

Benchbook for Non-Hospital Health Care Facilities

Standards, Criteria and Indicators

Leadership and Human Resource Management

Non-hospital health facilities must be well managed to be effective. Effective management and team work are needed to provide essential health services to the population it serves. The team must be qualified and appropriately trained to provide optimum quality care. The leadership in turn must assume the responsibility to promote and implement these in the health facility.

This set of standards covers processes for leadership and human resource management. At the leadership level it covers governance. Effective leadership is reflected in the performance of the following areas: leadership structure, accountability, relationships, and operational performance, including adequate resources and policies. At the staff level, it includes staffing, qualifications, orientation, education and training, competency, and performance evaluation.

Quality Standard	Criteria	Indicators
1.1 The facility has a well-defined organizational structure, functions and responsibilities to operate as a non-hospital health care facility.	1.1.1 The facility has a clear mandate, standard operating procedures and leadership and staff capable to provide the health service.	1.1.1.1 Presence of the standard operating procedures and/or quality manual that contains a section on organizational structure and function of each staff, code of ethics, behavior and relationship, annual performance evaluation and promotion of accountability (sentinel)
1.2 The facility implements a program to promote teamwork, good performance and accountability among all staff.	1.2.1 The leadership, management and staff promote good communication, performance evaluation and work satisfaction among all staff.	1.2.1.1 The facility has a bulletin board that includes memos and other forms of communication among staff (sentinel) 1.2.1.2 Percent of staff with annual performance evaluation for the previous year (rate) 1.2.1.3 Percent of staff with average performance rating of at least satisfactory or 80% (rate) 1.2.1.4 Percent of staff with work satisfaction score of at least satisfactory or 80% (rate)
1.3 The staff hiring process is based on sound health human resource needs and hiring credentials.	1.3.1 The professional mix and credentials of staff is based on the services that the facility provides.	1.3.1.1 Percent of staff involved in patient care has updated curriculum vitae (rate) 1.3.1.2 Percent of staff involved in patient care are active members

	1.3.2 The number of staff involved in patient care is based on the number of patients the facility serves.	of their professional organization (rate) 1.3.2.1 The number of health workers or the ratio of health care provider to population follows the licensing or standard recommendation (sentinel)
Quality Standard	Criteria	Indicators
1.4 The facility implements a continuing training and capacity building program for all staff.	1.4.1 The facility conduct standardized job orientation and re-orientation module to new and existing staff. 1.4.2 Staff involved in patient care has annual continuing professional development plan.	1.4.1.1 All new and existing staff attended job orientation and re-orientation annually (sentinel) 1.4.2.1 All staff undergo review of evidence-based clinical practice guidelines and clinical pathways (sentinel) 1.4.2.2 All staff involved in patient care attends training or continuing professional development conducted by their professional society or other government agency annually (rate)
Finance Standard	Criteria	Indicators
1.5 The facility has sound financial management procedures.	1.5.1 The facility managed its budget and expenditures based on acceptable standard procedures.	1.5.1.1 Presence of the standard operating procedures and quality manual that contains financial management that involves budgeting, spending, accounting and auditing procedures. (sentinel) 1.5.1.2 Presence of annual budget and financial report for the preceding year (sentinel)
1.6 The staff compensation is based on workload assessment and credentials and is in accordance with existing laws to promote efficient operations of the facility.	1.6.1 The facility has standardized employment contract/agreement/job description that reflect compensation and benefits signed by employer and staff	1.6.1.1 Percent of staff with employment contract/agreement/job description that reflect compensation and benefits signed by employer (rate) 1.6.1.2 All staff has compensation structure in accordance with labor laws (sentinel)

Information Management

Reliable data and information should guide managers and health care providers of health facilities to develop, provide, coordinate and integrate services. Good information management, whether paper-based or electronic, should include methods of collection and storage that is appropriate and compatible with the usual programs for data analysis, use and dissemination of information. It should also cover privacy and security.

This set of standards covers the planning function (components of clinical records, authentication, timeliness, and record retention) as well as documentation of items in the patient records. It also covers methods of summarizing and analyzing these data into useable information.

