



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JUL 18 2012

ADMINISTRATIVE ORDER
NO. 2012 - 0012

SUBJECT: Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines

I. RATIONALE/ BACKGROUND

Pursuant to Section 16 of Republic Act No. 4226 otherwise known as Hospital Licensure Act, "The licensing agency shall study and adopt a system of classifying hospitals in the Philippines as to: (1) general or special; (2) service capabilities; (3) size or bed capacity and (4) classification of hospital whether training or not". Regulation of health facilities takes into account their service capacities and compliance with standards for manpower, equipment, construction and physical facilities. It is of the essence that the actual situation be taken into consideration in dealing with the current classification of hospitals and other health facilities.

A research project was therefore undertaken by the Department of Health (DOH) through the Bureau of Health Facilities and Services (BHFS) to map out the services and equipment available in all hospitals and to get an overview of the typology of the existing hospital classification and other hospital-based facilities. Knowledge of the distribution of services and equipment would enable DOH in improving access to the much needed services in keeping with the goal of Kalusugang Pangkalahatan/ Universal Health Care. In addition, this would guide the health agency in future policy direction. Consequently, in support of the study, on April 25, 2011 DOH issued Department Memorandum No. 2011-0135 entitled "A Survey of the Services and Equipment Available in Hospitals Nationwide". Partial survey results indicate variations in the service characteristics of hospitals not only among the different categories but also within the same category based on the facilities and services they provide.

Further, the latest category of Level 1 hospitals is not consistent with Section 8 of R.A. 4226 on "Minimum Standards and Construction of a Hospital" which states in part that "In order that a permit to construct a hospital can be issued, the hospital plan shall provide sufficient bed space for the hospital bed capacity proposed, a laboratory room, operating room including work rooms for sterilization, anesthesia preparation, x-ray room, pharmacy, dispensary or out-patient department, delivery room, isolation room, autopsy room or morgue...". Under the ongoing classification, provision of surgical and ancillary services is not required in Level 1 facilities.

Thus, a new classification of hospitals and other health facilities becomes inevitable in compliance with statutory requirements and the emergence of new health facilities. The move aims to upgrade the services offered in health facilities and come up with a more homogeneous category for health facilities with similar services. The new classification of

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health facilities will simplify licensing systems and processes and make the regulatory scheme more effective and efficient.

Related issuances such as, but not limited to, the following, may no longer be relevant and realistic especially on the aspects of manpower and equipment, to wit, Administrative Order (A.O.) No. 70-A s. 2002 entitled "Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and Other Health Facilities in the Philippines", A.O. No. 147 s. 2004 and A.O. No. 2005 – 0029, which are Amendments to A.O. No. 70-A s. 2002. Thus, this Order rescinds the foregoing issuances in line with the objective of health regulatory reforms to ensure access to safe, quality and affordable health facilities and services.

II. OBJECTIVE

These rules and regulations are promulgated to protect and promote the health of the public by ensuring a minimum quality of service rendered by hospitals and other regulated health facilities and to assure the safety of patients and personnel.

III. SCOPE

These rules and regulations shall apply to all government and private hospitals and other health facilities.

IV. DEFINITION OF TERMS AND ACRONYMS

For purposes of this Order, the succeeding terms and acronyms shall be defined as follows:

1. Advance Directive – refers to treatment preferences and the designation of a surrogate decision-maker in the event that a person should become unable to make medical decisions on her or his own behalf.
2. Applicant – the natural or juridical person who is applying for a License to Operate or Certificate of Accreditation of a hospital or any other health facility.
3. Assessment Tool – the checklist which prescribes the minimum standards and requirements for licensure or accreditation of health facilities. It is the tool used by regulatory officers and other stakeholders to evaluate compliance of health facilities to DOH standards and technical requirements for safety. This particular tool shall also serve as the Self-Assessment Tool to be used by owners of health facilities prior to inspection or monitoring visits by DOH.
4. Board Certified Physician – a physician who is a Diplomate and/or a Fellow of a medical specialty and/or subspecialty society recognized by the Philippine Medical Association and certified to by the corresponding medical specialty and/or subspecialty board.
5. Board Eligible Physician – a physician who finished or completed an accredited medical specialty and/or subspecialty residency/fellowship training program which had been approved by the corresponding medical specialty and/or subspecialty board.
6. Bureau of Health Facilities and Services (BHFS) – the Bureau of DOH charged with the implementation of these rules and regulations.
7. Center for Health Development (CHD) – the regional health office of DOH.
8. Certificate of Accreditation – refers to the formal authorization issued by DOH to an individual, partnership, corporation or association to operate a health facility. It refers to compliance to standards set for a particular purpose such as, but not limited to, HIV testing, drug testing, water analysis, issuance of medical

fitness certification to overseas work applicants, and performance of kidney transplant. These standards cover input/structural, process and outcome/output standards.

