Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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Self- assessment/ Survey Tool for the Z Benefits for Premature and Small Newborns

Name of Health Care Institution (HCI): _____
Date of Survey (mm/dd/yyyy): _____ Time started: _____ Time ended: _____

Directions for the HCI:
1. Put a check (✓) under the HCI column if the standard is available and (✗) if not.
2. For outsourced services, put a (✓) under the HCI column and write under the remarks "outsourced:" plus the name of the outsourced service provider. Outsourced services, must have a Memorandum of Agreement (MOA) which reflects provisions for payment such as compliance to the No Balance Billing (NBB) Policy.
3. For proof of attendance to required course of training, certificates issued by a hospital which conducted the course will be accepted.

REQUIREMENTS		HCI	PHIC	REMARKS
1	**HCI License and Accreditation**			
1.1	The HCI has an updated Department of Health (DOH) License to Operate (LTO)			
1.2	The HCI has an updated PhilHealth Accreditation			
2	**Physical Plant or services**			
2.01	The facility has a High-Risk Pregnancy Unit (HRPU)/ Maternal-Fetal Medicine Unit			
2.02	The facility has a Neonatal Intensive Care Unit (NICU) complex which shall have physical facilities with adequate functional areas as follows:			
a	Handwashing areas (not counting those in the toilets); with hands-free hand wash sink (foot, knee, or elbow, or sensor operated) If hands-free hand wash sink is not available, the handwashing protocol should indicate that there be a second person to operate the faucet.			
b	Resuscitation/ admitting area – no farther than two meters away from each delivery bed, and in all areas including postnatal wards, NICU and Kangaroo Mother Care (KMC) rooms; Resuscitation area should have:			
	i. Clean and functional resuscitation equipment			
	self-inflating neonatal ambubag			
	preterm and term face masks			
	oxygen source			

REQUIREMENTS		HCI	PHIC	REMARKS
	ii. Radiant warmer or overhead heat source			
	iii. Suction apparatus for neonates			
c	Special/continuing care/ step-down unit (patients are less critical, for bigger babies but require intermediate care, not stable enough to be in KMC, less nurse to patient ratio, not in the ward) (KMC is usually near NICU)			
d	NICU			
e	Isolation area – physical isolation room or reverse airflow is an advantage. Optional (isolation from herpes, varicella, MRSA or methicillin-resistant *Staphylococcus aureus*; reverse isolation for SCIDS or severe combined immunodeficiency syndrome)			
f	Storage/ utility room – for the NICU equipment			
g	Disposal/ rubbish bins			
h	Sharps receptacles (following DOH standards; puncture-proof)			
2.03	Provision for a KMC Unit Training on KMC/ Care for Small Baby (CSB) from KMC Foundation Philippines, Inc. (formerly Bless Tetada KMC Foundation) or from DOH - (Note: Human Resource: prior training in Essential and Intrapartum Newborn Care (EINC) or essential maternal and newborn care, and lactation management)			
2.04	A multipurpose area/room that will ensure privacy for family counseling, meetings, bereavement, etc.			
2.05	DOH licensed tertiary clinical laboratory, which can perform the basic diagnostic examinations as follows:			
a	Complete blood count			
b	Blood typing			
c	Cross-matching			
d	Prothrombin time and partial thromboplastin time			
e	Blood gas determination Bedside blood glucose tests			
f	Blood culture (may be outsourced)			
g	Cerebrospinal fluid (CSF) culture (may be outsourced)			
h	Serum Na, K, Ca, creatinine			
i	Total serum bilirubin			
2.06	DOH licensed Level 2 imaging facility inside the institution			
	Basic imaging modalities that can do the following:			
	i. Chest AP/L X-ray (mobile)			

