



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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[www.philhealth.gov.ph](http://www.philhealth.gov.ph)



July 30, 2015

**PHILHEALTH CIRCULAR**

No. 021 - 2015

**TO :** ALL ACCREDITED HEALTH CARE PROVIDERS, DIALYSIS CLINICS PROVIDING PERITONEAL DIALYSIS, PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

**SUBJECT :** STANDARDS FOR ACCREDITATION OF DIALYSIS CLINICS PERFORMING PERITONEAL DIALYSIS

**I. BACKGROUND:**

PhilHealth Circular 14 s. 2003 defined the dialysis benefit package and the standards for accreditation of dialysis clinics (DC), both hemodialysis (HD) and peritoneal dialysis (PD). This saw the increasing number of DCs performing hemodialysis. PhilHealth Circular 06 s. 2006 further clarified the dialysis package and defined the requirements for accreditation of dialysis clinics providing peritoneal dialysis (PD). Despite the issuance of the policy, only a few DCs have performed peritoneal dialysis. In addition, there is a need to revise the standards for accreditation of dialysis clinics performing peritoneal dialysis to ensure that the provisions of care will result to desired health outcomes.

The Corporation has taken a policy of strengthening peritoneal dialysis first (PD First) as the initial line of treatment for Filipinos with End Stage Renal Disease requiring renal replacement therapy through PhilHealth Circular 18 s. 2014. Hemodialysis, on the other hand, shall be a second line treatment for those not suitable for peritoneal dialysis and an option for patients who shall seek hemodialysis as their preference when their healthcare provider has adequately explained all treatment options to them.

**II. OBJECTIVES**

This Circular aims to provide guidelines on the standards for accreditation of dialysis clinics providing peritoneal dialysis.

**III. COVERAGE**

This Circular shall apply to Health Care Institutions (HCIs) that intend to provide Peritoneal Dialysis services and those currently accredited HCIs with intent to enter into contracts as "PD First" Z Benefit providers.

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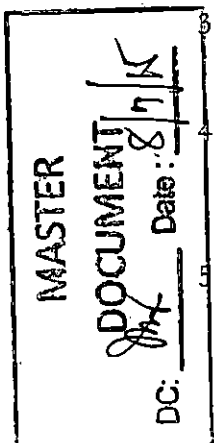
OP 15-06-05-112

#### IV. GENERAL GUIDELINES:

1. Accreditation of HCIs shall be in accordance with PhilHealth Circular 54 s. 2012 "Provider Engagement and Accreditation through Contracting of Health Care Services" and subsequent issuances.
  - 1.1. A Peritoneal Dialysis Clinic (PDC) applying for initial accreditation shall be exempted from the three (3) years in operation requirement. It shall comply with accreditation requirements and shall undergo pre-accreditation survey (PAS). On subsequent accreditation cycle, the HCI shall comply with requirements and shall be subjected for monitoring.
  - 1.2. Accredited HCIs with intent to provide Peritoneal Dialysis as an additional service shall submit to PhilHealth a new Provider Data Record (PDR) and Performance Commitment, and shall undergo pre-accreditation survey. On subsequent accreditation cycle, the HCI need not apply for a separate accreditation given that it is already a part of the HCI.
2. Currently accredited HCIs with intent to provide "PD First" shall submit a letter of intent (LOI) and shall follow the guidelines as provided in PhilHealth Circular No. 018 s. 2014 "PD First Z Benefits: The Z Benefits For End- Stage Renal Disease Requiring Peritoneal Dialysis". The guidelines for contracting of Z benefit providers shall be provided in another issuance.
3. Currently accredited HCIs and dialysis clinics performing hemodialysis are encouraged to provide Peritoneal Dialysis services.
4. Every Peritoneal Dialysis Unit (PDU)/Peritoneal Dialysis Clinic (PDC) shall be headed by a PhilHealth - accredited physician.
5. The PDU/PDC Head shall be allowed to manage a maximum of three (3) dialysis units (can be a combination of HD and PD).
6. All PDCs shall have a Memorandum of Agreement (MOA) with at least Level 1 accredited hospital as its referral hospital.

#### V. STANDARDS FOR ACCREDITATION

1. Human Resource  
Every PDC/PDU shall have an adequate number of qualified and competent staff to ensure efficient and effective delivery of PD services.
2. Minimum Service Capability  
Every PDC/ PDU shall ensure provision of the minimum services is of the desired quality.
3. Physical Plant  
The PDC/ PDU shall have physical facilities with adequate areas to ensure the safety of the staff, patients and their relatives.
4. Equipment and Supplies  
The PDC/ PDU clinic shall have available and operational equipment, instruments, materials and supplies for PD procedures..It shall also provide a desktop with online connection and a functional HCI portal.
5. Records  
Every PDC/ PDU clinic shall maintain a record system to provide readily available information on each patient.



