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MANAGEMENT SCIENCES FOR HEALTH, INC.
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TB-DOTS POLICIES AND IMPLEMENTING GUIDELINES

2ND DRAFT

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Preface

Tuberculosis has always been a public health concern of the country. In 1999, the Philippines rank 7th in the world and 2nd in the Western Pacific Region in terms of new smear positive TB notification rate among the major countries in the WHO Western Pacific Region in 1999. The government centers are implementing TB-DOTS 100% but statistics show that greater effort is needed to combat the problem. Recognizing the need for involvement of other government agencies and private sector, PhilHealth will launch the TB-DOTS Benefit Package as a new outpatient package by February 2003.

The TB-DOTS Benefit Package will be initially implemented in select private DOTS Centers on a pilot basis. PhilHealth has designated the Philippine Coalition Against Tuberculosis (PhilCAT) as the technical body that will certify the eligibility of private TB-DOTS providers prior to accreditation by PhilHealth. PhilCAT will also be a partner in monitoring and evaluation of accredited providers particularly regarding provision of quality service and adherence to the Manual of Operations for the National Tuberculosis Control Program (NTP).

Development of the TB-DOTS Benefit Package and medical evaluation of claims is based on the Manual of Operations for the National Tuberculosis Control Program (NTP). New cases of pulmonary or extra-pulmonary tuberculosis will be covered by the benefit package. The accredited TB-DOTS provider shall be paid in tranches on a case-rate reimbursement and disposition of these reimbursements will be upon the discretion of the accredited provider. The benefit package shall cover consultations, diagnostic examinations and cost of medicines. Providers are expected to comply with monitoring and evaluation tools of PhilHealth.

HSRTAP provided assistance by facilitating meetings to clarify role of PhilCAT and define its relationship with PhilHealth, and meetings with stakeholders for the development of the standards for accreditation and developing the implementing guidelines for the benefit package. HSRTAP has also provided initial inputs for the orientation / training manual of its personnel and officers.

Several activities had to be completed before a smooth initial implementation or pilot testing of the TB-DOTS Benefits Package can be initiated. These include (a) clarification of the role of PhilCAT and its relationship with PhilHealth, (b) development and validation of accreditation standards, (c) formulation of implementing policies and guidelines and, (d) design of the required MIS support.

This document is the result of initial discussions with PhilHealth officials and PhilCAT. Accreditation standards were developed after consultations with stakeholders. This documentation will be the basis for PhilHealth to further improve the benefit package and clarify any issues that a concerned department might raise prior to its implementation.

2nd DRAFT

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Introduction

Tuberculosis (TB) remains a major health problem in the Philippines. In 1998, TB ranked fifth (5th) in the 10 leading causes of mortality and fifth (5th) in the 10 leading causes of illness. Our country ranks 7th in the world and 2nd in the Western Pacific Region in terms of new smear positive TB notification rate among the major countries in the WHO Western Pacific Region in 1999.

The Department of Health launched the Health Sector Reform Agenda in 1999 with the main goal of improving health services by providing fiscal autonomy to government hospitals, securing funding for priority public health programs, promoting the development of local health systems and to ensure its effective performance, strengthening the capacities of health regulatory agencies and expanding the coverage of the National Health Insurance Program. The National Tuberculosis Control Program (NTP) is among the priority public health programs of the health sector reform agenda. In fulfilling its role towards the realization of the Health Sector Reform, the Philippine Health Insurance Corporation (PhilHealth) commits to provide an outpatient benefit package to its members and dependents afflicted with tuberculosis through the TB-DOTS Benefit Package. This commitment is expected to catalyze the national efforts in controlling tuberculosis as a menace to the Filipino people. The TB-DOTS Benefit Package will be implemented with the collaboration of public and private health care providers, and all other concerned advocates of tuberculosis control.

The TB-DOTS Benefit Package shall be initially implemented in select private TB-DOTS Centers by the end of 2002. Expansion of the program to other DOTS Centers is envisioned by the middle of 2003.

This manual contains the policies and implementing guidelines for PhilHealth's TB-DOTS Benefit Package. Amendments and modifications of the benefit package shall be done after an evaluation of its initial implementation.

Policy

1. The TB-DOTS treatment program will be based on the Manual of Operations for the National Tuberculosis Control Program, 2001. The PhilHealth TB-DOTS Benefit Package will cover diagnostic work-up, consultation services and anti-TB drugs in an outpatient set-up.
2. The TB-DOTS Benefit Package will cover new cases of pulmonary and extra-pulmonary tuberculosis only. It shall not cover the following types of tuberculosis cases: relapse, failure, return after default (RAD), transfer-in and others.
3. Accreditation of TB-DOTS Centers as providers of DOTS services is based on standards developed by the Corporation in consultation with other stakeholders. Quality Assurance Standards are based on the PhilHealth Benchbook.

4. The accredited TB-DOTS Center will be paid on a case-based reimbursement payment scheme. Payment will be released in trenches to the accredited TB-DOTS Center as determined by the Corporation.
5. Monitoring of the implementation and impact of the TB-DOTS Benefit Package will be spearheaded by the Health Finance and Policy Sector specifically the Utilization Review Unit of the QARPDG. Aside from performance indicators for PhilHealth which shall be developed by the QARPDG, outcome indicators will be based on the TB Registry for the NTP.

Benefit Package

The TB-DOTS Benefit Package will cover diagnostic work-up, consultations and anti-TB drugs. It will be paid by case-based reimbursement amounting to four thousand pesos (Php 4,000) and it will be released in trenches following this schedule:

- | | |
|-----------|--|
| Php 2,000 | after the 2 nd month of treatment |
| Php 1,000 | after the 4 th month of treatment |
| Php 1,000 | after the completion of treatment |

Medical evaluation standards will be based on the Manual of Operations for the National Tuberculosis Control Program of the Department of Health.

Payment of benefits shall be reimbursed to the accredited TB-DOTS Center, which provided services to the qualified NHIP members and dependents. The Corporation shall determine distribution of payments in cases wherein a member avails of the TB-DOTS Benefit Package anytime during his/her treatment.

