

**Self-assessment / Survey Tool for Z Benefit Package for Open Heart Surgeries
(VSD/TOF/VHD*)**

Name of HF: _____ Level: _____

Date of Survey: (MM/DD/YY)	Time started: (hrs:mm)	Time ended: (hrs:mm)
(For PhilHealth Survey Team use only)		

Directions for the HF:

- 1. Put a check (✓) in the “Yes” column if the service is available or an (X) in the “No” column if the same is not available in the HF.
- 2. For outsourced services, put an (X) in the “No” column and indicate the name of the outsourced service provider in the remarks.
- 3. The HF shall only check applicable service/s to be provided, put “N/A” if not applicable.

REQUIREMENTS		HF		PHIC		REMARKS
		Yes	No	Yes	No	
1.0	Hospital License and Accreditation					
	a. The HF has an updated & valid DOH License					
	b. The HF has an updated PhilHealth Accreditation					
2.0	Minimum Service Capability					
	a. Required mandatory services as stated in existing PhilHealth Policy (PC No.: 2025-_____)					
	b. Valid DOH Licensed Laboratory (Tertiary Category)					
	c. Valid FDA Licensed Pharmacy					
	d. General Infrastructure					
	i. Major Operating Room					
	ii. Post-anesthesia Care unit					
	iii. Intensive Care Unit					
	iv. Heart-lung machine					
3.0	Human Resource					
	a. Thoracic and Cardiovascular Surgeon (TCVS)					
	i. Certified diplomate/fellow of the Philippine Society of Phil. Association of Thoracic, Cardiac and Vascular Surgeon, Inc. (PATACSI)					
	ii. Valid PhilHealth accreditation					
	b. Pediatric Cardiologist					
	i. Certified diplomate/fellow of the Philippine Heart Association					
	ii. Certificate of Good standing from PHA					
	iii. Valid PhilHealth accreditation					
	c. Pediatric Intensivist					

	i.	Certified diplomate/fellow of the Society of Pediatric Critical care Medicine, Philippines (SPCCMP)					
	ii.	Certificate of Good standing from SPCCMP					
	iii.	Valid PhilHealth accreditation					
	d. Pediatric Pulmonologist						
	i.	Certified diplomate/fellow of the Phil. Academy of Pediatric Pulmonologists, Inc. (PAPPI)					
	ii.	Certificate of Good standing from PAPPI					
	iii.	Valid PhilHealth accreditation					
	e. Pediatric Nephrologist						
	i.	Certified diplomate/fellow of the Pediatric Nephrology Society of Phils. Inc. (PNSPI)					
	ii.	Certificate of Good standing from PNSPI					
	iii.	Valid PhilHealth accreditation					
	f. Endocrinologist, if applicable						
	i.	Certified diplomate/fellow of the Phil. Society of Endocrinology, Diabetes and Metabolism (PSEDM)					
	ii.	Certificate of Good standing from PSEDM					
	iii.	Valid PhilHealth accreditation					
	g. Infectious Disease Specialist						
	i.	Certified diplomate/fellow of the Pediatric Infectious Society of the Philippines, Inc.					
	ii.	Valid PhilHealth accreditation					
	h. Pediatric Anesthesiologist						
	i.	Certified diplomate/fellow of the Philippine Society of Pediatric Anesthesiologists (PSDA)					
	ii.	Valid PhilHealth accreditation					
	i. Cardiac Rehabilitation Specialist or Physical Medicine and Rehabilitation Specialist						
	i.	Certified diplomate/fellow of the _____					
	ii.	Valid PhilHealth accreditation					
	j. Cardiac Rehabilitation Specialist or Physical Medicine and Rehabilitation Specialist						
	i.	Certified diplomate/fellow of the Phil. Academy of Rehab Med (PARM) OR Certified diplomate/fellow of the Cardiac Rehabilitation Society of the Philippines. (CaReSP)					
	ii.	Certificate of Good standing from PARM or CaRSP as applicable					
	iii.	Valid PhilHealth accreditation					
	k. Nurse						
	i.	Completed training in nursing intensive or critical care program					

	ii. Updated certification from Critical Care Nurse Association of the Phils. (CCNAPI)					
	iii. Updated Cert in Advance Cardiac Life Support (ACLS) and-Pediatric Advance Life Support (PALS)					
	1. Perfusionist					
	a. Completed training as Perfusionist					
	b. Updated Certificate in Basic Life Support (BLS)					
	m. Z Benefit Coordinator (may handle max. three (3) Z Benefits packages)					
4.0	Clinical Pathway Implementation					
	a. A dedicated clinical pathways teams oversees implementation of program					
	b. Available clinical pathway manual					
5.0	Quality Assurance for Z Benefits Program (To be submitted during the renewal of contract)					
	a. Mortality rate					
	b. Morbidity rate					
	c. Length of hospital stay					
	d. Survival Rates (after 3 years)					

*Heart Valve Repair and/or Replacement for Valvular Heart Disease (VHD)

PhilHealth Survey Team

Surveyor’s Name	Designation	Signature

HF Management Team

Name of Management Team	Designation	Signature