Quality Standard	Criteria	Indicators
2.1 The facility maintains a detailed and efficient medical records management and safeguards confidentiality.	<p>2.1.1 The records of patients are kept in a safe and private section of the facility</p> <p>2.1.2 There is a standardized detailed medical record used for patients consulting in the facility</p>	<p>2.1.1.1 The clinical records are in a cabinet/computer located in a more private area of the facility (sentinel)</p> <p>2.1.2.1 Relevant patients' data are recorded in a standardized medical record form (rate)</p>
2.2 The facility has an accurate, timely and efficient computer-based data analysis and information management.	2.2.1 The facility ensures accurateness of information for computer-based information storage, management and analysis of data relevant to the facility's operations.	<p>2.2.1.1 The facility conduct an annual review of patient's records for completeness, accuracy and current health status (sentinel)</p> <p>2.2.1.2 An updated facility annual performance report (sentinel)</p> <p>2.2.1.3 The overall performance report show an average of 80% success rate (sentinel)</p>
Finance Standard	Criteria	Indicators
2.3 The facility has a timely and efficient financial management and accounting system.	2.3.1 The facility has a computer and computer program for financial management and accounting.	2.3.1.1 An updated financial report (sentinel)

Patient Rights and Responsibilities

The success of ambulatory care is dependent on shared responsibility between the health care provider and patients. The effectiveness of health intervention is not dependent on the intervention itself but also to patient behavioral characteristics such as appropriate understanding of the disease and treatment, compliance to treatment and support from family members. This can be achieved by promoting patient-centered care. This type of care puts emphasize on the rights and responsibilities of the patients and their family.

These standards address both the rights of patients, as well as patient responsibilities. Standards regarding patient rights are in respect to informed consent, receiving information, participating in decision making, and services provided to respect patient rights.

Quality Standard	Criteria	Indicators
3.1 The facility implements a policy that promotes, respect and support patient's rights and responsibilities for the patients' and family's involvement in their care.	3.1.1 The facility informs the patients about the available services and its cost and other charges, the diagnosis and treatment, and involving patients and family in the care of the patient and procedures for monitoring patient compliance to care.	3.1.1.1 Presence of the standard operating procedures and quality manual that specify the process of informing the available services and its cost and other charges, procedures for obtaining informed consent, procedures for informing the patient about the diagnosis and treatment, and involving patients and family in the care of the patient and procedures for monitoring patient compliance to care. (sentinel) 3.1.1.2 Presence of flyers or posted services and its cost (sentinel) 3.1.1.3 Percent of patients record that included signed informed consent (rate) 3.1.1.4 Percent of patients record with signed patient instructions (rate)
3.2 The facility defines the population it plans to serve and develop services according to the population's needs.	3.2.1 The facility maintains a database of demographic, social, economic and health information of its population and updates it annually.	3.2.1.1 Annual demographic, social, economic and health profile of the population the facility serves (sentinel)

<p>3.3 The facility implements a program that encourages and addresses feedback from patients.</p>	<p>3.3.1 The facility actively solicit patient feedback or exit survey after each patient/client encounter and address any issues surrounding the encounter.</p>	<p>3.3.1.1 Patient satisfaction report from at least 10 patients (rate)</p> <p>3.3.1.2 Patient satisfaction average score (rate)</p> <p>3.3.1.3 Report as evidence of addressing patient complaint (sentinel)</p>
Finance Standard	Criteria	Indicators
<p>3.4 The facility practice equitable charging for its services in accordance with the patient's preference and socio-economic capacity.</p>	<p>3.4.1 The facility implements a program for flexible charging or user fee system, pre-service payment or post-service payment scheme, alternative payment scheme adapted to the patient's socio-economic status.</p>	<p>3.4.1.1 Presence of the standard operating procedures and quality manual that specify the method of classifying patients based on their socio-economic status, flexible charging or user fee system, pre-service payment or post-service payment scheme, alternative payment scheme (sentinel)</p> <p>3.4.1.2 Percent of patients are classified according to their socio-economic status (rate)</p> <p>3.4.1.3 Percent of records reflect the amount of out-of-pocket payment made by the patient (rate)</p>

Patient Care Standards

Evidence-based medicine emphasizes appropriate decision making by health care providers. It calls for the application of diagnosis and treatment that are effective based on the best available published studies. The diagnosis includes strategies like adequate history taking, physical examination and laboratory studies. While treatment includes pharmacologic and non-pharmacologic. These are the elements included in patient care standards.

