

**Accreditation Survey Tool / Self-Assessment Tool for the
Expanded Primary Care Benefit (EPCB)
Health Care Institution (HCI)**

Name of Health Care Institution: _____

Address: _____

Date of Survey: _____

A. Eligible health facilities

1. PhilHealth accredited L1, L2, and L3 hospitals, infirmaries, ambulatory surgical clinics
2. Medical outpatient clinics (e.g. HMO clinics)

B. Accreditation Requirements

Instructions:

- Indicate the type of provider being evaluated by placing a tick mark on the selection.
- For each of the items in the (4) categories of standards, indicate compliance by writing **YES** or **NO** in the appropriate column of the facility being evaluated.

INDICATORS FOR ACCREDITATION STANDARDS	PROVIDERS		PHIC	REMARKS
	<input type="checkbox"/> Accredited L1, L2, and L3 hospital <input type="checkbox"/> Accredited infirmary <input type="checkbox"/> Accredited ambulatory surgical clinic	<input type="checkbox"/> Medical outpatient clinic		
1.1 The EPCB HCI is duly-licensed by the DOH.	Do not fill	N/A		
1.2 The EPCB HCI has a current DOH Laboratory license. Check for availability of the following tests: <ul style="list-style-type: none"> • CBC • Lipid profile • FBS • Urinalysis • Fecalysis • Sputum microscopy • ECG • Paps smear • Oral Glucose Tolerance Test 	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____	If none, Certification of service delivery support issued by the referral facility (see Annex H of the Circular)
1.3 The EPCB HCI has a current DOH Radiology license. Check for availability of the following test: <ul style="list-style-type: none"> • Chest x-ray 	_____	_____	_____	If none, Certification of service delivery support issued by the nearest qualified referral facility (see Annex H of the Circular)

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1.4 The EPCB HCI has a licensed pharmacy. Check the availability of valid FDA license	_____	_____	_____	If none, Certification of service delivery support issued by the nearest qualified referral facility (see Annex H of the Circular)
1.5 The EPCB HCI has a current Mayor's / business Permit.	Do not fill			
1.6 The EPCB HCI has a policy indicating it provides the following services as required by PhilHealth Circular No. 2018-0017: <ul style="list-style-type: none"> • Health screening and assessment, consultation and treatment of uncomplicated upper respiratory infections, low-risk pneumonia, acute gastroenteritis, urinary tract infection, asthma. • Cervical cancer assessment using visual acetic acid and/or Paps smear • Breast examination • Digital rectal exam (for males) • Diabetes screening 	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	
1.7 The EPCB HCI has a policy on providing services during weekends (at least 1 day every week) and during the extended hours of the clinic until 8:00 pm on weekdays to accommodate patient needs.	_____	_____	_____	
1.8 The EPCB HCI has a policy and procedures for referral of patients to higher level of care, when needed.	_____	_____	_____	
1.9 The EPCB HCI has adequate and appropriate information materials (e.g. flyers, brochures, posters, audio visual presentation) on health and wellness such as anti-smoking, and promotion of proper diet, exercise, and immunization.	_____	_____	_____	
2.0 Well-placed signages to ensure ease of access of EPCB	_____	_____	_____	

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clients to the consultation area and ancillary services.				
2.1 The fixed co-payment rates are posted in a conspicuous area in the consultation room/ area.	_____	_____	_____	
2.2 The EPCB HCI has clearly posted information on the extended hours of the clinic.	_____	_____	_____	Signage indicating hours of operation clearly posted.
2.3 A clean, adequate, and safe area for EPCB consultations and examinations that ensures privacy and confidentiality. <ul style="list-style-type: none"> • Designated examination area, not necessarily a separate room • With structures for assuring that patients' privacy is respected (eg. partitions or covers in consultation or examination areas; there is reasonable distance between patients for auditory and visual privacy). 	_____ _____	_____ _____	_____ _____	
2.4 Adequate lighting/ electric supply	_____	_____	_____	
2.5 Adequate clean water supply	_____	_____	_____	
2.6 Well ventilated waiting area with adequate seats for patients	_____	_____	_____	
2.7 The EPCB HCI has the basic equipment and supplies for required services, including: <ul style="list-style-type: none"> • Non-mercurial BP apparatus • Non-mercurial thermometer • Stethoscope • Weighing scale (adult) • Weighing scale (infant) • Tape measure • Nebulizer • Lubricating jelly • Disposable needles and syringes • Sterile cotton balls/ swabs • Applicator stick • Disposable gloves • Specimen cups/ bottles • Sterilizer or its equivalent (autoclave) 	_____ _____	_____ _____	_____ _____	If any ONE of the items is missing, mark NO .

