Checklist of Requirements for Accreditation of Free Standing Dialysis Clinics

1. Dialysis Clinic:

- ☐ PhilHealth application form properly accomplished and notarized
- ☐ DOH licenses for three (3) years or Mayor's permits and proofs of of operation for a minimum period of three (3) years
  - ☐ Patients' records
  - ☐ Sworn testimonies from the parish priest, other religious or community leaders
  - ☐ Tax returns of the facility for the past three (3) years
  - ☐ Identification of precursor health facility
- ☐ Accreditation Fee (P5000.00) by postal money order payable only to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.
- ☐ SEC license/ DTI certificate
- ☐ Certificate of Acknowledgement of existence of Dialysis Clinic from the Phillipine Society of Nephrology
- ☐ Current photographs of clinic façade and other facilities
- ☐ Current photographs of complete Clinic Staff
- ☐ Memorandum of Agreement with a tertiary hospital (applicable when a medical staff of the clinic is not affiliated with a tertiary hospital the locality).
- ☐ Current standard operating procedure
- ☐ PhilHealth RF1
- ☐ Quality Assurance activities

2. Clinic Staff

a. Medical Staff

1. Clinic Head
   - ☐ Philippine Society of Nephrology Specialty Board Diplomate Certificate (Head of Medical Staff)
   - ☐ Photocopy of PhilHealth Accreditation ID
2. Duty Physicians
   - ☐ Certificate of Residency Training in Internal Medicine
   - ☐ Certificate of Good Standing as Diplomate/Fellow of the Philippine Society of Nephrology Specialty Board (PSNSB) of the attending or referring physician
   - ☐ Proof of appointment of at least one (1) physician as a member of the medical staff of a tertiary hospital in the locality (if applicable)
   - ☐ Photocopy of PhilHealth Accreditation ID

b. Other staff

1. Nursing Staff
   - ☐ Certificate of post graduate course on dialysis (current year) (for head nurse only)
   - ☐ Renal Nurses Association of the Philippines Certificate
   - ☐ IV therapy Certificate
   - ☐ Photocopy of PRC license
   - ☐ Certificate of employment for one year from a hospital/clinic
2. Medical technician
   - ☐ Certificate of dialysis training
   - ☐ Certificate of one-year experience in dialysis handling
3. Midwives/Nursing attendants
   - ☐ Certificate of one-year course in nursing aide/attendant
   - ☐ Diploma of a two-year college course

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
City State 709 Shaw Blvd., Pasig City
Health line 637-9999, www.philhealth.gov.ph

PHIC Form DC-AF-2
3/6/03

APPLICATION FOR ACCREDITATION
FREE STANDING DIALYSIS CLINICS

____
(Date)

THE PRESIDENT
Philippine Health Insurance Corporation
Pasig City, Philippines

SIR:

I, ____, Filipino, of legal age, __________________________________ with address at
(Position/Designation)
____ and the duly authorized representative to act for and in behalf of

_____________________________________, hereby applies for accreditation under Sec. 16 L of R.A. 7875 and its Implementing
(Health Care Institution)
Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary requirements.

Name of Dialysis Clinic: ______________________________
Complete Address: ______________________________
______________________________ **Zip Code**____________
Telephone No. ______________ **Fax No:** ______________ **E-mail Address:** ______________
Date Established: ______________ **Director/Owner** ______________
Nature of Ownership: ☐ Government ☐ Private
Type of Application: ☐ Initial ☐ Renewal ☐ Re-accreditation

I. CLINIC FACILITY

A. PHYSICAL PLANT & ENVIRONMENT

1. Building
☐ Concrete ☐ Wood ☐ Renovated
☐ Semi-concrete ☐ Old Structure ☐ New Structure

2. Sanitation and safety
☐ Water supply
- ☐MWSS
- ☐Deep Well
- ☐Artesian Well

☐ Electricity
- ☐ Standby Generator

☐ Fire Exit
☐ Fire extinguisher
☐ Covered garbage containers with color-coded segregation
☐ Separate receptacle for disposing pointed or sharp objects
☐ Toilet facility

3. Services

☐ **Administrative Service**
- ☐Lobby
  - ☐Information counter/admitting room
  - ☐Communication area
  - ☐Waiting area
  - ☐Toilet facilities
- ☐ Cashier/Billing
  - ☐Finance/Budget/Auditor
  - ☐Toilet facilities

☐ **Dialysis Service Complex**
- ☐Dialysis room with air conditioning unit
  - ☐Separate spaces for Hepatitis B and Hepatitis C patients
  - ☐Separate spaces for reprocessing
    - ☐for Hepatitis B dialysis patients
    - ☐for Hepatitis C dialysis patients
    - ☐for regular patients
  - ☐Nursing area
- ☐ Lavatory
- ☐ Sterile instrument supply and storage area
- ☐ Sub-sterilizing room
- ☐ Toilet facility
- ☐ Receiving and releasing area
- ☐ Central sterilization and supply room
- ☐ Sterilizing and work area
- ☐ Sterile supply storage area

