



## ASSESSMENT TOOL FOR LICENSING AN INFIRMARY

### GENERAL INSTRUCTIONS IN FILLING OUT THE TOOL:

1. The team shall make sure they have the complete set with the following: Standards/Indicators for an Infirmary, 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: INFIRMARY

Government:

Private:

National

Single Proprietorship

Local

Corporation

Others: (specify) \_\_\_\_\_

Others: (specify) \_\_\_\_\_

Type of application: Initial

Renewal

DOH STANDARDS (Indicators) for INFIRMARY

<b>CRITERIA</b> (This refers to the specific and measurable indicators that help determine whether or not the standard has been met.)	<b>INDICATOR</b> (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.)	<b>EVIDENCE</b> (Proof of compliance to the indicator: document, interview or observation)	<b>AREAS</b> (Not limited to the suggested areas)	<b>Put a check if complied.</b>	<b>REMARKS</b>
<p><b>I. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS</b>  <b>Goal: To improve patient outcomes by respecting patients' rights and ethically relating with patients and other organizations</b>  <b>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.)</b></p>					
<p>1. Informed consent is obtained from patients prior to initiation of care.</p> <p><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></p>	<p>All patient charts have signed consent.</p>	<p><b>DOCUMENT</b> Patients charts – get charts of patients currently admitted. If hospital is departmentalized, get samples during tour of the different departments.</p> <p><b>INTERVIEW</b> 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.</p>	<p>Wards</p>		
<p>2. Policies and procedures which identify and address patients' rights and responsibilities are documented and monitored.</p>	<p>Presence of policies and procedures to identify and address patients' rights:</p> <ol style="list-style-type: none"> <li>1. Right to information</li> <li>2. Right to refuse treatment</li> <li>3. Right to privacy</li> <li>4. Right to personal choice</li> <li>5. Right to care and security of personal belongings</li> <li>6. Right to freedom from restraint</li> <li>7. Right to freedom from abuse, mistreatment and abuse, etc.</li> </ol>	<p><b>DOCUMENT REVIEW</b> Policies and procedures on patients' rights.</p> <p><b>INTERVIEW</b> 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><b>OBSERVE</b> If patients' rights are posted in conspicuous places.</p>	<p>Wards</p>		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>II. PATIENT CARE</b> <b>A. ACCESS</b> <b>Goal: The organization is accessible to the community that it aims to serve.</b> <b>Standard: The organization informs the community about the services it provides and the hours of their availability.</b>					
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.	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.	<b><u>DOCUMENT REVIEW</u></b> 1. List of services available. 2. DOH LTO (updated, valid and original).  <b><u>OBSERVE:</u></b> The facilities, and structure. Check if the service capability of the infirmary is in accordance with the health facility level. including "Add On" Services	ER OPD		
<b>4. CLINICAL SERVICES FOR INFIRMARY</b> Minimal to Intermediate care and management in the following areas: - Medicine, - Pediatrics. - Non-surgical Obstetrics and Gynecology - Minor Surgery		<b><u>DOCUMENT REVIEW</u></b> Check final diagnosis and interventions done in the logbook /record of Admission/patients charts.	Medical Records Room Wards		
<b>5. NURSING SERVICES</b> Minimal to Intermediate Nursing Care and management in the following areas: - Medicine, - Pediatrics. - Non-surgical Obstetrics and Gynecology - Minor Surgery		<b><u>DOCUMENT REVIEW</u></b> Check final diagnosis and interventions done in the logbook /record of Admission  <b><u>OBSERVE</u></b> How patients are managed and cared for.  <b><u>INTERVIEW</u></b> Staff what services are being provided.	Wards, ER, OPD		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
6. 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	<p><b>OBSERVE</b></p> <p>1. With entrance and exit signs. Check ER, OPD and wards</p> <p>2. Entrances and exits are accessible and free from any obstruction</p> <p><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></p>	ER OPD Wards		
7. Directional signs are prominently posted to help locate service areas within the organization.	Presence of directional signages to locate service areas	<p><b>OBSERVE</b></p> <p>Directional signs are prominently posted. Check ER, OPD, wards and lobby.</p>	ER OPD Wards Others (Lobby)		
8. 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	<p><b>OBSERVE</b></p> <p>Check:</p> <p>1. Alternative passageways for patients with special needs.</p> <p>2. They are prominently marked</p> <p>3. They are free from obstruction.</p>	ER OPD Wards		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<p><b>B. ENTRY</b>  <b>Goal: The entry process meet patient needs and are supported by effective systems and a suitable environment</b>  <b>Standard: The organization uniquely identifies all patients including newborn infants, and creates a specific patient chart for each patient that is readily accessible to authorized personnel.</b></p>					
