CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
1. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS						
Goal: To improve patient outcomes by respecting patients' rights and ethically relating with patients and other organizations						
1.1.a.1 core	Organizational policies and procedures respect and support patients' right to quality care and their responsibilities in that care.	Informed consent is obtained from patients prior to initiation of care.	All patient charts have signed consent CORE	**DOCUMENT** Patient charts - sample charts of patients currently admitted. If hospital is departmentalized, get samples during tour of the different departments. *Formula* : number of patient charts with signed consent / number of patient charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower *Note* : *Informed consent - includes a patient-doctor discussion of the following issues: the nature of the decision or procedure; reasonable alternatives to the proposed intervention; the relative risks, benefits, and uncertainties related to each alternative; assessment to patient understanding; and patient's acceptance or refusal of the intervention.*	Wards Chart Review	
1.1.b.1	Organizational policies and procedures respect and support patients' right to quality care and their responsibilities in that care.	Policies and procedures which identify and address patients' rights and responsibilities are documented and monitored.	Presence of policies and procedures to identify and address patients' rights: right to care, right to consent, freedom of choice, rights of incompetent patient (ex. minors)	**DOCUMENT REVIEW** 1. Policies and procedures on patients' rights: right to care 2. Policies and procedures on patients' rights: right to consent 3. Policies and procedures on patients' rights: freedom of choice 4. Policies and procedures on patients' rights: rights of incompetent patients (minors)	Document review	
1.1.c.1	Organizational policies and procedures respect and support patients' right to quality care and their responsibilities in that care.	Patients receive written statements of their rights and responsibilities.	Proof that patients are informed of their rights and responsibilities through IEC materials, e.g. posters, flyers, pamphlets, audio-visual presentation, etc.	**DOCUMENT or OBSERVATION** Written statements of patient rights and responsibilities given to patients or Information Education Campaign (IEC) materials on patient rights and responsibilities such as posters, flyers, pamphlets, audio-visual presentation, etc. Check the following areas: admitting section, ER, wards and OPD. **INTERVIEW** Ask patients from ER, wards or OPD what their rights and responsibilities are	ER Wards OPD Others (admitting section)	
1.1.d.1	Organizational policies and procedures respect and support patients' right to quality care and their responsibilities in that care.	The hospital protects patients and respects their rights during research involving human subjects.	Presence of policies and procedures to protect patients and respect their rights during research involving human subjects	**DOCUMENT REVIEW** Policies and procedures on conduct of research involving patients: benefits and risks, informed consent, etc. **INTERVIEW** If hospital has done or has an ongoing research study involving patients: Ask leaders/researcher during leadership meeting regarding recruitment of participants, informed consent, confidentiality, etc	Document review Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
1.2.a.1	The organization encourages and promotes opportunities to involve patients and their families in their care.	Policies and programs to educate patients and families on how to take a more pro-active role in health care decision making are documented, monitored and evaluated for their effectiveness.	Presence of policies regarding active participation of patients and families in health care decisions	**DOCUMENT REVIEW** 1. Policies on patient education 2. Policies on family education 3. Policies on patient involvement in care decision-making 4. Policies on family involvement in care decision-making	Document review	
1.2.a.2	The organization encourages and promotes opportunities to involve patients and their families in their care.	Policies and programs to educate patients and families on how to take a more pro-active role in health care decision making are documented, monitored and evaluated for their effectiveness.	Percentage of charts with health education, advice and home instructions	**CHART REVIEW** Patient charts from medical records - check the nurses' notes/doctor's orders for health education, advice and home instructions *Formula* : *number of charts with health education, advice and home instructions / number of charts reviewed* *Sample size* : *10 or 10% of charts from the medical records whichever is lower*	Chart review	
1.2.a.3	The organization encourages and promotes opportunities to involve patients and their families in their care.	Policies and programs to educate patients and families on how to take a more pro-active role in health care decision making are documented, monitored and evaluated for their effectiveness.	Proof of ongoing policy review to monitor and evaluate the effectiveness of the program on patient education	**DOCUMENT REVIEW** Monitoring reports on the effectiveness of the program on patient education	Document review	
1.2.b.1	The organization encourages and promotes opportunities to involve patients and their families in their care.	Patients and their families are involved in making care decisions with ethical issues, such as withholding resuscitation, foregoing life-sustaining treatment, end-of-life care, etc.	Presence of policies and procedures on involvement of patients and families in making care decisions on ethical issues such as withholding resuscitation, foregoing life-sustaining treatment, end-of-life care, etc.	**DOCUMENT REVIEW** Policies and procedures on involvement of patients and families in making care decisions on ethical issues to include the ff: Right of unconscious patients Right to dignity Right to appropriate care based on religious and personal beliefs etc. **INTERVIEW** 1. Ask the doctors and nurses in the ER, wards or ICU on how they involve the patients' families on making care decisions with ethical issues 2. Ask the patient or patient's family (ER, wards or ICU) if the doctor/hospital staff involves them in making care decisions with ethical issues, e.g. in medicine ward, you may ask about advance directives, truth telling to the dying, diet (Muslims, vegetarian). In ICU, ask about proxy consent. In surgery and OB wards - procedures involving reproductive tract (BTL, hysterectomy, oophorectomy, sexual reassignment)	Document review ER Wards ICU	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
1.3.a.1	The organization documents and follows policies and procedures for addressing patients' needs for confidentiality, privacy, security, religious counseling and communication.	Hospital staff is aware of and follows policies and procedures in addressing patients' needs for confidentiality, privacy, security, counseling, and communication.	Presence of policies and procedures that address patients' needs for confidentiality, privacy, security, religious counseling and communication	**DOCUMENT REVIEW** 1. Policies and procedures that address patients' needs for confidentiality 2. Policies and procedures that address patients' needs for privacy 3. Policies and procedures that address patients' needs for security 4. Policies and procedures that address patients' needs for religious counseling 5. Policies and procedures that address patients' needs for communication *Note : Take note of the provisions of the policies for use in interview during survey of wards, ER, imaging and laboratory*	Document review	
1.3.a.2	The organization documents and follows policies and procedures for addressing patients' needs for confidentiality, privacy, security, religious counseling and communication.	Hospital staff is aware of and follows policies and procedures in addressing patients' needs for confidentiality, privacy, security, counseling, and communication.	Proof of hospital staff awareness and compliance with the policy in addressing patients' needs for confidentiality, privacy, security, religious counseling, and communication	**DOCUMENT** Security logs (ER, entrance) **INTERVIEW** 1. Ask patients from the wards, ER and imaging if they feel secured 2. Ask patients from the wards, ER and imaging if their privacy is respected 3. Ask staff regarding provisions of the policy addressing needs for privacy, confidentiality, religious counseling and communication **OBSERVATION** 1. Observe if patients' privacy is respected in all areas of the hospital e.g. partitioning in patients' room for those who will undergo procedures and examination that require privacy. 2. The structures of emergency room and OPD allow for auditory and visual privacy. 3. Observe if all areas in which patients receive care are secured. Observe the vicinity (outside the building).	Wards ER Imaging Laboratory	
1.3.b.1	The organization documents and follows policies and procedures for addressing patients' needs for confidentiality, privacy, security, religious counseling and communication.	The hospital systematically determines, monitors and improves the extent to which patients' needs for confidentiality, privacy, security, counseling and communication are addressed.	Presence of patient feedback mechanism on addressing patients' needs for confidentiality, privacy, security, religious counseling and communication	**DOCUMENT REVIEW** Any reports on patient feedback monitoring e.g. analysis of patients' suggestions, complaints and other feedback or patient satisfaction survey result **INTERVIEW** Ask leaders about their patient feedback mechanism and/or their patient satisfaction survey	Document review Leadership interview	

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1.4.a.1	The organization systematically elicits, monitors and acts upon feedback from patients, their families, visitors and communities.	Policies and procedures for routinely determining and improving the level of patient satisfaction with all relevant aspects of care are documented and monitored.	Presence of policies for routinely determining and improving the level of patient satisfaction	**DOCUMENT REVIEW** 1. Policies for routinely determining and improving the level of patient satisfaction 2. Patient satisfaction questionnaire/survey or patient satisfaction survey results or documentation of actions to address the identified gaps	Document review	
1.4.b.1	The organization systematically elicits, monitors and acts upon feedback from patients, their families, visitors and communities.	Policies and procedures for addressing and resolving patients' complaints are documented and monitored.	Presence of policies and procedures for addressing and resolving patients' complaints	**DOCUMENT REVIEW** 1. Policies and procedures on addressing and resolving patients' complaints 2. Minutes of meetings that address/resolve patients' complaints or patient satisfaction survey results	Document review	

1.5.a.1	The organization's personnel discharge their functions according to codes of ethical behavior and other relevant professional and statutory standards.	The organization identifies relevant codes of professional conduct and other statutory standards and informs its personnel about these codes and standards.	Presence of policies and procedures on codes of professional conduct consistent with relevant statutory standards	**DOCUMENT REVIEW**
				Policies and procedures on codes of professional conduct
				
				Policies and procedures on codes of professional conduct are consistent with relevant statutory standards such as, but not limited to:
				  1. Codes of professional standards (PRC, PMA, PNA, PAMET, CSC, DOLE, etc)
				  2. Hospital Detention Law (RA 9439) and
				  3. Anti-Deposit Law (RA 8344)
				  4. Anti-Sexual Harassment Law (RA 7877)
					Document review	

1.5.a.2	The organization's personnel discharge their functions according to codes of ethical behavior and other relevant professional and statutory standards.	The organization identifies relevant codes of professional conduct and other statutory standards and informs its personnel about these codes and standards.	Presence of programs on improving staff awareness on codes of professional conduct and other statutory standards	**DOCUMENT REVIEW** Documents related to implementation of the program e.g. copy of lectures on professional conduct and related topics **INTERVIEW** Ask staff (HR) about the programs on awareness on codes of professional conduct and other statutory standards	Document review HR	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
1.5.b.1	The organization's personnel discharge their functions according to codes of ethical behavior and other relevant professional and statutory standards.	The organization identifies and monitors personnel compliance with the code of ethics relevant to their respective disciplines.	Presence of policies and procedures on monitoring compliance of personnel with codes of professional conduct relevant to their respective disciplines	**DOCUMENT REVIEW** Policies and procedures on monitoring compliance to codes of professional conduct relevant to their respective discipline **INTERVIEW** 1. Ask leaders regarding their compliance with the codes of professional conduct e.g. advertisement of services by doctors, sponsorship of hospital activities by drug companies 2. Ask doctors, nurses and other staff from wards, ER, OPD, imaging and laboratory regarding their compliance with the codes of professional conduct e.g. advertisement of services by doctors, sponsorship of hospital activities by drug companies *Note : Proof of compliance may include: the establishment of an Ethics Committee that will regularly review these codes, undertake education of staff on ethical conduct, recommend regulatory policies and disciplinary measures*	Document review Leadership interview Wards ER OPD Imaging Laboratory	
1.5.c.1	The organization's personnel discharge their functions according to codes of ethical behavior and other relevant professional and statutory standards.	Procedures for resolving ethical issues related to professional practice or to conflicts of interest are based on the relevant code of ethics and other professional and legal standards.	Presence of policies and procedures for resolving ethical issues related to professional practice or to conflicts of interest that are based on the relevant code of ethics and other professional and legal standards	**DOCUMENT REVIEW** 1. Policies and procedures for resolving ethical issues related to professional practice or to conflicts of interest 2. Policies and procedures for resolving ethical issues related to professional practice or to conflicts of interest are based on relevant codes of ethics and other professional and legal standards 3. Proof of compliance to the policies and procedures, which may include the establishment of an Ethics Committee that will resolve issues related to professional practice or to conflicts of interest or minutes of meeting of the committee **INTERVIEW** Ask leaders how they handle ethical issues related to professional practice or conflicts of interest	Document review Leadership interview	
1.6.a.1	The organization documents and follows procedures for resolving ethical issues as they arise from patient care.	Procedures for resolving ethical issues that arise in the course of providing care are monitored for their effectiveness.	Presence of policies and procedures for resolving ethical issues arising from patient care	**DOCUMENT REVIEW** Policies and procedures for resolving ethical issues arising from patient care or reports or records of resolution of ethical dilemmas arising in the course of providing care e.g. disclosure of treatment-related injuries or adverse events	Document review	
1.6.a.2	The organization documents and follows procedures for resolving ethical issues as they arise from patient care.	Procedures for resolving ethical issues that arise in the course of providing care are monitored for their effectiveness.	Proof of monitoring of policies/procedures for resolving ethical issues arising from patient care	**DOCUMENT REVIEW** Annual reports of the Ethics Committee (if present) or any similar reports on ethical issues by any hospital committee or body	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2. PATIENT CARE						
2.1. ACCESS						
Goal: The organization is accessible to the community that it aims to serve.						
2.1.1.a.1	The organization informs the community about the services it provides and the hours of their availability.	Information detailing the clinical services offered and hours of their availability is strategically distributed and prominently posted.	Presence of signages, posters and other information materials/media detailing the clinical and ancillary services offered and hours of availability	**OBSERVATION** 1. Look for signage/s of services offered or presence of flyers, posters, pamphlets about the services offered and the hours of their availability at the ER, OPD, lobby and hospital perimeter 2. The hours of availability are indicated in the signage/s, flyers, posters or pamphlets at the ER, OPD, lobby and hospital perimeter 3. " PhilHealth Accredited" signage, if applicable	ER OPD Others (lobby, hospital perimeter)	
2.1.1.b.1 core	The organization informs the community about the services it provides and the hours of their availability.	Clinical services are appropriate to patients' needs and the former's availability is consistent with the organization's service capability and role in the community.	Presence of facilities consistent with clinical service capability based on DOH license in accordance with the hospital's level (e.g. level 2 surgical capability, level 3 – ICU, level 4 – teaching and training hospital) CORE	**DOCUMENT REVIEW** 1. List of services available 2. DOH License **OBSERVATION:** Look at the facilities, structure, manpower, equipment and supply. Check if the service capability of the hospital is in accordance with the hospital level.	Document review ER OPD ICU OR/RR/PACU	
2.1.1.b.2	The organization informs the community about the services it provides and the hours of their availability.	Clinical services are appropriate to patients' needs and the former's availability is consistent with the organization's service capability and role in the community.	Presence of services addressing the endemic and most common diseases in the community	**DOCUMENT REVIEW** 1. Inpatient census 2. Outpatient census 3. The hospital should have services that address the top ten diseases in their census. 4. The hospital should have services in accordance to the 'Mother-Baby Friendly Hospital Initiative" 5. The hospital should have services for newborn screening **INTERVIEW** Interview leaders regarding availability of services for endemic and most common diseases in the community based on their census.	Document review Leadership interview	
2.1.1.c.1	The organization informs the community about the services it provides and the hours of their availability.	The community is aware of clinical services offered and times of availability.	Percentage of patients who are aware of the services provided by the hospital	**INTERVIEW** Ask patients or relatives/caregivers from ER and OPD if they are aware of the clinical services offered and times of availability. *Note : Ask only about the services relevant to the patient or caregiver .* *Formula : number of respondents who are aware of the services / number of respondents x 100* *Sample size : 10 or 10% of respondents whichever is lower*	ER OPD	

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2.1.2.a.1 core	Physical access to the organization and its services is facilitated and is appropriate to patients' needs.	Entrances and exits are clearly and prominently marked, free of any obstruction and readily accessible.	Presence of entrances and exits that are readily accessible and free from obstruction CORE	**OBSERVATION** 1. Entrance and exit signs. Check ER, OPD, wards, ICUs, OR, imaging and laboratory 2. Entrances and exits are accessible and free from any obstruction *Note* : Exit signs should be luminous or illuminated and prominently marked. There should be exit signs in major areas of the hospital and all doors leading to the outside.(Reference: RA 6541 Building Code of the Philippines	ER OPD Wards ICU OR/RR/DR/PACU Imaging Laboratory	
2.1.2.b.1 core	Physical access to the organization and its services is facilitated and is appropriate to patients' needs.	Directional signs are prominently posted to help locate service areas within the organization.	Presence of directional signages to locate service areas CORE	**OBSERVATION** Directional signs are prominently posted. Check ER, OPD, wards and lobby. *Note* : For smaller hospitals, look for labels/signages in major areas including comfort rooms.	ER OPD Wards Others (lobby)	
2.1.2.c.1 core	Physical access to the organization and its services is facilitated and is appropriate to patients' needs.	Alternative passageways for patients with special needs (e.g. ramps) are available, clearly and prominently marked and free of any obstruction.	Presence of alternative passageways (ramps, elevators) that are prominently marked and free from obstruction for patients with special needs CORE	**OBSERVATION** 1. There are alternative passageways for patients with special needs. Check ER, OPD, wards and other areas. 2. They are prominently marked and 3. They are free from obstruction.	ER OPD Wards Others	
2.1.2.d.1	Physical access to the organization and its services is facilitated and is appropriate to patients' needs.	Major service areas have nearby waiting facilities that are clean, well-lit, adequately ventilated and equipped with appropriate fixtures and furniture.	Presence of waiting facilities that are clean, well-lit, adequately ventilated and equipped with appropriate fixtures and furniture	**OBSERVATION** 1. Waiting area/room/facility is provided in the ER, OPD, imaging, laboratory, ICU and other areas 2. Waiting facilities are clean: 3. Waiting facilities are well-lit 4. Waiting facilities are adequately ventilated and 5. Waiting facilities are equipped with appropriate fixtures and furniture	ER OPD Imaging Laboratory ICU Others	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.1.2.e.1	Physical access to the organization and its services is facilitated and is appropriate to patients' needs.	The organization documents, follows policies and procedures, and provides resources for the safe and efficient direction of patients, their families and visitors and staff traffic.	Policies and procedures for the safe and efficient direction of patients, their families and visitors and staff traffic are followed	**DOCUMENT REVIEW** Policies and procedures for the safe and efficient direction of patients, their families and visitors and staff traffic. *Note : Take note of the provisions of the policies for use in interview during survey of wards, ER, OPD, ICU, OR, imaging and laboratory.* **INTERVIEW** Ask nurses and staff regarding policies and procedures for the safe and efficient direction of patients, their families and visitors. Verify if answer is consistent with written hospital policy. **OBSERVATION** The staff, patients and visitors follow the policies and procedures. Visiting hours posted may be considered; may also be found in hospital manual	Document review ER OPD Wards ICU OR/RR/DR/PACU Imaging Laboratory Others	
2.1.2.f.1	Physical access to the organization and its services is facilitated and is appropriate to patients' needs.	Patients, their visitors and staff can efficiently and safely move within the confines of the organization.	Presence of safe and spacious hallways/passageways	**OBSERVATION** Patients, visitors and staff can efficiently and safely move within the confines of the organization (e.g. non-slippery floors, spacious passageways, etc.)	ER OPD Wards ICU OR/RR/DR/PACU Imaging Laboratory Others	
2.2. ENTRY						
Goal: The entry processes meet patient needs and are supported by effective systems and a suitable environment.						