☐ **Ambulance service**
- ☐Transport vehicle for patient's use
- ☐ Contract with providers of such ambulance services

B. FACILITIES

1. Quality of Water Treatment System
☐ Multi-media ☐Water softener ☐ Carbon filter ☐ Reverse osmosis system ☐ Deionizer and UV sterilization

2. Monitoring requirements
☐ Chemical
☐ Bacteriologic-checked:
- ☐ Quarterly
- ☐ After cluster incidents

3. Treated water
☐RO water to prepare dialysate, reprocessing and rinsing, dialyzer disinfectant (less than 200 colonies/cc)
☐Dialysate water (less than 2000 colonies/cc)

II. CLINIC STAFF (please use separate sheet if necessary)

	Name	**PRC No.**	**Expiry**	**Accre. No**	**Expiry**	**Signature**
1. Medical Staff						
a. Head						
b. Duty physicians	1.					
	2.					
	3.					
	4.					

	Name	PRC No.	Expiry	Signature	Name	Signature
2. Nursing Staff					3. Other Staff	
a. Head					a. Medical technicians	
b. Other nursing staff	1.				b. Midwife/Nursing aide	
	2.				c. Machine Technician	
	3.				d. Admin personnel	
	4.				e. Utility man	

III. EQUIPMENT/INSTRUMENTS/SUPPLIES

- ☐ Dialysis machine
  - ☐ Not older than 10 years
  - ☐ Number of machines _____ (Machine-patient ratio: 1:8)
  - ☐ Bicarbonate dialysis and biocompatible membranes
  - ☐ Dedicated machines for Hepatitis B patients
  - ☐ Dedicated machines for Hepatitis C patients (optional)
  - ☐ Back-up machines:
    - ☐ for every 15 machines
    - ☐ for Hepatitis B patients
  - ☐ Separate reprocessing machine and/or manual reprocessing
    - ☐ for regular patients
    - ☐ for Hepatitis B dialysis patients
    - ☐ for Hepatitis C dialysis patients
- ☐ Stethoscope
- ☐ Sphygmomanometer with stand
- ☐ Examining light
- ☐ Oxygen unit with guage

- ☐ Minor surgical instrument set
- ☐ Instrument table
- ☐ Treatment table
- ☐ Patient bed(s) with guard rails or suitable dialysis chair
- ☐ Gooseneck lamp
- ☐ Stand-by rechargeable light
- ☐ Ambu bag
- ☐ Sterilizer
- ☐ ECG machine
- ☐ Cardiac monitor
- ☐ Defibrillator
- ☐ Suction Machine
- ☐ Stretcher
- ☐ Wheelchair

- ☐ E-cart with emergency medicines
  - ☐ Dopamine IV infusion
  - ☐ Isosorbide dinitrate tablets
  - ☐ Diazepam (tablets and IV)
  - ☐ Hydrocortisone IV
  - ☐ Diphenhydramine maleate 50 mg/amp
  - ☐ Sodium chloride 20% in 50 cc polyampule
  - ☐ D50W 50cc vial
  - ☐ Parenteral antihypertensive medications
  - ☐ Others
- ☐ Acceptable disinfectants for re-use prosedures:
  - ☐ Formalin (4%)
  - ☐ Peracetic Acid (Hydrogen Peroxide=acetic Acid)

IV. RECORDS

- ☐ Dialysis charts
  - ☐ Standing order for hemodialysis
  - ☐ Physician's order
  - ☐ Patient's monitoring sheet
  - ☐ Standing order for medications
  - ☐ Tabulation of laboratories
  - ☐ Complications during dialysis
  - ☐ Confinements and corresponding dates and hospital

- ☐ Logbooks
  - ☐ for complications related to hemodialysis procedure
  - ☐ for complications related to vascular access
  - ☐ for complications related to disease process
  - ☐ for dialysis adequacy of each patient
  - ☐ for outcomes

V. QUALITY ASSURANCE ACTIVITIES

- ☐ Strict observance of universal precautions
- ☐ Patient Monitoring
  - Monthly chemistries to include:
    - ☐ Complete Blood Count
    - ☐ Blood Urea Nitrogen
    - ☐ Serum Creatinine
    - ☐ Ionized Calcium
    - ☐ Inorganic Phosphorus
  - ☐ Serum albumin to assess nutrition every two (2) months
  - ☐ Hepatitis B and Hepatitis C every 6 months (determination for non-B, non-C patients)
  - ☐ Monthly Urea Reduction Ratio and/or KTV for dialysis adequacy
  - ☐ Lipid profile every 6 months