Payment to referral centers (microscopy centers and/or x-ray facilities) and referral physicians and other healthcare workers shall be settled by the accredited DOTS Center. Payment to these referral health care providers is covered by the TB-DOTS Benefit Package.

The Corporation shall not pay for any additional services rendered or for an extension of the treatment course.

Providers

The providers of the TB-DOTS Benefit Package shall be outpatient DOTS Centers duly accredited by PhilHealth. Accreditation will be based on standards developed by the Corporation developed in consultations with stakeholders. Quality Assurance Standards are based on the PhilHealth Benchbook. *(Please refer on the annexes for the Standards for Accreditation, Process of Accreditation and Accreditation Application Forms)*

A center that has no capability to provide diagnostic laboratory services should have an affiliated microscopy center that has acquired quality assurance certification from the

National Tuberculosis Program (NTP) of the Department of Health. A center should be able to refer patients needing x-ray services to a nearby facility. Likewise, physicians rendering consultation services in a DOTS Center should be duly accredited by PhilHealth.

The Philippine Coalition Against Tuberculosis (PhilCAT) will certify the capability of a facility as a provider of TB-DOTS services. A PhilCAT certification will ensure that the training and technical capabilities of a DOTS Center are appropriate. It shall also be the responsibility of PhilCAT to assess the capability of referral centers specially microscopy centers and x-ray facilities. DOTS Centers may be but not limited to the following: hospital-based clinics, HMO, LGU Health Units, factory clinics, church-based clinics, and school clinics. Aside from the NTP, the PhilHealth has recognized agencies and institutions that can provide training for TB-DOTS. PhilCAT will also coordinate with the NTP of the DOH for certifying government TB-DOTS Centers.

Coverage

All members and qualified dependents of NHIP may avail of TB-DOTS Benefit Package if they satisfy the "Criteria for Eligibility" and are not excluded by the "Criteria for Exclusion".

Criteria for Eligibility

- New cases of smear positive or smear negative pulmonary tuberculosis.
- New cases of extra pulmonary tuberculosis

Criteria for Exclusion

- PhilHealth shall not cover failure cases, relapse cases, RAD(smear positive) cases and other (smear positive) cases and cases of primary complex in children.

All members and dependents who qualified for the TB-DOTS Benefit Package may avail of services in the DOTS center where he/she is registered. Transfer to another accredited TB-DOTS center during the course of treatment shall be referred to a PhilHealth Committee for appropriate action.

Provision of NHIP Benefits

In accordance with Section 46 of the IRR of RA 7875, NHIP members and/or their dependents shall be entitled to the TB-DOTS Benefit Package if:

- The member has paid at least three (3) monthly premium contributions within the immediate six (6) months prior to availment of benefits.
- The member is covered within the date of effectivity of membership as stated in the ID Card of Indigent members or Eligibility Certificate of OWWA members.

Qualified dependents of an NHIP member are:

- Legitimate spouse who is not a member
- Unmarried and unemployed legitimate, legitimated, acknowledged and illegitimate children as appearing in the birth certificate, and legally adopted or stepchildren below twenty-one (21) years of age
- Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member of support
- Parents who are sixty (60) years old or above, not otherwise an enrolled member, whose monthly income is below an amount to be determined by the Corporation in accordance with the guiding principles set forth in the NHI Act

Patient Information and Education

The TB-DOTS Provider shall render services to a qualified NHIP member or dependents based on the Manual of Operations for the National Tuberculosis Control Program.

All PhilHealth accredited TB-DOTS Center shall post in a conspicuous area services that are covered by the TB-DOTS Benefit Package. All staff of an accredited TB-DOTS Center shall orient members and dependents of the implementing guidelines of the benefit package.

TB Registry

All patients who qualify for treatment with TB-DOTS whether NHIP beneficiary or not shall be recorded in the TB Registry of the TB-DOTS Center based on the Manual of Operations for the National Tuberculosis Control Program. The TB Registry will be used as part of the monitoring and evaluation system of PhilHealth and the National Tuberculosis Control Program.

Claims Reimbursement

Only PhilHealth accredited TB-DOTS center which were able to render services to eligible members and dependents can claim for the TB-DOTS Benefit Package. Claims should be filed within 60 days according to the benefit schedule.

The following documentation should be submitted to the Corporation:

1. Claim Form 1 (Member's and employer's Certification)
2. Claim Form (TB-DOTS Benefit Package)
3. Validated MI-5 at least one (1) quarter within six (6) months prior to first availment of benefit and validated MI-5 during all quarters from the period of the first availment until commencement of treatment for beneficiaries under the Individually Paying Program or

4. Certified True Copy of the ID Card for Indigent members clearly stating the date of effectivity of membership or
5. Certified True Copy of the Eligibility Certificate for OWWA members clearly stating the date of effectivity.
6. TB Registry of the TB-DOTS Center

In accordance with the treatment guidelines stated in the Manual of Operations for the National Tuberculosis Control Program, 2001, the PhilHealth claims medical evaluators may deny the reimbursement for that claim on a case to case basis. In cases of denial of claims, the provider may file an appeal with the Claims Review Unit for reconsideration.

Performance Monitoring of Providers

Section 82 of the IRR of RA 7875 mandates the Corporation to develop and implement a performance monitoring system of all health care providers which shall provide safeguards against over- and under-utilization of services, inappropriate referral practices and gross unjustified deviations from currently accepted practice guidelines and treatment protocols among others.

A profile of the performance of all accredited TB-DOTS Centers shall be generated using the following monitoring tools:

TB Registry Report

The TB Registry is a database of all patients being given anti-tuberculosis treatment. Envisioned to be an electronic system, this database shall be accessible to all TB-DOTS Centers, policy makers such as the DOH and PhilHealth and PhilCAT. Sharing of data between stakeholders will be facilitated by the technology infrastructure. The TB Registry should be able to provide the following information:

- Profile of patients according to NHIP membership (formal sector, individually paying, indigent, OWWA, non-NHIP member; member or dependent)
- Profile of patients according to type of patients (new, relapse, RAD, etc)
- Profile of patients according to outcome of treatment

Review of Claims Reimbursement for the TB-DOTS Benefit Package

PhilHealth through QARPDG shall review, summarize and analyze the utilization of the TB-DOTS Benefit Package based in the Claims Database every quarter. The Claims Processing Group shall also forward to the QARPDG a list of all denied and returned incomplete claims for the TB-DOTS Benefit Package. These information could likewise give PhilHealth an idea of who among the providers need further training and additional technical support.