2.2.1.a.1	Patients receive prompt and timely attention by qualified professionals upon entry.	Patient waiting times are routinely monitored, evaluated and improved based on standards and procedures developed by the organization. Depending on their needs, patients are seen within the planned waiting period.	Presence of policies and procedures on patient waiting time	**DOCUMENT REVIEW** Policies and procedures on patient waiting time	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.2.1.a.2	Patients receive prompt and timely attention by qualified professionals upon entry.	Patient waiting times are routinely monitored, evaluated and improved based on standards and procedures developed by the organization. Depending on their needs, patients are seen within the planned waiting period.	Presence of monitoring system for patient waiting times	**DOCUMENT REVIEW** Monitoring and evaluation reports on patient waiting time *Note* : Hospitals should set the patient waiting time.	Document review	
2.2.1.a.3	Patients receive prompt and timely attention by qualified professionals upon entry.	Patient waiting times are routinely monitored, evaluated and improved based on standards and procedures developed by the organization. Depending on their needs, patients are seen within the planned waiting period.	Percentage of patients who have been attended to in accordance with the hospital policy	**INTERVIEW** Interview patients from ER, OPD, imaging or laboratory regarding waiting times. Verify the time the patient was seen from ER chart or logbook from ER, OPD, imaging or laboratory *Formula* : number of patients who waited based on the prescribed waiting time / number of patients interviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	ER OPD Imaging Laboratory	
2.2.1.b.1	Patients receive prompt and timely attention by qualified professionals upon entry.	Patients are informed of the cause of any delay in the delivery of services.	Presence of policies on informing patients for any cause of delay in the delivery of services	**DOCUMENT REVIEW** Policies and procedures on informing patients for any cause of delay in the delivery of services	Document review	
2.2.1.b.2	Patients receive prompt and timely attention by qualified professionals upon entry.	Patients are informed of the cause of any delay in the delivery of services.	Percentage of patients informed of the cause of any delay	**INTERVIEW** Ask patients from ER, OPD, wards, imaging or laboratory if they were informed about possible causes of delay of care if applicable *Formula* : number patients informed of the cause of any delay in delivery of services / number of patients with delayed provision of services x 100 *Sample size* : 10 or 10% of patients whichever is lower	ER OPD Wards Imaging Laboratory	
2.2.1.c.1	Patients receive prompt and timely attention by qualified professionals upon entry.	Patients are satisfied with the actual waiting time.	Percentage of patients satisfied with actual waiting time	**INTERVIEW** Ask patients from ER, OPD, imaging or laboratory if they are satisfied with the waiting time *Formula* : number of patients satisfied with actual waiting time / number of patients interviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	ER OPD Imaging Laboratory	

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2.2.2.a.1	The organization documents and follows policies and procedures, and provides resources to ensure proper patient triaging.	The staff follows policies and procedures in determining and prioritizing patients' clinical needs and in identifying clinical services that will best address them.	Presence of policies and procedures in determining and prioritizing patients' clinical needs and in identifying clinical services that will best address them	**DOCUMENT REVIEW** 1. Policies and procedures in determining and prioritizing patients' clinical needs 2. Policies and procedures in identifying clinical services that will best address patients' clinical needs	Document review	
2.2.2.b.1	The organization documents and follows policies and procedures, and provides resources to ensure proper patient triaging.	The staff follows policies and procedures in determining admissibility of patients or the need for referral to other organizations.	Presence of policies and procedures in determining and prioritizing admissibility of patients or the need for referral to other organizations	**DOCUMENT REVIEW** 1. Policies and procedures in determining and prioritizing admissibility of patients 2. Policies and procedures in determining and prioritizing the need for referral to other organizations 3. ER/OPD logbook of admissions and referrals **INTERVIEW** Ask ER/OPD staff on procedures of admission and referrals *Note*: *Identify personnel to be interviewed. May obtain chart from wards and look for the chief complaint, determine admissibility and need for referral.*	Document review ER OPD	
2.2.2.c.1	The organization documents and follows policies and procedures, and provides resources to ensure proper patient triaging.	Patients are correctly and efficiently assigned to the clinical services appropriate to their needs.	Percentage of patients correctly assigned to the clinical services appropriate to their needs	**DOCUMENT** Patient chart from ward and ICU *Note*: *Determine if the service the patient is admitted to coincides with the patient's chief complaint and working diagnosis.* *Formula*: *number of patients correctly assigned to the clinical services appropriate to their needs / number of patients interviewed x 100* *Sample Size*: *10 or 10% of patients whichever is lower*	Wards ICU	
2.2.3.a.1	The organization uniquely identifies all patients including newborn infants, and creates a specific patient chart for each patient that is readily accessible to authorized personnel.	All patients are correctly identified by their patient charts.	Presence of policies and procedures for correctly identifying patients by their chart	**DOCUMENT REVIEW** Policies and procedures for correctly identifying patients by their chart *Footnote*: *To uniquely identify a patient may mean making the patient number a lifetime number.*	Document review	
2.2.3.a.2 core	The organization uniquely identifies all patients including newborn infants, and creates a specific patient chart for each patient that is readily accessible to authorized personnel.	All patients are correctly identified by their patient charts.	All patients are correctly identified by their charts CORE	**DOCUMENT and INTERVIEW** Patient chart from ER, ward, OPD and ICU and verify with patient if he/she really is the person indicated in the char*t* *Formula*: *number of charts correctly identified with patient / number of charts reviewed x 100* *Sample size*: *10 or 10% of charts whichever is lower*	ER OPD Wards ICU	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.2.3.b.1	The organization uniquely identifies all patients including newborn infants, and creates a specific patient chart for each patient that is readily accessible to authorized personnel.	The patient charts contain identifiers unique to each patient.	Percentage of charts with unique identifiers for each patient	**DOCUMENT** Patient chart from ER, OPD, wards and ICU *Note* : Review patients' charts and look for patients' complete name, address, birthday, demographic data (sex, age, and civil status), and hospital number. For newborns, look for parents' names and footprint of the baby, attending physician, room number. *Formula* : number of charts with unique identifiers / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	ER OPD Wards ICU	
2.2.3.c.1	The organization uniquely identifies all patients including newborn infants, and creates a specific patient chart for each patient that is readily accessible to authorized personnel.	Patient charts are appropriately and systematically indexed to facilitate retrieval and storage and to avoid duplication or loss.	Percentage of charts properly indexed	**OBSERVATION** Look at how the charts in the OPD, wards and medical records are indexed and arranged in the chart tray *Formula* : number of charts properly indexed / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	OPD Wards Medical Records	
2.2.4.a.1	The health professional responsible for the care of the patient obtains informed consent for treatment.	Prior to admission, patients and/or their families are appropriately informed by authorized qualified personnel of their disease, condition or disability, its severity, likely prognosis, benefits and possible adverse effects of various treatment options, and the likely costs of treatment.	Percentage of patients admitted who are appropriately informed by authorized qualified personnel of their disease, condition or disability, its severity, likely prognosis, benefits and possible adverse effects of various treatment options and the likely costs of treatment	**INTERVIEW** Ask patient/family from the wards/ICU if they were appropriately informed by authorized qualified personnel (doctor, nurse or other allied medical staff) about the following: their disease, condition or disability, its severity, likely prognosis, benefits and possible adverse effects of various treatment options and the likely cost of treatment *Formula* : number of patients or families who were appropriately informed by authorized qualified personnel / number of patients or families interviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	Wards ICU	
2.2.4.b.1	The health professional responsible for the care of the patient obtains informed consent for treatment.	Patients and/or their families demonstrate knowledge of their disease, condition or disability, its severity, likely prognosis, benefits, and possible adverse effects of various treatment options, and the likely costs of treatment.	Percentage of patients/relatives who have knowledge about their disease, condition or disability, its severity, likely prognosis, benefits, and possible adverse effects of various treatment options and the likely costs of treatment	**INTERVIEW** Ask the patients/relatives from wards or ICU about the following: their disease, condition or disability, its severity, likely prognosis, benefits, and possible adverse effects of various treatment options and the likely costs of treatment *Formula* : number of patients or relatives who have knowledge about their disease / number of patients or relatives interviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	Wards ICU	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.2.5.a.1	Planning for discharge begins upon entry into the organization and ensures a coordinated approach to discharge and continuing management.	Patients and/or their families are informed of the expected (barring any complications) approximate duration of treatment, the extent or frequency of reassessment, the likely outcomes and their need for follow-up care after discharge.	Percentage of patients/relatives who were informed of the approximate duration of treatment, the extent or frequency of reassessment, the likely outcomes and their need for follow up care after discharge	**INTERVIEW** Ask patients/relatives if any member of the health care team has informed them of the following: approximate duration of treatment, extent or frequency of reassessment, likely outcomes and need for follow up care after discharge. *Note* : The surveyor should look for patients who are admitted within the last 48h and not yet for discharge *Formula* : number of patients or their relatives who were informed of approximate duration of treatment, etc / number of patients or relatives interviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	Wards ICU	
2.2.5.b.1	Planning for discharge begins upon entry into the organization and ensures a coordinated approach to discharge and continuing management.	Patients and/or their families are informed of the need for and availability of resources to continue care after discharge.	Percentage of patients and/or their families informed of the need and availability of resources to continue care after discharge	**INTERVIEW** Ask patients and/or relatives if they were informed of the need and availability of resources to continue care after discharge *Formula* : number of patients and/or relatives informed of the need and availability of resources to continue care after discharge / number of patients and/or relatives interviewed *Sample size* : 10 or 10% of patients whichever is lower	Wards ICU	
2.3. ASSESSMENT						
Goal: Comprehensive assessment of every patient enables the planning and delivery of patient care.						
