



**Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

**ANNEX K - 1
AO No. 2012-0012**

ASSESSMENT TOOL FOR LICENSING A HOSPITAL

GENERAL INSTRUCTIONS IN FILLING OUT THE TOOL:

1. The team shall make sure they have the complete set with the following: Standards/Indicators for a specific Level of hospital, Attachments A, B and C.
2. The team leader shall assign sections of the assessment tool to corresponding team members.
3. The Licensing Officer shall make use of: DOCUMENT REVIEW, INTERVIEW AND OBSERVATION to validate findings. The team members should not limit their tour to the areas suggested under Column "AREAS".
4. If the corresponding items are present or available, place a check (✓) on the column "COMPLIED" opposite each box alongside each corresponding item; if not, put an (X).
5. The team shall document relevant observations both positive and negative, including innovations and initiatives undertaken by the facility under "REMARKS" Column. Indicate also if the service/s is/ are "ADD ON" in this column.
6. The Team Leader shall at the end of the inspection or monitoring visit, make sure that the team members complete their respective tool sections.
7. The team leader shall ensure that all team members write down their printed names, designation and affix their signature and indicate the date of inspection or monitoring at the last page of the Assessment Tool.
8. The Team Leader shall make sure that the Head of the facility or, when not available, the authorized next most senior or responsible officer affix his/her signature on the same aforementioned pages and indicate the position, to signify that inspection or monitoring results were discussed during the exit conference.
9. The team shall provide a copy of the accomplished and signed assessment tool to the facility.
10. The assessment tool shall be used for self-assessment, inspection and monitoring activities.

I. HEALTH FACILITY INFORMATION

Name of Facility: _____

Address: _____

Geographic Coordinates of the Facility: Latitude: _____ Longitude: _____

Email Address: _____ Tel. / Fax Nos.: _____

Name of Owner: _____ Tel. / Fax Nos.: _____

Hosp. Administrator: _____ Tel. / Fax Nos.: _____

Chief of Hospital/Med. Director: _____ Tel. / Fax Nos.: _____

License To Operate: _____ Authorized Bed Capacity: _____

Classification: General ☐ Specialty ☐

Government: ☐ Private: ☐

National ☐ Single Proprietorship ☐

Local ☐ Corporation ☐

Others: (specify) _____ Others: (specify) _____

Type of application: Initial ☐ Renewal ☐

DOH STANDARDS (Indicators) for LEVEL 1 HOSPITAL

CRITERIA (This refers to the specific and measurable indicators that help determine whether or not the standard has been met.)	INDICATOR (This is the REQUIREMENT of the standard. This is what Licensing Officers will look for. It refers to measurable variables or characteristics used to determine the degree of adherence to a standard.)	EVIDENCE (Proof of compliance to the indicator: document, interview or observation)	AREAS (Not limited to the suggested areas)	Put a check if complied.	REMARKS
I. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS Goal: To improve patient outcomes by respecting patients' rights and ethically relating with patients and other organizations Standard: Organizational policies and procedures respect and support patients' rights to quality care and their responsibilities in that care. (A standard shall be expressed as a general statement. This is the ideal performance.)					
1. Informed consent is obtained from patients prior to initiation of care. <i>Note: *Informed consent - includes a patient-doctor discussion of the nature of the decision or procedure; alternatives to the proposed intervention; the risks, benefits, and uncertainties related to each alternative; assessment to patient understanding; and patient's acceptance or refusal of the intervention.</i>	All patient charts have signed consent.	DOCUMENT Patients charts – get charts of patients currently admitted. If hospital is departmentalized, get samples during tour of the different departments. INTERVIEW Ask patient/family from the wards/ICU if they were appropriately informed by authorized personnel (doctor or nurse) about their disease, condition or disability, its severity, prognosis, benefits and possible adverse effects of treatment options and the likely cost of treatment.	Wards		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
2. Policies and procedures which identify and address patients' rights and responsibilities are documented and monitored.	<p>Presence of policies and procedures to identify and address patients' rights (including rights of incompetent patient, i.e. minors):</p> <ol style="list-style-type: none"> 1. Right to information 2. Right to refuse treatment 3. Right to privacy 4. Right to personal choice 5. Right to care and security of personal belongings 6. Right to freedom from restraint 7. Right to freedom from abuse, mistreatment and abuse, etc. 	<p>DOCUMENT REVIEW Policies and procedures on patients' rights, i.e. use of restraints, patient's refusal, etc.</p> <p>INTERVIEW May ask a staff (doctor or nurse) to enumerate patients' rights or ask some patients at random if their rights were explained to them.</p> <p>OBSERVE If patients' rights are posted in conspicuous places.</p>	Wards		
II. PATIENT CARE A. ACCESS Goal: The organization is accessible to the community that it aims to serve. Standard: The organization informs the community about the services it provides and the hours of their availability.					
3. 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.	<p>Presence of facilities consistent with clinical service capability as stipulated in its DOH LTO which is posted and displayed in a conspicuous area visible to clients.</p>	<p>DOCUMENT REVIEW</p> <ol style="list-style-type: none"> 1. List of services available 2. DOH LTO (updated, valid and original). 3. PNRI certification (when applicable) <p>OBSERVE The facilities, and structure. Check if the service capability of the hospital is in accordance with the health facility level. including "Add On" Services</p>	ER OPD OR/RR		
4. A multi-level ramp shall have a minimum clear width of 1.22 meters in one direction and slope is 1:12; an elevator which can accommodate at least a patient bed, provided if there is no ramp; Ramp is provided at the entrance if it is not at the same level with the inside	<p>Presence of ramp or elevator</p>	OBSERVE			

