



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

September 03, 2021

DEPARTMENT CIRCULAR
No. 2021 - 0408

FOR : ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD), CHIEFS OF THE REGULATION, LICENSING AND ENFORCEMENT DIVISION (RLED), CHIEFS OF HEALTH FACILITIES AND SERVICES REGULATORY BUREAU (HFSRB), MINISTER OF HEALTH OF THE BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), DRUG TREATMENT AND REHABILITATION CENTER (DATRC) CENTER DIRECTOR/PROGRAM DIRECTOR/ADMINISTRATOR, ALL REGULATORY OFFICERS AND ALL OTHER CONCERNED STAKEHOLDERS

SUBJECT : New Assessment Tool for the Accreditation of Drug Abuse Treatment and Rehabilitation Centers (DATRCs)

The Dangerous Drugs Board Regulation No. 2, Series of 2019, "Implementing Rules and Regulations Governing the Accreditation of Drug Abuse Treatment and Rehabilitation Centers", approved and adopted on February 7, 2019, provided new standards and requirements for the accreditation of DATRCs. Attached to this is the **Manual of Operations (MOP) for Drug Abuse Treatment and Rehabilitation Centers Revised**, where the details of the standards for treatment and rehabilitation services, and requirements for physical facility, personnel, and equipment and supplies are specified.

It is for this reason that the current Assessment Tools, being utilized for the accreditation of DATRCs, have been revised to align with the new provisions.


The features of the enhanced Assessment Tool (AT) are as follows:

1. A unified AT for the three (3) classifications of DATRCs in accordance to its service capability.
2. It consists of two (2) parts: Part I, Service Capability, Personnel, Physical Plant and Equipment; and Part II, Administrative Service, Patient Care Service and Physical Plant Safety Monitoring. Part II is focused on evaluating the implementation of the requirements and standards stated under Part I.
3. An instrument to better assess the accredited DATRCs of their continuous compliance with the standards set under the new Board Regulation and revised MOP.

The use of the new Assessment Tool for the Accreditation of DATRCs shall take effect immediately upon signing of this Circular.

Dissemination of the information to all concerned is requested.

By Authority of the Secretary of Health:



GERARDO V. BAYUGO, MD, MPH, CESO I
Undersecretary of Health
Health Regulation Team



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

**ASSESSMENT TOOL FOR THE ACCREDITATION OF
DRUG ABUSE TREATMENT AND REHABILITATION CENTER**

INSTRUCTIONS:

1. This assessment tool is consisted of two (2) parts. Part I shall be used for evaluating new facilities. While, Part II is for renewal and monitoring. Both Parts I and II shall be utilized for change of classification and increase in authorized bed capacity.
2. The Licensing Officer shall properly fill out this tool using: INTERVIEWS, REVIEW OF DOCUMENTS, OBSERVATIONS and VALIDATION of findings.
 - Interview at least 5 patients and 3 staff members.
 - Conduct document review of at least 3 sample case files.
3. If the corresponding items are present, available or adequate, place (✓) on each of the appropriate spaces under the COMPLIED column or space provided alongside each corresponding item. If not, put an (X) instead.
4. The REMARKS column shall document relevant observations.
5. Make sure to fill-in the blanks with the needed information. Do not leave any items blank.
6. The Team Leader shall ensure that the last page of this Tool is properly accomplished:
 - all team members have written down their printed names and designation, and affixed their signatures.
 - the date of inspection/monitoring has been indicated.
 - the Head of the facility or, when not available, the next most senior or responsible officer has affixed his/her signature. This signifies that the inspection/monitoring results were discussed during the exit conference and a duplicate copy was received.

GENERAL INFORMATION:

Name of Drug Abuse and Treatment Rehabilitation Center: _____

Address: _____
(Number and Street) (Barangay/District) (Municipality/City)

(Province) (Region)

Telephone/Cellphone No.: _____ Email Address: _____

Initial: _____ Renewal: _____ Existing Accreditation No.: _____
Date Issued: _____ Expiry Date: _____

Authorized Bed Capacity: _____

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

Name of the Center Director: _____

Classification: Residential: _____ Residential with Outpatient: _____ Non-Residential: _____