On-site Inspection of Accredited TB-DOTS Centers

The PhilHealth Regional Office (PRO) shall conduct post-accreditation inspection of TB-DOTS Centers every quarter during initial implementation period and then every

semester upon national implementation of the TB-DOTS Benefit Package. The following activities shall be conducted during inspection:

- Monitoring of compliance to the Manual of Operations for the National Tuberculosis Control Program. This will include adherence to treatment protocols, inventory of cases and retrieval of defaulters, inventory and procurement of anti-TB drugs.
- Validation of entries in the TB Registry

Project Monitoring and Evaluation for Initial Implementation

The Corporation shall set performance indicators and outcome indicators for the TB-DOTS Program. Information may come from reports being generated by the TB Registry, Claims Processing Report and other sources, which may be identified.

Annex A: Definition of Terms

Case Finding	An activity to discover or find TB case
Case Holding	An activity to treat TB cases through proper treatment regimen and health education
Cure	A treatment outcome wherein a sputum smear positive patient who has completed treatment and is sputum smear negative in the last month of treatment and on at least one previous occasion.
Cure Rate	Cure rate is the proportion of the number of smear positive TB cases who are smear negative in the last month of treatment and on at least one previous occasion.
CXR	Chest x-ray
Defaulter	A treatment outcome wherein a patient whose treatment was interrupted for two consecutive months or more.
Died	A treatment outcome wherein a patient dies for any reason during the course of treatment.
DOH	Department of Health
DOT	Directly Observed Treatment. This is an activity wherein a trained health worker or treatment partner personally observes the patient to take anti-TB medicines every day during the whole course of the treatment of smear positive case.
DOTS	Directly Observed Treatment Short-Course. This is a comprehensive strategy to control TB, and is composed of five components. These are: <ol style="list-style-type: none">1. Government commitment to ensuring sustained, comprehensive TB control activities2. Case detection by sputum-smear microscopy among symptomatic patients self-reporting to health services. (passive case finding)3. Standard short course chemotherapy using regimens of six to eight months, for at least all confirmed smear positive cases. Complete drug taking through DOT by health workers during the whole course of treatment for all smear positive cases.4. A regular uninterrupted supply of all essential anti-tuberculosis drugs and other materials5. A standard recording and reporting system that allows assessment of case finding and treatment results for each patient and of the tuberculosis control program's performance overall.
Doubtful	A treatment outcome that occurs when a 3-sputum-smear examinations has only one positive result out of three smear examinations
Extra-pulmonary TB	A patient with at least one mycobacterial smear/culture positive from an extra-pulmonary site (organs other than the lungs: pleura, lymph nodes, genito-urinary tract, skin, joints and bones, meninges, intestines, peritoneum and pericardium, among others), or a patient with histological and/or clinical evidence consistent with active TB and there is a decision by a physician to treat the patient with anti-TB drugs

Failure Case	A patient who, while on treatment, is sputum smear positive at five months of later during the course of treatment.
MDR-TB	Multiple drug resistant TB. A condition which is resistant against at least isoniazid and rifampicin.
MT	Medical technologist
New Case	A patient who has never had treatment for TB or who has taken anti-tuberculosis drugs for less than one month
NTP	National Tuberculosis Control Program
Other Case	A patient who is starting treatment again after interrupting treatment for more than two months and has remained or became smear-negative or a sputum smear-negative patient initially before starting treatment and became sputum smear-positive during the treatment or a chronic case: a patient who is sputum positive at the end of a re-treatment regimen
PhilHealth	Philippine Health Insurance Corporation
PTB	Pulmonary tuberculosis
Relapse Case	A patient previously treated for tuberculosis who has been declared cured or treatment completed, and is diagnosed with bacteriologically positive (smear or culture) tuberculosis
Return after default (RAD) Case	A patient who returns to treatment with positive bacteriology (smear or culture), following interruption of treatment for two months or more.
Smear negative, PTB	A patient with at least three sputum specimens negative for AFB with radiographic abnormalities consistent with active TB, and there has been no response to a course of antibiotics and/or symptomatic medications, and there is a decision by a physician to treat the patient with anti-TB drugs
Smear Positive, PTB	A patient with at least two sputum specimens for AFB, with or without radiographic abnormalities with active TB, or a patient with one sputum specimen positive for AFB and with radiographic abnormalities consistent with active TB as determined by a clinician or a patient with one sputum specimen positive for AFB with sputum culture positive for M. tuberculosis
Sputum Microscopy for Diagnosis	The sputum smear examination done to TB symptomatic to establish a diagnosis of TB. Three sputum specimens should be collected
Sputum Microscopy for Follow-up	The sputum smear examination done to monitor the sputum status of a patient after treatment is initiated. Only one sputum specimen is collected, preferably the early morning phlegm.
TB	Tuberculosis
TB-DOTS Centers	Accredited facilities by the Philippine Health Insurance Corporation to provide services for TB-DOTS.
TB Symptomatic	Any person who presents with symptoms or signs suggestive of tuberculosis, in particular cough of long duration (for two or more weeks duration).
Transfer-in Case	A patient who has been transferred from another facility with proper referral slip to continue treatment.

Annex B: Standards for Accreditation

Standards for Accreditation of TB-DOTS Centers

- A. Service Capability
- B. Technical Standards
- C. Quality Assurance Activities

A Service Capability

A.1 MEDICAL SERVICES

The outpatient clinic is capable of delivering DOTS (Direct Observation Treatment, Short-course) and the operation of the clinic based on the Manual of Procedures for the National Tuberculosis Control Program, 2001 by the Department of Health.