These standards address the stages of medication use, including planning; selection; storage and safe management of medications; ordering; preparing and dispensing; administration; and monitoring of effect and evaluation of the processes. This section covers four basic areas: planning care, implementing care, special conditions, and discharge or transfer. Standards address steps such as admission and assessment of patients, planning care, direct patient care, patient education and training, and coordination of follow-up care.

Quality Standard	Criteria	Indicators
4.1 The facility compiles and implements evidence-based clinical practice guidelines and clinical pathways as basis for the care of their patients.	4.1.1 The facility use clinical practice guidelines and clinical pathways as the basis for health service provision that includes diagnostic, treatment, health education and continuity of care.	4.1.1.1 Presence of the standard operating procedures and quality manual that contains the following: clinical practice guidelines and clinical pathways on the common illnesses the facility encounters and procedures for prompt service provision that includes diagnostic, treatment, health education and continuity of care (sentinel) 4.1.1.2 Percent of health staff who is familiar with the clinical practice guidelines and pathways used by the facility (rate)
4.2 The facility provides prompt and timely attention to patients.	4.2.1 The facility implements a strategy to facilitate provision of health services in a prompt and timely manner.	4.2.1.1 The patients are informed about the flow of accessing the services in the health facility (rate) 4.2.1.2 Reasonable time for a patient to enter and exit from the facility for a common medical consultation (sentinel) 4.2.1.3 Time for release of laboratory results is less than 2 days (sentinel)
4.3 Assessment of patients should be	4.3.1 The facility implements evidence-	4.3.1.1 Percent compliance to evidence-based clinical practice

comprehensive and complete.	based clinical practice guidelines and clinical pathways recommendations to guide appropriate assessment of patients 4.3.2 The assessment include psychological, social and economic issues	guidelines recommendations in terms of history taking and physical examination (rate) 4.3.1.2 Percent compliance to evidence-based clinical practice guidelines recommendations in terms of appropriate laboratory tests (rate) 4.3.1.3 Percent compliance to evidence-based clinical practice guidelines recommendations in terms of ICD 10 diagnosis (rate) 4.3.2.1 Percent compliance on psychological, social and economic assessment (rate)
Quality Standard	Criteria	Indicators
4.4 The facility provides effective interventions and health education based on complete patient assessment.	4.4.1 The facility implements evidence-based clinical practice guidelines and clinical pathways recommendations to guide appropriate interventions to patients.	4.4.1.1 Percent compliance to evidence-based clinical practice guidelines and clinical pathways recommendations in terms of drug treatment (rate) 4.4.1.2 Percent compliance to evidence-based clinical practice guidelines and clinical pathways recommendations in terms of non-drug treatment (rate) 4.4.1.3 Percent compliance to evidence-based clinical practice guidelines and clinical pathways recommendations in terms of health education and instructions for patients (rate)
4.5 The facility implements a system that promotes continuity of care.	4.5.1 The facility implements a follow-up and referral system that includes laboratory and medication review	4.5.1.1 Percent of patients were given instruction on follow-up or referral of care (rate) 4.5.1.2 Percent of patients with chronic disease whom a laboratory and medication review was done every month (rate)
Finance Standard	Criteria	Indicators
4.6 The facility promotes cost-effective diagnostic and treatment interventions.	4.6.1 The facility promotes a decision-making process of health care providers and patients based on the cost and effectiveness of diagnostics and	4.6.1.1 Percent of chart records shows the cost of diagnosis and treatment prescribed to the patients (rate) 4.6.1.2 Percent of the chart records shows the patient is aware of

	treatment interventions.	the cost of diagnosis, treatment and other fees (rate) 4.6.1.3 Percent of patients with an average total out-of-pocket payment made for the total health services availed is less than 40% of average monthly income (rate)
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Access to Essential Care, Networking and Referral

Non-hospital facilities provide health service for patients needing health care beyond the home environment but outside of the hospital facilities. These facilities need a smooth integration between the home, community and hospitals. The facility must be aware of the essential care needs of the patients and community it serves. This will entail consultation and planning for the needed services. When the needed health service is not available, networking strategies and referral systems promoting access to care must be developed by the facility. The management of the facility must take the lead in developing and implementing the networking and referral arrangement.

These standards include planning for developing services, and networking to promote access to the needed services. It also includes responding to emergencies in the community which include communications, managing resources, security and safety, staff, utilities, patients, and use of volunteers for disaster responsibilities.