9. All patients are correctly identified by their patient charts.	<p>The contents of patient's charts are the following:</p> <ol style="list-style-type: none"> <li>1. Summary or face sheet</li> <li>2. Doctor's order</li> <li>3. Informed Consent</li> <li>4. TPR graphic sheet</li> <li>5. History and Physical Examination</li> <li>6. Maternal Record with Partograph (if warranted)</li> <li>7. Newborn record and maturity rating, (if warranted)</li> <li>8. Doctor's progress notes</li> <li>9. Medication and/or treatment record</li> <li>10. Laboratory and X-ray reports, if any</li> <li>11. Nurses Notes</li> <li>12. Record of referral or transfer of patient to other facility/service/doctor including notes</li> <li>13. Discharge summary</li> <li>14. Clinical abstract</li> </ol>	<p><b>DOCUMENT</b> Patient chart from ER, ward, and OPD</p> <p><b>INTERVIEW</b> verify with patient if he/she really is the person indicated in the chart.</p>	ER OPD Wards		
<p><b>Goal: The health care team develops in partnership with the patients a coordinated plan of care with goals.</b>  <b>Standard: The care plan addresses patient's relevant clinical, social, emotional and religious needs</b></p>					
10. Coordinated plan of care with goals.	Presence of adopted/developed protocols, CPGs	<p><b>DOCUMENT</b> Proof of implementation of adopted/developed protocols, CPGs.</p> <p><u>Footnote:</u> Clinical pathways derived from clinical practice guidelines and other types of clinical evidence should be developed or implemented for the top 5 cases of admissions and/or consultations</p>	Wards ER OPD		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>Goal: Comprehensive assessment of every patient enables the planning and delivery of patient care</b> <b>Standard: Each patient's physical, psychological and social status is assessed</b>					
11. 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.	<b>DOCUMENT</b> Patient chart from wards	Wards		
<b>Standard: Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.</b>					
12. 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.	<b>CHART REVIEW</b> 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		
<b>C. IMPLEMENTATION OF CARE</b> <b>Goal: Care is delivered to ensure the best possible outcomes for the patients</b> <b>Standard: Medicines are administered in a standardized and systematic manner</b>					
13. 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	<b>CHART REVIEW</b> Check patients charts from the wards: <i>For the accuracy of medicine administration</i>	Wards		
14. Only qualified personnel order, prescribe, dispense prepare, and administer drugs.	All doctors, pharmacists and nurses have updated licenses	<b>INTERVIEW</b> Randomly check the licenses of some doctors, nurses and pharmacists if they are updated.	Wards ER OPD		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
15. 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><b>INTERVIEW</b> Ask staff how they verify orders from doctors prior to administration of medicines.</p> <p><b>OBSERVE</b> if staff verifies the prescriptions or orders for medicines with the doctor's order. <i>Note: This is on case to case basis; includes the route of administration (slow IV) and other precautionary measures/instruction e.g.. ANST</i></p>	Wards ER		
16. Prescriptions or orders are verified and patients are identified before medications are administered	Proof that patients are correctly identified prior to administration of medications	<p><b>INTERVIEW</b> Verify from patients if they were correctly identified prior to drug administration.</p> <p><b>OBSERVE</b> 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		
17. Medicine administration is properly documented in the patient chart	All charts have proper documentation of medicine administration.	<p><b>CHART REVIEW</b> Medication sheet in patient chart.</p>	Medical records office wards		
<p><b>D. EVALUATION OF CARE</b></p> <p><b>Goal: The health care team routinely and systematically evaluates and improves the effectiveness and efficiency of care delivered to patients.</b></p> <p><b>Standard: The discharge plan is part of the patient's care plan and is documented in the patients' chart.</b></p>					
18. Discharge plans for patients to ensure continuity of care.	All charts have discharge plans.	<p><b>CHART REVIEW</b> Patients' charts from medical records, look at the discharge orders. It should contain all of the following:</p> <ol style="list-style-type: none"> <li>1. May go home order</li> <li>2. Home medications (if applicable)</li> <li>3. Follow up visits/schedule</li> <li>4. Home care/advise</li> </ol> <p><i>Note: Discharge plan is not synonymous with discharge summary.</i></p>	Medical records room wards		



CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>III. LEADERSHIP AND MANAGEMENT</b>					
<b>A. MANAGEMENT REVIEW</b>					
<b>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</b>					
<b>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</b>					
19. Organizational Structure/Chart	Presence of organizational structure	<b>OBSERVE</b>  Observe if the organizational structure / chart is posted in appropriate area.	Other Areas Lobby		
20. 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	<b>DOCUMENT REVIEW</b>  Written vision, mission and goals	Medical, Nursing and Administrative Services		
21. The organization and its services develop their policies and procedures.	Written policies and procedures manual for all services / departments / units	<b>DOCUMENT REVIEW</b> 1. Written Policies 2. Procedure manual	Medical, Nursing and Administrative Services		
22. Committees within the organization which includes the terms of reference for membership	Proof of the creation of all committees within the organization which includes the terms of reference for membership.  The following are the committees required: 1. Credentialing and privileging 2. Waste Management 3. Patient Safety 4. Infection Control 5. Emergency and Disaster Preparedness 6. CQI 7. Grievance 8. Selection and Promotions	<b>DOCUMENT REVIEW</b> Proof of the creation of all committees which includes the terms of reference for membership e.g. memo, office order, etc. - written policies and procedures - minutes of meetings of the different committees  <b>INTERVIEW</b> Ask members of the different committees their functions, how often they meet, etc.	Administrative office		
23. Evaluation and monitoring activities to assess management and organizational performance	Presence of evaluation and monitoring activities to assess management and organizational performance	<b>DOCUMENT REVIEW</b> Accomplishment reports or other annual reports as applicable	Administrative Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS	
<b>B. OUTSOURCED SERVICES</b>						
24. Outsourced services are within the facility if applicable.	Presence of memorandum of agreement/contract for all outsourced services	<b>DOCUMENT REVIEW</b> 1. Contracts/MOA for outsourced services 2. Valid licenses of all providers  <b>OBSERVE</b> Actual presence of the outsourced services within the hospital if applicable	Administrative Office			
<b>ADMINISTRATIVE SERVICES</b>						
A. Dietary	If not contracted out, there shall be maintenance and provision of safe, quality and nutritious food to patients and personnel.	<b>DOCUMENT REVIEW</b> - 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  ● Disinfection of laundry	<b>DOCUMENT REVIEW</b>  Check procedures on how soiled linens are collected disinfected and washed.				
C. Security		<b>DOCUMENT REVIEW</b> Security check for internal and external customers including use of visitor's pass				
D. Housekeeping / Janitorial	Policies and procedures on security of patients, visitors and hospital staff					
E. Proper Waste Disposal	Policies and procedures on proper waste disposal.	<b>DOCUMENT REVIEW</b>  Proof of implementation of policies and procedures on proper waste disposal.				
F. Maintenance	Proof of implementation of policies and procedures	<b>OBSERVE</b>  <b>INTERVIEW</b>		Lobby ER / OPD Wards		
G. Ambulance	(Use separate assessment tool for Ambulance)	<b>OBSERVE</b>  <b>INTERVIEW</b>				