- ☐ Dialysis Clinic Monitoring
  - ☐ Policies on:
    - ☐ Procedures
    - ☐ Management of complications during hemodialysis
      - ☐ Hypotension
      - ☐ Chills
      - ☐ Chest pains
  - ☐ Monthly in-house seminar for non-physician personnel
- ☐ Preventive Maintenance program for machines and water treatment system
- ☐ Follows the prescribed Standards and Guidelines of Care (from the American Nephrology Nurses Association Universal Hemodialysis Guideline for Care)

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

____
Date Accomplished

____
Owner

Res. Cert. No. ________________
Issued at: ___________________
Issued on: ___________________

Status of Application:

☐ Approved
Date:

☐ Deferred
Date:

☐ Denied
Date:

Date Received at CO:_________________________

Date Received at PRO: _________________________

WARRANTIES OF ACCREDITATION FOR FREE STANDING DIALYSIS CLINICS

A. ELIGIBILITY

1. That it is in operation for at least three (3) years.
2. That it is duly licensed by the Department of Health.
3. That it has a good track record in the provision of health care.
4. That it has the human resources, equipment, physical structure, requirements in conformity with the standards established by the Corporation.
5. That it has an ongoing quality assurance program.
6. That it has a Certificate of Acknowledgement of existence of Dialysis Clinic from the Philippine Society of Nephrology.

B. COMPLIANCE TO PERTINENT LAWS

1. That it shall comply with the provisions of the National Health Insurance Law (RA 7875), its Implementing Rules and Regulations, and the Warranties of Accreditation.
2. That it shall comply at all times with the rules and regulations covering the licensure and regulation of dialysis clinics consistent with E.O. 119, which states that the Department of Health has the power "to regulate the operation of and issue licenses and permits to government and private clinics and dispensaries and other such establishments which by nature of their functions are required to be regulated by the Department" as well as other Administrative Orders.
3. That it shall conform to the formal program on quality assurance as well as payment mechanism and utilization review of the National Health Insurance Program.
4. That its personnel shall strictly adhere and comply at all times with the Code of Ethics of the Medical, Nursing, and Midwife profession.

C. CLINICAL SERVICES

1. That it shall guarantee safe, adequate and standard medical care for all patients.
2. That it shall adopt referral protocols, strictly follow guidelines and health resource sharing arrangements of the Program.
3. That it shall extend without delay chargeable benefits due qualified members and beneficiaries.
4. That it shall not engage in unethical and illegal solicitation of patients for purposes of compensability under the NHI Program.
5. That it shall maintain serviceable equipment and facilities and the required personnel complement.

D. CLINICAL RECORDS AND PREPARATION OF CLAIMS

1. That it shall maintain and accomplish at all times accurate chronological records of all patients, services rendered, health outcomes resulting from such services and health expenditures on patient care.
2. That it shall keep neat and systematic records/file located in a safe but accessible place for easy retrieval.
3. That it shall undertake measures to enter only true and correct data in all patients' records and ensure the filing of legitimate claims within the sixty (60) calendar days after the patient's discharge.
4. That the concerned personnel shall take full responsibility for any omission or commission in the preparation of claims and in the entry of clinical records.

E. MANAGEMENT INFORMATION SYSTEM

1. That it shall give proper information of its accreditation status by posting the PhilHealth Certificate of Accreditation in a very conspicuous place in the said Clinic.
2. That it shall post updated information of the Program's benefits and procedural requirements so provided by PhilHealth at the Billing Section or any conspicuous place of the Clinic and make available the necessary forms for patient's use.
3. That it shall inform PhilHealth within 60 calendar days, in writing of any of the following changes in the Clinic's :
   a) Location,
   b) Ownership or management,
   c) Closure or temporary cessation of clinic operation.

F. INSPECTION/ VISITATION/ INVESTIGATION

1. That it shall recognize the authority of PhilHealth and its duly authorized representative or agents to conduct inspection, visitation, and/or investigation.
2. That it shall cooperate with the duly recognized authorities and make available all pertinent documents required for accreditation.
3. That it shall obey without delay summons, subpoena, or subpoena duces tecum and such other processes as issued by PhilHealth.

Finally, the undersigned hereby affirms that the PhilHealth, pursuant to law may suspend or revoke the accreditation of the clinic if found to have violated any of the provisions of the National Health Insurance Act or its Implementing Rules and Regulations and any of the Warranties of Accreditation after due process.

____
Administrator/Medical Director

WITNESS MY HAND AND SEAL, this ________ day of ___________________________ 200_ at _________________________.

Notary Public
Until ________
PTR No. ________
Issued at: ________
Issued on : ________

Doc. No. _________
Book No. _________
Page No. ________
Series of 200_______