9. Certificate of Need (CON) – a certificate, issued by CHD for the proposed construction of a new general hospital, which ensures that the facility will be needed at the time of its completion. The certificate is issued to an individual or group intending to build a hospital in order to meet the needs of a community. A CON is a required document prior to the issuance of a DOH-PTC for construction of a new general hospital.
10. Dental Section/Clinic – a section/clinic in a hospital or non-hospital based facility with standard dental equipment, instruments and supplies plus all the anesthetic and sterilization apparatus. A dentist, duly licensed by the Professional Regulation Commission (PRC), is the head of the section/clinic capable of providing dental services such as, but not limited to, oral examination, preventive, curative and rehabilitative services.
11. Department of Health (DOH)
12. Department of Health–Permit to Construct (DOH-PTC) – a permit issued by DOH through BHFS to an applicant who will establish and operate a hospital or other health facility, upon compliance with required documents set forth in this Order prior to the actual construction of the subject facility. A DOH-PTC is also required for hospitals and other health facilities with substantial alteration, expansion, renovation, or increase in the number of beds. It is a prerequisite for LTO.
13. Department/Departmentalized – administrative units in a hospital with a clearly articulated mission that includes education, research and clinical service in the field of medicine. Each clinical department shall meet the membership requirements of the concerned specialty/subspecialty society recognized by the Philippine Medical Association.
14. License to Operate (LTO) – a formal authority issued by DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility. It is a prerequisite for accreditation of a health facility (regulated by BHFS) by any accrediting body recognized by DOH.
15. Hospital – a place devoted primarily to the maintenance and operation of health facilities for the diagnosis, treatment and care of individuals suffering from illness, disease, injury or deformity or in need of obstetrical or other surgical, medical and nursing care. It shall also be construed as any institution, building or place where there are installed beds, cribs or bassinets for twenty-four hour use or longer by patients in the treatment of diseases.
16. High Risk Pregnancy Unit (HRPU) – a unit in the hospital where women are confined, with complications arising from pregnancy, whose treatment requires constant supervision or further investigation and assessment. The unit is operated by a staff of experts such as, but not limited to, perinatologists, obstetricians, pediatricians, with the assistance, as needed, of other specialists. It is a fully equipped obstetric ICU that can handle high risk cases and with a corresponding high risk neonatal ICU (NICU) to handle high risk neonates.
17. Intensive Care Unit (ICU) – a hospital unit in which patients requiring close monitoring, continuous attention and intensive/critical care are kept. An ICU contains highly technical monitoring devices and equipment and is staffed by personnel trained to deliver critical care.

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18. In-Patient Hospital Beds – all hospital beds which are regularly maintained and staffed for the accommodation and full time care of a succession of in-patients. These beds are immediately available for the care of admitted patients who stay for a minimum of twenty-four hours in the hospital. It is situated in wards, or a part of the hospital where continuous medical care for in-patients is provided. It includes beds, occupied and unoccupied, in all general hospitals and specialty hospitals. It refers to counts of ‘available beds’. Counts of hospital beds exclude cots for neonates, day care beds, provisional and temporary beds, beds in storerooms, beds for special purposes such as delivery tables, surgical tables, post-operative recovery beds, emergency room beds, dialysis beds, beds for same day care, beds in nursing and residential care facilities and beds under the sub-classification of other health facilities.
19. Medical Center – a hospital staffed and equipped to care for many patients and for a large number of kinds of diseases and dysfunctions using modern technology.
20. Neonatal Intensive Care Unit (NICU) – a hospital unit containing a variety of mechanical devices and special equipment for the management and care of premature/preterm and seriously ill newborns. The unit is staffed by a team of neonatologists, other pediatric subspecialists, and nurses who are highly trained in the management of medical and surgical conditions of the newborn.
21. New Hospital – refers to a newly built or constructed hospital.
22. One-Stop Shop (OSS) – a strategy employed by DOH to harmonize the licensure of hospitals and other health facilities including, but not limited to, their ancillary and support services.
23. Philippine Health Insurance Corporation (PhilHealth)
24. Physical Medicine and Rehabilitation Unit – a unit in the hospital headed by a physiatrist, concerned with the maximal restoration or development of physical, psychological, social, occupational and vocational functions in persons whose abilities have been limited by disease, trauma, congenital disorders or pain to enable people to achieve their maximum functional abilities. Physical Medicine and Rehabilitation involves the diagnosis, evaluation, and management of persons of all ages with physical and/or cognitive impairment and disability.
25. Philippine Nuclear and Research Institute (PNRI) – an agency under the Department of Science and Technology that was created by virtue of R.A. 2067 to promote the peaceful uses of atomic energy and promulgate rules and regulations to ensure the safe use and application of radioactive materials in the different fields of application.
26. Respiratory Therapy Unit – a unit in the hospital or other health facility with the necessary equipment needed for the provision of respiratory care. It is headed by a duly licensed physician and staffed by personnel trained in the treatment and care of patients with cardio-pulmonary disorders.
27. Sentinel Event – an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof, not related to the natural course of the patient’s illness or underlying condition. The phrase ‘or the risk thereof’ includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Examples are, but not limited to, the following: suicide, rape, unanticipated death of a full-term infant, discharge of an infant to the wrong family, hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities, surgery on the wrong patient or wrong body part, unintended retention of a foreign object in a patient after surgery or other procedure, near miss, medication errors. Sentinel events signal the need for immediate investigation and response.

