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

**Name of Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 as a Primary care facility; OR1.2 Mayor’s/Business Permit\* OR1.3 PTR of professional (head of facility)[[1]](#footnote-2)1.4 Signed performance commitment |  |  |  | DOH LTO No. \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.1. Qualified Health Human Resource employed or contracted by the facility for its catchment population (Annex B.12.1.a Copy of license/s (if applicable)2.1.b Certification of Employment/Contract Arrangement2.1.c. Signed performance commitments2.2. Schedule of duties |  |  |  |  |
| 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]](#footnote-3). |  |  |  |  |
| 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 facility3.1.b Signage, that is illuminated at night, as applicable, indicating \*\* 3.1.b.1 it is a PhilHealth Konsulta provider3.1.b.2. PhilHealth Konsulta facility operating hours3.1.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/area3.1.c Generally clean environment, with prohibition for smoking3.1.d Adequate lighting and electric supply3.1.e Adequate clean water supply3.1.f Sufficient seating for patients in a well-ventilated area3.1.g Consultation area3.1.g.1. with structures for assuring that patients’ privacy is respected 3.1.g.2. available Examination area, separate from consultation area3.1.h Functional Toilet3.1.i Adequate signages for entrance and exit3.1.j Fire safety provision3.1.k Non-slippery floors3.1.l Safe storage of laboratory reagents, if applicable3.1.l Emergency preparedness plans (exit, evacuation plans)\*\*To be completed within one month after approval of accreditation |  |  |  | If any ONE of the items is missing, mark **NO**. |
| 3.2 There is adequate infection control and risk management, including:3.2.a. Availability of a sink, with adequate water and soap for handwashing3.2.b. Use of puncture proof receptacles for disposed sharps and needles3.2.c. Use of gloves, masks3.2.d. Staff observes handwashing techniques3.2.e. Area for cleaning instruments3.2.f. Properly segregated and marked waste bins3.2.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 requirements3.3.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 workers3.3.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 apparatus4.1b. Non-mercurial thermometer4.1c. Stethoscope4.1d. Weighing scale (adult)4.1e. Weighing scale (infant)4.1f. Tape measure4.1g. Nebulizer4.1.h. Sterilizer or its equivalent (auto clave)4.1.i. Lubricating jelly4.1.j. Disposable gloves4.1.k. Decontamination solutions4.1.l. 70% Isopropyl alcohol4.1.m. Sterile cotton balls/ swabs4.1.n. Storage cabinet for sterile instruments and supplies4.1.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 service/s is/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-ray5.1.c MOA with Facility \* OR5.1.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-outlet6.1.b MOA with Facility \* OR6.1.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 System8.1.a Installation of PhilHealth-certified Electronic Medical Record (EMR)8.1.b Internet connectivity compatible with chosen certified EMR8.1.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 108.1.c.2 Memory: Minimum 64MB RAM8.1.c.3. Storage Capacity: Minimum 500GB8.1.c.4 Printer8.1.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 |  |  |  |  |

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| **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** | **PhilHealth 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** |
| Provision of Ante-Natal Care  |   |   |   |  |
| 1. Provision of Ante-Natal Care
 |   |   |   |   |
| 1. Screening Tests and Additional Laboratories
 |   |   |   |   |
| * 1. Pregnancy Test
	2. Screening for Syphilis
	3. Screening for Hepatitis B (HBsAg)
	4. Screening for HIV
	5. Blood typing
 |   |   |   |   |
| 1. Vaccinations, Micronutrients and other Medicines
 |   |   |   |   |
| * 1. Tetanus –Diptheria (Td) vaccines
	2. Iron with Folic acid supplementation
	3. Calcium Carbonate Tablets
	4. Iodine supplementation
	5. Albendazole or Mebendazole tablets
 |   |   |   |   |
| 1. Birth planning and Health Education
 |   |   |   |   |
| * 1. Mother and Child Book
	2. 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 |   |   |   |   |
| 1. Provision of Family Planning Services
 |   |   |   |   |
| 1. DOH Certified as Free Standing Family Planning Clinic
 |   |   |   |   |
| 1. Training of Staff
 |   |   |   |   |
| * 1. FPCBT Level II or Comprehensive Family Planning
	2. Post-partum IUD Insertion
	3. Subdermal Implant Insertion and Removal
	4. No-Scalpel Vasectomy
 |   |   |   |   |
| 1. Equipment and Supplies
 |   |   |   |   |
| * 1. Examination table with Kelly pad
	2. Gooseneck lamp
	3. Instrument table and tray
	4. 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
	5. 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 |   |   |   |   |
| 1. Special Areas
 |   |   |   |   |
| 4.1 Scrub area4.2 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
 |   |   |   |   |
| * 1. DOH Certification as TB DOTS Facility
	2. Referral Arrangement with TB DOTS Clinic
	3. Reporting to TB Notification System
 |   |   |   |   |
| 1. Laboratory Tests
 |   |   |   |   |
| * 1. GeneX-pert
 |   |   |   |   |
| 1. Drugs and Medicines
 |   |   |   |   |
| * 1. HRZE (Fixed dose combination) tablets
	2. HR (Fixed dose combination) tablets
 |   |   |   |   |
| 1. Special areas
 |   |   |   |   |
| * 1. handwashing area
	2. sputum collection area
	3. infection control procedures
 |   |   |   |   |
| D. Provision for Malaria Care |   |   |   |   |
| 1. Training of staff
 |   |   |   |   |
| * 1. Microscopy for Malaria
	2. Rapid Diagnostic Test (RDT)
 |   |   |   |   |
| 1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Designation)

Attested correct by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Head of Facility/ Medical Director/ Chief of Hospital

 (Signature over printed name and date signed)

1. not required for RHUs [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)