The DOTS Center/Clinic is able to:

- 1) Assure the availability of drugs and other supplies through
 - a) Systematic drug procurement to sustain the program
 - b) Regular monitoring and inventory of anti-TB drugs and other supplies
- 2) Ensure quality program management through
 - a) Accredited training of their program implementers certified by the National Tuberculosis Control Program (NTP)
 - b) Compliance with monitoring and evaluation by PhilHealth
- 3) Ensure the quality of sputum smear examination through
 - a) Training of accredited medical technologist
 - b) Quality assurance by the NTBRL
- 4) Improve the treatment compliance of TB patients through
 - a) DOT (Direct Observation Treatment)
 - b) Health education to all patients
 - c) An effective retrieval system of defaulters
- 5) Provide a comprehensive information system through
 - a) Standardized recording and reporting system according to NTP
 - b) Timely submission of reports to the NTP
 - c) Regular data analysis
- 6) Ensure that any individual who does not qualify as a member of PhilHealth is referred/ managed accordingly.

A.2 DIAGNOSTIC SERVICES

A.2.1 Laboratory Services

Sputum AFB smear

Referral to a microscopy center that has acquired quality assurance certification from the NTP

A.2.2 Chest X-ray

The DOTS center should be able to identify a PhilHealth accredited center with x-ray services nearest to them.

B Technical Standards

Each facility must have the basic infrastructure/conditions, equipment and supplies necessary for the services offered by PhilHealth.

B.1 General Infrastructure:

- B.1.1 A large and clear sign bearing the name of the clinic with an additional sign indicating it as a “PhilHealth Accredited DOTS Center”
- B.1.2
- B.1.3 Generally clean and attractive environment both inside and outside
- B.1.4 Sufficient seating for patients in a well ventilated area with an industrial exhaust fan
- B.1.5 Adequate lighting
- B.1.6 Sputum collection area with appropriate ventilation to prevent transmission
- B.1.7 Covered water supply – sufficient for hand-washing and for comfort rooms or toilets
- B.1.8 Covered garbage containers with color-coded segregation and proper disinfections before disposal
- B.1.9 Examination room with privacy
- B.1.10 Examination table with clean linen
- B.1.11 Cleaning supplies for the facility and clinical instruments

B.2 Equipment and Supplies

- B.2.1 TB Drugs as recommended by the NTP sufficient for the registered TB patients
- B.2.2 Microscope for DOTS center providing on-site microscopy services
- B.2.3 AFB Reagents for DOTS center providing on-site microscopy services
- B.2.4 Glass slides for DOTS center providing on-site microscopy services
- B.2.5 Cover slips for DOTS center providing on-site microscopy services
- B.2.6 Sputum collecting containers
- B.2.7 Stethoscopes
- B.2.8 Weighing scales
- B.2.9 Disposable gloves in examining rooms
- B.2.10 Disposable needles and syringes
- B.2.11 Sharps containers
- B.2.12 Sterile cotton swabs
- B.2.13 Patient record forms
- B.2.14 Decontamination solutions
- B.2.15 All NTP forms and logbook
- B.2.16 Patient education materials for TB

B.3 Clinic Staff

Outpatient clinics must have at least:

DOTS Center administrator (can be any one of the full time staff)

Physician (part-time)

(1) Medical Technologist (full-time if with microscopy service)

(1) Nurse /Midwife (full-time)

Diagnostic committee

B.3.1 PHYSICIAN

Duly licensed by PRC certified by PhilCAT or trained by NTP in DOTS.

B.3.2 NURSE or MIDWIFE

Registered Nurse/Midwife trained to deliver competent care in a DOTS center.

B.3.3 MEDICAL TECHNOLOGIST (for DOTS center providing on-site microscopy services)

Registered and PRC licensed Medical Technologist trained under the NTP training program for medical technologists.

B.3.4 DIAGNOSTIC COMMITTEE

A group of specialists composed of Radiologist, Pulmonologist and/or Infectious Disease Consultant who will decide on asymptomatic cases whose diagnosis is doubtful (result shows only one positive out of three sputum specimens examined)

C Quality Assurance Activities

THE NEW PHIL HEALTH ACCREDITATION STANDARDS FOR HEALTH PROVIDER ORGANIZATIONS

C.1 PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

Goal: to improve patient outcomes by respecting patients' rights and ethically relating with patients and other organizations.

C.1.1 Patients' right to quality care and their responsibilities in that care are respected and supported by organizational policies and procedures.

Criteria: Informed consent is obtained from patients prior to initiation of care.

INDICATOR: CONTRACT OF AGREEMENT/PATIENT'S CONSENT FORM FOR TB TREATMENT

Criteria: Policies and procedures to identify and address patients' rights and responsibilities are documented and followed

Criteria: Patients receive written statements of their rights and responsibilities.

INDICATOR: CONTRACT OF AGREEMENT/PATIENT'S CONSENT FORM FOR TB TREATMENT

C.1.2 The organization encourages and promotes opportunities to involve patients and their families in their care.

Criteria: Policies and programs to educate patients and families on how to take a more pro-active role in health care decision-making are documented, followed and evaluated for their effectiveness. The DOTS center protects patients and respects their rights during research involving human subjects.

INDICATORS:

- EDUCATIONAL SEMINAR/CLASS ON TB
- ATTENDANCE SHEETS
- REPORTING OF ADVERSE EFFECTS IN FORMS OR LOGBOOKS

Criteria: Patients and their families are involved in resolving dilemmas involving care decisions of the TB patient

INDICATORS:

- EDUCATIONAL SEMINAR/CLASS ON TB
- ATTENDANCE SHEETS
- REPORTING OF ADVERSE EFFECTS IN FORMS OR LOGBOOKS

C.1.3 The organization documents and follows policies and procedures for addressing the patients' needs for confidentiality, privacy, security, and communication.

Criteria: Clinic staff is aware of and follows policies and procedures in addressing patient's needs for confidentiality, privacy, security, counseling and communication.

INDICATOR: CONTRACT OF AGREEMENT/PATIENT'S CONSENT FORM

Criteria: The clinic systematically determines, monitors and improves the extent to which patient's needs for confidentiality, privacy, security, counseling and communication are addressed.

INDICATOR: TB CLINICS WRITTEN POLICY

C.1.4 The organization systematically elicits, monitors and acts upon feedback from patients, their families, visitors and communities.

Criteria: Policies and procedures for routinely determining and improving the level of patient satisfaction with all relevant aspects of care are documented and followed.

