



2.2. The health facility shall render quality health services appropriate to the level of care being provided:

SERVICE	AVAILABILITY (✓ if Available)	REMARKS
General Administrative Service		
Clinical Service		
– Pre-Natal and Post-Natal Care		
– Normal Spontaneous Delivery		
– Care of Newborn Baby		
– Health Education		

SERVICE	AVAILABILITY (✓ if Available)	LICENSE NUMBER	DATE ISSUED	VALIDITY	REMARKS
<b>Ancillary Service *</b>					
Clinical Laboratory					
Radiology					
Pharmacy					
* Ancillary Services are optional for a Birthing Home.					

2.3. Operations

2.3.1. Policies and Procedures

An organizational chart is placed in a location readily seen by the public. [ ] Yes [ ] No

The health facility has documented policies and standard operating procedures for the following:

General Administrative Service [ ] Yes [ ] No

Clinical Service

Prenatal Care [ ] Yes [ ] No

Normal Spontaneous Delivery [ ] Yes [ ] No

Postnatal Care [ ] Yes [ ] No

Care of the Newborn [ ] Yes [ ] No

Referral System [ ] Yes [ ] No

2.3.2. General Administrative Service

New personnel receive an orientation program that covers the essential components of the service being provided.

[ ] Yes [ ] No

Duties and responsibilities of the personnel are identified and documented.  Yes  No

2.3.3. Clinical Service

Proper identification of newborns is ensured before they leave the birthing room and until discharge.  Yes  No

Medical diagnoses, procedures and/or operations performed on patients are recorded using ICD – 10.  Yes  No

A Patient Logbook is properly filled up.  Yes  No

Patient Charts are properly and completely filled up and contain up-to-date information on the following:

Contents of Medical Chart	Availability (✓ if available)
Identification Data	
Physical Examination	
Clinical Laboratory Report, if applicable	
Ultrasound/X-ray Report, if applicable	
Consultation/Referral Notes, if applicable	
Medication/Treatment	
Final Diagnosis	
Obstetrical Record	
Consent	
Summary of Parturition	
Newborn Record	
Midwifery Notes	

Birth certificate forms are properly and completely filled up.  Yes  No

2.4. Programs

2.4.1. Health Promotion and Disease Prevention

The health facility has a health promotion and disease prevention program that shall include the following:

Breastfeeding *(as required by R.A. 7600 The Rooming-In and Breastfeeding Act of 1992)*  Yes  No

Newborn Screening *(as required by R.A. 9288 Newborn Screening Act of 2004 and Its Implementing Rules and Regulations)*  Yes  No

Rooming-In *(as required by R.A. 7600 The Rooming-In and Breastfeeding Act of 1992)*  Yes  No

**3. PERSONNEL**

3.1. The health facility appoints and allocates personnel who are suitably qualified, skilled and/or experienced to provide the service and meet patient needs.

3.1.1. Professional qualifications are validated, including evidence of professional registration/license, where applicable, prior to employment. [ ] Yes [ ] No

POSITION	REQUIREMENT	COMPLIANCE (✓ if Compliant)	STATUS (FT if Full Time) (PT if Part Time)	REMARKS
<b>General Administrative Service</b>				
Administrator	1			
Clerk/Utility Worker	For ABC * ≤ 5: None For ABC * > 5: 1			
Driver (On call and may be contracted out) <input type="checkbox"/>	1			
* Authorized Bed Capacity				
<input type="checkbox"/> The Driver refers to the driver of the Patient Transport Vehicle. If the services of the Driver are contracted out, there must be a Contract of Service between the Driver and the health facility.				
<b>Clinical Service</b>				
Physician (On call)	1			
Midwife	For ABC ≤ 5: 1 and 1 (on-call) For ABC > 5: 1 and 1 reliever			

**4. EQUIPMENT/INSTRUMENT**

4.1. All equipment and instruments necessary for the safe and effective provision of services are available and are properly maintained.

4.1.1. Records of equipment are maintained and updated regularly. [ ] Yes [ ] No

4.1.2. A preventive maintenance program ensures that all equipment are maintained and/or calibrated to an appropriate standard or specification. [ ] Yes [ ] No

ITEM	REQUIREMENT	COMPLIANCE (✓ if Compliant)	CONDITION (✓ if Serviceable)	REMARKS
<b>General Administrative Service</b>				
Emergency Light	1			
Patient Transport Vehicle ( <i>Available for 24 hours</i> ) *	1			
* The Patient Transport Vehicle may be contracted out. If contracted out, the vehicle must be available for 24 hours, although not necessarily within the premises of the health facility. Also, the health facility must have a Contract of Service or Memorandum of Agreement with the owner of the vehicle.				
<b>Clinical Service</b>				
Clinical Weighing Scale	1			
Delivery Set	1			
Examining Table	1			
Gooseneck Lamp/ Examining Light	1			
Instrument Table ( <i>or its equivalent</i> )	1			
Kelly Pad	1			
Oxygen Unit ( <i>for emergency use</i> )	1			
Sphygmomanometer	1			
Sterilizer	1			
Stethoscope	1			
Others (Please specify)				

## 5. PHYSICAL PLANT

5.1. All physical facilities and utility systems necessary for the safe and effective provision of services are available and are properly maintained.

