

Annex F: Self-Assessment/Survey Tool

PHILHEALTH –SAT-F14 rev.3



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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SELF-ASSESSMENT/SURVEY TOOL FOR THE Z BENEFITS FOR PREMATURE OR SMALL NEWBORNS

Name of Health Facility (HF): _____

Date of Survey (mm/dd/yyyy): _____ Time started: _____ Time ended: _____

Directions for the HF:

- Put a check (✓) under the HF column if the standard is available and (x) if not.
- For outsourced services, put a (✓) under the HF 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.
- Hospitals may internally conduct the required training course (e.g. EINC, CSB, etc) given by house staff who have completed the corresponding Training of Trainers (TOT). Certificates issued during the internal activity, signed by the in-house Trainer, will be accepted as proof of attendance.

	REQUIREMENTS	HF	PHIC	REMARKS
1	HF License and Accreditation			
1.1	The HF has an updated Department of Health (DOH) License to Operate (LTO).			
1.2	The HF has an updated PhilHealth Accreditation			
2	Physical Plant or Services			
2.1	<p>The hospital has at least a Level II (PSNbM NEOHAB 2020) OR Level III Neonatal Intensive Care Unit (NICU) complex (PPS HAB 2013) providing services or levels of care for:</p> <p>a. <i>Comprehensive High-risk and Intensive Care</i> b. <i>Special / Continuing Care / Step Down Area or Unit - for selected high risk newborns requiring acute care management / monitoring of problems anticipated to resolve rapidly</i> c. <i>Kangaroo Mother Care (KMC)</i> d. <i>Delivery Room</i> e. <i>Postnatal/ maternity wards</i></p> <p>Note: PSNbM NEOHAB and PPS HAB are standards applicable to hospitals with training programs in neonatology fellowship or pediatric residency. Alternatively, hospitals without training programs may refer to DOH 2018-0131 for the checklist of “add-on services” for the operation of the NICU even at a Level 1 facility.</p>			

	REQUIREMENTS	HF	PHIC	REMARKS
	<p>2.1.1 Comprehensive High-risk and Intensive Care <i>This is a dedicated space for patients who need ventilatory support (either invasive or non-invasive) or are undergoing treatment for major complications.</i></p>			
	<p>2.1.2 Special / continuing care / step down services or unit <i>Part of the NICU complex; which may or may not have its separate area or ward; for babies with the following, but not limited to those:</i></p> <ul style="list-style-type: none"> ● <i>no longer requiring assisted ventilation and intensive monitoring</i> ● <i>with conditions anticipated to resolve rapidly and to not require urgent surgical or medical interventions</i> ● <i>whose mothers/families are being prepared for Kangaroo care</i> 			
	<p>2.1.3 Isolation area <i>This is for highly septic infants and those babies needing intensive care who are likely to infect other infants.</i></p> <p>The isolation area <u>may</u> have the following specifications:</p> <ul style="list-style-type: none"> ● A physical isolation room ● Negative pressure or reverse airflow is an advantage. ● Policies on infection control for the following: <ul style="list-style-type: none"> ○ Herpes, varicella, MRSA or methicillin-resistant staphylococcus aureus, SARS-COV2, etc. ○ SCIDS or severe combined immunodeficiency syndrome (reverse isolation) 			
	<p>2.1.4 Handwashing facilities in the patient care area; with hands-free hand wash sink (either elbow, knee, foot, or sensor-operated)</p> <p><i>If hands-free hand wash sink is not yet available, a handwashing protocol should indicate that there be a second person to operate the faucet.</i></p>			
	<p>2.1.5 Resuscitation facilities in the NICU complex. <i>A fixed resuscitation area near the delivery bed or a portable kit with resuscitation equipment, e.g. trolley, tackle box, should be available in the NICU complex. Each work space for resuscitation should have a flat, firm and clean surface with easy access to clean and functional equipment (see 4.3).</i></p>			
	<p>2.1.6 In Kangaroo Mother Care (KMC), postnatal/maternity wards, and delivery rooms (no farther than two meters away from each delivery bed), accessible resuscitation equipment should be available (see 4.3)</p>			
	<p>2.1.7 Hospital storage / utility room for the NICU equipment</p> <p><i>This may be in the general hospital storage area with allotment for the NICU.</i></p>			
	<p>2.1.8 Disposal/ rubbish bins with proper segregation for biological/infectious waste</p>			
	<p>2.1.9 Sharps receptacles (following DOH standards; puncture-proof)</p>			