INDICATOR: PATIENT SATISFACTION FORM

Criteria: Policies and procedures for addressing and resolving patients' complaints are documented and followed.

INDICATOR: SUGGESTION BOX and WEEKLY MEETINGS WITH TB PARTNERS AND ACTIONS ON ISSUES RAISED

C.1.5 The organization's personnel discharge their functions according to codes of ethical behavior and other relevant professional and statutory standards.

Criteria: The organization identifies and monitors the compliance of its personnel with the code of ethics relevant to their respective disciplines.

INDICATOR: POLICY HANDBOOK/ADMINISTRATIVE HANDBOOK

Criteria: Procedures for resolving ethical issues related to professional practice or to conflicts of interest are based on the relevant code of ethics and other professional and legal standards.

INDICATOR: POLICY HANDBOOK/ADMINISTRATIVE HANDBOOK

Criteria: The organization identifies relevant codes of professional conduct and other statutory standards and promulgates them to its personnel.

INDICATOR: POLICY HANDBOOK/ADMINISTRATIVE HANDBOOK

C.1.6 The clinic documents and follows procedures for resolving ethical dilemmas as they arise from patient care.

Criteria: Procedures for resolving ethical issues that arise in the course of providing care are followed and monitored for their effectiveness.

C.2 PATIENT CARE STANDARDS

C.2.1 ACCESS

Goal: The organization is accessible to the community that it aims to serve.

C.2.1.1 The organization informs the community about the services it provides and the hours of their availability.

Criteria: Information detailing the clinical services offered and hours of their availability is strategically distributed and prominently posted.

INDICATOR: "SIGNAGE" IN FRONT OF CLINIC

Criteria: The availability of clinical services is consistent with the service capability and purported community role of the organization and are appropriate to patient needs.

INDICATOR: "SIGNAGE" IN FRONT OF CLINIC (REFER TO STRUCTURAL CHECKLIST)

Criteria: The community is aware of clinical services offered and times of availability.

INDICATOR: "SIGNAGE" IN FRONT OF CLINIC

C.2.1.2 Physical access to the organization and its services is facilitated and is appropriate to patient's needs.

Criteria: Entrances and exits are clearly and prominently marked, free of any obstruction and readily accessible.

Criteria: Directional signs are prominently posted to help locate service areas within the organization.

INDICATOR: "SIGNAGE" IN FRONT OF CLINIC

Criteria: Alternative passageways for patients with special needs (e.g., ramps) are available, clearly and prominently marked and free of any obstruction.

INDICATORS:

- BUILDING PERMIT
- PRESENCE OF RAMPS

Criteria: Major service areas have nearby waiting facilities that are clean, well-lit, adequately ventilated and equipped with appropriate fixtures and furniture.

(REFER TO STRUCTURAL CHECKLIST)

Criteria: The organization documents and follows policies and procedures and provides resources for the safe and efficient direction of patients, their significant others and staff traffic.

Criteria: Patients, their significant others and staff can efficiently and safely move within the confines of the organization.

C.2.2 ENTRY

Goal: The entry processes meet patient needs and are supported by effective systems and a suitable environment.

C.2.2.1 Patients receive prompt and timely attention by qualified professionals upon entry.

Criteria: Patient waiting times are routinely monitored, evaluated and improved based on standards and procedures that have been developed by the organization. Depending on their needs, patients are seen within the planned waiting period.

INDICATOR: PATIENT SATISFACTION FORM

Criteria: Patients are informed of the cause of any delay in consultation.

INDICATOR: PATIENT SATISFACTION FORM

Criteria: Patients are satisfied with the actual waiting time.

INDICATOR: PATIENT SATISFACTION FORM

C.2.2.2 The organization documents and follows policies and procedures and provides resources to ensure proper patient triaging.

Criteria: The staff follows policies and procedures in determining and prioritizing the patient's clinical needs and in identifying clinical services that will best address them.

INDICATOR: PATIENT SATISFACTION FORM

Criteria: The staff follows policies and procedures in determining admissibility of patients or the need for referral to other organizations.

INDICATORS:

- LOGBOOK INDICATING REFERRAL TO OTHER ORGANIZATION
- DIRECTORY BOOK OF CLINICS AND HOSPITALS
- REFERRAL POLICY AND REFERRAL FORMS

Criteria: Patients are correctly and efficiently assigned to the clinical services appropriate to their needs.

INDICATOR: DIRECTORY BOOK OF CLINIC AND HOSPITALS

C.2.2.3 The organization uniquely identifies all patients and creates a specific medical record for each patient that is readily accessible to authorized personnel.

Criteria: All patients are correctly identified by their medical records.

INDICATOR: PATIENT MEDICAL RECORDS

Criteria: The medical records contain identifiers unique to each patient.

INDICATORS:

- PATIENT'S PHIC NUMBER
- NATIONAL TB REGISTRY NUMBER

Criteria: Medical records are appropriately and systematically indexed to facilitate retrieval and storage and to avoid duplication or loss.

INDICATORS:

- PRESENCE OF GOOD FILING SYSTEM
- COMPUTER CONTAINING PATIENTS DATABASE

C.2.2.4 The health professional responsible for the care of the patient obtains informed consent for treatment.

Criteria: Prior to start of treatment, patients and/or their significant others are appropriately informed by qualified personnel of their disease, condition or disability, its severity, and likely prognosis, the benefits, harms and adverse effects of various treatment options, and the likely costs of treatment.

INDICATOR: CONTRACT OF AGREEMENT/PATIENT CONSENT FORM

C.2.3 ASSESSMENT

Goal: Comprehensive assessment of every patient enables the planning and delivery of patient care.

C.2.3.1 Each patient's physical, psychological and social status is assessed.

Criteria: An appropriately comprehensive history and physical examination is performed on every patient. The history includes present illness, past medical, family, social and personal history.

INDICATOR: TB TREATMENT FORM

Criteria: Whenever appropriate, mental status examinations, psychological evaluations and nutritional and functional assessments are performed on the patient.

C.2.3.2 Appropriate professionals perform patient assessment that is coordinated and sequenced to reduce waste and unnecessary repetition.

Criteria: Based on collaboratively developed policies and procedures, the initial assessments are done by qualified personnel in an efficient and systematic manner that avoids repetition.

