

QUALITY IMPLEMENTATION CHECKLIST

Section- A: General Information	
Region- _____ City- _____ Type of the Facility- _____ Name of the Facility- _____ Name of the Platform- _____	Date of administration- _____ Name of the observer- _____ Designation of Observer- _____ Mobile no. _____ HII/HIP observed- _____

HIGH IMPACT INTERVENTION

Philippine Health Insurance Corporation Accreditation (PHIC Accreditation)

Region: _____

Date: _____

S.No	Criteria	Yes	No	NA	Remark
1.	Do you conduct facility assessment of <u>health facilities</u> vis-à-vis the requirement of PhilHealth Accreditation for MCP, FP, and Konsulta packages? MOV: Key Informant Interview, facility assessment results				
2.	Are you utilizing the results of your facility assessment in planning the enhancements of the health facilities under the jurisdiction of the local government unit? MOV: Facility enhancement plans vis-à-vis facility assessment results				
3.	Do you conduct needs analysis of <u>health workers</u> vis-à-vis the requirement of PhilHealth Accreditation? MOV: Key Informant Interview, Needs analysis results				
4.	Are you utilizing the results of your health worker needs analysis in facilitating the competency training of service providers for FP in line with PhilHealth accreditation? MOV: Training registry, Training certificates, Activity reports				
5.	For accredited facilities, do you support them to ensure that accreditations are maintained? MOV: Probing questions, documentation of support				
6.	Is there an existing mechanism to report to City Health Office or other relevant office the services rendered in the facilities as attachment to PhilHealth claims? MOV: Copy of report submitted to city				

Total Scores (%)

Action Plan: Technical Training with Technical and Managerial Coaching

Enablers	Barriers	Recommended action	Person responsible	Resources required	Timeline