Self-assessment / Survey Tool for Z Benefit Package Providers for Closure of TOF/ VSD

Name of HCI _____________________________________________________
Date of Survey ______________________
Time started ______ Time ended _________

**Direction:** Please check appropriate box

<table>
<thead>
<tr>
<th>Requirements</th>
<th>HCI</th>
<th>PHIC</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Hospital License and Accreditation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 The HCI has an updated DOH license</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>1.2 The HCI has an updated PhilHealth Accreditation</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>2. Minimum Service Capability</strong></td>
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<tr>
<td>2.1 Required mandatory services as provided in PhilHealth Circular 30 s. 2012</td>
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<tr>
<td>2.2 Cardiovascular surgery capable</td>
<td></td>
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<tr>
<td>2.3 Cardiac rehabilitation</td>
<td></td>
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<tr>
<td>2.4 Basic laboratory for mandatory tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 2D echocardiogram machine with pediatric echocardiographer</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>b. Basic Laboratory services</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>2.5 Infection control Services</strong></td>
<td></td>
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</tr>
<tr>
<td>a. Step-down unit with private or at least semi-private rooms separate from contaminated or infected areas</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>b. Preferably with institutional antibiotic protocol</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>c. Protocol for Hospital Acquired Infections</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>2.6 Patient education and family support activities</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>a. Educational materials available for patients and their family/caregivers</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>b. Conduct advocacy programs/ seminars at least</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>3. Technical Standards</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3.1 General Infrastructure</td>
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</tr>
<tr>
<td>a. Cardiovascular Operating Room</td>
<td></td>
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<tr>
<td>b. Intensive Care unit</td>
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<tr>
<td>c. Private and semiprivate room accommodations</td>
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<tr>
<td>d. Dedicated ward accommodations where no infectious disease patients are admitted</td>
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<tr>
<td>e. Isolation units</td>
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<td><strong>3.2 Human Resource</strong></td>
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<tr>
<td>a. Multidisciplinary Team: all physicians in the MDT shall have active PhilHealth accreditation</td>
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<tr>
<td>a.1 Cardiovascular Surgeon</td>
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<tr>
<td>i. Updated certification from the Phil. Association of Thoracic and Cardiovascular Surgeon, Inc. (PATACSI)</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>ii. with competence for procedure certified and endorsed by Board of PATACSI for procedures applied for</strong></td>
<td></td>
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<tr>
<td><strong>iii. Valid PRC License</strong></td>
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<tr>
<td><strong>iv. Valid PhilHealth Accreditation</strong></td>
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<tr>
<td><strong>v. Updated certification – ACLS provider</strong></td>
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**a.2 Pediatric Cardiologist**

| **i. Updated certification PPS/PSPC** |
| **ii. with competence for procedure certified and endorsed by reference hospital/ Board of PSPC** |
| **iii. Valid PRC License** |
| **iv. Valid PhilHealth Accreditation** |
| **v. Updated certification – PALS provider** |

**a.3 Pediatric Intensivist**

| **i. Updated certification Philippine Pediatric Society (PPS)/Philippine Society of Pediatric Cardiologist (PSPC)** |
| **ii. with competence for procedure certified and endorsed by reference hospital/ Board of PSPC** |
| **iii. Valid PRC License** |
| **iv. Valid PhilHealth Accreditation** |
| **v. Updated certification on Pediatric Advance Life Support** |

**a.4 Nurse with Specialty Training**

| **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)** |

**a.5 Perfusionist**

| **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** |

## 4 QUALITY ASSURANCE ACTIVITIES

### Z BENEFIT PROGRAM

| **4.1 Full awareness of the PhilHealth Z Benefit Program including no balance billing (NBB) and fixed co payments** |
| **4.2 Submit outcomes evaluation, such as, but not limited to the following, during renewal of contract** |

| **a. Mortality rate** |
| **b. Morbidity rate** |
| **c. Length of hospital stay** |
| **d. Recurrence rate** |
| **e. 2, 3 and 5 year survival rates** |

Philhealth Survey Team
<table>
<thead>
<tr>
<th>Surveyors' Name</th>
<th>Designation</th>
<th>Signature</th>
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HCI Management Team

<table>
<thead>
<tr>
<th>Names of Management Team</th>
<th>Designation</th>
<th>Signature</th>
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<tbody>
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Republic of the Philippines

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Trunkline (02) 441-7444
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