



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

July 17, 2020

**DEPARTMENT MEMORANDUM**

No. 2020 - 0334

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; CENTERS FOR HEALTH DEVELOPMENT (CHD) AND BUREAU AND SERVICE DIRECTORS; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND ALL OTHERS CONCERNED**

**SUBJECT: Strategies in Health Facility Coordination in line with Department Memorandum No. 2020-0178 entitled “Interim Guidelines on Health Care Provider Network during the COVID-19 Pandemic”**

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**I. BACKGROUND**

With the issuance of Department Memorandum (DM) No. 2020-0178, *Interim Guidelines on Health Care Provider Networks during the COVID-19 Pandemic*, Local Government Units (LGU) are enjoined to establish a Healthcare Provider Network (HCPN) wherein the roles of the different facilities in the network for COVID-19 are defined.

Administrative Order No. 2020-0019, *Guidelines on the Service Delivery Design of Health Care Provider Networks*, has identified coordination as a critical component to ensure that the services of the different health facilities within the network are streamlined and organized. Throughout the course of COVID-19 response, the DOH recognizes the efforts and strategies of LGUs to implement mechanisms to ensure this coordination. With this, the DOH has identified the best practices from different LGUs in the implementation of DM 2020-0178 in order to provide the necessary services for both COVID-19 and non-COVID-19 related care.

## **II. OBJECTIVES**

This issuance aims to supplement the implementation of HCPN by identifying strategies that can be implemented within a city-wide and province-wide Health Care Provider Networks (HCPN) for COVID-19 Response.

## **III. GENERAL GUIDELINES**

A. Each City-wide or Province-wide HCPN shall establish the following:

1. Health Facility Coordinating Center,
2. Pre-hospital care services as described in this issuance.

B. LGU shall encourage COVID-19 referral hospitals and other Level 2 and Level 3 COVID-19 accepting hospitals to formalize their coordination/ partnership with existing Temporary Treatment and Monitoring Facilities (TTMFs) through Memorandum of Agreements.

C. Health facilities shall include step-down care in the clinical pathway/ protocol for the management of COVID-19.

## **IV. SPECIFIC GUIDELINES**

A. Establishment of the Health Facility Coordinating Center

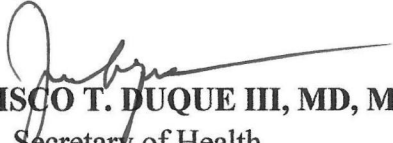
1. Each city-wide or province-wide HCPN shall establish a Health Facility Coordinating Center under the supervision/ management by the LGU composite teams, headed by the Referral & Liaison Coordinator.
  - a) Coordinate any resource mobilization related concerns of health with the Logistics & Resource Support Coordinator (LRSC);
  - b) Facilitate the coordination and/or transfer of patients across the different health facilities within and across the network;
  - c) Engage stakeholders from both government and private health sector across the different levels of care;
  - d) Monitor, analyze, and disseminate data and information on health system capacity and case distribution which include:
    - (1) Epidemiological data using existing platforms (i.e., FASSSTER).
    - (2) Health system capacity through existing platforms such as DOH Data Collect. At the minimum, the following information should be monitored:

- (a) Community Beds (i.e., Total Number of TTMF/ CIU beds, TTMF bed to population ratio, Occupancy/ Utilization Rate of TTMF Beds)
  - (b) In-patient Care (i.e. Total dedicated inpatient beds, Occupancy/ Utilization Rates)
  - (c) Critical Care (i.e. Total number of ICU dedicated to COVID-19 and mechanical ventilators and their utilization rates)
  - (d) Laboratory Testing Capacity if applicable.
  - e) Develop strategies and localized materials for dissemination for risk communication and health promotion.
  - f) Coordinate and submit data to the Regional IATF for appeals or requests.
- B. Establishment of pre-hospital services, whether outsourced or provided by the LGU, in the province-wide/ city-wide HCPN which include:
- 1. Hotlines which will facilitate the pick-up and/or transfer of patients to appropriate facilities;
  - 2. Provision of medical transport services for patients;
  - 3. Ensure availability of trained human resource to provide pre-hospital care;
  - 4. Standardized referral protocol as prescribed in AO 2020-0019 (See Annexes A and B); and
- C. Formalization of the coordination between COVID-19 referral hospitals and other Level 2 and Level 3 COVID-19 accepting hospitals to existing TTMFs through Memorandum of Agreements.
- 1. All COVID-19 Referral Hospitals, and Level 2 and Level 3 COVID-19 accepting hospitals shall:
    - a) Partner with an established TTMF for step down care of clinically recovered patients
    - b) Refer mild suspect, probable, and confirmed COVID-19 cases.
    - c) Consider providing clinical support to partner TTMFs through on-site visits, telemedicine, or other mechanisms.

D. Inclusion of step-down care in the clinical pathway/ protocol for the management of COVID-19 patients.

1. Include in the consent for admission of COVID-19 patients, declaration of transfer to TTMF once in the recovery phase.

For strict compliance and dissemination to all concerned.



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Secretary of Health

**ANNEX A. Prescribed Communication Protocol for Emergency and Non-Emergency Cases via Phone (AO 2020-0019)**

<b>S</b>	<p><b>SITUATION</b>  I am (name), (position) of (initiating facility)  I am calling about an emergency referral  Who am I talking with? <b>[Wait for Response 1]</b>  Patient is a (age), (sex)  with chief complaint/problem: (state chief complaint)  Present working impression is: (Working Impression)  Reason for referral is: (state reason)  Current vital signs are: (BP, HR, RR, O2 Sats, Temp)</p>
<b>B</b>	<p><b>BACKGROUND</b>  (Name of patient) has a (Clinical History)  Findings are: (state findings)  Treatment given: (state treatment)</p>
<b>A</b>	<p><b>ASSESSMENT</b>  I think the problem/concern is: (describe)  (state issues for the referral)</p>
<b>R</b>	<p><b>RECOMMENDATION</b>  We would like to transfer the patient immediately.  Are you ok with the plan?  Is there anything I need to do in the meantime?  <b>[Wait for Response 2]</b></p>
<b>Response</b>	
1	Name of receiver and position
2	Yes, please transfer to our facility immediately. No, our facility's capacity is full. Please transfer to (specify another facility) Other instructions: (e.g. give medicines on the way)

**ANNEX B. Uniform Referral Form (AO 2020-0019)**



Name of HEALTH CARE PROVIDER NETWORK  
REFERRAL FORM

Name of initiating facility _____	Contact Number _____
Address _____	
Date of Referral _____	Time Called* _____
Name of receiving facility _____	Receiving Personnel _____
Address _____	Response _____
Referral Category	<input type="checkbox"/> Emergency <input type="checkbox"/> Outpatient
Working Impression	_____
Reason for Referral	<input type="checkbox"/> Consultation _____
	<input type="checkbox"/> Diagnostics _____
	<input type="checkbox"/> Treatment/Procedure _____
	<input type="checkbox"/> Others _____
Name of Patient _____	Identity number _____
Age _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____	
Chief Complaint _____	
Clinical History _____	
Findings _____	
Vital Signs: BP _____ HR _____ RR _____ O2 sats _____ Temp _____ Weight _____	
(attach laboratory results) _____	
Treatment Given _____	
(attach treatment cards) _____	

\_\_\_\_\_      \_\_\_\_\_  
 Print Name & Signature of Health Professional      Date and Time  
 \*for emergency cases

**Return Slip**

Action Point: Received  
 Referred