	REQUIREMENTS	HF	PHIC	REMARKS
2.2	Provision for KMC Services or Unit			
2.3	High-Risk Pregnancy, Maternal-Fetal Medicine, or Perinatology services			
2.4	A multipurpose area/room that will ensure privacy for family counseling, meetings, bereavement support, etc.			
2.5	DOH licensed tertiary clinical laboratory, which can perform the basic diagnostic examinations as follows:			
	2.5.1 Complete blood count			
	2.5.2 Blood typing			
	2.5.3 Cross-matching			
	2.5.4 Prothrombin time and partial thromboplastin time (PT, PTT)			
	2.5.5 Blood gas determination			
	2.5.6 Bedside blood glucose tests			
	2.5.7 Blood culture and sensitivity (Blood CS)			
	2.5.8 Cerebrospinal fluid (CSF) culture			
	2.5.9 Serum electrolytes (Na, K, Ca), creatinine			
	2.5.10 Total serum bilirubin (TSB), fractionated bilirubin (DB.IB)			
2.6	DOH licensed Level 2 imaging facility inside the institution Basic imaging modalities that can do the following:			
	2.6.1 Mobile/Portable X-ray for “babygram”, chest AP/L, abdominal AP/L or “decubitus” views			
	2.6.2 Ultrasonography (with capability for cranial ultrasound)			
	2.6.3 2-D echocardiography			
2.7	Hearing or otoacoustic emissions (OAE) test done in a quiet area			
2.8	Newborn screening			
2.9	Central sterilization for high level disinfection (e.g. autoclave) <i>This may not be for exclusive use in the NICU.</i>			
3	Human Resources The <i>HF</i> shall have a functional multidisciplinary team composed of the following:			
3.1	A Neonatologist certified by the Specialty Board of the Philippine Society of Newborn Medicine (PSNbM) with the following valid training/certifications:			

	REQUIREMENTS	HF	PHIC	REMARKS
	<div style="border: 1px solid black; padding: 10px;"> <p>1. NRPh+ Provider (or with certificate of attendance* pending practicum)</p> <p>OR</p> <p>2. (a AND b)</p> <p style="margin-left: 20px;">a. NRP Provider</p> <p style="margin-left: 20px;">b. Attended a Care for the Small Baby (CSB) Course OR EINC Quality Assurance Workshop + KMC</p> <p>OR</p> <p>3. (a AND b)</p> <p style="margin-left: 20px;">a. NRP Provider</p> <p style="margin-left: 20px;">b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p> </div>			
	<p><i>When a neonatologist is not available for the position as a NICU consultant, any of the following physicians may manage premature newborns:</i></p> <p>I. Board-certified pediatrician with specialized training in Neonatology (board eligible in neonatology) with the following valid certifications:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>1. NRPh+ Provider (or with certificate of attendance* pending practicum)</p> <p>OR</p> <p>2. (a AND b)</p> <p style="margin-left: 20px;">a. NRP Provider</p> <p style="margin-left: 20px;">b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a AND b)</p> <p style="margin-left: 20px;">a. NRP Provider</p> <p style="margin-left: 20px;">b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p> </div> <p>OR</p> <p>II. Pediatric Intensivist certified by the Specialty Board of the Philippine Society of Pediatric Critical Care Medicine (PSPCCM) with the following valid certifications:</p>			

	REQUIREMENTS	HF	PHIC	REMARKS
	<p>1. NRPh+ Provider (or with certificate of attendance*)</p> <p>OR</p> <p>2. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p> <p>OR</p> <p>III. Pediatric Pulmonologist certified by the Specialty Board of the Philippine Academy of Pediatric Pulmonologists (PAPP) with the following certifications:</p> <p>1. NRPh+ Provider (or with certificate of attendance*)</p> <p>OR</p> <p>2. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p>			
3.2	Staff or Affiliated Physician Board Certified in Pediatrics with the following valid certifications:			

	REQUIREMENTS	HF	PHIC	REMARKS
	<div style="border: 1px solid black; padding: 10px;"> <p>1. NRPh+ Provider (or with certificate of attendance*)</p> <p>OR</p> <p>2. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p> </div>			
3.3	<p>Perinatologist certified by the Specialty Board of the Philippine Society of Maternal and Fetal Medicine (PSMFM) <i>who <u>may</u> be affiliated or on visiting status</i></p> <p><i>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</i></p>			
3.4	Additional physicians on call (<i>may be affiliated or visiting</i>)			
	3.4.1 Pediatric Cardiologist certified by the Specialty Board of the Philippine Society of Pediatric Cardiology			
	3.4.2 Pediatric Ophthalmologist or Retina Specialist <i>When a Pediatric Ophthalmologist or Retina Specialist is not available, a General Ophthalmologist who is a diplomate of the Philippine Board of Ophthalmology</i>			
3.5	Nurse			
	3.5.1 Shall be duly licensed by the Professional Regulation Commission (PRC)			
	3.5.2 The nurse-to-patient ratio shall be a minimum of 1:3 for comprehensive high-risk and intensive care			
	3.5.3 All nurses assigned to the NICU must have valid certifications on the following:			
	<div style="border: 1px solid black; padding: 10px;"> <p>1. NRPh+ Provider (or with certificate of attendance* pending practicum)</p> <p>OR</p> </div>			