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
5. LEVEL 1 CLINICAL AND FACILITIES FOR IN PATIENTS - Intensive to highly specialized care and management	Clinical services at least for: - Medicine - Pediatrics - Obstetrics and Gynecology - Surgery - Anesthesia	DOCUMENT REVIEW OBSERVE			
6. NURSING SERVICES Moderate Nursing Care and Management	Licensed and appropriately trained nursing personnel assigned in special and critical areas	DOCUMENT REVIEW PRC Valid license Certificate of relevant training	Wards, ER, OPD		
7. OTHER CLINICAL SERVICES – “ADD ONS”		Use applicable Assessment tools of other health facilities, if merited. (i.e. ASC, Dialysis clinic) Refer to separate checklist for other services			
8. 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	OBSERVE 1. With entrance and exit signs. Check ER, OPD and wards 2. Entrances and exits are accessible and free from any obstruction <i>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)</i>	ER OPD Wards OR/RR/DR Imaging		
9. Directional signs are prominently posted to help locate service areas within the organization.	Presence of directional signages to locate service areas	OBSERVE Directional signs are prominently posted.	ER OPD Wards Others (Lobby)		
10. 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	OBSERVE Check: 1. Alternative passageways for patients with special needs. 2. They are prominently marked 3. They are free from obstruction.	ER OPD Wards Other areas		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
11. Corridors conform with standard measurement	Corridors used as access for patients using bed or stretcher are at least 2.44 meters while in areas not commonly used for bed or stretcher are at least 1.83 meters	OBSERVE			
12. All patients are correctly identified by their patient charts, including newborn	<p>The contents of patient's charts are the following:</p> <ol style="list-style-type: none"> 1. Summary or face sheet 2. Informed Consent 3. History and Physical Examination 4. Doctor's order 5. Nurses Notes 6. TPR Sheet 7. Laboratory report 8. Imaging reports 9. Maternal Record with Partograph (if warranted) 10. Newborn record and maturity rating, (if warranted) 11. Medication and/or treatment record 12. Operative and anesthesia record (if warranted) 13. Record of interdepartmental referral/consultation to other physicians, including notes 14. Record of referral or transfer of patient to other facility/service/doctor including notes 15. Discharge summary 16. Clinical abstract 17. Advance directive, whenever applicable 	<p>DOCUMENT Patient chart from ER, ward, and OPD</p> <p>INTERVIEW verify with patient if he/she really is the person indicated in the chart.</p> <p>OBSERVE Check newborn tags if compatible with the mother</p>	ER OPD Wards		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
Goal: The health care team develops in partnership with the patients a coordinated plan of care with goals. Standard: The care plan addresses patient's relevant clinical, social, emotional and religious needs					
13. The plan of care, aside from delineating responsibilities, includes goals to be achieved, services to be provided, patient education strategies to be implemented, time frames to be met, and 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. OBSERVE Check if medicines and treatment prescribed are in accordance with adopted CPGs/protocols	Wards ER OPD ICU		
Goal: Comprehensive assessment of every patient enables the planning and delivery of patient care Standard: Each patient's physical, psychological and social status is assessed					
14. An appropriate comprehensive history and physical examination is performed on every patient within 48 hours from admission. The history includes present illness, past medical, family, social and personal history.	All patients have comprehensive history and PE within 48 hours from admission.	DOCUMENT Patient chart from wards or Medical Records have complete history and P.E.	Wards Medical Records Office		
Standard: Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.					
15. Previously obtained information is reviewed at every stage of the assessment to guide future assessments	All patient charts have progress notes by doctors and other health professionals.	CHART REVIEW Patient chart from medical records/wards. <i>Note: The progress notes should be done regularly and documented in the patient chart either as separate progress notes' sheets or separate column</i>	Medical records room Wards		
16. Nurses make use of Nursing Process in the care of patients	Charts have progress notes by nurses as evidenced by their nurses' notes Presence of Nursing manual and properly utilized Kardex	CHART REVIEW Patients' charts from medical records or wards have nurses' notes DOCUMENTS Patients' charts Kardex	Wards Medical Records Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
Standard: Assessments are performed regularly and are determined by patients' evolving response to care.					
17. Qualified personnel give patients for surgery pre-operative physical and pre-anesthetic assessment	All patients for surgery have undergone pre-operative physical and pre-anesthetic assessment	CHART REVIEW Patients' charts of surgery / OB-Gyne patients who have undergone surgery and presently admitted. <i>Note: Look for written and legible pre-operative physical and (e.g., Cardio-pulmonary clearance if warranted) pre-operative anesthetic evaluation and surgical safety checklist in the patient's chart. Pre-operative assessment should be done for patients requiring more than local anesthesia.</i>	Surgical / OB-Gyne Wards		
B. IMPLEMENTATION OF CARE Goal: Care is delivered to ensure the best possible outcomes for the patients Standard: Medicines are administered in a standardized and systematic manner. Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel					
18. Policies and procedures for the standard performance, monitoring and quality control of diagnostic examinations	There is Quality control on diagnostic examinations including film reject analysis, etc. and calibration of diagnostic equipment	DOCUMENT REVIEW Proof of monitoring of implementation of the policies and procedures on quality control of diagnostic examinations	Laboratory X-ray CSSD		
19. Medicines are administered in a timely, safe, appropriate and controlled manner	All medicines are administered observing the five (5) R's of medication which are: 1. Right patient 2. Right medication 3. Right dose 4. Right route 5. Right time	CHART REVIEW Check patients charts from the wards: <i>For the accuracy of medicine administration</i> INTERVIEW Ask patients if the five (5) R's were observed during administration of any IM, IV and oral medications	ER Wards		
20. Only qualified personnel order, prescribe, dispense prepare, and administer drugs.	All doctors, pharmacists and nurses have updated licenses	INTERVIEW Randomly check the licenses of some doctors, nurses and pharmacists if they are updated.	Wards Pharmacy ER OPD		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
21. Prescriptions or orders are verified and patients are identified before medications are administered	Proof that prescriptions or orders are verified before medications are administered	<p>DOCUMENT REVIEW Procedures on verification of prescriptions and orders</p> <p>INTERVIEW Ask staff how they verify orders from doctors prior to administration of medicines.</p> <p>OBSERVE How staff verifies the prescriptions or orders for medicines with the doctor's order.</p>	Wards ER		
22. Patients are identified before medicines are administered	Proof that patients are correctly identified prior to administration of medications	<p>INTERVIEW Verify from patients if they were correctly identified prior to drug administration.</p> <p>OBSERVE if the staff verifies the identity of patient prior to administration of medications (patient should be the one to state his/her name.)</p>	Wards ER		
23. Medicine administration is properly documented in the patient chart	All charts have proper documentation of medicine administration.	<p>CHART REVIEW Medication sheet in patient chart from medical records or from the wards</p> <p>OBSERVE Note if complete doses were given</p>	Medical records office wards		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
C. EVALUATION OF CARE Goal: The health care team routinely and systematically evaluates and improves the effectiveness and efficiency of care delivered to patients. Standard: The discharge plan is part of the patient's care plan and is documented in the patients' chart.					
24. Discharge plans for patients to ensure continuity of care.	All charts have discharge plans.	CHART REVIEW Patients' charts 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 <i>Note: Discharge plan is not synonymous with discharge summary.</i>	Medical records room wards		
III. LEADERSHIP AND MANAGEMENT A. MANAGEMENT REVIEW 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 patient's and community needs Standard: 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					
25. Organizational Structure/Chart	Presence of organizational structure	OBSERVE Observe if the organizational structure / chart is posted in appropriate area.	Other Areas Lobby		
26. The organization and its services develop their vision, mission and corporate goals based on agreed-upon values	Presence of written vision, mission, and goals of the hospital and all services/departments	DOCUMENT REVIEW Written vision, mission and goals	Medical, Nursing and Administrative Services Laboratory		
27. The organization and its services develop their policies and procedures.	Written policies and procedures manual for all services / departments / units	DOCUMENT REVIEW 1. Written Policies 2. Procedure manual	Medical, Nursing and Administrative Services		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
28. Committees within the organization which includes the terms of reference for membership	<p>Proof of the creation of all committees within the organization which includes the terms of reference for membership.</p> <p>The following are the committees required:</p> <ol style="list-style-type: none"> 1. Credentialing and privileging 2. Blood Transfusion 3. Healthcare Waste Management 4. Patient Safety 5. Infection Prevention and Control 6. Antimicrobial Stewardship (functional by 2018) 7. Pharmacologic and Therapeutic 8. Emergency and Disaster Preparedness 9. CQI 10. Grievance 	<p>DOCUMENT REVIEW</p> <p>Proof of the creation of all committees which includes the terms of reference for membership e.g. memo, office order, etc.</p> <ul style="list-style-type: none"> - written policies and procedures - minutes of meetings of the different committees <p>INTERVIEW</p> <p>Ask members of the different committees their functions, how often they meet, etc.</p>	Administrative office		
29. Evaluation and monitoring activities to assess management and organizational performance	Presence of evaluation and monitoring activities to assess management and organizational performance	<p>DOCUMENT REVIEW</p> <p>Evaluation activities to assess management and organizational performance such as semestral or annual reports or Performance and Budget Utilization Review</p> <p>INTERVIEW</p> <ol style="list-style-type: none"> 1. Ask the management team about priorities for performance improvement that relate to hospital wide activities and patient outcomes 2. Ask how targets are set. 	Administrative Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
B. OUTSOURCED SERVICES					