Free-Standing: _____ Institution-Based: _____

Ownership: Government: _____ LGU: _____ Private: _____
National: _____

PART I. SERVICE CAPABILITY, PERSONNEL, PHYSICAL PLANT AND EQUIPMENT

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
I. LEADERSHIP AND MANAGEMENT Standard: The DATRC'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			
1. Vision, Mission and Objectives should be in accordance with RA 9165.	Document Review <ul style="list-style-type: none"> • Presence of written vision, mission and objectives. Observe <ul style="list-style-type: none"> • Observe if the vision, mission and objectives of the facility is posted in a conspicuous area 		
2. Organizational Chart	Observe <ul style="list-style-type: none"> • Observe if the organization structure/chart is posted in a conspicuous area. 		
3. The Organization developed policies and procedures for its Administrative Service.	Document Review Written Administrative Policies as part of the Center's Manual of Operation: <ul style="list-style-type: none"> • Background of the Center • Organization Structure reflecting lines of authority, accountability & interrelationship • Human Resource Management & Development <ul style="list-style-type: none"> ○ Duties & responsibilities of personnel ○ Recruitment, selection, promotion & appointment ○ Continuing education/training of staff ○ Monitoring and evaluation of personnel performance ○ Occupational Health Programs for Employees ○ Staff Protection (prevention of any forms of violence against the center staff by a patient or a fellow employee)-Creation of Grievance Committee • Records Management <ul style="list-style-type: none"> ○ Protection of records and patient case file against loss, destruction, tampering and unauthorized access or use. 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
	<ul style="list-style-type: none"> ○ Confidentiality of records (In compliance with Data Privacy Act of 2012) ○ Storage, Retention & disposition of records (Refer to National Archives of the Philippines per DC No. 70 s. 1996) ● Fiscal Management ● Dietary Management ● Maintenance Program <ul style="list-style-type: none"> ○ Preventive maintenance plan for physical facility and equipment ● Housekeeping & Waste Management <ul style="list-style-type: none"> ○ Plan for Pest and vermin control ● Security ● Contingency plan in case of emergencies (In compliance with the National Policy on Health Emergencies & Disasters – A.O. No. 2004-0168) 		
II. STAFF TRAINING AND DEVELOPMENT Standard: There are relevant activities related to orientation of new personnel and capacity building of staff			
4. Newly hired personnel and outsourced service providers are properly oriented.	Document Review <ul style="list-style-type: none"> ● Proof of orientation with conformē of the personnel 		
5. The staff are provided with a documented job description outlining accountabilities and responsibilities.	Document Review <ul style="list-style-type: none"> ● Position description sheet with proof of receipt of the staff. 		
6. Annual plan on training activities	Document Review <ul style="list-style-type: none"> ● Presence of annual plan on training activities (including resource/budgetary allocation) 		
III. PERSONNEL			
Standard: There shall be an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality care services. The staff composition and number/ratio shall depend on the workload and services being provided, adjusted based on applicable workload assessment tools set by DOH			
7. Required Personnel	Document Review <ul style="list-style-type: none"> ● Must have complete personnel complement. ● Staff must have individual 201 file 		

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
Center Director/ Program Director/ Administrator	A college graduate Minimum of three (3) years experience as a rehabilitation worker Adequate training not only on the modality being utilized but also other relevant trainings pertinent to treatment and rehabilitation DOH-accredited rehabilitation practitioner	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Certificates of Trainings attended ○ Notarized Contract of Employment / Appointment ○ Service Record / Certificate of Employment ○ Health certificate ○ Drug test result from DOH accredited DTL 	1 full-time				
Physician	Licensed by PRC DOH Certificate of Drug Rehab Training DOH-accredited	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID ○ Certificates of Trainings attended ○ Notarized Contract of Employment / Appointment ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1	<i>(on-call for below 300 bed capacity; full time for 300 & above)</i>			
Dentist	Licensed by PRC	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID ○ Notarized Contract of Employment / Appointment <i>for full-time</i> ○ Notarized Memorandum of Agreement <i>if outsourced</i> ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1 On-call				

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
Nurse <i>(full-time)</i>	Registered Nurse Trainings in Standard First Aid and Basic Life Support (BLS) – For residential only. BLS training should be obtained from a DOH-recognized training provider.	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID ○ Certificates of Training attended ○ Notarized Contract of Employment / Appointment ○ Health Certificate ○ Drug test result from DOH-accredited DTL 		1:25	1		
Social Worker	Registered social worker	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID ○ Notarized Contract of Employment / Appointment ○ Health Certificate ○ Drug test result from DOH-accredited DTL 		1:25 <i>(full-time)</i>	1 <i>(part-time)</i>	<i>(full-time)</i>	
Psychometrician	Registered psychometrician	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID ○ Notarized Contract of Employment / Appointment ○ Health Certificate ○ Drug test result from DOH-accredited DTL 		1:25 <i>(full-time)</i>		<i>(full-time)</i>	
Psychologist <i>(part-time)</i>	Registered psychologist	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID ○ Notarized Memorandum of Agreement ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1				