REQUIREMENTS		HCI	PHIC	REMARKS
	ii. Abdominal AP X-ray (mobile) Note: i + ii – "babygram" for tiny infants			
	iii. Cranial ultrasound/ ultrasonography			
	iv. 2-D echocardiography			
2.07	Provision for respiratory therapy (Standard Operating Procedures [SOPs] for respiratory services)			
2.08	Provision for blood bank (SOPs)			
2.09	Hearing test Must be done in a quiet area, whether in-house or outsourced			
2.10	Newborn screening (basic panel)			
2.11	Central sterilization for high level disinfection (e.g. autoclave)			
3	**Human Resource**			
	The HCI shall have a functional Multidisciplinary team:			
3.1	A Neonatologist certified by the Specialty Board of the Philippine Society of Newborn Medicine (PSNbM)			
a	Certified as a currently valid Neonatal Resuscitation Program (NRP) Provider			
b	Attended a CSB Course; OR EINC Quality Assurance Workshop AND KMC			
c	Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course			
d	If not certified in the abovementioned courses, should be a currently valid NRPh + provider			
	When a neonatologist is not available for the position as an NICU consultant, any of the following physicians may manage premature newborns:			
	i. Board-certified pediatrician with specialized training in Neonatology (board eligible in neonatology)			
	a) Certified as a currently valid NRP Provider			
	b) Attended a CSB Course; OR EINC Quality Assurance Workshop AND KMC			
	c) Attended an EMNC-LMT OR 20-hour LMT Course			
	d) If not certified in the abovementioned courses, should be a currently valid NRPh + provider			

REQUIREMENTS		HCI	PHIC	REMARKS
	ii. Pediatric Intensivist certified by the Specialty Board of the Philippine Society of Pediatric Critical Care Medicine (PSPCCM)			
	a) Certified as a currently valid NRP Provider			
	b) Attended a CSB Course; OR EINC Quality Assurance Workshop AND KMC			
	c) Attended an EMNC-LMT OR 20-hour LMT Course			
	d) If not certified in the abovementioned courses, should be a currently valid NRPh + provider			
	iii. Pediatric Pulmonologist certified by the Specialty Board of the Philippine Academy of Pediatric Pulmonologists (PAPP)			
	a) Certified as a currently valid NRP Provider			
	b) Attended a CSB Course; OR EINC Quality Assurance Workshop AND KMC			
	c) Attended an EMNC-LMT OR 20-hour LMT Course			
	d) If not certified in the abovementioned courses, should be a currently valid NRPh + provider			
3.2	Physician is Board Certified in Pediatrics			
a	Certified as a currently valid NRP Provider			
b	Attended a CSB Course; OR EINC Quality Assurance Workshop AND KMC			
c	Attended an EMNC-LMT OR 20-hour LMT Course			
d	If not certified in the abovementioned courses, should be a currently valid NRPh + provider.			
3.3	Perinatologist is certified by the Specialty Board of the Philippine Society of Maternal and Fetal Medicine (PSMFM)			
	When a perinatologist is not available, a physician who is certified by the Philippine Board of Obstetrics and Gynecology may manage women at risk of preterm birth or delivery of low-birth weight babies			
3.4	Additional physicians on call (may be affiliated or visiting)			
a	Pediatric Cardiologist certified by the Specialty Board of the Philippine Society of Pediatric Cardiology			

REQUIREMENTS		HCI	PHIC	REMARKS
b	Pediatric Ophthalmologist or Retina Specialist			
	When a Pediatric Ophthalmologist or Retina Specialist is not available, an Ophthalmologist certified by the Specialty Board of the Philippine Academy of Ophthalmology			
3.5	Nurse			
a	Shall be duly licensed by the Professional Regulation Commission (PRC)			
b	The nurse-patient ratio shall be a minimum of 1:5			
c	Should have completed the training as follows:			
	i. Certified as a currently valid NRP Provider			
	ii. Attended a CSB Course; OR EINC Quality Assurance Workshop AND KMC			
	iii. Attended an EMNC-LMT OR 20-hour LMT Course			
	iv. If not certified in the abovementioned courses (i, ii and iii) should be a currently valid NRPh + provider			
d	Should have additional skills on the following:			
	i. Provision of oxygen therapy or ventilator support			
	ii. Maintenance and use of specialized equipment used on patients such as mechanical ventilators, continuous positive airway pressure (CPAP) machines, infusion pumps, pulse oximeters, phototherapy units, radiant warmers or overhead heat source or infant incubators			
3.6	Midwife			
a	Shall be duly licensed by the PRC			
b	Attended a CSB Course; OR EINC Quality Assurance Workshop AND KMC			
c	Attended an EMNC-LMT OR 20-hour LMT Course			
3.7	Support Personnel			
	Additional hospital support personnel should be available in the person of the following:			
a	Respiratory therapist duly-licensed by PRC			
b	Medical technologist duly-licensed by PRC			
c	Radiology technologist duly-licensed by PRC			
d	Medical Social Worker duly-licensed by PRC			
e	Nutritionist-Dietician duly-licensed by PRC			
f	Pharmacist duly-licensed by PRC			