Quality Standard	Criteria	Indicators
5.1 Basic and essential services must be developed by the facility and provided to the community it serves.	5.1.1 The facility has procedures for developing the needed health services and promoting access these services.	5.1.1.1 Presence of the standard operating procedures and quality manual that contains the following: procedures for determining and developing the needed health services and procedures on how to access these services (sentinel) 5.1.1.2 Presence of instructions, information dissemination or flyers/signage that informs patients of the available network of health facilities and services and how to access it (sentinel) 5.1.1.3 The essential services must include basic preventive, diagnostic, imaging, therapeutic, and health education are provided by the facility or in special arrangement with another facility (sentinel)
5.2 The facility implements a networking of care arrangement to facilitate smooth transfer of care process.	5.2.1 The facility is part of a referral or network system	5.2.1.1 Memorandum of agreements or memorandum of understanding for a referral or networking arrangement (sentinel) 5.2.1.2 Percent of patients referred to other health care provider has an accomplished referral form (rate)

		<p>5.2.2.1 The standard operating procedures has guideline for evaluating emergencies and transferring patients to appropriate facilities (sentinel)</p> <p>5.2.2.2 Available emergency transport system (sentinel)</p>
Finance Standard	Criteria	Indicators
5.3 The facility implements a health financing scheme designed to protect patients from catastrophic health expenditures.	5.3.1 The facility actively promotes enrollment to social insurance program among its patients	<p>5.3.1.1 Percent of patients seen in the facility who are members of social health insurance program (PHIC) (rate)</p> <p>5.3.1.2 Percent of patient records that has computation for the total payment for the health services availed (rate)</p>

Safe Practice Environment and Infection Control

Patient safety is a very important component in hospital licensing standards. In primary and outpatient care however, patient safety is a developing field with an embryonic but evolving evidence base. Risk to patients includes infections, accidents and injuries that may occur while the patient is under the care of a health facility.

These standards measure how well a safe, functional and effective is the layout of the health facility for patients, staff and other individuals. These standards also address safety and security risks, hazardous materials and waste management, fire safety, medical equipment, and utility systems. They also address how the ambulatory care provider identifies and reduces the risk of acquiring and transmitting infections. Areas covered include responsibility and resources for the function, risk identification and goal setting processes, prevention planning functions, implementation steps, and evaluation of the program.

Quality Standard	Criteria	Indicators
6.1 The facility developed and implements a risk management program.	6.1.1 The facility has program on accidents and adverse event prevention, monitoring and reporting.	6.1.1.1 Presence of the standard operating procedures and quality manual that specify the procedures for accidents and adverse event prevention, monitoring and reporting (sentinel) 6.1.1.2 Presence of monthly accidents and adverse events reports (sentinel)
6.2 The facility implements a program for infection control.	6.2.1 The facility has an infection control program to prevent facility-acquired infections.	6.2.1.1 Presence of the standard operating procedures and quality manual for an infection control program and monitoring and promoting a clean and sanitized health care facility (sentinel) 6.2.1.2 Evidence of a system of monitoring and promoting a clean and sanitized health care facility (sentinel)
6.3 The facility promotes safe care environment and equipment maintenance.	6.3.1 The facility implements a program to prevent accidents and adequate maintenance of equipment and the facility as a whole.	6.3.1.1 Presence of the standard operating procedures on safety of all the area in the facility and maintenance of equipment (sentinel) 6.3.1.2 Presence of monthly report forms for accidents and other sentinel events (sentinel)

		<p>6.3.1.3 Presence of clean water, electrical power and back-up power supply and fire-fighting equipment (sentinel)</p> <p>6.2.1.4 Regular equipment maintenance report (sentinel)</p> <p>6.3.1.5 Temperature monitoring of cold chain refrigerator and cold transport equipment (sentinel)</p>
Finance Standard	Criteria	Indicators
6.4 The facility assumes financial accountability for adverse events or accidents inside the care environment.	6.4.1 The facility implements a program of assistance or indemnification to patients for adverse events or accidents inside the care environment.	6.4.1.1 Presence of standard operating procedure that contains policies assisting or indemnifying patients to had adverse reaction or accident in the facility (sentinel)

Improving Performance

Health care services constantly evolve. New methods of diagnosis and treatment are developed in a fast pace. The non-hospital health facility needs to adapt to these changes as well. To do this, the staff needs to have a culture of quality and safety. It should have the capacity to monitor its processes and improve performance. The leaders and the whole staff must support and understand the principles of quality improvement in health care and use it to make the health services of the facility safe and effective.

