

PCOL CLETO P MANONGAS, Chief PNPGH
**Health Service- Philippine National Police- General
Hospital- Outpatient Department**
National Headquarters, Camp BGen Rafael T
Crame, Quezon City

December 13, 2021

Subject: **2nd Follow-up Audit**

Dear PCOL CLETO P MANONGAS,

Greetings!

Enclosed is our report on the ISO 9001:2015 2nd Follow-up Audit
conducted last September 21, 2021 for your company.

Thank you.

Best regards,


Mica De Mesa
TÜV Rheinland Philippines Inc.
Technical Support
Systems Department

TÜV Rheinland Philippines, Inc.

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TÜVRheinland®

Precisely Right.

01 100 1900206TRP

**Second Surveillance Audit Report as per
ISO 9001:2015**

for

**Health Service- Philippine National Police-
General Hospital- Outpatient Department
National Headquarters, Camp BGen Rafael T
Crame, Quezon City**



AMB

Audit Report

Client	Standard	Certification Number(s)	Audit Type
Health Service- Philippine National Police- General Hospital- Outpatient Department	ISO 9001:2015	01 100 1900206TRP	2nd Follow-up Audit / 100% Remote Audit

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Audit Leader : Maribeth Lucañas

Audit Team : Abigail Salomon, Kharen Tan-Concepcion, Edna Castillo, Reynaldo Lim- Technical Expert

Client's representative : PCOL CLETO P MANONGAS, Chief PNP GH

Audit Date : 21 September 2021

1 Audit result

Management system effectiveness was verified on site by means of random sampling by an appropriately selected audit team. This applies in particular to the compliance of workflows with standard requirements and the descriptions in management system documentation. The audit objectives as mentioned in the audit plan, the special features of the organization's business activities, the applicable statutory and regulatory requirements and the requirements set forth in other generally applicable documents were also taken into account. This was done by means of a sampling approach, by conducting interviews and reviewing the appropriate documentation. Audit findings and recommendations regarding opportunities for improvement have been set forth in Sections 4 of this report.

<input checked="" type="checkbox"/>	The last audit revealed nonconformities which have been demonstrably corrected. The corrections and corrective actions taken in this respect have been verified.
<input type="checkbox"/>	A stage 1 audit was performed and the organization found ready for certification. Identified weaknesses, if any, have been eliminated and the respective corrective action verified.
<input checked="" type="checkbox"/>	The current audit revealed 0 major nonconformities and 0 minor nonconformities.
<input type="checkbox"/>	The major nonconformities (No. x) with individual standard elements require a re-audit to verify the effectiveness of the corrections and corrective actions (probable date: ddmmyyyy)
<input checked="" type="checkbox"/>	The organization has established and maintains an effective system to ensure compliance with its policy and objectives. The audit team confirms in line with the audit targets that the organization's management system complies with, adequately maintains and implements the requirements of the stand-

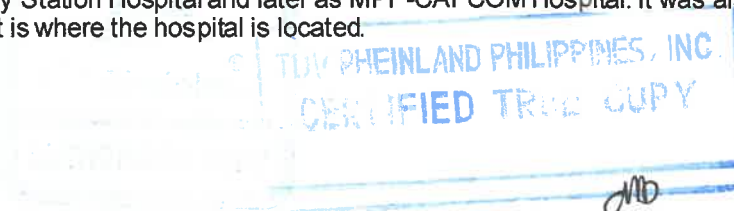
The auditor therefore recommends (provided nonconformity response has been approved):

<input type="checkbox"/>	Award of the new certificates.
<input checked="" type="checkbox"/>	Maintenance of the existing certification.
<input type="checkbox"/>	Inclusion of the changes (see Section 3) in the scope of application of existing certifications
<input type="checkbox"/>	Maintenance or issue of the certificates only after successful completion of a re-audit.

2 Scope

2.1 Description of the organization

The PNP General Hospital has a long history. It started off as a 25-bed infirmary in 1950 as a support unit to the Philippine Constabulary Command. The Philippine Constabulary was one of the two national police forces in the Philippines organized by the American government in 1901 when the country was still of US colony. The infirmary was an extension facility of the Victoriano Luna General Hospital. Five years later, its bed capacity increased to fifty and was renamed the Constabulary Station Hospital and later as MPF-CAPCOM Hospital. It was also known as the Camp Panopio Hospital because it is where the hospital is located.