30. Outsourced services are within the facility	Presence of all outsourced services	DOCUMENT REVIEW 1. Contracts/MOA for outsourced services 2. Valid licenses of all providers 3. Check contracts / job orders	Adminis- trative Office		
1. ADMINISTRATIVE SERVICES					
A. Dietary	There shall be provision of safe, quality and nutritious food to patients. Diet prescription or diet counselling is provided to patients	DOCUMENT REVIEW - Check policies and procedures in the dietary. - Monthly menu for patients	Administrative Office		
B. Linen/ Laundry	If not contracted out, there shall be: - Sorting of soiled and contaminated linens in designated areas - Systematic washing of laundry with safeguard against spread of infection - Disinfection of laundry	DOCUMENT REVIEW Check procedures on how soiled linens are collected disinfected and washed.			
C. Security	Policies and procedures on security of patients, visitors and hospital staff	DOCUMENT REVIEW Security check for internal and external customers including use of visitor's pass			
D. Housekeeping / Janitorial	There shall be provision and maintenance of clean, safe and sanitary facilities and environment for hospital personnel, patients and clients				
E. Proper Waste Disposal	Policies and procedures on proper waste disposal.	DOCUMENT REVIEW Proof of implementation of policies and procedures on proper waste disposal.			
F. Maintenance	Proof of implementation of policies and procedures	OBSERVE INTERVIEW	Lobby ER / OPD Wards		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
G. Ambulance	(Use separate assessment tool for Ambulance)	OBSERVE INTERVIEW			
2. ANCILLARY SERVICES					
A. Secondary Clinical Laboratory	(Use separate tool for Clinical Laboratory)				
B. Level 1 Imaging Facility		DOCUMENT REVIEW Check for Certificate of Compliance or License To Operate, whichever is applicable, from Center for Device Regulation, Radiation Health and Research (CDRRHR), FDA			
C. Pharmacy	Open 24/7, providing safe, affordable and efficacious medicines	DOCUMENT REVIEW Check for Certificate of Compliance or License To Operate, whichever is applicable, from Center for Drug Regulation and Research (CDRR), FDA			
D. Blood Station for Level 1	There shall be 24 hours / 7 days a week provision of safe blood	DOCUMENT REVIEW			
IV. HUMAN RESOURCE MANAGEMENT					
A. HUMAN RESOURCES PLANNING					
Standard: 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.					
31. The organization documents and follows policies and procedures for hiring, credentialing, and privileging of its staff.	Presence of policies and procedures for hiring, credentialing and privileging of staff	DOCUMENT REVIEW Policies and procedures for hiring, credentialing and privileging of staff INTERVIEW	Personnel /Administrative office		
32. Staff numbers and skill mix are based on actual clinical needs. (Trainees, except physicians undergoing residency training and volunteers not included)	Staff to bed ratio for licensed doctors, registered nurses and midwives/nursing aides follows the DOH prescribed ratio. (Refer to Attachment of Assessment Tool for Personnel)	DOCUMENT REVIEW 1. List of licensed doctors and nurses based on HR records 2. Payroll 3. Schedule of duties for the previous and current month 4. Number of beds authorized by DOH and actual beds being used	Personnel /Administrative office Wards		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
B. 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. Standard: There are relevant orientation, training and development programs to meet the educational needs of management and staff.					
33. Professional qualifications are validated, including evidence of professional registration /license where applicable, prior to employment	Presence of Qualification Standards	DOCUMENT REVIEW Check Qualification Standards; procedures in hiring. OBSERVE Check PRC License of some MDs. Nurses, Pharmacists	Personnel /Adminis- trative office		
34. The staff are provided with a documented job description outlining accountabilities and responsibilities	Staff provided with job description outlining their accountabilities and responsibilities	DOCUMENT REVIEW Written job descriptions with conforme	Personnel /Adminis- trative office		
C. STAFF TRAINING AND DEVELOPMENT Goal: A comprehensive program of staff training and development meets individual and organizational needs. Standard: There are relevant orientation, training and development programs to meet the educational needs of management and staff.					
35. New personnel, new graduates and external contractors- are adequately supervised by qualified staff	Proof that new personnel are adequately oriented and supervised	DOCUMENT REVIEW Documentation of orientation conducted INTERVIEW Ask new personnel about the lines of authority and supervision and if the supervision is adequate OBSERVE	Personnel /Adminis- trative office		
36. Annual plan on training activities	Presence of annual plan on training activities	DOCUMENT REVIEW Annual plan (including resource/budgetary allocation) on training activities	Personnel /Adminis- trative office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
V. INFORMATION MANAGEMENT A. DATA COLLECTION AND AGGREGATION Goal: Collection and aggregation of data are done for patient care, management of services, education and research. Standard: 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					
37. Records are stored, retained and disposed of in accordance with the guidelines set by National Archives of the Philippines (NAP)	Policies and procedures on record storage, retention and disposal.	DOCUMENT REVIEW Policies and procedures on record storage, retention and disposal. OBSERVE	Medical records room		
38. 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 Presence of qualified staff involved in data definition, generation, collection and aggregation	DOCUMENT REVIEW 1. Compilation of Annual Hospital Statistical Report 2. Other additional statistics as determined by the management or hospital forms that serve as instruments for data collection and aggregation 3. Proof of training/seminar on Basic Records Management and ICD 10 Coding of staff in charge	Medical records room		
B. RECORDS MANAGEMENT Goal: Integrity, safety, access and security of records are maintained and statutory requirements are met. Standard: 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.					
39. 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	DOCUMENT REVIEW Policies and procedures on systematic filing, retrieval and management of medical records OBSERVE Ask the medical records officer to retrieve a chart, then note the actual length of time of retrieval Note: If organization has not set a time interval, use 5 minutes	Medical Records Room / Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
40. 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	DOCUMENT REVIEW Policies and procedures on records management to maintain confidentiality/privacy, accuracy and prevention of loss and destruction, tampering and unauthorized access. DOCUMENT Logbooks for borrowing and retrieval of charts OBSERVE Nurses in the wards and records personnel on how they protect patient chart against loss, tampering and unauthorized	Medical Records Room / Office Wards		
VI. SAFE PRACTICE AND ENVIRONMENT A. PATIENT AND STAFF SAFETY Goal: Patients, staff and other individuals within the organization are provided a safe, functional and effective environment of care Standard: The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations					
41. Hospital has a valid license	Presence of updated DOH license to operate	DOCUMENT REVIEW 1. Updated DOH license 2. If facility has nuclear medicine, check certificate issued by PNRI	Administrative office		
42. Hospital is free from undue noise, pollution and from foul odor		OBSERVE 1. Ask staff at random: their manner of waste segregation and disposal; safe storage and disposal of reagents. 2. Check presence of MSDS (Material Safety Data Sheet) in the laboratory and Engineering 3. Record of disposal of radiologic wastes	Hospital surroundings Laboratory Pharmacy and other part of the facility and Maintenance		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
43. Presence of a management plan, policies and procedures addressing safety	Presence of a management plan, policies and procedures addressing: 1. Safety 2. Security 3. Disposal and control of hazardous materials and biologic wastes 4. Emergency and disaster preparedness	DOCUMENT REVIEW Management plan, policies and procedures INTERVIEW Ask about the frequency of the following: 1. Fire drill conducted in the past 12 months 2. Earthquake drill conducted in the past 12 months	Administrative office Maintenance office, ER Wards		
44. 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: - Quality Control - Corrective and Preventive Maintenance Program for medical equipment	DOCUMENT REVIEW 1. Presence of operating manuals of the medical equipment 2. Preventive and corrective maintenance logbook 3. Film reject analysis 4. Quality control tests results OBSERVE How staff performs necessary precaution or safety procedures such as: red light is on while x-ray procedure is being done. <i>Note: Look into their storage of mercury containing devices which are no longer allowed to be used</i>	ER OPD Wards DR Laboratory Pharmacy Maintenance Office Other areas		
45. Patient areas provide 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)	OBSERVE 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 DR		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
46. A coordinated security arrangement in the organization assures protection of patients, staff and visitors.	Presence of an appointed personnel in charge of security.	DOCUMENT REVIEW Contract or Appointment of person in charge of security. INTERVIEW Ask the personnel in charge of security what the policies on security are. OBSERVE Security measures			
Standard: The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations.					
47. 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 hospital associated infections, unexpected deaths, adverse drug reactions, blood transfusion reactions, falls, etc.)	DOCUMENT REVIEW Incident/sentinel event reports or communications/ memoranda/orders or proceedings on sentinel events INTERVIEW Ask at random any staff from wards and ER: - how the incident reporting system works - correction, corrective and preventive actions	Infection Control Committee office CQI Office Wards ER ICU OR		
B. MAINTENANCE OF THE ENVIRONMENT OF CARE Goal: A comprehensive and maintenance program ensures a clean and safe environment Standard: Emergency light and / or power supply, water and ventilation systems are provided for, in keeping with relevant statutory requirements and codes of practice.					
48. Generator / emergency light, water system, adequate ventilation or air conditioning	Presence of generator / emergency light, water system, adequate ventilation or air conditioning.	DOCUMENT REVIEW - Check result of water analysis for the last 6 months. - Preventive and corrective maintenance logbooks OBSERVE 1. Test if faucets and water closets are working 2. If emergency lights and generators are functional.	Engineering/ Maintenance Other Relevant Areas		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
49. Equipment are regularly maintained with plan for replacement according to expected life span or when no longer serviceable.	Presence of policies and procedures on preventive and corrective maintenance and replacement if warranted	DOCUMENT REVIEW Records of preventive and corrective maintenance and plan for replacement			