2.3.1.a.1 core	Each patient's physical, psychological and social status is assessed.	An appropriately comprehensive history and physical examination is performed on every patient within 24 hours from admission. The history includes present illness, past medical, family, social and personal history.	All patients have comprehensive history and PE within 24 hours from admission CORE	**DOCUMENT** Patient chart from wards or ER *Note* : comprehensive history includes present illness, review of systems, past medical, family and personal history *Formula* : number of charts with comprehensive history and PE within 24 hours from admission / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Wards ER	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.3.1.b.1	Each patient's physical, psychological and social status is assessed.	Whenever appropriate, mental status examinations, psychological evaluations and nutritional and functional assessments are performed on the patient.	Percentage of charts that have mental status examinations, psychological evaluations, nutritional or functional assessments performed among patients who need such evaluations	**CHART REVIEW** Patient charts from medical records *Note* : Review charts and look for records of mental status examination, psychological evaluations, nutritional and functional assessments, as applicable *Formula* : number of patients who underwent mental status examination, psychological evaluation, nutritional and functional assessment / number of patients who should have undergone such examinations or assessments x 100 *Sample size* : 10 or 10% of patients whichever is lower	Chart review	
2.3.2.a.1	Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.	Based on collaboratively developed policies and procedures, qualified personnel conduct initial assessments in an efficient and systematic manner to avoid repetition.	Presence of policies and procedures on conducting initial assessments in an efficient and systematic manner	**DOCUMENT REVIEW** Policies and procedures on conducting initial assessments in an efficient and systematic manner	Document review	
2.3.2.a.2	Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.	Based on collaboratively developed policies and procedures, qualified personnel conduct initial assessments in an efficient and systematic manner to avoid repetition.	Proof that health professionals who conduct initial assessments are qualified	**INTERVIEW** 1. Ask the staff from the ER and wards who did the initial assessments. Verify if the identified staff is qualified. 2. Ask the patient from the ER and wards who did the initial assessments. Verify if the identified staff is qualified.	ER Wards	
2.3.2.b.1	Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.	The order of assessment is determined by the patient's prioritized needs.	Proof that order of assessment was determined by the patient's prioritized needs	**INTERVIEW** Ask health care professional, e.g. physician, nurse, PT, etc. how he/she assessed the patient and relate it to the needs of the patient *Note* : The patient's prioritized needs are based on the priority medical needs as determined by the health care professional.	ER Wards ICU	
2.3.2.c.1 core	Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.	Previously obtained information is reviewed at every stage of the assessment to guide future assessments.	All patient charts have progress notes by doctors CORE	**CHART REVIEW** Patient chart from medical records *Note* : The progress notes should be done regularly and documented in the patient chart either as separate 'progress notes' sheets or side notes in the doctor's order sheets. *Formula* : number of charts with progress notes by attending health care professional / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Chart review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.3.2.c.2	Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.	Previously obtained information is reviewed at every stage of the assessment to guide future assessments.	Percentage of charts with progress notes by nurses	**CHART REVIEW** Patient chart from medical records *Note* : Look for nurses' progress notes *Formula* : number of charts with progress notes by attending health care professional / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Chart review	
2.3.3.a.1	Assessments are performed regularly and are determined by patients' evolving response to care.	During the course of management, qualified personnel re-assess the patients' physical and psychological conditions according to the patient's needs.	Proof that re-assessment is conducted by qualified personnel according to the patient's needs	**CHART REVIEW** Patient chart from medical records *Note* : Check if the health professional doing the re-assessment is licensed and qualified.	Chart review	
2.3.3.b.1	Assessments are performed regularly and are determined by patients' evolving response to care.	Re-assessment is done whenever the patients' condition take an unexpected turn.	Percentage of charts with progress notes during instances when patient needs reassessment	**CHART REVIEW** Patient chart from medical records *Note* : Ask for charts with unexpected outcomes/turn of events, e.g. adverse events, morbidities, mortalities. *Formula* : number of charts with progress notes / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Chart review	
2.3.3.c.1	Assessments are performed regularly and are determined by patients' evolving response to care.	Re-assessment results in a review of the patients' management.	Proof that re-assessment results in a review of the patients' management	**CHART REVIEW** Patient chart from medical records *Note* : Look at the progress notes and doctor's orders. Look for the reassessments done. These should be followed correspondingly by doctor's orders pertaining to the management of the patient (e.g. continue present management, an order for an additional medication, diagnostic or referral)	Chart review	
2.3.3.d.1	Assessments are performed regularly and are determined by patients' evolving response to care.	Qualified personnel give patients for surgery pre-operative physical and pre-anesthetic assessment.	Presence of policies and procedures regarding pre-operative and pre-anesthetic assessment	**DOCUMENT REVIEW** 1. Policies and procedures regarding pre-operative assessment, e.g. cardio-pulmonary (CP) clearance 2. Policies and procedures regarding pre-anesthetic assessment	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.3.3.d.2	Assessments are performed regularly and are determined by patients' evolving response to care.	Qualified personnel give patients for surgery pre-operative physical and pre-anesthetic assessment.	Percentage of patients for surgery who have undergone pre-operative physical/medical assessment	**CHART REVIEW** Patient chart from medical records (surgery patients) *Note* : Look for pre-operative assessment, e.g. cardio-pulmonary clearance *Formula* : number of patient charts with pre-operative physical or medical assessments performed by qualified personnel / number of patient charts reviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	Chart review	
2.3.3.d.3 core	Assessments are performed regularly and are determined by patients' evolving response to care.	Qualified personnel give patients for surgery pre-operative physical and pre-anesthetic assessment.	All patients for surgery have undergone pre-operative anesthetic assessment CORE	**CHART REVIEW** Patient chart from medical records (surgery patients) *Note:* Look for pre-operative anesthetic evaluation in the patient chart. Pre-operative assessment should be done for patients requiring more than local anesthesia. *Formula:* number of patient charts with pre-operative anesthetic assessments performed by qualified personnel / number of patient charts reviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	Chart review	
2.3.3.e.1	Assessments are performed regularly and are determined by patients' evolving response to care.	The status of post-operative patients is assessed upon admission into, during confinement and upon discharge from the recovery area.	Percentage of patients who have undergone post-operative assessment upon admission into, during confinement and upon discharge from the recovery area	**CHART REVIEW** Patient chart from medical records (surgery patients) *Formula* : number of patient charts with post-operative assessments / number of patients charts reviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower	Chart review	
2.3.4.a.1	Assessments are documented and used by the health care team to ensure effective communication and continuity of care.	Legible written records of the initial and ongoing assessments are accomplished for each patient and kept in the patient chart.	Percentage of charts with legibly written entries of the initial and ongoing assessments	**CHART REVIEW** Patient chart from medical records *Note* : Look at progress notes, side notes or doctor's orders. To test for legibility, ask the staff nurses to read the entries of the doctors. *Formula* : number of charts with legibly written entries of the initial and ongoing assessments / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Chart review	
2.3.4.b.1	Assessment are documented and used by the health care team to ensure effective communication and continuity of care.	Medical records are stored in an area that is safe and accessible to all members of the health care team, and whenever appropriate, to external providers.	Presence of safe and accessible area for keeping of medical records	**OBSERVATION** Safe and accessible area for keeping of medical records in the wards, ER, OPD and ICU. Records should be safe from unauthorized access.	ER OPD Wards ICU	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.3.5.a.1	Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel.	Policies and procedures for the standard performance, monitoring and quality control of diagnostic examinations are documented and monitored.	Presence of policies and procedures for the standard performance, monitoring and quality control of diagnostic examinations	**DOCUMENT REVIEW** 1. Policies and procedures for the standard performance of diagnostic examinations 2. Policies and procedures for the monitoring of diagnostic examinations 3. Policies and procedures for the quality control of diagnostic examinations	Document review	
2.3.5.a.2 core	Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel.	Policies and procedures for the standard performance, monitoring and quality control of diagnostic examinations are documented and monitored.	Proof of monitoring of the implementation of the policies and procedures on quality control of diagnostic examinations CORE	**DOCUMENT REVIEW** Monitoring reports, e.g. utilization review of diagnostics exams done, audit reports, manual of procedures, or DOH monitoring reports, e.g. quality control (QC) diagnostic reports (QC reports on software, calibration of diagnostic equipment, film reject analysis, etc.)	Document review	
2.3.5.b.1	Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel.	Policies and procedures for accessing and referring patients to approved external providers when diagnostic services are not available within the provider organization are documented and monitored.	Presence of policies and procedures for accessing and referring patients to approved external providers	**DOCUMENT REVIEW** Policies and procedures on accessing and referring patients to approved external providers (outside laboratories, imaging, etc.)	Document review	
2.3.5.b.2	Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel.	Policies and procedures for accessing and referring patients to approved external providers when diagnostic services are not available within the provider organization are documented and monitored.	Presence of monitoring system on the implementation of referral to approved external providers	**DOCUMENT REVIEW** Logbooks for monitoring referral to approved external providers, monitoring reports or documented actions or Monitoring reports on documented actions e.g. memos *Note : Hospitals without policies on referral get an automatic score of 1.*	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.3.6.a.1	Assessments of patients with special needs are determined by policies and procedures that are consistent with legal and ethical requirements.	Policies and procedures identify patients with special needs and the specific types of assessment appropriate to their needs.	Presence of policies and procedures that identify patients with special needs and the specific type of assessment appropriate to their needs	**DOCUMENT REVIEW** 1. Policies and procedures that identify patients with special needs 2. Policies and procedures that identify the specific type of assessment appropriate to the needs of patients with special needs _Note_ : *For hospitals not handling patients with special needs, their policies should clearly indicate this.* _Footnote_ : *Patients with special needs include infants, school-aged children, adolescents, the elderly and the disabled, victims of alleged sexual abuse or violence, patients with emotional or behavioral disorder, patients with drug dependencies or alcoholism.*	Document review	
2.4 CARE PLANNING						
Goal: The health care team develops in partnership with the patients a coordinated plan of care with goals.						
2.4.1.a.1	The care plan addresses patients' relevant clinical, social, emotional and religious needs.	The plan, aside from delineating responsibilities, includes goals to be achieved, services to be provided, patient education strategies to be implemented, time frames to be met, resources to be used.	Presence of adopted/developed protocols, CPGs or pathways containing goals to be achieved, services to be provided, patient education strategies to be implemented, time frames to be met and resources to be used	**DOCUMENT** Adopted/developed protocols, CPGs or pathways containing goals to be achieved services to be provided patient education strategies to be implemented time frames to be met resources to be used _Footnote_ : *Clinical pathways derived from clinical practice guidelines and other types of clinical evidence should be developed or implemented for the top 10 cases of admissions and/or consultations*	Wards ICU ER OPD	
2.4.2.a.1	The care plan is consistent with scientific evidence, professional standards, cultural values, medico-legal and statutory requirements.	The care plan is developed by a multi-disciplinary team of health professionals within the organization.	Proof of involvement of a multidisciplinary team in the formulation of adopted/developed protocols, CPGs or pathways	**DOCUMENT REVIEW** Documents (memos, issuances, orders) stating the involvement of a multidisciplinary team (doctors, nurses, dietitians, social worker and other medical and paramedical staff) in the development of protocols, guidelines or pathways	Document review	
2.4.2.b.1	The care plan is consistent with scientific evidence, professional standards, cultural values, medico-legal and statutory requirements.	The care plan is developed following search and appraisal of published scientific literature.	Proof that evidence-based approach was used in developing/adopting the protocols, CPGs or pathways	**DOCUMENT REVIEW** 1. Documents (memos, issuances, orders) stating that evidence-based approaches (systematic literature search and appraisal using accepted tools) were used in adopting/developing the protocols, CPGs and pathways. 2. Minutes of meetings on development/adoption of the protocols, guidelines or pathways	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.4.2.c.1	The care plan is consistent with scientific evidence, professional standards, cultural values, medico-legal and statutory requirements.	Expert judgment, practice standards and patients' values are considered in developing care plans.	Proof that practice standards and when necessary, expert judgment and patient's values are considered in the care plan	**DOCUMENT** Patient chart from wards or ICU - doctor's orders *Review management if based on practice standards or if expert judgment (specialists) and patient values were considered as needed* **INTERVIEW** Ask doctors their basis for their management, whether they use practice guidelines, protocols, journal articles or books.	Wards ICU	
2.4.3.a.1	The organization ensures that information about the patient's proposed care is clear and readily accessible to designated multidisciplinary health care providers and other relevant persons.	Care planning is documented in the patient chart.	Presence of documentation of care plan in the patient chart	**DOCUMENT** Documentation of care plan in patient chart (from wards, ICU, ER or OPD) - Look at the following: 1. Detailed clinical history 2. SOAP format 3. Admitting orders 4. Doctor's orders 5. Nurses notes 6. Medication sheet 7. TPR sheet 8. Laboratories	ER OPD Wards ICU	
2.4.3.b.1	The organization ensures that information about the patient's proposed care is clear and readily accessible to designated multidisciplinary health care providers and other relevant persons.	Clinical pathways, algorithms and problem-oriented notes in SOAP format are incorporated in the medical record.	Presence of clinical pathways, algorithms or problem-oriented notes in SOAP format in the medical record	**DOCUMENT** Clinical pathways, algorithms or problem-oriented notes in SOAP format should be incorporated in the chart/medical record	Wards	
2.5 IMPLEMENTATION OF CARE						
Goal: Care is delivered to ensure the best possible outcomes for the patients.						
2.5.1.a.1	Care is delivered in a timely, safe, appropriate and coordinated manner, according to care plans.	In the management of clinical pathway-covered conditions, the order and timing of treatments follow the pathway.	Presence of policies and procedures on implementation/compliance to pathways	**DOCUMENT REVIEW** Policies and procedures on implementation/compliance to clinical pathways	Document review	
2.5.1.a.2	Care is delivered in a timely, safe, appropriate and coordinated manner, according to care plans.	In the management of clinical pathway-covered conditions, the order and timing of treatments follow the pathway.	Percentage of charts with clinical pathway-based management	**DOCUMENT** Ask for charts with clinical pathway-covered conditions. *Formula* : number of charts with clinical pathway-based management / number of charts reviewed *Sample size* : 10 or 10% of charts whichever is lower	Wards	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.1.b.1	Care is delivered in a timely, safe, appropriate and coordinated manner, according to care plans.	Orders for treatments are implemented within time intervals established by the organization.	Presence of policies and procedures on time intervals to act on orders for treatment	**DOCUMENT REVIEW** Policies and procedures on time intervals to act on orders for treatment e.g. doctors' orders must be carried out within 30 minutes; time intervals for IV medications	Document review	
2.5.1.b.2	Care is delivered in a timely, safe, appropriate and coordinated manner, according to care plans.	Orders for treatments are implemented within time intervals established by the organization.	Proof that orders for treatment are implemented within time intervals established by the organization	**DOCUMENT REVIEW** Monitoring reports, if none, ask for patient charts and look at the doctors' orders and medication sheet **INTERVIEW** 1. Ask nurses regarding time intervals established by the hospital and how they are implemented 2. Ask patients regarding time intervals of treatment, e.g. what time usually are medications given, etc. *Note* : *If hospital has no policy on time intervals to act on orders of treatment, automatic score of 1.*	Document review	
2.5.1.c.1	Care is delivered in a timely, safe, appropriate and coordinated manner, according to care plans.	Referrals to other specialties are made according to established pathways or guidelines.	Percentage of charts with referrals made according to pathways or guidelines	**CHART REVIEW** Patient charts - Verify if orders for referrals (or non-referrals) are consistent with related CPGs and clinical pathways *Formula* : *number of charts with referrals made according to pathway / number of charts with referrals x 100* *Sample size* : *10 or 10% of charts whichever is lower*	Chart review	
2.5.1.d.1	Care is delivered in a timely, safe, appropriate and coordinated manner, according to care plans.	Results of referrals are communicated to relevant members of the health care team and are considered in the management.	Percentage of charts with results of referral communicated to relevant health care team and are considered in the management	**CHART REVIEW** Patient charts - Check charts if results of referrals are communicated to relevant members of the health care team and if these are considered in the management *Formula* : *number of charts with referral communicated to relevant health care team and considered in the management / number of charts with referrals reviewed x 100* *Sample size* : *10 or 10% of charts whichever is lower*	Chart review	
2.5.2.a.1	Rights and needs of patients are considered and respected by all the staff.	Patients receive explanations on the nature of a test or treatment, the need for it prior to administration, its likely effects and side effects, and what patients can do to cope with them.	Percentage of patients who received explanation on the nature, necessity, effects, and side effects and how to cope with them	**INTERVIEW** Ask patient if he/she received explanations on the nature of a test or treatment, the need for it prior to admission, its likely effects and side effects, and what patients can do to cope with them *Formula* : *number of patients who received explanation on the nature, necessity, effects, and side effects and coping with side effects of a test or treatment / number of patients interviewed x 100* *Sample size* : *10 or 10% of patients whichever is lower*	Wards	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.2.b.1	Rights and needs of patients are considered and respected by all the staff.	Patients' wish to decline tests or treatments is respected.	Presence of policy on test or treatment refusal	**DOCUMENT REVIEW** Policy on refusal of test or treatment	Document review	
2.5.2.b.2	Rights and needs of patients are considered and respected by all the staff.	Patients' wish to decline tests or treatments is respected.	Percentage of patients whose wish to decline tests or treatments was respected	**INTERVIEW** Ask patients who wish to decline tests if their wish was respected. *Formula* : number of patients whose wish to decline tests or treatments were respected / number of patients who wish to decline tests or treatments interviewed x 100 *Sample size* : 10 or 10% of patients whichever is lower *Note* : *If there are no patients (who wish to decline test) around, ask for charts from the medical records section and look for HAMA, DNR, refuse IV, refuse BT, unnecessary drugs or procedures. The signed waiver could be in the doctors' orders, progress notes or waiver forms.*	Wards ICU	
2.5.3.a.1	Care is coordinated to ensure continuity and to avoid duplication.	Policies and procedures that determine the extent of duplicate assessments and treatments performed by trainees respect patients' rights, and are documented and monitored.	Presence of policies and procedures on duplicate assessments and treatments performed by trainees	**DOCUMENT REVIEW** 1. Policies and procedures indicating extent of duplicate assessments and treatments performed by trainees 2. Policies and procedures indicating the extent of duplicate assessments and treatments performed by trainees respect patients' rights	Document review	
