



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

OCT 12 2020

**ADMINISTRATIVE ORDER**

No. 2020 - 0049

**SUBJECT: Implementing Rules and Regulations of Republic Act No. 11472, "An Act Increasing the Bed Capacity of the Caraga Regional Hospital in Barangay Washington, Surigao City, Surigao Del Norte from One Hundred Fifty (150) to Five Hundred (500) Beds, and Appropriating Funds Therefor"**

**I. RATIONALE AND BACKGROUND**

The Caraga Regional Hospital (CRH) was established first as an emergency hospital, then was converted to Surigao Provincial Hospital on October 6, 1946 with an authorized capacity of 25 beds. Its capacity increased to 50 beds in 1958, then to 75 beds in 1965, and then to 100 beds in 1970. Its current 150-bed capacity has been in place since 1975. By virtue of Republic Act (R.A.) No. 7160, the Local Government Code of 1991, the hospital was devolved to the Province of Surigao Del Norte in 1993.

R.A. No. 8255 was signed into law on February 11, 1997, which converted the hospital to Caraga Regional Hospital under the direct supervision and control of the Department of Health. The CRH is currently licensed and accredited as a Level II General Hospital that mainly caters to the northeastern side of Mindanao, and receives referrals from lower level health facilities there and even as far as the municipalities of Southern Leyte.

On June 19, 2020, the President signed R.A. No. 11472, "An Act Increasing the Bed Capacity of the Caraga Regional Hospital in Barangay Washington, Surigao City, Surigao Del Norte from One Hundred Fifty (150) to Five Hundred (500) Beds, and Appropriating Funds Therefor". Section 6 provides for the DOH to implement this Act through its programs and appropriations.

**II. OBJECTIVE**

This Administrative Order sets the Implementing Rules and Regulations of Republic Act No. 11472, "An Act Increasing the Bed Capacity of the Caraga Regional Hospital in Barangay Washington, Surigao City, Surigao Del Norte from One Hundred Fifty (150) to Five Hundred (500) Beds, and Appropriating Funds Therefor", and shall pertain only to the provisions of this Act.

**III. SCOPE**

The extent of coverage of this Order shall include the operations and management of Caraga Regional Hospital and the implementation of Republic Act. No 11472.

**IV. DEFINITION OF TERMS AND ACRONYMS**

1. **A.O. No. 2012-0012** – refers to the DOH Administrative Order (A.O.) on "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines" dated July 18, 2012, as amended
2. **Act** – refers to Republic Act (R.A.) No. 11472, "An Act Increasing the Bed Capacity of the Caraga Regional Hospital in Barangay Washington, Surigao City, Surigao Del Norte from One Hundred Fifty (150) to Five Hundred (500) Beds, and Appropriating Funds Therefor"

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3. **CRH** – refers to the Caraga Regional Hospital
4. **IRR** – refers to the Implementing Rules and Regulations of this Act

## V. POLICIES AND GUIDELINES

### A. General Policies

1. The Caraga Regional Hospital (CRH) shall provide promotive, preventive, diagnostic, curative, rehabilitative and palliative health care, research and training services in accordance with the provisions of R.A. No. 11223, the “Universal Health Care Act”, and related issuances such as A.O. No. 2020-0019, where roles and responsibilities are defined for DOH hospitals in the service delivery design of health care provider networks (HCPN).
2. The CRH shall strengthen and improve its service capability and capacity while continually serving as end-referral hospital in the Caraga Region, complementing the local health systems and providers in the region, as consistent with its Hospital Development Plan as approved by the Health Facility Development Bureau (HFDB). It shall be fully equipped with state-of-the-art equipment and facilities, complemented by adequately trained and competent human resources for health as appropriate for a licensed and accredited tertiary level training hospital.
3. It shall comply with standards and meet requirements in preparedness and response strategies in public health emergencies as in A.O. No. 2020-0016, which include but are not limited to allocation of beds, dedication of select services or units, and performance of enhanced protocols in infection prevention and control, patient and health worker safety, and patient navigation in the HCPN. Likewise, concordant to the country’s transitioning towards the New Normal, as guided by Department Memorandum (DM) No. 2020-0268, the CRH shall ensure its plans, policies, protocols and norms ensure continued health service delivery while maintaining the public health standards for COVID-19 disease.

### B. Implementing Mechanisms

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

#### 1. Expansion of Services

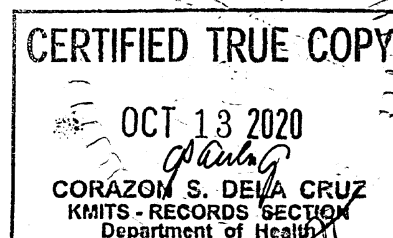
The CRH shall develop and submit its Hospital Development Plan (HDP) to the HFDB through the Caraga Center for Health Development (CHD). The HDP shall be consistent with the Philippine Health Facility Development Plan (PHFDP).