50. Training of the staff who is in charge of the maintenance of the equipment	Proof of training of the staff who is in charge of the maintenance of the equipment	DOCUMENT REVIEW For in-house: Certificate of training of service personnel or Certificate of training For outsourced service: MOA/Contract (verify qualification of technicians) INTERVIEW Ask about how equipment (generator, A/C, Medical and non-medical devices, etc.) are maintained	Engineering/ Maintenance Office Laboratory Imaging Other Areas		
Standard: 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.					
51. Operating manuals of equipment	Presence of operating manuals equipment	DOCUMENT REVIEW Operating manual of Medical equipment, generators, air conditioners and other non-medical equipment.	Engineering/ Maintenance Office Imaging, Laboratory		
C. INFECTION CONTROL Goal: Risk of acquisition and transmission of infections among patients, employees, physicians and other personnel, visitors and trainees are identified and reduced Standard: An interdisciplinary infection control program ensures the prevention and control of infection in all services.					
52. Infection Prevention and Control Committee	Presence of an Infection Prevention and Control Committee (IPCC) with defined roles and responsibilities	DOCUMENT REVIEW 1. IPCC composition 2. Full time Infection Control Nurse (1:100 beds) 3. IPCC functions and activities 4. Minutes of meetings.	Infection Control Committee Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
53. Infection Prevention and Control Program	Presence of an infection control program ensuring prevention and control of infections on all services.	DOCUMENT REVIEW 1. IPC Manual. 2. Policies on rational antimicrobial use based on the hospital antibiogram and surveillance of AMR 3. Reports of infection control activities e.g. surveillance, training, outbreak investigation, etc. 4. Policies and procedures on disposition of dead bodies with dangerous communicable disease.	Nurse Supervisor's Office		
Standard: The organization uses a coordinated system-wide approach to reduce the risks of healthcare-associated infections.					
54. Organization takes steps to prevent and control outbreaks of healthcare associated infections.	<p>Presence of a coordinated system-wide procedure for prevention of hospital associated infections</p> <p>Presence of a coordinated system-wide procedure for asepsis.</p>	DOCUMENT REVIEW Validate hospital policies on infection control such as use of PPEs, isolation precautions and hand washing. INTERVIEW Ask staff in ER and wards the procedures on isolation <i>(Isolation - physical isolation of a patient with infection and reverse isolation).</i> Ask staff from ER, wards and laboratory about the approaches for asepsis during diagnostic and treatment procedures	ER Wards Laboratory		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
55. 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	DOCUMENT REVIEW <ol style="list-style-type: none"> 1. Policies on needle stick injuries. 2. Policies and procedures on proper handling and safe disposal of sharps/needles. INTERVIEW Interview hospital staff on how they handle and dispose needles. OBSERVE Presence of receptacles for proper disposal of sharps	ER Wards Laboratory		
56. 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	DOCUMENT REVIEW <ol style="list-style-type: none"> 1. Policies and procedures on isolation. 2. Occupational Health and Safety Program for employees 3. Policies on timely referral and case reporting of highly transmissible and notifiable infectious disease e.g. meningococemia, SARS, avian flu, etc. 4. Procedures on recycling & reuse OBSERVE <ol style="list-style-type: none"> 1. Use of gloves, surgical masks 2. Lavatories or designated areas for hand washing or dispenser for hand sanitizers 3. Separate holding room for highly infectious cases. 4. Ask a staff to demonstrate hand washing technique 	ER Wards Isolation room Laboratory		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
Standard: When needed, the organization reports information about infections to personnel and public health agencies.					
57. Policies and procedures in reporting notifiable diseases (Refer to AO No. 2008-0009).	Presence of policies and procedures in reporting notifiable diseases	DOCUMENT REVIEW Copy of reports submitted to Philippine Integrated Disease Surveillance and Response (PIDSUR)			
Standard: Cleaning, disinfecting, drying, packaging and sterilizing of equipment, and maintenance of associated environment, conform to relevant statutory requirements and codes of practice. (Annex B of A.O. No. 2012-0012: DOH Guidelines in the Cleaning, Disinfecting, Drying, Packaging and Sterilizing of Reusable Items in Hospitals and Other Health Facilities).					
58. Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies.	Presence of policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies	DOCUMENT REVIEW Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies OBSERVE	CSSU		
D. ENERGY AND WASTE MANAGEMENT Standard: The handling, collection and disposal of waste conform with relevant statutory requirements and code of practice					
59. Licenses/permits/clearances from pertinent regulatory agencies	Presence of licenses/permits/clearances from pertinent regulatory agencies, if applicable	DOCUMENT REVIEW 1. Pertinent licenses / permits from regulatory agencies (LGU, DENR, etc.) 2. Proof of compliance i.e., generator permit, elevator permit, etc.	Administrative office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
60. Policies and procedures on waste disposal	Proof of implementation of policies and procedures on waste disposal	DOCUMENT REVIEW <ol style="list-style-type: none"> 1. Issuances - memos, guidelines on waste segregation, treatment and disposal. 2. Contracts with waste handlers or disposal contractors, (if applicable) OBSERVE <ol style="list-style-type: none"> 1. Segregation of waste 2. Proper labelling of waste receptacles 3. Recyclable waste staging areas 4. Proper management of temporary storage areas prior to hauling for disposal. INTERVIEW Ask staff regarding SOPs on actual procedure on waste disposal			
VII. 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. Standard: The organization has a planned systematic organization- wide approach to process design and performance measurement, assessment and improvement.					
61. Continuous Quality Improvement Program	Presence of Quality Improvement Program	DOCUMENT REVIEW <ol style="list-style-type: none"> 1. Policies on CQI 2. Proof of meetings or similar documents on CQI activities 3. Policies and procedures on Performance measurement and improvement 4. Performance appraisal for employees at least once a year. INTERVIEW Validation of CQI activities thru interview of staff at random.	Administrative Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
Standard: 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					
62. 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 implementation	DOCUMENT REVIEW <ol style="list-style-type: none"> 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 CQI INTERVIEW Validate the activities by asking the management team or officer involved in CQI program			
Standard: The organization provides better care service as a result of continuous quality improvement activities					
63. Customer satisfaction survey	Presence of customer satisfaction survey	DOCUMENT REVIEW <ol style="list-style-type: none"> 1. Domains of the survey form used. 2. Survey results and how complaints / comments are acted upon. 	Administrative Office		
CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
64. Better patient outcome.	Proof of better patient outcomes	DOCUMENT REVIEW Documentation of better outcomes for patients as a result of CQI activities (Correction, corrective and preventive actions of problems identified) Validation and resolution of client concern (Patient response time, Compare infection rate of previous and current years, ALOS, complaints from Customer Satisfaction Survey, declining trends of hospital associated infections and increase in patient satisfaction rating.)	Administrative Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
VIII. DOH PROGRAMS IMPLEMENTED IN HOSPITALS AND OTHER HEALTH FACILITIES					
65. Newborn Screening Newborn Screening – in compliance to RA 9288 and its IRR	Newborn Screening being implemented.	DOCUMENT REVIEW - Policies and procedures on Universal Newborn Screening - Logbook of Newborns who were tested and copies of waiver for those who were not screened - OR of filter papers	OB Ward (Rooming In)		
66. Hospital is Certified on MBFHI Mother- Baby Friendly Hospital Initiative – in compliance to RA 7600 and RA 10028 and its IRR, and Executive Order No. 51 (Milk Code)	Proof of implementation of Rooming-in and Breastfeeding	DOCUMENT REVIEW MBFHI Certificates: - MBF Hospital - MBF Workplace (MOU for those who are not certified yet). OBSERVE - Breastfeeding area should be provided at the NICU - There shall be no nursery for normal newborns	OB Ward		
67. Immunization of newborn babies with BCG and first dose Hepatitis B vaccine Immunization – in compliance to RA No. 306	Newborn babies given BCG and first dose Hepatitis B vaccine	DOCUMENT REVIEW Records of Newborns given BCG and first dose Hepa-B vaccine OBSERVE INTERVIEW STAFF	OB Ward		
68. Hospital is a “No Smoking zone Anti-smoking – in compliance to RA 9211	Policies and procedures on anti-smoking	DOCUMENT REVIEW Policies and procedures on anti-smoking OBSERVE “No Smoking” signages	Hallways		
69. Generic prescribing and recording Generic Prescribing – in compliance to RA 6675 (Generics Act of 1988)	Actual implementation of policies and procedures on generic prescribing	DOCUMENT REVIEW - Prescriptions filled in the Pharmacy - Physicians’ orders in patients’ charts - Documentation of nurses on medicines.	Pharmacy Wards		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
70. Emergency Preparedness, Response and Recovery Plan Health Emergency Management Services (HEMS) – in compliance to AO 2004-0168 "National Policy on Health Emergencies and Disasters"	Proof of implementation of the plan	DOCUMENT REVIEW - Self-assessment for disaster readiness using the "Safe Hospital Checklist" available at the HEMB website. - Result of self-assessment and how gaps were resolved OBSERVE Exit plans posted in all hallways and rooms	ER Wards Offices		
71. Newborn Hearing Screening Universal Newborn Hearing Screening – in compliance to RA 9709 (Universal Newborn Hearing Screening Act)	Newborn Hearing Screening being implemented	DOCUMENT REVIEW - Logbook of Newborns who were tested on hearing - Proof of referral if service is not available	Newborn hearing screening room		
72. Family planning service Family planning – in compliance to RA 10354 (Responsible Parenthood and Reproductive Health Act of 2012)	Presence of Family planning services	DOCUMENT REVIEW - List of FP acceptors - Evidence as conscientious objector if FP services are not provided - Referral System to other facilities for FP if conscientious objector.	OPD OB wards		
73. National Tuberculosis Program NTP – in compliance with RA 10767 (Comprehensive TB Elimination Plan Act)	Implementation of National TB Program	DOCUMENT REVIEW - Presence of Hospital TB Referral Logbook - List of Diagnosed TB Cases Notified (with received remarks by DOH-Regional Office)	OPD Wards		