These standards focus on basic elements of using data to monitor performance, compiling and analyzing data to identify improvement opportunities, and taking action on improvement priorities.

Quality Standard	Criteria	Indicators
7.1 The facility implements an organization-wide quality improvement program.	<p>7.1.1 The facility has clear procedures for continuous quality improvement of services and its management.</p> <p>7.1.2 Clinical practice guidelines, clinical pathways and other evidence-based recommendations are used to guide clinical quality improvement program.</p>	<p>7.1.1.1 Presence of the standard operating procedures for a quality improvement program that cover clinical, administrative and financial performance (sentinel)</p> <p>7.1.2.1 Quality improvement reports on compliance to clinical practice guidelines, clinical pathways and other evidence-based recommendations (sentinel)</p> <p>7.1.2.2 Rate of compliance to clinical practice guidelines, clinical pathways and other evidence-based recommendations (Rate)</p> <p>7.1.2.3 Evidence of changes based on quality improvement reports (sentinel)</p>
Finance Standard	Criteria	Indicators
7.2 The facility promotes an equitable provision of services.	7.2.1 The facility implements a quality program for organizational and financial sustainability.	<p>7.2.1.1 The facility conducts activity to obtain income from source other than fee-for-service from patients (sentinel)</p> <p>7.2.1.2 Financial report showing no more than 10% net profit (sentinel)</p>

Facility Specific Standards, Criteria, Indicators and Evidences of Compliance

Birthing Homes and Infirmary

Birthing Home (Maternity Care Provider (MCP)) is a health facility that provides maternity service on pre-natal, post-natal care, normal spontaneous delivery and care of newborn babies (DOH AO 147 s 2004). It is a primary care facility with in-patient bed capacity but only for maternity and newborn care services.

Leadership and Human Resource Management		
Quality Standard	Criteria	Indicators
8.1 The staff hiring process is based on sound health human resource needs and hiring credentials.	8.1.1 The medical, nursing, midwife and support staff should have training in maternal, newborn and in-patient care	8.1.1.1 Medical staff have certificate of training in BEmONC, family planning, newborn screening and/or other equivalent trainings (rate) 8.1.1.2 The facility has medical doctor or arrangement with a medical doctor with training in obstetrics and gynecology (sentinel) 8.1.1.3 Every day, the facility has a health care provider who goes on 24 hours i.e. a medical doctor (infirmary) or midwife (birthing facility) (sentinel)
Patient Rights and Organizational Ethics		
Quality Standard	Criteria	Indicators
8.2 The facility implements a policy that promotes respect and support patient's rights and responsibilities for the patients' and family's involvement in their care.	8.2.1 The facility informs the patient about the condition and the prognosis, detailed explanation of the treatment intervention and alternative options for treatment aside from infirmary or birthing clinic, and procedures for patients and family to give their consent and their participation in the care process.	8.2.1.1 Presence of the standard operating procedures and quality manual that specifies the procedure for informing the patient about the condition and the prognosis; detailed explanation of the treatment intervention and alternative options for treatment aside from infirmary or birthing clinic, and procedures for patients and family to give their consent and their participation in the care process (sentinel) 8.2.1.2 Percent of charts reviewed that showed detailed

		<p>explanation of the disease prognosis and alternative treatment and it's cost that is signed by the patient and family (rate)</p> <p>8.2.1.3 Percent of the charts reviewed that showed detailed explanation of the treatment procedure including its risks and side effects and is signed by the patient and/or family (rate)</p> <p>8.2.1.4 Percent of the charts reviewed that showed detailed explanation of the role that the patient and family in the care process and is signed by the patient and/or family (rate)</p>
Patient Care Standards		
Quality Standard	Criteria	Indicators
8.3 The facility provides effective interventions and health education based on complete patient assessment.	<p>8.3.1 The facility has a clear assessment and entry criteria before initiating treatment intervention in the facility</p> <p>8.3.2 The facility implements current monitoring of the patient's disease status and quality of life based on clinical practice guideline recommendations</p>	<p>8.3.1.1 Percent of patients with baseline assessment that included assessment of criteria for admission (rate)</p> <p>8.3.1.2 Percent of patients who were given intervention of ≤4 days of in-patient care (rate)</p> <p>8.3.2.1 Percent of patients with serial monitoring of the patient's disease status i.e. vital signs and symptoms or laboratory tests (rate)</p> <p>8.3.2.2 Percent of patients who had good clinical outcomes after ≤4 days of in-patient care (rate)</p>
Access to Essential Care, Networking and Referral		
Quality Standard	Criteria	Indicators
8.4 The facility implements a networking of care arrangement with other facilities and the community to facilitate smooth transfer of care process.	<p>8.4.1 The facility employs or has arrangement with a specialist like family medicine, internal medicine, surgeon, anesthesiologist, obstetrician and pediatrician to respond to referral of difficult cases</p> <p>8.4.2 The facility has standard guidelines for handling emergencies and access to</p>	<p>8.4.1.1 Memorandum of agreements or memorandum of understanding for a referral or networking arrangement with a specialist like family medicine, internal medicine, surgeon, anesthesiologist, obstetrician and pediatrician to respond to for referral of difficult cases (sentinel)</p> <p>8.4.2.1 Available ambulance with basic life support equipment as emergency transport (sentinel)</p>

