



Assessment Tool For Accreditation of Medical Facility For Overseas Workers and Seafarers

Name of Medical Facility: _____

Address: _____

Number & Address		Barangay/Municipality
Province/City		Region

Contact No./Fax No./E-mail Address: _____

Application for: Initial
 Renewal

Accreditation No: _____
 Date Issued: _____
 Expiry Date: _____

GENERAL INFORMATION:

Name of Owner or Governing Body (if corporation): _____

Classification according to:

Service Capability: Regular Medical Facility
 Special Medical Facility
 Seafarer’s Medical Facility
 Land-Based Medical Facility

Instructions:

- (1) This tool serves as a guide for self-assessment of the facility in preparation for inspection/ monitoring visits.
- (2) Under FINDINGS, tick (✓) the appropriate box if item indicated is present, or if item indicated is absent/ present but non-functional.
- (3) To facilitate processing and issuance of the Certificate of Accreditation, make it a point to comply with all standards prior to submission of application.

STANDARDS	FINDINGS		REMARKS
	Present	Absent/ Present but Non- Functional	
1. DOCUMENTARY REQUIREMENTS			
1.1. Notarized Application for Accreditation of Medical Facility for Overseas Workers and Seafarers			
1.2. Permit to Construct (for initial)			
1.3. Approved Floor Plans			
1.4. Current License to Operate and/or Certificate of Accreditation of the following:			
1.4.1. HIV Testing Laboratory			
1.4.2. Secondary Clinical Laboratory			
1.4.3. Medical X-Ray Facility			
1.5. Location map for the medical facility (for initial)			
1.6. DTI/ SEC Registration			
1.7. List of Personnel			
1.7.1. Name			
1.7.2. Position			
1.7.3. PRC ID/ PRC Board Certificate			
1.7.4. PTR/ Voluntary PTR of Psychologist			
1.7.5. Specialty Board Certificate			
1.7.6. Status of Employment			
1.8. Personnel Records			
1.8.1. Curriculum Vitae			
1.8.1.1. Personal Background			
1.8.1.2. Educational Attainment			
1.8.1.3. Training			
1.8.2. Job Description			
1.8.3. Detailed Description of Tasks			
1.8.4. Duties, Responsibilities and Accountabilities			
1.9. List of Equipment/ Instruments			
1.9.1. Name of Equipment			
1.9.2. Brand and Model			
1.9.3. Serial Number			
1.9.4. Quantity			
1.9.5. Date of Purchase			
1.10. Quality Standard System (QSS) Manual (for initial)			
1.11. Certification for Quality Standard System (for renewal)			
1.12. Complaint Management Protocol:			
1.12.1. Procedures for handling complaints			
1.12.2. Mechanism for feedback			
1.12.3. Records of complaints/feedback/action taken			
1.13. Organizational Chart			

STANDARDS	FINDINGS		REMARKS
	Present	Absent/ Present but Non- Functional	
1.13.1. Clear structure reflecting lines of authority; accountability; communication and interrelationship between and among services, personnel and clients.			
1.13.2. Name; position/designation; area of assignment; picture/photo			
1.14. Written Code of Ethics			
1.15. Records and Reports			
1.15.1. Monthly Reports on the following:			
1.15.1.1. Clients examined			
1.15.1.1.1. Seafarers			
1.15.1.1.2. Land-Based Workers			
1.15.1.2. List of Repatriated Workers			
1.15.1.3. Reagents			
1.15.1.3.1. Procured			
1.15.1.3.2. Used			
1.15.1.4. Procedures			
1.15.1.4.1. Procedures done			
1.15.1.4.2. Total number of procedures done			
1.15.1.5. Training Courses attended by staff			
1.15.1.6. Upgraded Plan for Quality			
1.15.1.7. Logbook on P.E. with or without results			
1.15.1.8. PEME Results			
2. TECHNICAL REQUIREMENTS			
2.1. Service Capability			
2.1.1. General Administrative Service			
2.1.2. Clinical Service			
2.1.2.1. Complete History Taking			
2.1.2.1.1. Physical Examination			
2.1.2.1.1.1. Hearing			
2.1.2.1.1.2. Visual Acuity and Color Perception			
2.1.2.1.1.3. Electrocardiogram			
2.1.2.1.2. Dental Examination			
2.1.2.1.3. Psychological Examination			
2.1.2.1.4. Psychometric Evaluation			
2.1.3. Ancillary Service			
2.1.3.1. Licensed X-ray Service (chest x-ray using plates not smaller than 11"x14")			
2.1.3.2. Licensed Secondary Clinical Laboratory			
2.1.3.2.1. Routine Hematology			
2.1.3.2.1.1. Complete Blood Count			
2.1.3.2.1.1.1. Hemoglobin Determination			
2.1.3.2.1.1.2. HB Mass Concentration			
2.1.3.2.1.1.3. Hematocrit			
2.1.3.2.1.1.4. WBC			
2.1.3.2.1.1.5. Differential Count			
2.1.3.2.2. Routine Urinalysis			