2.5.3.a.2	Care is coordinated to ensure continuity and to avoid duplication.	Policies and procedures that determine the extent of duplicate assessments and treatments performed by trainees respect patients' rights, and are documented and monitored.	Proof that the policies and procedures on duplicate assessments and treatments are monitored	**DOCUMENT REVIEW** Monitoring reports in compliance to policies and procedures on duplicate assessments and treatments **INTERVIEW** Interview management or QA team on how they monitor compliance to the policies	Document review Leadership interview	
2.5.4.a.1	Appropriate personnel educate patients and/or their families to help them understand patients' diagnosis, prognosis, treatment options, health promotion and illness prevention strategies.	The organization documents and implements policies and procedures, and provides resources to promote interactive, appropriate and relevant educational programs for patients.	Presence of policies and procedures on promoting interactive, appropriate and relevant educational programs for patients	**DOCUMENT REVIEW** Policies and procedures promoting interactive, appropriate and relevant educational programs for patients	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.4.a.2	Appropriate personnel educate patients and/or their families to help them understand patients' diagnosis, prognosis, treatment options, health promotion and illness prevention strategies.	The organization documents and implements policies and procedures, and provides resources to promote interactive, appropriate and relevant educational programs for patients.	Proof of individual patient education by appropriate health care professional	**DOCUMENT** Look at the doctor's orders in the patient chart for the documentation of patient education (wards). *Note* : *The word 'advised' is sufficient proof of compliance.* **INTERVIEW** Ask patient if they were advised/educated by any of the health care team. Cross refer to patient's chart if relevant and appropriate *Note* : *Health care professionals are not limited to doctors only. It also includes nurses, physical therapists, dentists, etc.*	OPD Wards	
2.5.4.a.3	Appropriate personnel educate patients and/or their families to help them understand patients' diagnosis, prognosis, treatment options, health promotion and illness prevention strategies.	The organization documents and implements policies and procedures, and provides resources to promote interactive, appropriate and relevant educational programs for patients.	Proof of provision of resources for patient educational programs	**DOCUMENT REVIEW** Approved budget to support patient educational programs **OBSERVATION** Presence of materials, equipment, structures to support the patient educational programs, e.g. LCD projector or television, posters, venue	Document review Wards Others	
2.5.4.b.1	Appropriate personnel educate patients and/or their families to help them understand patients' diagnosis, prognosis, treatment options, health promotion and illness prevention strategies.	Patients are aware of their roles and responsibilities in their health care.	Percentage of patients who are aware of their roles and responsibilities in their care	**INTERVIEW** Ask patients their role and responsibilities in their health *Formula* : *number of patients aware of their roles and responsibilities in their care / number of patients interviewed x 100* *Sample size* : *10 or 10% of patients whichever is lower*	OPD Wards	
2.5.5.a.1	Drugs are administered in a standardized and systematic manner in the provider organization.	Drugs are administered in a timely, safe, appropriate and controlled manner.	Presence of policies and procedures on drug administration	**DOCUMENT REVIEW** Policies and procedures on drug administration	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.5.a.2 core	Drugs are administered in a standardized and systematic manner in the provider organization.	Drugs are administered in a timely, safe, appropriate and controlled manner.	All drugs are administered in a timely, safe, appropriate and controlled manner to the right patient CORE	**CHART REVIEW** Patient chart from the medical records *For the timeliness of drug administration, check the hospital policy. If hospital does not have policy, frequency of drug administration in the chart should be checked and validated thru patient interview* *Formula : number of drugs administered to the right patient at the correct time, manner, and route / number of drugs reviewed x 100.* *Sample size : 10 or 10% of drugs (may come from different charts) whichever is lower* *Note : Surveyors may also check for administration of any of the following: antibiotics, anticonvulsants, MgSO4, KCl drip and other drips, calcium gluconate, sodium bicarbonate, etc. For oral medications, do direct observation*	Chart review	
2.5.5.b.1	Drugs are administered in a standardized and systematic manner in the provider organization.	The provider organization documents and follows policies and procedures and allocates resources for the training, supervision, and evaluation of professionals who administer drugs.	Presence of policies and procedures for training, supervision and evaluation of professionals who administer drugs	**DOCUMENT REVIEW** 1. Policies and procedures for training of professionals who administer drugs 2. Policies and procedures for supervision of professionals who administer drugs 3. Policies and procedures for evaluation of professionals who administer drugs	Document review	
2.5.5.b.2	Drugs are administered in a standardized and systematic manner in the provider organization.	The provider organization documents and follows policies and procedures and allocates resources for the training, supervision, and evaluation of professionals who administer drugs.	Presence of resources allocated for training, supervision and evaluation of professionals who administer drugs	**DOCUMENT REVIEW** 1. Budget allocated for training, supervision and evaluation of professionals who administer drugs 2. Training plan, training modules/materials, evaluation forms *Note : Use organizational chart as guide/reference.* **OBSERVATION** Observe presence of related structures present, e.g. training room, conference room, libraries	Document review Others	
2.5.5.b.3	Drugs are administered in a standardized and systematic manner in the provider organization.	The provider organization documents and follows policies and procedures and allocates resources for the training, supervision, and evaluation of professionals who administer drugs.	Proof of training, supervision, and evaluation of professionals who administer drugs	**DOCUMENT REVIEW** 1. Reports on performance monitoring of professionals who administer drugs 2. Evaluation reports of professionals who administer drugs 3. Proof of training, e.g. certificates of training **INTERVIEW** Ask leaders how the supervision of professionals who administer drugs are conducted	Document review Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.5.c.1 core	Drugs are administered in a standardized and systematic manner in the provider organization.	Only qualified personnel order, prescribe, prepare, dispense and administer drugs.	All doctors, nurses and pharmacists have updated licenses CORE	**INTERVIEW** Randomly check the licenses of doctors, nurses and pharmacists if they are updated *Formula* : number of doctors, nurses and pharmacists with updated licenses / number of doctors, nurses and pharmacists interviewed x 100 *Sample size* : 10 or 10% of hospital staff whichever is lower	Wards Pharmacy ER OPD	
2.5.5.c.2	Drugs are administered in a standardized and systematic manner in the provider organization.	Only qualified personnel order, prescribe, prepare, dispense and administer drugs.	Percentage of charts with orders for drug administration that were made by licensed doctors	**CHART REVIEW** Doctor's orders in patient chart from the medical records *Orders that were made by interns should be countersigned by licensed residents or consultants.* *Formula* : number of charts with orders for drug administration made by licensed doctors / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Chart review	
2.5.5.d.1	Drugs are administered in a standardized and systematic manner in the provider organization.	Regular review of prescription orders is undertaken by appropriately trained staff to ensure safe and appropriate use of drugs.	Proof of regular review of prescription orders being undertaken by appropriately trained staff to ensure safe and appropriate use of drugs	**DOCUMENT REVIEW** 1. Policy on regular review of prescription orders 2. Evaluation reports by nurses/doctors in the floors, clinical pharmacist or therapeutics committee or minutes of meeting of the therapeutics committee **INTERVIEW** Ask leaders about utilization review activities, audit/peer review, other activities where appropriateness and safety of drug use are discussed *Footnote* : *This is to ensure that prescriptions are written correctly (e.g. in generic form) and that precautions for drug-drug and drug-food interactions have been adequately addressed.*	Document review Leadership interview	
2.5.5.e.1 core	Drugs are administered in a standardized and systematic manner in the provider organization.	Prescriptions or orders are verified and patients are identified before medications are administered.	Proof that prescriptions or orders are verified before medications are administered CORE	**DOCUMENT** Procedures on verification of prescriptions and orders **INTERVIEW** Ask staff how they verify orders from doctors prior to drug administration **OBSERVATION** Observe if staff verifies the prescriptions or orders for drugs with the doctor and the drug against the doctor's order *Note* : *This is on a case to case basis; includes the route of administration (slow IV) and other precautionary measures/instruction, e.g. ANST*	Wards ER ICU	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.5.e.2 core	Drugs are administered in a standardized and systematic manner in the provider organization.	Prescriptions or orders are verified and patients are identified before medications are administered.	Proof that patients are correctly identified prior to administration of medications CORE	**INTERVIEW** Verify from patients if they were correctly identified prior to drug administration **OBSERVATION** Observe if the staff verifies the identity of the patient prior to administration of medications	Wards ER ICU	
2.5.5.f.1	Drugs are administered in a standardized and systematic manner in the provider organization.	Telephone orders are countersigned by the ordering physician not later than standards set by the organization and based on statutory requirements.	Presence of policies and procedures regarding telephone orders	**DOCUMENT REVIEW** Policies and procedures regarding telephone orders	Document review	
2.5.5.f.2	Drugs are administered in a standardized and systematic manner in the provider organization.	Telephone orders are countersigned by the ordering physician not later than standards set by the organization and based on statutory requirements.	Percentage of telephone orders countersigned by ordering doctor within the standard time interval	**DOCUMENT** Look at the telephone orders in the charts. Take note of the time of receipt of order and time of countersigning; validate with hospital standard/policy *Note* : All telephone orders should be countersigned within 24 hours or within the time set by the hospital *Formula* : number of countersigned telephone orders / number of telephone orders x 100 (should be applied per chart; overall rating for the indicator will be the mean of ratings) *Sample size* : 10 or 10% of telephone orders whichever is lower	Wards ICU	
2.5.5.g.1	Drugs are administered in a standardized and systematic manner in the provider organization.	Discontinued or recalled drugs are retrieved and safely disposed of according to established policies and procedures.	Presence of policies and procedures on retrieval and safety disposal of drugs	**DOCUMENT REVIEW** 1. Policies and procedures on retrieval of drugs 2. Policies and procedures on safety disposal of drugs	Document review	
2.5.5.g.2	Drugs are administered in a standardized and systematic manner in the provider organization.	Discontinued or recalled drugs are retrieved and safely disposed of according to established policies and procedures.	Proof that policies and procedures on retrieval and safety disposal of drugs are followed	**DOCUMENT** Look for documents such as memos, issuances or receipts showing that recalled or discontinued drugs are either returned to manufacturers/distributors or disposed of properly. **INTERVIEW** Ask staff about the actual practice of retrieval and safe disposal of recalled or discontinued drugs. **OBSERVATION** Ask staff to show where they dispose recalled, discontinued or expired drugs.	Pharmacy Wards	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.5.h.1	Drugs are administered in a standardized and systematic manner in the provider organization.	Drugs are selected and procured based on the organization's usual case mix and according to policies and procedures that are consistent with scientific evidence and government policies.	Presence of policies and procedures on selection and procurement of drugs, consistent with scientific evidence and government policies	**DOCUMENT REVIEW** 1. Policies and procedures on drug selection and procurement 2. Policies and procedures on drug selection and procurement are consistent with scientific evidence 3. Policies and procedures on drug selection and procurement are consistent with government policies, e.g. National Drug Policy **INTERVIEW** Ask the members of therapeutics committee or person-in-charge regarding manner of selection and procurement of drugs **OBSERVATION** Observe actual supply of drugs in the pharmacy or drug room in accordance with the organization's policies	Document review Leadership interview Pharmacy	
2.5.5.i.1 core	Drugs are administered in a standardized and systematic manner in the provider organization.	Drug administration is properly documented in the patient chart.	All charts have proper documentation of drug administration CORE	**CHART REVIEW** Medication sheet in patient chart from medical records *Formula* : number of charts with proper documentation of drug administration / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Chart review	
2.5.5.j.1	Drugs are administered in a standardized and systematic manner in the provider organization.	Policies and procedures for detecting, reporting and monitoring adverse effects are documented and monitored.	Presence of policies and procedures for detecting, reporting and monitoring adverse effects	**DOCUMENT REVIEW** 1. Policies and procedures for detecting adverse effects 2. Policies and procedures for reporting adverse effects 3. Policies and procedures for monitoring adverse effects	Document review	
2.5.5.j.2	Drugs are administered in a standardized and systematic manner in the provider organization.	Policies and procedures for detecting, reporting and monitoring adverse effects are documented and monitored.	Proof of compliance to policies and procedures for detecting, reporting and monitoring adverse effects	**DOCUMENT REVIEW** 1. Forms for reporting incidents, adverse drug events, sentinel events or adverse events 2. Regular monitoring reports on adverse events	Document review	
2.5.6.a.1	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Treatment procedures are performed in a timely, safe, appropriate and controlled manner.	Presence of policies on treatment procedures	**DOCUMENT REVIEW** 1. Policies on treatment procedures, clinical pathways, CPGs, flowcharts or algorithms 2. For hospitals with operating rooms: WHO surgical safety checklist is included in the policies on treatment procedures	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.6.a.2	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Treatment procedures are performed in a timely, safe, appropriate and controlled manner.	Proof that treatment procedures are performed in a timely, safe, appropriate and controlled manner	**DOCUMENT** 1. Review patient chart and verify appropriateness of treatment procedures. 2. For hospitals with operating rooms: WHO surgical safety checklist is incorporated in the charts of surgery patients **INTERVIEW** 1. Ask staff how they ensure performing treatment procedures in a timely manner. 2. Ask staff how they ensure performing procedures in a safe and controlled manner 3. Ask patients/caregivers how certain procedures such as IV insertion, catheterization were done? *Note*: *Treatment procedures include but are not limited to appendectomy, CS, hydration for AGE, suturing, excision, incision and drainage, thoracotomy, chest tube insertion, IV insertion*	Wards ICU OR/RR/DR/PACU ER	
2.5.6.b.1	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	The provider organization documents and reviews policies and procedures and allocates resources for the training, supervision, and evaluation of professionals who perform procedures.	Presence of policies and procedures for training, supervision and evaluation of professionals who perform the procedures	**DOCUMENT REVIEW** 1. Policies and procedures for training of professionals who perform the procedures 2. Policies and procedures for supervision of professionals who perform the procedures 3. Policies and procedures for evaluation of professionals who perform the procedures	Document review	
2.5.6.b.2	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	The provider organization documents and reviews policies and procedures and allocates resources for the training, supervision, and evaluation of professionals who perform procedures.	Presence of resources allocated for training, supervision and evaluation of professionals who perform procedures	**DOCUMENT REVIEW** 1. Budget allocated for training, supervision and evaluation of professionals who perform procedures 2. Training plan, training modules/materials, organizational chart, evaluation forms **OBSERVATION** Observe related structures present, e.g. training room, conference room, libraries	Document review Others	
2.5.6.b.3	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	The provider organization documents and reviews policies and procedures and allocates resources for the training, supervision, and evaluation of professionals who perform procedures.	Proof of training, supervision, and evaluation of professionals who perform the procedures	**DOCUMENT REVIEW** 1. Reports on performance monitoring of professionals who perform the procedure or evaluation reports 2. Proof of training, e.g. certificates of training **INTERVIEW** Validate with leaders regarding supervision of performance of procedures and training.	Document review Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.6.c.1	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Only qualified personnel order, plan, perform and assist in performing procedures.	Percentage of charts with orders for treatment procedures performed by qualified personnel	**DOCUMENT** Verify from patient chart if the orders for treatment procedures were performed by qualified personnel *Formula* : number of charts with orders for treatment procedures performed by qualified personnel / number of charts reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Wards ICU	
2.5.6.d.1	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Orders are verified and patients are identified before treatment procedures are performed.	Proof that orders are verified and patients are identified before procedures are performed	**INTERVIEW** Ask patients from ER, Wards, OR/RR/DR or ICU if they were properly identified prior to performance of procedures **OBSERVATION** Observe if staff verifies the orders for procedures with the doctor and how the staff identifies the patients, e.g. arm banding	ER Wards OR/RR/DR ICU	
2.5.6.e.1	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Treatment procedures are legibly and accurately documented in the patient chart by qualified personnel.	Percentage of charts with legible and accurate documentation of treatment procedures by qualified personnel	**DOCUMENT** Verify from doctor's orders in patient chart the legibility and accuracy of documentation of treatment procedures. Ask the nurse/hospital staff to read the orders from the chart. *Formula* : number of charts with legibly and accurately documented treatment procedures / number of charts with procedures reviewed x 100 *Sample size* : 10 or 10% of charts whichever is lower	Wards ICU ER	
2.5.6.f.1	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Medical devices and equipment are used, maintained, stored and disposed based on technical specifications.	Proof that medical devices and equipment are used maintained, stored and disposed based on technical specifications	**DOCUMENT REVIEW** 1. Policies and procedures on use and maintenance of medical devices 2. Policies and procedures on storage and disposal of medical devices 3. Schedule of equipment's maintenance check, calibration of equipment 4. Logbook on preventive maintenance **INTERVIEW** Ask personnel how they use, maintain, store and dispose medical devices	Document review Facilities and Maintenance Imaging Laboratory	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.5.6.g.1	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Medical devices and equipment are selected and procured based on organization's case mix, staff expertise, service capability and according to policies and procedures that are consistent with scientific evidence and government policies.	Presence of policies and procedures regarding selection and procurement of medical devices and equipment based on organization's case mix, staff expertise, service capability, scientific evidence and government policies	**DOCUMENT REVIEW** 1. Policies and procedures on selection and procurement of medical devices and equipment 2. Policies and procedures on selection and procurement of medical devices and equipment are based on organization's case mix, staff expertise, and service capability 3. Policies and procedures on selection and procurement of medical devices and equipment are consistent with scientific evidence 4. Policies and procedures on selection and procurement of medical devices and equipment are consistent with government policies	Document review	
2.5.6.g.2	Treatment procedures are performed in a standardized and systematic manner in the provider organization.	Medical devices and equipment are selected and procured based on organization's case mix, staff expertise, service capability and according to policies and procedures that are consistent with scientific evidence and government policies.	Proof that medical devices and equipment are selected and procured based on organization's case mix, staff expertise, service capability and according to policies and procedures that are consistent with scientific evidence and government policies	**DOCUMENT REVIEW** List of equipment procured the previous year/s. Check if procured according to policies and procedures. **INTERVIEW** Ask management team regarding basis for procurement of the listed equipment	Document review Leadership interview	
2.5.7.a.1	The care of patients with special needs is governed by policies and procedures that are consistent with legal and ethical requirements.		Presence of policies and procedures that govern care of patients with special needs	**DOCUMENT REVIEW** Policies and procedures that govern care of patients with special needs *Examples: care of pregnant patients in radiology department, care of victims of sexual or child abuse in the ER* *Footnote : Patients with special needs include infants, school-age children, adolescents, the elderly and the disabled, victims of alleged or suspected sexual abuse or violence, patients with emotional or behavioral disorders, patients with drug dependencies or alcoholism.*	Document review	
2.6 EVALUATION OF CARE						
Goal: The health care team routinely and systematically evaluates and improves the effectiveness and efficiency of care delivered to patients.						
