

# **CERTIFICATION SURVEYORS TRAINING PROGRAM**

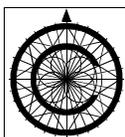
## **FINAL REPORT**

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March 30, 2004



**USAID/Philippines**



**Chemonics International Inc.**  
**Contract No. 492-C-00-02-00031**

This study received support from the Office of Population, Health and Nutrition (OPHN), Philippine Mission, United States Agency for International Development, under the terms of Contract No. 492-C-00-02-00031-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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# **CERTIFICATION TRAINING PROGRAM**

## **FINAL REPORT**

### **INTRODUCTION AND BACKGROUND**

The Philippine Tuberculosis Initiatives for the Private Sector (PhilTIPS) is a three-year project funded by the United States Agency for International Development (USAID) that aims to contribute to the reduction of the prevalence of tuberculosis (TB) in the Philippines. The project aims to increase accessibility to and the quality of TB services by focusing on improvement and standardization of TB control and management in the private sector using the World Health Organization endorsed Directly Observed Treatment - Short-course (DOTS) method. The project objective is to achieve an 85% success rate for cases in private sector sites where the project will have direct intervention.

The certification of TB DOTS Centers, using predetermined and agreed standards, is an important element of the overall project. Certification can ensure that TB DOTS Centers have proper abilities and support systems to provide standardized care of a high quality. Certification achieves this by requiring TB DOTS providers to possess the requisite training and skills and the TB DOTS Centers to have suitable physical environments, to have the necessary equipment and supplies and to have effective systems of information and management.

The Philippine Health Insurance Corporation (PhilHealth) recently introduced the Tuberculosis Outpatient Benefit Package based on the DOTS method. This serves as a major financial incentive for providers to support the DOTS method. In addition, PhilHealth endorsed the Philippine Coalition Against Tuberculosis (PhilCAT) as the certifying organization for PhilHealth.

Early in 2003, PhilTIPS designed a certification system that included a set of standards and criteria, review processes, re-certification standards, quality assurance plans, training plans and evaluation plans. Between March and August of 2003, PhilCAT assessed the performance of 18 TB DOTS Centers using the PhilTIPS-designed certification system. This was part of a piloting process to test both the standards and the certification system. Eleven DOTS Centers were assessed as meeting the standards. Eight have been subsequently accredited by PhilHealth.

A small cadre of mostly Manila-based surveyors completed the piloting process. There is now a need to train a sufficient group of surveyors to meet the workforce needs for the next phase of the development of the certification program. Furthermore, to meet the needs of the program, they will need to be drawn from the various regions of the Philippines.

### **PROJECT OBJECTIVES**

The Consultants were required to develop a training program and conduct three training workshops for potential TB DOTS Center surveyors. The training program was to be based on the materials developed by the PhilTIPS project and the evaluations of the initial

certification pilots. The workshops were to be conducted in three regions of the Philippines (Luzon, Visayas and Mindanao) to ensure there were adequate numbers of trained surveyors throughout the Philippines to meet the workforce needs of the program for the next twelve months.

The over-arching objective of this consultancy was to improve the quality of care provided to persons with TB and to minimize the burden of disease on the Republic of the Philippines. The Consultants worked to achieve this objective by recommending international best practice in a manner that is appropriate to the Philippine environment.

## **PROJECT APPROACH**

The Consultants worked closely with the PhilTIPS Field Office staff, PhilCAT and appropriate PhilHealth and Department of Health staff to identify key issues and to add maximum value within this project's relatively short contract period.

It was recognized that this consultancy is one of a number projects focusing on reforms in the management of TB. The Consultants ensured that the outcomes of this consultancy support and complement, as appropriate, the National Tuberculosis Program.

For this consultancy, an evidence-based, consultative approach was used. Available documents were examined and consultations were held with PhilTIPS Field Office staff, PhilCAT members, appropriate PhilHealth and Department of Health staff. However, because the time available was short, there was considerable reliance on the extensive knowledge and experience of the two Consultants engaged in this project.

## **THE GOALS OF SURVEYOR TRAINING**

Surveyor training provides PhilCAT with a set of competent and credible staff that would act for and on its behalf in its critical interface with DOTS service providers. Ongoing training assures that PhilCAT surveyors possess up to date knowledge and skills in evidence-based assessment and quality improvement advocacy. This approach adds value to their visits to the DOTS Centers and engenders a give-and-take partnership with surveyors and DOTS Centers well positioned to learn from each other and build on best practices of other DOTS Centers.

## **RECRUITMENT AND SELECTION OF SURVEYORS**

### **THE NUMBER OF CERTIFICATION SURVEYORS TO BE TRAINED**

The Consultants were informed by the PhilTIPS team that about 200 TB DOTS Centers have been envisaged to be certified by PhilCAT within the lifespan of the project. The PhilTIPS team also agreed with the Consultants' recommendations that two surveyors would generally be appropriate to survey each applicant DOTS Center within one full day (this includes travel time, assuming that locally-based surveyors would be used). These considerations translate into a need for 400 surveyor days. An allowance must be made for a small percentage of surveys that would take more than one day to complete because of travel considerations. The

Consultants recommend an allowance of 20% based on local advice. This translates to 480 survey days. If a surveyor could be relied upon to complete approximately 4 survey days a year, then about 60 surveyors are needed. Additionally, if a reserve pool of about 15 surveyors (about 33% of the required 60 surveyors) is needed to substitute for absent scheduled surveyors, then the required number of surveyors could total 80. Finally, allowing for 25% dropouts among the trainee batch within the next two years, a total of 100 people must be recruited and trained.

Furthermore, there is an optimal size for an effective training workshop. The workshops must be interactive and allow for interaction between the trainee surveyor and the workshop leaders. The Consultants believe the optimal number that can be trained at a time is 20 surveyors. The Scope of Work document identifies 20 trainees per workshop. This number can be expanded to 25 per workshop, however the Consultants indicated earlier in the Inception Report that this would not be ideal.

Thus, the 3 workshops given by the Consultants must be seen as only the first in a series of about 5 to 6 induction training sessions needed to produce an adequate number of quality surveyors to meet the needs of the certification program for the next 2 years.

#### **THE MIX OF CERTIFICATION SURVEYORS**

Because the call for participants to the training workshop was made through the existing regional offices of the DOH, PhilHealth and PhilCAT, the final mix of surveyors closely reflected the representations of these three organizations. However, the Consultants were careful to point out that the basis for selection of participants was not the position held or representation as they have previously recommended.<sup>1</sup> This was accomplished by several ways:

1. by explicitly stating that competence and commitment mattered more than official titles or affiliation;
2. by emphasizing that they were to work as PhilCAT “ambassadors” and not their offices’ representatives;
3. by cautioning them that whatever preconceived notions they had about regulatory surveys or about the organizations they would be surveying should be left behind; and
4. by emphasizing that performance measurement would be the main mechanism for retaining or de-selecting them.

The participants appeared to have received and understood these messages well.

#### **LOCALIZATION OF SURVEYORS**

At the moment there is no clear plan for the strategic localization of surveyors. Similarly, there has not been a uniform development of TB DOTS Centers throughout the Philippines. But because of the way the participants were chosen, the Consultants obtained an equal distribution and mix of surveyors within each of the 16 Administrative Regions of the

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<sup>1</sup> Smith DA, Acuin JM, Perez J, Asanza M. TB DOTS Provider Certification Program, Tuberculosis Initiatives for the Private Sector, Final Report, 25 August 2003.

country. This would mean that all regions would have the same number of available surveyors and that local travel costs could probably be controlled. However, because the 37 applicant DOTS Centers as well as the rural health units (RHUs) that could potentially seek accreditation are not uniformly distributed throughout the country, these applicants would not really have equal access to surveyors. This also means that some surveyors might be busier than others such that burnout could threaten the overworked while skills could decay among the underutilized surveyors.

### **SELECTION CRITERIA**

Although limited time prevented the systematic dissemination of special advertisements outlining the tasks, the commitments and the criteria for appointment (as recommended by the Consultants in the previous report)<sup>2</sup>, the selection criteria that were sent to the regional offices of the participating organizations were still based on the identified skills and competencies required of a good certification surveyor (see Appendix A).<sup>3</sup> A Code of Conduct was also included to define the standards of behavior and performance (see Appendix B). Whether or not these criteria were used by the regional managers in selecting the participants from among their staff is not clear. Based on the qualifications of those who actually participated, however, it appears that prior or current experience in surveying hospitals and clinics was a major factor in selection. The characteristics of those who were not included, as a measure of the ability of the selection criteria to recruit the best, remain unknown.

### **DEVELOPMENT OF THE SURVEY TOOL AND SURVEY PROCESSES**

The greater part of the consultancy period was spent on developing the certification survey tools and processes because these are the 'backbone' of the certification surveyors' training workshop. The critical issues addressed by the Consultants during this preparatory phase are stated below.

#### **DEVELOPMENT OF CERTIFICATION SURVEY TOOL AND DRAFT SURVEYORS' MANUAL**

The current survey and self-assessment checklist used by PhilCAT, which focused on structural parameters and required "yes / no" responses was modified. The new survey tool incorporated the certification standards in the Certification Systems Design and recommendations made by the Consultants in their previous report. It required applicant DOTS Centers to specify evidentiary details that support their claims of achievement and to give themselves ratings for each standard and criterion (see Appendix C). Surveyors were required to validate the evidence cited, give their own ratings, provide reasons for disagreeing with the applicant Center's ratings and then provide recommendations for improvement. The new tool thus integrated the findings of both the self-assessment conducted by the applicant DOTS Center and the survey conducted by PhilCAT surveyors. The newly developed rating scale was also integrated into the tool. The comprehensibility and user-friendliness of the tool

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<sup>2</sup> Smith DA, Acuin JM, Perez J, Asanza M. TB DOTS Provider Certification Program, Tuberculosis Initiatives for the Private Sector, Final Report, 25 August 2003.

<sup>3</sup> Bohigas L, Smith DA, et al. A comparative analysis of surveyors from six hospital accreditation programmes and a consideration of the related management issues. *Int J Qual Health Care* 1998; 1: 7-13.

was further assessed when it was presented to and used by the workshop participants in a simulation exercise.

In addition, a basic field manual for surveyors was developed (see Appendix E). The manual orients surveyors on the basic premises and processes of the PhilCAT certification program, provides a practical guide on the key steps that surveyors must make before, during and after the survey and identifies important administrative and technical support that surveyors should access in the course of their work.

### **REVISION AND FINALIZATION OF CERTIFICATION STANDARDS**

Recognizing that the initial set of certification standards proposed in the Certification Systems Design was but a starting point for the development of a more comprehensive and coherent final set, the standards and criteria were reviewed and revised (see Appendix D). While the goals and standards were left untouched, some of the criteria that originally focused on structure were re-written to accommodate process and outcome measures. This was to ensure that they were directly linked to the actual provision of a high quality DOTS service. New criteria were developed whenever they were needed to comprehensively address all of the clinical phases of TB management and to support adherence with the NTP treatment guidelines. Other criteria were re-grouped to improve internal consistency. The new set was presented to, deliberated on and approved by key managers and representatives of PhilHealth, DOH and PhilCAT sitting *en banc*. This group confirmed that the new set was consistent with the PhilHealth accreditation requirements, Sentrong Sigla standards and NTP guidelines. After incorporating their comments and suggestions, a revised new set was given to each stakeholder organization for further deliberation. Finally, comments were also solicited from the workshop participants. This iterative process took a considerable amount of the Consultants' time and needed to be completed before the finalization of the certification survey tool.

### **DEVELOPMENT OF RATING SCALE AND CERTIFICATION DECISION-MAKING TOOL**

Pursuant to the recommendations previously made by the Consultants, a four-point scale to rate the extent of achievement of each criterion and standard was developed. The four-point scale was incorporated into the new self-assessment and survey tool. Adaptability, understandability and ease of use were further ascertained during the conduct of the workshop itself when the scale was used by the participants in a simulation exercise.

Of equal importance was the development of a certification decision tool that was based on a risk management model (see Appendix F). Weights were given to each standard and criterion based on the difficulty of achieving them as well as the negative implications of non-achievement. The Consultants preferred this method to the more complicated, and arguably no more valid, system of assigning weights to major and minor standards, multiplying them with the actual ratings to obtain scores, aggregating the scores and applying decision algorithms to them.

Validation of the certification decision tool was not completed during the consultancy due to time constraints, however the methodology for ensuring validity has been explained and can be completed by the PhilTIPS team.

## **DESIGN OF CERTIFICATION SURVEYORS' TRAINING PROGRAM**

The certification surveyors' training program primarily considered the competencies that surveyors must possess in order to fulfill their 'lynchpin' roles in the PhilCAT certification program. Because the application of the certification standards and survey processes demand objectivity and critical but holistic appraisal of evidence, the Consultants deemed it necessary that trainees must first accomplish the shift from the structure-based inspection paradigm to outcomes-focused quality advisors. Once the new paradigm has been accepted, the rest of the workshop could focus on the acquisition of new knowledge, attitudes and skills. These considerations guided content selection and the choice of teaching-learning strategies used in content presentation.

### **DESIGN AND DEVELOPMENT OF THE INDUCTION TRAINING WORKSHOP**

#### **WORKSHOP CONTENT**

The guiding themes of the workshop (PhilCAT mission, quality improvement, certification program, surveyor development) were presented as a hierarchy of premises that firmly placed certification surveyors in the center of PhilCAT's organizational agenda:

- PhilCAT aims to support high quality DOTS service;
- certification supports quality improvement;
- good surveyors enable DOTS Centers to achieve PhilCAT's aims.

After a description of the TB program goals of PhilCAT and PhilTIPS, participants were introduced to the concepts of continuous quality improvement, the certification standards, the certification processes, the survey tools, report writing requirements and surveyor performance evaluation issues. A closing plenary summarized the workshop proceedings into a set of take-home messages.

The topics that were discussed in the induction-training workshop (see Appendix G) were as follows:

- mission, values and strategic directions;
- the organization, rules and processes;
- legal and certification requirements;
- certification standards and criteria and their interpretation;
- evaluation procedure skills, including report requirements;
- performance expectations and evaluation systems; and
- strategies to continually improve the quality of the certification program.
- ongoing training program (precis only)
- performance management

#### **WORKSHOP GOALS**

The workshop was designed as a one-day intensive and participatory learning exercise. Its main objective was to introduce participants to their roles as PhilCAT surveyors by providing

them with a set of knowledge, attitudes and skills to use the self-assessment and survey tool, to conduct a certification survey and to assist PhilCAT in arriving at its certification decisions (see Appendix H).

### **WORKSHOP FORMAT**

Lectures were planned to be brief and to the point, interspersed by question and answer portions (see Appendix I). Ample time was given to small group work in order to provide hands-on learning and experience-based insights into the use of the survey tools and processes (see Appendices J and K). The Consultants presented concepts and then facilitated small group discussions to crystallize those concepts into concrete actions.

### **WORKSHOP DURATION**

The workshop was designed as a one-day intensive program. This was necessary to meet the requirements of work release from the major stakeholder organizations. However, the Consultants would support a program extending over 1 ½ to 2 days because of the volume of work to present and comprehend.