STANDARDS	FINDINGS		REMARKS
	Present	Absent/ Present but Non- Functional	
2.1.3.2.3. Routine Fecalysis			
2.1.3.2.4. Blood Typing			
2.1.3.2.5. Cross-matching			
2.1.3.2.6. Quantitative Platelet Determination			
2.1.3.2.7. Routine Chemical Chemistry			
2.1.3.2.7.1. Blood Glucose Substance Concentration			
2.1.3.2.7.2. Blood Urea Nitrogen Concentration			
2.1.3.2.7.3. Blood Creatinine Concentration			
2.1.3.2.7.4. Blood Total Cholesterol Concentration			
2.1.3.2.7.5. Blood Uric Acid			
2.2. Physical Plant			
2.2.1. Main Clinic, minimum of 50 square meters inclusive of the following areas:			
2.2.1.1. Reception Area			
2.2.1.2. Business Area			
2.2.1.3. Consultation Area/ Follow-up Area			
2.2.1.4. Physical Examination Room			
2.2.1.4.1. For Male			
2.2.1.4.2. For Female			
2.2.1.5. Dental Section			
2.2.1.6. Psychological Testing Room			
2.2.1.7. Audiometry Room (for Land-Based)			
2.2.1.8. Optical Area			
2.2.1.9. ECG Area			
2.2.1.10. Comfort Room			
2.2.1.10.1. For Male			
2.2.1.10.2. For Female			
2.2.2. X-ray Room, minimum of 10 square meters			
2.2.3. Clinical Laboratory, minimum of 20 square meters.			
2.3. Equipment, Instruments, Testing Materials			
2.3.1. Examining Table			
2.3.2. Stethoscope			
2.3.3. Mercury Sphygmomanometer			
2.3.4. Clinical Scale with height and weight measurement			
2.3.5. Dental Unit			
2.3.6. Examining Light			
2.3.7. Snellen's and Jaeger's Chart			
2.3.8. EENT Diagnostic Set			
2.3.9. ECG Machine			
2.3.10. Registered Psychological Battery Test			
2.3.11. Audiometer (for Land-Based)			
2.3.12. ISHIIHARA Testing Material Book (for Land-Based)			

STANDARDS	FINDINGS		REMARKS
	Present	Absent/ Present but Non- Functional	
2.3.13. Dental Chair			
2.4. Personnel			
2.4.1. Registered/ Licensed Physician – 2			
2.4.1.1. Male – 1			
2.4.1.2. Female – 1			
2.4.1.3. With minimum 2 years active practice			
2.4.1.4. With good moral character			
2.4.2. Registered/ Licensed Nurse or Midwife – 1			
2.4.3. Registered/ Licensed Dentist – 1			
2.4.4. Psychologist – 1, any of the following			
2.4.4.1. With master degree in psychology			
2.4.4.2. With teaching load of psychology subjects for at least 2 years			
2.4.4.3. With 2 years of government service as psychologist			
2.4.5. Receptionist/ Clerk – 1			
2.4.6. Cashier – 1			
2.4.7. Optometrist – 1 (for medical facility with more than 50 applicants per day)			
2.4.8. Clinic Head/ Medical Director – 1			
2.4.8.1. Appointment contract			
2.4.8.2. PRC ID			
2.4.8.3. PTR No.			
2.4.8.4. 2 years experience			
2.4.8.5. Certificate of maritime training			
2.4.8.6. Duties and responsibilities			
2.4.9. Retainer Specialists:			
2.4.9.1. Pathologist – 1			
2.4.9.2. Radiologist – 1			
2.4.10. Affiliated Specialists			
2.4.10.1. Cardiologist			
2.4.10.2. Eye Specialist			
2.4.10.3. Ear, Nose and Throat Specialist			
2.4.10.4. Infectious Disease Specialist			
2.4.10.5. General Surgeon			
2.4.10.6. Urologist			
2.4.10.7. Nephrologist			
2.4.10.8. Gastro-intestinal Specialist			
2.4.10.9. Endocrinologist			
2.4.10.10. Hematologist			
3. PROCESS			
3.1. Quality Assurance Program			
3.1.1. Plan			
3.1.1.1. Updated			
3.1.1.2. Current			
3.1.1.3. Comprehensive			
3.1.1.4. Practical			
3.1.1.5. Achievable			