2.6.1.a.1	Data relating to processes and outcomes of patient care are analyzed to provide information for care improvement.	The organization routinely collects process and outcomes data from its provision of patient care.	Proof of data collection related to processes and outcomes of care	**DOCUMENT REVIEW** Process and outcomes data reports such as but not limited to: 1. medical audit reports 2. morbidity and mortality reports 3. hospital infection data 4. adverse event reports 5. evaluation reports of diagnostics, procedures and treatment 6. other reports: disposition data, variance reports, etc.	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.6.1.b.1	Data relating to processes and outcomes of patient care are analyzed to provide information for care improvement.	The organization provides resources for the formal and collaborative evaluation of care using analysis of process and outcomes data.	Presence of budget or resource allocation for CQI activities that makes use of analysis of process and outcomes data	**DOCUMENT REVIEW** 1. Budget or resource allocation for collection of data related to process and outcomes of care such as the following: medical audit, morbidity and mortality reports, adverse event and hospital infection data, etc. 2. Budget or resource allocation for analysis of data related to process and outcomes of care such as: medical audit, mortality and morbidity conferences, etc. **INTERVIEW** Ask QA committee what are the resources provided by the organization for CQI activities	Document review Leadership interview	
2.6.1.c.1	Data relating to processes and outcomes of patient care are analyzed to provide information for care improvement.	Results of evaluation of care are fed back to the health care providers concerned.	Proof that results of evaluation of care are fed back to health care providers concerned	**DOCUMENT REVIEW** Documents showing that results of evaluation of care are fed back to concerned health care providers such as issuances, memos or reports **INTERVIEW** Verify with health care providers if they were given the results of the evaluation of care	Document review Wards	
2.6.1.d.1	Data relating to processes and outcomes of patient care are analyzed to provide information for care improvement.	Results of evaluation of care are routinely presented and discussed in meetings of top management.	Proof that results of evaluation of care are routinely presented and discussed in meetings of top management	**DOCUMENT REVIEW** Documents showing that results of evaluation of care were presented and discussed in meetings of top management such as issuances, memos, directives, excerpts/minutes/agenda of meetings **INTERVIEW** Ask management team if the QA committee presents and discusses the results of evaluation	Document review Leadership interview	
2.6.2.a.1	The health care team takes action to address any improvements required.	Evaluation of care leads to formal and collaborative performance improvement activities that harness the resources of appropriate services.	Presence of collaborative performance improvement activities that harness the resources of appropriate services	**DOCUMENT REVIEW** Policies/memo/letters regarding any collaborative performance improvement activities as a result of evaluation of care **INTERVIEW** Verify with health care team if there are performance improvement activities as a stemming from results of evaluation of care.	Document review Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.6.3.x.1	Quality improvement activities are documented, enable continuous quality improvement and incorporate the following elements: * Monitoring, assessment, analysis and evaluation of activities * Appropriate and timely action * Evaluation of the effectiveness of any action taken * Feedback of evaluation results		Proof of documentation of QI activities	**DOCUMENT REVIEW** Minutes of QA committee meetings, reports, memoranda/ orders/policies emanating from resolution of cases **INTERVIEW** Ask leaders on QI activities, specific cases brought to the attention of the QC/QT	Document review Leadership interview	
2.6.3.x.2	Quality improvement activities are documented, enable continuous quality improvement and incorporate the following elements: * Monitoring, assessment, analysis and evaluation of activities * Appropriate and timely action * Evaluation of the effectiveness of any action taken * Feedback of evaluation results		Proof that QI activities incorporate the following elements: * Monitoring, assessment, analysis and evaluation of activities * Appropriate and timely action * Evaluation of the effectiveness of any action taken * Feedback of evaluation results	**DOCUMENT REVIEW** Reports of CQI activities **INTERVIEW** Validate with QA committee members regarding the (4) elements of CQI activities	Document review Leadership interview	
2.7. DISCHARGE						
Goal: Care is coordinated between the organization and other health care providers in the community to ensure that the needs of the patient are continuously met.						

2.7.1.x.1 core	The discharge plan is part of the patient's care plan and is documented in the patient chart.		All charts have discharge plans
			CORE
				CHART REVIEW
				Patient chart from medical records, look at the discharge orders. It should contain all of the following:
				  1. May go home order
				  2. Home medications (if applicable)
				  3. Follow up visits/schedule
				  4. Home care/advise
				
				Formula: *number of charts with discharge plans / number of charts reviewed x 100*
				Sample size: *10 or 10% of charts whichever is lower*
				
				Note: *Discharge plan is not synonymous with discharge summary*
					Chart review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
2.7.2.x.1	The organization provides information about continuing management plan to the patient and relevant health care providers in a manner that maintains patient confidentiality and privacy.		Proof that the patients are informed of the continuing management plan while maintaining confidentiality and privacy	**INTERVIEW** Ask patients how they were informed of the continuing management plan. May ask about home medications (if applicable), follow up visits/schedule and other home care/advise. Use chart of the patient as reference during interview.	Wards ICU	
2.7.2.x.2	The organization provides information about continuing management plan to the patient and relevant health care providers in a manner that maintains patient confidentiality and privacy.		Proof that the relevant health care providers are informed of the continuing management plan while maintaining confidentiality and privacy	**INTERVIEW** Ask staff how they inform other health care providers regarding continuing management plans for referred patients. Use chart of patient as reference during interview.	Wards ICU	
2.7.3.x.1	The organization arranges access to other relevant community health services in a timely manner, and ensures that patients are aware of appropriate services before discharge.		Proof that the organization arranges access to other relevant community health services in a timely manner	**DOCUMENT** Patient chart - check for discharge orders and arrangements, referral forms to community health services (e.g. RHU, CHO) *Footnote : Examples of other relevant community health services include, but are not limited to, RHUs, Botika ng Barangay, etc.* **INTERVIEW** Ask staff how such arrangements are made, who is in charge, what facilities they make arrangements with for provision of health care services; validate answers to such with the patients	Wards ICU	
2.7.3.x.2	The organization arranges access to other relevant community health services in a timely manner, and ensures that patients are aware of appropriate services before discharge.		Proof that the organization ensures that patients are aware of the appropriate services in the community before discharge.	**INTERVIEW** Ask patients if they are aware of the appropriate services in the community before discharge	Wards ICU	
2.7.4.x.1	Patients understand the discharge plans and their responsibilities for continuing management.		Percentage of patients who understand their discharge plans	**INTERVIEW** Ask patients about their knowledge and understanding of the care plan and their responsibilities for continuing management *Formula : number of patients who understand their discharge plans and responsibilities for continuing management / number of patients for discharge interviewed x 100* *Sample size : 10 or 10% of patients whichever is lower* *Note : Interview patients for discharge. If there are no in-patients for discharge, interview patients from the OPD or ER.*	Wards ICU	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
3. LEADERSHIP AND MANAGEMENT						
3.1 THE MANAGEMENT TEAM						
Goal: The organization effectively and efficiently governed and managed according to its values and goals to ensure that care produces the desired health outcomes, and is responsive to patients' and co						
3.1.1.x.1	The provider organization's management team provides leadership, acts according to the organization's policies and has overall responsibility for the organization's operation, and the quality of its services and its resources.		Presence of organizational structure	**DOCUMENT REVIEW** Organizational structure/chart or manual of operations **OBSERVATION** Observe if the organizational structure/chart is posted conspicuously in appropriate areas (lobby)	Document review Others (lobby)	
3.1.1.x.2	The provider organization's management team provides leadership, acts according to the organization's policies and has overall responsibility for the organization's operation, and the quality of its services and its resources.		Percentage of staff aware of their leadership team	**INTERVIEW** Ask 10 staff to identify the management team (hospital director or chief of hospital or chief health officer together with the administrative officer or administrator and service/department heads) *Formula* : number of staff aware of their leadership / number of staff interviewed x 100 *Sample size* : 10 or 10% of staff whichever is lower	ER OPD Wards Imaging Laboratory Pharmacy HRD Others	
3.1.2.x.1	The organization's management ensures the presence of effective working relationships within the organization, with the community, and with other relevant organizations and individuals.		Presence of staff satisfaction survey which includes interpersonal relationships	**DOCUMENT REVIEW** Reports on the results of staff satisfaction survey, and should include the following: analysis, conclusion and recommendation	Document review	
3.1.2.x.2	The organization's management ensures the presence of effective working relationships within the organization, with the community, and with other relevant organizations and individuals.		Presence of activities that promote team building/good working relationship	**DOCUMENT REVIEW** 1. Documentation of team building activities *Examples* : Christmas party, sports activities, outing, etc. 2. Community outreach program *Examples* : medical mission, charity service, special clinic, community service	Document review	
3.1.3.x.1 core	Terms of reference, membership and procedures are defined for the meetings of all committees within the organization. Minutes of meetings are recorded and approved.		Proof of the creation of all committees within the organization which includes the terms of reference for membership CORE	**DOCUMENT REVIEW** Proof of the creation of all committees which includes the terms of reference for membership, e.g. memo, office order, etc. **INTERVIEW** Ask leaders what the committees in their hospital are and ask for the order that created these committees	Document review Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
3.1.3.x.2	Terms of reference, membership and procedures are defined for the meetings of all committees within the organization. Minutes of meetings are recorded and approved.		Presence of recorded minutes of the meetings for all committees within the organization	**DOCUMENT REVIEW** 1. Minutes of meetings for Quality Assurance Committee (level 1, 2, 3 and 4) 2. Minutes of meetings for Therapeutics Committee (level 2, 3 and 4) 3. Minutes of meetings for Infection Control Committee (level 3 and 4) 4. Minutes of meetings for other committees *Note : For hospitals not required to have Therapeutic Committee (Level 1) or Infection Control Committee (Levels 1 and 2), there should at least be two persons in charge of drugs and infection control respectively.* **INTERVIEW** Committee members to validate the above activities	Document review Leadership interview	
3.1.4.x.1 core	The organization's management team regularly assesses its own performance and the performance of the organization.		Presence of evaluation and monitoring activities to assess management and organizational performance CORE	**DOCUMENT REVIEW** Documentation of evaluation activities to assess management and organizational performance such as monthly, quarterly, semestral or annual reports as applicable **INTERVIEW** 1. Ask the management team about priorities for performance improvement that relate to hospital wide activities and patient outcomes 2. Ask management team how targets are set	Document review Leadership interview	
3.1.5.a.1	The organization develops and implements policies and procedures which cover the major services and aspects of operations.	The organization develops its mission, vision and corporate goals based on agreed-upon values.	Presence of written mission, vision, and goals	**DOCUMENT REVIEW** 1. Written vision 2. Written mission 3. Written goals *Note : Content of the vision, mission and goals should include addressing the health needs of the community*	Document review	
3.1.5.a.2	The organization develops and implements policies and procedures which cover the major services and aspects of operations.	The organization develops its mission, vision and corporate goals based on agreed-upon values.	Proof that the mission and vision were developed based on agreed upon values	**INTERVIEW** Ask the management team about how the vision and mission were developed. *Note : Content of the vision, mission and goals should include addressing the health needs of the community.*	Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
3.1.5.b.1	The organization develops and implements policies and procedures which cover the major services and aspects of operations.	The organization's by-laws, policies and procedures support care delivery and are consistent with its goals, statutory requirements, accepted standards and its community and regional responsibilities.	Presence of written by-laws, policies and procedures, which are consistent with goals, statutory requirements, accepted standards and community and regional responsibilities	**DOCUMENT REVIEW** 1. Written by-laws 2. Policies and procedures 3. Written by-laws are consistent with goals, statutory requirements, accepted standards and community and regional responsibilities 4. Policies and procedures are consistent with goals, statutory requirements, accepted standards and community and regional responsibilities **INTERVIEW** Ask leaders how their by-laws, policies and procedures were developed	Document review Leadership interview	
3.1.5.c.1	The organization develops and implements policies and procedures which cover the major services and aspects of operations.	Policies and procedures, aside from being complied with, are reviewed and revised as necessary.	Proof that policies and procedures are reviewed and revised as necessary	**DOCUMENT REVIEW** 1. Memos or issuances on review and/or revision of policies 2. Minutes of meetings on the review and/or revision of policies **INTERVIEW** Ask leaders how they review and revise policies and procedures	Document review Leadership interview	
3.1.5.d.1	The organization develops and implements policies and procedures which cover the major services and aspects of operations.	The organization communicates its policies and procedures to all levels of the workforce.	Issuances on policies and procedures are known to all levels of the workforce	**DOCUMENT REVIEW** 1. Communication or dissemination plans for policies and procedures 2. Attendance to orientation/information dissemination activities **INTERVIEW** 1. Ask leaders about how the vision/mission statement is communicated to the hospital staff. 2. Ask leaders about how policies and procedures are communicated to all levels of workforce. 3. Ask leaders and staff about their knowledge of organizations' by-laws, policies and procedures 4. Ask staff (from different levels) about their knowledge of certain policies and procedures	Document review Leadership interview ER OPD Wards Pharmacy HRD Imaging Laboratory Others	
3.1.5.d.2	The organization develops and implements policies and procedures which cover the major services and aspects of operations.	The organization communicates its policies and procedures to all levels of the workforce.	Presence of a responsible person for information dissemination	**DOCUMENT REVIEW** Proof of designation of a person responsible for information dissemination **INTERVIEW** Ask leaders who the responsible person for information dissemination is	Document review Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
3.2 EXTERNAL SERVICES						
Goal: The organization ensures that services provided by external contractors meet appropriate standards.						
3.2.1.x.1 core	Documented agreements and contracts cover external service providers and specify that the quality of services provided must be consistent with appropriate set standards.		Presence of memorandum of agreement/contract for all outsourced services (e.g. dialysis unit, dietary, laboratory, radiology) CORE	**DOCUMENT REVIEW** 1. Contracts/MOA for outsourced services 2. Valid licenses of all providers of the outsourced services **OBSERVATION** Actual presence of the outsourced services within the hospital if applicable *Note* : *The contracts/MOA should be updated. MOA is sufficient for some hospitals where the outsourced services are not within the facility*	Document review Imaging Laboratory Others	
4. HUMAN RESOURCE MANAGEMENT						
4.1 HUMAN RESOURCES PLANNING						
Goal: The organization provides the right number and mix of competent staff to meet the needs of its internal and external customers and to achieve its goals.						
4.1.1.a.1	Planning ensures that appropriately trained and qualified (and where relevant, credentialed) staff are available to undertake the type and level of activity performed by the organization. This includes those who are consulted when suitable expertise is not available within the organization.	The organization defines the qualifications and competencies of its staff.	Presence of job descriptions indicating the qualifications and competencies appropriate to the personnel's job functions, duties and responsibilities	**DOCUMENT REVIEW** Job descriptions of personnel specifying the following: 1. functions 2. duties and responsibilities and the 3. required qualifications and competencies	Document review	
4.1.1.b.1	Planning ensures that appropriately trained and qualified (and where relevant, credentialed) staff are available to undertake the type and level of activity performed by the organization. This includes those who are consulted when suitable expertise is not available within the organization.	The organization documents and follows policies and procedures for hiring, credentialing, and privileging of its staff.	Presence of policies and procedures on hiring of staff	**DOCUMENT REVIEW** Policies and procedures for hiring of staff **INTERVIEW** Ask appropriate personnel a certain procedure for hiring of staff. *Note* : *The surveyors may randomly pick out a doctor, a nurse, an administrative staff, both newly hired or old, and ask them the process of selection, hiring and screening and performance appraisal; when was it last conducted and by whom.*	Document review HRD Wards	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
4.1.1.b.2 core	Planning ensures that appropriately trained and qualified (and where relevant, credentialed) staff are available to undertake the type and level of activity performed by the organization. This includes those who are consulted when suitable expertise is not available within the organization.	The organization documents and follows policies and procedures for hiring, credentialing, and privileging of its staff.	Presence of policies and procedures for credentialing and privileging of staff CORE	**DOCUMENT REVIEW** Policies and procedures for credentialing and privileging of staff	Document review	
4.1.2.a.1	Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.	Staff numbers and skill mix are based on actual clinical needs.	Presence of human resource inventory system	**DOCUMENT REVIEW** List of personnel, staffing pattern or documents related to the HR inventory system *Note* : The hospital may document and analyze information like daily patient loads, utilization rates and services, turn-around times to determine staff size and mix. **INTERVIEW** Ask appropriate personnel (e.g. HR manager) how the right number and mix of competent staff are maintained to meet the needs of internal and external clients.	Document review Leadership interview HRD	
4.1.2.a.2	Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.	Staff numbers and skill mix are based on actual clinical needs.	Presence of performance monitoring on attendance, tardiness and absenteeism	**DOCUMENT REVIEW** Employee report card or its equivalent (e.g. DTR, logbook)	Document review	
4.1.2.a.3 core	Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.	Staff numbers and skill mix are based on actual clinical needs.	Staff to bed ratio for licensed doctors, registered nurses and midwives/nursing aides follow the Department of Health prescribed ratio CORE	**DOCUMENT REVIEW** 1. List of total number of licensed doctors, registered nurses and midwives/nursing aides based on HR records and 2. The schedule of duties for the previous and current month 3. Number of beds registered with DOH and actually being used. **OBSERVATION** Number of beds.	Document review Wards	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
4.1.2.b.1	Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.	Appropriate policies and procedures are monitored to temporarily compensate for, and to definitively, address inadequacies in staff numbers or expertise.	Presence of HR contingency plan, e.g. recall system to address inadequate staff due to absences, leaves, resignations and increased patient load	**DOCUMENT REVIEW** HR contingency plan e.g. recall system to address inadequate staff due to absences, leaves, resignations and increased patient load **INTERVIEW** Ask HR, Wards and ER staff: 1. What happens when one staff is absent? 2. When one staff goes AWOL? 3. When there are too many patients? 4. What is the backup system to maintain appropriate number of staff?	Document review HRD Wards ER	
4.1.2.b.2	Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.	Appropriate policies and procedures are monitored to temporarily compensate for, and to definitively, address inadequacies in staff numbers or expertise.	Proof of implementation and monitoring of HR contingency plan (e.g. recall system to address inadequate staff due to absences, leaves, resignations and increased patient load)	**DOCUMENT REVIEW** 1. Mandatory Monthly Hospital Report (take note of Maximum Bed Occupancy Rate (MBOR) and Monthly NHIP Beneficiary Occupancy Rate exceeding 100% to identify occasions of increased patient load); 2. Actual plan and monitoring report showing how the increased patient load was addressed. **INTERVIEW** Ask HR, doctors, nurses and staff how the appropriate number of staff was maintained and what monitoring procedure was made?	Document review HRD Wards ER Imaging Laboratory OR/RR/DR/PACU	
4.2 STAFF RECRUITMENT, SELECTION, APPOINTMENT AND RESPONSIBILITIES						
Goal: Recruitment, selection, and appointment of staff comply with statutory requirements and are consistent with the organization's human resource policies.						