<b>CRITERIA</b>	<b>INDICATOR</b>	<b>EVIDENCE</b>	<b>AREAS</b>	<b>COMPLIED</b>	<b>REMARKS</b>
<b>IV. HUMAN RESOURCE MANAGEMENT</b>					
<b>A. HUMAN RESOURCES PLANNING</b>					
<b>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.</b>					
25. 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	<b>DOCUMENTREVIEW</b>  Policies and procedures for hiring, credentialing and privileging of staff  <b>INTERVIEW</b>	Personnel /Administrative office		
26. Staff numbers and skill mix are based on actual clinical needs.	Staff to bed ratio for licensed doctors, registered nurses and midwives/nursing aides follows the DOH prescribed ratio. (Refer to personnel requirement sheet)	<b>DOCUMENTREVIEW</b>  201 files of employees.	Personnel /Administrative office  Wards		
<b>B. STAFF RECRUITMENT, SELECTION, APPOINTMENT AND RESPONSIBILITIES</b>					
<b>Goal: Recruitment, selection and appointment of staff comply with statutory requirements and are consistent with the organization's human resource policies.</b>					
<b>Standard: There are relevant orientation, training and development programs to meet the educational needs of management and staff.</b>					
27. Annual plan on training activities	Presence of annual plan on training activities	<b>DOCUMENTREVIEW</b>  Annual plan (including resource/budgetary allocation) on training activities	Personnel /Administrative office		
<b>C. STAFF TRAINING AND DEVELOPMENT</b>					
<b>Goal: A comprehensive program of staff training and development meets individual and organizational needs.</b>					
<b>Standard: There are relevant orientation, training and development programs to meet the educational needs of management and staff.</b>					
28. New personnel , new graduates and external contractors- are adequately supervised by qualified staff	Proof that new personnel are adequately oriented and supervised	<b>DOCUMENT REVIEW</b> Documentation of orientation conducted  <b>INTERVIEW</b> Ask new personnel about the lines of authority and supervision and if the supervision is adequate  <b>OBSERVE</b>	Personnel /Administrative office		
29. The staff are provided with a documented job description outlining accountabilities and responsibilities	Proof that staff are provided with job description outlining their accountabilities and responsibilities	<b>DOCUMENT REVIEW</b> Written job descriptions with conforme	Personnel /Administrative office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>V. INFORMATION MANAGEMENT</b> <b>A. DATA COLLECTION AND AGGREGATION</b> <b>Goal: Collection and aggregation of data are done for patient care, management of services, education and research.</b> <b>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</b>					
30. 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	<b>DOCUMENT REVIEW</b> Compilation of Annual Statistical Report for Infirmary	Medical records room		
31. The organization defines data sets, data generation, collection and aggregation methods and the qualified staff who are involved in each stage	Presence of qualified staff involved in data definition, generation, collection and aggregation	<b>DOCUMENT REVIEW</b> Policies and procedures on record storage, safekeeping and maintenance, retention and disposal  <i>Note: Policies and procedures on records management are updated every 5 years - Records disposal shall be in accordance with the guidelines set by National Archives of the Philippines (NAP) per DC No. 70 s. 1996.</i>	Medical records room		
<b>B. RECORDS MANAGEMENT</b> <b>Goal: Integrity, safety, access and security of records are maintained and statutory requirements are met.</b> <b>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.</b>					
32. 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	<b>OBSERVE</b> 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
33. 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	<b>DOCUMENT REVIEW</b> Policies and procedures on records management to maintain confidentiality/privacy, accuracy and prevention of loss and destruction, tampering and unauthorized access.  <b>DOCUMENT</b> Logbooks for borrowing and retrieval of charts  <b>OBSERVE</b> - nurses in the wards and records personnel on how they protect patient chart	Medical Records Room / Office Wards		
<b>VI. SAFE PRACTICE AND ENVIRONMENT</b> <b>A. PATIENT AND STAFF SAFETY</b> <b>Goal: Patients, staff and other individuals within the organization are provided a safe, functional and effective environment of care</b> <b>Standard: The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations</b>					
34. The organizational environment complies with structural standards and safety codes as prescribed by law	Presence of updated DOH license to operate	<b>DOCUMENT REVIEW</b> Updated DOH license	Administrative office		
35. 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	<b>DOCUMENT REVIEW</b> Management plan, policies and procedures  <b>INTERVIEW</b> 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		
36. There are management plans for the safe and efficient use of medical equipment according to specifications.	Preventive Maintenance Program of equipment	<b>DOCUMENT REVIEW</b>  Proof of implementation of Preventive Maintenance Program of equipment.  Presence of operating manuals of the medical equipment	ER OPD Wards DR Maintenance Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
37. Design of patient areas provides sufficient space for safety, comfort and privacy of the patient and for emergency care.	Presence of adequate space, lighting and ventilation in compliance with structural requirements (for patient safety and privacy)	<b>OBSERVE</b> 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		
38. A coordinated security arrangement in the organization assures protection of patients, staff and visitors.	Presence of an appointed personnel in charge of security.	<b>DOCUMENT REVIEW</b> Contract or Appointment of person in charge of security.  <b>INTERVIEW</b> Ask the personnel in charge of security what the policies on security are.  <b>OBSERVE</b> Security measures			
<b>Standard: The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations.</b>					
39. 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.)	<b>DOCUMENT REVIEW</b> Record of sentinel events	Adminis- trative office		
<b>B. MAINTENANCE OF THE ENVIRONMENT OF CARE</b> <b>Goal: A comprehensive and maintenance program ensures a clean and safe environment</b> <b>Standard: Emergency light and / or power supply, water and ventilation systems are provided for, in keeping with relevant statutory requirements and codes of practice.</b>					
40. Generator / emergency light, water system, adequate ventilation or air conditioning	Presence of generator / emergency light, water system, adequate ventilation or air conditioning.	<b>DOCUMENT REVIEW</b> Check result of water analysis for the last 6 months.  <b>OBSERVE</b> 1. Test if faucets and water closets are working 2. If emergency lights and generators are functional.	Maintenance Other Relevant Areas		