INDICATOR: MANUAL OF PROCEDURES FOR THE NATIONAL TUBERCULOSIS CONTROL PROGRAM 2001

Criteria: The order of assessment is determined by the prioritized patient's needs

Criteria: The optimal order of assessment could be pre-determined through clinical pathways based on clinical practice guidelines, or other forms of evidence

Criteria: The information obtained from previous assessments is reviewed at every stage of the assessment to guide future assessments.

C.2.3.3 Assessments are performed regularly and are determined by patients' evolving response to care.

Criteria: During the course of managing the patient, the clinical status is re-assessed according to the patient's needs by qualified personnel.

INDICATOR: REPEAT SPUTUM

Criteria: An unexpected change in the patient's condition results in re-assessment.

INDICATOR: LOGBOOK AND REFERRAL

Criteria: Re-assessment results in a review of the patient's management.

C.2.3.4 Assessments are documented and used by members of the health care team to ensure effective communication and continuity of care.

Criteria: Legible written records of the initial and ongoing assessments are accomplished for each patient and kept in the medical record.

Note: Results of re-assessment may be documented as problem-oriented progress notes in SOAP (subjective complaints / objective findings / assessment / plan) form for each patient and kept in the medical record.

Criteria: The medical records are stored in an area that is safe and accessible to all members of the health care team, and whenever appropriate, to external providers.

C.2.3.5 Diagnostic examinations appropriate to the provider organization's service capability and normal case mix are available and are performed by qualified personnel.

Criteria: Policies and procedures for the standard performance, monitoring and quality control of diagnostic examinations are documented and followed.

INDICATOR: THE CLINIC APPLIES THE POLICIES AND PROCEDURES OF NTP

Criteria: Policies and procedures for accessing and referring patients to approved external providers when diagnostic services are not available within the provider organization are documented and followed.

INDICATOR: THE CLINIC APPLIES THE POLICIES AND PROCEDURES OF NTP

C.2.3.6 Assessments of patients with special needs are determined by policies and procedures that are consistent with legal and ethical requirements.

Criteria: Policies and procedures identify patients with special needs and the specific types of assessment appropriate to their needs.

INDICATOR: TB CLINICS WRITTEN POLICY

Note: Patients with special needs include infants, children, adolescent, the elderly and the disabled, victims of alleged or suspected sexual abuse or violence, patients with emotional or behavioral disorders, patients with drug dependencies or alcoholism.

C.2.4 CARE PLANNING

Goal: A coordinated plan of care with goals is developed by the health care team in partnership with the patient.

C.2.4.1 The care plan addresses the relevant clinical, social, emotional and spiritual needs of the patient.

Criteria: The plan includes the goals to be achieved, services to be provided, patient education strategies to be implemented, time frames to be met, resources to be used and the delineation of responsibilities.

Note: Clinical pathways derived from clinical practice guidelines and other types of clinical evidence should be developed or implemented.

C.2.4.2 The care plan is consistent with the National TB Policies and Procedures

Criteria: The care plan is developed by a multidisciplinary team of health professionals within the organization.

INDICATOR: DIAGNOSTIC COMMITTEE

Criteria: The care plan is developed from searching and appraising published scientific literature.

INDICATOR: DIAGNOSTIC COMMITTEE

Criteria: In developing the care plan, expert judgment, practice standards and patient's values have been considered.

INDICATOR: DIAGNOSTIC COMMITTEE

C.2.4.3 The organization ensures that information about the patient's proposed care is clear and readily accessible to the designated multidisciplinary carers and other relevant persons.

Criteria: Care planning is documented in the medical record.

Criteria: Clinical pathways, algorithms and problem-oriented notes in SOAP format are incorporated in the medical record.

C.2.5 IMPLEMENTATION OF CARE

Goal: Care is delivered to ensure the best possible outcomes for the patient.

C.2.5.1 Care is delivered in a timely, safe, appropriate and coordinated manner according to care plans

Criteria: In the management of clinical pathway-covered conditions, the order and timing of treatments follow the pathway.

Criteria: Orders for treatments are implemented within time intervals established by the organization.

Criteria: Referrals to other specialties are made according to established pathways or guidelines.

Criteria: Results of referrals are communicated to relevant members of the health care team and are considered in the management.

C.2.5.2 Rights and needs of patients are considered and respected by all staff.

Criteria: The patient's wish to decline tests or treatments is respected.

Criteria: Before a test or treatment is administered, patients receive explanations on the nature of and need for the test or treatment, its likely effects and side effects and what patients can do to cope with them.

C.2.5.3 Care is coordinated to ensure continuity and to avoid duplication.

Criteria: Policies and procedures that determine the extent of duplicate assessments and treatments performed by trainees are documented, are followed and respect patients' rights.

C.2.5.4 Education is provided by appropriate personnel to help the patients and/or their significant others understand their diagnosis, prognosis, treatment options, health promotion and illness prevention strategies

Criteria: The organization documents and implements policies and procedures and provides resources to promote interactive, appropriate and relevant educational programs for patients.

Criteria: Patients are aware of their roles and responsibilities in their health care.

C.2.5.5 Drugs are administered in a standardized and systematic manner throughout the provider organization.

Criteria: Drugs are administered in a timely, safe, appropriate and controlled manner.

Criteria: The provider organization documents and follows policies and procedures and allocates resources for the training, supervision and evaluation of professionals who administer drugs.

Note: The Generics Act, National Drug Policy and the Phil Health "Positive" List of Reimbursable Drugs as examples of these government policies.

Criteria: Only qualified personnel order, prescribe, prepare, dispense and administer drugs. Regular review of prescription orders is undertaken by appropriately trained staff to ensure safe and appropriate use of drugs

Note: This is to ensure that prescriptions are written correctly (e.g., in generic form), and that precautions for drug-drug and drug-food interactions have been adequately addressed.

Criteria: Prescriptions or orders are verified and patients are identified before medications are administered.

Criteria: Telephone orders are countersigned by the ordering physicians not later than standards set by the organization and based on statutory requirements.

Criteria: Discontinued or recalled drugs are retrieved and safely disposed according to established policies and procedures.