	available emergency transport	
Safe Practice Environment and Infection Control		
Quality Standard	Criteria	Indicators
8.5 The facility developed and implements a risk management program.	8.5.1 The facility implements a program designed specifically to closely monitor side effects, adverse events, accidents and other untoward incidents	8.5.1.1 Percent of patients showed monitoring of side effects, adverse event, accidents and other untoward incident in their record (rate)
8.6 The facility implements a program for infection control and safe care environment.	8.6.1 The facility regularly conducts infection control procedures for the facility 8.6.2 The facility regularly checks its care environment to minimize risk of harm to patients.	8.6.1.1 Monthly report of infection control procedure done on the facility, equipment and supplies (sentinel) 8.6.2.1 Monthly safety reports (sentinel)

Chemotherapy and Dialysis Center

Specialized Out-Patient Facility is a facility with highly competent and trained staff that performs highly specialized procedures on an out-patient basis. Examples are Oncology Chemotherapeutic Center/Clinic, Dialysis Clinic and Ambulatory Surgical Clinic. These facilities can be in Level 3 Hospital Facility. Oncology Chemotherapeutic/Radiation Center is a facility that provides cancer chemotherapy and radiation services. Dialysis Center is a facility that provides hemodialysis or peritoneal dialysis to patients with end-stage renal disease in an outpatient basis.

Patient Rights and Organizational Ethics		
Quality Standard	Criteria	Indicators
9.1 The facility implements a policy that promotes respect and support patient's rights and responsibilities for the patients' and family's involvement in their care.	9.1.1 The facility informs the patient about the condition and the prognosis, detailed explanation of chemotherapy or dialysis and alternative options for treatment, the feasibility and its cost and procedures for patients and family to give their consent and advance directives	9.1.1.1 Presence of the standard operating procedures and quality manual that contains procedures on informing the patient about the condition and the prognosis, detailed explanation of chemotherapy or dialysis and alternative options for treatment, the feasibility and its cost and procedures for patients and family to give their consent and advance directives (sentinel) 9.1.1.2 Percent of charts reviewed showed detailed explanation of the disease prognosis and alternative treatment and it's cost that is signed by the patient and family (rate)
Finance Standard	Criteria	Indicators
9.2 The facility implements a health financing scheme designed to protect patients from catastrophic health expenditures.	9.2.1 The facility implements a program that allows patients to avail pre-service payment, post-service payment and other forms of alternative payment schemes. 9.2.2 The facility has established partnership with donor agencies or foundations that provide financial support to patients.	9.2.1.1 Presence of the standard operating procedures that contain procedures to allow patients to avail pre-service payment, post-service payment and other forms of alternative payment schemes (sentinel) 9.2.1.2 Current list patients and their preferred payment schemes (sentinel) 9.2.2.1 Arrangement with donor agency or foundation (sentinel) 9.2.2.2 Current list of patients getting benefits from donor partners (sentinel)

