

STANDARDIZED POLICIES FOR DOH PHILIPPINES

Aligned with U.S./North American Regulatory Models

The following standardized policies establish a unified regulatory framework for healthcare facilities operating under the **Department of Health (DOH) Philippines**, modernized to reflect international best practices while supporting Philippine healthcare laws and regulations.

POLICY 1 — Governance & Organizational Administration

Aligned with U.S. Centers for Medicare and Medicaid Services (CMS) Conditions of Participation & International Joint Commission Leadership Standards

Purpose

To ensure healthcare facilities maintain a governance structure that protects patient rights, ensures clinical quality, and enforces operational accountability.

Policy

1. Each healthcare facility shall maintain a formal **organizational chart** identifying administrative and clinical leadership.
 2. Facility leadership shall ensure compliance with applicable Department of Health (DOH) regulations while implementing evidence-based operational practices informed by internationally recognized healthcare standards.
 3. Every healthcare facility shall maintain written policies governing:
 4. Incident reporting
 5. Patient grievance management
 6. Ethical decision-making
 7. Scope of services
 8. Organizational accountability
 9. Governing bodies shall conduct **quarterly governance meetings** with documented agendas, attendance records, meeting minutes, action items, and follow-up reports.
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POLICY 2 — Licensing & Regulatory Compliance

Modeled after Nevada NRS 449 Concepts & CLICS-Inspired Digital Licensing Framework

Purpose

To standardize healthcare facility licensing procedures across all Department of Health (DOH) regions while supporting digital licensing, inspections, and regulatory oversight.

Policy

1. Every healthcare facility shall maintain a valid **Department of Health (DOH) License to Operate (LTO)**.
 2. Facilities shall comply with applicable renewal requirements and regulatory inspections.
 3. Licensing documentation shall include, as applicable:
 4. Department of Health (DOH) licensing forms
 5. Securities and Exchange Commission (SEC) or Department of Trade and Industry (DTI) registration
 6. Architectural and engineering plans
 7. Fire Safety Inspection Certificate
 8. Sanitation and occupancy approvals
 9. Facilities shall notify the Department of Health (DOH) of:
 10. Ownership changes
 11. Service expansions
 12. Facility relocation
 13. Major renovations
 14. Regulatory enforcement actions may include corrective action plans, license suspension, or license revocation in accordance with applicable Philippine laws and Department of Health (DOH) regulations.
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POLICY 3 — Background Check & Personnel Clearance

Aligned with U.S. Department of Justice (DOJ) / Federal Bureau of Investigation (FBI) Screening Concepts

Purpose

To ensure personnel providing healthcare services meet appropriate integrity, security, and professional standards through applicable Philippine screening processes.

Policy

1. Owners, administrators, and direct-care personnel shall complete applicable background screening, including:
 2. National Bureau of Investigation (NBI) Clearance
 3. Local Police Clearance, where required
 4. Department of Health (DOH) personnel verification, where applicable
 5. Facilities utilizing fingerprint-based screening shall maintain documented chain-of-custody procedures.
 6. Background screening waivers, where legally permissible, shall be documented and approved through established procedures.
 7. Personnel records shall be securely maintained in accordance with applicable Philippine record-retention requirements.
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POLICY 4 — Staffing & Credential Verification

Modeled after Centers for Medicare and Medicaid Services (CMS) Conditions of Participation & U.S. State Licensing Concepts

Purpose

To ensure healthcare professionals meet education, licensure, competency, and continuing professional development requirements.

Policy

1. Healthcare facilities shall verify credentials for:
2. Physicians

3. Nurses
 4. Certified Nursing Assistants (CNAs)
 5. Home Health Aides (HHAs)
 6. Allied Health Professionals
 7. Other licensed healthcare practitioners, as applicable
 8. Credential verification shall include Professional Regulation Commission (PRC) licensure or other applicable Philippine credentialing authorities where required.
 9. Facilities shall implement:
 10. Initial competency assessments
 11. Annual competency evaluations
 12. Continuing Professional Development (CPD)
 13. Mandatory annual training in infection prevention, emergency preparedness, patient safety, and quality improvement
 14. Staffing levels shall be maintained in accordance with Department of Health (DOH) requirements while considering patient acuity and service needs.
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POLICY 5 — Patient Rights & Privacy Protection

Aligned with HIPAA Principles & the Philippine Data Privacy Act of 2012

Purpose

To safeguard patient dignity, confidentiality, informed decision-making, and protection of personal health information.

Policy

1. Patients shall receive written information regarding their rights upon admission or enrollment.
 2. Healthcare facilities shall maintain confidentiality of patient information in accordance with applicable Philippine privacy laws.
 3. Patient information shall only be disclosed with appropriate authorization or as otherwise permitted by law.
 4. Patients shall have reasonable access to their medical records in accordance with established procedures.
 5. Facilities shall maintain documented procedures for responding to privacy incidents and security breaches.
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POLICY 6 — Infection Prevention & Control

Aligned with Centers for Disease Control (CDC) Infection Prevention Principles & Occupational Safety and Health Administration (OSHA) Safety Concepts

Purpose

To minimize healthcare-associated infections and maintain a safe clinical environment.

Policy

1. Every facility shall maintain a documented Infection Prevention and Control Program (IPCP).
 2. Required components include:
 3. Hand hygiene protocols
 4. Personal Protective Equipment (PPE) procedures
 5. Isolation precautions, where applicable
 6. Medical waste management
 7. Environmental cleaning and disinfection
 8. Infection surveillance activities
 9. Facilities shall designate an Infection Prevention and Control Officer or equivalent qualified individual.
 10. All personnel shall complete annual infection prevention education and competency validation.
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POLICY 7 — Quality Assurance & Performance Improvement (QAPI)

Based on CMS Quality Assurance & Performance Improvement (QAPI) Concepts

Purpose

To establish continuous quality improvement processes that enhance patient outcomes and organizational performance.

Policy

1. Healthcare facilities shall conduct regular Quality Assurance and Performance Improvement (QAPI) meetings.
2. Performance indicators shall include, where applicable:
 3. Patient safety events

4. Patient satisfaction
 5. Clinical quality outcomes
 6. Staff competency
 7. Regulatory compliance
 8. Infection prevention indicators
 9. Corrective Action Plans shall be developed, implemented, monitored, and documented for identified deficiencies.
 10. QAPI documentation shall be available during Department of Health (DOH) regulatory inspections and audits.
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POLICY 8 — Emergency & Disaster Preparedness

Aligned with FEMA Emergency Management Concepts & CMS Emergency Preparedness Framework

Purpose

To ensure healthcare facilities remain operational and capable of protecting patients, personnel, and visitors during emergencies and disasters.

Policy

1. Every healthcare facility shall maintain an all-hazards Emergency Preparedness Program that addresses:
 2. Fire emergencies
 3. Earthquakes
 4. Typhoons and flooding
 5. Infectious disease outbreaks
 6. Utility failures
 7. Mass casualty incidents
 8. Evacuation and shelter-in-place procedures
 9. Emergency preparedness drills shall be conducted regularly, documented, evaluated, and used for continuous improvement.
10. Facilities shall maintain emergency supplies, backup utilities, communication systems, and contingency plans appropriate to the services provided.
11. Personnel shall receive ongoing emergency preparedness education, including Basic Life Support (BLS) and other emergency response training appropriate to their responsibilities.