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
Personnel Officer <i>(full-time)</i>	Graduate of any four-year course	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Notarized Contract of employment/ appointment ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1				
Nutritionist / Dietician	<input type="checkbox"/> Licensed by PRC	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID ○ Notarized Memorandum of Agreement <i>if outsourced</i> ○ Notarized Contract of Employment / Appointment <i>if in-house</i> ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1				
Health Information Management / Administrative Officer <i>(TRAIS Authorized Personnel)</i>	Preferably college level Must undergo training in medical records management Computer literate	Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Notarized Contract of Employment / Appointment ○ Training Certificate in Medical Records Management ○ TRAIS Training Certificate ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1:50		1		
Houseparent <i>(full-time)</i>		Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Notarized Contract of Employment / Appointment ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1:25				

POSITION	QUALIFICATION	EVIDENCE	NUMBER / RATIO	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
Utility worker <i>(optional)</i>		Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Health Certificate ○ Notarized Contract of Employment / Appointment, or Memorandum of Agreement <i>if outsourced</i> ○ Drug test result from DOH-accredited DTL 					
Security Guard <i>(may be outsourced)</i>		Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Notarized Memorandum of Agreement <i>if outsourced</i> ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1:25 per shift				
Driver <i>(full-time)</i>		Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Notarized Contract of employment / Designation ○ Valid driver's license ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1				
Cook <i>(full-time)</i>		Document Review Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Notarized Contract of employment / Designation ○ Health Certificate ○ Drug test result from DOH-accredited DTL 	1				

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
V. QUALITY IMPROVEMENT ACTIVITIES			
Standard: The organization has a planned systematic organization-wide approach to process design and performance measurement, assessment and improvement			
8. The Center shall have policies and procedures for Quality Assurance Program (QAP) and Continuous Quality Improvement (CQI)	Document Review <ul style="list-style-type: none"> • Presence of written plan for QAP, indicating its continuous implementation with periodic reviews. • Presence of policies and procedures for handling complaints, reporting and analysis of incidents, adverse events, etc. • Patient satisfaction survey form. • Feedback mechanism for family, parents, guardians or significant others. • Schedule of Program Evaluation included in the Plan of Activities for the whole year. 		
VI. PATIENT CARE			
A. Clinical Guidelines			
Standard: Clinical services are appropriate to patients' needs and services offered, and treatment modalities/approaches are according the accepted clinical practice guidelines			
9. The Center shall have guidelines/policies and procedures for the implementation of clinical operations, prescribed services, and treatment modalities/approaches.	Document Review Presence of Clinical Guidelines as part of the Center's Manual of Operation: <ul style="list-style-type: none"> • Admission including Inclusion/Exclusion Criteria • Clinical Services <ul style="list-style-type: none"> ○ Medical Service ○ Psychiatric Service ○ Psychological Service ○ Social Service • Treatment and Rehabilitation <ul style="list-style-type: none"> ○ Treatment Modality being utilized ○ Counselling Program ○ Work and Vocational Skill Program ○ Family Program ○ Aftercare and Follow-up • Patient Rights <ul style="list-style-type: none"> ○ Patient's rights during treatment and rehabilitation ○ Informed Choice and informed consent ○ Physical Privacy ○ Disciplinary Measures • Other Prescribed Services <ul style="list-style-type: none"> ○ Referral service ○ Spiritual and Religious services 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
	<ul style="list-style-type: none"> ○ Sports and recreational services ○ Residential/house care service (for residential DATRC) ● Structured Program of Activities ● Support Services (Optional) <ul style="list-style-type: none"> ○ Volunteer service ○ Job placement service ○ Educational Opportunities 		
B. Case File Standard: The organization uniquely identified all patients, and creates a specific patient records for each patient that is readily accessible to authorized personnel			
10. The Center should maintain an adequate system for management of patient case file during his/her 6-month/1-year period treatment and rehabilitation.	Document Review Each case file should contain the following: <ul style="list-style-type: none"> ● Intake interview ● Physical examination (done by physician) ● Laboratory results ● Drug Dependency Examination ● Psychological Test Evaluation Report ● Social Case Study Report ● Treatment Plan ● Progress Notes ● Court Order/Notarized Admission Agreement ● Patient Rights with conformē of the petitioner ● Other reports like incident reports, accidents, escapes (for residential patients), injury, critical incidents/crisis ● Discharge plan 		
11. There should be a system of adequate monitoring of patients undergoing aftercare and follow-up program.	Document Review: Proper documentation of patient's aftercare plan and services provided to the patient (Board Regulation No. 1, Series of 2006) including: <ul style="list-style-type: none"> ● Attendance to self-help programs like NA/AA meetings, alumni association activities, etc. ● Attendance to scheduled regular reporting of patient to the facility for follow-up activities. ● Progress report ● Pre-discharge conference report to determine if the patient can already be issued a Certificate of Completion for the aftercare program. 		