<b>CRITERIA</b>	<b>INDICATOR</b>	<b>EVIDENCE</b>	<b>AREAS</b>	<b>COMPLIED</b>	<b>REMARKS</b>
41. 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	<b>DOCUMENT REVIEW</b> Certificate of training of service personnel if in-house or Certificate of training or MOA/Contract for outsourced services (verify qualification of technicians)  <b>INTERVIEW</b> Ask about how are maintained	Maintenance Office		
<b>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.</b>					
42. Operating manuals of equipment	Presence of operating manuals equipment	<b>DOCUMENT</b> Operating manual of Medical equipment, generators, air conditioners and other non-medical equipment.	Engineering/ Maintenance Office Imaging, Laboratory		
<b>C. INFECTION CONTROL</b>					
<b>Standard: An interdisciplinary infection control program ensures the prevention and control of infection in all services.</b>					
43. Physician and nurse in charge of infection control.	A designated doctor and nurse in-charge of infection control	<b>DOCUMENT REVIEW</b> 1. Proof of designation of a doctor and nurse in-charge of infection control with their functions. 2. Statistics on hospital associated infections  <b>INTERVIEW</b> Ask about their activities related to infection control.	Nurse Supervisor's Office		

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>Standard: The organization uses a coordinated system-wide approach to reduce the risks of healthcare-associated infections.</b>					
44. Organization takes steps to prevent and control outbreaks of healthcare associated infections.	Presence of a coordinated system-wide procedure for prevention of hospital associated infections	<b>DOCUMENT REVIEW</b> Validate hospital policies on infection control such as use of PPEs, isolation precautions and hand washing.  <b>OBSERVE</b> 1. Use of gloves, surgical masks, etc. (check if they have enough supplies of PPEs.) 2. Sinks or lavatories or designated areas for hand washing or dispenser for sanitizers 3. Ask a hospital staff to demonstrate hand washing.	ER Wards		
45. 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	<b>INTERVIEW</b> Ask staff their policies on needle stick injury  <b>OBSERVE</b> Use of PPEs in doing minor surgeries, IV insertions, etc.	ER Wards		
<b>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).</b>					
46. 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	<b>DOCUMENT REVIEW</b> Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies  <b>OBSERVE</b>	CSSU		
<b>Standard: When needed, the organization reports information about infections to personnel and public health agencies.</b>					
47. Policies and procedures in reporting notifiable diseases (Refer to AO No. 2008-0009).	Presence of policies and procedures in reporting notifiable diseases	<b>DOCUMENT REVIEW</b> Copies of reports submitted to PIDSR.			



CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>D. ENERGY AND WASTE MANAGEMENT</b> <b>Standard: The handling, collection and disposal of waste conform with relevant statutory requirements and code of practice</b>					
48. Licenses/permits/clearances from pertinent regulatory agencies	Presence of licenses/permits/clearances from pertinent regulatory agencies implementing: 1. RA 9003 (Ecological Solid Waste Management Act) 2. RA 9275 (Philippine Clean Water Act) 3. PD 1586 (Establishing An Environmental Impact Statement System, Including Other Environmental Management Related Measures and for other Purposes 4. RA 8749 (Clean Air Act)		Administrative office		
49. Policies and procedures on waste disposal	Healthcare Waste Manual, 3 <sup>rd</sup> Revision roof of implementation of policies and procedures on waste disposal	<b>DOCUMENT REVIEW</b> 1. Issuances - memos, guidelines on waste segregation, treatment and disposal. 2. Contracts with waste handlers or disposal contractors, (if applicable)  <b>OBSERVE</b> 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.			

<b>CRITERIA</b>	<b>INDICATOR</b>	<b>EVIDENCE</b>	<b>AREAS</b>	<b>COMPLIED</b>	<b>REMARKS</b>
<b>VII. IMPROVING PERFORMANCE</b>					
<p><b>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.</b></p> <p><b>Standard: The organization has a planned systematic organization- wide approach to process design and performance measurement, assessment and improvement.</b></p>					
50. Continuous Quality Improvement Program	Presence of Quality Improvement Program	<p><b>DOCUMENT REVIEW</b> CQI plan and proof of implementation</p> <p><b>INTERVIEW</b> Ask about their activities on CQI.</p>	Administrative Office		
<b>Standard: The organization provides better care service as a result of continuous quality improvement activities</b>					
51. Customer satisfaction survey	Presence of customer satisfaction survey	<p><b>DOCUMENT REVIEW</b></p> <ol style="list-style-type: none"> <li>Domains of the survey form used.</li> <li>Survey results and how complaints / comments are acted upon.</li> </ol>	Administrative Office		
52. Better patient outcome.	Proof of better patient outcomes	<p><b>DOCUMENT REVIEW</b></p> <p>Documentation of better outcomes for patients as a result of CQI activities, e.g. declining trends of hospital associated infections and increase in patient satisfaction rating.</p>	Administrative Office		
<b>VIII. DOH PROGRAMS IMPLEMENTED IN HOSPITALS AND OTHER HEALTH FACILITIES</b>					
53. Newborn Screening <b>Newborn Screening – in compliance to RA 9288 and its IRR</b>	Newborn Screening being implemented.	<p><b>DOCUMENT REVIEW</b></p> <ul style="list-style-type: none"> <li>- Logbook of Newborns who were tested and copies of waiver for those who were not screened</li> <li>- OR of filter papers</li> </ul>	OB Ward (Rooming In)		
54. Mother– baby Friendly Facility  Mother –Baby Friendly Workplace  <b>Mother- Baby Friendly Hospital Initiative – in compliance to RA 7600 and RA 10028 and its IRR, and Executive Order No. 51 (Milk Code)</b>	Certified “Mother – Baby Friendly Hospital Facility	<p><b>DOCUMENT REVIEW</b></p> <p>MBFHI Certificate (MOU for those who are not certified yet). Policies on Mother – baby Friendly Facility and Mother –Baby Friendly Workplace</p> <p><b>OBSERVE</b></p> <p>There shall be no nursery for normal newborns</p>	OB Ward		