6. Protocols

Every PD clinic shall have procedures on routine PD care and how to address common problems encountered in performance of the PD procedure.

VI. REQUIREMENTS FOR ACCREDITATION

All Health Care Institutions that are qualified to provide the PD services shall apply by filling up the Provider Data Record (PDR) and submit all documentary requirements.

VII. MONITORING

The Corporation shall regularly undertake monitoring and evaluation activities to assess the adequacy of implementation and aid in the continuous enhancement of the PD benefit. The general guidelines for monitoring shall be anchored in the Health Care Provider Performance Assessment System of the Corporation (PhilHealth Circular 31, 2014) to evaluate the following but not limited to these parameters: quality of care, access to PD services, patient satisfaction, financial risk protection to members and fraud detection .

VIII. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any of the provisions of this circular are hereby amended/modified/or repealed accordingly.

IX. SEPARABILITY CLAUSE

In the event that a part or provision of this Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

X. EFFECTIVITY:

This circular shall take effect fifteen (15) days from publication in an official gazette or any newspaper of general circulation. This shall also apply to all applications for participation that are still in process upon the effective date of this circular.

ANNEXES

The following annexes shall be available at [www.philhealth.gov.ph](http://www.philhealth.gov.ph):

- A Definition of terms
- B Standards for accreditation for Peritoneal Dialysis
- C Requirements for accreditation for Peritoneal Dialysis

XI  
 MASTER DOCUMENT  
 Date: 8/7/15

ALEXANDER A. PATILLIA  
 President and CEO  
 Date signed 8/5/15

**SUBJECT : STANDARDS FOR ACCREDITATION OF DIALYSIS CLINICS PERFORMING PERITONEAL DIALYSIS**



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**ANNEX A**

PhilHealth Circular No. 021, 2015

**SUBJECT: STANDARDS FOR ACCREDITATION OF DIALYSIS CLINICS  
 PERFORMING PERITONEAL DIALYSIS**

**DEFINITION OF TERMS**

1. **Geographically Isolated and Disadvantaged Areas (GIDA)**- refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by:
  - 1.1. Physical Factors - isolated due to distance, weather conditions and transportation difficulties (island, upland, hard to reach and unserved / underserved communities).
  - 1.2. Socio-economic Factors (high poverty incidence as identified in DSWD NHTS-PR, presence of disadvantaged/marginalized/vulnerable sectors, communities in o recovering from situation of crisis due to armed conflict, development aggression, among others)
  - 1.3. Limited access to health services.
  - 1.4. Both physical (geographic isolation), socio-economic (disadvantaged) factors and limited access to health services must be present for a community to be classified as GIDA.
2. **Peritoneal Dialysis Provider (PD Provider)**– can be any of the following:
  - 2.1. **Peritoneal Dialysis Unit (PDU)** – a PD clinic that is located inside a health facility and managed and owned by the same.
  - 2.2. **Peritoneal Dialysis Clinic (PDC)** – a PD clinic that is stand alone or located inside another accredited health facility but is owned and managed separately.
3. **“PD First” benefit package** - benefit package addressing access, affordability and viability while ensuring totality of care at par with the current standards of practice, as well as providing financial risk protection by increasing the support value for renal replacement therapy to almost 100%.
4. **Specialty Board Certified Physician** – a physician who has completed the residency in a specialty or subspecialty and has passed the certifying examination.
5. **Specialty Board Eligible Physician** - a physician who has completed the residency in a specialty or subspecialty but has not passed the certifying test.

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**ANNEX B**

PhilHealth Circular No. 024 s, 2015

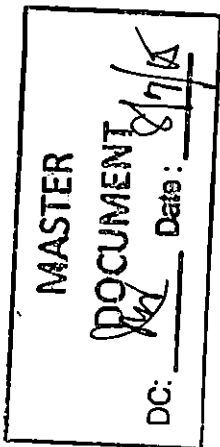
**SUBJECT : STANDARDS FOR ACCREDITATION OF DIALYSIS CLINICS  
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**STANDARDS FOR ACCREDITATION OF PD CENTERS**