### **DEVELOPMENT OF WORKSHOP PRESENTATION MATERIALS**

To maintain focus on the goals of the workshop, workshop materials were limited to those that were most relevant to the actual job of surveying. These included the self-assessment and evaluation tool, the certification standards and the surveyors' manual and code of ethics and the workshop exercises. Printouts of the slide presentations were also provided to facilitate referencing during exercises (see Appendix L). The content of the slide presentations were based on international and local best practices in quality improvement and certification. They primarily served to present and amplify the principles and concepts that guided the development of all workshop documents. Further, they provided practical recommendations for conducting the surveys and for managing the survey process itself.

### **DEVELOPMENT OF WORKSHOP EVALUATION TOOLS**

Two evaluation tools were developed:

1. A tool was used by the participants to evaluate the workshop itself and the presenters (see Appendix M), and
2. A tool was used to evaluate knowledge gained by the participants (see Appendix N).

The first tool was administered at the end of the workshop whilst the second was administered as pre- and post-workshop tests.

### **WORKSHOP DELIVERY**

Three training workshop were held:

1. Manila on February 17, 2004;
2. Davao on February 19, 2004; and
3. Cebu on February 20, 2004.

The participants in each workshop numbered 32, 20 and 17, respectively (see Appendix O). The participants were from PhilHealth, DOH and the private sector (PhilCAT members).

The workshops promptly started at 9 am (except in Cebu where some time was allowed for participants from Mindanao to arrive) and ended at 4:45 pm.

The question and answer periods were lively. However, in the Manila workshop, participants initially displayed great concern with the operational aspects of the certification program and the terms of engagement of the three cooperating organizations. In order to bring the focus back on the goals of the workshop, a decision was made to defer addressing these ancillary albeit important operational issues until the final plenary session which was to be conducted by Dr. Charles Yu as PhilCAT president.

Another modification to the program was introduced during the group exercises when it became apparent that not all the certification criteria under consideration could be discussed due to the limited time. Individual small groups were asked to focus their discussions on specific criteria. In the ensuing plenary session, groups took turns in presenting their outputs until all criteria were discussed.

The final plenary session was conducted as an exhortation on all participants to actively participate in the initiatives of PhilCAT. Certification targets were announced and issues concerning certification fees were addressed. Finally, willing participants signed the Code of Ethics as a gesture of commitment to the certification program.

## **WORKSHOP EVALUATION**

Most of the participants perceived the content and presenters of the different topics of the workshop to be above average to excellent and the presentation methods appropriate to very good (see Appendix P for mean, median and modes for each topic). The participants in the three sites did not markedly differ in their evaluations of the delivery of the specific topics (see statistical comparisons of between group means in Appendix P). Generally, the mean evaluation scores for the different topics ranged from 3.23 to 3.69 and the standard deviations were around 0.50, indicating lack of variability. Thus, it can be concluded that the quality of delivery of the workshop was found to be uniformly good to excellent by all participants regardless of site.

A common observation among participants in all three sites was the lack of adequate time for further elaboration and discussion of the topics. The one-day format should have been extended to two days, given the differing backgrounds of the participants and the need to further explore the processes of eliciting the evidence and applying the rating scales. Also many requested opportunities for 'hands on' training through actual survey visits to applicant DOTS Centers.

Although the workshop was brief, the participants noted that the amount of knowledge and insights gained was immense. The sessions on quality improvement, interpreting the standards and applying the rating scales were found to be novel and engrossing. Particularly

revelatory was the realization that the standards and criteria, though non-prescriptive, could be flexibly applied to allow for DOTS Center applicants in a wide variety of settings to achieve certification. The participants also volunteered that new knowledge was gained in three key areas:

1. The use of a range of acceptable evidence to demonstrate achievement;
2. The use of performance measures to assess processes and outcomes of care; and
3. The shifting of the burden of proof of achievement from surveyors to the DOTS Centers themselves.

Those from the DOH who have been involved in Sentrong Sigla certification and in licensing particularly appreciated the new insights that they had gained in eliciting evidence of compliance from RHUs and hospitals. More importantly, they found that interacting with private medical practitioners provided them with a deeper understanding of the concerns and motivations of the private sector as well as an opportunity to present the public health view to them. The participants generally felt that they could work well with private practitioners as members of a survey team.

### **ADDITIONAL WORK TO BE COMPLETED BY PHILCAT**

As mentioned above, there is a need to train more certification surveyors to ensure there is an adequate pool of surveyors to meet the certification needs for the next 12 to 24 months. The training should be based on the training program designed and conducted by the Consultants but modified to reflect the issues identified in the evaluations. Specific consideration must be given to the length of the training program.

PhilCAT will also need to develop, as a matter of priority, systems to manage the certification process. These systems do not currently exist.

All potential TB DOTS Centers must be informed of the certification procedure prior to making an application for certification. This information must include advice on using the self-assessment tool. PhilCAT must develop an information packet as previously recommended by the Consultants (see Appendix E). Systems also need to be put in place to support TB DOTS Centers during the application and self-assessment process.

PhilCAT must also develop a system to manage the surveyors. Surveyors need to be contacted and 'contracted' to do the survey. PhilCAT must then complete checks to prevent conflicts of interest for the surveyors. Wherever practicable, the membership of the survey team should be endorsed by the applicant TB DOTS Center. Given that PhilCAT will be relying on PhilHealth and DOH staff, travel itineraries and survey schedules must be confirmed in advance. All of these steps in the process need to be planned and monitored to ensure completion and to minimize the disruptive impact on the surveyors. Systems need to be developed to ensure this occurs. Inefficiencies will waste surveyor time, reduce morale and encourage absenteeism.

PhilCAT also needs to develop systems to manage the report and decision-making process. The Consultants have made recommendations for the decision-making process. An appeals

process also needs to be developed. The value of these systems in preserving the integrity of the certification decision can not be overemphasized.

All of these systems and processes should be developed as a matter of priority and they should be documented and made available to interested parties to ensure an open and transparent certification program.

## **APPENDIX A. CORE COMPETENCIES FOR PHILCAT CERTIFICATION SURVEYORS**

### **1. Surveying skills**

Certification surveyors must have the ability to:

- apply the standards objectively and reliably;
- make accurate and nonjudgmental observations;
- sensitively probe issues during in-depth interviews of key informants; and
- analytically review documents

### **2. Strategic View**

Certification surveyors must:

- understand and support the purpose of certification;
- demonstrate an ability to make judgments based on PhilCAT and PhilHealth strategic goals and directions; and
- understand the political and social environment of health care quality improvement, education and service delivery in the Philippines.

### **3. Human Relation Skills**

Certification surveyors must be proficient in a range of HR skills including:

- Communication skills →
  - ability to communicate effectively (orally and in writing);
  - correctness of presentation and attention to detail; and
  - listening to and understanding others.
- Representation skills →
  - ability to represent the PhilCAT certification program before a range of audiences; and
  - ability to present and explain the certification standards and criteria.
- Leadership skills →
  - create and work within teams;
  - delegate as appropriate; and
  - supervise and train other certification surveyors to undertake.
- Interpersonal, negotiation and conflict resolution skills →
  - ability to deal with people and their issues;
  - ability to identify acceptable solutions in situations of conflict; and
  - ability to achieve PhilCAT and PhilHealth objectives and resolve conflict.

### **4. Conceptual, Analytical and Creative Skills**

Certification surveyors must have the capacity to:

- apply the standards and criteria accurately; and
- identify problems in the application of the standards and criteria.

### **5. Adaptability**

Certification surveyors must be adaptable and able to:

- modify their approach to different people and situations; and
- deal with the pressures of timelines, ambiguity and change.

### **6. Achievement Orientation**

Certification surveyors must:

- accept the need to work to a timetable and deadlines;
- accept high level responsibility for completion of tasks; and

- maintain their skills and understanding of the certification standards and criteria and the survey process

## APPENDIX B. CODE OF CONDUCT FOR CERTIFICATION SURVEYORS



### CODE OF CONDUCT FOR CERTIFICATION SURVEYORS

Certification surveyors are the representatives of the PhilCAT and are given almost unlimited access to the TB DOTS Center. Certification surveyors should acknowledge this by:

1. Being acutely aware of the privileges extended to them;
2. Maintaining the confidentiality of information obtained about the TB DOTS Center;
3. Respecting matters of patient privacy and confidentiality;
4. Acting as ambassadors for PhilCAT;
5. Being courteous and diplomatic;
6. Being impartial, fair and objective;
7. Avoiding any conflict of interest situations (this includes not promoting oneself to the health facility to undertake additional work);
8. Maintaining professional standards of dress and behavior and wearing the PhilCAT identification badge when undertaking a survey;
9. Respecting the health facility's 'in-house' rules with regard to matters such as smoking and the use of mobile telephones;
10. Taking from the TB DOTS Center only those documents, including photocopies, for which clearance has been obtained from the TB DOTS Center;
11. Generally encouraging and educating TB DOTS Centers in their pursuit of quality activities and continuous improvement; and
12. Giving appropriate attention to the survey process and minimizing disruption and time spent on issues relating to one's own employment.

In addition, certification surveyors have responsibilities to PhilCAT and PhilHealth. These responsibilities form the basis of the evaluation of surveyor performance and include:

1. Keeping your knowledge of TB DOTS methodology, the Philippine health care system, clinical practice, quality activities, management strategies, new standards and criteria and other relevant topics up to date;
2. Maintaining your commitment to undertake 8 days of surveying per year;
3. Attending the bi-annual continuing education program;
4. Submitting accurate, well-written survey reports to PhilCAT within the allocated time;
5. Being a team leader of a survey when requested once suitably experienced and trained; and
6. Limiting expenses payable by PhilCAT / TB DOTS Center to reasonable levels.

Certification surveyors who accept the work of participating in TB DOTS Center surveys as a privilege and who observe this code of conduct will find the survey process to be rewarding and a means of expanding their own knowledge of health care practices.





## APPENDIX C. PHILCAT SELF-ASSESSMENT AND SURVEY TOOL

<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>1.</b>	<p><b>The TB DOTS Center provides a safe and effective physical environment to its staff and patients.</b></p> <p>The TB DOTS Center is easily located and patients have convenient and safe access to the Center.</p>				
<b>This standard will be achieved when:</b>					
1.1.	There is appropriate signage bearing the name of the TB DOTS Center to assist patients accessing the Center.				
1.2.	Physical access is appropriate for the needs of patients.				
1.3.	Entrances and exits are clearly marked and free of obstruction and other hazardous conditions.				
1.4.	There are resources to inform patients of the daily and hourly schedule of TB DOTS services, ensure the quality of patient waiting.				

**OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM**

*(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)*

**Goal:** The TB DOTS Center provides a safe and effective physical environment to its staff and patients.

**Standard 1:** The TB DOTS Center is easily located and patients have convenient and safe access to the Center.

**Rating** (please tick appropriate overall rating for this standard)

	<b>Non-Achievement</b>
--	------------------------

	<b>Low Achievement</b>
--	------------------------

	<b>Moderate Achievement</b>
--	-----------------------------

	<b>Extensive Achievement</b>
--	------------------------------

<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>The TB DOTS Center provides a safe and effective physical environment to its staff and patients</b>				
<b>2.</b>	<b>The TB DOTS Center provides facilities for the comfort and privacy of its patients and staff.</b>				
<b>This standard will be achieved when:</b>					
2.1.	The TB DOTS Center maintains a clean and wholesome environment within and immediately outside its premises.				
2.2	There are resources and processes to ensure the quality of patient waiting.				
2.3	The lighting in each area of the Center is appropriate for the assigned purpose of the area.				
2.4	The privacy of the staff-patient encounter is assured.				

**OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM**

*(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)*

**Goal:** The TB DOTS Center provides a safe and effective physical environment to its staff and patients.

**Standard 2:** The TB DOTS Center provides for the privacy and comfort of its patients and staff.

**Rating** (please tick appropriate overall rating for this standard)

	<b>Non-Achievement</b>
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	<b>Low Achievement</b>
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	<b>Moderate Achievement</b>
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	<b>Extensive Achievement</b>
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<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>The TB DOTS Center provides a safe and effective physical environment to its staff and patients.</b>				
<b>3.</b>	<b>The TB DOTS Center provides for the safety of its patients and staff.</b>				
<b>This standard will be achieved when:</b>					
3.1	There is adequate clean water for personal hygiene and sanitation purposes.				
3.2	The TB DOTS Center maintains appropriate levels of cleanliness and antiseptics of all physical areas, equipment and instruments.				
3.3	General waste, sharps, pathological and infectious waste, pharmaceutical and chemical wastes are appropriately segregated, safely handled and disposed of according to accepted safe disposal practices.				
3.4	TB drugs are securely stored under appropriate				

PhilCAT CERTIFICATION STANDARDS					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
3.5	storage conditions. Sputum and other body fluids are collected in a safe and hygienic way.				
3.6	There are documented, disseminated and implemented procedures to identify and address the risks of contamination of staff and patients from sources of infectious diseases.				
<b>OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM</b> <i>(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)</i>					
<b>Goal: The TB DOTS Center provides a safe and effective physical environment to its staff and patients.</b> <b>Standard 3: The TB DOTS Center provides for the safety of its patients and staff.</b>					
<b>Rating</b> (please tick appropriate overall rating for this standard) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> </div>					

<b>PhilCAT CERTIFICATION STANDARDS</b>							
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)			DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
		Non-Achievement	Low Achievement	Moderate Achievement			
<b>PhilCAT CERTIFICATION STANDARDS</b>							
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)			DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</b>						
4.	<b>All patients undergo a comprehensive assessment to facilitate the planning and delivery of treatment.</b>						
<b>This standard will be achieved when:</b>							
4.1	Appropriate professionals obtain and document the relevant history for each patient.						
4.2	A physician completes and documents the relevant physical examination for each patient.						

PhilCAT CERTIFICATION STANDARDS					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<p><b>OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM</b>  <i>(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)</i></p> <p><b>Goal:</b> Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</p> <p><b>Standard 4:</b> Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</p>					
<p><b>Rating</b> (please tick appropriate overall rating for this standard)</p>					

<b>Non-Achievement</b>	

<b>Low Achievement</b>	

<b>Moderate Achievement</b>	

<b>Extensive Achievement</b>	

PhilCAT CERTIFICATION STANDARDS					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal:</b>	<b>Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</b>				
<b>5.</b>	<b>All patients have continuous access to accurate and reliable TB diagnostic tests.</b>				
<b>This standard will be achieved when:</b>					
5.1	All patients undergo sputum microscopy by a qualified and trained microscopist.				
	5.1.1 The TB DOTS Center plans and implements policies and procedures for assuring the quality of sputum microscopy results.				

<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
	5.1.2 If sputum microscopy facilities are not available in the TB DOTS Center, policies and procedures for referring patients to accessible Centers are implemented and monitored for effectiveness.				
	5.1.3 External providers of sputum microscopy are contracted based on policies and procedures that include accreditation status and the presence of quality control systems.				
5.2	Policies and procedures for referring patients to accredited and accessible X-ray facilities are implemented and monitored for effectiveness.				
5.3	Policies and procedures for referring patients to an				

PhilCAT CERTIFICATION STANDARDS					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
	appropriately constituted and accessible TB Diagnostic Committee are implemented and monitored for effectiveness.				

**OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM**

*(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)*

**Goal:** Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.

**Standard 5:** All patients have continuous access to accurate and reliable TB diagnostic tests.

**Rating** (please tick appropriate overall rating for this standard)

	<b>Non-Achievement</b>

	<b>Low Achievement</b>

	<b>Moderate Achievement</b>

	<b>Extensive Achievement</b>

<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</b>				
<b>6.</b>	<b>A care plan is developed and followed for all patients.</b>				
<b>This standard will be achieved when:</b>					
6.1	All treatment is consistent with the National Tuberculosis Program guidelines.				
6.2	Flow charts of patient				

<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
6.3	management from entry to separation are used to facilitate quality care and are accessible to patients and staff. DOTS partners are selected and assigned based on predetermined criteria and procedures and these are accessible to patients and staff.				