	REQUIREMENTS	HF	PHIC	REMARKS
	<p>2. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p>			
	3.5.4 The hospital maintains a record of in-house trainings/orientation/mentoring for NICU staff and ensures that each duty shift is staffed by those skilled in:			
	3.5.4.1 Provision of oxygen therapy			
	<p>3.5.4.2 Use of specialized equipment in the NICU on at least the following:</p> <p>a. Mechanical ventilator</p> <p>b. Continuous positive airway pressure (CPAP) machines</p> <p>c. Infant incubator</p>			
3.6	Support Personnel			
	3.6.1 Respiratory therapist duly-licensed by PRC			
	3.6.2 Medical technologist duly-licensed by PRC			
	3.6.3 Radiology technologist duly-licensed by PRC			
	3.6.4 Medical Social Worker duly-licensed by PRC			
	3.6.5 Nutritionist-Dietitian duly-licensed by PRC			
	3.6.6 Pharmacist duly-licensed by PRC			
3.7	<p>Z Benefits Coordinator (please see PhilHealth Circular 2015-035 for roles and responsibilities)</p> <p><i>There must be at least one designated Z benefits coordinator per Z benefit package, who may not necessarily be a nurse or allied health professional.</i></p> <p><i>The Z Benefits Coordinator may not be exclusive for 1 benefit package as long as his/her functions are not compromised.</i></p>			
4	Equipment and Supplies			
	Note: All mechanical/electronic devices are required to have a corresponding maintenance log.			
4.1	The NICU has available and operational equipment, instruments, materials, and supplies for the provision of Levels II OR III			

	REQUIREMENTS	HF	PHIC	REMARKS
	neonatal care			
4.2	Emergency cart			
	4.2.1 calcium gluconate 10%, 10 mL ampule			
	4.2.2 epinephrine 1 mg/mL ampule			
	4.2.3 Normal Saline Solution (0.9 Sodium Chloride Solution) or plain Lactated Ringer's			
	4.2.4 D5W IV fluid 250 mL			
	4.2.5 D10W IV fluid 250 mL			
	4.2.6 D50 50 mL vial			
	4.2.7 dopamine 40 mg/mL, 5 mL ampule			
	4.2.8 dobutamine 250 mg/ 20 mL vial			
	4.2.9 paracetamol (100 mg/mL, 15 mL drops)			
	4.2.10 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			
	4.2.11 sodium bicarbonate 50 mEq/amp			
4.3	Resuscitation work space must have a firm, flat, clean surface, and resuscitation kits with			
	4.3.1 <u>For all areas:</u> clean functional resuscitation equipment			
	4.3.1.1 self-inflating neonatal bag valve mask resuscitator "ambubag"			
	4.3.1.2 preterm and term face masks (sizes 0 and 1)			
	4.3.1.3 accessible clean suction apparatus OR suction machine with appropriate size suction catheter sizes French 5 and 8			
	4.3.1.4 At least two dry and clean cloths/linens			
	4.3.2 <u>For the NICU and DR:</u> 4.3.1 AND			
	4.3.2.1 laryngoscope with blade 0 and 1			
	4.3.2.2 endotracheal tubes (sizes 2.5, 3.0, 3.5 internal diameter)			
	4.3.2.3 naso-/orogastric tube sizes French 5 and 8			
	4.3.2.4 accessible pulse oximeter with neonatal probe			
	4.3.3 Accessible oxygen source (with oxygen blender, preferred)			