<p>55. Immunization of newborn babies with BCG and first dose Hepatitis B vaccine</p> <p><b>Immunization – in compliance to RA No. 306</b></p>	<p>Newborn babies given BCG and first dose Hepatitis B vaccine</p>	<p><b>DOCUMENT REVIEW</b> Records of Newborns given BCG and first dose Hepa-B vaccine</p> <p><b>OBSERVE</b></p> <p><b>INTERVIEW STAFF</b></p>	<p>OB Ward</p>		
<p>56. Hospital is a “No Smoking zone</p> <p><b>Anti-smoking – in compliance to RA 9211</b></p>	<p>Policies and procedures on anti-smoking</p>	<p><b>DOCUMENT REVIEW</b> Policies and procedures on anti-smoking</p> <p><b>OBSERVE</b> “No Smoking” signages</p>	<p>Hallways</p>		
<p>57. Generic prescribing and recording</p> <p><b>Generic Prescribing – in compliance to RA 6675 (Generics Act of 1988)</b></p>	<p>Policies and procedures on generic prescribing</p>	<p><b>DOCUMENT REVIEW</b> - Prescriptions filled in the Pharmacy - Physicians’ orders in patients’ charts - Documentation of nurses on medicines.</p>	<p>Wards Pharmacy, if applicable</p>		
<p>58. Emergency Preparedness, Response and Recovery Plan</p> <p><b>Health Emergency Management Services (HEMS) – in compliance to AO 2004-0168 "National Policy on Health Emergencies and Disasters"</b></p>	<p>With designated HEMS Coordinator</p>	<p><b>DOCUMENT REVIEW</b> - Hospital/Office order designating one - Proof of implementation of the plan - Documentation of drills/exercises conducted - Emergency Preparedness, Response and Recovery Plan - Documentation of drills conducted.</p> <p><b>OBSERVE</b> Exit plans posted in all hallways and rooms</p>	<p>ER</p>		
<p>59. Newborn Hearing Screening</p> <p><b>Universal Newborn Hearing Screening – in compliance to RA 9709 (Universal Newborn Hearing Screening Act)</b></p>	<p>Newborn Hearing Screening being implemented</p>	<p><b>DOCUMENT REVIEW</b> Logbook of Newborns who were tested on hearing</p>	<p>OB wards</p>		

<b>CRITERIA</b>	<b>INDICATOR</b>	<b>EVIDENCE</b>	<b>AREAS</b>	<b>COMPLIED</b>	<b>REMARKS</b>
60. Family planning service  <b>Family planning – in compliance to RA 10354 (Responsible Parenthood and Reproductive Health Act of 2012)</b>	Presence of Family planning services	<b>DOCUMENT REVIEW</b> List of FP acceptors -Referral System to other facilities for FP. If conscientious objector.	OPD OB wards		
61. National Tuberculosis Program  <b>NTP – in compliance with RA 10767 (Comprehensive TB Elimination Plan Act)</b>	Implementation of National TB Program	<b>DOCUMENT REVIEW</b> - Presence of Hospital TB Referral Logbook - List of Diagnosed TB Cases Notified (with received remarks by DOH-Regional Office)	OPD Wards		

ASSESSMENT TOOL FOR INFIRMARY

ATTACHMENT A - INFIRMARY PERSONNEL

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	COMPLIED	REMARKS
Chief of Hospital /Medical Director		<b>DOCUMENT REVIEW</b> - Updated PRC license / Certificates of Trainings attended - Proof of Employment / Appointment	1		
Administrative Officer/ Personnel officer	Bachelor's Degree		1		
Accountant or Accounting Clerk	Bachelor's Degree in Accountancy	<b>DOCUMENT REVIEW</b> - Diploma/Certificate of Units earned / Certificates of Trainings attended - Proof of Employment / Appointment	1		
Medical Records officer	Bachelor's Degree And Training in ICD 10 and Medical Records Management	<b>DOCUMENT REVIEW</b> - Certificates of Trainings attended - Proof of Employment / Appointment	1		
Billing Clerk/cashier			1		
Clerk, Pool			1:50 beds		
Supply Officer/- Storekeeper			1		
Building Maintenance Man/Utility Worker	Relevant training (May be outsourced)		1 per shift		
Laundry Worker			1		
Driver	Professional driver's license		1		
Cook			1		
Security Guard (May be outsourced)		<b>DOCUMENT REVIEW</b> Certificates of Trainings attended	1 per shift		
Physician	Updated Professional Regulatory Commission license	<b>DOCUMENT REVIEW</b> - Diploma - Updated PRC license - Certificate of employment - Proof of employment	1:20 beds at any time (Shall not go on duty for more than 48 hours).		