<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
6.4	Education is provided to all patients to help them understand their medical condition and prognosis and to encourage their adherence to the treatment				

	regimen and health promotion / illness prevention activities.				
6.5	An appropriately comprehensive evaluation of the patient's clinical progress is made and documented at each visit.				
6.6	Policies and procedures for detecting treatment defaulters and getting them back into treatment are implemented and monitored for effectiveness.				
<p><b>OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM</b>  <i>(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)</i></p> <p><b>Goal: Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</b></p> <p><b>Standard 6: A care plan is developed and followed for all patients.</b></p>					

**Rating** (please tick appropriate overall rating for this standard)

<b>Non-Achievement</b>	<b>Extensive Achievement</b>

<b>Low Achievement</b>	<b>Moderate Achievement</b>

<b>Low Achievement</b>	<b>Moderate Achievement</b>

<b>Low Achievement</b>	<b>Extensive Achievement</b>

PhilCAT CERTIFICATION STANDARDS					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</b>				
7	Patients have continuous access to safe and effective anti-TB medications throughout the duration of their treatment.				

**This standard will be achieved when:**

7.1	The TB DOTS Center has developed and implemented policies and procedures for assuring a continuous supply of TB drugs to all its patients for the entire six months duration of therapy.				
7.2	The TB DOTS Center maintains an appropriate buffer stock of anti-TB medications.				
7.3	The TB DOTS Center has developed and implemented policies and procedures for assuring the quality and safety of its TB drugs.				

**OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM**

*(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)*

**Goal:** Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.

**Standard 7:** Patients have continuous access to safe and effective anti-TB medications throughout the duration of their treatment.

**Rating** (please tick appropriate overall rating for this standard)

	<b>Non-Achievement</b>
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	<b>Low Achievement</b>
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	<b>Moderate Achievement</b>
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	<b>Extensive Achievement</b>
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<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>The management and staff adhere to clear and collaboratively developed policies and procedures for the efficient operation of the TB DOTS Center.</b>				
8.	<b>Policies and procedures for providing care to patients are developed, disseminated, implemented and monitored for effectiveness.</b>				
<b>This standard will be achieved when:</b>					
8.1	The TB DOTS Center's policies and procedures are consistent with the organization's goals, statutory requirements, accepted standards, and the TB DOTS Center's community responsibilities.				
8.2	Policies and procedures for patient referral to other services are implemented and monitored for effectiveness.				

<b>PhiCAT CERTIFICATION STANDARDS</b>					
Survey Item	Survey Item	Survey Item	Survey Item	Survey Item	Survey Item
8.3	Patient default rates are monitored and policies and procedures are developed and implemented to improve default rates. The policies and procedures are monitored for effectiveness.				
8.4	Policies and procedures for identifying and working with external groups in providing DOTS services are developed, implemented and monitored for effectiveness.				

**OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM**

*(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)*

**Goal:** The management and staff adhere to clear and collaboratively developed policies and procedures for the efficient operation of the TB DOTS Center.

**Standard 8:** Policies and procedures for providing care to patients are developed, disseminated, implemented and monitored for effectiveness.

**Rating** (please tick appropriate overall rating for this standard)

	<b>Non-Achievement</b>
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	<b>Low Achievement</b>
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	<b>Moderate Achievement</b>
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	<b>Extensive Achievement</b>
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<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>The management and staff adhere to clear and collaboratively developed policies and procedures for the efficient operation of the TB DOTS Center.</b>				
<b>9.</b>	<b>Policies and procedures for managing patient information are developed, disseminated, implemented and monitored for effectiveness.</b>				
<b>This standard will be achieved when:</b>					
9.1	Each patient is uniquely identified from entry and throughout the course of management.				
9.2	The TB DOTS Center maintains a database of patient records and related registries and enables the staff to easily access these databases.				
9.3	Policies and procedures for ensuring the security and confidentiality of patient information are				

<b>PhilCAT CERTIFICATION STANDARDS</b>						
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*	
	developed, implemented and monitored for effectiveness.					
9.4	The TB DOTS Center submits complete and accurate reports to all relevant agencies in a timely manner.					
9.5	The TB DOTS Center regularly reviews its records to assess and improve performance.					

**OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM**

*(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)*

**Goal:** The management and staff adhere to clear and collaboratively developed policies and procedures for the efficient operation of the TB DOTS Center.

**Standard 9:** Policies and procedures for managing patient information are developed, disseminated, implemented and monitored for effectiveness.

**Rating** (please tick appropriate overall rating for this standard)

	<b>Non-Achievement</b>
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	<b>Low Achievement</b>
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	<b>Moderate Achievement</b>
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	<b>Extensive Achievement</b>
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PhilCAT CERTIFICATION STANDARDS					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
<b>Goal</b>	<b>The TB DOTS Center staff provide efficient and competent DOTS services.</b>				
<b>10.</b>	<i>The TB DOTS Center has an adequate number of qualified personnel skilled in providing DOTS services.</i>				
<b>This standard will be achieved when:</b>					
10.1	An adequate number of qualified and appropriately trained personnel provide and are accountable for the following functions: 10.1.1 Leadership, management and overall responsibility for the operations, resources and performance of the TB DOTS Center				

<b>PhilCAT CERTIFICATION STANDARDS</b>					
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*	Surveyors' Comments	Survey Team Rating*
	10.1.2 Clinical patient care services				
	10.1.3 Diagnostic services, including sputum microscopy				
	10.1.4 Drug management				
	10.1.5 Information management				
	10.1.6 Financial management				
10.2	Personnel follow clear job descriptions, responsibilities and accountabilities.				
10.3	<i>All personnel are responsible for safety in the workplace and the quality of the service they deliver.</i>				
10.4	<i>Personnel receive up to date training based on training needs assessment.</i>				

**OVERALL RATING AND COMMENTS, COMMENDATIONS AND RECOMMENDATIONS BY SURVEY TEAM**

*(To be completed by survey team only. The survey team must make comments on items where the survey team disagrees or partially disagrees with information provided by the TB DOTS Center.)*

**Goal:** The TB DOTS Center staff provide efficient and competent DOTS services.

**Standard 10:** *The TB DOTS Center has an adequate number of qualified personnel skilled in providing DOTS services.*

**Rating** (please tick appropriate overall rating for this standard)

	<b>Non-Achievement</b>
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	<b>Low Achievement</b>
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	<b>Moderate Achievement</b>
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	<b>Extensive Achievement</b>
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**APPENDIX D. PHILCAT CERTIFICATION STANDARDS FOR TB DOTS CENTERS**

<b>GOAL</b>	<b>PERFORMANCE OBJECTIVE</b>	<b>CRITERIA</b>
<p>The TB DOTS Center provides a safe and effective physical environment for its patients and staff</p>	<p>1. The TB DOTS Center is easily located and patients have convenient and safe access to the Center</p>	<p>1.1. There is appropriate signage bearing the name of the TB DOTS Center to assist patients accessing the Center.</p> <p>1.2. Physical access is appropriate for the needs of patients.</p> <p>1.3. Entrances and exits are clearly marked and free of obstruction and other hazardous conditions.</p> <p>1.4. There are resources to inform patients of the daily and hourly schedule of TB DOTS services.</p>
	<p>2. The TB DOTS Center provides for the privacy and comfort of its patients and staff</p>	<p>2.1. The TB DOTS Center maintains a clean and wholesome environment within and immediately outside its premises.</p> <p>2.2. There are resources and processes to ensure the quality of patient waiting.</p> <p>2.3. The lighting in each area of the Center is appropriate for the assigned purpose of the area.</p> <p>2.4. The privacy of the staff-patient encounter is assured.</p>
	<p>3. The TB DOTS Center provides for the safety of its patients and staff.</p>	<p>3.1. There is adequate clean water for personal hygiene and sanitation purposes.</p> <p>3.2. The TB DOTS Center maintains appropriate levels of cleanliness and antiseptics of all physical areas, equipment and instruments.</p> <p>3.3. General waste, sharps, pathological and infectious waste, pharmaceutical and chemical wastes are appropriately segregated, safely handled and disposed of according to accepted safe disposal practices.</p> <p>3.4. TB drugs are securely stored under appropriate storage conditions.</p>

<b>GOAL</b>	<b>PERFORMANCE OBJECTIVE</b>	<b>CRITERIA</b>
<p>Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</p>		<p>3.5 Sputum and other body fluids are collected in a safe and hygienic way.</p> <p>3.6 There are documented, disseminated and implemented procedures to identify and address the risks of contamination of staff and patients from sources of infectious diseases.</p>
	<p>4. All patients undergo a comprehensive assessment to facilitate the planning and delivery of treatment.</p> <p>5. All patients have continuous access to accurate and reliable TB diagnostic tests.</p> <p>6. A care plan is developed and</p>	<p>4.1 Appropriate professionals obtain and document the relevant history for each patient.</p> <p>4.2 A physician completes and documents the relevant physical examination for each patient.</p> <p>5.1 All patients undergo sputum microscopy by a qualified and trained microscopist.</p> <p>5.1.1 The TB DOTS Center plans and implements policies and procedures for assuring the quality of sputum microscopy results.</p> <p>5.1.2 If sputum microscopy facilities are not available in the TB DOTS Center, policies and procedures for referring patients to accessible Centers are implemented and monitored for effectiveness.</p> <p>5.1.3 External providers of sputum microscopy are contracted based on policies and procedures that include accreditation status and the presence of quality control systems.</p> <p>5.2 Policies and procedures for referring patients to accredited and accessible X-ray facilities are implemented and monitored for effectiveness.</p> <p>5.3 Policies and procedures for referring patients to an appropriately constituted and accessible TB Diagnostic Committee are implemented and monitored for effectiveness.</p> <p>1.1.All treatment is consistent with the National Tuberculosis Program guidelines.</p>

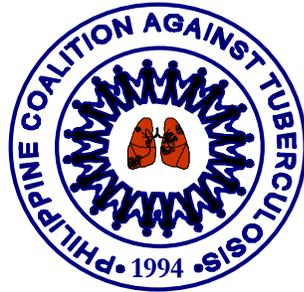
GOAL	PERFORMANCE OBJECTIVE	CRITERIA
<p>The management and staff adhere to clear and collaboratively developed policies</p>	<p>followed for all patients.</p>	<p>6.2 Flow charts of patient management from entry to separation are used to facilitate quality care and are accessible to patients and staff.</p> <p>6.3 DOTS partners are selected and assigned based on predetermined criteria and procedures and these are accessible to patients and staff.</p> <p>6.4 Education is provided to all patients to help them understand their medical condition and prognosis and to encourage their adherence to the treatment regimen and health promotion / illness prevention activities.</p> <p>6.5 An appropriately comprehensive evaluation of the patient’s clinical progress is made and documented at each visit.</p> <p>6.6 Policies and procedures for detecting treatment defaulters and getting them back into treatment are implemented and monitored for effectiveness.</p>
	<p>7. Patients have continuous access to safe and effective anti-TB medications throughout the duration of their treatment.</p>	<p>7.1 The TB DOTS Center has developed and implemented policies and procedures for assuring a continuous supply of TB drugs to all its patients for the entire six months duration of therapy.</p> <p>7.2 The TB DOTS Center maintains an appropriate buffer stock of anti-TB medications.</p> <p>7.3 The TB DOTS Center has developed and implemented policies and procedures for assuring the quality and safety of its TB drugs.</p>
<p>The management and staff adhere to clear and collaboratively developed policies</p>	<p>8. Policies and procedures for providing care to patients are developed, disseminated, implemented and monitored for effectiveness.</p>	<p>8.1 The TB DOTS Center’s policies and procedures are consistent with the organization’s goals, statutory requirements, accepted standards, and the TB DOTS Center’s community responsibilities.</p> <p>8.2 Policies and procedures for patient referral to other services are implemented and monitored for effectiveness.</p>

<b>GOAL</b>	<b>PERFORMANCE OBJECTIVE</b>	<b>CRITERIA</b>
<p>and procedures for the efficient operation of the TB DOTS Center.</p>		<p>8.3 Patient default rates are monitored and policies and procedures are developed and implemented to improve default rates. The policies and procedures are monitored for effectiveness.</p>
	<p>9. Policies and procedures for managing patient information are developed, disseminated, implemented and monitored for effectiveness.</p>	<p>8.4 Policies and procedures for identifying and working with external groups in providing DOTS services are developed, implemented and monitored for effectiveness.</p>
		<p>9.1 Each patient is uniquely identified from entry and throughout the course of management.</p>
		<p>9.2 The TB DOTS Center maintains a database of patient records and related registries and enables the staff to easily access these databases.</p>
		<p>9.3 Policies and procedures for ensuring the security and confidentiality of patient information are developed, implemented and monitored for effectiveness.</p>
		<p>9.4 The TB DOTS Center submits complete and accurate reports to all relevant agencies in a timely manner.</p>
		<p>9.5 The TB DOTS Center regularly reviews its records to assess and improve performance.</p>

GOAL	PERFORMANCE OBJECTIVE	CRITERIA
	<p>10. The TB DOTS Center has an adequate number of qualified personnel skilled in providing DOTS services.</p>	<p>10.1 An adequate number of qualified and appropriately trained personnel provide and are accountable for the following functions:</p> <ul style="list-style-type: none"> <li>10.1.1 Leadership, management and overall responsibility for the operations, resources and performance of the TB DOTS Center</li> <li>10.1.2 Clinical patient care services</li> <li>10.1.3 Diagnostic services, including sputum microscopy</li> <li>10.1.4 Drug management</li> <li>10.1.5 Information management</li> <li>10.1.6 Financial management</li> </ul> <p>10.2 Personnel follow clear job descriptions, responsibilities and accountabilities.</p> <p>10.3 All personnel are responsible for safety in the workplace and the quality of the service they deliver.</p> <p>10.4 Personnel receive up to date training based on training needs assessment.</p>



**APPENDIX E. PHILCAT CERTIFICATION SURVEYORS FIELD MANUAL**



# **The TB DOTS Center Certification Survey**

A Guide for PhilCAT Surveyors

## **The TB DOTS Center Certification Survey - A Guide for Surveyors**

A PhilCAT publication to help surveyors prepare for the certification of TB DOTS Centers. It is to be used in conjunction with the PhilCAT Certification Standards for TB DOTS Centers and the Certification Survey Self-Assessment Questionnaire and Report.

This publication was made possible through support provided by the Office of Population, Health and Nutrition, Philippine Mission, United States Agency for International Development, under the terms of Contract No. 492-C-00-02-00031. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

February 2004



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## **THE PHILIPPINE COALITION AGAINST TUBERCULOSIS (PHILCAT)**

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Tuberculosis (TB) remains a major health problem in the Philippines. In 2000, the World Health Organization (WHO) estimated that there were 249,655 new cases of TB in the Philippines. More than 60,000 Filipinos die from the disease each year. Death from TB continues to rise because of the high incidence of TB infection among Filipinos and the rapid population growth rate.

PhilCAT was established in 1994 amidst the realization that the control of tuberculosis could not succeed without better collaboration and partnership between the public and the private sectors. Major founding members were the Department of Health (DOH) TB Control Service, leading specialty societies of chest physicians, infectious disease specialists and pharmaceutical industry representatives.