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In 1972, the 100-bed Constabulary Station Hospital in Camp Crane was inaugurated. After undergoing an expansive expansion that increased its bed capacity to 150, it was renamed as the PC-INP General Hospital In 1989. The hospital was also called Camp Crane Hospital.

In 1990, the enactment of Republic Act 6975 facilitated the merger of Camp Panopio Hospital and the Camp Crane Hospital in lieu of centralizing the health care service delivery system of the PNP, improve its services and increasing number of patients that they serve. The merger of the two hospital resulted to the birth of the PNP General Hospital at Camp Crane. The hospital building in Camp Panopio was retained which housed the surgical facilities. This was known as the PNP General Hospital Annex. However, the main leadership and management of the whole hospital as a single entity pertains to the PNP General Hospital in Camp Crane. The merger of the two hospitals successfully provided a more efficient health care delivery system to service personnel of PNP both uniformed and non-uniformed as well as their dependents. The PNP General hospital also admits civilian basis for consultation or admission as properly authorized.

The PNP General Hospital is the institutionalized healthcare delivery system for the Philippine National Police that provides health and medical services to servicemen and their families and in some instances to the general populace. As a general hospital, the PNP General Hospital provides a comprehensive range of medical services that are often needed by the people. At present, PNPGH maintains a minimum of one hundred seventy-six (176) beds for departmentalized hospitalization services with its main hospital at Camp Crane and its Annex at Camp Panopio. Among its focus is to develop a sound health care delivery system that will be implemented to provide holistic patient care thereby creating an atmosphere that will promote Total Quality Health Care and improve performance among PNPGH personnel.

2.2 Scope of certification

Scope of certification:	Provision for Out Patient Department – Medical Consultation, Diagnostic Examination and Administrative Services
ISO 9001 standard requirements which are not applicable:	8.3 Design and Development
Reasons for non-applicability:	The PNPGH scope is limited to Provision of Out Patient Department in accordance RA 8551: PNP Law (1 st , 2 nd , 3 rd priority patient) and Circular 008 July 02, 2007 Guidelines and Procedures in the Provision of Medical and Dental Attendance in PNP. Covering Uniformed Personnel and Non-Uniformed Personnel, Dependents, Retired Personnel including PNP Applicants and Cadets. No treatment regimen is being carried out, only medical consultation and diagnostic examination for time being.

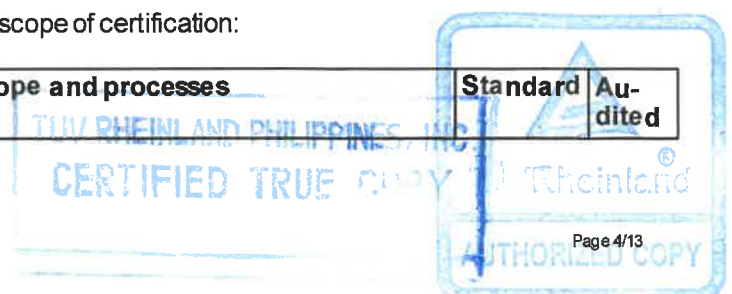
The organization operates on a single site, three-shift schedule 6am-2pm, 2pm-10pm and 10pm to 6am Monday to Sunday. While for admin processes 1 shift schedule 8am-5pm.

The audit took appropriate account of multi-shift operations and provided for representative auditing of all shifts.

Audit was done 100% remotely by using zoom application. The used method was effective to achieve the audit objectives.

The following sites and their scopes are included in the scope of certification:

Site No. (CN ext.)	Sites included in cert. Name/address of site	No. of emp.	Scope and processes	Standard	Audited



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01	Health Service – Philippine National Police – General Hospital – Outpatient Department National Headquarters, Camp. BGen Rafael Crame, Quezon City	294 (at the time of audit)	Provision for Out Patient Department – Medical Consultation, Diagnostic Examination and Administrative Services	ISO 9001:2015	<input checked="" type="checkbox"/>
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3 Changes in the management system / Contract review

The following changes have been implemented in the management system and the management system documentation since the last audit. Major changes are:

- New QMS Model Quality Management System Manual PNPGRH-QMSM-05V-05 effectivity July 30, 2021 with new approving authority of all QMS documentation, PCOL Cleto P Manongas, Chief PNPGRH
- New online customer satisfaction survey using google form commence on August 2021.
- Quality Policy updated as of Jul 8, 2021 – changes in the signatory only

The implementation of these changes in the existing management system and the management system documentation was verified within the framework of the audit.

The description of the scope in the certificate appropriately reflects the scope of the management system.

