist is a shared resource across several facilities, the facility must be able to show proof that the microscopist has a regular schedule for DSSM services. If the sputum is collected in other laboratory, the facility must be able to present a Certificate of Service Delivery Support.

3.2 There is adequate infection control and risk management, including: 3.2.a. Availability of a sink, with adequate water and soap for handwashing 3.2.b. Use of puncture proof receptacles for disposed sharps and needles 3.2.c. Use of gloves, masks 3.2.d. Staff observes handwashing techniques 3.2.e. Area for cleaning instruments 3.2.f. Properly segregated and marked waste bins 3.2.g Well ventilated sputum collection area, if applicable				If any ONE of the items is missing, mark **NO**.
3.3. There is adequate pandemic control and prevention measures in place in compliance to the DOH AO 2020-0016 "Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies", including: 3.3.c. Availability and encouraging the use of personal hygiene inputs (e.g. and water, hand disinfectants, etc.) 3.3.d. Observation of Environmental hygiene (e.g. disinfecting surfaces and objects) 3.3.e. Has physical distancing requirements 3.3.f. Requirement on wearing cloth mask for general public and/ or surgical mask for symptomatic individuals 3.3.g. Requirement on wearing medical grade protective apparel for health care workers 3.3.h. Requirements on engineering control and administrative control, as applicable (See Annex B of DOH AO 2020-0016)				

4.1 Has the basic equipment and supplies for required services, including: 4.1.a. Non-mercurial BP apparatus 4.1b. Non-mercurial thermometer 4.1c. Stethoscope 4.1d. Weighing scale (adult) 4.1e. Weighing scale (infant) 4.1f. Tape measure 4.1g. Nebulizer 4.1.h. Sterilizer or its equivalent (auto clave) 4.1.i. Lubricating jelly 4.1.j. Disposable gloves 4.1.k. Decontamination solutions 4.1.l. 70% Isopropyl alcohol 4.1.m. Sterile cotton balls/ swabs 4.1.n. Storage cabinet for sterile instruments and supplies 4.1.o. Vaginal speculum (big)* 4.1.p. Vaginal speculum (small)* 4.1.q. Disposable needles and syringes* 4.1.r. Applicator stick* 4.1.s. Specimen cups/bottles* 4.1.t. Glass slides* 4.1.u. Glucometer* 4.1.v. Electrocardiogram machine with paper and its peripherals * Optional if diagnostic services are outsourced				If any ONE of the items is missing, mark **NO**.
5.1 Capable of providing services for required laboratory and diagnostic services (Annex B.3) 5.1.a DOH Laboratory License 5.1.b DOH License for X-ray 5.1.c MOA with Facility * OR 5.1.d Certificate of Service Delivery Support (Annex D.1 or D.2) * * if outsourced				

6.1 Availability of PhilHealth Konsulta medicines (see Annex B.2) 6.1.a FDA License of primary care facility/ partner drug-outlet 6.1.b MOA with Facility * OR 6.1.c Certificate of Service Delivery Support (Annex D.1 or D.2) * * if outsourced				
7.1 Adequate and appropriate information materials (e.g. flyers, brochures, posters, audio visual presentation) on health and wellness such as anti-smoking, and promotion of proper diet, exercise, immunization, and infection and pandemic control				
8.1 Functional Health Information System 8.1.a Installation of PhilHealth-certified Electronic Medical Record (EMR) 8.1.b Internet connectivity compatible with chosen certified EMR 8.1.c Complete and functional computer set-up with the following specifications: 8.1.c.1 OS Supported: Win7 x64, Win7 x32, Win10 x32, Win10 x64, Windows 10 8.1.c.2 Memory: Minimum 64MB RAM 8.1.c.3. Storage Capacity: Minimum 500GB 8.1.c.4 Printer 8.1.c.5 Face capturing device (e.g. webcam/mobile phones) 8.1.d Back-up for interruptions in power supply such as generator or offline compatible solution 8.1.e Individual health profiles in EMR or equivalent				