<b>POSITION</b>	<b>QUALIFICATION</b>	<b>EVIDENCE</b>	<b>NUMBER / RATIO</b>	<b>COMPLIED</b>	<b>REMARKS</b>
Supervising Nurse/Nurse Managers	With updated Professional Regulatory Commission license, with at least nine (9) units of Master's Degree in Nursing with 3 years hospital experience.	<b>DOCUMENT REVIEW</b> - Diploma - Updated PRC license - Certificate of employment - Proof of employment	1		
Head Nurse/Senior Nurse	Updated Professional Regulatory Commission License -With 3 years hospital experience		1:15 Nurses		
Staff Nurse	Updated Professional Regulatory Commission License		1:12 Beds at any time (1 reliever for every 3 RNs)		
Nursing Attendant (NA) there shall be 1 reliever for every 3 Nursing Attendant	With relevant training (may be in house training)	<b>DOCUMENTS REVIEW</b> Certificates of Trainings attended	1:24 beds at any time( 1 reliever for every 3 NAs		
Delivery Room Nurse; number may increase depending on the number of cases	-With updated Professional Regulatory Commission license and Training in Maternal and -Child Nursing (may be in house training or training in EINC)		1/ DR/ Shift		
Emergency Room Nurse/OPD; may increase depending on the number of patients	-With updated Professional Regulatory Commission license and -Certificate of Training in ACLS		1/shift		

## ASSESSMENT TOOL FOR INFIRMARY

### ATTACHMENT B - INFIRMARY PHYSICAL PLANT

PHYSICAL FACILITY	DESCRIPTION	COMPLIED	REMARKS
<b>ADMINISTRATIVE SERVICE</b>			
Waiting Area			
Admitting and Records Area			
Public Toilet (Male/Female/PWD)	Provided with water; clean and free from foul odor		
Administrative and Business Office			
Office of the Chief of Hospital / Medical Director			
Supply/Linen room			
Laundry Area			
Janitor's Closet			
Parking Area for transport vehicle			
Central Waste Storage Area	Shall have color-coded segregation; 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			
Dining Area			
Garbage Area			
Medical Records Office	With area for completion of patients' charts by physicians and other professionals		
Cadaver Holding Area			
<b>CLINICAL SERVICE</b>			
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		

<b>PHYSICAL FACILITY</b>	<b>DESCRIPTION</b>	<b>COMPLIED</b>	<b>REMARKS</b>
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			
Toilet for patients and companions	Separate Male from Female; Clean and Free from foul odor; no insects and rodents		
Staff Toilet			
<b>DELIVERY</b>			
Labor Room (provided with toilet)			
Scrub Up Area			
<b>BIRTHING ROOM</b>			
Newborn Resuscitation Area			
Equipment and Supply Area			
Clean – Up and Sterilization Room			
<b>NURSING SERVICE</b>			
Nurses' Station			
Patient Room			
Toilet			



**ASSESSMENT TOOL FOR INFIRMARY**

**ATTACHMENT C – INFIRMARY EQUIPMENT/INSTRUMENT**

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

<b>EQUIPMENT/INSTRUMENT (Functional) (Use separate sheet if equipment is for a specific “ADD ON” Service/s).</b>	<b>QUANTITY</b>	<b>AREA</b>	<b>COMPLIED</b>	<b>REMARKS</b>
<b>ADMINISTRATIVE SERVICE</b>				
Ambulance, available 24/7 and physically present; if outsourced, shall be on call	1	Parking		
Typewriter or Computer	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		
Generator set	1	Genset house		
<b>KITCHEN</b>				
Exhaust fan	1	Kitchen		
Food Conveyor or equivalent	1			
Food Scale	1			
Stove	1			
Refrigerator/Freezer	1			
Utility cart	1			
Garbage Receptacle with Cover color-coded)	1 for each color			
<b>EMERGENCY ROOM</b>				
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			
EENT Diagnostic Set: or equivalent	1			
Emergency Cart (for contents, refer to separate list).	1			

<b>EQUIPMENT/INSTRUMENT (Functional)</b>	<b>QUANTITY</b>	<b>AREA</b>	<b>COMPLIED</b>	<b>REMARKS</b>
Examining table	1	ER		
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			
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			
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			
<b>OUT- PATIENT DEPARTMENT</b>				
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			

