



## Self-Assessment/Survey Tool for Z Benefit Package Providers for Breast CA (Stage O to IV)

Name of HF: \_\_\_\_\_

Date of Survey: _____	Time started: _____	Time ended: _____
(For PhilHealth Survey Team use only)		

**Directions for the HF:**

1. Put a check (√) in the column if the service is available or an X if the same is not available in the HF.
2. For outsourced services, put X in the “no” column and state in the remarks that the service is outsourced and write the name of the outsourced service provider.

REQUIREMENTS		HF		PHIC		REMARKS
		Yes	No	Yes	No	
<b>1.0</b>	<b>Hospital License and Accreditation</b>					
1.1	The HF has an updated DOH License (Tertiary Level)					
1.2	The HF has an updated PhilHealth Accreditation					
<b>2.0</b>	<b>Minimum Service Capability/ Technical Standards</b>					
2.1	General Infrastructure/ Physical Facilities					
	a. Major Operating Room					
	b. Surgery ward					
	c. Facilities for in and out-patient chemotherapy infusion					
	d. Conference room for multidisciplinary meeting					
	e. Multi-Disciplinary out-patient clinics					
	f. Pathology and Laboratory Service/s for mandatory tests					
	i. CBC with platelet count					
	ii. Alkaline Phosphatase					
	iii. ER/PR HER2neu incl. Immunohistochemistry test (IHC)					
	iv. Histopathology					
	v. Fluorescent in situ hybridization (FISH)					
	vi. Metabolic panel with liver function tests					
	vii. 2D echo					
	viii. Bone densitometry					
	ix. Bone Scan					



	g. Radiology/Radiotherapy facilities					
	i. Mammography					
	ii. Ultrasonography					
	iii. X-ray					
	iv. CT Scan					
	v. LINAC – medical linear accelerator facility					
	h. Biopsy Facility					
	i. Ultrasound-guided breast mass biopsy/CNB/excision biopsy					
	i. Pharmacy with the following drugs:					
	i. Tamoxifen					
	ii. Doxorubicin /Epirubicin					
	iii. Cyclophosphamide					
	iv. Docetaxel					
	v. Paclitaxel (Pacli)					
	vi. Carboplatin (Cb)					
	vii. Anastrozole					
	viii. Letrozole					
	ix. Granulocyte colony-stimulating factor (G-CSF)					
	x. Trastuzumab					
	j. Adequate signage (entrance, exit and smoking prohibition)					
3.0	<b>Human Resource</b>					
3.1	The HF shall have a functional Multi-Disciplinary Team (MDT)					
	a. Composition/ List of healthcare professionals with <i>conforme</i>					
	b. Minutes of Meeting					
3.2	<b>Medical Oncology</b>					
	a. Fellow of Philippine Society of Medical Oncology or Philippine Society of Oncologists or the Molecular Oncology Society of the Philippines; <b>OR</b>					
	b. Internist trained and certified in a medical Oncology training program accredited by PSMO/PSO/MOSP or internationally recognized medical oncology training institute.					
	c. Valid PRC License					
	d. Valid PhilHealth Accreditation					
3.3	<b>Radiation Oncologist</b>					
	a. Fellow of the Philippine Radiation Oncology Society; <b>OR</b>					
	b. Radiation Oncologist trained and certified in a training institution accredited by the Philippine Radiation Oncology Society or in an in or internationally recognized radiation oncology training institute.					

	c. Valid PRC License					
	d. Valid PhilHealth Accreditation					
3.4	<b>Surgeon</b>					
	a. Fellow of the Surgical Oncology Society of the Philippines; OR					
	b. Board Certified by the Philippine Board Surgery (Phil. College of Surgeons) and certified in Breast Surgery, trained in a PCS accredited Surgical Oncology Training Program or in internationally recognized institute (with skill in ultrasound –guided biopsy, vacuum-assisted aspiration, breast conservation, radical breast surgery, and sentinel lymph node biopsy); <b>OR</b>					
	c. With at least 1 General Surgeon consultant who is BOTH a Fellow of the Phil. Society of General Surgeons AND certified to have officially completed the didactics and hands-on course in ultrasound-guided biopsy, vacuum-assisted aspiration, breast conservation, radical breast surgery, and sentinel lymph node biopsy by the Phil. College of Surgeons or Surgical Oncology Society of the Philippines					
	d. Valid PRC License					
	e. Valid PhilHealth Accreditation					
3.5	<b>Radiology Consultant</b>					
	a. Preferably with further training in Breast Ultrasonography/Mammography					
	b. Valid PRC License					
	c. Valid PhilHealth Accreditation					
3.6	<b>Pathologist</b>					
	i. Preferably with further training in Breast Pathology					
	ii. Valid PRC License					
	iii. Valid PhilHealth Accreditation					
3.7	<b>Oncology Nurse</b>					
	i. Certified member of the Philippine Oncology Nurses Association; OR					
	ii. Trained and certified in oncology nursing (minimum requirements: IV therapy, basic oncology, anti-cancer chemotherapy administration) by the Multidisciplinary Oncology team of the hospital					
	iii. Valid PRC License					
3.8	<b>Rehabilitation/PT/OT</b>					
	i. Preferably with further training in lymphedema management; OR					
	ii. With formal referral process to a rehabilitation facility					
	iii. Valid PRC License					

3.9	<b>Z Benefit Coordinator</b> (At least 1) ( <i>handles maximum of 3 Z Benefit packages</i> )					
3.10	<b>Medical Social Service Staff</b>					
4.0	<b>Clinical Pathway Implementation</b>					
	a. Presence of policy adopting the clinical pathway for diagnosis, staging and treatment for Breast Cancer					
5.0	<b>Z Benefit Program Implementation</b>					
	i. Full awareness of the PhilHealth Z Benefit program including No Balance Billing (NBB) and maximum co-payments					
	ii. Provides patient navigation for availment of Z Benefit Package.					
	iii. Conduct advocacy programs/seminars for breast cancer at least annually					
	iv. Submit outcomes evaluation, such as, but not limited to the following, during renewal of contract:					
	1. Mortality rate					
	2. Morbidity rate					
	3. Length of Hospital Stay					
	4. Recurrence rate					
	5. Cancer detection rate					
	6. 2, 3, and 5 year survival rates (hopefully aim for at least 60% cure rates)					
	7. Compliance rate (%) (Completed, deferred due adverse effect, lost to follow-up/abandonment)					

**PhilHealth Survey Team**

Surveyor's Name	Designation	Signature

**HF Management Team**

Names of Management Team	Designation	Signature