	REQUIREMENTS	HF	PHIC	REMARKS
	4.3.4 Radiant warmer OR other overhead heat source			
4.4	Umbilical catheterization set:			
	4.4.1 Umbilical catheter Fr. 3.5 and Fr. 5.0			
	4.4.2 Scalpel handle (#4 size)			
	4.4.3 Mosquito curved			
	4.4.4 Mosquito straight			
	4.4.5 Toothed forceps			
	4.4.6 Needle holder (e.g. Mayo-Hegar)			
	4.4.7 Scissors (e.g. straight Mayo)			
	4.4.8 Iris tissue forceps (used to dilate umbilical artery)			
	4.4.9 Kidney basin			
4.5	Neonatal stethoscope			
4.6	Suction machines			
4.7	Oxygen source / compressed air (preferably wall, pipe-in)			
4.8	Oxygen blenders (or if not available, a protocol for mixing oxygen)			
4.9	Wall clocks with clear seconds counter (<i>digital preferred</i>)			
4.10	Non-mercury room thermometers			
4.11	Non-mercury thermometers			
4.12	Infant digital weighing scales			
4.13	Diagnostic set (otoscope, ophthalmoscope)			
4.14	Phototherapy equipment (<i>Special blue or green, preferred</i>)			
4.15	Refrigerator for medications, vaccines (i.e. hepatitis B and BCG), and breast milk (preferably double door)			
	4.15.1 With thermometer for temperature monitoring			
	4.15.2 Temperature monitoring chart per shift			
	4.15.3 Freezer for breast milk storage			
4.16	Infusion pumps			
4.17	Syringe pumps			
4.18	Bubble CPAP machine			
4.19	Incubator (with preventive maintenance records)			

	REQUIREMENTS	HF	PHIC	REMARKS
4.20	Multiparameter monitors			
4.21	Exchange transfusion set			
	4.21.1 Scalpel handle (#4 size)			
	4.21.2 Mosquito forceps curved			
	4.21.3 Mosquito forceps straight			
	4.21.4 Pick-up/thumb forceps with teeth			
	4.21.5 Pick-up/thumb forceps without teeth			
	4.21.6 Needle holder (e.g. Mayo-Hegar)			
	4.21.7 Scissors (e.g. straight Mayo)			
	4.21.8 Kidney basin			
	4.21.9 Umbilical catheter Fr. 3.5 and Fr. 5.0			
	4.21.10 Three way stop-cock port (2)			
4.22	Thoracostomy set			
	4.22.1 Chest tube Fr. 10 and Fr. 12			
	4.22.2 Scalpel handle (#4 size)			
	4.22.3 Mosquito forceps, curved			
	4.22.4 Mosquito forceps, straight			
	4.22.5 Pickup/thumb forceps with teeth			
	4.22.6 Pickup/thumb forceps without teeth			
	4.22.7 Needle holder (e.g. Mayo-Hegar)			
	4.22.8 Scissors (e.g. straight Mayo)			
	4.22.9 Kidney basin			
4.23	Negatoscope (if not digital imaging)			
4.24	For KMC use			
	4.24.1 Reclining chair			
	4.24.2 Garment or cloth			
4.25	Mechanical ventilator (with preventive maintenance records)			
4.26	Transport incubator (with preventive maintenance records) <i>If the transport incubator is not available, the HF should have: i AND ii</i> i. A protocol on warm transport* of preterm, low birth weight or small for gestational age babies i.e. prevention of cold			

	REQUIREMENTS	HF	PHIC	REMARKS
	<p>stress and management of neonatal hypothermia with:</p> <ol style="list-style-type: none"> Provision of continuous skin-to-skin contact using the kangaroo care (or kangaroo mother care, KMC) method Continuation of exclusive breastfeeding or provision of expressed or pasteurized breast milk <p>AND</p> <ol style="list-style-type: none"> All of the following equipment/supplies for the provision/maintenance of warmth <ol style="list-style-type: none"> A radiant warmer, or similar safe warming devices (that will not increase risk for thermal burns or injuries) Non-mercury room thermometers in areas where the baby will be transported to and received by and within the HF, i.e. hold-over area of an emergency room, radiology areas, the neonatal care unit, KMC unit. <p>Note: room temperature must be maintained at 25-28 °C</p> Plastic wrap 			
5	Records			
	The health facility has a record management and preservation system.			
6	<p>Policies (including, but not limited to, Clinical Practice Guidelines, Protocols, or Standard Operating Procedures [SOPs] by the HF)</p> <p>The health facility shall create or adopt policies, CPGs and/or protocols on the following neonatal conditions and procedures:</p>			
6.1	<p>Prevention of preterm birth and its complications (including clinical pathways for referring facilities)</p> <ul style="list-style-type: none"> With at least 1 MOA with a referring facility by end of year 1 from contract signing and utilization of Z016.1 to Z016.4 			
6.2	Essential Intrapartum and Newborn Care			
6.3	Criteria for admission to the NICU and admission set up and care guidelines			
6.4	Neonatal resuscitation			
6.5	Respiratory distress syndrome			
6.6	Neonatal hyperbilirubinemia			
6.7	Neonatal hypoglycemia			