**1. Human Resource**

**A. The PDU/PDC Head**

1. The head of the PDU/ PDC shall have an active PhilHealth accreditation
2. The head shall be any of the following:
  - a. Nephrologist certified by the Specialty Board of the Philippine Society of Nephrology (PSN) and with training in peritoneal dialysis in a DOH- licensed and PSN-accredited nephrology fellowship training hospital.
  - b. Board eligible in nephrology with training in peritoneal dialysis in a DOH- licensed and PSN-accredited nephrology fellowship training hospital;
  - c. Board Certified/Board Eligible in Internal Medicine or Pediatrics, /General Practitioner completed the Basic and Intensive course in PD from the National Kidney and Transplant Institute (NKTI) or an NKTI recognized Training Facility
  - d. General Practitioner who completed the Basic and Intensive course in PD from the National Kidney and Transplant Institute (NKTI) or an NKTI recognized Training Facility
2. The duties of the head of the PDU/PDC are, but not limited to, the following:
  - a. Initially assesses new walk-in patients or transferees who do not have a Nephrologist, or refer to a Nephrologist, in case of a non-nephrologist head
  - b. Oversees the overall technical and medical operations of the PD provider;
  - c. Establishes a clear referral protocol;
  - d. Sets requirements for education and training of staff including hiring of the same;
  - e. Ensures strict compliance to infection control and surveillance;
  - f. Initiates, supports, implements and monitors Quality Assurance and Performance Improvement (QAPI) activities;
  - g. Implements policies and procedures on dialysis and related treatment in accordance with the standards.



3. The head shall render services in the HCI at least twice a month or when necessary. The visit shall be documented.

#### B. Administrator

1. The PDC/ PDU shall have an administrator who shall be in charge with the operations of the clinic/ unit including, but not limited to, the following:
  - a. Plan the course of the organization so that it remains financially viable;
  - b. Provide leadership in orchestrating the human resources inside and outside the organization to develop and execute the organization's mission and programs;
  - c. Ensures that the supplies needed by PD patients are available;
  - d. In case the PD unit is part of an HD unit, the administrator of HD and PD may be the same person.
2. The head can also act as the administrator. In such a case, the head/ administrator shall render services in the PD provider at least once a week or as necessary.

#### C. PDC/PDU Nurse

1. The nurse: patient ratio shall be a minimum of 1: 50
2. Shall be duly licensed by the PRC
3. Completed PD training from a program accredited by the Continuing Professional Development (CPD) Council of the Board of Nursing of the Professional Regulation Commission or DOH Nurse Certification Program for renal nurses
4. Shall be trained on PD in a PSN-accredited nephrology fellowship training hospital
5. In GIDA and areas with health human resource shortage, the nurse with at least three years' practice in a PD unit as certified by the head of the dialysis unit or from a diplomate or fellow of PSN shall be allowed
6. The duties of the nurse are, but not limited to, the following:
  - a Provides information and health education to patients and other patient care takers;
  - b Monitors care plan of patient;
  - c Assesses patient during monthly visits or as needed;
  - d Communicates with the doctor regarding identified patients' problems and initiates interventions for the same.
7. In case the PD nurse is resigning from the PD Center, he/she shall be replaced by a personnel with the same qualifications/ certification and has been trained in the PD center/ unit at least one (1) month prior to the resignation.

#### D. Clinic Aide

##### Duties:

1. Ensures cleanliness and orderliness of the PDU/ PDC, including the stock room;
2. Monitors stock and notifies appropriate staff member for ordering replacements;
3. Assists with ambulation, as appropriate;
4. Issues PD fluids and supplies to PD patients at the PDC/PDU
5. Counts empty PD fluid bags during home visits;
6. Works under the direct supervision of a Registered Nurse



## 2. Minimum Service Capability

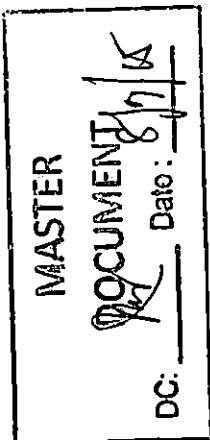
- A. PD care management:
- B. Monthly monitoring of registered patients:
  - 1.No. of new patients per month
  - 2.No. of drop outs per month (shifted to Hemodialysis, Kidney Transplant or death)
  - 3.No. of lost-to- follow-up per month
- C. Medical outcomes
- D. Dispensing of peritoneal dialysis fluids and supplies
- E. Coordinating and administrative functions

## 3. Physical Plant

- A. At least 15 sq. meters (excluding the storage room)
- B. Adequate water supply
- C. Receiving room
- D. Training Area with sink or basin
- E. Storage room
- F. Toilet for Staff