ASSESSMENT TOOL FOR LEVEL 1 HOSPITAL

ATTACHMENT A - PERSONNEL

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
TOP MANAGEMENT					
Chief of Hospital /Medical Director	Must have completed at least twenty (20) units towards a Masteral Degree AND at least three (3) years experience in a supervisory or managerial position	DOCUMENT REVIEW - Diploma / Certificate of units earned - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment INTERVIEW	1		
Chief Nurse / Director of Nursing	Master’s Degree in Nursing	DOCUMENT REVIEW - Diploma / Certificate of units earned - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment INTERVIEW	1		
Chief Administrative Officer	20 Units towards Master’s Degree in Hospital Administration or related course <u>AND</u> at least five (3) years experience in a supervisory / managerial position.	DOCUMENT REVIEW - Diploma / Certificate of units earned - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment INTERVIEW	1		
ADMINISTRATIVE SERVICES					
Accountant or Accounting Clerk	Bachelor’s Degree in Accountancy	DOCUMENT REVIEW - Diploma / Certificate of units earned - Updated PRC license (if CPA) - Certificates of Trainings attended - Proof of Employment / Appointment	1		
Billing Officer	With Bachelor’s Degree relevant to the job		1		
Budget / Finance Officer			1		
Cashier			1		
Human Resources Management Officer / Personnel Officer			1		
Clerk, pool				1:50 beds	

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
Building Man		DOCUMENT REVIEW - Diploma / Certificate of units earned - Updated PRC license (if Engineer) - Certificates of Trainings attended - Proof of Employment / Appointment	1		
Supply Officer/- Storekeeper	With appropriate training and experience	DOCUMENT REVIEW - Certificates of Trainings attended - Proof of Employment / Appointment	1		
Laundry Worker			1		
Medical Records officer	Bachelor's Degree And Training in ICD 10 and Medical Records Management	DOCUMENT REVIEW - Diploma / Certificate of units earned - Certificates of Trainings attended - Proof of Employment / Appointment INTERVIEW	1		
Medical Social worker		DOCUMENT REVIEW - Diploma / Certificate of units earned	1		
Nutritionist-Dietician		- Updated PRC license Certificates of Trainings attended - Proof of Employment / Appointment INTERVIEW	1		
Driver			1		
Cook			1		
Building Maintenance Man/Utility Worker	May be outsourced	DOCUMENT REVIEW Certificates of Trainings attended	1 per shift		
Security Guard			1 per shift		
CLINICAL SERVICES					
Consultant Staff in Ob-Gyn, Pediatrics, Medicine, Surgery and Anesthesia	Certificate of Residency Training / Medical Specialists	DOCUMENT REVIEW - Diploma / Certificate from Specialty society, if applicable - Updated PRC license	At least one (1) per specialty		
Physician (Shall not go on duty for more than 48 hours straight).	Updated PRC license	- Certificates of Trainings attended - Proof of Employment / Appointment	1:20 beds at any time		

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
NURSING SERVICES					
Supervising Nurse/Nurse Managers	With updated PRC license, with at least nine (9) units of Master's Degree in Nursing with 3 years hospital experience.	DOCUMENT REVIEW - Diploma - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment	1:50 RNs		
Head Nurse/Senior Nurse	UpdatedPRC License With at least 3 years hospital experience	DOCUMENT REVIEW - Diploma - Updated PRC license - Certificate oftrainings attended - Proof of employment	1:15 Nurses		
Staff Nurse	Updated PRC License BLS certified		1:12 Beds at any time (1 reliever for every 3 RNs)		
Nursing Attendant / Midwife	With relevant training (may be in house training)	DOCUMENTS REVIEW Certificates of Trainings attended	1:24 beds at any time(1 reliever for every 3 NA/MWs)		
Operating Room Nurse Scrub Nurse Circulating Nurse	With updated PRC license Training OR Nursing	DOCUMENT REVIEW - Diploma - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment	1 ORN, SN, CN per functioning OR per shift		
Delivery Room Nurse	With updated PRC license Certificate of Training in Maternal and Child Nursing (may be in house training or training in EINC)		1 per functioning DR per shift		
Emergency Room Nurse	With updated PRC license Certificate of Training in Trauma Nursing, ACLS and other relevant training		1 per shift		
Out-patient Department Nurse	With updated PRC license		1		
ANCILLARYSERVICES					
Medical Technologists	With updated PRC license	DOCUMENT REVIEW - Diploma - Updated PRC license, if applicable - Certificates of Trainings attended - Proof of Employment / Appointment	2 in AM and 2 in PM shift; 1 in the evening shift		
Medical Laboratory Aide			Adequate		
Pathologist	With updated PRC license; Fellow / Diplomate in Pathology		1		
Pharmacist	With updated PRC license		1 per shift		
Radiologist			1		
Radiologic Technologist			1 per shift		
Radiation Safety Officer			1		