AREA	COMPLIANCE (✓ if Compliant)	LIGHTING (✓ if Adequate)	VENTILATION (✓ if Adequate)	REMARKS
<b>General Administrative Service</b>				
Waiting Area				
Admitting, Records and Business Area				
<b>Clinical Service</b>				
Birthing Room				
– Birthing Area				

AREA	COMPLIANCE (✓ if Compliant)	LIGHTING (✓ if Adequate)	VENTILATION (✓ if Adequate)	REMARKS
- Scrub-up Area				
- Newborn Area				
- Equipment and Supply Storage Area				
Patient Room				
Toilet (1:6 beds)				

5.2. Environment

The health facility is:

Readily accessible to the community.  Yes  No

Free from undue noise, smoke, dust, foul odor, flood.

Yes  No

Not located adjacent to railroads, freight yards, children's playgrounds, airports, industrial plants, and waste disposal plants.

Yes  No

5.3. Occupancy

The location of the health facility complies with all local zoning ordinances.

Yes  No

5.4. Safety

The health facility provides and maintains a safe environment for patients, personnel and public.

Yes  No

Buildings pose no hazards to the life and safety of patients, personnel and public.

Yes  No

Exits are restricted to the following types: door leading directly outside the building, interior stair, ramp, and exterior stair.

Yes  No

A minimum of two (2) exits, remote from each other, are provided for each floor of the building.

Yes  No

Exits terminate directly at an open space to the outside of the building.

Yes  No

5.5. Security

The health facility ensures the security of person and property within the facility.

Yes  No

5.6. Lighting and Ventilation

Areas used by patients and personnel are adequately lighted and ventilated.  Yes  No

5.7. Exposure to Environmental Tobacco Smoke

Patients and personnel are not put at risk by exposure to environmental tobacco smoke.  Yes  No

Smoking is absolutely prohibited throughout the health facility in accordance with R.A. 9211 Tobacco Regulation Act of 2003.  Yes  No

5.8. Patient Movement

Adequate space is provided to allow patients and personnel to move safely around patient bed areas.  Yes  No

Patients who use mobility aids are able to safely maneuver with the assistance of their aid within their bed area.  Yes  No

Doorways, corridors, elevators and turning areas readily accommodate the bed, attached equipment and any escorts of patients who require to be transported or transferred between rooms or services in their beds.  Yes  No

Corridors in areas not commonly used for bed, stretcher and equipment transport are at least 1.83 Meters in width. \*  Yes  No

A ramp or elevator is provided for clinical services located on the upper floor. \*  Yes  No

\* DOH licensed facilities shall be given until end of 2010 to comply.

5.9. Auditory and Visual Privacy

Adequate privacy for patients is provided such that sensitive or private discussion, examination, and/or procedure are conducted in a manner or environment where these cannot be observed or the risk of being overheard by others is minimized.  Yes  No

5.10. Power Supply

The health facility has an approved power supply system.  Yes  No

5.11. Water Supply

The health facility has an approved water supply system.  Yes  No

Records of water analysis (bacteriological examination) are available and updated regularly (at least annually).  Yes  No  
Frequency .....

5.12. Waste Management

5.12.1. Liquid Waste

Liquid waste is discharged into a multi-chamber septic tank.  Yes  No

5.12.2. Solid Waste

Solid waste is collected, treated and disposed of in accordance with the Health Care Waste Management Manual of the Department of Health, 2004.  Yes  No

The health facility observes segregation, coding and labeling of waste.

Black Trash Bag  
(General – Non-Infectious – Dry)  Yes  No

Green Trash Bag  
(General – Non-Infectious – Wet)  Yes  No

Yellow Trash Bag  
(Infectious – Pathological)  Yes  No

Sharp Container  
(Sharps)  Yes  No

Protective equipment and clothing appropriate to the risks associated with the handling, storage, and disposal of wastes are provided to and used by personnel.  Yes  No

5.13. Sanitation

The health facility observes pest and vermin control:

In-House  Yes  No

Contractor  Yes  No

Company Name .....

Records are available and updated.  Yes  No  
Frequency .....

5.14. Maintenance

A building/facility inventory is maintained and updated regularly.  Yes  No

Frequency .....

5.15. Material Specification

Floors, walls and ceiling are made of sturdy materials that allow durability, ease of cleaning and fire resistance.  Yes  No



5.16. Signage

There are visual aids and devices for:

Information and Orientation	[	]	Yes	[	]	No
Direction	[	]	Yes	[	]	No
Identification	[	]	Yes	[	]	No

5.17. Permits

A Permit to Construct is available for:

Construction of New Health Facility (if applicable)	[	]	Yes	[	]	No
Alteration/Expansion/Renovation of Existing Health Facility (if applicable)	[	]	Yes	[	]	No
Change in Classification (if applicable)	[	]	Yes	[	]	No
Increase in Bed Capacity (if applicable)	[	]	Yes	[	]	No