The audit plan was not changed during the audit.

4 Audit findings

The audit findings related to the audited standard are listed in the Annexes to this report (see. Annex ISO 9001:2015).

All information gained during the audit will be treated with strict confidentiality by the auditor and the certification body. In view of the sampling approach applied to the audit, weaknesses and nonconformities may still exist which have not been identified during the audit.

No.	Unit/Department Site	Positive findings
1	Management	Zero complaints since Y2020 todate is noteworthy.
2	Medical Services Division-Pathology	Cleanliness and hygiene in the laboratory is commendable.

The following recommendations and opportunities for improvement provided by the auditor are intended to contribute to the continuous improvement of the management system.

No.	Unit/Department Site	Recommendations and opportunities for improvement
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1	Internal Quality Audit	<p>There is a need to improve the audit plan as site or process area specific e.g Medical records, radiology, diagnostic and laboratory instead of per requirements (end to end process)</p> <p>Ensure the following:</p> <ul style="list-style-type: none"> • Discussion on the status of the previous internal audit findings • Identification of risk and opportunities related to the activities from planning, during conducting of audit and assessment of internal audit results e.g manpower, availability, and criticality level or control deficiencies.
2	Budget and Finance	<p>Consider quality based performance aside from output performance e.g turnaround time processing, accuracy of billing, completeness of documents processing</p> <p>Need to update the risk and opportunities as appropriate e.g processing activities, digitalization of system and among others</p>
3	Customer Satisfaction/Feedback	<p>Ensure consistency of data results for telemedicine satisfaction survey.</p> <p>Likewise, may improve the google form by gathering specific feedback when patients answered "dissatisfied in each category level.</p>
4	Pharmacy	<p>Bioref temperature monitoring done 2x per shift, however consider to indicate in the monitoring form the required temperature (2~5 degree Celsius) for easy reference.</p>
5	HRM	<p>PNP Master Training Action Plan CY2021 was established and approved however due to restriction caused by pandemic only (1) training was accomplished as of the time of audit (e.g. Infection Control Seminar). The progress of the training plan will be checked next audit.</p>
6	OPD/HIMS	<p>Ensure the turnaround time of services per citizen's charter are monitored accordingly.</p>
7	OPD	<p>Aside from other relevant signatories on the patient's chart, consider to reflect as well the signature of person who performs the triage for traceability purposes</p> <p>Ensure seats have visible markings for social distancing.</p>
8	Supply and Logistics	<p>Ensure requested items are consistent with Monthly Project Procurement Management Plan, e.g. aspirin 500pcs request date Aug 31, 2021 was not part of the approved PPMP.</p> <p>Ensure all identified risks are evaluated, e.g. inadequacy of supplies, obsolescence of spare parts and materials for some equipment</p>
9	Plans and Operations	<p>Consider to determine objectives that are relevant in Plans and Operations services and monitor accordingly, e.g. timely submission of 11 documentary requirements, etc.</p>

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10	Medical Services- Radiology	<p>a. Ensure to monitor the level of satisfaction monitor customers' perceptions of the degree to which their needs and expectations have been fulfilled</p> <p>b. Consider including opportunities brought by pandemic such as increase of x-ray services acquired.</p> <p>c. Consider to improve the collection/return of plaque used from ward that may affect the attainment of target (On time release of result)</p>
11	Medical Services Division- Clinical Department	Ensure Calibration Certificate of equipment use are available at point of use.
12	Medical Services Division- Pathology	Consider only 1 dedicated temperature to monitor the Serology Refrigerator to ensure required temperature of re-agent products are met.
13	Objectives & Target Medical Services- Radiology, Clinical Department	Consider to review the measurement of target of increase percentage of beneficiaries acquired health services relative to pandemic, may consider to change it on the quality of service of each clinic and laboratory.

5 Dates

Due Date for the next audit

2022-12-16

Agreed date for the next audit

2022-12

21 September 2021


Maribeth Lucañas, Abigail Salomon, Kharen Tan-Concepcion,
Edna Castillo,

Date

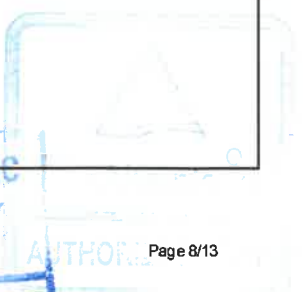
Audit Leader / Auditor(s)