CRITERIA	INDICATOR	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
VII. PHYSICAL PLANT					
12. Entrances and exits are clearly and prominently marked.	Observe Presence of entrances and exits that are readily accessible. (Reference: R.A.6541 Building Code of the Philippines) <ul style="list-style-type: none"> ○ With entrance and exit signs. ○ Entrance & exits are accessible and free from obstruction. 				
13. Directional signs are prominently posted to help locate service areas within the organization.	Observe Presence of directional signage. <ul style="list-style-type: none"> ○ Signage is easily seen along corners and corridors. ○ Signage for each specific area. 				
14. Anti-smoking – in compliance with R.A. 9211 E.O. No. 26, S. 2017, “Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places”	Document Review <ul style="list-style-type: none"> • Presence of policies and procedures on anti-smoking. Observe <ul style="list-style-type: none"> • “No Smoking” signage posted in conspicuous spaces. 				
15. Emergency Clinic must be well-secured.	Observe <ul style="list-style-type: none"> • Visibly accessible to those who are on-duty. 				
16. The Medical Records Room/Area shall be secured. It may house the information management system as prescribed by the DDB & DOH.	Document Review <ul style="list-style-type: none"> • Only authorized personnel are allowed to access the administrative and patient files. Observe <ul style="list-style-type: none"> • Provision of lock or safety features. 				
17. Organized and Clean Living Quarters	Observe <ul style="list-style-type: none"> • Well-ventilated and adequately lighted. • Bed, with mattress, and cabinet per patient. • Bug- and odor-free 				

CRITERIA	INDICATOR	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
18. Bathroom and toilet are designed considering the physical privacy of patients.	Observe <ul style="list-style-type: none"> At least one bathroom, one water closet and one lavatory in good working condition for every eight (8) patients complete with partitions. The bathrooms and toilets shall not be provided with locks except those for the exclusive use of administrative staff. 				
19. Toilet with handrail	Observe <ul style="list-style-type: none"> Presence of handrail. 				
20. Clean and organized kitchen	Observe <ul style="list-style-type: none"> Presence of clean kitchen equipped with adequate basic cooking utensils and food storage. Provision of locks for all sharp objects. 				
21. Clean and well-lit dining area	Observe <ul style="list-style-type: none"> Shall be provided with sufficient number of chairs and tables 				
22. Adequate space for laundry area	Observe <ul style="list-style-type: none"> Provision of clothes line and individual laundry hamper. 				
23. The center is adequately secured to ensure safety and security from outside intrusion, prevent escape of patients and ensure drug-free environment.	Observe <ul style="list-style-type: none"> With Perimeter fence Presence of security personnel Work schedule of security personnel Logbook of visitors and visitor's pass Provision of CCTV (optional) 				

CRITERIA	INDICATOR	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
24. The Center shall have an adequate water supply. Safe and potable water shall also be available at all times.	Observe <ul style="list-style-type: none"> • Adequate in volume and pressure. • Passed Result of bacteriological water analysis done in a DOH-accredited laboratory for drinking water analysis. • Sampling point: Kitchen and Source of Drinking Water 				
25. There shall be policies on Housekeeping and Maintenance	Document Review <ul style="list-style-type: none"> • Schedule of housekeeping activities. • Schedule of facility maintenance 				
26. There shall be policies on Proper Waste Disposal	Document Review <ul style="list-style-type: none"> • Segregation of waste • Memorandum of Agreement with waste collector Observe <ul style="list-style-type: none"> • Segregation of waste 				
27. There must be means of communication.	Observe <ul style="list-style-type: none"> • Functional means of communication. • Internet access is preferably within the center. 				