Criteria: Drugs are selected and procured based on the organization's usual case mix and according to policies and procedures that are consistent with scientific evidence and government policies.

Criteria: Drug administration is properly documented in the medical record.

Criteria: Policies and procedures for detecting, reporting and monitoring adverse effects are documented and followed.

C.2.5.6 Treatment procedures are performed in a standardized and systematic manner throughout the provider organization.

Criteria: Treatment procedures are performed in a timely, safe, appropriate and controlled manner.

Note: The processes of performing the most common treatment procedures should be documented in flowcharts. See Part 3 Documentation section on Flow Chart for more information.

Criteria: The provider organization documents and follows policies and procedures and allocates resources for the training, supervision and evaluation of professionals who perform procedures.

Criteria: Only qualified personnel order, plan, perform and assist in performing procedures.

Criteria: Orders are verified and patients are identified before treatment procedures are performed.

Note: Arm banding may be one method for identifying patients for surgery. The actual operative site may be marked indelibly beforehand.

Criteria: Treatment procedures are legibly and accurately documented in the medical chart by qualified personnel.

Note: Treatment records should document who did what to whom when and for what indication. An appropriately adequate description of the procedure and the operative findings should be included.

Criteria: Medical devices and equipment are used, maintained, stored and disposed based on technical specifications.

Criteria: Medical devices and equipment are selected and procured based on the organization's case mix, staff expertise, service capability and according to policies and procedures that are consistent with scientific evidence and government policies.

C.2.5.7 The care of patients with special needs is determined by policies and procedures that are consistent with legal and ethical requirements.

Note: Patients with special needs include infants, children, adolescent, the elderly and the disabled, victims of alleged or suspected sexual abuse or violence, patients with emotional or behavioral disorders, patients with drug dependencies or alcoholism and those who are in restraint or seclusion

C.2.6 EVALUATION OF CARE

Goal: The health care team routinely and systematically evaluates and improves the effectiveness and efficiency of care delivered to patients.

C.2.6.1 Data relating to processes and outcomes of patient care are analysed to provide information for care improvement.

Criteria: The organization routinely collects process and outcomes data from its provision of patient care.

Criteria: The organization provides resources for the formal and collaborative evaluation of care using analysis of process and outcomes data.

Criteria: Results of evaluation of care are fed back to the caregivers concerned.

Criteria: Results of evaluation of care are routinely presented and discussed in meetings of top management.

C.2.6.2 The health care team takes action to address any improvements required.

Criteria: Evaluation of care leads to formal and collaborative performance improvement activities that harness the resources of appropriate services.

C.2.6.3 Quality improvement activities are documented, enable continuous quality improvement and incorporate the following elements:

monitoring, assessing, analysing and evaluating activities

taking appropriate and timely action

evaluating the effectiveness of any action taken

feeding back results

Note: There are many clinical tools that can be used to improve aspects of care. The main problem solving tool is the Plan – Do – Check – Act cycle. Refer to the Tool Selector in Part 3 Actions for Improvement section for guidance on your choice of tools appropriate for each phase of the cycle. Discussions on the uses and methods of each problem-solving tool follow. Also refer to Quality Circles and Quality Teams section in Part 3 for guidance on how to organize these quality improvement groups within your organization.

C.3 LEADERSHIP AND MANAGEMENT

C.3.1 THE MANAGEMENT TEAM

Goal: The organization is effectively and efficiently governed and managed according to its values and goals, to ensure that care produces the desired health outcomes and is responsive to patients' and community needs.

C.3.1.1 The provider organization's management team provides leadership, act according to the organization's policies and has overall responsibility for the organization's operation, the quality of its services and its resources.

C.3.1.2 The organization's management team ensures there are effective working relationships within the organisation, with the community and with other relevant organizations and individuals.

C.3.1.3 Terms of reference, membership and procedures are defined for the meetings of all committees within the organization. Minutes of meetings are recorded and confirmed.

C.3.1.4 The organization's management team regularly assesses its own performance and the performance of the organization.

C.3.1.5 The organization develops and implements policies and procedures covering the major services and aspects of operations.

Criteria: The organization develops its mission, vision and corporate goals based on agreed upon values.

Criteria: The organization's by-laws, policies and procedures support care delivery and are consistent with its goals, statutory requirements, accepted standards and its community and regional responsibilities

Criteria: Compliance with the organization's policies and procedures occurs throughout the organization. Policies and procedures are reviewed and revised as necessary.

Criteria: The organization communicates its policies and procedures to all levels of the workforce.

Note: Total quality management begins with commitment and tangible support of the top leaders of the organization. Refer to Part 1 section on What is Quality of Care for a discussion on its importance to the organization's survival and on how it can be assessed

and improved. Also refer to Part 3 section on How to Implement a Performance Improvement program for a step by step instruction on how to establish a total quality management program in your organization.

C.3.2 EXTERNAL SERVICES

Goal: The organization ensures that services provided by external contractors meet appropriate standards.

C.3.2.1 Documented agreements and contracts cover external service providers and specify that the quality of services provided must be consistent with appropriate nominated standards.

C.4 HUMAN RESOURCES MANAGEMENT

C.4.1 HUMAN RESOURCES PLANNING

Goal: The organization provides the right number and mix of competent staff to meet the needs of its internal and external customers and to achieve its goals.

C.4.1.1 Planning ensures that appropriately trained and qualified (and where relevant credentialed) staff are available to undertake the type and level of activity performed by the organization. This includes those who are consulted when suitable expertise is not available within the organization.

Criteria: The organization defines the qualifications and competencies of its staff.

Criteria: The organization documents and follows policies and procedures for hiring, credential and privileging of its staff.

C.4.1.2 Workload monitoring and reference to appropriate guidelines is used to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.

Criteria: Staff numbers and skill mix are based on actual clinical needs.

Note: The clinic may document and analyze information from daily patient loads, utilization rates of services, turnaround times, etc to determine staff size and mix.

Criteria: Appropriate policies and procedures are followed to temporarily compensate for and to definitively address inadequacies in staff numbers or expertise.