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28. Trauma-Capable Facility – a DOH licensed hospital equipped to provide comprehensive emergency medical services to patients suffering from traumatic injuries. It is able to handle any level of severity of trauma and has a trauma surgeon on-site 24/7 and an operating room ready at all times for trauma cases.
29. Trauma-Receiving Facility – a DOH licensed hospital equipped to evaluate, treat, and transport severely injured people to appropriate trauma capable hospitals.

V. IMPLEMENTING MECHANISMS

A. GENERAL GUIDELINES

1. All hospitals duly licensed by DOH shall be deemed automatically accredited by PhilHealth as Centers of Safety in accordance with A.O. No. 2011–0020 entitled “Streamlining of Licensure and Accreditation of Hospitals”.
2. All hospitals shall provide basic hospital functions such as, but not limited to, acute medical and surgical services, anesthesia services, emergency and outpatient services, nursing service, dental service, with common diagnostic and support units as pathology, radiology, and pharmacy.
3. All hospitals and other health facilities shall adhere and ensure strict compliance to infection control and surveillance practices.
4. All hospitals and other health facilities shall have non-medical support such as, but not limited to, administrative and finance section, medical records section, information management, dietary (for in-patients) services, facility management and maintenance, waste management and security services.
5. All hospitals and other health facilities shall establish a referral network within the vicinity of their facilities to provide for services where they are not capable to render.
6. The name of the institution shall be compatible with the functional capacity of the health facility. All health facilities regulated by DOH applying for Securities and Exchange Commission (SEC) and/or Department of Trade and Industry (DTI) registration shall undergo clearance from BHFS. *[Example: A clinic cannot be called a medical center under these rules and regulations.]*
7. Health facility owners shall strictly follow the standards, criteria and requirements prescribed in the Assessment Tool for licensure or accreditation of health facilities subject to the provisions of Rule IX hereof.
8. All DOH licensed hospitals shall follow A.O. No. 2011 – 0020 on “Streamlining of Licensure and Accreditation of Hospitals”, A.O. No. 2007 – 0021 regarding “Harmonization and Streamlining of the Licensure System for Hospitals”, this Order and other policy guidelines and/or related issuances.
9. All DOH licensed non-hospital based health facilities subject to the provisions of other Administrative Orders shall follow the appropriate health facility issuance, this Order and other policy guidelines and/or related issuances.

B. SPECIFIC GUIDELINES

1. CLASSIFICATION OF HOSPITALS

a. ACCORDING TO OWNERSHIP

1. **Government** – created by law. A government health facility may be under the national government, DOH, Local Government Unit (LGU), Department of National Defense (DND), Philippine National Police (PNP), Department of Justice (DOJ), State Universities and Colleges (SUCs), Government Owned and Controlled Corporations (GOCC) and others.
2. **Private** – owned, established and operated with funds through donation, principal, investment or other means by any individual, corporation, association or organization. A private health facility may be a single proprietorship, partnership, corporation, cooperative, foundation, religious, non-government organization and others.

b. ACCORDING TO SCOPE OF SERVICES

1. **General** – a hospital that provides services for all kinds of illnesses, diseases, injuries or deformities. A general hospital shall provide medical and surgical care to the sick and injured, maternity, newborn and child care. It shall be equipped with the service capabilities needed to support board certified/eligible medical specialists and other licensed physicians rendering services in, but not limited to, the following:
 - a. Clinical Services
 1. Family Medicine;
 2. Pediatrics;
 3. Internal Medicine;
 4. Obstetrics and Gynecology;
 5. Surgery;
 - b. Emergency Services;
 - c. Outpatient Services;
 - d. Ancillary and Support Services such as, clinical laboratory, imaging facility and pharmacy.
2. **Specialty** – a hospital that specializes in a particular disease or condition or in one type of patient. A specialized hospital may be devoted to treatment of any of the following:
 - a. Treatment of a particular type of illness or for a particular condition requiring a range of treatment.

Examples of these hospitals are Philippine Orthopedic Center, National Center for Mental Health, San Lazaro Hospital, a hospital dedicated to the treatment of cancer.
 - b. Treatment of patients suffering from diseases of a particular organ or groups of organs.

Examples of these hospitals are Lung Center of the Philippines, Philippine Heart Center, National Kidney and Transplant Institute, a hospital dedicated to treatment of eye disorders.

- c. Treatment of patients belonging to a particular group such as children, women, elderly and others.