REQUIREMENTS		HCI	PHIC	REMARKS
3.7	Z Benefits Coordinator			
4	**Equipment and Supplies**			
4.01	The NICU shall have available and operational equipment, instruments, materials and supplies for the provision of Levels II and III neonatal care			
4.02	Emergency cart			
a	calcium gluconate 10%, 10 ml ampule			
b	epinephrine 1 mg/ml ampule			
c	D5W IV fluid 250 ml			
d	D10W IV fluid 250 ml			
e	D50 50 ml vial			
f	dopamine 40 mg/ml, 5 ml ampule			
g	dobutamine 250 mg/ 20 ml vial			
h	paracetamol (100 mg/ml, 15 ml drops)			
i	phenobarbital IV (120 mg/ml or 130 mg/ml, 1 ml ampule OR phenytoin IV (50 mg/mL, 2 and 5mL ampule) if phenobarbital is not available			
j	sodium bicarbonate 50 mEq/amp			
4.03	Resuscitation set			
a	clean functional resuscitation equipment			
	i. self-inflating neonatal ambubag			
	ii. preterm and term face masks			
	iii. pulse oximeter with neonatal probe			
	iv. oxygen source			
b	mechanical suction apparatus for neonates			
c	laryngoscope with blade 0 and 1			
d	endotracheal tubes (sizes 2.5, 3.0, 3.5 internal diameter)			
4.04	Source of heat			
a	Radiant warmer or overhead heat source			
b	Tube blouses (or any garment specifically for KMC use)			
4.05	Umbilical catheterization set:			
a	Umbilical catheter Fr. 3.5 and Fr. 5.0			
b	Scalpel handle (#4 size)			
c	Mosquito curved			
d	Mosquito straight			
e	Toothed forceps			
f	Needle holder (e.g. Mayo-Hegar)			
g	Scissors (e.g. straight Mayo			
h	Iris tissue forceps (used to dilate umbilical artery)			
i	Kidney basin			
4.06	Neonatal stethoscope			
4.07	Suction Machines			

REQUIREMENTS		HCI	PHIC	REMARKS
4.08	Oxygen source/ compressed air (wall, pipe-in)			
4.09	Oxygen blenders			
4.10	Wall clocks with clear seconds counter			
4.11	Non-mercury room thermometers			
4.12	Non-mercury thermometers			
4.13	Infant digital weighing scales			
4.14	Diagnostic set (otoscope, ophthalmoscope)			
4.14	Phototherapy equipment			
4.15	Refrigerator for medications, vaccines (i.e. hepatitis B and BCG) and breast milk (preferably double door)			
a	With thermometer for temperature monitoring			
b	Temperature monitoring chart per shift			
c	Freezer for breast milk storage			
4.16	Infusion pumps			
4.17	Syringe pumps			
4.18	Bubble CPAP machine			
4.19	Incubator (not mandatory for Level II)			
4.20	Pulse oximeter			
4.21	BP/ cardiac monitors			
4.22	Exchange transfusion set			
a	Scalpel handle (#4 size)			
b	Mosquito forceps curved			
c	Mosquito forceps straight			
d	Pick-up/thumb forceps with teeth			
e	Pick-up/thumb forceps without teeth			
f	Needle holder (e.g. Mayo-Hegar)			
g	Scissors (e.g. straight Mayo)			
h	Kidney basin			
i	Umbilical catheter Fr. 3.5 and Fr. 5.0			
j	Three way stop-cock port (2)			
4.23	Thoracostomy set			
a	Chest tube Fr. 10 and Fr. 12			
b	Scalpel handle (#4 size)			
c	Mosquito forceps, curved			
d	Mosquito forceps, straight			
e	Pickup/thumb forceps with teeth			
f	Pickup/thumb forceps without teeth			
g	Needle holder (e.g. Mayo-Hegar)			
h	Scissors (e.g. straight Mayo)			
i	Kidney basin			
4.24	Portable x-ray machine			
4.25	Negatoscope (if not digital imaging)			
4.26	Reclining chair (for KMC use)			
4.27	Mechanical ventilator			
4.28	Transport Incubator If the transport incubator is not available, the HCI should have:			

