

BENCHBOOK SCORING GUIDELINES

INTRODUCTION

The Benchbook lays out the new standards for quality that PhilHealth will use for assessment of hospitals applying for Center of Excellence (COE) under the National Health Insurance Program. The Benchbook represents The HCIs may also apply for Center of Excellence (CE) to be recognized as a PhilHealth-accredited facility demonstrating higher level of financial risk protection, excellent quality of care, and better service satisfaction to its clients/patients.

The second edition Benchbook is divided into 13 performance areas:

1. Patient Rights and Organizational Ethics
2. Access to Healthcare
3. Inpatient Admission and Outpatient Registration
4. Assessment of Patients
5. Care Planning and Care Delivery
6. Medication Management
7. Surgical and Anesthesia Care
8. Leadership and Management
9. Human resource Management
10. Information Management
11. Safe Practice and Environment
12. Infection Control
13. Improving Performance

Each performance area is divided into several standards.

Each standard has several criteria.

CODE	STANDARDS	CRITERIA
1.6.a	The organization addresses patients' needs for confidentiality, privacy, security, psychosocial and spiritual support and communication.	a. Policies and procedures address patients' needs for confidentiality, privacy, security, spiritual and psychosocial support and communication.
1.6.b		b. The organization provides resources and facilities to implement these policies.
1.6.c		c. Hospital staff members are trained and evaluated in adhering to these policies and procedures.
1.6.d		d. Services and programs addressing these needs are evaluated and improved.

Each criterion may have one, two, or three indicators.

CODE	STANDARDS	CRITERIA	INDICATORS
1.6.a	The organization addresses patients' needs for confidentiality, privacy, security, psychosocial and spiritual support and communication.	a. Policies and procedures address patients' needs for confidentiality, privacy, security, spiritual and psychosocial support and communication.	Policy and procedure
1.6.b		b. The organization provides resources and facilities to implement these policies.	<ul style="list-style-type: none"> •Physical structures, equipment and amenities •Staff use of resources
1.6.c		c. Hospital staff members are trained and evaluated in adhering to these policies and procedures.	Views and practices of staff members confirm achievement of the criterion
1.6.d		d. Services and programs addressing these needs are evaluated and improved.	Results of evaluation and corresponding actions

Each indicator should be supported by evidence(s) (i.e., document review, interview, direct observation)

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCES
1.6.a	The organization addresses patients' needs for confidentiality, privacy, security, psychosocial and spiritual support and communication.	a. Policies and procedures address patients' needs for confidentiality, privacy, security, spiritual and psychosocial support and communication.	Policy and procedure	Document review
1.6.b		b. The organization provides resources and facilities to implement these policies.	<ul style="list-style-type: none"> •Physical structures, equipment and amenities •Staff use of resources 	<ul style="list-style-type: none"> •Direct observation •Staff interview
1.6.c		c. Hospital staff members are trained and evaluated in adhering to these policies and procedures.	Views and practices of staff members confirm achievement of the criterion	• Leadership and staff interview
1.6.d		d. Services and programs addressing these needs are evaluated and improved.	Results of evaluation and corresponding actions	<ul style="list-style-type: none"> • Document review • Direct observation

				• Staff interview
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What are Goals?

Standard Goals represent the intent, rationale or justification that underpins the Standard. The Goals guide the outpatient facility and the accreditation surveyors in determining levels of achievement. They also permit a broader and more flexible interpretation of the acceptable Evidence of Compliance (EC) that facilities may proffer. When assessing the acceptability of ECs, facility staff and surveyors must ask: “Is the Goal of the Standard achieved by this EC?”

What are Performance Criteria?

Compliance to each of the criteria for a particular standard constitutes compliance with that standard. The criteria include structural, process or outcome elements that surveyors can measure to reliably assess compliance. Criteria are individually scored and averaged for each Standard.

What are Indicators of Compliance?

The Indicators of Compliance consist of specific examples that provide objective proof of compliance with Performance Criteria. These are determined by a variety of observational, interview and document review techniques. Surveyors then make a judgment regarding adequacy and consistency across settings and time points of the observed demonstrations of compliance to enable them to award one of three scores:

- 0 – Not Met: No satisfactory Evidence of Compliance demonstrated
- 1 – Partly Met: Some Evidence of Compliance demonstrated.
- 2 – Fully Met: Satisfactory Evidence of Compliance demonstrated

The Benchbook indicators can be categorized as either qualitative or quantitative.

1. Qualitative indicators ask for the presence or absence of the listed evidences.

Examples are as follows:

- 1.1.b Presence of policies and procedures that define when and how informed consent is obtained.
- 2.1.a Presence of physical structures, equipment and amenities providing information detailing clinical services offered and its hours of availability that is strategically distributed and prominently posted.

2. Quantitative indicators, on the other hand, ask for the proportion of a certain population that meets the requirements of the indicator, hence sampling is usually employed.

Examples are as follows:

- 3.4.b. Patients are informed of the cause of any significant delays in scheduling critical diagnostic or treatment procedures.
- 4.4.a. Doctors re-assess the patients' physical condition and response to care at least once every 24 hours and according to the patient's needs.

As in the previous edition, hospitals are still required to conduct a self-assessment as a requirement in the application for COE. The self-assessment allows the hospital to evaluate itself and discern clearly its strengths and areas in which improvements can be made. The self-assessment culminates in planned improvement actions which are monitored for progress.

