

**Self-assessment / Survey Tool for Z Benefit Package
for Kidney Transplant (KT)**

Name of HF: _____ Level: _____

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

Directions for the HF:

- 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.
- For outsourced services, put an (x) in the “No” column and indicate the name of the outsourced service provider in the remarks.
- 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	HF License and Accreditation					
	1. The HF has an updated & valid DOH License					
	2. The HF has an updated & valid DOH Accreditation as a Kidney Transplant Unit					
	3. The HF has updated & valid PhilHealth Accreditation					
2.0	Minimum Service Capability					
	Essential health services as stated in existing PhilHealth Policy (PC No.: 2024-0035)					
2.1	Technical Standards					
	A. Physical Plant					
	1. Major Operating Room					
	2. Post-anesthesia Care Unit					
	3. Intensive Care Unit					
	4. Recovery Room for transplant recipient (Single occupancy room)					
	5. Single private room (recipient)					
	6. At least Semi-private room (donor)					
	B. Physical Facilities/Equipment/Supplies					
	1. Services					
	i. CT Scan					
	ii. Renal Scan					
	iii. Renal Graft Biopsy					
	iv. Laparoscopic Machine, as applicable					
	v. Cold Storage for organ retrieval, as applicable					
	vi. Perfusion Machine for organ retrieval, as applicable					
	2. Pharmacy					
	i. Institutional Antibiotic Protocol for transplant patients					
	ii. Basiliximab					
	iii. Rabbit anti-thymocyte globulin (rATG)					
	iv. Cyclosporin					
	v. Mycophenolate mofetil					

	vi. Mycophenolate sodium					
	vii. Tacrolimus					
	viii. Everolimus					
	ix. Sirolimus					
	x. Immunoglobulin (IV)					
	xi. Rituximab					
3.0	Human Resource					
	For Adults					
	A. Doctors					
	1. Kidney Transplant Surgeon certified by the Philippine Society for Transplant Surgeons, Inc. • Valid PhilHealth accreditation					
	2. Infectious Disease Specialist certified by Phil. Society of Microbiology and Infectious Disease • Valid PhilHealth accreditation					
	3. Nephrologist certified by the Phil. Society of Nephrologist • Valid PhilHealth accreditation					
	4. Urologist certified by the Phil. Urologic Association • Valid PhilHealth accreditation					
	5. Anesthesiologist certified by the Philippine Society of Anesthesiologist • Valid PhilHealth accreditation					
	For Pediatric, as applicable					
	1. Kidney Transplant Surgeon certified by the Philippine Society for Transplant Surgeons, Inc. • Valid PhilHealth accreditation					
	2. Pediatric Infectious Disease Specialist certified by Pediatric Infectious Disease Society of the Philippines • Valid PhilHealth accreditation					
	3. Pediatric Nephrologist certified by the Pediatric Nephrology Society of the Philippines • Valid PhilHealth accreditation					
	4. Pediatric cardiovascular specialist certified by the Philippine Academy of Pediatric Cardiology • Valid PhilHealth accreditation					
	B. Operating Room Nurse					
	1. With at least level III Renal Nurse Certification Program of the DOH for KT					
	2. Valid Advance Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) Certification					
	3. ORNAP member in good standing					
	C. Z Benefit Coordinator					
	1. (At least 1) (may handle maximum of three (3) Z Benefit packages)					
4.0	Clinical Pathway Implementation					
	1. A dedicated clinical pathway team oversees implementation of program					
	2. Available clinical pathway manual for KT					

Cont. on Page 3

5.0	Quality Assurance Activities for Z Benefits Program					
	1. Patient education and family support activities					
	a. Conduct of Pre Transplant Orientation					
	b. Educational materials available for patients and their family/caregivers					
	c. Conduct organ transplant and organ donation advocacy programs/ awareness campaigns/ seminars at least quarterly, including a patient education forum on the Z Benefits on Kidney Transplantation (KT)					
	2. Deceased Organ Donor Program (<i>any of the following</i>):					
	a. Manual of procedures					
	b. Protocols					
	c. Activities					
	d. Referral system					
	e. Deceased organ donor audit					
	3. Reports/Other documentations (for renewal of contract)					
	a. Performs variance studies					
	b. Transplant oversight reports/ minutes of the meeting					
	c. Mortality rate (recipient and donor)					
	d. Morbidity rate (recipient and donor)					
	e. Length of hospital stay (recipient and donor)					
	f. Acute rejection rates					
	g. Graft loss and Graft nephrectomy					
	h. Report on Renal function Test (one [1] year and annually)					
	i. Donor outcomes annually (survival and renal function)					
	j. Kidney Transplant Registry (<i>once available</i>)					

PhilHealth Survey Team

Surveyor’s Name	Designation	Signature

HF Management Team

Name of Management Team	Designation	Signature