STANDARDS	FINDINGS		REMARKS
	Present	Absent/ Present but Non- Functional	
3.1.2. Staff			
3.1.2.1. Adequate in number			
3.1.2.2. Qualified			
3.1.2.3. Skilled			
3.1.2.4. Well-oriented to Mission, Vision, Goals/Objectives, Code of Ethics, Philosophy, Organization, Tasks, Quality of Patient Care			
3.1.3. Governance			
3.1.3.1. Clear and sound management policies			
3.1.3.2. Transparency in transactions			
3.1.3.3. Well-participated policy development process			
3.1.3.4. Sound decision-making process			
3.1.3.5. Fair/ acceptable labor practices			
3.1.3.6. Service-focused policies			
3.1.4. Management Systems and Procedures			
3.1.4.1. Client Care and Management			
3.1.4.1.1. Use of the Management Protocol per procedure			
3.1.4.1.2. Strict observance of the Infection Control Program Principles, Policies and Universal Precaution in all procedures			
3.1.4.1.3. Strict compliance to policies on client's safety and privacy			
3.1.4.1.4. Professional relationship between and among staff and clients is maintained through:			
3.1.4.1.4.1. Courtesy			
3.1.4.1.4.2. Discipline			
3.1.4.1.4.3. Promptness			
3.1.4.1.4.4. Tactfulness			
3.1.4.1.4.5. Honesty			
3.1.4.1.4.6. Respect			
3.1.4.1.4.7. Provision of Quality Care			
3.1.4.2. Medical Record Management			
3.1.4.2.1. Compliance to Medical Records Policies and Procedures			
3.1.4.2.2. Client Related Information			
3.1.4.2.2.1. Identifiable			
3.1.4.2.2.2. Accurately recorded			
3.1.4.2.2.3. Updated records			
3.1.4.2.3. Client Records			
3.1.4.2.3.1. Legible entries			
3.1.4.2.3.2. Complete entries			
3.1.4.2.3.3. Properly signed by concerned health staff			

STANDARDS	FINDINGS		REMARKS
	Present	Absent/ Present but Non- Functional	
3.1.4.2.4. Proper, safe and adequate records storage			
3.1.4.2.5. Accessibility of records to clients and stakeholders			
3.1.4.2.6. Strict implementation of the policy on confidentiality of records			
3.1.4.3. Human Resource Management			
3.1.4.3.1. Compliance to Policies on Human Resource Management			
3.1.4.3.2. Management's adherence to Labor Law Practices			
3.1.4.3.3. Adherence to Standard Recruitment and Promotion Policies and Procedures in hiring employees			
3.1.4.3.4. Provision of Standard Salaries and Benefits to employees			
3.1.4.3.5. Implementation of the Staff Development Program to support the delivery of quality care/service			
3.1.4.3.6. Establishment of a functional Employees Health Service			
3.1.4.4. Equipment, Supplies and Materials Management			
3.1.4.4.1. Established Maintenance Program			
3.1.4.4.2. Established equipment, Supplies and Materials Program			
3.1.4.4.2.1. Procurement Plan			
3.1.4.4.2.2. Inventory Report			
3.1.4.4.2.3. Replacement Plan			
3.1.4.4.3. Good Housekeeping Program			
3.1.4.4.3.1. Rodent and Pest Control			
3.1.4.4.3.2. Standard Sanitation Procedures			
3.1.4.4.3.3. Standard Cleaning Procedures			
3.1.4.4.3.4. Standard Disinfection Procedures			
3.1.4.4.3.5. Clean and Green Environment			
3.1.4.4.4. Waste Management Program			
3.1.4.4.4.1. Proper Waste Collection			
3.1.4.4.4.2. Proper Waste Segregation			
3.1.4.4.4.3. Proper Waste Disposal			
3.1.4.4.4.4. Proper Waste Treatment			
3.1.4.4.5. Recording and Reporting System			
3.1.4.4.5.1. Available PEME results			

STANDARDS	FINDINGS		REMARKS
	Present	Absent/ Present but Non- Functional	
3.1.4.4.5.2. Submission of PEME results to the referring agency or its principal/ shipping company within seventy-two (72) hours after completion of test.			
3.1.4.4.5.3. Proper filing and storage of patients/ clients charts/ records			
3.1.4.4.5.4. Chronological filing of monthly statistical reports			
3.1.4.4.5.5. Use of logbook stamped by DOH			
4. OUTPUT			
4.1. Rate of complaints from:			
4.1.1. Agencies			
4.1.2. Principals			
4.1.3. Shipping companies			
4.1.4. Public			
4.1.5. Seafarers			
4.2. Rate of discrepancy of results			
4.3. Rate of repatriation due to clinic-related issues and concerns			

RESULT:

- Compliance - Comply with ALL standards
- Non-Compliance - Does not comply with ALL standards