



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

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Department of Health  
 Bawal ang pagpapunta sa mga ospital  
 Kailangan natin ang SEGURO

PHILHEALTH-PC 14 S.2015-F05

**Self-assessment / Survey Tool for Z Benefit Package Providers of  
 Coronary Artery Bypass Graft**

Name of HCI \_\_\_\_\_

Date of Survey \_\_\_\_\_

Time started \_\_\_\_\_

Time ended \_\_\_\_\_

**Direction:** Please check appropriate box

Requirements		HCI		PHIC		REMARKS
		YES	NO	YES	NO	
<b>1</b>	<b>Hospital License and Accreditation</b>					
1.1	The HCI has an updated DOH license					
1.2	The HCI has an updated PhilHealth Accreditation					
<b>2</b>	<b>Service Capability</b>					
2.1	<b>Mandatory Services (Minimum Standards)</b>					
a.	<b>Preoperative laboratory tests such as :</b>					
	i. CBC					
	ii. Platelet count					
	iii. Blood typing					
	iv. Urinalysis					
	v. Na					
	vi. K					
	vii. Mg					
	viii. Calcium					
	ix. FBS					
	x. BUN					
	xi. Creatinine					
	xii. Chest x-ray (PA/lateral)					
	xiii. 12-lead ECG					
	xiv. Room air arterial blood gas					
	xv. Protime-INR					
	xvi. Plasma thromboplastin time					
b.	<b>Medications</b>					
	a. Beta blocker OR calcium antagonist					
	b. Statin					
	c. Ace inhibitor OR ARB					
	d. Aspirin OR anti-platelet					
	e. Preoperative antibiotic prophylaxis					
c.	Blood bank screening and blood products as indicated					
d.	Open heart surgery under general anesthesia					

e.	Immediate postoperative care at surgical ICU					
f.	Continuing postoperative care at regular room					
g.	Cardiac rehabilitation					
2.2	<b>Other Services</b>					
a.	<b>Additional laboratory tests, as needed:</b>					
	i. APTT					
	ii. PTPA-INH					
	iii. TPAG					
	iv. ABG					
	v. Others: Specify _____					
b.	<b>Additional diagnostic tests, as indicated</b>					
	i. 2DED					
	ii. TEE					
c.	Ankle-brachial index, as indicated					
d.	Carotid duplex scan, as indicated					
e.	Postoperative antibiotics (IV and oral), if indicated					
f.	Treatments, as indicated:					
	i. Incentive spirometry					
	ii. VTE Prophylaxis with compression stockings/ intermittent pneumatic compression/ intravenous/subcutaneous heparin, LMWH, fondaparinux					
	iii. Nebulization with medications such as beta agonist + steroid or salbutamol/pulmonary physiotherapy					
	iv. Blood glucose monitoring					
	v. Wound dressings/wound care					
g.	Other medications, as indicated:					
	i. clopidogrel					
	ii. digoxin					
	iii. furosemide IV or oral					
	iv. amiodarone					
	v. vasopressors					
	1. dopamine					
	2. norepinephrine					
	3. epinephrine infusion drip					
	vi. inotrope: dobutamine infusion drip					
	vii. vasodilators					
	1. NTG					
	2. isosorbide dinitrate					
	3. nicardipine					
	viii. insulin regimen					
	ix. oral hypoglycemic drugs					
	x. proton pump inhibitor/antacid					

	xi. pain relievers/analgesics					
	xii. Sedatives/anxiolytics					
	xiii. magnesium chloride					
	xiv. calcium gluconate					
	xv. potassium chloride					
	xvi. lactulose/stool softeners					
<b>h.</b>	Pulmonary care, as indicated, such as ventilator support; nebulization, with beta-2 agonist/ combination with steroid					
<b>g.</b>	Other specialty services as needed, such as pulmonology, nephrology, neurology, infectious diseases, etc.					
<b>2.3</b>	<b>Infection control Services</b>					
<b>a.</b>	Step-down unit with private or at least semi-private rooms separate from contaminated or infected areas					
<b>b.</b>	Preferably with institutional antibiotic protocol					
<b>c.</b>	Protocol for Hospital Acquired Infections					
<b>2.4</b>	<b>Patient education and family support activities</b>					
<b>a.</b>	Educational materials available for patients and their family/caregivers					
<b>b.</b>	Conduct advocacy programs/ seminars at least quarterly					
<b>3.</b>	<b>Technical Standards</b>					
<b>3.1</b>	<b>General Infrastructure</b>					
<b>a.</b>	<b>Cardiovascular Operating Room</b>					
	i. Intra-aortic Balloon Pump					
<b>b.</b>	<b>Intensive Care unit</b>					
<b>c.</b>	<b>Private and semiprivate room accommodations</b>					
<b>d.</b>	<b>Dedicated ward accommodations where no infectious disease patients are admitted</b>					
<b>e.</b>	<b>Isolation units</b>					
<b>3.2</b>	<b>Human Resource</b>					
<b>a.</b>	<b>Multidisciplinary Team: all physicians in the MDT shall have active PhilHealth accreditation</b>					
<b>a.1</b>	<b>Cardiovascular Surgeon</b>					
	i. Updated certification from the Phil. Association of Thoracic and Cardiovascular Surgeon, Inc. (PATACSI)					
	ii. with competence for procedure certified and endorsed by Board of PATACSI for procedures applied for					
	iii. Valid PRC License					

	iv. Valid PhilHealth Accreditation					
	v. Updated certification – ACLS provider					
<b>a.2</b>	<b>Nurse with Specialty Training</b>					
	i. Completed training in nursing intensive or critical care program					
	ii. Completed observership at a surgical ICU					
	iii. Valid PRC License					
	iv. Updated certification from Critical Care Nurses Association of the Phils. (CCNAPI)					
	v. Updated certification in Basic Life Support/ Pediatric Advance Life Support (PALS)					
<b>a.3</b>	<b>Perfusionist</b>					
	i. Have completed training Perfusionist program with special population-paediatrics 1 year old and above					
	ii. Valid PRC License					
	iii. Updated certification in Perfusionist training					
	v. Updated certification in BLS					
<b>4</b>	<b>Clinical Pathway Implementation</b>					
	i. Must have a clinical pathway manual					
	ii. Must have Screening Panel to evaluate eligibility of patients for Z Benefit Package					
<b>5</b>	<b>Z Benefit Program Implementation</b>					
<b>4.1</b>	full awareness of the PhilHealth Z Benefit Program including no balance billing (NBB) and fixed co payments					
<b>4.2</b>	Submit outcomes evaluation, such as, but not limited to the following:					
	a. Mortality rate					
	b. Morbidity rate					
	c. Length of hospital stay					
	d. 2, 3 and 5 year survival rates					

**Philhealth Survey Team**

Surveyors' Name	Designation	Signature

**HCI Management Team**

Names of Management Team	Designation	Signature