Patient Care Standards		
Quality Standard	Criteria	Indicators
9.3 The facility provides evidence-based effective interventions and health education based on complete patient assessment.	9.3.1 The facility implements current monitoring of the patient's disease status and quality of life based on clinical practice guideline recommendations	9.3.1.1 Current serial monitoring of the patient's disease status i.e. latest biopsy result, latest blood chemistry (sentinel) 9.3.1.2 Serial monitoring of the patient's quality of life (sentinel) 9.3.1.3 Survival data (sentinel)
Safe Practice Environment and Infection Control		
Quality Standard	Criteria	Indicators
9.4 The facility developed and implements a risk management program.	9.4.1 The facility implements a program designed specifically to monitor side effects and adverse events.	9.4.1.1 Percent of patients showed monitoring of adverse event in their record (rate)
9.5 The facility implements a program for infection control, safe care environment and equipment maintenance.	9.5.1 The facility regularly conducts infection control procedures. 9.5.2 The facility regularly checks and calibrates its equipment prior to use for patient treatment	9.5.1.1 Monthly report of infection control procedure such as i.e. spraying of disinfectant, cleaning and sterilization of equipment and replenishing of supplies are done on the facility (sentinel) 9.5.1.2 Regular monitoring of microorganism growth on the surface of facility, equipment and supplies (sentinel) 9.5.2.1 Daily equipment calibration report (sentinel) 9.5.2.2 Monthly equipment maintenance report (sentinel)

Ambulatory Surgical Clinic

Ambulatory Surgical Clinic (ASC) is a government or privately owned institution which is primarily organized, constructed, renovated or otherwise established for the purpose of providing elective surgical treatment of outpatients whose recovery, under normal and routine circumstances, will not require inpatient care.

Patient Rights and Organizational Ethics		
Quality Standard	Criteria	Indicators
10.1 The facility implements a policy that promotes respect and support patient's rights and responsibilities for the patients' and family's involvement in their care.	10.1.1 The facility informs the patient about the surgical condition and the prognosis, detailed explanation of the procedure and alternative options for treatment aside from surgery, the feasibility and its cost and procedures for patients and family to give their consent	<p>10.1.1.1 Presence of the standard operating procedures and quality manual that specify the procedure for informing the patient about the surgical condition and the prognosis, detailed explanation of the procedure and alternative options for treatment aside from surgery, the feasibility and its cost and procedures for patients and family to give their consent (sentinel)</p> <p>10.1.1.2 Percent of charts reviewed showed detailed explanation of the disease prognosis and alternative treatment and its cost that is signed by the patient and family (rate)</p> <p>10.1.1.3 Percent of the charts reviewed showed detailed explanation of the surgical procedure and is signed by the patient and family (rate)</p>
Finance Standard	Criteria	Indicators
10.2 The facility implements a health	10.2.1 The facility has a standard	10.2.1.1 Presence of the standard operating procedures and quality

financing scheme designed to protect patients from catastrophic health expenditures.	operating procedures and quality manual that contains a program that allows patients to avail pre-service payment, post-service payment and other forms of alternative payment schemes 10.2.2 The facility has established partnership with donor agencies or foundations that provide financial support to patients	manual that contains a program that allows patients to avail pre-service payment, post-service payment and other forms of alternative payment schemes (sentinel) 10.2.1.2 Current list patients and their preferred payment schemes (sentinel) 10.2.2.1 Arrangement with donor agency or foundation (sentinel) 10.2.2.2 Current list of patients getting benefits from donor partners (sentinel)
Patient Care Standards		
Quality Standard	Criteria	Indicators
10.3 The facility provides evidence-based effective interventions and health education based on complete patient assessment.	10.3.1 The facility implements current monitoring of the patient's disease status and quality of life based on clinical practice guideline recommendations	10.3.1.1 Current monitoring of the patient's disease status i.e. latest biopsy result, latest blood chemistry (rate)
Safe Practice Environment and Infection Control		
Quality Standard	Criteria	Indicators
10.4 The facility developed and implements a risk management program.	10.4.1 The facility implements a program designed specifically to monitor side effects and adverse events.	10.4.1.1 Percent of patients showed monitoring of bleeding and adverse event in their record (rate) 10.4.1.2 Percent of patient records showed monitoring of wound dehiscence and infection rate (rate)
10.5 The facility implements a program	10.5.1 The facility regularly conducts	10.5.1.1 Monthly report of infection control procedure i.e. spraying

<p>for infection control, safe care environment and equipment maintenance.</p>	<p>infection control procedures for the facility</p>	<p>of disinfectant, cleaning and sterilization of equipment and replenishing of supplies done in the facility (sentinel)</p> <p>10.5.1.2 Regular monitoring of microorganism growth on the surface of facility, equipment and supplies (sentinel)</p>
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