From an original group of 12 members, PhilCAT currently has 57 member organizations. Members consist of government, professional, non-government, corporate and international organizations. PhilCAT is governed by an 11-member board that is selected at large by all member organizations. Its vice-chair is automatically the highest DOH official directly in charge of the National Tuberculosis Program (NTP). At present, this is the head of the Center for Infectious and Degenerative Diseases.

### **THE PHILCAT STANDARDS**

On February 14, 2003, PhilHealth signed a Memorandum of Agreement with PhilCAT, deputizing it as the certifying agency for TB-DOTS providers. Philippine Tuberculosis Initiatives for the Private Sector (PhilTIPS) developed the systems design, certification standards, training plan and certification management plan to help PhilCAT.

Using the newly developed standards and system, PhilCAT subsequently certified 12 out of 18 DOTS Centers that had previously been pre-screened by an ad hoc committee composed of PhilCAT, the DOH NTP and the World Health Organization. A standards checklist was subsequently implemented by PhilCAT in 2003. After the initial experience with the standards, they were revised, after consultation with the key stakeholders, to better reflect contemporary standards practice.

### **THE NATIONAL CERTIFICATION COMMITTEE OF PHILCAT**

As a surveyor you will be providing reports to the National Certification Committee of PhilCAT. This Committee is comprised of representatives from:

- PhilCAT
- DOH-NTP
- Professional societies
- NGOs

The National Certification Committee is responsible for:

- providing oversight for the PhilCAT survey program;
- develop guidelines for the certification of TB DOTS Centers;
- making recommendations on the standards in response to feedback from TB DOTS Centers and surveyors;
- conducting training for new and experienced surveyors; and
- making the certification decision

### **THE ROLE OF CERTIFICATION**

Certification is a process that assures the general public and payers of health care that a TB DOTS Center is capable of providing safe and effective DOTS services to TB patients. Despite evidence of its effectiveness in treating TB, DOTS is a relatively new intervention that has not been fully institutionalized and integrated into the health care system. Certification aims to standardize the provision of DOTS by imposing a uniform set of standards and criteria governing the human, material and administrative resources of a TB DOTS Center.

**PHILCAT MISSION STATEMENT**

We are a broad-based Coalition committed to prevent, control and eliminate TB.

**VISION**

TB- free Philippines

## WHAT IS THE ROLE OF THE SURVEY TEAM?

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### THE SURVEY TEAM'S RESPONSIBILITIES

At the TB DOTS Center under consideration it is the survey team's responsibility to:

- Conduct a comprehensive review of the human, material and administrative resources and systems within a TB DOTS Center according to the intent of the standards and the guidelines of PhilCAT.
- Determine the degree to which the TB DOTS Center complies with the standards for the safe and effective provision of DOTS services to TB patients.
- Report in a relevant, timely, and accurate manner enough information for the National Certification Committee to make a well-informed decision on the certification status of the TB DOTS Center.
- Act in a courteous, professional and non-judgmental manner.

### BECOMING A SURVEYOR

You become a PhilCAT surveyor by:

1. Nomination from:
  - a professional body or organization (e.g., a PhilCAT member organization);
  - a principle health care organization (e.g., PhilHealth or the Department of Health); or
  - self-nomination by contacting PhilCAT.
2. Meeting the selection criteria (See appendix A).
3. Successful completion of surveyor training.
4. Agreement to abide by the *Code of Conduct* (See appendix B).
5. Agreement to attend a refresher training session every three years.

### THE SURVEY TEAM

The survey team is made up of two surveyors. From time to time, a trainee surveyor may be in attendance. At times a representative of PhilCAT may substitute for one of the surveyors, or alternatively accompany the survey team as an observer.

### **ALLOCATION OF SURVEYORS**

PhilCAT will normally allocate two surveyors to each certification survey. One of the surveyors will be asked to lead the team. Moving surveyors around the country is costly. PhilCAT aims to have a workforce of surveyors strategically located throughout the Philippines to minimize the cost associated with TB DOTS Center surveys. Surveyors will usually be drawn from the administrative region in which the TB DOTS Center is located. However, this will be balanced with the need to avoid conflicts of interest and bias.

### **CONFLICT OF INTEREST**

If you feel your role as surveyor on a particular survey raises a conflict of interest, it's important that you raise the issue with PhilCAT.

Examples of conflicts of interest include:

- current employment or application for employment at the TB DOTS Center to be surveyed;
- financial involvement in the TB DOTS Center;
- familial relationship with the proprietor or key staff at the TB DOTS Center; and
- professional involvement in the administration of the locale in which the TB DOTS Center is located.

If you have been previously involved with a TB DOTS Center, for example as an employee, please notify PhilCAT and you will be advised whether it is appropriate for you to be involved in the survey.

### **OBJECTIVITY**

The survey team needs to remember at all times that they are representing PhilCAT. All comments and observations should be in line with PhilCAT guidelines and not individual expectations.

Recommendations and decisions regarding certification compliance must be based on sound evidence. Make sure that critical observations made by individual staff members or patients are verified either by the observations of others or by documentation. You should also discuss with the manager of the TB DOTS Center any information that requires this level of verification.

Different TB DOTS Centers operate in different environments and may have varying means of meeting PhilCAT standards. The approach taken by the TB DOTS Center under review may well differ from that taken by TB DOTS Centers of your experience. Always remember that your job is to ascertain whether the PhilCAT standards are being met and **NOT** to make comparisons with your own experience or personal expectations.

## HOW IS THE SURVEY CONDUCTED?

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### BEFORE THE SURVEY

PhilCAT sends a pre-survey self-assessment questionnaire to the TB DOTS Center 2 weeks prior to the survey. It is to be completed and returned to PhilCAT at least 2 weeks before the survey.

After the self-assessment questionnaire has been returned to PhilCAT, PhilCAT appoints a survey team, including the team leader. The team leader, who should have previous surveying experience, coordinates the survey and the surveyors' activities.

Each surveyor will receive an information kit that includes:

- the self-assessment questionnaire completed by the TB DOTS Center;
- any other key documents provided by the TB DOTS Center;
- a copy of the certification standards and criteria;
- an identification badge;
- a list of contact telephone numbers (the other member(s) of the survey team and standards resource persons);
- a copy of the previous survey report of the TB DOTS Center (if previously surveyed);
- a draft timetable for the survey (provided by the TB DOTS Center); and
- travel and accommodation details (if required).

The survey team evaluates the pre-survey information by:

1. Carefully reading the self-assessment questionnaire and ancillary documentation provided by the TB DOTS Center in the week before the survey.
2. Identifying any areas in the self-assessment questionnaire that need specific clarification.
3. Examining the report from the previous certification survey (if there has been one).
4. Evaluating the information in line with the PhilCAT certification standards.

The team leader then **plans** the survey by:

1. Liaising in person or by phone with the other survey team member(s) to establish a survey plan that will comprehensively cover all standards and criteria. [Note: The survey team leader takes primary responsibility for establishing this plan while seeking input from the other team member(s).]
2. Notifying the TB DOTS Center as soon as possible about who needs to be available for interview and what documents need to be readily available for inspection. This is particularly important in those TB DOTS Centers that are part of larger organizations as

personnel may have other duties and responsibilities and some documentation may be normally housed elsewhere.

### **DURING THE SURVEY**

A large part of the survey team's time at survey is used to interview key staff and a selection of patients. Enough time also needs to be allocated for discussions with the director of organization if the TB DOTS Center is part of a larger organization. The survey team may identify other tasks while they are doing the survey, for example, to audit a selection of treatment cards.

Sometimes an opportunity arises to give the TB DOTS Center constructive feedback. PhilCAT also encourages TB DOTS Centers to make comments to the survey team regarding the certification process.

At the end of the survey, the survey team meets with TB DOTS Center representatives to let them know how the TB DOTS Center performed. The **debriefing** can be handled in one of two ways:

1. The team leader, with input from the other survey team member(s), can provide informal comment to TB DOTS Center representatives; or
2. Before the debriefing the survey team may arrange to have an hour together to complete a draft certification report. The team leader can provide feedback to the TB DOTS Center from the draft accreditation report, highlighting any areas of concern and commending any areas where the TB DOTS Center has excelled.

The second option has the advantage that:

- the writing of the certification report can largely be completed before the team members leave the TB DOTS Center;
- a systematic framework, as provided by the individual standards and criteria sections of the report, can be used when providing feedback to the TB DOTS Center; and
- the TB DOTS Center has a further opportunity to clarify any information in the report about which the survey team is still uncertain.

**At no stage should the survey team provide advice to the TB DOTS Center on the likely certification decision.** The certification decision is made by the National Certification Committee of PhilCAT based on the consideration of the written the report and other factors to ensure consistency of certification outcomes. These other factors primarily address the risk that non-compliance with the various criteria present to the goals and objectives of the National Tuberculosis Program and the risk of patient or staff harm.

## **AFTER THE SURVEY**

The survey team should complete the survey report as soon as possible after the survey. The certification report should not make any recommendation regarding certification status (i.e. to be or not be certified). It should, however, contain enough commentary to substantiate any findings of the survey team and any recommendations made. The report should make constructive recommendations regarding how the TB DOTS Center's performance could be improved.

The team leader is responsible for:

1. Ensuring that the other team member(s) is satisfied with the report contents;
2. Keeping any handwritten notes and comments for approximately six months after the survey (these may be necessary if there is an appeal over the certification decision);
3. Attaching any relevant TB DOTS Center documents or materials to the completed report;
4. Sending the completed report, with attachments, to PhilCAT;
5. Keeping a copy of the report and having it available should the National Certification Committee wish to seek clarification; and
6. Preparing a covering letter summarizing the team's findings and its recommendations to PhilCAT.

PhilCAT will send the survey team's report to the TB DOTS Center after the certification decision. This will then serve as a source document for the TB DOTS Center's quality improvement program. **The team leader's covering letter is confidential and will remain at PhilCAT (although the contents may become known to the TB DOTS Center in the case of an appeal).**

## **CERTIFICATION OF THE TB DOTS CENTER**

The National Certification Committee considers each survey report in detail seeking to ensure that standards are being uniformly applied from one survey to the next and that recommendations can be substantiated.

The survey team leader may need to be available for a telephone interview during the Committee meeting discussing the survey. Committee meetings are held on the last Wednesday of each month.

The National Certification Committee then determines the certification status and makes a recommendation to the PhilCAT Board. The PhilCAT Board awards the certification.

PhilCAT can only make one of the following two certification decisions:

- Certified
- Not certified

If PhilCAT certifies the TB DOTS Center, PhilCAT forwards the survey report and other relevant information to PhilHealth. PhilHealth, in turn, based on its own requirements, may decide to accredit the TB DOTS Center for the purposes of the Tuberculosis Outpatient Benefit Package.

## WHAT ABOUT TRAVEL?

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### TRAVEL

PhilCAT will make travel arrangements if you need to travel by a public transport carrier (coach, ferry or airplane) to do the survey. If you travel by one of these forms of transport, make sure you return the ticket butt to PhilCAT when you return from your trip.

If you are surveying a local TB DOTS Center, you will need to make your own travel arrangements. PhilCAT will reimburse the cost of taxis, buses and private vehicles. **Please make sure you send the receipts for these expenses to PhilCAT as it may be difficult to reimburse expenses without a receipt.**

You will usually travel to the location of the TB DOTS Center early on the day of the survey.

### ACCOMMODATION

If you're travelling outside your local region and need accommodation, PhilCAT will book you into single, standard accommodation.

### MEALS

Meals taken at the hotel will be direct-billed to PhilCAT. **Please check all accounts carefully before signing.** Receipts for other meals you have during the survey should be forwarded to PhilCAT. PhilCAT will only reimburse reasonable expenses for meals.

For further information about certification or the surveying process please contact Amy Sarmiento at PhilCAT.

Phone: 02 749-8990  
Fax: 02 749-8990  
Email: [PhilCAT@pacific.net.ph](mailto:PhilCAT@pacific.net.ph)



## **APPENDIX A: CORE COMPETENCIES FOR PHILCAT CERTIFICATION SURVEYORS**

The following skills are recommended as the core competencies for certification surveyors:

### **7. Surveying skills**

Certification surveyors must have the ability to:

- apply the standards objectively and reliably;
- make accurate and nonjudgmental observations;
- sensitively probe issues during in-depth interviews of key informants; and
- analytically review documents

### **8. Strategic View**

Certification surveyors must:

- understand and support the purpose of certification;
- demonstrate an ability to make judgments based on PhilCAT and PhilHealth strategic goals and directions; and
- understand the political and social environment of health care quality improvement, education and service delivery in the Philippines.

### **9. Human Relation Skills**

Certification surveyors must be proficient in a range of HR skills including:

- Communication skills →
  - ability to communicate effectively (orally and in writing);
  - correctness of presentation and attention to detail; and
  - listening to and understanding others.
- Representation skills →
  - ability to represent the PhilCAT certification program before a range of audiences; and
  - ability to present and explain the certification standards and criteria.
- Leadership skills →
  - create and work within teams;
  - delegate as appropriate; and
  - supervise and train other certification surveyors to undertake.
- Interpersonal, negotiation and conflict resolution skills →
  - ability to deal with people and their issues;
  - ability to identify acceptable solutions in situations of conflict; and
  - ability to achieve PhilCAT and PhilHealth objectives and resolve conflict.

### **10. Conceptual, Analytical and Creative Skills**

Certification surveyors must have the capacity to:

- apply the standards and criteria accurately; and
- identify problems in the application of the standards and criteria.

### **11. Adaptability**

Certification surveyors must be adaptable and able to:

- modify their approach to different people and situations; and
- deal with the pressures of timelines, ambiguity and change.

## **12. Achievement Orientation**

Certification surveyors must:

- accept the need to work to a timetable and deadlines;
- accept high level responsibility for completion of tasks; and
- maintain their skills and understanding of the certification standards and criteria and the survey process

## **APPENDIX B: CODE OF CONDUCT FOR CERTIFICATION SURVEYORS**

Certification surveyors are the representatives of the PhilCAT and are given almost unlimited access to the TB DOTS Center. Certification surveyors should acknowledge this by:

13. Being acutely aware of the privileges extended to them;
14. Maintaining the confidentiality of information obtained about the TB DOTS Center;
15. Respecting matters of patient privacy and confidentiality;
16. Acting as ambassadors for PhilCAT;
17. Being courteous and diplomatic;
18. Being impartial, fair and objective;
19. Avoiding any conflict of interest situations (this includes not promoting oneself to the health facility to undertake additional work);
20. Maintaining professional standards of dress and behavior and wearing the PhilCAT identification badge when undertaking a survey;
21. Respecting the health facility's 'in-house' rules with regard to matters such as smoking and the use of mobile telephones;
22. Taking from the TB DOTS Center only those documents, including photocopies, for which clearance has been obtained from the TB DOTS Center;
23. Generally encouraging and educating TB DOTS Centers in their pursuit of quality activities and continuous improvement; and
24. Giving appropriate attention to the survey process and minimizing disruption and time spent on issues relating to one's own employment.