The CRH shall establish and operate its Malasakit Center as mandated by R.A. No. 11463 to enable eligible patients to access medical and financial assistance services.

#### 2. Health Human Resources

Based on the approved HDP, the CRH shall request for the required health human resources based on DBM-DOH Joint Circular No. 2013-01, “Revised Standards and Organizational Structure and Staffing Pattern of Government Hospitals, CY 2013 Edition” dated September 23, 2013.

The CRH shall honor the positions, security of tenure, and other rights of its human resource complement. The Hospital shall evaluate the existing human resource complement, re-classify and/or propose upgrading of positions, promote professional development and hire additional staff to comply and conform to the Civil Service Commission and DOH standards and intent of this Act.



### 3. Assets and Liabilities

All movable and immovable assets and records of the CRH, as well as its liabilities and obligations shall be properly documented and be accounted for in accordance with existing policies and guidelines.

### 4. Equipment

The CRH shall make an inventory of the existing hospital equipment and undertake upgrading to conform to the DOH standards of a tertiary care hospital as provided for under A.O. No. 2012-0012 as amended. Additional equipment and facilities shall be provided to complement the expansion of services consistent with the approved HDP.

### 5. Infrastructure

The CRH shall implement and seek the support of the DOH for the construction, repair and/or renovation of its physical infrastructure, consistent with the approved HDP, and conforming to all existing laws, regulations, national and international standards for hospital buildings, also in line with Hospitals Safe from Disasters Program, Green Healthcare Facilities Guidelines, among others.

### 6. Systems Development

The CRH shall conform to and sustain the standards of hospital operations to provide quality health care and safety for patients, health workers and other clientele of the hospital. It shall implement an electronic information system conforming to the basic requirements of the Integrated Hospital Operations and Management Program (IHOMP).

### 7. Quality Management

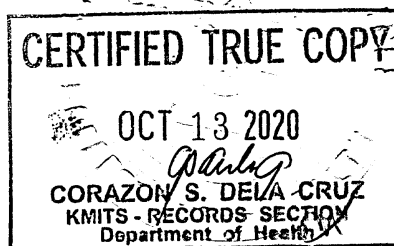
Through the term of its HDP implementation, the CRH's Quality Management System shall conform to ISO 9001:2015 standards. It shall enhance operations with the implementation of the Continuous Quality Improvement Program, Patient Safety Program, Integrated People-Centered Health Services, and Manuals of Standards of Hospital Operations and Management by HFDB, policies and standards by Health Facilities and Services Regulatory Bureau (HFSRB), Food and Drug Administration (FDA), Philippine Health Insurance Corporation (PhilHealth) and other standards by international organizations that support national or local standards. Its management shall comply with the gender and development (GAD) mainstreaming policies in government.

The hospital shall complete all stages and become certified with the Performance Governance System towards its organizational development and performance improvement, as guided by DOH performance accountability measures such as the Hospital Scorecard.

## VI. IMPLEMENTING STRUCTURE

### A. Administrative Control

A DOH official designated by the Secretary of Health shall have oversight jurisdiction and control over the CRH's operations. The designated DOH official shall monitor the



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implementation of R.A. No. 11472, and may recommend the necessary further upgrading as guided by this Order.

The Medical Center Chief (MCC) of the CRH shall be accountable and responsible for the implementation of quality standard hospital operations and management. The MCC shall establish responsibility accounting as means of management control and determination of respective contributions and performances of the Hospital's divisions or units. The MCC shall also submit developmental plans, financial and statistical reports to the DOH Central Office.

#### **B. Sourcing and Use of Funds**

The amounts necessary to carry out the provisions of R.A. No. 11472 shall be sourced out accordingly:

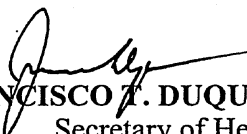
1. Capital investments for infrastructure and equipment shall be sourced from DOH appropriations under the General Appropriations Act (GAA), hospital income including PhilHealth payments, public-private partnership, and/or other financing modes or schemes subject to prevailing government rules and regulations;
2. The additional Maintenance and Other Operating Expenses (MOOE) resulting from the hospital expansion shall be sourced from the GAA, hospital income including PhilHealth payments, public-private partnerships, and/or other financing modes or schemes;
3. Personnel Services (PS) to carry out the full implementation of the staffing pattern following the DOH-DBM Joint Circular No. 2013-01, and other related issuances shall be sourced out from the GAA and other sources; and
4. Release of funds from the DOH shall be approved by the appropriate authority.

#### **VII. SEPARABILITY CLAUSE**

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

#### **VIII. EFFECTIVITY**

This Order shall take effect fifteen (15) days after publication in a newspaper of general circulation.

  
FRANCISCO Z. DUQUE III, MD, MSc  
Secretary of Health