Examples of these hospitals are Philippine Children's Medical Center, National Children's Hospital, Dr. Jose Fabella Memorial Hospital.

c. ACCORDING TO FUNCTIONAL CAPACITY

1. General Hospital

a. Level 1

A Level 1 hospital shall have as minimum the services stipulated under Rule V. B. 1. b. 1. of this Order, including, but not limited to, the following:

1. A staff of qualified medical, allied medical and administrative personnel headed by a physician duly licensed by PRC;
2. Bed space for its authorized bed capacity in accordance with DOH Guidelines in the Planning and Design of Hospitals;
3. An operating room with standard equipment and provision for sterilization of equipment and supplies in accordance with:
 - a. DOH Reference Plan in the Planning and Design of an Operating Room/Theater (Annex A);
 - b. DOH Guidelines on Cleaning, Disinfection and Sterilization of Reusable Medical Devices in Hospital Facilities in the Philippines (Annex B);
4. A post-operative recovery room;
5. Maternity facilities, consisting of ward(s), room(s), a delivery room, exclusively for maternity patients and newborns;
6. Isolation facilities with proper procedures for the care and control of infectious and communicable diseases as well as for the prevention of cross infections;
7. A separate dental section/clinic;
8. Provision for blood station;
9. A DOH licensed secondary clinical laboratory with the services of a consulting pathologist;
10. A DOH licensed level 1 imaging facility with the services of a consulting radiologist;
11. A DOH licensed pharmacy.

b. Level 2

A Level 2 hospital shall have as minimum, all of Level 1 capacity, including, but not limited to, the following:

1. An organized staff of qualified and competent personnel with Chief of Hospital/Medical Director and appropriate board certified Clinical Department Heads;
2. Departmentalized and equipped with the service capabilities needed to support board certified/eligible medical specialists and other licensed physicians rendering services in the specialties of Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, their subspecialties and ancillary services;
3. Provision for general ICU for critically ill patients;

4. Provision for NICU;
5. Provision for HRPUs;
6. Provision for respiratory therapy services;
7. A DOH licensed tertiary clinical laboratory;
8. A DOH licensed level 2 imaging facility with mobile x-ray inside the institution and with capability for contrast examinations.

c. Level 3

A Level 3 hospital shall have as minimum, all of Level 2 capacity, including, but not limited to, the following:

1. Teaching and/or training hospital with accredited residency training program for physicians in the four (4) major specialties namely: Medicine, Pediatrics, Obstetrics and Gynecology, and Surgery.
2. Provision for physical medicine and rehabilitation unit;
3. Provision for ambulatory surgical clinic;
4. Provision for dialysis facility;
5. Provision for blood bank;
6. A DOH licensed tertiary clinical laboratory with standard equipment/reagents/supplies necessary for the performance of histopathology examinations;
7. A DOH licensed level 3 imaging facility with interventional radiology.

2. Specialty Hospitals (refer to Rule V. B. 1. b. 2. of this Order)

3. Trauma Capability of Hospitals

The trauma capability of hospitals shall be assessed in accordance with the guidelines formulated by the Philippine College of Surgeons (PCS).

- a. Trauma-Capable Facility** – a DOH licensed hospital designated as a Trauma Center.
- b. Trauma-Receiving Facility** – a DOH licensed hospital within the trauma service area which receives trauma patients for transport to the point of care or a trauma center.

2. CLASSIFICATION OF OTHER HEALTH FACILITIES

Rule V. B. 1. a. on 'Classification of Hospitals According to Ownership' shall also apply to 'Other Health Facilities' in the following categories.

- a. Category A: Primary Care Facility** – a first-contact healthcare facility that offers basic services including emergency service and provision for normal deliveries. It is subdivided into:

1. With In-patient beds – a short stay facility where a short (average of one to three days) length of time is spent by patients before discharge. Examples are, but not limited to, the following:

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- a. Infirmery;
 - b. Birthing Home – a homelike facility that provides maternity service on pre-natal and post-natal care, normal spontaneous delivery, and care of newborn babies. Staff shall be trained in Essential Intrapartum and Newborn Care (EINC) in accordance with DOH A.O. No. 2009 – 0025 entitled “Adopting Policies and Guidelines on Essential Newborn Care” and Basic Emergency Obstetrics and Newborn Care (BEmONC) in accordance with DOH A.O. No. 2011 – 0014 regarding “Guidelines on the Certification of Health Facilities with Basic Emergency Obstetrics and Newborn Care”. Birthing facilities shall comply with licensing requirements (Annex C) and planning and design guidelines/ Reference Plan (Annex D) of DOH.
2. Without beds – a facility where medicine, medical and/or dental examination/treatment is dispensed. Examples are, but not limited to, the following:
 - a. Medical Out-patient Clinic;
 - b. Medical Facility for Overseas Workers and Seafarers (OFW clinic);
 - c. Dental Clinic.
- b. **Category B: Custodial Care Facility** – a health facility that provides long term care, including basic human services like food and shelter to patients with chronic or mental illness, patients in need of rehabilitation owing substance abuse, people requiring ongoing health and nursing care due to chronic impairments and a reduced degree of independence in activities of daily living. Examples of such facilities are, but not limited to, the following:
 1. Custodial Psychiatric Care Facility;
 2. Substance/Drug Abuse Treatment and Rehabilitation Center;
 3. Sanitarium/Leprosarium;
 4. Nursing Home.
- c. **Category C: Diagnostic/Therapeutic Facility** – a facility that examines the human body or specimens from the human body (except laboratory for drinking water analysis) for the diagnosis, sometimes treatment of diseases. The test covers the pre-analytical, analytical and post-analytical phases of examination.
 1. Laboratory Facility, such as, but not limited to, the following:
 - a. Clinical Laboratory;
 - b. Human Immunodeficiency Virus (HIV) Testing Laboratory;
 - c. Blood Service Facility;
 - d. Drug Testing Laboratory;
 - e. Newborn Screening Laboratory;
 - f. Laboratory for Drinking Water Analysis.
 2. Radiologic Facility, such as, but not limited to, the following:
 - a. Ionizing Machines as X-Ray, CT scan, mammography and others.
 - b. Non-Ionizing Machines as MRI, ultrasound and others.
 3. Nuclear Medicine Facility – a facility, presently regulated by PNRI, embracing all applications of radioactive materials in diagnosis, treatment or in medical research, with the exception of the use of sealed radiation sources in radiotherapy.