In addition, certification surveyors have responsibilities to PhilCAT and PhilHealth. These responsibilities form the basis of the evaluation of surveyor performance and include:

7. Keeping your knowledge of TB DOTS methodology, the Philippine health care system, clinical practice, quality activities, management strategies, new standards and criteria and other relevant topics up to date;
8. Maintaining your commitment to undertake 8 days of surveying per year;
9. Attending the bi-annual continuing education program;
10. Submitting accurate, well-written survey reports to PhilCAT within the allocated time;
11. Being a team leader of a survey when requested once suitably experienced and trained; and
12. Limiting expenses payable by PhilCAT / TB DOTS Center to reasonable levels.

Certification surveyors who accept the work of participating in TB DOTS Center surveys as a privilege and who observe this code of conduct will find the survey process to be rewarding and a means of expanding their own knowledge of health care practices.

Adherence to the Code of Conduct is fundamental to the integrity of PhilCAT. PhilCAT reserves the right to terminate the appointment of a certification surveyor found in breach of the Code of Conduct.

## **APPENDIX F. DECISION TOOL TO ASSIST WITH CERTIFICATION DECISION-MAKING**

### **INTRODUCTION**

The process for determining the certification status needs to be objective and transparent. The credibility of the certification process depends on its perceived objectivity and transparency. Furthermore, PhilHealth must be confident that the certification decision is objective and accurate before it can confidently accredit PhilCAT certified TB DOTS Centers.

A review of various certification and accreditation programs throughout the world reveals that there are essentially two ways to make certification decisions.<sup>4</sup> The first is to use processes of collective judgment. The other is to use a scoring system. There are advantages and disadvantages with both approaches. These were canvassed in the report prepared by the Consultants in August 2003.<sup>5</sup>

### **BACKGROUND**

#### **THE CERTIFICATION STANDARDS**

*See Appendix D*

#### **INTERNATIONAL CERTIFICATION PROGRAM DIFFERENCES**

The Consultants reviewed models of decision-making used in other health related certification and accreditation programs. These specifically included the following certification and accreditation programs:

- The Australian Council on Healthcare Standards
- Joint Commission on Accreditation of Healthcare Organizations
- BreastScreen Australia
- The Postgraduate Medical Council of NSW
- Council for Health Service Accreditation of Southern Africa

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<sup>4</sup> Shaw C. External Assessment of Health Service Standards. CASPE Research, 11-13 Cavendish Square, London, W1M 0AN, 1999.

<sup>5</sup> Smith DA, Acuin JM, Perez J, Asanza M. TB DOTS Provider Certification Program, Tuberculosis Initiatives for the Private Sector, Final Report, 25 August 2003.

In comparing the PhilCAT certification program other certification and accreditation programs, the critical difference that emerges is that the PhilCAT standards are much more operationally or process based, whereas the other programs are taking a more outcome-focussed approach.

Another significant distinction is the limited number of standards and criteria used in the PhilCAT program. The PhilCAT program has only 31 performance criteria to be assessed. This is in contrast with other programs such as the Australian Council on Healthcare Standards, which has 125, and BreastScreen Australia which has 175. The number of assessment criteria used by the Joint Commission on Accreditation of Healthcare Organizations varies depending on the type of health service being assessed. However, no matter what the type of health service, all are assessed by more than 100 assessment criteria.

Another distinction is that most other programs have a tiered system of certification or accreditation outcomes. For example, certification or accreditation can be granted or not granted, or granted for varying periods of time. The outcomes can also include recommendations for early review or specific monitoring. Within the PhilCAT program, only one of two outcomes can result:

- certified; or
- not certified.

It must be noted that this 'absolute' position is a prerequisite of the PhilHealth accreditation requirement.

#### **CURRENT PHILCAT CERTIFICATION DECISION-MAKING ARRANGEMENTS**

PhilCAT has been using a process of collective judgement for determining certification status. Certification decisions are to be made by the decision-making committee of PhilCAT based on the findings of the survey team. The decision is then relayed to PhilHealth with a range of information to allow PhilHealth to make an accreditation decision.

However, they are no rules or guidelines to assist that process. Also it is of interest to note that this was not the process used during the pilot process. The decision to certify was taken following a consensus meeting of the participating surveyors. This was done to facilitate the process and was not intended to supplant the process initially proposed by PhilCAT

There was an initial proposal that the certification decision be based on a scoring algorithm that would consider minimal passing ratings on the certification criteria. Depending on whether a criterion was in the core list or not, the individual standard scores would be weighted and the resulting products aggregated. Consideration of both the individually weighted standard scores and the aggregate criteria score would indicate whether the TB DOTS Center had met the minimum expected compliance with the certification standards.

Clearly it can be argued that a scoring algorithm system would ensure objectivity and

transparency of the decision-making process. All the ratings would be considered in a systematic way, a numerical value assigned and a final tally determined by a mathematical algorithm. However, most certification programs use processes of collective judgment because scoring systems are complex and expensive to establish.<sup>6</sup> The greatest difficulty is determining a basis for weighting the criteria and establishing relative weight values.

The Consultants did not recommend a scoring algorithm system.<sup>7</sup> The process of collective judgment was recommended. However, to ensure objectivity and consistency in decision-making, it was recommended that PhilCAT establish guidelines for the certification outcomes.

In making this recommendation the Consultants first considered whether to develop guidelines or rules. The Consultants formed the view that the word 'guidelines' implies a less stringent application than 'rules'. Guidelines would provide PhilCAT with a degree of flexibility. The Consultants believe this flexibility is required given the 'newness' of the certification program.

The Consultants recommend that the guidelines be founded on a risk management approach.

## **THE RISK MANAGEMENT APPROACH**

### **DEVELOPING A RISK MANAGEMENT APPROACH**

It can be difficult to interpret a TB DOTS Center's overall performance given the number of performance parameters (criteria) be assessed. Guidance is required to ensure consistent, objective decisions.

A risk management approach is a well recognised, objective way to provide a structure for overall assessment without sacrificing flexibility. This approach would also enable the introduction of tiered certification decision outcome if this accorded with PhilCAT and PhilHealth needs.

In addition to the practical reasons for adopting a risk management approach, this would accord with emerging best practice. For example, the Australian Council on Healthcare Standards, the Joint Commission on Accreditation of Healthcare Organizations in the USA and BreastScreen Australia have all recently developed a risk management approach to health services accreditation.

### **THE RISK MANAGEMENT PROCESS**

The risk management process has been defined as:

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<sup>6</sup> Smith DA. Personnel correspondence with Dr Dennis O'Leary, Chief Executive, Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Chicago, USA, 1999.

<sup>7</sup> Smith DA, Acuin JM, Perez J, Asanza M. TB DOTS Provider Certification Program, Tuberculosis Initiatives for the Private Sector, Final Report, 25 August 2003.

...the systematic application of management policies, procedures and practices to the tasks of identifying, analysing, treating and monitoring and communicating risk.<sup>8</sup>

Governments and businesses worldwide are advocating a risk management approach to ensure good and accountable decision-making.<sup>9</sup> Risk management can be applied to all activities in an organization at strategic and operational levels. It basically involves evidence-based decision-making by actively managing risks and opportunities.

Within a risk management model the following steps are undertaken:

- Establish the context associated with the program activity;
- Identify risks (including the likelihood and consequence associated with each risk);
- Analyze risks;
- Assess and prioritise risks;
- Treat risks; and
- Continuously monitor and review the process.

## **APPLYING A RISK MANAGEMENT APPROACH TO PHILCAT CERTIFICATION**

### **ESTABLISHING THE CONTEXT**

A risk assessment and management approach could be applied to:

- individual certification criteria according to their impact on service delivery to reduce the mortality and morbidity of TB in the target population; or
- criteria within the standards according to the risk the criteria pose for a particular outcome, *for example* adequate supplies of anti-tuberculosis medications.

Standards and criteria can then be managed according to the risk to which they expose the aim of the National Tuberculosis Program, PhilHealth accreditation or the particular interest of a criterion or standard, such as patient safety.

### **RISK IDENTIFICATION AND ANALYSIS**

For each criterion, an assessment is first made of the likelihood of the criterion not being met by TB DOTS Centers and then an assessment is made of the consequences or impact of the criterion not being met in relation to the context described above.

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<sup>8</sup> Risk Management. Australian Standard / New Zealand Standard 4360: 1999. Standards Australia, 286 Sussex Street, Sydney, NSW, Australia 2000.

<sup>9</sup> The Management Advisory Board-Management Improvement Advisory Committee (MAB/MIAC) Guidelines for Managing Risk in the Australian Public Service Report No 22 October 1996.

The first stage of the process is to identify the *likelihood* of the criterion not being met by a TB DOTS Center. Likelihood can be broken down into five categories: almost certain, likely, moderate, unlikely or rare.

The second stage of the process is to analyze the *consequence* of a TB DOTS Center not meeting the criterion in relation to the described context. A simple five-point scale can be used to categorize consequences as extreme, very high, medium, low or negligible. Caution must be taken to ensure against overstating the consequences.

**ESTABLISHING LEVEL OF RISK**

The level of risk describes the combined effect of likelihood and consequence. The level of risk indicates what level of treatment action might be required and who should be responsible for treatment action.

The following matrix can be used to determine the level of risk to be allocated to each criterion. Risks are categorized as severe, high, major, significant, moderate, low or trivial.

		Consequences				
		extreme	very high	medium	low	negligible
Likelihood	almost certain	severe	severe	high	major	significant
	likely	severe	high	major	significant	moderate
	moderate	high	major	significant	moderate	low
	unlikely	major	significant	moderate	low	trivial
	rare	significant	moderate	low	trivial	trivial

**PRIORITIZING RISK**

Working through scenario planning, considering the "what if?" of risks occurring and examining alternative methods of dealing with possible consequences can help determine the level of priority to be attached to risks.

In prioritizing risks, questions to ask are:

- Are any of the risks acceptable? Do existing internal controls provide a sufficient level of assurance that risk is minimized?
- Does the cost of dealing with the risk outweigh the costs of the consequences?
- Would treatment of the risk be acceptable to stakeholders, e.g. patients, clinicians?

- Is treatment of the risk within the control of the TB DOTS Center, the regional authorities, PhilCAT?
- What is the acceptable level of risk?
- What is the priority of the risks (high, medium, low or urgent)?
- Who should prioritise the risks - PhilHealth, PhilCAT or the TB DOTS Center?

### **RISK TREATMENT**

After each criterion has been categorized and the level of risk determined, poor performance should be managed according to the risk to which it exposes the aim of the National Tuberculosis Program, PhilHealth accreditation or the goal of the particular criterion.

The following management strategy for the treatment of risks, against the risk categories is recommended. This then serves as a guide for future action by the TB DOTS Center.

Risk Categorization	Risk Management Guidelines
Severe risk	Must be managed by senior management with a detailed plan and allocated resources within a short and defined timeframe.
High risk	Detailed research and management planning required at senior levels with responsibility and accountability for actions specified.
Major risk	Senior management attention is needed.
Significant risk	Management responsibility must be specified.
Moderate risk	Manage by specific monitoring or response procedures.
Low risk	Manage by routine procedures and review processes.
Trivial risk	Unlikely to need specific application of resources.

This generic management strategy can be applied to each criterion according to the level of risk it poses to the aim of the National Tuberculosis Program, PhilHealth accreditation or to the specific criterion or standard. For example, poor performance against a criterion that is categorized as a 'severe' or 'high' risk and considered critical to the aim of the National Tuberculosis Program (e.g., a definitive diagnosis standard) needs to be managed by senior management within the TB DOTS Center using a detailed plan with assigned responsibilities and accountabilities.

The above table is provided as an example only. A management strategy, specific to the needs of the National Tuberculosis Program, should be established by PhilCAT for each risk category.

**MONITORING AND REVIEW**

In determining risk treatments and an appropriate management strategy for each risk category, PhilCAT also needs to consider how the impact of risk treatment on performance can be monitored and reviewed.

## **CERTIFICATION DECISION GUIDELINES**

### **DESIGNING CERTIFICATION DECISION GUIDELINES**

Ideally a small working group of PhilCAT and PhilHealth should collaborate on the development of a process to facilitate a uniform, transparent and accountable process for the assessment of TB DOTS Centers. As implied above, the working group should use a risk management framework approach. This would ensure there was consensus and agreement on the key attainments of certification and, consequently, PhilHealth accreditation. Unfortunately, there is insufficient time to allow a working group process. This process would take a minimum of two to three months to complete. The Consultants do not believe there is sufficient time for this process and will instead develop certification decision guidelines and recommend their immediate adoption. Once adopted, the guidelines can be reviewed and modified if necessary in, say, 12 months time.

The Consultants aim to develop a clear and consistent process for assessing TB DOTS Centers and making accreditation decisions. To this end, the Consultants have developed guidelines that:

- allocate criteria to one of three levels, categorized in relation to key performance outcomes;
- proposes a strategy for managing gaps in performance, setting out roles and responsibilities; and
- clearly links certification decisions to performance against the standards and criteria.

### **COMPONENTS OF THE CERTIFICATION DECISION GUIDELINES**

The PhilCAT standards are grouped together into four core goals. These goals are based on four key outcome areas, all equally important for achieving the aims and objectives of the National Tuberculosis Program, PhilHealth and PhilCAT. Within the four goals are ten standards with their subsets of criteria.

The ten standards are:

#### General infrastructure

1. Access
2. Comfort and privacy
3. Safety

#### Patient care

4. Assessment
5. Diagnostics
6. Care plan
7. Medications

#### Management and information systems

8. Policies and procedures for patient care
9. Policies and procedures for information management

Human resources  
10. Staffing

**CATEGORIZING CRITERIA ON THE BASIS OF RISK**

Each criterion must be allocated a risk rating. The risk rating is a way of considering the impact of not meeting that criterion on the core goals.

Allocating criteria a risk category does not mean that some criteria are more 'important' than others. The Consultants' view is that all the criteria are important for ensuring the quality of the TB DOTS service. Risk categorization is simply a method of assessing the impact of poor performance.

Seven risk categories are commonly used: severe, high, major, significant, moderate, low and very low. The Consultants believe this is too complex for the purposes of the PhilCAT program and recommend that to streamline the decision-making process and to support a strategy for managing gaps in performance, the seven commonly used risk categories should be grouped into three levels. These are:

- Level 1 severe and high risk
- Level 2 major and significant risk
- Level 3 moderate, low and trivial risk.

A table showing each criterion, its risk category and estimated risk level is at Attachment 1.

The table below summarizes the number of PhilCAT certification criteria per risk category in each standard.

Table 1: Summary of the number of criteria per risk level per standard

Standard	Ranking of criteria		
	Level 1 (severe/ high)	Level 2 (major/ significant)	Level 3 (moderate/ low/trivial)
Access	0	1	3
Comfort and privacy	0	1	3
Safety	1	4	1
Assessment	0	0	2
Diagnostics	0	1	2
Care Plan	0	6	0
Medications	1	1	1

P & p for patient care	0	0	4
P & p for information management	0	1	4
Staffing	0	3	1
TOTALS	<b>2</b>	<b>18</b>	<b>21</b>

**THE DECISION GUIDELINES IN PRACTICE**

The decision guidelines are primarily a tool to assist certification decisions made by the PhilCAT decision-making committee. The aim is to improve the transparency and consistency of PhilCAT certification decisions.

Transparency also means that the guideline should be made widely available so that all involved in the certification process are aware of the certification decision-making process. Understanding the guidelines, and more specifically the risk management approach, can support TB DOTS Centers in their preparation for site visits.