## 4. Equipment and Supplies

- A FDA registered PD fluids :
  - 1. PD double bag system 2.0 liters
  - 2. minimum of fifteen (15) bags of 1.5%, 2.25% dextrose concentration or its equivalent, 4.25% as standby fluids
- B. Equipment
  - 1. PD transfer set
  - 2. Disinfection caps
  - 3. Pre-packed or sterilized dressing kits (contains gloves, cotton balls, povidone iodine)
  - 4. Stethoscope
  - 5. Sphygmomanometer
  - 6. Weighing scale for patients
  - 7. Weighing scale for PD fluids
  - 8. Thermometer (non-mercurial)
  - 9. Syringe (1 cc for heparin; 3 cc for medication; 50 cc for flushing)
  - 10. Disposable Needles
  - 11. IV stand
  - 12. Examination Bed
  - 13. Emergency light
  - 14. Fire extinguisher
  - 15. Training materials
  - 16. Desk top Computer with functional HCI portal
  - 17. Printer (mandatory for PD first Contracted HCIs)

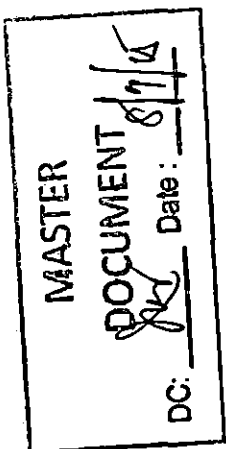


5. Records

- A. Patient records /database containing PD prescriptions and medical abstract from attending physicians indicating diagnosis and medications list.
- B. Logbook containing patient list, complications related to PD, outcomes of renal replacement therapy (RRT) modality.

6. Protocols

- A. Routine Peritoneal Dialysis Care
- B. Diagnosis and Management of PD related infection
- C. Troubleshooting of mechanical problem related to PD







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**ANNEX C**

PhilHealth Circular No. 021s, 2015

**SUBJECT: STANDARDS FOR ACCREDITATION OF DIALYSIS CLINICS PERFORMING PERITONEAL DIALYSIS**

**REQUIREMENTS FOR ACCREDITATION**

**A. Initial and Re-accreditation of PDC/ Re-accreditation of HCI (PDU as additional service)**

1. Performance Commitment: completely and properly filled out and duly signed by the owner/s and the head/s of the facility
2. Provider Data Record (PDR) : Completely and properly filled-out PDR form
3. Updated Business Permit for medical service/s or dispensing (for private PDC only)
4. Electronic copies (in JPEG format) of recent photos of the HCI of the following:
  - a Receiving area
  - b Storage room for PD solutions
  - c Training Area with sink or basin
5. Certificate as a PD Center from the Philippine Society of Nephrology
6. Certificate of participation in the Phil. Renal Disease Registry
7. On-going Quality Assurance Program
8. Proof of Payment of Accreditation Fee of PhP 5,000
9. Memorandum of Agreement (MOA) with at least a level 1 hospital for emergency cases (applicable to PDC and PDU in infirmary, ASC, DC and other HCIs as maybe determined by the Corporation)
10. Any of the following proof of competency and experience of the Medical director in peritoneal dialysis: (I interchanged no. 3 & 4)
  - a Specialty Board Certificate from the Philippine Society of Nephrology (PSN); or
  - b Certificate of completed fellowship training in Adult or Pediatric Nephrology **plus** Certificate of training in Basic and Intensive Peritoneal Dialysis; or
  - c Specialty Board Certificate from the Philippine College of Physicians (PCP) or from the Philippine Pediatric Society (PPS) **plus** certificate of training in basic and intensive PD
  - d Certificate of Completed Residency Training in Internal Medicine or Pediatrics **plus** Certificate of training in Basic and Intensive Peritoneal Dialysis; or
  - e Certificate of training in Basic and Intensive Peritoneal Dialysis of a General Practitioner
11. Any of the following proof of competency and experience of the PD Nurse:
  - a Certificate issued by a DOH - recognized renal nurse accrediting body

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In GIDA and in areas with health human resource shortage, any of the following proof of competencies shall be submitted:

- i. PD training Certificate in any PSN-recognized nephrology residency training;  
or
- ii. Certification of practice as a PD nurse for at least three (3) years issued by Head of the Dialysis Section

**B. Continuous Accreditation of PDC**

1. Performance Commitment: completely and properly filled out and duly signed by the owner/s and the head/s of the facility
2. Provider Data Record (PDR) : Completely and properly filled-out PDR form
3. Updated Business Permit
4. Audited Financial Statement/ Report of the previous accreditation cycle – submitted on or before June 30 of the year
5. Proof of Payment of Accreditation Fee (Php 5,000)