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d. **Category D: Specialized Out-Patient Facility** – a facility with highly competent and trained staff that performs highly specialized procedures on an out-patient basis. Examples are, but not limited to, the following:

1. Dialysis Clinic;
2. Ambulatory Surgical Clinic;
3. In-Vitro Fertilization Center;
4. Stem Cell Facility;
5. Oncology Chemotherapeutic Center/Clinic;
6. Radiation Oncology Facility;
7. Physical Medicine and Rehabilitation Center/Clinic.

Table 1. Summary of the New Classification of Hospitals and Other Health Facilities

NEW CLASSIFICATION

HOSPITALS	OTHER HEALTH FACILITIES
GENERAL <ul style="list-style-type: none"> ▪ Level 1 ▪ Level 2 ▪ Level 3 (Teaching/ Training) 	A. Primary Care Facility
	B. Custodial Care Facility
	C. Diagnostic/ Therapeutic Facility
SPECIALTY	D. Specialized Out-Patient Facility

Table 2. New Classification of General Hospitals

HOSPITALS	LEVEL 1	LEVEL 2	LEVEL 3
Clinical Services for in-patients	Consulting Specialists in: Medicine Pediatrics OB-GYNE Surgery	<i>Level 1 plus all:</i>	<i>Level 2 plus all:</i>
		<i>Departmentalized Clinical Services</i>	Teaching/training with <i>accredited residency training program in the 4 major clinical services</i>
		<i>Respiratory Unit</i>	Physical Medicine and Rehabilitation Unit
		General ICU	
	<i>Surgical/ Maternity Facilities</i>	<i>High Risk Pregnancy Unit</i>	<i>Ambulatory Surgical Clinic</i>
	<i>Dental Clinic</i>	NICU	<i>Dialysis Clinic</i>
Ancillary Services	<i>Secondary Clinical Laboratory</i>	<i>Tertiary Clinical Laboratory</i>	<i>Tertiary lab with histopathology</i>
	<i>Blood Station</i>	<i>Blood Station</i>	<i>Blood Bank</i>
	<i>1st Level X-ray</i>	<i>2nd Level X-ray with mobile unit</i>	<i>3rd Level X-ray</i>
	<i>Pharmacy</i>		

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Table 3. New Classification of Other Health Facilities

NEW CLASSIFICATION OF OTHER HEALTH FACILITIES			
A	B	C	D
Primary Care Facility	Custodial Care Facility	Diagnostic/Therapeutic Facility	Specialized Out-Patient Facility
With In-patient Beds: ▪ <i>Infirmatory/ Dispensary</i> ▪ <i>Birthing Home</i>	Psychiatric Care Facility	Laboratories: ▪ Clinical Lab/HIV ▪ Blood Service Facilities ▪ Drug Test Lab ▪ NB Screening Lab ▪ Water Lab	Dialysis Clinic (DC) Ambulatory Surgical Clinic (ASC)
Without Beds: ▪ Medical Out-patient Clinics ▪ OFW Clinics ▪ Dental Clinics	Drug Abuse Treatment and Rehabilitation Center (DATRC)	Ionizing Machines as X-ray, CT scan, Mammography and others	<i>In-Vitro Fertilization (IVF) Centers</i>
	<i>Sanitarium/ Leprosarium</i>	Non-Ionizing Machines as Ultrasound, MRI and others	<i>Radiation Oncology Facility</i>
	<i>Nursing Home</i>	<i>Nuclear Medicine</i>	<i>Oncology Center/Clinic</i>

3. STANDARDS

Every health facility shall be organized to provide safe, quality, effective and efficient services for patients.

a. PERSONNEL

Every health facility shall have an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality services.

1. Every health facility shall have a duly licensed physician to oversee the clinical/ medical operations of the health facility.
2. The staff composition, particularly the Medical, Allied Medical, Nursing, Administrative and Finance Sections of the hospital, shall depend on the workload and the services being provided and other personnel qualifications as may be required by DOH.
3. There shall be staff development and continuing education program at all levels of organization to upgrade the knowledge, attitude and skills of staff.

b. PHYSICAL FACILITIES

Every health facility shall have physical facilities with adequate areas to safely, effectively and efficiently provide health services to patients as well as members of the public as necessary.

1. Every health facility shall comply with the applicable local and national regulations for the construction, renovation, maintenance and repair of the health facility.
2. Every health facility shall provide enough space for the conduct of its activities depending on its workload and the services being given.