It should be noted however that the need and focus of TB DOTS Centers is different from that of PhilCAT and PhilHealth, therefore these guidelines, as currently developed, are not designed to meet all the needs of individual TB DOTS Centers in implementing a continuous quality improvement program. Managers in the TB DOTS Centers can use the risk management approach to assist them to develop strategies for continuous quality improvement for their individual Centers.

The decision guidelines are a matrix of the surveyors’ ratings and the risk level assigned to the criteria.

**RATING THE CRITERIA**

The Consultants previously recommended a rating system based on a Likert scale with a range of responses built on verbal ‘anchors’. The Consultants preferred the use of a ‘forced-choice’ response scale with an even number of responses and no middle choice. In this situation, the TB DOTS Centers and surveyors are forced to decide whether they lean more towards the ‘agree’ or ‘disagree’ end of the scale for each standard and criterion. This stops the ‘sit on the fence’ or undecided or neutral option.

The simplest even-numbered Likert scale is a four-point scale with verbal 'anchors' provided for each point. Given that the focus of the certification process is on the demonstration of achievement, the Consultants recommended verbal 'anchors' based on 'achievement' language.

The following simple four-point Likert scale was recommended:

1. *Non Achievement* - The requirements of standard / criterion are not met. No effort has been made by the TB DOTS Center to address the standard / criterion. There is no evidence of

achievement at any level or there is conflicting evidence and the surveyors consider the weight of evidence supports a rating of *non achievement*.

2. *Low Achievement* - The requirements of standard / criterion are scarcely met. Minimal effort has been made by the TB DOTS Center to address the standard / criterion. There are a number of circumstances where the standard / criterion is not achieved at all. Most of the evidence of compliance or achievement is the result of newly implemented efforts by the TB DOTS Center. There is scant documentary evidence supporting the achievement. There is little or no infrastructure to support ongoing achievement. There is no evidence of ongoing review of achievements or performance.
3. *Moderate Achievement* - The requirements of the standard / criterion are generally met in most circumstances. There is evidence that the TB DOTS Center has achieved the basic requirements of the standard / criterion for some time. Basic documentation is available. The basic infrastructure to support ongoing achievement is in place. There is, however, little evidence of ongoing review of the level of achievement or performance being conducted and no evidence of action taken to improve the level of achievement.
4. *Extensive Achievement* - The requirements of the standard / criterion are fully met in the majority of circumstances and have been for some time. There is consistency of application of the standard / criterion. A range of documentation supporting achievement is available. Continuous achievement is supported by infrastructure. Reviews of performance are conducted and action is being taken to improve. There is evidence of continuous improvement and effort is being made to strive for best practice.

Despite best efforts to define the rating points, a certain amount of random error will always affect a rating process as some raters simply interpret the calibration of the rating scale differently so as to make generally higher or lower ratings. The Consultants have recommended using the consensus of two surveyors to minimize this random error.

#### **GUIDELINES FOR CERTIFICATION**

As stated above, the decision to certify should be based on guidelines to ensure transparency and consistency of decision-making. The PhilCAT decision-making committee always has the potential to vary from the requirements set out in the guidelines provided there is sufficient justification. In these cases, the reasons must be fully documented and be used as precedent for other decisions.

The PhilCAT decision-making committee must consider the balance of the performance of TB DOTS Centers across all eight standards. The requirements set out below in Table **x** should guide PhilCAT's decision-making.

Table 2: Recommended guidelines for certification

GUIDELINES FOR CERTIFICATION		
Level 1 Criteria	100%	<i>Moderate Achievement</i> or <i>Extensive Achievement</i>
Level 2 Criteria	80% (14 or more criteria) [Note: Based on 18 Level 2 criteria]	<i>Moderate Achievement</i> or <i>Extensive Achievement</i> and <u>no</u> <i>Non Achievement</i> ratings
Level 3 Criteria	60% (12 or more criteria) [Note: Based on 21 Level 3 criteria]	<i>Moderate Achievement</i> or <i>Extensive Achievement</i> and no more than two (2) <i>Non Achievement</i> ratings

**THE CERTIFICATION DECISION**

The certification decision-making process should be based on an analysis of a comprehensive report of the survey, a review of any associated supporting documentation and the guidelines. A decision-making committee should first review the surveyors’ report, discuss any issues consequent to the review of the report and then make a certification decision based on the guidelines. The certification status should be based on the collective judgment of the reviewers, assisted by the guidelines.

If disagreement exists within the decision-making committee, the status should be resolved on a vote using simple majority. The rules (as apart from the guidelines) governing the decision-making process must exclude the introduction of new information into the discussion and ensure procedural fairness (e.g., avoidance of conflicts of interest).

Currently, the decision-making committee does not have an opportunity to have any of its concerns, consequent to the review of the report, clarified. In many certification programs this is addressed by having the survey team leader, or other team member, available to clarify any issues raised by the decision-making committee. This can be done by teleconference to limit the cost. After points of clarification are settled, and without the survey team member being present, the decision-making committee then determines the certification status. The survey team member does not participate in the certification decision. The Consultants previously recommended this approach and still believe this is a sound practice that should be introduced into the decision-making process.

## **APPENDIX G. OUTLINE OF AN INDUCTION TRAINING PROGRAM FOR PHILCAT CERTIFICATION SURVEYORS**

### **INTRODUCTION TO THE TRAINING PROGRAM**

Induction training is critical for the successful introduction of new surveyors into the certification program.<sup>10</sup>

The induction training will be based on the international standards for accreditation induction training. The topics include:

- mission, values and strategic directions of the certification organization;
- the organization, rules and processes of the certification organization;
- legal and certification requirements;
- certification standards and criteria and their interpretation;
- evaluation procedure skills, including report requirements;
- performance expectations and evaluation systems; and
- strategies to continually improve the quality of the certification program.<sup>11</sup>

In addition to the topics identified by the International Society for Quality in Health Care, the Consultants believe the program must also address the principles of quality assurance and quality improvement. This is necessary to provide the theoretical foundation for the certification program. It is the Consultants' understanding that many Filipino health professionals do not have a good understanding of the principles of quality assurance and quality improvement.

The one-day training program will be a mix of didactic presentations with time for 'questions and answers' and simulated exercises. Simulated exercises are an important part of the training. This is based on the observation that it is not teaching but experiential learning that leads an adult to change their thinking and way of doing things.<sup>12</sup>

Teaching aids and material, including surveyors' guidebook, will be developed and provided to the trainee surveyors. The documentation will be designed to assist reinforce the material presented during the induction training. The goal of the documentation will be to assist the surveyors undertake their work consistently and to the requirements of PhilCAT and PhilHealth.

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<sup>10</sup> Bohigas L, Smith DA, et al. A comparative analysis of surveyors from six hospital accreditation programmes and a consideration of the related management issues. *Int J Qual Health Care* 1998; 1: 7-13.

<sup>11</sup> International Society for Quality in Health Care (ISQua). *International Standards for Health Care Accreditation Bodies*, May 2000. [<http://www.isqua.org.au>].

<sup>12</sup> Fox RD, Mazmanian PE, Putnam RW, eds. *Change and learning in the lives of physicians*. New York: Praegar, 1989.

As with any training exercise, the induction-training program will be evaluated to develop an understanding of the limitations of the training program. Evaluation will occur at the conclusion of each training program and should be done again after the surveyors have completed a number of surveys. The latter information will provide better insight into the usefulness of the induction-training program. Future induction-training programs can then be modified and improved based on the evaluations.

## **PROGRAM CONTENT AND RATIONALE**

### **THE PHILCAT ORGANIZATION**

Trainee surveyors will be drawn from a number of different professional and organizational backgrounds. Many will not be familiar with the origins and composition of PhilCAT and its many relations with other health care organizations. Surveyors need to have an understanding of these relationships if they are to effectively represent PhilCAT. For many TB DOTS Centers, the certification surveyors are the only people they will meet from PhilCAT. For most, the surveyors will be PhilCAT.

The surveyors need to understand the PhilCAT organization and its many relationships. This will be a very short didactic session with an opportunity for 'questions and answers'.

### **MISSION, VALUES AND STRATEGIC DIRECTIONS**

The mission of any organization defines its purpose and its relationships with its clients. The mission can then provide the basis for planning, decision-making and action. The certification surveyors need to understand and, in turn, behave in a manner consistent with the mission and values of PhilCAT and, to a lesser extent, PhilHealth.

The context will have already been set for the trainee surveyors as the core competencies and the *Code of Conduct*, which are a 'reflection' of the mission and values of PhilCAT, were used to select personnel for training. Accordingly, this session can be brief. However, it cannot be overlooked as it necessarily establishes 'up front' the purpose of the certification program and the role the surveyors will have in the certification program.

Furthermore, the fact that certification is ultimately linked to the payment of benefits by PhilHealth potentially sends a message of regulation and control. The goal of PhilCAT certification is quality improvement, not regulation and control, and this message must be reinforced with the trainee surveyors at the commencement of training. The mission and values of PhilCAT have to be clear and unambiguous for the surveyors to be effective in their roles.

How the surveyors represent PhilCAT is critical to the ongoing credibility and success of the certification program. The surveyors are the ambassadors of PhilCAT. They must promote the mission and values of PhilCAT certification when surveying TB DOTS Centers and daily within their own workplaces.

This session will be a didactic session with an opportunity for 'questions and answers'.

### **PRINCIPLES OF CONTINUOUS QUALITY IMPROVEMENT**

DOTS is a labor intensive clinical intervention requiring the vigilance and commitment of health care providers. Furthermore, DOTS is a relatively new methodology relying on standardized processes of care delivered in an environment of continuous improvement. Assuring its success requires a culture of continuous improvement and the prevention of errors.

As stated above, it is the Consultants' understanding that many Filipino health professionals do not have a good understanding of the principles of quality assurance and continuous quality improvement. The PhilCAT certification standards and the PhilHealth accreditation standards are founded on the principles of continuous quality improvement.

PhilCAT certification aims to motivate TB DOTS Centers to create an organizational environment of continuous improvement. PhilCAT certification requires TB DOTS Centers to demonstrate the effectiveness of care by data on achievements, improvements and outcomes. This data will be used by TB DOTS Centers to regularly review and improve their performance and it is the basis of accountability to PhilCAT and PhilHealth.

An understanding of the principles of continuous quality improvement is essential for an understanding of the certification standards and how they should be applied in TB DOTS Centers. Furthermore, this is essential for understanding PhilCAT and PhilHealth performance expectations of TB DOTS Centers.

The session will introduce trainee surveyors to the Shewhart Cycle for continuous quality improvement and give practical examples of its use in TB DOTS Centers.<sup>13</sup> The session will also introduce trainee surveyors to the six key dimensions of quality health care and the five associated cross-dimensional issues that underpin the PhilCAT certification program and the PhilHealth accreditation program. This approach is founded in the principle that if a TB DOTS provider demonstrates adequate performance in these dimensions, the quality of care will be appropriate.

The six dimensions of quality health care to be addressed in the session are:

1. Safety of health care;
2. Effectiveness of health care;
3. Appropriateness of care;
4. Efficiency of service provision;
5. Consumer involvement in health care; and

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<sup>13</sup> Dr Walter A Shewhart (1891-1967) - recognised as the 'father' of statistical control and the 'Plan/Do/Check/Act' cycle.

6. Access to services.

As each dimension is not a completely separate entity and there is significant overlap and interplay between them, the trainees will also be introduced to additional concepts. Cross-dimensional issues have been identified as important components of the framework and have an impact on the six dimensions of quality. The following cross-dimensional issues will also be addressed in the session:

1. Competence;
2. Information management;
3. Continuity of care;
4. Evidence-based medicine; and
5. Education and training.

The session will have a significant component of didactic presentation but will engage the trainee surveyors in discussion about the issues.

### **THE CERTIFICATION PROCESS**

Surveyors need to understand the certification process and their role within that process. The certification of a TB DOTS Center requires many steps. This session will provide an overview of the following key steps:

1. Entry of a TB DOTS Center into the certification program;
2. The self-assessment process;
3. The nature and extent of the survey, including the sequence of activities;
4. Conduct of on-site certification survey, including general rules and procedures, interviews, document reviews, observations, rating and interpretation of standards and exit conference; and
5. Report writing

The surveyors will also be provided with an overview of the certification decision-making process and an overview of how this leads to PhilHealth accreditation.

This session will be a didactic session with an opportunity for 'questions and answers'.

### **CERTIFICATION STANDARDS AND THEIR INTERPRETATION**

The standards are statements of ideal performance. The criteria under each standard provide specific and measurable indicators that will help determine whether or not the standard has been met.

Training in the interpretation, application and assessment of the PhilCAT standards and criteria is a major component of the induction training. The surveyors must be competent in their knowledge of the standards, the criteria and the underlying goals of each standard and its criteria.

After a presentation on the standards and criteria, exercises will be conducted as part of this session. The aim of the exercises will be to demonstrate a range of surveyor competencies including:

- familiarity with the intent of the standards and criteria;
- the ability to apply standards and criteria within a range of settings;
- a capacity to identify problems in the application of the standards and criteria;
- an ability to modify the one's approach to different people and situations; and
- dealing with the pressures of timelines and ambiguity.

After the exercises the trainees surveyors will discuss and reflect upon the lessons learned during the exercises. This session will take a large part of the day.

### **RATING THE STANDARDS AND CRITERIA**

The ratings for the PhilCAT standards and criteria are not based on simple 'yes' or 'no' responses. The level of achievement, and thus the assignment of a rating, must be determined by simultaneously assessing a number of variables. The rating scale recommended by the Consultants simultaneously addresses those variables. The variables relate to the strength of evidence, consistency of application, sustainability and quality improvement.

Training in the application of the ratings is another major component of the induction training. The surveyors must be competent in their knowledge of the rating variables and how to assign a rating based on their assessments at survey.

The rating scale and the component variables will be explained in a didactic presentation with an opportunity for 'questions and answers'. After the presentation, exercises will be conducted as part of this session. The aim of the exercises will be to demonstrate a range of surveyor competencies including:

- familiarity with the rating scale and assessment variables;
- using the 4-point rating system;
- evaluating evidence; and
- developing consensus.

The exercise will also provide a further opportunity to gain familiarity with the intent of the standards and criteria.

As with the session on the standards and their interpretation, the trainees surveyors will discuss and reflect upon the lessons learned during the exercises. This session will take a major part of the day.

**REPORT WRITING**

The survey report is an essential component of the certification decision process. The certification survey team must conduct a comprehensive review of the TB DOTS Center by testing compliance with all of the standards and criteria. They then must complete a report on their findings in a relevant, timely, and accurate manner. The report must contain enough information for the decision-making committee of PhilCAT to make a well-informed decision about the certification status of the TB DOTS Center.

In addition, the survey report should make constructive recommendations regarding how the TB DOTS Center's performance could be improved. These recommendations will help support the quality improvement agenda of PhilCAT and PhilHealth and should lead to improved performance in the individual TB DOTS Centers.

This session will address the requirements of report writing. Examples of report extracts will be presented to provide a focus for an interactive session on report writing. At the end of the session, the trainee surveyors should have a good understanding of PhilCAT's report requirements.

**SURVEYOR PERFORMANCE MANAGEMENT**

The certification surveyors are the 'ambassadors' of PhilCAT. Their performance is critical to the success of PhilCAT. The performance of the surveyors must be regularly evaluated. The surveyors must understand their obligations to PhilCAT and the TB DOTS Centers and they must understand the basis of their evaluation.

This short didactic session will explain the responsibilities and expectations of surveyors. Additionally, the trainee surveyors will be provided with information on PhilCAT's obligations for remuneration, transportation, accommodation and personal accident insurance. Basic issues of occupational health and safety will also be addressed.

