

# TAMANG SAGOT

PhilHealth Circular No. 2018-0009

## “Use of Restricted Antimicrobials in PhilHealth-accredited Health Care Institutions in Accordance with the requirements of the Antimicrobial Resistance Surveillance Program (ARSP)”

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### 1. What is ARSP?

- Antimicrobial Resistance Surveillance Program – a national surveillance program that identifies trends of bacterial pathogens of public importance providing necessary critical information that can be used as basis for the efforts of the government to promote rationale use of antimicrobials.

### 2. Does this mean that all hospitals are required to apply for ARSP accreditation by July 2019?

- No, it is only required for hospitals with tertiary clinical laboratory.
- **Compliance period for hospitals** with tertiary clinical laboratory. until **June 2019**

### 3. How long is the transition period for hospitals to attain ARSP Laboratory Accreditation?

- **Transition period** for hospitals to attain ARSP Laboratory Accreditation as a requirement for procurement and utilization of restricted antimicrobials is until July 2019 as stated in this circular which is based on DOH AO No. 2016- 0034, to be implemented on July 2019.

### 4. What are the requirements to become an accredited ARSP laboratory?

- There is an APPLICATION FOR ARSP ACCREDITATION OF BACTERIOLOGY LABORATORY (FORM from RITM) with the corresponding checklist/requirements for Accredited ARSP Laboratory that also includes the following:

Apply for Proficiency Test (PT)
Completion of defective facilities
Availability of functional equipment
Availability of complete reagents/supplies
Complete SOPs on bacteriology
Compliance to internal quality control (QC) procedures with QC results
Compliance to lab safety procedures with DENR accreditation number
Use of WHONET or equivalent Lab Information System with annual antibiogram
The non-accredited laboratory which did not pass the initial ARSP inspection will be visited within 1 year, from date of last visit <u>as deemed necessary</u> by the Inspection team of ARSP to verify compliance of laboratories to the identified deficiencies, expenses charged to the lab to be visited.

- For queries on requirements to become an accredited ARSP laboratory, you may contact:

**Antimicrobial Resistance Surveillance Program**

Research Institute for Tropical Medicine – DOH

9002 Research Drive, Filinvest Corporate City, Alabang, Muntinlupa City 1781

D.L. (02) 809-9763 / T.L. (02) 8072631 to 32 loc. 243

Email: [secretariat@arsp.com.ph](mailto:secretariat@arsp.com.ph)

Website: [www.arsp.com.ph](http://www.arsp.com.ph)

**5. For hospitals with tertiary clinical laboratory that are still in the process of application for ARSP accreditation (transition), what do they need to present to PhilHealth for the record?**

The ARSRL (*Antimicrobial Resistance Surveillance Reference Laboratory*)-RITM will provide PhilHealth a list of hospitals with provisional ARSP accreditation or the hospital may present any of the following:

- Acknowledgement Letter for Phase 1 ARSP Accreditation (ANNEX-B) **OR** the
- Notification for Compliance to Phase 2 ARSP accreditation (ANNEX-C) **AND**
- Relevant cultures are taken from patients for which restricted antimicrobials are used with the results attached to medical charts and should be readily available during PhilHealth’s validation or post-audit activities.

**6. If DOH licenses a tertiary clinical laboratory, does it mean it is automatically ARSP accredited?**

- “No” since the requirements and approval processes for licensure of a lab by DOH are **NOT** the requirements for ARSP accreditation. One of the ARSP accreditation requirements for tertiary labs is the presence of a VALID DOH license to operate (**LTO**). **ARSRL**- RITM -DOH handles the processing (Actual Inspection, Proficiency testing, compliance, testing) of the applicant for ARSP Accreditation.

**7. How is long is the validity of an ARSP accredited laboratory?**

- 3 years validity

**8. What does provisional ARSP laboratory accreditation entitle a Primary Care Facilities (PCF)?**

- Same as hospitals with an ARSP accredited laboratories, they can administer restricted ARSP drugs provided that they have the following:
- An **Infectious Control Committee(ICC)** or AMS Committee chairperson with DOH training on AMS; OR
  - Presence of a board-certified **Infectious Disease Specialists (IDS)** that shall authorize the use of the restricted antimicrobials per patient

**9. Do all infirmaries /primary care facilities have tertiary clinical laboratories?**

- No, usually they don't have the capability. It depends if their facility can afford maintaining a tertiary clinical laboratory. They're not required to have a tertiary clinical laboratory.

**10. If a PCF has no provisional accreditation to be an accredited ARSP laboratory, what happens?**

- The primary care facility may outsource the service from an ARSP Accredited Laboratory. A copy of valid Memorandum of Agreement (MOA) shall be provided to the respective PRO

**11. For hospitals that are not ARSP accredited by July 2019 but have multidisciplinary committee that is equivalent to an Antimicrobial Stewardship (AMS) committee, will they be allowed to use ARSP drugs?**

- Yes, as long as the doctor who prescribed the ARSP antibiotic is AMS-DOH trained (with valid Certificate of training). However, they are required to apply for an ARSP accredited laboratory, as stated in this PC No. 2018-0009:  
Part V. General Guidelines, D. Transition period for hospitals to attain ARSP Laboratory Accreditation as a requirement for utilization of restricted antimicrobials

**12. Does this mean that non accredited hospitals are not allowed to use ARSP drugs and will be considered as an “adverse monitoring finding” during post-audit if they use ARSP drugs?**

- No, as long as they have the following:
  - An **Infectious Control Committee (ICC)** OR AMS Committee chairperson with DOH training on AMS; OR
  - Presence of a board-certified **Infectious Disease Specialists (IDS)** that shall authorize the use of the restricted antimicrobials per patient
  - Non-ARSP accredited tertiary clinical laboratory hospitals after July 2019, may outsource through **MOA** (Memorandum of Agreement) with an ARSP Accredited Laboratory
- ❖ *(Valid copy Certificate of Training (ICC/AMS/IDS) and MOA will be submitted to the respective PRO office)*

**13. What if the ARSP drugs are not included in the list of medications that are reimbursed from PhilHealth, would that still be an “adverse monitoring finding” during post-audit?**

There would be no adverse monitoring finding if the ARSP drugs were not administered even if this was not used in the claims, but if upon facility visit, an ARSP drug was administered in a non-ARSP capable facility it will be an adverse monitoring finding.

**14. What if the facility failed the Proficiency Test Result (RITM) and still use ARSP restricted meds?**

- They are required to retake the Proficiency test within 6 months. They may use ARSP meds provided they as long as they have the following : (see #12)

**15. What if the facility (Primary Care Facilities/ Infirmaries) only relies on MOA with external ARSP accredited laboratory yearly because they rarely use ARSP restricted antimicrobials?**

- It's acceptable to rely on MOA as long as the MOA is updated and valid.