

Self- assessment/ Survey Tool for Z Benefit Package Providers for Peritoneal Dialysis “PD”

Name of HF: _____ Level: _____

Date of Survey:	Time started:	Time ended:
(MM/DD/YY)	(hrs:mm)	(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 (X) in the “No” column and state in the remarks that the service is outsourced and write the name of the outsourced service provider.
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.	Hospital License and Accreditation					
	A. The HF has an updated DOH License					
	B. The HF has an updated PhilHealth Accreditation					
2.	Minimum Service Capability					
	1. Monthly monitoring of registered patients*					
	a. Total no. of new patients per month					
	i. New patients initiated in the same center					
	ii. New patients transferred from another PD Center					
	b. No. of patients outs (shifted to Hemodialysis,)					
	c. No. of patients who had kidney transplantation					
	d. No. of transfers to other centers					
	e. No. of lost to follow-up per month					
	Note: Lost to follow-up is defined as no follow-up beyond sixty (60) days from the last follow-up					
	2. Medical outcomes*					
	a. Presence of logs/records (electronic or hardcopy)					
	i. PD-related infections					
	1) Peritonitis incidence					
	2) a) culture isolates					
	b) culture negative peritonitis					
	c) medical cure/refractory/treatment failure					
	3) Exit site incidence					
	4) Tunnel infection					
	ii. Non-infectious complication related to PD, such as: Peri Catheter leaks, catheter tip migration, Hernia, etc.					
	iii. Technical survival					
	1) Shifted to HD					
	2) Shifted to Kidney Transplant (KT)					
	3) Lost to follow up					
	iv. Hospital incidence					
	v. Mortality incidence					
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3.	Physical Plant				
	a. A designated room separated by a wall with ample space for storage, training and consultation areas, among others.				
	b. Adequate water supply				
	c. Waiting room				
	d. Training area with sink or basin				
	e. Storage room				
	i. Hospital based PD Unit: The storage room maybe within the Hospital's Central Supply Room, In-patient Pharmacy, or any area within the hospital premises				
	ii. Freestanding PD center: a separate storage room				
	f. Toilet for staff				
4.	Equipment and Supplies				
	a. FDA-registered PD fluids				
	i. Minimum of fifteen (15) 2.0L PD double bag system regardless of strength or dextrose concentration (1.5%, 2.3%, 2.5%, or 4.25%)				
	b. Medical Equipment				
	i. PD transfer set				
	ii. Disinfection caps or its equivalent				
	iii. Sterilized dressing kits:				
	a) Sterile gloves				
	b) Sterile cotton balls				
	c) Sterile gauze				
	d) povidone iodine				
	iv. Clamps or andy disc organizer or its equivalent				
	v. Stethoscope				
	vi. Sphygmomanometer				
	vii. Weighing scale for patients				
	viii. Weighing scale for PD fluids				
	ix. Thermometer (non- mercurial)				
	x. Syringes (1 cc for heparin; 3 cc for medications; 50 cc for flushing)				
	xi. IV stand				
	xii. Examination bed				
	c. Automated PD Modality program (as applicable)				
	c.1. Automated PD Modality Program in place. The following documentary evidence include but NOT limited to the following:				
	a) Manual of Procedures				
	b) Protocols				
	d. Non-Medical Equipment				
	xiii. Emergency light				
	xiv. Fire extinguisher				
	xv. Training materials				
	xvi. Computer with functional HF portal				
	xvii. Printer (mandatory for PD first contracted HFs)				
5.	Human resource				
	a. The HF shall have a multidisciplinary/ interdisciplinary team; minimum of a PD Head and a PD Nurse				
	b. PDU/ PDC Head				
	i. Accredited by PhilHealth				
	ii. The head shall be any of the following: (in order)				

	a) Board certified Nephrologist (adult or pediatric), diplomate or fellow of the Philippine Society of Nephrology (PSN) or Pediatric Nephrology Society of the Philippine (PSPN)				
	OR				
	b) Board-eligible nephrologist trained in PSN/PNSP- accredited nephrology fellowship training hospital.				
	OR				
	c) In Geographically Isolated and Disadvantages Areas (GIDA**). Board certified / Board eligible in Internal Medicine or Pediatrics who:				
	i. Completed Training in Peritoneal Dialysis in DOH-licensed and PSN/PNSP-Accredited Nephrology Fellowship training institution,				
	OR				
	d) In GIDA Areas, any licensed medical physician with:				
	i. Completed Training in Peritoneal Dialysis in a DOH-licensed and PSN/PNSP-Accredited Nephrology Fellowship training institution				
	OR				
	ii. Completed the basic and intensive courses in PD from the National Kidney and Transplant Institute (NKTi) or an NKTi recognized training facility				
	c. Administrator				
	d. PD Center / PD Unit Nurse (at least one full time PD Nurse)				
	i. The nurse: patient ratio shall be a minimum of 1:20 (based on the International Society for Peritoneal Dialysis)				
	ii. Shall be duly licensed by the Professional Regulation Commission (PRC)				
	iii. Completed PD training one (1) month from NKTi or PSN PD Training				
	iv. In GIDA, government institution and areas with health human resource shortage, the nurse must have completed PD training one (1) month from NKTi or PSN PD Training.				
	v. In a private institution, the nurse must completed a PSN PD Training/Workshop or PD Workshop with PRC CPD Units, and be further validated and certified by the PD Unit/ Central head				
6.	Z BENEFIT PROGRAM IMPLEMENTATION UPON RENEWAL				
	a. Conduct advocacy programs/seminars at least annually upon approval				
	b. Process flow for the provision of services for PD				

	c. Submit reports on patient outcomes and other statistical reports				
	i. Incidence Rate				
	ii. Prevalence Report				
	iii. Mortality Report				
	iv. PD-related infection rates (episodes/patient year)				
	a) Peritonitis rate				
	b) Exit site infection rate				
	c) Tunnel infection rate				
	d. Non-infectious complications related to PD, such as peri-catheter leaks, catheter up migration, hernia, etc.				
7.	ADDITIONAL REQUIREMENTS UPON RENEWAL or RE-ACCREDITATION*				
	a. Participation to the yearly summit for the PD Z Benefits organized by the reference HF or any contracted HF duly acknowledged and endorsed by PhilHealth				
	b. Must Submit registry data to the reference HF yearly. The contents and format of the registry will be recommended by the reference HF.				
	c. The reference HF should submit annual reports to PhilHealth				
8.	INFORMATION MANAGEMENT				
	a. The facility maintains a detailed and sufficient medical records management and promotes confidentiality				
9.	CLIENT FEEDBACK				
	<i>Presence of client feedback mechanism.</i>				

* Required only upon application renewal/re-accréditation of contract

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HF Management Team

Names of Management Team	Designation	Signature