There will be time for 'questions and answers'. At the conclusion of the session the surveyors will be asked to sign the *Code of Conduct* indicating their acceptance of the obligations of being a PhilCAT certification surveyor.

**ONGOING TRAINING**

With advancements in knowledge and experience, the certification standards will require review and revision. Similarly, with experience the process of certification will require review and revision.

PhilCAT will require certification surveyors to attend 'refresher' training programs from time to time. This very short didactic session will explain the need to attend additional training programs in order to maintain currency of knowledge and skills.

### **TRAINING PROGRAM EVALUATION**

As with any training program, the induction-training program should be comprehensively evaluated to develop an understanding of the limitations of the training program. Evaluation will occur at the conclusion of the induction training and again after the surveyors have completed a number of surveys. The latter information provides a better insight into the usefulness of the induction-training program. Using all of the evaluation information, subsequent induction-training programs can be modified and improved.

### **EVALUATION OF THE INDUCTION TRAINING SESSIONS**

A simple questionnaire will be used to elicit responses on the effectiveness of the induction training. Each session will be evaluated using a simple Likert scale to assess the content, the presentation method and the presenter. An opportunity will be given to allow free text responses in addition to the ratings of the sessions.

A simple statistical analysis of the aggregated responses will be made at the conclusion of the three workshops.

### **EVALUATION OF THE TRAINING POST SURVEY EXPERIENCE**

A different questionnaire will be used to test the effectiveness of the induction training after each surveyor has completed two certification surveys. The questionnaire will address the key issues of surveying and focus mostly on the adequacy of the training, interpretation of the standards and rating the standards. Again, a Likert scale will be used to facilitate a simple statistical analysis of responses.

### **SURVEYORS GUIDEBOOK**

A surveyor's guidebook will be developed to help surveyors prepare for the certification survey of TB DOTS Centers. It will address all of the topics covered in the induction training. The surveyor's guidebook will also contain the certification standards and criteria and a copy of the self-assessment and survey tool.

The guidebook will be in loose-leaf format to facilitate updates and the insertion of additional material. The induction training presentations will be provided in print form at the time of the training sessions and should be added to the surveyor's guidebook by the trainee surveyors with their contemporaneous notes at the conclusion of the training.

## APPENDIX H. INSTRUCTIONAL DESIGN OF PHILIPS INDUCTION TRAINING COURSE FOR SURVEYORS

Time	Module title	Content	Teaching – Learning Activities	Method of evaluating the participants
8:30 – 9 am	Administer pre-test on modules 1 and 2			
9:15	Module 1 The PhilCAT organization (C. Yu)	Mission values and strategic directions Relationship of PhilCAT certification with PhilHealth accreditation	Lecture	Pre / post test on PhilCAT (written)
9:15 – 9:35	Module 2 The PhilCAT quality improvement framework (JA)	Underlying principles / concepts of quality improvement Quality measurement The PDCA cycle	Lecture	Pre – post test on quality improvement concepts (written)
9:35 – 10:05	Module 3 The PhilCAT certification standards (JA / DS)	Access and safety Patient care Information management Human resource management	Lecture	
10:05 – 10:25	Module 4 The certification process (DS)	Phases of certification Survey processes	Lecture	
10:25 – 11:40	Module 5 Eliciting the evidence (JA)	Ways to measure performance: Structure, process and outcomes Indicators of quality - sentinel and rate-based	Simulation exercise Small group discussion (by 3s or 4s) Report back to big group	

		indicators		
11:40	-	Q and A (JA and DS)		
12:15	-	Lunch		
12:15 1:00				
1:00 – 1:30		Using the rating scales (DS)		Lecture Exercise (individual) Report back to big group
1:30 – 3:00		Applying the certification standards during actual survey (JA)	Focusing the survey Deciding on what to ask; where to concentrate; anticipating problems	1:30 – 1:50 Division into groups, presentation of scenarios, self-assessment results and small group discussion. “Surveyor” group will evaluate whether or not self-assessment results satisfactorily show evidence of achievement of standards. They will focus on key areas of concern and plan survey activities to address these areas.
			Interviewing skills – probing, clarifying, validating Document review skills - Identifying relevant documents to support achievement of standards Observation skills Sampling issues Validity and reliability issues	1:50 – 2:20 Actual survey “Surveyor” group will conduct interview, “ocular survey” and “document review”. Consultants will provide additional information.

		Consensus building skills Use of rating scales	2:20 – 2:40 “Surveyor” group members report individual ratings to each other and notes concordance / discordance “Surveyor” group members build consensus on findings.	
		Communication skills	2:40 – 3:00 “Surveyor” group presents findings	
3:00 – 3:40	Report writing (DS)	Writing and summarizing skills	Lecture	
3:40 – 4:00	Surveyor performance management and ongoing training (DS)		Lecture and open discussion	
4:00 - 4:30	Summation and evaluation (JA)		Lecture and evaluation	Written test on modules 2 (post – test), 3 and 4
4:30 – 4:40	Closing remarks (CY)			

## APPENDIX I. INDUCTION TRAINING PROGRAM FOR PHILCAT CERTIFICATION SURVEYORS

TIME	TOPIC	PRESENTER
8:30 - 9:00	Arrival and registration Pre-test and questionnaire	
9:00 - 9:15	Welcome and introduction to PhilCAT and the TB DOTS Center Certification Program	Dr Charles Yu Chairman, PhilCAT
9:15 - 9:30	The PhilCAT Quality Improvement Framework	Dr Jose Acuin Consultant, PhilTIPS
9:30 - 10:00	The PhilCAT Certification Standards	Dr Jose Acuin & Dr Denis Smith Consultants, PhilTIPS
10:00 - 10:30	The PhilCAT certification process	Dr Denis Smith Consultant, PhilTIPS
10:30 - 11:45	Eliciting evidence of performance (structures, processes and outcomes) - small group exercises	Dr Jose Acuin Consultant, PhilTIPS
11:45 - 12:15	Discussion	Dr Jose Acuin & Dr Denis Smith Consultants, PhilTIPS
12:15 - 1:00	Lunch	
1:00 - 1:30	Understanding the PhilCAT rating scale	Dr Denis Smith Consultant, PhilTIPS
1:30 - 3:15	Surveyor skills Part 1: Using the self-assessment documentation - small group exercises Part 2: Practical surveyor skills - small group exercises Part 3: Consensus and rating - small group exercises	Dr Jose Acuin & Dr Denis Smith Consultants, PhilTIPS
3:15 - 4:00	Writing the certification survey report	Dr Denis Smith Consultant, PhilTIPS
4:00 - 4:15	Surveyor performance management and ongoing training	Dr Denis Smith Consultant, PhilTIPS
4:15 - 4:30	Summation, final questions & answers and workshop evaluation	Dr Jose Acuin & Dr Denis Smith Consultants, PhilTIPS
4:30 - 4:40	Closing remarks and presentation of training certificates	Dr Charles Yu Chairman, PhilCAT

## APPENDIX J. EXERCISE ON ELICITING THE EVIDENCE

### INDUCTION TRAINING PROGRAM FOR PHILCAT CERTIFICATION SURVEYORS

#### EXERCISE 1: ELICITING THE EVIDENCE

You must work in groups of three or four for this exercise. The exercise is in two parts. Please concentrate on the first part and if time permits, proceed to the second part.

#### PART 1

Answer the first question *individually*. Then share your answers with your group and discuss your answers to the rest of the questions.

At the end of the session you will be asked to present your group answers to the rest of the class.

#### The exercise

You are members of a PhilCAT survey team. You are to assess the following safety standard and criteria within an applicant DOTS Center.

3. The TB DOTS Center provides for the safety of its patients and staff.	3.1. There is adequate clean water for personal hygiene and sanitation purposes.
	3.2. The TB DOTS Center maintains appropriate levels of cleanliness and antisepsis of all physical areas, equipment and instruments.
	3.3. General waste, sharps, pathological and infectious waste, pharmaceutical and chemical wastes are appropriately segregated, safely handled and disposed of according to accepted safe disposal practices.
	3.4. TB drugs are securely stored under appropriate storage conditions.
	3.5. Sputum and other body fluids are collected in a safe and hygienic way.

	3.6. There are documented, disseminated and implemented procedures to identify and address the risks of contamination of staff and patients from sources of infectious diseases.
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Remember that the goal is **the provision of a safe and effective physical environment for patients and staff.**

In assessing these criteria, you must anticipate the possible pieces of evidence that the TB DOTS Center may provide in their self-assessment or present when you are surveying the TB DOTS Center.

1. List possible *pieces of evidence* that the TB DOTS Center might offer to address each of the criteria.

*For example:* the clinic might cite daily cleaning schedules as evidence to support achievement of criterion 3.2.

Name as many as you can for each criterion!

2. Discuss the *strengths and weaknesses* of each of the evidence in terms of how closely they support the goal of safety.

*For example:* what are the reasons why or why not having daily cleaning schedules can actually support the provision of a safe and effective physical environment for the staff and patients?

3. Discuss how difficult or easy it would be to objectively *assess* that piece of evidence.

*For example:* how difficult or easy would it be for a TB DOTS Center you to assess daily cleaning schedules?

4. Discuss how *feasible* it would be to validate each piece of evidence given the time constraints of the survey.

*For example:* how quickly can you confirm that the Center has actually completed daily cleaning schedules?

WORKSPACE

<b>Criterion</b>	<b>Pieces of evidence</b>	<b>Strength / weakness</b>	<b>Measurability</b>	<b>Feasibility</b>
3.1				
3.2				
3.3				
3.4				

3.5				
3.6				

**PART 2**

It can be difficult to interpret a TB DOTS Center’s performance given the number of performance parameters (pieces of evidence) being assessed. Guidance is required to ensure consistent, objective decisions.

A risk management approach is a well recognised, objective way to provide a structure for the overall assessment of a criterion.

**The exercise**

The following exercise is designed for you to:

1. Estimate *how likely* it is for a *typical* applicant TB DOTS Center to NOT to achieve each criterion; and
2. Estimate the magnitude of the *negative impact* on the Center’s functioning as an effective DOTS provider should it fail to achieve the criterion.

Use a 5 point grading system. Assign 1 if the likelihood or the negative impact is very low and 5 if the likelihood or negative impact is very high.

Fill in the table below.

<b>Criterion</b>	<b>Likelihood of not achieving</b>	<b>Magnitude of negative impact</b>
3.1.		

3.2.		
3.3.		
3.4.		
3.5.		
3.6.		

## **APPENDIX K. EXERCISE ON APPLYING THE STANDARDS**

### **INDUCTION TRAINING PROGRAM FOR PHILCAT CERTIFICATION SURVEYORS**

#### **EXERCISE 2: APPLYING THE STANDARDS**

You must work in groups of three or four for this exercise. The exercise is in two parts. Please concentrate on the first part and if time permits, proceed to the second part.

#### **PART 1**

Answer the first question *individually*. Then share your answers with your group and discuss your answers to the rest of the questions.

At the end of the session you will be asked to present your group answers to the rest of the class.

#### **The exercise**

You are members of a PhilCAT survey team. You are to survey a multi-specialty private clinic that has applied for certification as a TB DOTS Center.

You are to assess the three of the standards for patient care (standards 4,5, & 6).

1. Evaluate whether or not the evidence offered to you sufficiently proves that the corresponding criterion has been achieved.
2. How would you validate these pieces of evidence during the actual survey? Would you conduct interviews, document reviews or actual observations?
3. If you think that the criteria have not been sufficiently achieved, what other pieces of evidence would you ask for during the survey? How would you validate these pieces of evidence? Cite specific examples for each criterion.

#### Background information

The San Miguel Clinic is owned and managed by a businessman who has assigned his brother-in-law doctor and friends to oversee the daily operations of the clinic. There are pediatric, general medicine, obstetrics and gynecology and dental services. The clinic occupies the second floor (about 100m<sup>2</sup>) of a five-story building close to the public market of a third-class municipality in the Visayas. The clinic is laid out as one big room with clinical cubicles on all

sides opening to a central waiting area. It has basic laboratory facilities in a small adjoining room but no X-ray equipment.

The clinic sees about 100 patients daily, mostly coming from the C and D crowd. Two nurses perform administrative and clerical jobs, take vital signs, triage patients and administer immunizations. A nurse at the front desk by the door performs initial assessment on the patients, assigns them to the appropriate doctor and then asks them to wait in a central area to be called by the doctors in the adjacent cubicles. When the consult is finished, patients pay the nurse at the front desk. Patient records are kept in filing cabinets behind the nurse’s desk. Emergency drugs and supplies are kept in cabinets surrounding the waiting area. There is no pharmacy.

In planning for the survey, you consider the following results of the self-assessment that the San Miguel Clinic has submitted to you.

<b>PhilCAT CERTIFICATION STANDARDS</b>			
Survey Item	Criterion	Evidence of Progress and Achievements (Completed by TB DOTS Center)	DOTS Center Rating*
<b>Goal: Patients receive adequate and effective diagnostic and therapeutic services at every phase of their management from screening for TB to rehabilitation.</b>			
<b>This standard will be achieved when:</b>			
<b>4</b>	<b>All patients undergo a comprehensive assessment to facilitate the planning and delivery of treatment.</b>	It is a clinic policy.	EA
4.1	Appropriate professionals obtain and document the relevant history for each patient.	The nurse records the history on the treatment card and this is further completed by the doctor. The card has a convenient checklist for staff to use to ensure history is comprehensive. All patients have a continuous treatment card.	EA
4.2	A physician completes and documents the relevant physical examination for each patient.	The doctors record the exam on the same treatment card. The initial consultation document provides adequate space for recording clinical findings.	EA
<b>5</b>	<b>All patients have continuous access to accurate and reliable TB diagnostic tests.</b>	The clinic has on-site laboratory and there are x-ray facilities in the adjacent building and owned by one of the attending doctors.	EA
5.1	All patients undergo sputum microscopy by a qualified	It is a clinic policy. The clinic has an on-site laboratory staffed by a trained microscopist.	EA

	and trained microscopist.	There is a special area set aside for sputum collection within one of the cubicles. Sputum results are attached to the treatment card by nursing staff at the end of each week.	
5.1.1	The TB DOTS Center plans and implements policies and procedures for assuring the quality of sputum microscopy results.	The microscopist is highly skilled and qualified.	EA
5.1.2	If sputum microscopy facilities are not available in the TB DOTS Center, policies and procedures for referring patients to accessible Centers are implemented and monitored for effectiveness.	N/A	
5.1.3	External providers of sputum microscopy are contracted based on policies and procedures that include accreditation status and the presence of quality control systems.	N/A	
5.2	Policies and procedures for referring patients to accredited and accessible X-ray facilities are implemented and monitored for effectiveness.	There is a policy. The x-ray facility is near by.	EA
5.3	Policies and procedures for referring patients to an appropriately constituted and accessible TB Diagnostic Committee are implemented and monitored for effectiveness.	The doctors within the clinic serve on the Diagnostic Committee and review cases as necessary per the NTP guidelines.	EA
<b>6</b>	<b>A care plan is developed and followed for all patients.</b>	Standard care is provided. All of our doctors are highly skilled and qualified and determine appropriate care for all patients.	<b>MA</b>
6.1	All treatment is consistent with the National Tuberculosis Program guidelines.	Yes	EA
6.2	Flow charts of patient	TB care is well known by all in the clinic so flow	EA

	management from entry to separation are used to facilitate quality care and are accessible to patients and staff.	charts are not necessary. Our patients are all very happy with the care they receive.	
6.3	DOTS partners are selected and assigned based on predetermined criteria and procedures and these are accessible to patients and staff.	There are policies for the selection of DOTS partners.	EA
6.4	Education is provided to all patients to help them understand their medical condition and prognosis and to encourage their adherence to the treatment regimen and health promotion / illness prevention activities.	This is provided by the doctors when they are being assessed plus there are PhilCAT and NTP brochures available.	EA
6.5	An appropriately comprehensive evaluation of the patient's clinical progress is made and documented at each visit.	Patients are reviewed by a doctor at least once per month and reviewed every 2 weeks by the nurse when they attend to pick up medications. The treatment card provides a checklist for the follow-up evaluation.	MA
6.6	Policies and procedures for detecting treatment defaulters and getting them back into treatment are implemented and monitored for effectiveness.	There are no defaulters at this stage of our DOTS program.	EA

WORKSPACE

**PART 2**

It can be difficult to interpret a TB DOTS Center’s performance given the number of performance parameters (pieces of evidence) being assessed. Guidance is required to ensure consistent, objective decisions.