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<ul style="list-style-type: none"> Vaginal speculum (big) Vaginal speculum (small) Decontamination solutions 70% Isopropyl alcohol 3% to 5% acetic acid Glass slides Storage cabinet for sterile instruments and supplies 	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	
2.8 Availability of EPCB medicines: <ul style="list-style-type: none"> Generic Branded 	_____ _____	_____ _____	_____ _____	
2.9 A designated, secure and appropriate drug storage area for EPCB medicines. <ul style="list-style-type: none"> Storage rooms/shelves or cabinets where medicines and controlled drugs are kept is properly secured. If locked, ask who holds the key to the storage There are visual discriminators such as signs or markers that are helpful to differentiate medications from one another; this is to avoid confusion between strengths, similar-looking labels and names that sound or look familiar Observe where expired medicines are kept, if any 	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	If the storage area is the same as the facility's main pharmacy, the EPCB HCI should at least be able to demonstrate that there is a separate inventory of the drugs used for EPCB. If any ONE of the items is not complied with, mark NO .
2.10 The EPCB HCI has a clean and functional toilet with adequate supply of water, and wash area.	Do not fill			
2.11 There is adequate infection control and risk management, including: <ul style="list-style-type: none"> Availability of a sink, with adequate water and soap for handwashing Use of puncture proof receptacles for disposed sharps and needles Use of gloves, masks Staff observes handwashing techniques 	Do not fill	_____ _____ _____ _____	_____ _____ _____ _____	

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<ul style="list-style-type: none"> Properly segregated and marked waste bins 				
2.12 The EPCB HCI has a designated area for sputum collection. The area is provided with: <ul style="list-style-type: none"> A sink with adequate water supply and soap is located near the collection area for handwashing. 	_____	_____	_____	
2.13 Electronic Medical Record (EMR) or its equivalent, is installed and operational in the EPCB consultation area of the facility and is safe and accessible to all members of the health care team.	_____	_____	_____	
3.1 A PhilHealth accredited physician (preferably General Practitioner or Family Physician) is on site for the duration of clinic hours.	_____	_____	_____	
3.2 A duly licensed nurse is on site for the duration of clinic hours.	_____	_____	_____	
3.3 A microscopist trained in Direct Sputum Smear Microscopy (DSSM) is on site on designated schedules. <ul style="list-style-type: none"> A Certificate of Training for DSSM is given separate for a microscopist, who may not necessarily be a medical technologist. 	_____	_____	_____	1. Ask for the DSSM Certificate of the microscopist. The requirements for a trained medical technologist, and radiology technician are deemed complied with if the facility has a DOH license for laboratory, and radiology, respectively. 2. If the microscopist is a shared resource across several facilities, the facility must be able to show proof that the microscopist has a regular schedule for DSSM services. 3. If the sputum is collected in other laboratory, the facility must be able to present a Certificate of

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				Service Delivery Support.
4.1 Individual health profiles in EMR or equivalent	_____	_____	_____	Ask for print outs of an individual health profile from the EMR
4.2 Monthly and annual Report of EPCB services availed by PhilHealth members	_____	_____	_____	Ask for a sample report generated from the EMR
4.3 Record of EPCB drugs inventory (see Annex B of the Circular for the list of drugs)	_____	_____	_____	Electronic system generated reports are acceptable; logbook
4.4 Record of laboratory supplies inventory or attached valid DOH LTO of the service delivery provider (referral facility)	_____	_____	_____	Electronic System generated reports are acceptable; logbook
4.5 Record of radiology supplies inventory or attached valid DOH LTO of the service delivery provider (referral facility)	_____	_____	_____	Electronic system generated reports are acceptable; logbook
4.6 Record of submission of Notifiable diseases (per DOH AO No. 2008-0009 “Adopting the 2008 Revised List of Notifiable Diseases, Syndromes, Health-Related Events and Conditions”) for hospital and infirmaries or Top 10 outpatient cases for other HCIs	_____	_____	_____	Copy of report submitted

C. Accreditation Decision Rule

A NO response in any of the above minimum requirements disqualifies the provider for EPCB accreditation.

Prepared by: _____

(Designation)

Attested correct by: _____

Medical Director/ Chief of Hospital or Medical Center Chief / Head of Facility

(Signature over name and date)

PhilHealth Surveyors:

NAME	DESIGNATION	SIGNATURE

Date of Survey: _____

Noted by:

Medical Director/ Chief of Hospital or Medical Center Chief / Head of Facility/

(Signature over name and date)