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3. Every health facility shall have an approved DOH-PTC in accordance with the planning and design guidelines prepared by DOH.

c. EQUIPMENT AND INSTRUMENTS

Every health facility shall have available and operational equipment and instruments consistent with the services it will provide.

1. Every health facility shall be adequately equipped based on the level and complexity of healthcare it provides.
2. There shall be a program for calibration, preventive maintenance and repair of equipment.
3. There shall be a contingency plan in case of equipment breakdown and malfunction.

d. SERVICE DELIVERY

Every health facility shall ensure that the services delivered to patients comply with the standard quality embodied in the Assessment Tool for licensure/accreditation of health facilities, other policy guidelines and/or related issuances.

1. Every health facility shall have documented administrative Standard Operating Procedures (SOP) for the provision of its services.
2. Every health facility shall have documented technical policies and procedures in the different clinical areas of the facility.
3. Every health facility shall have documented policies and procedures on the establishment of its referral system.
4. The management of the health facility shall ensure that blood comes from licensed blood centers or authorized blood stations.
 - a. Blood shall be obtained only from DOH designated blood centers or the Philippine Red Cross.
 - b. A Memorandum of Agreement (MOA) shall be entered into with hospital facilities capable of blood transfusion and with volunteer donors.

e. QUALITY IMPROVEMENT (QI) ACTIVITIES

Every health facility shall establish and maintain a system for continuous quality improvement activities.

1. Each health facility shall have policies and procedures on Quality Assurance Program (QAP) and continuous quality improvement.
2. The Quality Assurance Program shall have a written plan and its implementation shall be continuous with periodic reviews.
3. All hospitals and, whenever applicable, other health facilities, shall participate in the National External Quality Assessment Scheme being conducted by the National Reference Laboratories.

f. INFORMATION MANAGEMENT

Every health facility shall maintain a system of communication, recording and reporting of results of examinations.

1. Contents of Medical Records

Each patient record shall be kept confidential and shall contain sufficient information to identify the patient and to justify the diagnosis and treatment. Current medical records shall contain, but are not limited to, the following:

- a. Summary or face sheet with patient identification data, diagnosis, physician's name and phone number, family member to be contacted in case of emergency and phone number, patient's address and phone number, date of admission;
- b. Doctor's orders. Standing orders shall be up-to-date.
- c. Informed consent;
- d. Problem list;
- e. Clinical and graphic record of patient's vital signs;
- f. Personal history and physical examination records;
- g. Newborn record and physical maturity rating, whenever warranted;
- h. Doctor's progress notes;
- i. Medication and/or treatment record;
- j. Laboratory and x-ray reports;
- k. Operative and anesthesia records;
- l. Dietary assessment;
- m. Nurse's progress notes;
- n. Records of transfer/referral of patient to another physician or health facility;
- o. Inpatient referral/ consultation notes of other physicians
- p. Final Diagnosis;
- q. Discharge summary;
- r. Clinical Abstract;
- s. Advance Directive, whenever available.

2. Collection and Aggregation of Data

- a. There shall be relevant, accurate, qualitative and quantitative data for the timely and efficient delivery of health services.
 1. All hospitals and other health facilities (specified by DOH), shall submit reports to BHFS/CHD on a regular basis in accordance with the following statistical report format posted at DOH website www.doh.gov.ph.
 - a. Annual Statistical Report of Hospitals (Annex E)
 - b. Annual Statistical Report of Birthing Homes (Annex F)
 2. All hospitals and other health facilities shall submit data/information as may be required by DOH through BHFS for purposes of research, standards setting, improving access to quality health services and others.
 3. All reports to be submitted to DOH shall be automated/computerized.
- b. All hospitals and other health facilities shall maintain a logbook of Sentinel/Adverse Events (Annex G) following the format posted at DOH website www.doh.gov.ph.
- c. All health facilities shall maintain technical records/logbooks on the following, the formats of which are posted at DOH website www.doh.gov.ph.
 1. Reports on Results of Water Analysis (Annex H)
 2. Preventive and Corrective Maintenance of Equipment (Annex I)
 3. Maintenance and Monitoring of Physical Facility (Annex J)

3. Records Management
 - a. There shall be documented policies and procedures on access to and confidentiality of patient's information. Likewise, the right of the patient to obtain records of treatment and other relevant medical information shall be observed.
 - b. Retention and disposal of medical records and other relevant information whether paper-based or electronic media shall be in accordance with the standards promulgated by DOH or by competent authorities for such purposes.

g. ENVIRONMENTAL MANAGEMENT

Every health facility shall ensure that the environment is safe for its patients and staff including members of the public as necessary and that the following measures and/or safeguards shall be observed.