OTHER REQUIREMENTS ***(These are input requirements which must be complied with while under accreditation but will not be used as a basis for deny ing initial accreditation.)***	**Applicant**		**PhliHealth Surveyor**	**REMARKS**
	Please check (√) the box corresponding to your answer		**Please mark with check (√) if present (indicate evidence provided: document copies, photos, videos/ virtual observation), or mark with X if absent**	
	Yes	**No**		
9.1 Policy on service hours including extended service hours to accommodate patient needs and rules for relievers.				
9.2 Policy and procedures for referral of patients to higher level of care, when needed.				
9.3 Policy on referral of patients to other health services				
9.4 Policy on transfer of registrants in case of withdrawal/suspension of accreditation or closure of the health facility				
9.5 Policies and procedures on supply chain management, inventory and stock-out				
10.1 Monthly and annual report of PhilHealth Konsulta services availed by eligible beneficiaries				
10.2 Record of drug supply inventory				
10.3 Record of laboratory supplies inventory (if in-house)				
10.4 Record of radiology supplies inventory (if in-house)				
10.5 Record of submission of Notifiable diseases (per DOH AO No. 2008-0009 "Adopting the 2008 Revised List of Notifiable Diseases, Syndromes, Health-Related Events and Conditions") for hospital and infirmaries or Top 10 outpatient cases for other HCIs				

ADDITIONAL INFORMATION ON OTHER PRIMARY CARE SERVICES ***(These items are not requirements for accreditation of Konsulta Provider. They are being asked for purposes of mapping the availability of Konsulta Providers providing other primary care services)***	**Applicant** **Please check (√) the box corresponding to your answer**		**PhilHealth Surveyor** **Please mark with check (√) if present (indicate evidence provided: document copies, photos, videos/ virtual observation), or mark with X if absent**	**REMARKS**
	Yes	**No**		
Provision of Ante-Natal Care				
A. Provision of Ante-Natal Care				
1. Screening Tests and Additional Laboratories				
a. Pregnancy Test b. Screening for Syphilis c. Screening for Hepatitis B (HBsAg) d. Screening for HIV e. Blood typing				
2. Vaccinations, Micronutrients and other Medicines				
a. Tetanus –Diptheria (Td) vaccines b. Iron with Folic acid supplementation c. Calcium Carbonate Tablets d. Iodine supplementation e. Albendazole or Mebendazole tablets				
3. Birth planning and Health Education				
a. Mother and Child Book b. Mothers education on 1. Nutrition 2. Early and exclusive breastfeeding 3. Smoking cessation and avoidance of alcohol and drugs 4. Personal hygiene 5. Family planning 6. Newborn care Source: DOH Implementation Guidelines of A.O. 2016-0035				
B. Provision of Family Planning Services				
1. DOH Certified as Free Standing Family Planning Clinic				
2. Training of Staff				
a. FPCBT Level II or Comprehensive Family Planning b. Post-partum IUD Insertion c. Subdermal Implant Insertion and Removal d. No-Scalpel Vasectomy				
3. Equipment and Supplies				
a. Examination table with Kelly pad b. Gooseneck lamp c. Instrument table and tray d. Instruments: 1. Bivalve speculum 2. Uterine sound 3. Mayo scissors 4. Sponge forceps 5. Bozeman or alligator forceps 6. Mosquito forceps 7. Scalpel with handle blade 8. NSV ringed clamp 9. NSV dissecting forceps				

10. Iris scissors e. Supplies: 1. Subdermal implant 2. IUD 3. Lidocaine 4. Suture 5. Sterile gloves 6. Disposable syringes 7. Combined oral contraceptive pills 8. Progestin only pills 9. DMPA vials Source: DOH AO 2017-002				
4. Special Areas				
4.1 Scrub area 4.2 Area for cleaning, sterilization and high level disinfection				
C. Provision of TB Treatment and Management				
1. Alignment of treatment policies with National TB Control Program				
a. DOH Certification as TB DOTS Facility b. Referral Arrangement with TB DOTS Clinic c. Reporting to TB Notification System				
2. Laboratory Tests				
a. GeneX-pert				
3. Drugs and Medicines				
a. HRZE (Fixed dose combination) tablets b. HR (Fixed dose combination) tablets				
4. Special areas				
a. handwashing area b. sputum collection area c. infection control procedures				
D. Provision for Malaria Care				
1. Training of staff				
a. Microscopy for Malaria b. Rapid Diagnostic Test (RDT)				
2. Laboratory Tests				
a. Rapid diagnostic test b. Microscopy				
E. Provision of HIV Screening				
1. Training of staff on HIV Counseling 2. HIV Screening Kit				

Prepared by: _____

_____

(Designation)

Attested correct by: _____

_____

Head of Facility/ Medical Director/ Chief of Hospital

(Signature over printed name and date signed)