

IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT NO. 11703, “AN ACT ESTABLISHING IN THE CITY OF CALBAYOG, PROVINCE OF SAMAR, A TERTIARY HOSPITAL TO BE KNOWN AS THE SAMAR ISLAN...

IRR REPUBLIC ACT NO. 11703 (DOH Administrative Order No. 2022-0041), September 19, 2022

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I. RATIONALE

In the Philippine Health Facility Development Plan (PHFDP), Region VIII, or Eastern Visayas, has an estimated 12,245 cumulative gap of hospital beds by 2040. This includes the cumulative gaps of 752 beds in Eastern Samar, 453 beds in Northern Samar, and 839 beds in Samar (Western Samar). Legislation was introduced in the 18th Congress for the establishment of a hospital in Calbayog City under the direct supervision and control of the Department of Health (DOH) for more accessible tertiary care services in the provinces and populations in Samar Island, as well as to narrow down the hospital bed gap in the region.

On April 16, 2022, the President signed and approved the Republic Act (R.A.) No. 11703, "An Act Establishing in the City of Calbayog, Province of Samar, a Tertiary Hospital to be known as the Samar Island Medical Center, and Appropriating Funds Therefor." Section 3 provides for the immediate implementation of the Act through the DOH programs and appropriation. The implementing rules and regulations (IRR) shall also be in accordance with R.A. No. 11223, "Universal Health Care (UHC) Act," which ensures that all Filipinos have equitable access to quality health care goods and services.

II. OBJECTIVE

This Order sets the IRR of R.A. No. 11703, "An Act Establishing in the City of Calbayog, Province of Samar, a Tertiary Hospital to be Known as the Samar Island Medical Center, and Appropriating Funds Therefor," and pertains only to the provisions of this Act.

III. SCOPE OF APPLICATION

The extent of coverage of this Order shall include the operations and management of Samar Island Medical Center (SIMC), and the implementation of R.A. No. 11703.

IV. DEFINITION OF TERMS

A. Health Care Provider Network (HCPN)- refers to a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care services.

B. Hospital Development Plan (HDP)- serves as a guide prepared by the hospital for the development of the health facility towards its contribution to the achievement of UHC as well as in ensuring allocation of government's investments in the delivery of quality, people-centered health services.

C. Level 3 General Hospital- refers to the type of general hospital according to functional capacity as provided in Administrative Order (A.O.) No. 2012-0012, "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines," as amended.

V. GENERAL GUIDELINES

A. SIMC shall provide, promotive, preventive, diagnostic, curative, rehabilitative and palliative health care, research and training services in accordance with the provisions of R.A. No. 11223, and related issuances such as A.O. No. 2020-0019 "Service Delivery Design of Health Care Provider Networks," where roles and responsibilities are defined for DOH hospitals in the service delivery design of HCPN.

B. SIMC shall establish, strengthen and improve its service capability and capacity towards serving continually as end-referral and apex hospital in the Provinces of Eastern Samar, Northern Samar and Samar (Western Samar), complementing the local health systems and providers therein, consistent with its HDP as approved by the Health Facility Development Bureau (HFDB). It shall be guided by Department Circular No. 2020-0410 on developing its eligibility as apex or end-referral hospital, and Department Order No. 2021-0001 on obtaining its designation of specialty and sub-specialty services.

C. SIMC shall be fully equipped with state-of-the-art equipment and facilities, complemented by adequately trained and competent human resources for health as appropriate for a licensed and accredited Level 3 General Hospital with specialty and sub-specialty care.

D. SIMC shall comply with standards and meet requirements in preparedness and response strategies in public health emergencies as in A.O. No. 2020-0016, as amended, which include but not limited to allocation of beds, dedication of select services or units and performance of enhanced protocols in infection prevention and control, patient and health worker safety, and patient navigation in the HCPN. Likewise, concordant to the country's transitioning towards the New Normal, as guided by A.O. No. 2020-0030, the hospital shall make certain that it plans, policies, protocols, and norms ensure the continued health service delivery while maintaining the public health standards for COVID-19 disease.

E. Laws and other policy issuances relevant to the operations and management of SIMC and the IRR of this Act are listed for reference in the Annex of this Order.

VI. IMPLEMENTING MECHANISMS

The implementation of the Act shall be supported by the following guidelines:

A. Name of the Hospital

The name of the hospital in Samar Island Medical Center and its acronym shall be "SIMC." The official address shall be at Barangay Gadgaran, Calbayog City, Samar.