1. There shall be well ventilated, lighted, clean, safe and functional areas based on the services provided.
2. There shall be a program of proper maintenance and monitoring of physical facilities.
3. Water supply for all purposes shall be adequate in volume and pressure. Likewise, safe and potable water shall be available at all times.
4. There shall be procedures for the proper disposal of infectious wastes and toxic and hazardous substances in accordance with R.A. 6969 known as "Toxic and Hazardous Substances and Nuclear Wastes Act" and other related policy guidelines and/or issuances.
 - a. Each health facility shall establish and implement a system for proper solid waste management which shall be in accordance with the revised DOH Manual on Health Care Waste Management and Environmental Management Bureau – Department of Environment and Natural Resources (EMB-DENR) environmental laws, particularly R.A. 9003 "Ecological Solid Waste Management Act" and the Environmental Sanitation Code and other pertinent policy guidelines and/or issuances.
 - b. Each health facility shall establish and implement a system for proper liquid waste management which shall be in accordance with the revised DOH Manual on Health Care Waste Management and other EMB–DENR policy guidelines and/or issuances.
5. There shall be a "no smoking policy" and that the same shall be strictly enforced.
6. There shall be a contingency plan in case of accidents and emergencies following the guidelines stipulated in DOH A.O. No. 2004 – 0168 known as "National Policy on Health Emergencies and Disasters".

VI. PROCEDURAL GUIDELINES

A. APPLICATION FOR CON

1. The applicant can acquire the prescribed application form for CON to establish a new general hospital at BHFS/CHD or at DOH website www.doh.gov.ph
2. The applicant shall submit the duly accomplished application form at CHD which has jurisdiction over the proposed hospital.

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3. The applicant shall submit a Certification from the Provincial Planning and Development Office that the proposed hospital is part of the duly approved Provincial Hospital/ Health Care Delivery Plan.
4. Each CHD evaluates, approves or disapproves CON in accordance with A.O. No. 2006 – 0004 regarding “Guidelines for the Issuance of Certificate of Need to Establish a New General Hospital”, its amendments, other policy guidelines and/or related issuances.

B. APPLICATION FOR DOH-PTC

1. The following are the required documents to be accomplished and submitted to BHFS before a DOH-PTC can be issued to an applicant.
 - a. Duly accomplished application form
 - b. Proof of ownership
 1. Department of Trade and Industry (DTI);
 2. Securities and Exchange Commission (SEC) Registration with Articles of Incorporation and By-laws;
 3. Enabling Act or Board Resolution for government;
 4. Cooperative Development Authority Registration with Articles of Cooperation and By-laws, whenever applicable;
 - c. Three sets of architectural floor plans signed and sealed by an architect and/or engineer;
 - d. Approved CON (for new general hospitals).
2. The applicant shall accomplish the application form and required documents and shall submit them to BHFS. Upon filing of application, the applicant shall pay the corresponding fee to DOH cashier in person or through postal money order or through other means as bank to bank transactions once the system becomes operational.
3. The Bureau of Health Facilities and Services through the Health Facility Establishment Review Committee shall review and evaluate the submitted plans and documents of the proposed hospital/other health facility with respect to basic requirements and with the prescribed prototype plan(s) and technical guidelines in the planning and design of a hospital/other health facility.
4. The Bureau of Health Facilities and Services shall approve or disapprove the issuance of a DOH-PTC. If disapproved, BHFS shall return the documents together with their findings and recommendations to the applicant. The applicant shall make the necessary revisions on the documents and shall submit the revised documents to BHFS for another review.
5. The Bureau of Health Facilities and Services shall issue a DOH-PTC to the applicant upon approval of the same.
6. Applications for DOH-PTC of New Hospitals having at least one hundred (100) beds shall require the approval of the Secretary of Health. The foregoing is not limited to New Hospitals but covers other health facilities as may be required by the Secretary of Health.

C. APPLICATION FOR INITIAL LTO

1. Applicants can acquire the prescribed application form for LTO at BHFS or CHD or at DOH website www.doh.gov.ph.
2. The duly accomplished form together with the necessary attachments such as, but not limited to, list of personnel, list of equipment and other relevant records shall be submitted to BHFS/CHD, as the case maybe.
3. Each CHD shall issue the initial LTO of other health facilities under Category A – Primary Care Facility with in-patient beds.

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4. All hospitals shall follow OSS Licensure System for Hospitals under A.O. No. 2007 – 0021 known as “Harmonization and Streamlining of the Regulatory Processes”, A.O. No. 2010 – 0035 about “Re-centralization of the Issuances of Permit to Construct (PTC) for All Levels of Hospitals, License to Operate (LTO) for All New Hospitals and Renewal of LTO for Levels 3 and 4 Hospitals”, A.O. No. 2011 – 0020 entitled “Streamlining of Licensure and Accreditation of Hospitals”, its related issuances and this Order.

D. APPLICATION FOR RENEWAL OF LTO

1. Each CHD shall renew LTO of Level 1 hospitals following OSS Licensure System for Hospitals and renew LTO of other health facilities under Category A – Primary Care Facility with in-patient beds.
2. The Bureau of Health Facilities and Services shall renew LTO of Level 2 and Level 3 hospitals following OSS Licensure System for Hospitals and renew LTO/Accreditation of health facilities covered by other DOH issuances.
3. The duly accomplished application form together with the necessary attachments including the annual hospital statistical report, and whenever applicable, proposed floor plan with cost estimate and corresponding budgetary allocation and other relevant records, shall be submitted to BHFS/CHD, as the case maybe.
4. The License to Operate a hospital shall be cancelled automatically without notice upon failure to submit a duly accomplished application form and failure to pay the proper fee on or before the expiration date stated on its license. Hence, the hospital shall apply for initial/new LTO.