DOCUMENTS	COMPLIED	REMARKS
1. DOH -Approved PTC		
2. DOH Approved Floor Plan		
3. Checklist for Review of Floor Plans (accomplished)		

OBSERVATIONS/FINDINGS (may use separate additional sheets if needed):

VII. EQUIPMENT AND INSTRUMENTS (Functional)	NUMBER	RESIDENTIAL	NON-RESIDENTIAL	RESIDENTIAL WITH OUTPATIENT	REMARKS
Audio-visual system					
Beds (single or double-decked)					
Clinical weighing scale					
Computer					
Examining light					
Examining table					
First aid kit					
Fire extinguisher					
Psychological testing materials (original and not outdated)					
Sphygmomanometer (non-mercurial)					
Stethoscope					
Telephone or any form of communication					
Thermometer (non-mercurial)					
Patient transport vehicle					

**PART II. ADMINISTRATIVE SERVICE, PATIENT CARE SERVICE AND PHYSICAL PLANT
SAFETY MONITORING**

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
I. ADMINISTRATIVE SERVICE			
A. MANAGEMENT RESPONSIBILITY			
Standard: The organization shall clearly define the purpose, scope, direction and goals of the Center. It shall document and disseminate the Center's core values, vision statement, mission and philosophy.			
1. The Staff are properly oriented on the Center's core values, vision, mission and objectives.	Document Review <ul style="list-style-type: none"> Proof of orientation of staff on Center's core, values, vision, mission and objectives. Interview <ul style="list-style-type: none"> Interview with the Staff. 		
B. HUMAN RESOURCE MANAGEMENT			
Standard: The health facility shall have maintained an adequate number of qualified, trained and competent staff to ensure sufficient and effective delivery of quality services. The organization should maintain a program ensuring employee's well-being.			
2. Newly hired employee and outsourced service providers received orientation on their duties and responsibilities, and the essential component of the services being provided by the Center.	Document Review: <ul style="list-style-type: none"> Proof of orientation with conforme of the staff and outsourced service providers. 		
3. All clinical staff had underwent relevant training provided by the DOH (within 2 years of practice in the Center) and other agencies/ institutions.	Document Review: <ul style="list-style-type: none"> Proof of implementation of the annual training plan, e.g., training certificates, documented reports. 		
4. Performance of each personnel is monitored and evaluated periodically.	Document Review <ul style="list-style-type: none"> Accomplished Individual performance evaluation report. Interview <ul style="list-style-type: none"> Interview the HR and staff 		
5. Occupational Health programs for employees are being implemented (Zumba, sports activity, counselling, etc.)	Document Review <ul style="list-style-type: none"> Documented activities. 		
6. Staff are well-informed/ oriented on the policy and activities involving Staff Protection.	Document Review <ul style="list-style-type: none"> Documented activities involving employee awareness on Staff Protection Policy. 		
7. Grievance Committee is functional.	Document Review <ul style="list-style-type: none"> Proof of functionality of the Committee, e.g., Minutes of Meeting, Appropriate Decisions on Cases. Interview <ul style="list-style-type: none"> Interview personnel in-charge of committee 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
C. RECORDS MANAGEMENT Standard: Medical records must be secured and be kept to allow careful and systematic management. Confidentiality of records must be maintained at all times.			
8. Records are stored, retained and disposed of in accordance with the guidelines set by National Archives of the Philippines (NAP).	Document Review <ul style="list-style-type: none"> • Proofs of records disposed and list of records retained on file or in the system. 		
9. Records are arranged systematically.	Document Review <ul style="list-style-type: none"> • Patient records are filed as per SOP. 		
10. Regular and timely uploading of patient's profile in Treatment and Rehabilitation Admission Information System (TRAIS).	Document Review <ul style="list-style-type: none"> • Uploaded patient's profile should be counter checked with logbook or intake forms. 		
11. The center is compliant with R.A. 10173: Data Privacy Act	Document Review <ul style="list-style-type: none"> • Signed Non-disclosure agreement 		
D. QUALITY IMPROVEMENT ACTIVITIES Standard: The center must maintain a routine outcome monitoring with regular feedback regarding patient satisfaction and treatment effectiveness from petitioners. The Center shall be accountable in maintaining the quality of treatment care.			
12. There should be a Quality Management Program.	Document Review <ul style="list-style-type: none"> • Minutes of meetings conducted by the Center with staff and family of patients. • Reports of adverse events and corrective and preventive actions. • Analysis of patient satisfaction survey, feedback from family or guardian, and corrective actions taken. Interview <ul style="list-style-type: none"> • Discuss with staff in-charge the result and analysis of the QMP 		