ASSESSMENT TOOL FOR LEVEL 1 HOSPITAL

ATTACHMENT B - PHYSICAL PLANT

PHYSICAL FACILITY (Specify "ADD ON" Services, if any)	DESCRIPTION	COMPLIED	REMARKS
ADMINISTRATIVE SERVICE			
Lobby			
Waiting Area			
Information and Reception			
Office of the Chief of Hospital / Medical Director			
Office of Administrative / Personnel Officer			
Accounting Office			
Budget and Finance Office			
Billing / Cashier			
Public Toilet (Male/Female/PWD)	Provided with water; clean and free from foul odor		
Supply/Storekeeper Room			
Linen and Laundry room			
Receiving Area			
Sorting Area and Disinfection Area			
Washing Area	Not required if outsourced		
Clean Linen Storage and Release Area			
Housekeeping room for cleaning tools and supplies			
Parking Area for transport vehicle			
Central Waste Storage Area	Shall have color-coded segregation; clean and free from foul odor		
Staff Toilet	Provided with water; clean and free from foul odor		
Kitchen			
Supply receiving Area	(not required if contracted-out) Shall have adequate space, clean and Free from foul odor; no insects and rodents.		
Dry and Cold Storage Area			
Food preparation Area			
Cooking Area			
Dishwashing Area			
Assembly Area			
Dining Area			

PHYSICAL FACILITY (Specify "ADD ON" Services, if any)	DESCRIPTION	COMPLIED	REMARKS
Garbage Area			
Medical Records Office	With area for completion of patients' charts by physicians and other professionals		
Storage Room			
Cadaver Holding Area			
PRAYER ROOM			
CLINICAL SERVICE			
EMERGENCY ROOM / EMERGENCY DEPARTMENT (May be combined with OPD),	Adequate privacy for patients is provided such that sensitive or private discussion, examination, and/or procedures are conducted in a manner or environment where these cannot be observed or the risk of being overheard by others is minimized.		
Examination and Treatment Area	Shall be provided with hand washing/hand disinfection facility		
Area for Minor Surgical Procedures			
Observation Area /Ward			
Waiting area	Shall have adequate lighting and ventilation.		
Nurses' station			
Equipment and supply storage area			
Wheeled Stretcher and Wheelchair Area			
Doctor's On-Duty Room			
Admitting Office			
Toilet for patients and companions	Separate Male from Female; Clean and Free from foul odor; no insects and rodents		
Staff Toilet			
OUTPATIENT DEPARTMENT (May be combined with ER)	Adequate privacy for patients is provided such that sensitive or private discussion, examination, and/or procedures are conducted in a manner or environment where these cannot be observed or the risk of being overheard by others is minimized.		
Waiting area	Shall have adequate lighting and ventilation.		
Consultation Area			
Examination and Treatment Area	Shall be provided with hand washing/hand disinfection facility		
Nurse's counter			

PHYSICAL FACILITY (Specify "ADD ON" Services, if any)	DESCRIPTION	COMPLIED	REMARKS
Patients' Area			
Nurse's station with medication area			
Toilet for patients and companions	Separate Male from Female; Clean and Free from foul odor; no insects and rodents		
Staff Toilet			
OPERATING ROOM / COMPLEX	Shall have control door or demarcation line between dirty to clean area		
Major OR			
Dressing Room			
Nurses' Station with work Area			
Sub-sterile Area			
Sterile Area			
Scrub up Area			
Clean up Area			
Storage Area for Sterile packs and supplies			
Wheeled Stretcher Area			
Janitors' Closet with slop sink			
POST ANESTHESIA CARE UNIT / RECOVERY ROOM			
Patients Area			
Nurses' Station with Medication Area			
DELIVERY ROOM			
Labor Room (provided with toilet)			
Delivery Room proper			
Scrub Up Area			
Dressing Room			
Nurse's Station			
Birthing Room			
Newborn Resuscitation Area			
Equipment and Supply Area			
Clean – Up and Sterilization Room			
Janitor's Closet			
Wheeled Stretcher Area			

PHYSICAL FACILITY (Specify "ADD ON" Services, if any)	DESCRIPTION	COMPLIED	REMARKS
NURSING SERVICE / WARD			
Patient Rooms with Toilet	Adequate space is provided to allow patients and personnel to move safely around patient bed areas		
Nurses' Station with Lavatory	All point of care areas should be provided with hand-washing / hand disinfection facility.		
Medication preparation area with lavatory			
Treatment area with Lavatory			
Equipment and Supply Area			
Staff Toilet			
Linen Area			
Waste bins	Color-coded		
Janitor's Closet			
ISOLATION ROOM			
Hand-washing / Hand disinfection facility in all point of care areas			
CENTRAL STERILIZING AND SUPPLY UNIT			
Receiving and Cleaning Area			
Inspection and Packaging Area			
Sterilizing Area			
Storage and Releasing Area			

ASSESSMENT TOOL FOR LEVEL 1 HOSPITAL

ATTACHMENT C –EQUIPMENT/INSTRUMENT

(Indicate in REMARKS Column if service is “Add On” and check applicable equipment or instrument for such service.)

EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific “ADD ON” Service/s).	QUANTITY	AREA	COMPLIED	REMARKS
ADMINISTRATIVE SERVICE				
Ambulance, available 24/7 and physically present; if outsourced, shall be on call	1	Parking		
Computer with Internet Access	1	Administrative Office		
Emergency Light		lobby, hallway, nurses' station, office/unit and stairways		
Fire Extinguishers	1 per unit or area	lobby, hallway, nurses' station, office/unit and stairways		
LCD Projector	1	Conference Room		
Generator set with Automatic Transfer Switch (ATS)	1	Genset house		
KITCHEN/DIETARY		Kitchen		
Exhaust fan	1			
Food Conveyor or equivalent	1			
Food Scale	1			
Blender/Osterizer	1			
Stove	1			
Refrigerator/Freezer	1			
Utility cart	1			
Garbage Receptacle with Cover color-coded)	1 for each color			
EMERGENCY ROOM				
Bag-valve-mask Unit		ER		
- Adult	1			
- Pediatric	1			
Calculator for dose computation	1			
Clinical Weighing scale	1			
Defibrillator	1			
Delivery set, primigravid	2 sets			
Metzenbaum scissors, straight	1 per set			
Mayo scissors, straight	1 per set			
Kelly hemostatic forceps, curved or straight	2 per set			
Needle Holder	1 per set			
Tissue forceps	1 per set			
Delivery set, multigravid	2 sets			
Mayo scissors, straight	1 per set			
Kelly hemostatic forceps, curved or straight	2 per set			
ECG Machine	1			

EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific "ADD ON" Service/s).	QUANTITY	AREA	COMPLIED	REMARKS
EENT Diagnostic Set with Ophthalmoscope and Otoscope	1	ER		
Emergency Cart (for contents, refer to separate list).	1			
Examining table	1			
Examining table (with Stirrups for OB- Gyne	1			
Gooseneck lamp/Examining Light	1			
Instrument/Mayo Table	1			
Laryngoscope with different sizes of blades	1 set			
Minor Instrument Set	2 sets			
Kelly hemostatic forceps – curved	2 per set			
Kelly hemostatic forceps – straight	2 per set			
Mayo scissors – straight	1 per set			
Metzenbaum scissors – curved	1 per set			
Mosquito forceps – curved	4 per set			
Mosquito forceps – straight	4 per set			
Needle holder	1 per set			
Scalpel handle No. 3	1 per set			
Scalpel handle No. 4	1 per set			
Skin retractor	1 pair			
Tissue forceps	1 per set			
Thumb forceps	1 per set			
Nebulizer	1			
Negatoscope	1			
Neurologic Hammer	1			
OR Light (portable or equivalent)	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	2			
Pulse Oximeter	1			
Sphygmomanometer, Non-mercurial - Adult Cuff	1			
- Pediatric Cuff	1			
Stethoscope	1			
Suction Apparatus	1			
Suturing Set	2 sets			
Mayo scissors	1 per set			
Mosquito forceps	1 per set			
Needle holder	1 per set			
Tissue forceps	1 per set			
Thermometer, non-mercurial - Oral	1			
- Rectal	1			
Vaginal Speculum, Different Sizes	1 set of different sizes			
Wheelchair	1			
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	1			

EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific “ADD ON” Service/s).	QUANTITY	AREA	COMPLIED	REMARKS
OUT- PATIENT DEPARTMENT				
Clinical Height and Weight Scale	1	OPD		
EENT Diagnostic Set with ophthalmoscope and otoscope	1			
Gooseneck lamp/Examining Light	1			
Examining table with wheel lock or anchor	1			
Instrument/Mayo Table	1			
Minor Instrument Set:	1			
Kelly hemostatic forceps – curved	2 per set			
Kelly hemostatic forceps – straight	2 per set			
Mayo scissors – straight	1 per set			
Metzenbaum scissors – curved	1 per set			
Mosquito forceps – curved	4 per set			
Mosquito forceps – straight	4 per set			
Needle holder	1 per set			
Scalpel handle No. 3	1 per set			
Scalpel handle No. 4	1 per set			
Skin retractor	1 pair			
Tissue forceps	1 per set			
Thumb forceps	1 per set			
Neurologic Hammer	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Peakflowmeter - Adult - Pediatric	1 1			
Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	1 1			
Stethoscope	1			
Thermometer, non-mercurial - Oral - Rectal	1 1			
Suture Removal Set	1			
Wheelchair / Wheeled Stretcher	1			
OPERATING ROOM				
Air conditioning Unit	1	OR		
Anesthesia Machine	1			
Cardiac Monitor with Pulse Oximeter	1			
Ceasarian Section Instrument	1			
Emergency Cart (for contents, refer to separate list).	1			
Instrument / Mayo Table	1			
Laparotomy pack (Linen pack)	1 set per OR			

EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific "ADD ON" Service/s).	QUANTITY	AREA	COMPLIED	REMARKS
Laparotomy / Major Instrument Set	1 set per OR	OR		
Towel Clamp	4 per set			
Scalpel handle No. 3	1 per set			
Scalpel handle No. 4	1 per set			
Army-navy retractor	1 pair per set			
Richardson retractor – double-end	1 per set			
Self-retraining retractor (Balfour)	1 per set			
Kelly hemostatic forceps – curved	4 per set			
Kelly hemostatic forceps – straight	4 per set			
Halsted mosquito forceps – straight	4 per set			
Allis forceps	4 per set			
Mixer – curved	1 per set			
Mixer – straight	1 per set			
Needle holder	2 per set			
Tissue forceps	1 per set			
Thumb forceps	1 per set			
Metzenbaum scissors – curved	1 per set			
Mayo scissors – curved	1 per set			
Mayo scissors – straight	1 per set			
Orthopedic Instrument Set	1 set			
Periosteal elevator	1 per set			
Bone chisel / osteotome	1 per set			
Bone mallet	1 per set			
Bone Rongeur	1 per set			
Bone holder	1 per set			
Bone drill with different sizes of drill bits	1 per set			
Gigli saw (handle and wire)	1 per set			
Pin / Wire cutter	1 per set			
Pin / Wire puller	1 per set			
Bone curette	1 per set			
Cast spreader	1 per set			
Bone clamp	1 per set			
Zimmer	1 per set			
Screw driver	1 per set			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1 per OR			
Rechargeable Emergency Light (in case generator malfunction)	1 per OR			
Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	1 per OR 1 per OR			
Spinal Set	1			
Stethoscope	1			
Suction Apparatus	1			

EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific “ADD ON” Service/s).	QUANTITY	AREA	COMPLIED	REMARKS
Thermometer, non-mercurial - Oral - Rectal	1 1	OR		
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	1			
POST ANESTHESIA CARE UNIT / RECOVERY ROOM				
Air conditioning Unit	1	PACU/RR		
Cardiac Monitor	1			
Mechanical / patient bed, with guard side rails and wheel lock or anchored	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	1 1			
Stethoscope	1			
Thermometer, non-mercurial	1			
LABOR ROOM				
Fetal Doppler	1	Labor Room		
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Patient Bed	1			
Pulse Oximeter	1			
Sphygmomanometer, Non-mercurial	1			
Stethoscope	1			
Thermometer, Non-mercurial	1			
DELIVERY ROOM				
Air-conditioning Unit	1	DR		
Bag valve mask unit (Adult and pediatric)	1			
Bassinet	1			
Clinical Infant Weighing Scale	1			
Dilatation/Curettage set	1 set			
Uterine Sound / Hysterometer	1 per set			
Uterine forceps	1 per set			
Dull Uterine curette	1 per set			
Sharp Uterine curette	1 per set			
Vaginal Retractor	1 per set			
Vaginal Speculum	1 per set			
Ovum forceps	1 per set			
Hegars dilator, graduated sizes	1 per set			
Sponge forceps	1 per set			
Delivery set, primigravid	1 set			
Metzenbaum scissors, straight	1 per set			
Mayo scissors, straight	1 per set			
Kelly hemostatic forceps, curved or straight	2 per set			
Needle Holder	1 per set			
Tissue forceps	1 per set			

EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific “ADD ON” Service/s).	QUANTITY	AREA	COMPLIED	REMARKS
Delivery set, multigravid	2 sets	DR		
Mayo scissors, straight	1 per set			
Kelly hemostatic forceps, curved or straight	2 per set			
DR Light	1			
DR Table	1			
Emergency Cart (for contents, refer to separate list).	1 (if DR is separate from OR Complex)			
Instrument/Mayo Table	1			
Kelly Pad or equivalent	1			
Laryngoscope	1			
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1			
Rechargeable Emergency Light (In case of generator malfunctions)	1			
Sphygmomanometer -Non-mercurial	1			
Stethoscope	1			
Suction Apparatus	1			
Wheeled Stretcher	1			
NURSING UNIT/WARD				
Bag-Valve-Mask Unit		NURSING UNIT/WARD		
- Adult	1			
- Pediatric	1			
Clinical Height and Weight Scale	1			
Emergency cart or equivalent (refer to separate list for the contents)	1			
EENT Diagnostic Set with ophthalmoscope and otoscope	1			
Laryngoscope with different sizes of blades	1			
Mechanical/Patient bed with lock, if wheeled; with guard or side rails	ABC			
Bedside Table	ABC			
Nebulizer	1			
Neurologic Hammer	1			
Oxygen Unit tank is anchored/chained if not pipeline	1			
Sphygmomanometer, Non- Mercurial				
- Adult cuff	1			
- Pediatric cuff	1			
Stethoscope	1			
Suction Apparatus	1			
Thermometer, non-mercurial				
- Oral	1			
- Rectal	1			
CENTRAL STERILIZING & SUPPLY ROOM				
Autoclave/Steam Sterilizer	1	CSSR		
CADAVER HOLDING AREA/ROOM				
Bed or stretcher for cadaver	1	CADAVER HOLDING AREA		