<b>EQUIPMENT/INSTRUMENT (Functional)</b>	<b>QUANTITY</b>	<b>AREA</b>	<b>COMPLIED</b>	<b>REMARKS</b>
Mosquito forceps – straight	4 per set	OPD		
Needle holder	1 per set			
Scalpel handle No. 3	1 per set			
Scalpel handle No. 4	1 per set			
Skin retractor	1 pair per set			
Tissue forceps	1 per set			
Thumb forceps	1 per set			
Neurologic Hammer	1			
Sphygmomanometer, Non-mercurial				
- Adult cuff	1			
- Pediatric cuff	1			
Stethoscope	1			
Thermometer, non-mercurial				
- Oral	1			
- Rectal	1			
<b>LABOR ROOM</b>				
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	1	Labor Room		
Patient Bed	1			
Sphygmomanometer, Non-mercurial				
- Adult cuff	1			
Stethoscope	1			
Thermometer, non-mercurial				
- Oral	1			
- Rectal	1			
<b>DELIVERY ROOM</b>				
Air-conditioning Unit	1	DR		
Bag valve mask unit (Adult and pediatric)	1			
Bassinet	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			
Delivery set, multigravid	2 sets			
Mayo scissors, straight	1 per set			
Kelly hemostatic forceps, curved or straight	2 per set			

<b>EQUIPMENT/INSTRUMENT (Functional)</b>	<b>QUANTITY</b>	<b>AREA</b>	<b>COMPLIED</b>	<b>REMARKS</b>
DR Light	1	DR		
DR Table	1			
Clinical Infant Weighing Scale	1			
Instrument/Mayo Table	1			
Kelly Pad or equivalent	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			
Thermometer, non-mercurial	1			
Wheeled Stretcher	1			
<b>NURSING UNIT/WARD</b>				
Bag-Valve-Mask Unit - Adult	1	NURSING UNIT/ WARD		
- Pediatric	1			
Clinical Height and Weight Scale	1			
Emergency cart or equivalent (refer to separate list for the contents)	1			
EENT Diagnostic Set or equivalent(Medical Ward)	1			
Mechanical/Patient bed With locked, 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 - Oral	1			
- Rectal	1			
<b>CENTRAL STERILIZING &amp; SUPPLY ROOM</b>				
Autoclave/Steam Sterilizer	1	CSSR		
<b>CADAVER HOLDING AREA/ROOM</b>				
Bed or stretcher for cadaver	1	CADAVER HOLDING AREA		

EMERGENCY CART CONTENTS

EQUIPMENT/INSTRUMENT	QUANTITY	COMPLIED	REMARKS
<i><b>MEDICINES</b></i>			
B-adrenergic agonists (i.e. Salbutamol 2mg/ml)	10		
5 Caloric agent (D50W 50mg/vial)	5		
Activated charcoal sachet	10		
Amiodarone 150mg/ampule	5		
Anti-rabies vaccine (active)	5		
Anti-rabies vaccine (passive)	5		
Anti-tetanus serum (either equine-based antiserum or human antiserum)	20		
Anti-venims* (for centres with high incidence of poisonous animal bites)			
Aspirin USP grade (325 mg/tablet)	10		
Atropine 1mg/ml ampule	10		
Benzodiazepine (Diazepam 10mg/2ml ampule and/or Midazolam)	10		
Calcium (usually calcium gluconate 10mg/ampule)	5		
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	20		
Furosemide 20mg/2ml ampule	10		
Haloperidol 50mg/ampule	5		
Hydrocortisone 250mg/vial	10		
Hyoscine N-butyl-bromide 20mg/vial	5		
Lidocaine 5% solution vial 1g/50ml	10		
Magnesium sulfate 1g/ampule	5		
Mannitol 20% solution 500ml/vial	1		
Mefenamic Acid 500mg/tablet	10		
Methylprednisolone 4mg/tablet	5		
Metoclopramide 10mg/ampule	5		
Morphine sulfate 10mg/ampule	5		
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	5		
Plain LRS 1L/bottle	10		
Plain NSS 1L/bottle	10		
Potassium Chloride 40mEq/vial	15		
Pyridoxine 1g/ampule	10		
Sodium bicarbonate 50mEq/ampule	10		
Tetanus Toxoid 0.5ml/vial	20		
Thiamine (usually in parenteral Vitamin B complex preparation)	10		

<b>EQUIPMENT/INSTRUMENT</b>	<b>QUANTITY</b>	<b>COMPLIED</b>	<b>REMARKS</b>
Tramadol 50mg/capsule	10		
Verapamil 5mg/2ml ampule	10		
<b><i>BASIC ER SUPPLIES</i></b>			
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)			
Flashlight or Penlight			
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			

Name of Health Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**RECOMMENDATIONS:**

**A. For Licensing Process**

For Issuance of License To Operate as INFIRMARY

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:**

**A. 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: \_\_\_\_\_