	REQUIREMENTS	HCI	PHIC	REMARKS
	a) A protocol on warm transport* of preterm, low birth weight or small for gestational age babies i.e. prevention of cold stress and management of neonatal hypothermia with: i. Provision of continuous skin-to-skin contact using the kangaroo care (or kangaroo mother care, KMC) method ii. Continuation of exclusive breastfeeding or provision of expressed or pasteurized breastmilk * may be contained within a KMC protocol, NRPh+ or Post-resuscitation/Pre-transport Neonatal Stabilization (STABLE) Course manual AND b) Equipment/supplies** for provision/maintenance of warmth i. A radiant warmer, or similar safe warming devices (that will not increase risk for thermal burns or injuries) ii. Room thermometers in areas where the baby will be transported to and received by and within the HCI, i.e. hold-over area of an emergency room, Radiology areas, the neonatal care unit, KMC unit. Note: room temperature maintained at 25-28 °C iii. Plastic wrap ** all items should be available			
4.29	ABG Machine			
4.30	Doppler (battery operated or fetoscope)			
4.31	For transport of the woman from the referring facility to the higher-level health facility, the minimum equipment needed are those used to assess maternal vital signs and perform delivery and basic resuscitation as necessary.			
	Basic requirements as follows:			
a	Documents			
	i. Maternal transfer forms/referral forms			
	ii. Partograph forms			
	iii. Mother and child booklet or birth and emergency plan or family health record (follow DOH standards)			
b	General equipment and supplies			
	i. Stethoscope			

REQUIREMENTS		HCI	PHIC	REMARKS
	ii. Non-mercury room thermometer			
	iii. Non-mercury body thermometer			
	iv. Kidney basin			
	v. Flashlight			
	vi. Sphygmomanometer			
	vii. Sterile gloves (3 pairs per delivery, various sizes)			
	viii. Perineal pads			
	ix. Sterile lubricant			
	x. Antiseptic solution			
	xi. IV fluids and maternal medications per mother: (supply should be good for five women) (minimum stock level for the MOA of the hospital with the lower level facility) (contracted HCIs shall give PhilHealth a list of lower level facilities which they executed a MOA with)			
	xii. D5W 1 L bottle			
	xiii. Lactated Ringer's Solution (LRS) 1L bottle			
	xiv. 2 soluset sets			
	xv. Tape			
	xvi. Tourniquet			
	xvii. IV catheters: 2 each of G.16, G.18, G.20			
	xviii. Butterfly needles: 2 each of G.21			
	xix. Assorted needles and syringes			
	xx. Alcohol swabs			
	xxi. magnesium sulfate 1 g/amp, 5 ampules			
	xxii. oxytocin 10 units/ml, 4 ampules			
	xxiii. hydralazine 20 mg/amp, 2 ampules			
	xxiv. diazepam 10 mg/amp, 2 ampules			
	xxv. nifedipine 10 mg tablets			
	xxvi. dexamethasone 4 mg/ml or betamethasone 30mg/5ml			
	xxvii. calcium gluconate 10% (as antidote for magnesium sulfate)			
c	Emergency delivery equipment			
	i. 2 pairs of scissors			
	ii. 2 Kelly forceps			
	iii. Gauze			
	iv. 1 small drape			
	v. Cord clamp			
	vi. 2 plastic bags (placenta and garbage)			
d	Towels and blanket for baby			
e	Basic resuscitation equipment			