EMERGENCY CART CONTENTS

EQUIPMENT/INSTRUMENT	QUANTITY	COMPLIED	REMARKS
MEDICINES			
B-adrenergic agonists (i.e. Salbutamol 2mg/ml)	20		
5 Caloric agent (D50W 50mg/vial)	10		
Activated charcoal sachet	20		
Amiodarone 150mg/ampule	10		
Anti-rabies vaccine (active)	5		
Anti-rabies vaccine (passive)	5		
Anti-tetanus serum (either equine-based antiserum or human antiserum)	40		
Anti-venims* (for centres with high incidence of poisonous animal bites)			
Aspirin USP grade (325 mg/tablet)	20		
Atropine 1mg/ml ampule	15		
Benzodiazepine (Diazepam 10mg/2ml ampule and/or Midazolam)	10		
Calcium (usually calcium gluconate 10mg/ampule)	10		
D5 0.3 NaCl 500ml/bottle	10		
D5 LR 1L/bottle	10		
D5 NSS 1L/bottle	10		
Digoxin 0.5mg/ampule	10		
Diphenhydramine 50mg/ampule	10		
Dobutamine 250mg/20ml vial	10		
Dopamine 20mg/vial	10		
Epinephrine 1mg/ml ampule	30		
Furosemide 20mg/2ml ampule	20		
Haloperidol 50mg/ampule	10		
Hydrocortisone 250mg/vial	10		
Hyoscine N-butyl-bromide 20mg/vial	5		
Lidocaine 5% solution vial 1g/50ml	20		
Magnesium sulfate 1g/ampule	10		
Mannitol 20% solution 500ml/vial	10		
Mefenamic Acid 500mg/tablet	10		
Methylprednisolone 4mg/tablet	10		
Metoclopramide 10mg/ampule	5		
Morphine sulfate 10mg/ampule	10		
Nitroglycerin spray or Isosorbide dinitrate 5mg tablet/ampule	10		
Noradrenaline 2mg/ampule	5		
Oral Rehydration Solution salt preparation sachet	10		
Paracetamol 300mg/ampule (IV preparation)	15		
Phenobarbital 30mg/ml IV or 30mg tablet	15		
Phenytoin 300mg/capsule or IV preparation	15		
Plain LRS 1L/bottle	10		
Plain NSS 1L/bottle	10		
Potassium Chloride 40mEq/vial	15		
Pyridoxine 1g/ampule	10		
Sodium bicarbonate 50mEq/ampule	10		
Succinylcholine 200mg/vial	5		
Tetanus Toxoid 0.5ml/vial	20		

EQUIPMENT/INSTRUMENT	QUANTITY	COMPLIED	REMARKS
Thiamine (usually in parenteral Vitamin B complex preparation)	10		
Tramadol 50mg/capsule	10		
Verapamil 5mg/2ml ampule	10		
BASIC ER SUPPLIES			
Airway adjuncts (oropharyngeal and nasopharyngeal airways)			
Airway / Intubation Kit			
Alcohol disinfectant			
Arm sling (or sling and swathe bandages)			
Aseptic bulb syringe			
Biomedical refrigerator (for storage of biological and other heat-sensitive drugs)			
Calculator			
Cardiac Board			
Cardiac / EKG Leads			
Cervical collars (different sizes)			
Different sets of Bins (including puncture-proof sharp containers)			
Elastic Bandages (different sizes)			
Flashlights or Pen lights			
Gloves (examination and sterile, different sizes)			
Hydrogen peroxide solution			
Nasal cannula			
Povidine iodine wound and cleaning solutions			
Protective face shield or mask			
Pulmonary Function Test (PFT) or Peak Expiratory Flow Rate (PEFR) Tube			
Spine board with straps			
Splinting / immobilization devices			
Standard face mask			
Sterile gauze			
Sutures			
Syringes (different volumes)			
Urethral catheter			
Urine collection bag			
Waterproof aprons			
X-ray reading lamp or negatoscope			

ASSESSMENT TOOL FOR LEVEL 1 HOSPITAL

ATTACHMENT D – ADD-ON SERVICES CHECKLIST

A. INTENSIVE CARE UNIT (ICU)

1. PERSONNEL					
POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
1. Intensivist	Certificate of Fellowship Training	DOCUMENT REVIEW - Diploma / Certificate from Specialty society - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment	1 (May be part time or visiting consultant)		
2. Nurse	With training in Critical Care Nursing	DOCUMENT REVIEW - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment	1:3 beds (1 reliever for every 3 RNs)		
3. Nursing Attendants	With Relevant Training	DOCUMENTS REVIEW Certificates of Trainings attended	1:12 beds (1 reliever for every 3 NAs)		

2. PHYSICAL PLANT			
PHYSICAL FACILITY	DESCRIPTION	COMPLIED	REMARKS
Approved PTC for ICU			
- Dressing Room			
- Nurse's Station	With Lavatory		
- Medication Preparation Area			
- Patient Bed Area	With Space for required equipment per bed		
Tertiary Clinical Laboratory	Health Facility should have a Tertiary Clinical Laboratory or a MOA with Hospital-based Tertiary Clinical Lab. See Assessment Tool for Clinical Laboratory		

3. EQUIPMENT			
EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific “ADD ON” Service/s).	QUANTITY	COMPLIED	REMARKS
Air Conditioning Unit	1		
Bag-valve-mask Unit			
- Adult	1		
- Pediatric	1		
Cardiac Monitor with Pulse Oximeter	1		
Defibrillator	1		
EENT Diagnostic Set with ophthalmoscope and otoscope	1		
Emergency Cart (for contents, refer to separate list).	1		
Infusion pump	1		
Laryngoscope	1		
Mechanical Bed	Depending on the number of beds applied		
Mechanical Ventilator (May be outsourced)	1		
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1		
Sphygmomanometer, Non-mercurial			
- Adult Cuff	1		
- Pediatric Cuff	1		
Stethoscope	1		
Suction Apparatus	1		
Thermometer, Non-mercurial	1		

B. NEONATAL INTENSIVE CARE UNIT (NICU)

1. PERSONNEL					
POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
1. Neonatologist	Certificate of Fellowship Training	DOCUMENT REVIEW - Diploma / Certificate from Specialty society - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment	1 (May be part time or visiting consultant)		
2. Nurse	With training in Neonatal Critical Care Nursing	DOCUMENT REVIEW - Updated PRC license - Certificates of Trainings attended - Proof of Employment / Appointment	1:3 beds (1 reliever for every 3 RNs)		

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
3. Nursing Attendants	With Relevant Training	DOCUMENTS REVIEW Certificates of Trainings attended	1:12 beds (1 reliever for every 3 NAs)		

2. PHYSICAL PLANT			
PHYSICAL FACILITY	DESCRIPTION	COMPLIED	REMARKS
Approved PTC for ICU			
- Dressing Room			
- Nurse's Station	With Lavatory		
- Medication Preparation Area			
- Incubator Area	With Space for required equipment		
Tertiary Clinical Laboratory	Health Facility should have a Tertiary Clinical Laboratory or a MOA with Hospital-based Tertiary Clinical Lab. See Assessment Tool for Clinical Laboratory		

3. EQUIPMENT			
EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific "ADD ON" Service/s).	QUANTITY	COMPLIED	REMARKS
Air Conditioning Unit	1		
Bag-valve-mask Unit - Pediatric	1		
Cardiac Monitor with Pulse Oximeter	1		
Defibrillator	1		
EENT Diagnostic Set with ophthalmoscope and otoscope	1		
Emergency Cart (for contents, refer to separate list).	1		
Incubator	Depending on the number of beds applied		
Infusion pump	1		
Laryngoscope	1		
Mechanical Ventilator (May be outsourced)	1		

EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific “ADD ON” Service/s).	QUANTITY	COMPLIED	REMARKS
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1		
Sphygmomanometer, Non-mercurial - Pediatric Cuff	1		
Stethoscope	1		
Suction Apparatus	1		
Thermometer, Non-mercurial	1		

C. AMBULATORY SURGICAL CLINICS (ASC)

- *Refer to assessment tool for ASCs*

D. DIALYSIS CLINICS

- *Refer to assessment tool for Dialysis Clinics*

Name of Health Facility: _____

Date of Inspection: _____

RECOMMENDATIONS:

A. For Licensing Process

☐ For Issuance of License To Operate as HOSPITAL

Validity from _____ to _____

☐ Issuance depends upon compliance to the recommendations given and submission of the following within _____ days from the date of inspection

☐ Non-issuance. Specify reason/s: _____

Inspected by:

Printed name

Signature

Position/Designation

Received by:

Signature: _____

Printed Name: _____

Position/Designation: _____

Date: _____

Name of Health Facility: _____

Date of Monitoring: _____

RECOMMENDATIONS:

B. For Monitoring Process

☐ Issuance of Notice of Violation

☐ Non-issuance of Notice of Violation

☐ Others. Specify: _____

Monitored by:

Printed name

Signature

Position/Designation

Received by:

Signature: _____

Printed Name: _____

Position/Designation: _____

Date: _____