E. INSPECTION

1. The Bureau of Health Facilities and Services or CHD, as the case may be, shall conduct licensure inspections utilizing the Assessment Tool for licensure/accreditation of health facilities within reasonable time and during office hours.
2. The applicant shall ensure that all key staff, pertinent records, premises and facilities are made available to BHFS/CHD Director and/or his authorized representative(s) during inspection visits.

F. MONITORING

1. Every health facility shall be monitored regularly.
2. The Bureau of Health Facilities and Services or CHD Director and/or his authorized representative(s) shall conduct outright monitoring visits utilizing the Assessment Tool for licensure/accreditation of health facilities within reasonable time and during office hours.
3. Every health facility shall ensure that all key staff, records, premises and facilities are made available to BHFS or CHD Director and/or his authorized representative(s) during such monitoring activities.
4. A Notice of Violation shall be issued immediately for non-compliance with these rules and regulations.
5. Each CHD shall submit a summary of violations on a semi-annual basis to BHFS stating among others, the name of the health facility, location, its violation and the course of action taken.

VII. SCHEDULE OF FEES

- A. A non-refundable fee shall be charged for the application of LTO/Accreditation of a hospital or health facility.
- B. All fees/checks shall be paid to the order of DOH in person or through postal money order or through bank to bank payments as soon as the system becomes functional.
- C. All fees, surcharges and discounts shall follow the current DOH prescribed schedule of fees in A.O. No. 2007 – 0023 regarding “Schedule of Fees for the One-Stop Shop Licensure System for Hospitals”, A.O. No. 2008 – 0028 “Schedule of Fees for the One-Stop Shop Licensure System for Non-Hospital Based Facilities...” and A.O. No. 2007 – 0001 “Revised Schedule of Fees for Certain Services Rendered by the Bureau of Health Facilities and Services and Centers for Health Development...”, other policy guidelines and/or relevant issuances.

VIII. VALIDITY OF LTO

The License to Operate a hospital shall be valid for one (1) year following OSS Licensure System for hospitals. The License to Operate/Accreditation of other health facilities covered by other Administrative Orders shall follow the specific issuance(s) of the health facility under evaluation.

IX. VIOLATIONS

Facilities found violating any provision of these rules and regulations and its related issuances, and/or commission/omission of acts by personnel operating a hospital or health facility under this Order shall be penalized and/or its LTO suspended or revoked. The guidelines on violations shall be in accordance with A.O. No. 2007 – 0022 entitled “Violations Under the One-Stop Shop Licensure System for Hospitals”, its related issuances, other relevant policy guidelines and this Order.

X. INVESTIGATION OF CHARGES AND COMPLAINTS

- A. The Bureau of Health Facilities and Services or the Director of CHD and/or his authorized representative(s) shall investigate the complaint and verify if the hospital or other health facility concerned or any of its personnel is liable for an alleged violation.
- B. The Bureau of Health Facilities and Services or the Director of CHD and/or his authorized representative(s), after investigation, may suspend, cancel or revoke LTO of licensees found violating the provisions of this Order and its related issuances, without prejudice to taking the case to judicial authority for criminal action.

XI. PENALTY

The imposable penalty for violations hereof shall be in accordance with A.O. No. 2007 – 0022 on “Violations Under the One-Stop Shop Licensure System for Hospitals” and A.O. 2008 – 0028 known as “Violations Under the One-Stop Shop Licensure System for Non-Hospital Based Facilities...”, its related issuances and this Order.

XII. APPEAL

The management of a hospital/other health facility aggrieved by the decision of the Director of BHFS or CHD may, within ten (10) days after receipt of the notice of decision,

file a notice of appeal to the Office of the Secretary of Health. Thereupon, BHFS shall promptly certify and file a copy of the decision, including all documents and transcript of hearings on which the decision is based, with the Office of the Secretary for review. The decision of the Secretary of Health shall be final and executory.

XIII. TRANSITORY PROVISIONS

- A. These rules and regulations, upon approval, shall be enforced on New Hospitals applying for LTO.
- B. Hospitals currently categorized as Level 2, Level 3 and Level 4, applying for renewal of LTO shall be given a grace period of three (3) years to attain full compliance with the rules and regulations set forth in this Order.
- C. Existing Level 1 health facilities which cannot comply with the provisions stated in Sections 2, 8 and 16 of Republic Act 4226 shall, upon approval of this Order, be reclassified to 'Other Health Facilities'.

XIV. REPEALING CLAUSE


This Order rescinds A.O. No. 2005 – 0029, A.O. No. 147 s. 2004 and A.O. No. 70-A s. 2002. Provisions from previous issuances that are inconsistent or contrary to the provisions of this Order are hereby repealed and modified accordingly.

XV. SEPARABILITY CLAUSE

In the event that any provision or part of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and in force.

XVI. EFFECTIVITY

This Order shall take effect fifteen (15) days after its approval and publication in a newspaper of general circulation.


ENRIQUE T. ONA, M.D.
Secretary of Health

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