The Medical Center Chief (MCC), or Officer-In-Charge (OIC) of SIMC shall ensure that directory and future official documents adhere to the hospital name, and have it reflected in the DOH National Health Facility Registry and other official databases.

B. Establishment and Expansion of Hospital Services

1. SIMC's initial capacity and capability, and its progressive capacity increase and capability expansion shall be provided in the HDP, which shall be consistent with the PHFDP leading towards a Level 3 General Hospital with specialty and sub-specialty services. The hospital shall submit the HDP to the HFDB through the Eastern Visayas

Center for Health and Development (EVCHD). The hospital's health facility development until shall make the proper internal and external coordination for the complete, timely submission of its updated HDP.

2. SIMC shall comply with the requirements for the operations of the Malasakit Center as mandated by the R.A. No. 11463, the Malasakit Centers Act, to enable eligible patients to access medical and financial assistance services.

C. Health Human Resources

1. Based on the approved HDP, SIMC shall request for the required health human resources based on Department of Budget (DBM) and DOH Joint Circular No. 2013-01 and its succeeding amendments.

2. SIMC shall faithfully observe and promote the security of tenure, professionalization, equal opportunity principles and other fundamental rights of its human resources by complying with all relevant rules and regulations of the Civil Service Commission (CSC) under the "2017 Omnibus Rules on Appointments and Other Human Resource Actions (ORA-OHRA)," as amended, promote professional growth, and pursue continued learning and development program for its entire workforce.

D. Assets and Liabilities

SIMC shall properly document and account all of its moveable and immovable assets and records, as well as its liabilities and obligations in accordance with existing policies and guidelines, and the usual government accounting and auditing rules.

E. Equipment

SIMC shall make an inventory of the hospital equipment and undertake upgrading to conform to the DOH standards of a Level 3 General Hospital as provided for under A.O. No. 2012-0012 as amended. Additional equipment and facilities shall be provided to complement the expansion of services consistent with the approved HDP.

F. Infrastructure

SIMC shall implement and seek the support of DOH for the construction, repair and/or renovation of its physical infrastructure, consistent with the approved HDP, and conforming to all exiting laws, regulations, national and international standards for hospital buildings, also in line with the Department Circular 2021-0437 "Dissemination of the Green and Safe Health Facilities Manual 1st edition" and A.O. No. 2013-0014 "Policies and Guidelines on hospital Safe and Disaster," among others.

G. Systems Development

1. SIMC shall conform to and sustain the standards of hospital operations to provide quality health care and safety for patients, health workers and other clientele of the hospital. It shall implement a hospital information system conforming to the basic requirements of the Integrated Hospital Operations and Management Program (HOMP), and guided by A.O. No. 2020-0030 on data privacy of health information.

2. SIMC shall support, participate and adhere to the implementation of the HCPN policies and guidelines for health systems integration and complementation of health services of local and national government facilities.

H. Quality Management

1. Through the terms of its HDP implementation, SIMC's Quality Management System shall conform with A.O. No. 2020-0034 for Continuous Quality Improvement Program. It shall enhance operations with the

implementation of the Patient Safety Program, Integrated People-Centered Health Services, and Manuals of Standards of Hospital Operations and Management by HFDB, policies and standards by Health Facilities and Services Regulatory Bureau, Food and Drug Administration (FDA), Philippine Health Insurance Corporation (PhilHealth) and other standards by international organizations that support national and local standards.

2. The management of SIMC shall comply with the gender and development mainstreaming policies in the government. At the same time, the hospital shall progressively pursue maturity levels for its human resource management systems and processes under the CSC's Program to Institutionalize Meritocracy and Excellence in Human Resource Management (PRIME-HRM).

3. SIMC shall be guided by the DOH's strategic framework and monitoring and evaluation system to performance accountability. The Hospital Scorecard shall reflect the performance of the SIMC in the execution of its mandates, delivery of expected health outcomes, and production of goods and services desired by its clients.

I. Transition

The Director of the EVCHD shall act as Officer-in-Charge (OIC) of the SIMC while the hospital's organizational structure and staffing are still being established as provided for by law. The CHD Director may create an office that will ensure the efficient and effective planning and implementation of this Act, including coordination with concerned offices to secure the legal purpose and use of the area and location to establish SIMC's facilities. The CHD Director shall abolish this office upon completion and conclusion of the tasks assigned to it.