A risk management approach is a well recognised, objective way to provide a structure for the overall assessment of a criterion.

**The exercise**

The following exercise is designed for you to:

3. Estimate *how likely* it is for a *typical* applicant TB DOTS Center to NOT to achieve each criterion; and
4. Estimate the magnitude of the *negative impact* on the Center’s functioning as an effective DOTS provider should it fail to achieve the criterion.

Use a 5 point grading system. Assign 1 if the likelihood or the negative impact is very low and 5 if the likelihood or negative impact is very high.

Fill in the table below.

Criterion	Likelihood of not achieving	Magnitude of negative impact
-----------	-----------------------------	------------------------------

4.1		
4.2		
5.1		
5.2		
5.3		
6.1		
6.2		
6.3		
6.4		
6.5		
6.6		

**APPENDIX L. THE SLIDE PRESENTATIONS**

## APPENDIX M. FORM FOR EVALUATING WORKSHOP CONTENT, PRESENTATION METHOD AND PRESENTERS



### INDUCTION TRAINING WORKSHOP FOR CERTIFICATION SURVEYORS EVALUATION

Please complete and return this evaluation form before leaving today. Continuous evaluation enables PhilTIPS to make continuous improvements to its programs. Please feel free to provide any additional comments on the last page or contact PhilTIPS directly to provide further feedback.

Please use the following rating guides to assist in the evaluations of the sessions:

#### Content

1. Poor - of no value to my development or preparation as a certification surveyor.
2. Below average - of limited value to my development or preparation as a certification surveyor.
3. Above average - provided some useful information and guidance for my development and preparation as a certification surveyor.
4. Excellent - provided good, useful information and guidance for my development and preparation as a certification surveyor.

#### Presentation method

1. Inappropriate - did not convey the information in an appropriate manner and did not facilitate learning.
2. Below average - the mix of didactic presentation, discussion and/or exercises limited my ability to learn.
3. Appropriate - used the right mix of didactic presentation, discussion and/or exercises to facilitate learning.
4. Very good - provided the information in an interesting and informative way that facilitated my learning.

#### Presenter

1. Poor - the presenter did not understand the topic, the presentation style was inappropriate and learning was not facilitated.
2. Below average - the presenter had a rudimentary understanding of the topic, the presentation style was appropriate yet there was little enthusiasm. Learning was facilitated.
3. Above average - the presenter had good knowledge and expressed some enthusiastic for the topic. Learning was facilitated.
4. Excellent - the presenter was knowledgeable and enthusiastic about the topic and was able to facilitate learning. The presenter made the session enjoyable.

### SESSION

#### The PhilCAT Organization (9:00 - 9:15)

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter

Additional comments

1	2	3	4

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**The PhilCAT Quality Improvement Framework (9:15 - 9:30)**

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments

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**The PhilCAT Certification Standards (9:30 - 10:00)**

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments

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**The PhilCAT Certification Process (10:00 - 10:30)**

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments

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**Eliciting Evidence of Performance** (10:30 - 11:45)

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The PhilCAT Rating Scale** (1:00 - 1:30)

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Surveyor Skills Exercise** (1:30 - 3:15)

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Certification Survey Report** (3:15 - 4:00)

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Surveyor Performance & On-going Training** (4:00 - 4:15)

Content			
1	2	3	4

Presentation method			
1	2	3	4

Presenter			
1	2	3	4

Additional comments \_\_\_\_\_

\_\_\_\_\_

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**GENERAL FEEDBACK**

Educational value of the workshop

1	2	3	4

Value of the workshop in assisting preparation to become a certification surveyor

1	2	3	4

Any additional comments

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Were your questions adequately answered by the presenters?

Yes	No

If not, why not

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Please list the aspects of the program most useful

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Please list the aspects of the program least useful

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What additions to the program would you like to see for future trainee surveyors?

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Evaluation of the venue

1	2	3	4

Any additional comments

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Thank you

## **APPENDIX N. FORM FOR EVALUATING TRAINING WORKSHOP PARTICIPANTS**

### **PHILCAT EVALUATION OF CERTIFIERS**

Multiple choice. Choose the appropriate answer or answers.

1. The following is / are the core goals of PhilCAT
  - a. Policy
  - b. Research
  - c. Engagement of private sector
  - d. Training
  
2. Regarding the relationship between PhilCAT certification and PhilHealth accreditation, the following statements is / are true:
  - a. The main goal of PhilCAT certification is to ensure that DOTS Centers will not submit fraudulent claims to PhilHealth.
  - b. PhilCAT certification is a prerequisite to PhilHealth accreditation.
  - c. PhilHealth has deputized PhilCAT and other NGOs to certify DOTS Centers in its behalf.
  - d. Many PhilCAT certified DOTS Centers may not achieve PhilHealth accreditation.
  
3. Which of the following statements is / are true regarding PhilCAT certification?
  - a. PhilCAT certification requires TB DOTS Centers to demonstrate the effectiveness of care by data on achievements, improvements and outcomes.
  - b. The certification standards represent minimum achievable levels of care.
  - c. To achieve PhilCAT certification, DOTS Centers must provide an environment of care that supports quality improvement.
  - d. PhilCAT certification surveyors must closely monitor DOTS Centers to determine whether or not they are really complying with the standards.
  
4. Quality DOTS service must be
  - a. safe
  - b. effective
  - c. accessible
  - d. efficient
  
5. PhilCAT surveyors must be
  - a. ambassadors of goodwill for PhilCAT
  - b. advocates of continuous quality improvement

- c. objective but fair evaluators of quality health care
  - d. inspectors and fraud detectors
6. The following are some of the key steps in the certification process:
- a. Conducting self-assessment
  - b. Planning the nature and extent of the survey, including the sequence of activities;
  - c. Conducting on-site certification survey
  - d. Report writing
7. The following activities may be conducted during the survey process:
- a. Observations of clinic facilities
  - b. Interviews of key personnel
  - c. Reviews of patient records
  - d. Observations of actual patient-provider encounters
8. In order to determine if the Center has a program for improving the quality of patients' waiting, the surveyor should consider the following:
- a. the required floor space (in square meters) of the waiting area
  - b. the number of chairs available for seating patients
  - c. the average length of time patients have to wait before being seen by the doctor
  - d. the numbers of such amenities as TV, air conditioning, reading materials, etc.
10. The following statements is / are true about rating the PhilCAT certification standards:
- a. Rating the standards is based on a "yes" / "no" checklist
  - b. The strength of evidence, that is, how closely the evidence is linked to the goal of the standards is important
  - c. Centers must show evidence that they have been consistently achieving the standards for some significant period of time
  - d. Centers must show evidence that they have been improving the quality of their care from previous levels.
11. The following statement/s is / are true regarding the conduct of PhilCAT surveyors
- a. They must verify the evidence cited by the clinic in the self-assessment form
  - b. They must review all the records of TB patients to ensure compliance with the NTP requirements.
  - c. They should inform the clinic whether or not they are going to be certified by PhilCAT.
  - d. They must determine that the sizes of the different clinic signages actually fit the PhilCAT – approved dimensions.

12. The following statement/s is / are true regarding the survey responsibilities of PhilCAT surveyors:

- a. They must prepare complete reports and submit them on time.
- b. They must provide sufficiently detailed descriptions of their actual findings.
- c. They must provide recommendations for improving the performance of clinic vis-à-vis the certification standards.
- d. They must actively participate in PhilCAT programs to continuously refine and update their surveying knowledge and skills.

## **APPENDIX O. LIST OF WORKSHOP ATTENDEES**

Regional Certifiers Training for Luzon

February 17, 2004

Linden Suites, Ortigas Center, Pasig City

1. Dr. Santiago Abaricia- PhilHealth 4A
2. Ms. Jeanette Bernardo- Center for Health Development 3
3. Dr. Willie Cabauatan- Center for Health Development 2
4. Dr. Danilo Cacanindin- St. Louis Hospital
5. Dr. Jeremiah Francis Chan- Center for Health Development Metro Manila
6. Mr. Errol Ciano- PhilHealth CAR
7. Dr. Victoria Dalay- De la Salle University Health Sciences Campus
8. Dr. Agnes del Rosario- Infectious Disease Office, Department of Health
9. Dr. Anna Maria de Guzman- Center for Health Development 1
10. Dr. Antonina de Mesa- PhilHealth 4B
11. Ms. Elsie de Yro- Center for Health Development 2
12. Dr. Aida Michelle Dumbrique- Center for Health Development 1
13. Ms. Aida Ruby Dizon- Center for Health Development 5
14. Dr. Fidelinda Ilano- De la Salle University Health Sciences Campus
15. Engr. Allen Inductibo- Center for Health Development 3
16. Dr. Ferdinand Feliciano- De la Salle University Health Sciences Campus
17. Ms. Virginia Guintu- Center for Health Development 3
18. Dr. Grace Magcalas- Lagarejos- PhilHealth
19. Dr. Ma. Francie Laxamana- Department of Health Central Office
20. Dr. Salvacion Madarang- PhilHealth Region 2
21. Dr. Veronica Mateum- PhilHealth Region 5
22. Dr. Maricar Millavas- PhilHealth Region 5
23. Ms. Victoria Olivas- Center for Health Development 5
24. Ms. Corazon Padua- Department of Interior and Local Government, Region 1
25. Dr. Ma. Luisa Paran- Center for Health Development CAR

26. Dr. Eriberto Policar- Cagayan Valley Coalition Against TB
27. Dr. Danilo Reynes- PhilHealth Region 3
28. Dr. Lydia Rogando- Center for Health Development 5
29. Mr. Noland Sabling- Philhealth CAR
30. Dr. Anita Sangalang- PhilHealth NCR
31. Dr. Rosalind Vianzon- Department of Health Central Office
32. Ms. Risa Yapchiongo- Department of Health Central Office

Regional Certifiers Training for Visayas  
February 19, 2004  
Cebu Midtown Hotel

1. Dr. Ella Mae Divinagracia
2. Dr. Edith Caloyloy
3. Ms. Aniceta Pabiona
4. Dr. Bernadette Reynes
5. Dr. Cristina Giango
6. Dr. Eduardo Yu
7. Dr. Mariter Bautista
8. Dr. Rodolfo Roman Bigornia
9. Dr. Alberto Santos
10. Dr. Nelda Pe
11. Dr. Fe Barquin
12. Dr. Ma. Lourdes Maglasang
13. Ms. Journalita Bascug
14. Dr. Noel Arteche
15. Dr. Romeo Fernandez
16. Dr. Rossanna Paraguya
17. Dr. Sainnudin Moti

Regional Certifiers Training for Mindanao  
February 20, 2004  
Marco Polo Hotel

1. Dr. Fe Paler- Center for Health Development Region 10
2. Dr. Myrna Felicilda- DILG Region 10
3. Dr. Aloysius Peralta- Xavier University Region 10
4. Dr. Ma. Teresa Monter- Northern Mindanao Medical Center Region 10
5. Dr. Evelyn Magsayo- Center for Health Development Region 10
6. Dr. Reuel Frias- Northern Mindanao Coalition Against TB Region 10

7. Dr. Parkash Mansukhani- Davao Coalition against TB Region 11
8. Dr. Eloisa Lynn Segura- Center for Health Development 11
9. Dr. Marivic Malate- PhilHealth Regional Office 11
10. Dr. Eden Wales- Center for Health Development 11
11. Engr. Aquino Salvador- Center for Health Development 11
12. Dr. Mylene Magoncia- Center for Health Development 12
13. Dr. Antoniette Ladio- PhilHealth Region 12
14. Ms. Lilia Milanes- Center for Health Development 12
15. Ms. Marilou Gecosala- Center for Health Development 12
16. Ms. Leonila Romasanata- Center for Health Development 12
17. Dr. Amebella Taruc- Center for Health Development 12
18. Ms. Sarah Jean Jumamoy- Center for Health Development CARAGA
19. Dr. Sylvia Somontan- Center for Health Development CARAGA
20. Mr. Eduardo Gonzales- PhilHealth Regional Office CARAGA

## APPENDIX P. WORKSHOP EVALUATION

### Comparison of Evaluations Given by Luzon, Visayas and Mindanao Participants by Topic

ANOVA Results

		Sum of Squares	df	Mean e F Square	Sig.		
PhilCAT Organization Content	Between Groups	.546	2	.273	.952		.392
	Presenter	Between Groups	.212	2	.106	.427	.654
	Method	Between Groups	.227	2	.113	.469	.628
Quality Improvement Content	Between Groups	3.300E-02	2	1.650E-02	.066		.936
	Presenter	Between Groups	3.300E-02	2	1.650E-02	.066	.936
	Method	Between Groups	1.114	2	.557	2.326	.107
Certification Standards Content	Between Groups	.244	2	.122	.480		.621
	Presenter	Between Groups	.169	2	8.444E-02	.290	.749
	Method	Between Groups	.616	2	.308	1.076	.348
Certification Process Content	Between Groups	.434	2	.217	.855		.430
	Presenter	Between Groups	.110	2	5.500E-02	.211	.810
	Method	Between Groups	.317	2	.158	.619	.542
Eliciting Evidence Content	Between Groups	.474	2	.237	.934		.399
	Presenter	Between Groups	.573	2	.286	1.140	.327
	Method	Between Groups	.951	2	.476	1.929	.154
Rating Scale Content	Between Groups	1.104	2	.552	2.280		.111
	Presenter	Between Groups	.702	2	.351	1.400	.255
	Method	Between Groups	.859	2	.429	1.764	.181
Surveying Skills Ex. Content	Between Groups	1.990	2	.995	4.393		.017
	Presenter	Between Groups	1.638	2	.819	3.058	.055
	Method	Between Groups	2.377	2	1.189	4.718	.013
Writing Report Content	Between Groups	.335	2	.168	.653		.524
	Presenter	Between Groups	.546	2	.273	1.077	.347
	Method	Between Groups	.271	2	.135	.525	.594
Surveyor Training Content	Between Groups	.335	2	.168	.653		.524
	Presenter	Between Groups	.385	2	.193	.754	.475
	Method	Between Groups	.271	2	.135	.525	.594
Educational value	Between Groups	.180	2	9.015E-02	.375		.689

Preparation value	Between Groups	.195	2	9.747E-02	.310	.735
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