The hospitals will set their own schedule (date and frequency) for the conduct of the self-assessment.

The hospitals have to accomplish the revised Benchbook Self-Assessment and Survey Forms which consist of three parts:

1. Self-assessment and survey tool
2. Score sheet
3. Benchbook self-assessment summary

All three documents along with the PhilHealth application from for COE and other documentary requirements for COE, once accomplished are submitted to the PhilHealth Regional Office (PRO). Once the documents are assessed as complete and the hospital has paid the corresponding fees, the PRO and the hospital shall agree on the schedule of the survey. Once conducted, the results of the survey are forwarded to the Accreditation Committee and the PhilHealth President for decision.

SELF-ASSESSMENT FORMS AND SURVEY TOOL

The self-assessment to be conducted by the hospitals utilizes the same tool that will be used during the PhilHealth accreditation survey. This tool, called the Self-assessment and survey tool, contains the goals, standards, indicators and evidences under each performance area.

The self-assessment and survey tool has five columns as shown below. The first column, 'CODE,' contains the unique alphanumeric codes for each criterion and the tags for the core criterion. The second, third, fourth, and fifth columns contain the STANDARDS, CRITERIA, INDICATORS, and EVIDENCES, respectively. The 'remarks' may be written under each evidence for the hospital and surveyor to write their comments and explanations.

The self-assessment and survey tool consist of three process areas (document review, chart review, and leadership/staff interview) and 12 hospital areas (wards, ER, OPD, ICU, pharmacy, laboratory, imaging, medical records, facilities and maintenance, human resources and others).

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
1.1.a	Organizational policies and procedures support patients' right to informed consent.	a. Informed consent is obtained from patients prior to initiation of care. CORE	Patient charts show informed consents signed and dated prior to procedure	<ul style="list-style-type: none"> •Patient interview <Remarks> •Direct observation <Remarks> •Chart review <Remarks>
1.1.b		b. Policies and procedures define when and how informed consent is obtained.	Policy and procedure	Document review <Remarks>
1.1.c		c. The informed consent is signed by both patient and health care professional who will attend to the patient or perform the procedure.	Patient charts show informed consents signed and dated by patient and HCP	•Chart review <Remarks>
1.1.d		d. Patients understand the informed consent process.	Patient's / family's views confirm achievement of the criterion	•Patient interview <Remarks>
1.1.e		e. Children's and other vulnerable patients' rights to consent are defined.	Policy and procedure	Document review <Remarks>

SCORE SHEET

The score sheet will be used to document consolidation of the findings from the survey of the different hospital performance areas including document review, chart review, leadership and staff interview.

SELF-ASSESSMENT SUMMARY

The hospitals will use the Benchbook Self-Assessment Summary to document the scores of the hospital in the different performance areas and their compliance to the indicator with the core indicators.

SCORING GUIDELINE

1. Each criterion under a standard is rated separately based on:

a. Evidence or proof of performance

Performance Measurement (Evidence/Proof)	Rating
None of the observations or document show compliance	0
Less than the portions in rating 2 but not 0 or 1 out of 2 show compliance	1
At least 2 out of 3, 3 out of 4, 3 out of 5, 4 out of 6, 5 out of 7, 6 out of 8, or 7 out of 9 show compliance	2
All documents and observations show compliance	3

b. Track record of performance

Duration of compliance	Rating
4 months or less	0
More than 4 months to 11 months	1
1 year or more	2

Important notes:

a. Interview of patient/staff/leaders and direct observations are evidences wherein the track record may be difficult to establish during the first year of implementation and for first time applicants. As such, the assignment of a numerical score is not applicable (n/a). In the survey and self-assessment tools, n/a has been added as one of the options to be selected under the track record.

Standard	Criteria	Evidence	Proof of Performance	Track Record
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2.1.c. The organization informs the community about the services it provides and the hours of availability.	c. The community is aware of clinical services offered and times of availability.	<input checked="" type="checkbox"/> Patient interview	0	0
			1	1
			2	2
			3	n/a

b. The n/a will not appear under the track record to those criteria which can be given a numerical score.

Example:

Standard	Criteria	Evidence	Proof of Performance	Track Record
1.3.a. Organizational policies and procedures uphold patients' rights during research.	a. Informed consent is secured from research participants.	<input checked="" type="checkbox"/> Document review Remarks: Presence of informed consent; date is last year	0	0
			1	1
			2	2
			3	

2. Combine both scores (proof of performance and track record) to get the resultant score per criterion. Use the numerical **compliance rating scale** for guidance.

Compliance Rating Scale

Proof of Performance	Track Record	Compliance Rating	Interpretation
0, 1, 2	0	0	Not met No satisfactory evidence of compliance demonstrated
1, 2	1 or n/a	1	Partially met Some evidence of compliance demonstrated
3	2 or n/a	2	Fully met Satisfactory evidence of compliance demonstrated

3. To obtain the standard score, get the average of the compliance rating of all the criteria under it.

Example:

$$(2 + 2 + 2) \div 3 = 2$$

4. To get the chapter score, get the average of all standards scores under it.

5. Get average of the 13 chapters to determine the **OVERALL SCORE FOR THE HOSPITAL**.

6. Determine the level of passing or failing.