REQUIREMENTS		HCI	PHIC	REMARKS
	i. Self-inflating bag-valve-mask devices for adult with mask			
	ii. Self-inflating bag-valve-mask devices for newborn with masks (one size 1 for term and one size 0 for preterm)			
	iii. "Penguin" suction bulb or other single use bulb suction device			
	iv. additional towels/cloth			
	v. stethoscopes – adult and neonatal			
5	**Records**			
	The health facility shall maintain a record system to provide readily available information on each patient			
6	**Protocols (or alternatively labelled as Clinical Practice Guidelines, SOPs, Policies and Procedures by the hospital)**			
	The health facility shall have CPGs, policies and/or procedures on the following neonatal conditions and procedures:			
a	Prevention of preterm birth and its complications			
b	Criteria for admission to the NICU and admission set up and care guidelines			
c	Neonatal resuscitation			
d	Respiratory distress syndrome			
e	Neonatal hyperbilirubinemia			
f	Neonatal hypoglycemia			
g	Neonatal hypothermia			
h	Neonatal sepsis			
i	Anemia of prematurity			
j	Intraventricular hemorrhage			
k	Breastfeeding/ Lactation Management			
l	Infection Control (Antimicrobial surveillance – monthly monitoring/ hospital antibiogram)			
m	Newborn Metabolic Screening			
n	Newborn Hearing Screening (Otoacoustic Emissions Testing)			
o	Retinopathy of Prematurity Screening			
p	Surfactant administration			
q	Ventilatory support			
r	Umbilical cannulation			
s	Endotracheal intubation			
t	Phototherapy			
u	Blood transfusion in the neonate			
v	Double volume exchange transfusion			
w	Thoracentesis			
x	Thoracostomy tube insertion			
3	**Statistical Report**			

REQUIREMENTS		HCI	PHIC	REMARKS
	Annual NICU census which may include, but is not limited to, the following:			
a	Cesarean Section (CS) rates			
b	Total number of live births per contracted HCI			
c	Total number of admissions per contracted HCI			
	i. Admissions according to maturity and weight for age			
	ii. Admissions according to sex			
	iii. Leading causes of admissions			
d	Total number of mortalities/ mortality rate per contracted HCI			
	i. Perinatal death rate (stillbirths from 28 weeks gestational age up to 28 days post-natal) = (no. of stillbirths + neonatal deaths/ total number of deliveries) x 1000			
	ii. Neonatal mortality rate = no. of deaths before 28 days/ total live births) x 1000			
	iii. Cause-specific mortality			
	a) Preterm death rate = No. of preterm deaths/ all neonatal deaths x 100			
	b) Asphyxia death rate = No. of asphyxia deaths/ all neonatal deaths x 100			
	c) Sepsis and severe infections deaths = No. of deaths from sepsis/severe infections/all neonatal deaths x 100			
	d) Congenital anomalies deaths = No. of deaths due to congenital anomalies/ all neonatal deaths x 100			
	iv. Case Fatality Rates			
	a) Preterm case fatality rate = no. of preterm deaths/ all preterm live births x 100			
	b) Asphyxia case fatality rate = no. of asphyxia deaths/ all asphyxiated live births x 100			
	c) Sepsis case fatality rate = no. of sepsis/ severe infections deaths/ all sepsis live births x 100			
	d) Term case fatality rate = (no. of term deaths/ total no. of term live births) x 100			
	e) Low birth weight (LBW) case fatality rate per contracted HCI (no. of LBW deaths/ total no. of LBW live births) x 100			
e	Antenatal steroid use and newborn outcomes per contracted HCI			
	i. No. of preterms whose mothers received at least one dose of antenatal steroid/ preterms less than 34 weeks AOG x 100			

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	ii. No. of preterm deaths from respiratory distress syndrome (RDS)/ no. of preterms whose mothers received at least one dose of antenatal steroid			
f	Surfactant use and patient outcomes per contracted HCI			
	i. No. of preterms who received one dose of surfactant/ preterms with RDS			
	ii. No. of preterm deaths from RDS/ no. of preterms who received one dose of surfactant			
g	Practice of EINC: EINC Checklist (4 Core steps)			
h	Practice of KMC– number of eligible patients, number of enrolled patients, by patient outcomes			
8	**Quality Assurance and Performance Improvement (QAPI)**			
	The health facility shall initiate, support, implement and monitor QAPI activities			

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HCI Management Team

Names of Management Team	Designation	Signature

Remarks/Action Plan