4.2.1.a.1	Recruitment, selection, appointment and reappointment procedures ensure appropriate competence, training, experience, licensing and credentialing of all appointees.	The organization defines, disseminates and ensures compliance with policies and procedures governing personnel recruitment, selection and appointments.	Proof that the organization defines, disseminates and ensures compliance with policies and procedures governing personnel recruitment, selection and appointments.	**DOCUMENT REVIEW** 1. Policies and procedures governing personnel recruitment, selection and appointments. 2. Memos/endorsements reflecting the dissemination of policies and procedures governing personnel recruitment, selection and appointments. 3. Actions of the board/owner, e.g. those reflected in its minutes, resolutions, etc. showing that the organization ensures compliance to policies and procedures on personnel recruitment, selection and appointments. **INTERVIEW** Interview HR and wards staff for validation if the organization's policies and procedures on personnel recruitment, selection and appointments are actually being implemented.	Document review HRD Wards	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
4.2.1.b.1	Recruitment, selection, appointment and reappointment procedures ensure appropriate competence, training, experience, licensing and credentialing of all appointees.	The recruitment and selection process is open & transparent, is consistent with legal and ethical requirements, and allows a fair and unbiased evaluation of the qualifications and competencies of all applicants.	Proof that recruitment and selection are consistent with the policies of the CSC (for government) or the organization	**DOCUMENT REVIEW** Policy on recruitment, selection and appointment of staff **INTERVIEW** 1. Ask leaders and staff on the process of hiring, re-hiring and firing. It should be known to all staff and managers. 2. Ask staff from wards, ER, OPD, HRD, imaging, laboratory, facilities and maintenance and other areas for what conditions will lead to their firing 3. Ask staff regarding the process of their selection	Document review Wards ER OPD HRD Imaging Laboratory Facilities and Maintenance Others	
4.2.1.c.1	Recruitment, selection, appointment and reappointment procedures ensure appropriate competence, training, experience, licensing and credentialing of all appointees.	Relevant staff members participate in the development and implementation of personnel recruitment, selection and appointment.	Presence of representation of relevant staff in the development and implementation of personnel recruitment, selection and appointment policies	**DOCUMENT REVIEW** 1. Special/office orders or similar issuances defining the membership of the body/committee/group tasked to develop and implement personnel recruitment, selection and appointment 2. Proof/minutes of meetings 3. Attendance of members **INTERVIEW** Ask leaders which team screens and appoints people and how members of the team are selected.	Document review Leadership interview	
4.2.1.d.1	Recruitment, selection, appointment and reappointment procedures ensure appropriate competence, training, experience, licensing and credentialing of all appointees.	Selection and appointment and evidence of staff compliance with selection or appointment standards are documented.	Proof of documentation reflecting staff compliance with selection and appointment standards	**DOCUMENT REVIEW** Committee reports on selection and appointment	Document review	
4.2.1.e.1	Recruitment, selection, appointment and reappointment procedures ensure appropriate competence, training, experience, licensing and credentialing of all appointees.	Relevant licenses are routinely monitored for renewal.	Percentage of randomly selected professional personnel with updated licenses	**OBSERVATION** Ask personnel from each area to present their current licenses or Professional Regulation Commission claim stub for PRC cards that are still being processed *Formula* : number of professionals with updated licenses / number of professionals randomly selected x 100 *Sample size* : 10 or 10% of professional staff whichever is lower	ER OPD Wards ICU OR/RR/DR Imaging Laboratory Pharmacy Others	
4.2.1.f.1	Recruitment, selection, appointment and reappointment procedures ensure appropriate competence, training, experience, licensing and credentialing of all appointees.	Evidence of continuing staff education and training is routinely monitored and assessed.	Presence of system to monitor and assess continuing education and training of staff	**DOCUMENT REVIEW** 1. Certificates of attendance to trainings and formal continuing education for personnel; 2. Monitoring reports on CME and training of staff	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
4.2.2.a.1	Upon appointment, staff members receive a written statement of their accountabilities and responsibilities that specifies their role and how it contributes to the attainment of the goals and maintaining quality of care. The statements are reviewed when necessary.	Written job descriptions are given to and discussed with all newly-appointed staff members.	Proof that newly appointed staff are given written job descriptions and the corresponding orientation/briefing	**DOCUMENT** Written job descriptions signed by the newly appointed personnel. **INTERVIEW** 1. Interview newly-hired staff to determine if they received their written job description 2. Ask staff if their job descriptions were explained to them including their accountabilities and responsibilities and their role in attaining the goals of their institution and in maintaining quality of care *Note : A newly-hired personnel is defined as someone who is appointed/hired within the previous 6 months. If no newly appointed staff is available, the surveyor may interview the most recently hired staff.*	HRD	
4.2.3.a.1	Staff members are accountable for the care and services they give and for the discharge of their delineated responsibilities.	The organization ensures that staff accountabilities and responsibilities are consistent with their qualifications, training, experience, registration and licensure.	Percentage of doctor(s), nurse(s) and staff with job functions, accountabilities and responsibilities matching their credentials, training and experience	**DOCUMENT REVIEW** Written job description and/or relevant document defining the job functions, accountabilities and responsibilities of personnel and the corresponding credentials, training and experience required and match this with the credentials of the doctor/nurse/staff chosen for the job. *Formula : number of staff with job description matching their credentials, training and experience / number of staff interviewed x 100* *Sample size : 10 or 10% of staff whichever is lower*	Document review	
4.2.4.a.1	All services are provided by staff members with appropriate qualifications, experience or training.	All doctors, nurses and midwives providing clinical care have current licenses and documented evidence of appropriate training and experience.	Percentage of doctors, nurses and midwives with valid licenses	**DOCUMENT** PRC License and all appropriate certifications of training *Formula : number of doctors, nurses and midwives with valid licenses and certifications of training / number of doctors, nurses and midwives sampled x 100* *Sample size : 10 or 10% of doctors, nurses and midwives whichever is lower*	ER OPD Wards ICU OR/RR/DR Imaging Laboratory Pharmacy	
4.2.4.b.1	All services are provided by staff members with appropriate qualifications, experience or training.	All administrative, business and technical services staff have current licenses and documented evidence of appropriate training and experience.	Percentage of personnel performing administrative functions with current licenses and/or documented evidence of appropriate training and experience	**DOCUMENT** PRC License or related documents (e.g. certificate of training) *Formula : number of administrative staff with current licenses / number of administrative staff sampled x 100* *Sample size : 10 or 10% administrative staff whichever is lower*	Medical Records HRD Others	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
4.2.4.b.2	All services are provided by staff members with appropriate qualifications, experience or training.	All administrative, business and technical services staff have current licenses and documented evidence of appropriate training and experience.	Percentage of personnel performing business functions with current licenses and/or documented evidence of appropriate training and experience	**DOCUMENT** PRC License or related documents (e.g. certificate of training) *Note : Example of business staff: accountant* *Formula : number of business staff with current licenses / number of business staff sampled x 100* *Sample size : 10 or 10% of business staff whichever is lower*	HRD Others	
4.2.4.b.3	All services are provided by staff members with appropriate qualifications, experience or training.	All administrative, business and technical services staff have current licenses and documented evidence of appropriate training and experience.	Percentage of personnel performing technical functions with current licenses and/or documented evidence of appropriate training and experience	**DOCUMENT** PRC License or related documents (e.g. certificate of training) *Note : Example of technical staff: engineer* *Formula : number of technical staff with current licenses / number of technical staff sampled x 100* *Sample size : 10 or 10% of technical staff whichever is lower*	Facilities & Maintenance Imaging Laboratory Others	
4.3 STAFF TRAINING AND DEVELOPMENT						
Goal: A comprehensive program of staff training and development meets individual and organizational needs.						
4.3.1.a.1	There are relevant orientation, training and development programs to meet the educational needs of management and staff.	The organization assesses the educational needs of management and staff and identifies and/or provides resources to meet those needs.	Presence of Training Needs Assessment (TNA) System	**DOCUMENT REVIEW** TNA report or its equivalent	Document review	
4.3.1.a.2	There are relevant orientation, training and development programs to meet the educational needs of management and staff.	The organization assesses the educational needs of management and staff and identifies and/or provides resources to meet those needs.	Presence of annual plan on training activities	**DOCUMENT REVIEW** Annual plan (including resource/budgetary allocation) on training activities	Document review	
4.3.1.b.1	There are relevant orientation, training and development programs to meet the educational needs of management and staff.	Policies and procedures for orientation of new management and staff are documented and monitored.	Presence of policies and procedures for the orientation of new employees on general hospital policies	**DOCUMENT REVIEW** Policies and procedures on orientation of new employees to general hospital policies **INTERVIEW** Randomly pick newly hired doctor, nurse and administrative staff and ask them how they were oriented.	Document review Wards ER OPD HRD Imaging Laboratory Facilities and Maintenance Others	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
4.3.1.c.1	There are relevant orientation, training and development programs to meet the educational needs of management and staff.	The organization evaluates the effectiveness of training and development programs to ensure that they meet organizational, community and individual needs.	Presence of an evaluation system of the training and development program	**DOCUMENT REVIEW** Evaluation reports on the training and development program	Document review	
4.3.1.c.2	There are relevant orientation, training and development programs to meet the educational needs of management and staff.	The organization evaluates the effectiveness of training and development programs to ensure that they meet organizational, community and individual needs.	Presence of end-of-training assessment report	**DOCUMENT REVIEW** End of training assessment report or its equivalent	Document review	
4.3.2.a.1	The organization clearly defines and ensures compliance with the lines of authority and supervision.	New personnel - including trainees, volunteers, new graduates and external contractors- are adequately supervised by qualified staff.	Proof that new personnel are adequately supervised	**DOCUMENT** Organizational chart **INTERVIEW** Ask new personnel about the lines of authority and supervision and if the supervision is adequate	HRD	
4.3.2.b.1	The organization clearly defines and ensures compliance with the lines of authority and supervision.	The staff are provided with a documented job description outlining accountabilities and responsibilities.	Percentage of staff provided with job description outlining their accountabilities and responsibilities	**DOCUMENT REVIEW** Written job descriptions with conforme *Formula* : number of written job descriptions with conforme / number of written job descriptions reviewed *Sample size* : 10 or 10% of job descriptions whichever is lower	Document review	
5. INFORMATION MANAGEMENT						
5.1 DATA COLLECTION, AGGREGATION AND USE						
Goal: Collection and aggregation of data are done for patient care, management of services, education and research.						
5.1.1.a.1	Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services.	The organization defines the relevant aspects of its operations from which data will be collected.	Presence of policies and procedures on data collection relevant to delivery of patient care and management of services	**DOCUMENT REVIEW** Policies and procedures on data collection relevant to delivery of patient care and management of services	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
5.1.1.b.1	Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services.	The organization defines data sets, data generation, collection and aggregation methods and the qualified staff who are involved in each stage.	Presence of annual statistical reports and other additional hospital statistics as determined by the management	**DOCUMENT REVIEW** 1. Annual Hospital Statistical Reports 2. Annual reports submitted to the DOH 3. MMHR submitted to PhilHealth 4. Other additional statistics as determined by the management or hospital forms that serve as data aggregation instruments or data sets and methods in preparation for statistical reports	Document review	
5.1.1.b.2	Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services.	The organization defines data sets, data generation, collection and aggregation methods and the qualified staff who are involved in each stage.	Presence of qualified staff involved in data definition, generation, collection and aggregation	**DOCUMENT REVIEW** 1. Proof of training/seminar or certificate on records management of staff involved in data definition 2. Document (memo or issuance) designating a staff for data definition, generation, collection and aggregation **INTERVIEW** Interview staff regarding their qualifications and functions	Document review Medical records	
5.1.1.c.1	Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services.	The organization defines policies and procedures to monitor and improve the accuracy, completeness and reliability of relevant qualitative and quantitative data relating to its operations.	Presence of policies and procedures to monitor and improve the accuracy, completeness and reliability of relevant qualitative and quantitative data relating to its operations	**DOCUMENT REVIEW** 1. Policies and procedures to monitor the accuracy, completeness and reliability of relevant qualitative and quantitative data relating to its operations 2. Policies and procedures to improve the accuracy, completeness and reliability of relevant qualitative and quantitative data relating to its operations	Document review	
5.1.1.d.1	Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services.	The organization provides resources and opportunities to enable management and staff to use data in their decision and policymaking activities.	Presence of budget or resources needed to collect, maintain, process and analyze data	**DOCUMENT REVIEW** Plans, which include the budget for procurement of computers, software and other resources (including training for data management), research outputs, reports or budget execution report showing that such budget has been disbursed **INTERVIEW** Ask leaders the content of plans and actual activities pertaining to collection, maintenance, processing and analysis of data **OBSERVATION** Presence of computers, software, personnel, storage area for hard copies of records	Document review Leadership interview Medical records	
5.1.1.e.1 core	Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services.	Policies and procedures on record storage, retention and disposal are documented and monitored.	Presence of policies on record storage, safekeeping, retention and disposal CORE	**DOCUMENT REVIEW** Policies and procedures on record storage, safekeeping and maintenance, retention and disposal *Note : Policies and procedures on records management are updated every 5 years*	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
5.1.2.a.1	The collection of data and reporting of information comply with professional standards, statutory and PhilHealth requirements.	The organization collects and submits reports required by DOH and PhilHealth.	Presence of compilation of DOH and PhilHealth reports	**DOCUMENT REVIEW** 1. MMHR - Submitted every 10th day of the succeeding month 2. DOH reports - annual statistical reports *Note* : *For annual reports, look for the reports of the previous year, for quarterly reports, previous quarter*	Document review	
5.1.3.a.1	Every patient has a sufficiently detailed patient chart to facilitate continuity of care, and meet education, research, evaluation and medico-legal and statutory requirements.	Care providers document management details in the patient chart. All entries are promptly accomplished, accurate, legible, dated and duly signed by the care providers whose designations are clearly indicated.	Percentage of properly accomplished patient records	**CHART REVIEW** Patient charts from medical records (surgical and medical cases) *Formula* : *number of properly accomplished patient records / number of records retrieved* *Sample size* : *10 or 10% of charts whichever is lower* *Scoring for properly accomplished charts* *1. legibility 2. date, time & signature* *3. completeness of entries (SOAP, review of systems, medication treatment)* *Note* : *Documentation in patient charts should be sufficiently detailed to enable any member of the health care team to understand care plans and care provision. Clinical pathways are excellent means to achieve this.*	Chart review	
5.1.3.b.1	Every patient has a sufficiently detailed patient chart to facilitate continuity of care, and meet education, research, evaluation and medico-legal and statutory requirements.	Patient charts are routinely checked for completeness and accuracy, and action is taken to improve their quality.	Proof that charts are checked for completeness and accuracy	**DOCUMENT REVIEW** Checklist for the completeness of the chart accomplished by the records officer or other proof that charts are routinely checked for completeness and accuracy.	Document review	
5.1.4.a.1	Data in the patient charts are coded and indexed to ensure the timely production of quality patient care information and reports to PhilHealth.	Data from the patient charts are routinely collected, aggregated and reported for use in quality improvement activities, for administrative purposes and for mandatory reporting to the Department of Health and PhilHealth.	Presence of policies & procedures on routine collection, aggregation and reporting of data from patient charts for use in quality improvement, administrative purposes and for mandatory reporting to Department of Health and PhilHealth	**DOCUMENT REVIEW** 1. Policies & procedures on routine collection and aggregation of data from patient charts for use in quality improvement, administrative purposes and for mandatory reporting to Department of Health and PhilHealth 2. Policies & procedures on routine reporting of data from patient charts for use in quality improvement, administrative purposes and for mandatory reporting to Department of Health and PhilHealth	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
5.1.4.a.2	Data in the patient charts are coded and indexed to ensure the timely production of quality patient care information and reports to PhilHealth.	Data from the patient charts are routinely collected, aggregated and reported for use in quality improvement activities, for administrative purposes and for mandatory reporting to the Department of Health and PhilHealth.	Proof that data collected and aggregated from patient charts are used for quality improvement activities, administrative purposes and for mandatory reporting to the Department of Health and PhilHealth	**DOCUMENT REVIEW** Minutes of Quality Circle meetings or report/s on status of routine data collection and aggregation from patient charts **INTERVIEW** Ask leaders on procedures on collection and aggregation of data from patient charts for purposes of quality improvement activities, administrative and mandatory reporting to DOH and PhilHealth	Document review Leadership interview	
5.2 RECORDS MANAGEMENT						
Goal: Integrity, safety, access and security of records are maintained and statutory requirements are met.						