C.4.2 STAFF RECRUITMENT, SELECTION, APPOINTMENT AND RESPONSIBILITIES

Goal: The organization appoints staff through a recruitment, selection and appointment procedure that complies with statutory requirements and is consistent with the organization's human resource policies.

[Note: Staff in this context refers to employees, contractors and other service providers.]

C.4.2.1 The recruitment, selection, appointment and reappointment procedure ensures appropriate competence, training, experience, licensing and credentialing of all appointees.

Criteria: The organization defines, disseminates and ensures compliance with policies and procedures for recruiting, selecting and appointing personnel.

Criteria: The recruitment and selection process is open and transparent, is consistent with legal and ethical requirements and allows a fair and unbiased evaluation of the qualifications and competencies of all applicants.

Criteria: Relevant staff members participate in developing and implementing the process of recruitment, selection and appointment.

Criteria: The process of selection and appointment and evidence of compliance with selection or appointment standards by the staff are documented

Criteria: The currency of relevant licenses is routinely monitored to facilitate renewal. Evidence for continuing education and training of the staff is routinely monitored and assessed.

C.4.2.2 On appointment, staff members receive a written statement of their accountabilities and responsibilities that specifies their role and how it contributes to achieving the organizational goals and maintaining quality of care. The statements are reviewed as necessary.

Criteria: Written job descriptions are given to and discussed with all newly appointed staff members.

C.4.2.3 Staff members are accountable for the care and or services they give and for their delineated responsibilities.

Criteria: The organization ensures the accountabilities and responsibilities of staff are consistent with their qualifications, training, experience, registration and licensure.

Annex C: Checklist of Requirements for Accreditation

Name of TB-DOTS Center: _____

Address: _____

	1. PhilHealth application form properly accomplished
	2. Complete list of staff with respective designations
	3. Mayor's permit
	4. List of equipment and supplies
	5. List of available drugs in the DOTS Center
	6. Certification from NTP as TB microscopy center
	7. Certification from PhilCAT
	8. MOA with a microscopy center, if without laboratory facility
	9. MOA with an x-ray facility, if without an x-ray facility
	10. Current photographs of DOTS Center façade and other facilities (optional)
	11. Current photographs of complete DOTS Center staff
	12. Current standard operating procedures
	13. Quality Assurance activities
	14. Accreditation Fee of Php 1000 by postal money order payable to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.

Document Submitted to PRO:

Date Received: _____

Received by: _____

Date refiled: _____

Region: _____

To PhilHealth Central Office

Date Received: _____

Received by: _____

Assessed by: _____

Annex D: Application For Accreditation



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor City State Centre, 709 Shaw Blvd. Oranbo, Pasig City P.O. Box 768

Tel No. 637-62-65 Trunk line 637-99-99 loc 1223, 1216, Telefax. 637-25-27

E-mail: Accre@philhealth.gov.ph

**APPLICATION FOR ACCREDITATION
(TB-DOTS CENTER)**

Date

THE PRESIDENT

Philippine Health Insurance Corporation
Quezon City, Philippines

SIR:

I, _____, Filipino of legal age, _____ with address
(Position/ Designation)

at _____ and the duly authorized representative to
act for and in behalf of _____, hereby applies for accreditation
(Health Care Institutions)

under Sec. 16 L of R.A. 7875 and its Implementing Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary requirements.

D PART I – GENERAL INFORMATION

TB-DOTS CENTER: _____

Complete Address: _____ Postal Code: _____

Tel No.: _____

Date established: _____

Microscopy Center Affiliation: _____
(if applicable)

District hospital affiliation: _____
(if applicable)

A. Clinic Facilities

General Infrastructure

1. Building
 - Concrete
 - Semi-concrete
 - Wood
 - Old Structure
 - Renovated
 - New structure
2. Sanitation and safety standards
 - a. Water supply _____
 - b. Electric power _____
 - c. Covered garbage containers with color-coded segregation
3. Clinic condition
 - Receiving area
 - Large and clear sign bearing name of the TB-DOTS Center
 - Additional sign indicating it as a "PhilHealth" Accredited Provider
 - Generally clean environment
 - Adequate lighting
 - Examination room with privacy
 - Examination table with clean linen
 - Cleaning supplies for the facility and clinical instruments

Equipment and Supplies

- Microscope, if a certified microscopy center
- Reagents
- Glass slides and cover slips
- Test strips for qualitative analysis for urine
- Applicator stick
- Thermometer
- Stethoscopes
- Sphygmomanometer
- Weighing scales
 - Beam scale
 - Ming scale
- Disposable gloves in examining rooms
- Disposable needle and syringes
- Sharps containers
- Sterile cotton and swabs
- Covered pan and stove
- Patient record forms
- Inventory logbooks
- Decontamination solutions

CLINIC STAFF

	Name	PRC No.	Validity	PHIC No.	Validity	Signature
Physician						
Nurse				N/A		
Midwife				N/A		
Med. Tech.				N/A		

Diagnostic Services

Laboratory Examination:

- CBC
- Urinalysis
- Fecalalysis
- Sputum microscopy

Chest X-ray Examination Referred

to: _____
Name & Address of Facility

C. QUALITY ASSURANCE ACTIVITIES (OPTIONAL – serves as survey only)

Check any of the following activity if available:

Quality assurance documents:

REMARKS

- Quality assurance handbook
- Mission/Vision
- Annual report
- Action plans

Leadership capability

- Medical management
- Financial management
 - a) Involvement in budget preparation
 - b) Financial reports
- Supervision/Managerial
 - a) Regular staff meetings on clinic management

Process control based on standards

- Standards for specific management (CPG)
 - a) Posters on treatment protocols (e.g. Diarrhea, Rabies, Pneumonia, etc)
- Standards for patient education
 - a) Brochures
 - b) Mother's class
- Standards for referral
 - a) Referral forms
- Training on Rational Drug Use

Human Resource Management

- Training/ education of management
- Continuous education based on priorities
- Participation in QA activities within regular working hours
- Systematic feedback to RHU Staff

Quality Improvement Procedures

- () Satisfaction survey among patients
- () Satisfaction survey among employees
- () Utilization of individual care plans
- () Management Information system

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief

Date Accomplished

Municipal Mayor

Res. Cert. No. _____

Issued at: _____

Issued on : _____