	REQUIREMENTS	HF	PHIC	REMARKS
6.8	Neonatal hypothermia			
6.9	Neonatal sepsis			
6.10	Anemia of prematurity			
6.11	Intraventricular hemorrhage			
6.12	Kangaroo Care			
6.13	Breastmilk feeding, breastfeeding and lactation management			
6.14	Nutritional support for parenteral and enteral routes			
6.15	Infection Control (Antimicrobial surveillance – monthly monitoring/ hospital antibiogram)			
6.16	Newborn Screening			
6.17	Newborn Hearing Screening (Otoacoustic Emissions Testing)			
6.18	Retinopathy of Prematurity Screening			
6.19	Surfactant administration			
6.20	Major and minor ventilatory support			
6.21	Umbilical cannulation			
6.22	Endotracheal intubation			
6.23	Phototherapy			
6.24	Blood transfusion in the neonate			
6.25	Double volume exchange transfusion			
6.26	Thoracentesis			
6.27	Thoracostomy tube insertion			
6.28	Developmental care			
6.29	Prior discharge to home counselling			
6.30	Postmortem care and bereavement support (must include link to social services, spiritual/religious, arrangements for funeral and financial support, special contexts as in pandemics)			
6.31	Provision for respiratory therapy (SOPs for respiratory services)			
6.32	Provision for blood bank (SOPs)			
7	Statistical Report Annual NICU census which may include, but is not limited to, the following:			
7.1	Cesarean Section (CS) rates			

	REQUIREMENTS	HF	PHIC	REMARKS
7.2	Total number of deliveries			
7.3	Total number of live births			
7.4	Total number of admissions			
	7.4.1 Admissions according to maturity and weight for age			
	7.4.2 Admissions according to sex			
	7.4.3 Leading causes of admissions			
7.5	Total number of mortalities/ mortality rate			
	7.5.1 Perinatal death rate (number of deaths of fetuses weighing at least 500g (or, when birth weight is unavailable, after 22 completed weeks of gestation or with a crown-heel length of 25 cm or more), plus the number of early neonatal deaths / total births) x 1000			
	7.5.2 Neonatal mortality rate = no. of deaths before 28 days/ total live births) x 1000			
	7.5.3 Cause-specific mortality			
	7.5.3.1 Preterm death rate = No. of preterm deaths/ all neonatal deaths x 100			
	7.5.3.2 Asphyxia death rate = No. of asphyxia deaths/ all neonatal deaths x 100			
	7.5.3.3 Sepsis and severe infections deaths = No. of deaths from sepsis/severe infections/all neonatal deaths x 100			
	7.5.3.4 Congenital anomalies deaths = No. of deaths due to congenital anomalies/ all neonatal deaths x 100			
	7.5.4 Case Fatality Rates			
	7.5.4.1 Preterm case fatality rate = no. of preterm deaths/ all preterm live births x 100			
	7.5.4.2 Asphyxia case fatality rate = no. of asphyxia deaths/ all asphyxiated live births x 100			
	7.5.4.3 Sepsis case fatality rate = no. of sepsis/severe infections deaths/ all sepsis live births x 100			
	7.5.4.4 Term case fatality rate = (no. of term deaths/ total no. of term live births) x 100			
	7.5.4.5 Low birth weight (LBW) case fatality rate (no. of LBW deaths/ total no. of LBW live births) x 100			
7.6	Antenatal steroid use and newborn outcomes			
	7.6.1 No. of preterms whose mothers received at least one dose of antenatal steroid/ preterms less than 34 weeks AOG x 100			

	REQUIREMENTS	<i>HF</i>	PHIC	REMARKS
	7.6.2 No. of preterm deaths from respiratory distress syndrome (RDS)/ no. of preterms whose mothers received at least one dose of antenatal steroid			
7.7	Surfactant use and patient outcomes			
	7.7.1 No. of preterms who received (at least) one dose of surfactant/ preterms with RDS			
	7.7.2 No. of preterm deaths from RDS/ no. of preterms who received (at least) one dose of surfactant			
7.8	Practice of EINC: EINC Checklist (Number of newborns receiving each and all of 4 Core steps out of the total number of births)			
7.9	Practice of KMC (number of eligible patients, number of enrolled patients, by patient outcomes)			
8	Continuous Quality Improvement (CQI) The health facility shall initiate, support, implement and monitor CQI activities (e.g. mortality and morbidity reviews, Early Essential Newborn Care (EENC) Annual Implementation Review)			

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HF Management Team

Names of Management Team	Designation	Signature

Remarks/ Action Plan