5.2.1.a.1 core	Clinical records are readily accessible to facilitate patient care, are kept confidential and safe, and comply with all relevant statutory requirements and codes of practice.	When patients are admitted or are seen for ambulatory or emergency care, patient charts documenting any previous care can be quickly retrieved for review, updating and concurrent use.	Presence of policies and procedures on filing and retrieval of charts CORE	**DOCUMENT REVIEW** Policies and procedures on systematic filing and retrieval of medical records	Document review	
5.2.1.a.2	Clinical records are readily accessible to facilitate patient care, are kept confidential and safe, and comply with all relevant statutory requirements and codes of practice.	When patients are admitted or are seen for ambulatory or emergency care, patient charts documenting any previous care can be quickly retrieved for review, updating and concurrent use.	Percentage of charts retrieved within the standard time set by the organization	**OBSERVATION** Ask the records keeper to retrieve a chart, then note the actual length of time of retrieval *Formula* : number of charts retrieved within the time interval set by the organization / number of charts asked to be retrieved x 100 *Sample size* : 10 or 10% of charts whichever is lower *Note* : If organization has not set a time interval, use 15 minutes.	Medical records	
5.2.1.b.1 core	Clinical records are readily accessible to facilitate patient care, are kept confidential and safe, and comply with all relevant statutory requirements and codes of practice.	The organization has policies and procedures, and devotes resources, including infrastructure, to protect records and patient charts against loss, destruction, tampering and unauthorized access or use. Only authorized individuals make entries in the patient chart.	Presence of procedures to protect records and patient charts against loss, destruction, tampering and unauthorized access or use CORE	**DOCUMENT REVIEW** Policies and procedures on records management for the entire hospital to maintain privacy, accuracy and prevent loss and destruction **OBSERVATION** Observe nurses in the wards and records personnel on how they protect patient chart against loss, tampering and unauthorized use	Document review Wards Medical records	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
5.2.1.b.2	Clinical records are readily accessible to facilitate patient care, are kept confidential and safe, and comply with all relevant statutory requirements and codes of practice.	The organization has policies and procedures, and devotes resources, including infrastructure, to protect records and patient charts against loss, destruction, tampering and unauthorized access or use. Only authorized individuals make entries in the patient chart.	Presence of logbooks for borrowing and retrieval of charts	**DOCUMENT** Logbooks for borrowing and retrieval of charts	Medical records	
6. SAFE PRACTICE AND ENVIRONMENT						
6.1 PATIENT AND STAFF SAFETY						
Goal: Patients, staff and other individuals within the organization are provided a safe, functional and effective environment of care.						
6.1.1.a.1 core	The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations.	The organizational environment complies with structural standards and safety codes as prescribed by law.	Presence of updated DOH license to operate CORE	**DOCUMENT REVIEW** 1. Updated DOH license 2. If facility has nuclear medicine, ask for the certificate issued by the Philippine Nuclear Research Institute (PNRI)	Document review	
6.1.1.b.1 core	The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations.	There are management plans which address safety, security, disposal and control of hazardous materials and biological wastes, emergency and disaster preparedness, fire safety, radiation safety and utility systems.	Presence of a management plan addressing safety, security, disposal and control of hazardous materials and biologic wastes, emergency and disaster preparedness, fire safety, radiation safety and utility systems CORE	**DOCUMENT REVIEW** Management plan which includes policies, procedures and programs, risk assessment, hazard surveillance among others that address the following: 1. Safety 2. Security 3. Disposal and control of hazardous materials/biologic wastes 4. Emergency and disaster preparedness 5. Fire safety 6. Radiation safety 7. Utility systems *Note* : The hospital must have plans for all the elements enumerated in the criteria. Plans should have guiding policies and specific procedures	Document review	
6.1.1.c.1	The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations.	There are management plans for the safe and efficient use of medical equipment according to specifications.	Presence of written plans on the safe and efficient use of medical equipment according to specifications	**DOCUMENT REVIEW** Management plan which includes policies / procedures and programs such as equipment maintenance programs for safe and efficient use of medical equipment	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.1.1.c.2 core	The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations.	There are management plans for the safe and efficient use of medical equipment according to specifications.	Presence of operations manuals of the medical equipment CORE	**DOCUMENT** Operations manuals for the medical equipment	ER OPD Wards ICU OR/DR/RR Facilities and maintenance Imaging Laboratory Others	
6.1.2.a.1	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	Policies and procedures that address safety, security, control of hazardous materials and biological wastes, emergency and disaster preparedness, fire safety, radiation safety and utility systems are documented and implemented.	Presence of policies and procedures that address safety, security, control of hazardous materials and biological wastes, emergency and disaster preparedness, fire safety, radiation safety and utility systems and existence of safety programs on: 1. electrical safety 2. medical device safety 3. chemical safety 4. radiation safety 5. mechanical safety 6. water safety 7. combustible material safety 8. waste management 9. hospital safety program (fire, emergency and disaster preparedness)	**DOCUMENT REVIEW** Policies and procedures that address the following: 1. Safety 2. Security 3. Control of hazardous material and biological wastes (including the implementation of the gradual phase-out of mercury) 4. Emergency and disaster preparedness 5. Fire safety 6. Radiation safety 7. Utility systems safety Existence of safety programs such as: 1. Electrical safety 2. Medical device safety 3. Chemical safety 4. Radiation safety 5. Mechanical safety 6. Water safety 7. Combustible material safety 8. Waste management 9. Hospital safety program (fire, emergency and disaster preparedness) **INTERVIEW** Ask about the following: 1. Fire drill conducted in the past 12 months 2. Earthquake drill conducted in the past 12 months	Document review Leadership interview	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.1.2.a.2 core	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	Policies and procedures that address safety, security, control of hazardous materials and biological wastes, emergency and disaster preparedness, fire safety, radiation safety and utility systems are documented and implemented.	Proof of implementation of the policies, procedures and safety programs on 1. electrical safety 2. medical device safety 3. chemical safety 4. radiation safety 5. mechanical safety 6. water safety 7. combustible material safety 8. waste management 9. hospital safety program (fire, emergency and disaster preparedness) CORE	**DOCUMENT REVIEW** 1. Water safety - water analysis results for the past 6 months 2. Fire and emergency preparedness - check for exit plans, plans for earthquake and other disasters 3. Control of hazardous materials - MOA/Contract of outsourced services for waste management **INTERVIEW** 1. Ask staff from ER, wards, OPD, laboratory, pharmacy and facilities and maintenance on the manner of waste segregation and disposal (general waste, liquid & solid waste, infectious & non-infectious, hazardous & non hazardous) 2. Hospital safety programs 3. Mechanical safety program of the hospital **OBSERVATION** 1. Electrical safety - check for exposed wires and sockets, "octopus connections" 2. Emergency preparedness - check for evacuation plans, presence of fire extinguishers 3. Control of hazardous waste - waste disposal system, segregation of waste, proper labeling of waste receptacles, 4. Chemical safety - check safe storage and disposal of reagents	Document review ER OPD Wards Imaging Laboratory Pharmacy Facilities and maintenance Others	
				For hospitals with radiologic facilities **DOCUMENT** 1. Quality control programs and corrective and preventive maintenance programs 2. Record of disposal of radiologic wastes 3. Preventive and corrective maintenance logbook 4. Film reject analysis test results **INTERVIEW** Ask staff about their role in the hospital waste management program particularly the manner of radiologic waste disposal **OBSERVATION** Observe if staff performs necessary precaution safety procedures such as: red light is on while x-ray procedure is being done *Note : If not x-ray facility, may observe other areas with other mechanical equipment, e.g. generator (may look at the maintenance logbook), elevators, gurneys*		

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.1.2.b.1 core	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	Policies and procedures for the safe and efficient use of medical equipment according to specifications are documented and implemented.	Presence of policies and procedures for the safe and efficient use of medical equipment CORE	**DOCUMENT REVIEW** Policies and procedures on the safe and efficient use of medical equipment (including the implementation of DOH AO no. 2008-0021on the gradual phase-out of mercury)	Document review	
6.1.2.b.2 core	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	Policies and procedures for the safe and efficient use of medical equipment according to specifications are documented and implemented.	Proof of the implementation of the policies and procedures for the safe and efficient use of medical equipment CORE	**DOCUMENT** 1. Operating manual 2. Preventive and corrective maintenance logbook 3. Qualifications of staff handling medical equipment **INTERVIEW** 1. Ask staff in the ER, ICU, wards, OR/RR/DR, facilities and maintenance, imaging and laboratory about the policies and procedures for use of medical equipment and their role in the implementation of such policies and procedures. 2. Ask staff in the ER, wards, ICU and OR/RR/DR for the hospital's program on the gradual phase-out of mercury	ER ICU Wards OR/RR/DR Facilities and maintenance Imaging Laboratory Others	
6.1.2.c.1 core	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	The design of patient areas provides sufficient space for safety, comfort and privacy of the patient and for emergency care.	Presence of adequate space, lighting and ventilation in compliance with structural requirements (for patient safety and privacy) CORE	**OBSERVATION** Observe for the following: 1. Adequate space 2. Adequate lighting (lights are working, lighting is adequate enough for conduct of general activities) 3. Adequate ventilation	ER OPD Wards ICU OR/RR/DR Imaging Laboratory Pharmacy	
6.1.2.d.1	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	All personnel understand and fulfill their role in safe practice.	Percentage of personnel who understand and fulfill their role in safe practice	**INTERVIEW** Ask personnel to describe their roles in safe practice *Examples: identify safety issues and ask personnel how he/she will address this issue* *Formula: number of personnel who understands role in safe practice / number of personnel interviewed x 100* *Sample size: 10 or 10% of personnel whichever is lower*	ER OPD Wards Pharmacy Laboratory Imaging ICU OR/RR/DR Facilities and maintenance	
6.1.2.e.1 core	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	Risks are identified, assessed and appropriately controlled. Where elimination or substitution is not possible, adequate warning and protection devices are used.	Presence of policies and procedures on risk identification, assessment and control CORE	**DOCUMENT REVIEW** Policies and procedures on risk identification, assessment and control, security risks, use of personal protective equipment, etc.	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.1.2.e.2	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	Risks are identified, assessed and appropriately controlled. Where elimination or substitution is not possible, adequate warning and protection devices are used.	Presence of risk identification and assessment system	**DOCUMENT REVIEW** Risk assessment reports **OBSERVATION** 1. Presence of warning signs where appropriate 2. Use of protective devices or personal protective equipment when appropriate	Document review ER Wards ICU Laboratory Imaging Others	
6.1.2.f.1	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	A coordinated security arrangement in the organization assures protection of patients, staff and visitors.	Presence of policy regarding facility security measures	**DOCUMENT REVIEW** Policy on facility security measures	Document review	
6.1.2.f.2 core	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	A coordinated security arrangement in the organization assures protection of patients, staff and visitors.	Presence of an appointed personnel in charge of security CORE	**DOCUMENT REVIEW** Contract of security agency or appointment of in-house security or appointment of person in charge of security **INTERVIEW** Ask the personnel in charge of security what the policies on security of the hospital are **OBSERVATION** Presence of security guard/s or personnel in charge of security	Document review Others	
6.1.3.a.1	The organization routinely collects and evaluates information to improve the safety and adequacy of the environment of care.	The effectiveness of safety procedures and devices are routinely tested, monitored and improved.	Proof of monitoring and action to improve the effectiveness of safety procedures and devices	**DOCUMENT REVIEW** 1. Preventive maintenance programs for the equipment 2. Preventive and corrective maintenance logbooks 3. Incident reports regarding operation of medical devices 4. Logbook of quality control results 5. Record of length of time per exposure of personnel or film badge report in radiology department 6. Document showing action to improve the effectiveness of safety procedures **INTERVIEW** Ask staff in facilities and maintenance, imaging, laboratory, ICU and OR/RR/DR about past problems regarding use of devices and what was done to resolve these problems	Document review Facilities and maintenance Imaging Laboratory ICU OR/RR/DR	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.1.3.b.1 core	The organization routinely collects and evaluates information to improve the safety and adequacy of the environment of care.	An incident reporting system identifies potential harms, evaluates causal and contributing factors for the necessary corrective and preventive action.	Presence of incident reporting system/sentinel event monitoring system (which may include nosocomial infections, unexpected deaths, adverse drug reactions, blood transfusion reactions, falls, etc.) CORE	**DOCUMENT REVIEW** Incident/sentinel event reports or communications/ memoranda/orders or proceedings on sentinel events **INTERVIEW** Ask leaders and staff from wards and ER how the incident reporting system works *"Sentinel event" refers to injuries caused by medical management (and not necessarily the disease process) that either caused death, prolonged hospitalization or produced a disability during the time of confinement or by the time of discharge.*	Document review Leadership interview Wards ER ICU OR	
6.1.3.b.2	The organization routinely collects and evaluates information to improve the safety and adequacy of the environment of care.	An incident reporting system identifies potential harms, evaluates causal and contributing factors for the necessary corrective and preventive action.	Proof that reported potential harm are acted upon	**DOCUMENT REVIEW** 1. Incident/sentinel event reports 2. Written documents showing corrective and/or preventive actions addressing the reported incidents e.g. memos, office orders, root cause analysis etc. **INTERVIEW** Ask leaders how incidents/adverse events/sentinel events are handled	Document review Leadership interview	
6.2 MAINTENANCE OF THE ENVIRONMENT OF CARE						
Goal: A comprehensive maintenance program ensures a clean and safe environment.						
6.2.1.x.1 core	Emergency light and/or power supply, water and ventilation systems are provided for, in keeping with relevant statutory requirements and codes of practice.		Presence of generator/emergency light, water system, adequate ventilation or air conditioning CORE	**DOCUMENT** Preventive and corrective maintenance logbooks for generator/ emergency light/water tanks/air conditioners **OBSERVATION** 1. Presence of generator/emergency light, water tanks, adequate ventilation or air conditioning 2. Test if faucets and water closets are working 3. Check if emergency light and generators are functional	Facilities and maintenance Others	
6.2.2.x.1	Regular maintenance of grounds, facilities and equipment in keeping with relevant statutory requirements, codes of practice or manufacturers' specifications are done to ensure a clean and safe environment.		Presence of written cleaning schedules, logbooks and checklists for grounds, facilities and equipment corrective and preventive maintenance	**DOCUMENT REVIEW** MOA/contract for outsourced services for maintenance of equipment, janitorial services, etc. **DOCUMENT** 1. Cleaning schedule and checklist of facilities and equipment 2. Preventive and corrective maintenance logbook for equipment **OBSERVATION** Cleanliness of surroundings especially comfort rooms	Document review Facilities and maintenance	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.2.3.x.1 core	Equipment is serviced only by people trained in the maintenance of that equipment. Registers and records of equipment and related maintenance are kept.		Proof of training of the staff who is in charge of the maintenance of the equipment CORE	**DOCUMENT REVIEW** Proof of training of service personnel if in-house or certificate of training, attendance sheet, certificate of attendance, diploma, citation or MOA/contract for outsourced services (verify qualification of technicians) **INTERVIEW** Ask about how equipment (generator, air conditioner, medical devices and other equipment, etc.) are maintained.	Document review Facilities and maintenance	
6.2.3.x.2	Equipment is serviced only by people trained in the maintenance of that equipment. Registers and records of equipment and related maintenance are kept.		Presence of registers and records of equipment and related maintenance	**DOCUMENT REVIEW** 1. Preventive and corrective maintenance logbook for equipment 2. Operating manual 3. Equipment management plan which includes: - who will maintain - qualifications of those who maintain and - schedule of maintenance	Document review	
6.2.4.x.1 core	Current information and scientific data from manufacturers concerning their products are available for reference and guidance in the operation and maintenance of plant and equipment.		Presence of operations manuals of equipment CORE	**DOCUMENT** Operations manual of generators, air conditioners and other non-medical equipment	Facilities and maintenance Imaging Laboratory Others	
6.3 INFECTION CONTROL						
Goal: Risk of acquisition and transmission of infections among patients, employees, physicians and other personnel, visitors and trainees are identified and reduced.						