13. The Center established an Annual Program Evaluation (APE).	Document Review The APE shall include, but not limited to, the following Statistical analysis: <ul style="list-style-type: none"> • Total No. of Admission against total No. of same patients who finish the primary reahilitation • Total No. of same patients who are undergoing the aftercare program in the Center • Total No. of patients referred for aftercare and follow-up to another facility • Proof of referrals 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
	<ul style="list-style-type: none"> Total No. of same patient who finished the aftercare program Total No. of same patient who are actively involved in self-help programs. System of monitoring of the current status of the graduates, e.g., social media. Proof of monitoring. <p>Interview</p> <ul style="list-style-type: none"> Discuss with the staff in-charge the result of APE 		
<p>II. PATIENT CARE SERVICE Standard: The Treatment and Rehabilitation plan and services addresses patient's relevant clinical, social, emotional and religious needs.</p>			
<p>14. Patient's treatment and rehabilitation plan is in accordance to the prescribed clinical guidelines and services, and to the recommended therapeutic activities.</p>	<p>Document Review</p> <ul style="list-style-type: none"> Complete patient information in reference to the requirements of TRAIS. Reports of the Assessment procedures done including DDE, medical evaluation, social case interview and Psychological Testing. Accomplished treatment plan and/or progress notes. Patient's daily journal Proof of implementation on the activities being conducted for Relapse Prevention. <p>Interview</p> <ul style="list-style-type: none"> Discuss with the staff in-charge at least 3 sample case 		
<p>15. Patient rights are thoroughly explained to the patient and petitioner/guardian</p>	<p>Document Review</p> <ul style="list-style-type: none"> Forms are duly signed by patient and petitioner/ guardian signifying their full understanding and adherence to the stipulated conditions. <p>Interview</p> <ul style="list-style-type: none"> Talk with at least 5 patients or their relatives, if possible 		
<p>16. Aftercare and Follow-up are being carried out by the Center.</p>	<p>Document Review</p> <ul style="list-style-type: none"> Reports related to patient's attendance to the center's aftercare and follow-up program. 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
	Interview <ul style="list-style-type: none"> Discuss the program with the staff in-charge 		
III. PHYSICAL PLANT SAFETY Standard: The Center shall have physical facilities with adequate areas to safely, efficiently and effectively provide health services to patients as well as members of the public as necessary.			
17. The center is clean, well-lighted and ventilated.	Observe <ul style="list-style-type: none"> Observe the entire facility 		
18. Compliance to A.O. 2004-0168 "National Policy on Health Emergencies and Disasters"	Document Review <ul style="list-style-type: none"> Proof of implementation of Emergency Management Plan (e.g. fire drill, earthquake drill, etc.) 		
19. Compliance to the revised DOH Manual on Health Care Waste Management	Document Review <ul style="list-style-type: none"> Proof of implementation of waste segregation. Proof of proper waste disposal. 		
20. Building maintenance and safety program is in place ensuring facility is in good condition.	Document Review <ul style="list-style-type: none"> Proof of implementation (checking of records) Building preventive and maintenance schedule and records. Observe <ul style="list-style-type: none"> Observe the physical condition of the facility 		
21. Equipment are regularly maintained.	Document Review <ul style="list-style-type: none"> Proof of implementation Records of preventive and corrective maintenance. 		
22. Potable drinking water	Document Review <ul style="list-style-type: none"> Quarterly result (or as necessary) of bacteriological water analysis done in DOH-accredited laboratory for drinking water. Sampling point: Kitchen and Source of Drinking Water		
23. The center is adequately secured to ensure safety and security from outside intrusion, prevent escapes of patients and to ensure drug-free environment.	Observe <ul style="list-style-type: none"> Visitors are properly screened and controlled. A system of searching for dangerous drugs and items are clearly documented and implemented. Head count before breakfast and before "lights off". 		



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Health Facility: _____

Date of Inspection: _____

RECOMMENDATIONS:

A. For Licensing Process

For Issuance of Certificate of Accreditation as Drug Abuse Treatment and Rehabilitation Center

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: _____



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Health Facility: _____
 Date of Monitoring: _____

RECOMMENDATIONS:

B. For Monitoring Process (Part II of the AT)

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: _____