VII. IMPLEMENTING STRUCTURE

A. Administrative Control

1. A DOH official designated by the Secretary of Health shall have oversight jurisdiction and control over the operations, including the work undertaken by the OIC and transition team. The designated DOH official shall monitor the implementation of R.A. No. 11703, with the support of the EVCHD, and may recommend further the necessary upgrading as guided by this Order.

2. The MCC of the SIMC or the OIC shall be accountable and responsible for the implementation of quality standard hospital operations and management, including hospital governance structures; shall establish responsibility accounting as means of management control and determination of respective contributions and performances of the hospital's divisions or units; and shall also submit developmental plans, financial and statistical reports to the DOH Central Office.

B. Sourcing and Use of Funds

The amount necessary to carry out the provisions of R.A. No. 11703 shall be sourced out accordingly:

1. Capital investments or infrastructures, equipment, motor vehicles and land outlays shall be sourced from the DOH General Appropriations Act (GAA), hospital income which includes PhilHealth payments, public-private partnership, and/or other financing modes or scheme subject to prevailing government rules and regulations;

2. Additional Maintenance and Other Operating Expenses shall be sourced from the GAA, hospital income including PhilHealth payments, public-private partnership and/or other financing modes or scheme;

3. Personnel Services to carry out the full implementation of the hospital staffing pattern following the DBM-DOH Joint Circular No. 2013-01 and related issuances shall be sourced from the GAA; and

4. Release of funds from the DOH shall be approved by the appropriate authority.

VIII. SEPARABILITY CLAUSE

If any provisions of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected thereby shall remain valid and effective.

IX. EFFECTIVITY

This Order shall take effect fifteen (15) days after publication in the Official Gazette, or in a newspaper of general circulation, and upon filing of three (3) certified copies with the Office of the National Administrative Register, University of the Philippines Law Center.

(Sgd.) MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO II

Officer-In-Charge

Department of Health

ANNEX A

Laws and Issuances References in the IRR of R.A. No. 11703

NATIONAL LAWS

Republic Act (R.A.) No. 11223, "An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds Therefor," or the "Universal Health Care Act" and its Implementing Rules and Regulations

R.A. No. 11463, "An Act Establishing Malasakit Centers in all Department of Health (DOH) Hospitals in the Country and in the Philippine General Hospital (PGH), Providing Funds Therefor and for Other Purposes," or the "Malasakit Centers Act" and its Implementing Rules and Regulations

DEPARTMENT OF HEALTH ISSUANCES

Administrative Order (A.O.) No. 2012-0012, "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines," dated, and as amended by A.O. Nos. 2012-0012-A, 2012-0012-B, and 2012-0012-C

A.O. No. 2020-0016, "Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies," dated May 4, 2020, as amended by A.O. Nos. 2020-0016-A and 2020-0016-B

A.O. No. 2020-0019, "Service Delivery Design of Health Care Provider Networks," dated May 14, 2020

A.O. No. 2020-0030, "Data Privacy Guidelines in the Processing of Health Information," dated July 9, 2022

A.O. No. 2020-0034, "Revised Guidelines on the Implementation of Continuous Quality Improvement (CQI) Program in Health Facilities in Support of Quality Access for Universal Health Care," dated July 28, 2020

A.O. No. 2021-0043, "Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions," dated August 31, 2021

Department Circular (D.C.) No. 2020-0410, "List of Eligible Apex or End-Referral Hospitals for 2020," dated December 11, 2020, updated with DC No. 2021-0567, "Updated List of Eligible Apex or End-Referral Hospitals

as of November 30, 2021," dated December 13, 2021

Department Order (D.O.) No. 2021-0001, "Designation of Selected DOH Hospitals as Specialty Centers for Brain and Spine Care, Burn Care, Cancer Care, Cardiovascular Care, Dermatology Care, Eye Care, Geriatric Care, Infectious Disease and Tropical Medicine, Lung Care, Mental Health, Neonatal Care, Orthopedic Care, Physical Rehabilitation Medicine, Renal Care and Kidney Transplant, Toxicology, and Trauma Care," dated January 4, 2021

OTHER ISSUANCES

Department of Budget and Management and Department of Health Joint Circular No. 2013-01," Revised Standards and Organizational Structure and Staffing Pattern of Government Hospitals, CY 2013 Edition," dated September 23, 2013

Civil Service Commission (CSC) Memorandum Circular No. 24, Series of 2017, "2017 Omnibus Rules on Appointments and Other Human Resource Actions," dated August 24, 2017, containing CSC Resolution No. 17101009 promulgated on June 16, 2017, then amended by CSC Resolution No. 1800692, promulgated on July 3, 2018

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