6.3.1.x.1 core	An interdisciplinary infection control program ensures the prevention and control of infection in all services.		Presence of an Infection Control Committee (ICC) with defined goals, objectives, strategies and priorities or for a primary hospital - a designated doctor and nurse in-charge of infection control CORE	**DOCUMENT REVIEW** 1. ICC composition (for a Level 1 or 2 hospital - proof of designation of a doctor and nurse in-charge of infection control) 2. ICC functions and activities 3. Minutes of meeting, at least quarterly activities 4. Statistics on nosocomial infections **INTERVIEW** Ask a member of the ICC regarding infection control program of the hospital	Document review Leadership interview	
6.3.1.x.2 core	An interdisciplinary infection control program ensures the prevention and control of infection in all services.		Presence of an infection control program ensuring prevention and control of infections on all services CORE	**DOCUMENT REVIEW** 1. Policies and procedures on prevention and control of nosocomial infection or Infection control manual 2. Policies on rational antimicrobial use based on the hospital antibiogram in coordination with Microbiology Laboratory and Pharmacy Therapeutics Committee 3. Reports of infection control activities, e.g. training, outbreak investigation, preventive programs	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.3.2.a.1	The organization uses a coordinated system-wide approach to reduce the risks of nosocomial infections.	The organization undertakes case finding and identification of nosocomial infections.	Presence of program for case finding and identification of nosocomial infections	**DOCUMENT REVIEW** 1. Surveillance forms for nosocomial infection 2. Nosocomial infection case reports 3. Hospital acquired infection reports: semiannual infection rates, antibiotic resistance pattern	Document review	
6.3.2.b.1 core	The organization uses a coordinated system-wide approach to reduce the risks of nosocomial infections.	The organization takes steps to prevent and control outbreaks of nosocomial infections.	Presence of a coordinated system-wide procedure for isolation of nosocomial infections CORE	**DOCUMENT REVIEW** Procedures on isolation of nosocomial infections **INTERVIEW** Ask staff in ER, wards and ICU the procedures on isolation *isolation - physical isolation of a patient with infection*	Document review ER Wards ICU	
6.3.2.b.2 core	The organization uses a coordinated system-wide approach to reduce the risks of nosocomial infections.	The organization takes steps to prevent and control outbreaks of nosocomial infections.	Presence of a coordinated system-wide procedure for case containment of nosocomial infections CORE	**DOCUMENT REVIEW** Procedures on case containment of nosocomial infections *Note : case containment - means prevention of spread of infection examples: reverse isolation, prophylaxis for exposed personnel, vaccination, immunization* **INTERVIEW** Validate from staff in ER, wards and ICU the procedures on case containment	Document review ER Wards ICU	
6.3.2.b.3 core	The organization uses a coordinated system-wide approach to reduce the risks of nosocomial infections.	The organization takes steps to prevent and control outbreaks of nosocomial infections.	Presence of a coordinated system-wide procedure for asepsis CORE	**DOCUMENT REVIEW** Procedures on asepsis **INTERVIEW** Ask staff from ER, wards, laboratory and ICU about the approaches for asepsis during diagnostic and treatment procedures	Document review ER Wards ICU Laboratory	
6.3.3.a.1 core	The organization uses a coordinated system-wide approach to reduce the risks of infection the staff are exposed to in the performance of their duties.	There are programs for prevention and treatment of needle stick injuries, and policies and procedures for the safe disposal of used needles are documented and monitored.	Presence of policies and procedures on the prevention and treatment of needle stick injuries and safe disposal of needles CORE	**DOCUMENT REVIEW** 1. Policies and procedures for prevention and treatment of needle stick injuries 2. Policies and procedures on proper handling and safe disposal of sharps/needle sticks **INTERVIEW** Interview hospital staff on how they handle and dispose needles **OBSERVATION** Presence of receptacles for proper disposal of sharps	Document review ER Wards ICU Laboratory	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.3.3.b.1 core	The organization uses a coordinated system-wide approach to reduce the risks of infection the staff are exposed to in the performance of their duties.	There are programs for the prevention of transmission of airborne infections, and risks from patients with signs and symptoms suggestive of tuberculosis or other communicable diseases are managed according to established protocols.	Presence of program on prevention of transmission of airborne infections and risks from patients with signs and symptoms suggestive of tuberculosis or other communicable diseases CORE	**DOCUMENT REVIEW** 1. Infection control procedures on isolation and universal precaution 2. Program for the protection of healthcare workers, e.g. personal protective equipment (PPEs) 3. Policies on all patient admission/referral, isolation and timely case reporting of highly transmissible and notifiable infectious disease, e.g. meningococcemia, SARS, avian flu, etc. 4. Hand hygiene procedures 5. Environmental care and healthcare waste management 6. Procedures on recycling & reuse of equipment i.e. personal protective equipment **INTERVIEW** Validate hospital policies on infection control such as use of PPEs, isolation precautions and hand washing **OBSERVATION** 1. Observe for use of gloves, surgical masks 2. Look for sinks or lavatories or designated areas for hand washing or dispenser for sanitizers 3. Look for separate holding area/room for highly infectious cases 4. Ask a hospital staff to demonstrate hand washing technique	Document review ER Wards ICU Laboratory	
6.3.4.x.1 core	Cleaning, disinfecting, drying, packaging and sterilizing of equipment, and maintenance of associated environment, conform to relevant statutory requirements and codes of practice.		Presence of policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies CORE	**DOCUMENT REVIEW** 1. Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies 2. Policies on decontamination, disinfection and sterilization for specific medical equipment/items and area 3. Housekeeping procedures in specific patient areas	Document review	
6.3.5.x.1 core	When needed, the organization reports information about infections to personnel and public health agencies.		Presence of policies and procedures on reporting of infections to personnel and public health agencies CORE	**DOCUMENT REVIEW** Policies and procedures on reporting of infections to personnel and public health agencies	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
6.4 EQUIPMENT AND SUPPLIES						
Goal: The provision of equipment and supplies supports the organization's role.						
6.4.1.a.1	Planning of facilities and selection and acquisition of equipment and supplies involve input from relevant staff and are undertaken by appropriately-qualified personnel.	Appropriate equipment and supplies that support the organization's role and level of service are provided. Consideration is given to at least: *the intended use *cost benefits *infection control *safety *waste creation and disposal *storage	Presence of policies and procedures regarding acquisition of equipment and supplies, considering the intended use, safety, cost benefit, storage, infection control, waste creation and disposal	**DOCUMENT REVIEW** Procurement policy and plan which considers the following: 1. intended use 2. cost benefits 3. infection control 4. safety 5. waste creation and disposal 6. storage *Note* : all elements must be present in the policies, if not - score is partial **INTERVIEW** Ask about the processes in selecting and acquiring equipment and supplies (especially for LGU hospitals because procurement is centralized at the provincial/municipal/ city level)	Document review Leadership interview	
6.4.2.x.1	Specialized equipment is operated according to specifications and only by appropriately-trained staff.		Proof that specialized equipment is operated only by a trained staff	**DOCUMENT REVIEW** 1. License if applicable 2. List of specialized equipment 3. Certificates of training, certificates of attendance, or equivalent experience (at least 1 year) under a trained personnel **OBSERVATION** Identify specialized equipment that need only trained staff to operate *Example of specialized equipment* : MRI, CT scan, ECG, 2d echo, x-ray, respirator, ultrasound, anesthesia machine, endoscopes, etc.	Document review Imaging Laboratory Wards ICU OR/RR/DR Others	
6.4.3.x.1 core	Items designated by the manufacturer for single use are not reused unless the organization has specific policies and guidelines for safe reuse which take into consideration relevant statutory requirements and codes of practice.		Presence of policies, procedures and guidelines for safe reuse of items which comply with relevant statutory requirements CORE	**DOCUMENT REVIEW** Policies and procedures on safe reuse of items **INTERVIEW** Ask heads and staff about the following: 1. Policy on reuse of items 2. SOPs on reuse 3. Reporting 4. Personnel in charge	Document review Facilities and maintenance	

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6.5 ENERGY AND WASTE MANAGEMENT						
Goal: The organization demonstrates its commitment to environmental issues by considering and implementing strategies to achieve environmental sustainability.						
6.5.1.x.1 core	The handling, collection, and disposal of waste conform to relevant statutory requirements and codes of practice.		Presence of licenses/permits/ clearances from pertinent regulatory agencies implementing among others the following: RA 9003, RA 6969, RA 9275, PD 1586 DOH Hospital waste management manual, RA 8749 (Clean Air Act) CORE	**DOCUMENT REVIEW** Pertinent licenses/permits from regulatory agencies (LGU, DENR, etc.)	Document review	
6.5.2.x.1	The organization implements a waste disposal program which involves reuse, reduction and recycling.		Presence of policies and procedures on waste disposal which involve reuse, reduction and recycling	**DOCUMENT REVIEW** 1. Policies and procedures which involves reuse, reduction and recycling in compliance with RA 9003 and DOH guidelines 2. Waste management program 3. MOA/contract of outsourced services for waste management	Document review	
6.5.2.x.2 core	The organization implements a waste disposal program which involves reuse, reduction and recycling.		Proof of implementation of policies and procedures on waste disposal CORE	**DOCUMENT REVIEW** 1. Issuances - memos, guidelines on waste disposal 2. Contracts with waste handlers or disposal contractors, (if applicable) 3. Hospital policy that conforms to the joint DOH-DENR circular on waste management for LGUs **INTERVIEW** Ask staff regarding SOPs on actual procedure waste disposal **OBSERVATION** 1. Segregation of waste 2. Proper labeling of waste receptacles 3. Recyclable waste staging areas 4. Proper management of temporary storage areas prior to hauling for disposal	Document review ER Wards ICU Pharmacy Imaging Laboratory Facilities and maintenance	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
7. IMPROVING PERFORMANCE						
Goal: The organization continuously and systematically improves its performance by invariably doing the right thing the right way the first time and meeting the needs of its internal and external clients.						
7.1.x.1 core	The organization has a planned systematic organization-wide approach to process design and performance measurement, assessment and improvement.		Presence of Quality Improvement Program CORE	**DOCUMENT REVIEW** 1. Policy creating the QI program 2. Proof of meetings or similar documents of QA Committee activities 3. Policies and procedures on performance measurement and improvement **INTERVIEW** Validation of QI activities thru interview of pertinent staff including front liners and committee members	Document review Leadership interview	
7.2.a.1	New processes of care are designed collaboratively based on scientific evidence, clinical standards, cultural values and patient preferences.	There are resources available for developing or adopting clinical practice guidelines.	Proof that there are resources available for developing or adopting CPG	**DOCUMENT REVIEW** Annual plan and budget showing funds allotted to CPG development or adoption and implementation **INTERVIEW** Ask staff for presence of person knowledgeable of CPG appraisal	Document review Leadership interview	
7.2.b.1	New processes of care are designed collaboratively based on scientific evidence, clinical standards, cultural values and patient preferences.	Clinical practice guidelines for the top 10 causes of admissions and/or consultations and PhilHealth-adopted guidelines are disseminated and monitored.	Proof of dissemination of PhilHealth-adopted CPGs for the 10 conditions as contained in HTA Forum (if CPG is applicable in the hospital)	**DOCUMENT REVIEW** Documentation of dissemination of PhilHealth-adopted CPGs, e.g. conferences - topics, meetings - look at the minutes, agenda, memos and other issuances **OBSERVATION** CPGs or IEC materials available in the wards, nurses' station, and emergency room, doctors' offices/clinics	Document review ER OPD Wards	
7.2.b.2	New processes of care are designed collaboratively based on scientific evidence, clinical standards, cultural values and patient preferences.	Clinical practice guidelines for the top 10 causes of admissions and/or consultations and PhilHealth-adopted guidelines are disseminated and monitored.	Proof of dissemination of CPGs for the top 10 causes of admission and/or consultation	**DOCUMENT REVIEW** Documentation of dissemination and monitoring of CPGs, e.g. conferences - topics, meetings - look at the minutes, agenda, memos and other issuances **OBSERVATION** CPGs or IEC materials available in the wards, nurses' station, and emergency room, doctors' offices/clinics	Document review ER OPD Wards	
7.2.b.3	New processes of care are designed collaboratively based on scientific evidence, clinical standards, cultural values and patient preferences.	Clinical practice guidelines for the top 10 causes of admissions and/or consultations and PhilHealth-adopted guidelines are disseminated and monitored.	Proof of monitoring of CPG dissemination	**DOCUMENT REVIEW** 1. Conduct of utilization review of drugs, procedures or diagnostic tests based on CPG 2. Use of clinical pathways based on CPG 3. Conduct of medical audits using CPG as standard	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
7.3.x.1	Management is primarily responsible for developing, communicating, and implementing a comprehensive quality improvement program throughout the organization and delegating responsibilities to appropriate personnel for its day-to-day implementation.		Proof that the management is primarily responsible for developing, communicating and implementing a comprehensive quality improvement program throughout the organization and delegating responsibilities to appropriate personnel for its day-to-day implementation	**DOCUMENT REVIEW** 1. Memoranda/orders creating the QI team/Quality circle 2. Minutes of meetings/extracts of minutes relating to concerned topic, documentation of activities 3. Monitoring reports on CPG use or similar QI activities 4. Designation of a point person for the QA program **INTERVIEW** Validate the activities by asking the management team or officer involved in QA program	Document review Leadership interview	
7.4.x.1	All service units and staff are responsible for, and demonstrate involvement in, performance improvement that results in better services in internal and external clients.		Proof that all service units and staff are responsible for, and demonstrate involvement in performance improvement that results in better services for internal and external clients	**DOCUMENT REVIEW** 1. Policies or issuances on CQI Program 2. QA/CQI manual 3. Patient satisfaction survey results/ratings 4. Staff satisfaction survey **INTERVIEW** Validate the activities thru interview of any staff including the front liners, patients, external clients	Document review ER OPD Wards	
7.5.x.1	Managers and staff evaluate the effectiveness of the quality improvement program and take action to address any improvements required.		Proof of evaluation of the quality improvement program	**DOCUMENT REVIEW** 1. Minutes or extracts of minutes of the management or Executive Committee meetings 2. Memoranda, policies, orders emanating from the evaluation of QI programs/activities 3. Monitoring and evaluation reports	Document review	
7.6.x.1 core	The organization provides better care service as a result of continuous quality improvement activities.		Presence of patient satisfaction survey CORE	**DOCUMENT REVIEW** 1. Patient satisfaction survey results 2. Patient satisfaction survey questionnaire (may check on the domains and items)	Document review	
7.6.x.2	The organization provides better care service as a result of continuous quality improvement activities.		Proof of better patient outcomes	**DOCUMENT REVIEW** Documentation of better outcomes for patients as a result of CQI activities, e.g. declining trends of nosocomial infection, increase in patient satisfaction ratings, in OB - increase in trend of trial labor vs. CS, increase use of component blood vs. fresh whole blood, etc.	Document review	
7.6.x.3	The organization provides better care service as a result of continuous quality improvement activities.		Proof of better services whether in-patient or out-patient	**DOCUMENT REVIEW** Documentation of better services, e.g. reduction of turn-around-time for diagnostic tests, OPD and ER services; increase in patient satisfaction ratings, higher Benchbook assessment ratings for renewal application, etc.	Document review	

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE	SECTION	REMARKS
7.7.x.1	Quality improvement activities respect the confidentiality of data regarding patients, staff and other care providers.		Proof that QI activities respect the confidentiality of data regarding patients, staff and other care providers	**DOCUMENT REVIEW** 1. Policies and procedures on confidentiality of records 2. QA/CQI manual 3. Reports related to QI activities **INTERVIEW** Ask also 1. How the staff protects/ensures confidentiality of patient's data especially in relation to audit or peer review and how they prevent staff from leaking data or information. 2. How they present a picture of a patient like in IEC materials. *Note : The surveyor should look for any data that can be attributed to specific individuals*	Document review Leadership interview	