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Annex ISO 9001:2015

Item	Audit result
Context of the organization	<p>The organization has determined internal and external issues related to the following subject areas (Note: subject areas can be legal requirements, co-operations, competition, community etc.)</p> <p>Strengths</p> <ul style="list-style-type: none"> • Values – MakaDiyos, Makabayan, Makakalikasan • Hospitable and courteous • Resourcefulness, resiliency and dedication • Culture: Hospitable • Service oriented • Knowledge: Skilled and Technically competent • Performance: Multi-tasking, competent <p>Weaknesses</p> <ul style="list-style-type: none"> • Cultural affiliation • Padrino System • Close family Ties • Knowledge: Limited opportunities for trainings/professional a updates • Performance: Absenteeism, illnesses, work overload • Multitasking • Lack of manpower • Low speed internet • Lack of information dissemination <p>Opportunities</p> <ul style="list-style-type: none"> • Additional Personnel • Virtual trainings /Schooling for BPS persosnel <p>Threats</p> <ul style="list-style-type: none"> • Delayed in process of claims and allowances • Order from higher authority resulting overtime • Denied training/schooling • Workload • Corrupted files • Compliance demand • Release of supplies • Not Programmed activities • Unawareness of the existing policy <p>The organization has identified interested parties and the requirements of these parties. Examples for such parties are:</p> <ul style="list-style-type: none"> • PNP uniformed Personnel • PNP Non-uniformed personnel • Philhealth • DOH • PNP Accredited Government Hospital

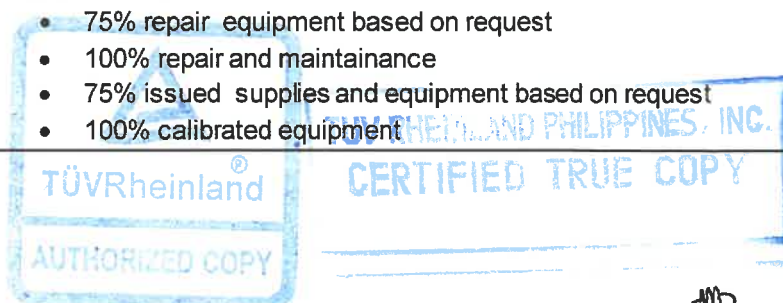


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Item	Audit result
	<ul style="list-style-type: none"> • Training Hospital • PCSO • LGU/NGO • Dependents • Authorized Civilians <p>Reference: SWOT updated August 12, 2021</p>
Policy / objectives	<p>Top Management has declared its quality policy binding and implemented. The quality policy is appropriate and provides a framework for the respective quality objectives. It commits all employees to pursue continuous quality system improvement.</p> <p>Key quality objectives include:</p> <ul style="list-style-type: none"> • Increased percentage of beneficiaries of the hospital facilities and services: (OPD/Pathology/Radiology/Heart Station) target 100% • 100% improve treatment facility and services <p>There are scorecards in every unit and results of monitoring provided is from January to August 2021.</p> <p>General Service Section</p> <ul style="list-style-type: none"> • 30 Housekeeping /Janitorial Services rendered • 90% provision of assistance as requested <p>HRMs/Education and Training</p> <ul style="list-style-type: none"> • 100% increase of PNPGH personnel who undergo Clinical Specialty Trainings (Medical Officer/Nurse) • 10% PNPGH personnel who undergo Health related training and other related trainings. • 10% Annual increase PNPNGH personnel complement. <p>Increased percentage of beneficiaries of the hospital facilities and services: (OPD/Pathology/Radiology/Heart Station) target 100%</p> <p>Pathology</p> <ul style="list-style-type: none"> • 100% laboratory services is available to all PNP personnel, their dependents and authorized civilians. <p>Radiology</p> <ul style="list-style-type: none"> • 90% improve treatment facilities and services - timeliness of releasing or results <p>Supply and Logistics</p> <ul style="list-style-type: none"> • 75% repair equipment based on request • 100% repair and maintainance • 75% issued supplies and equipment based on request • 100% calibrated equipment



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	<p>These are measurable and are controlled, communicated and up-dated regularly.</p>
Process control including outsourced processes	<p>The processes available in the organization have been identified and documented. Process workflows and interactions have been described and appropriately controlled. The processes are evaluated at regular intervals by means of established KPI</p> <p>Key processes within the scope of product realization include:</p> <ul style="list-style-type: none"> • Medical Services (OPD, Clinical, Pharmacy, Radiology and Pathology) • Hospital Administration (Plans and Operations, HR Sections, Budget and Finance, Supply & Logistic and General services)) • Support process (Supply and Logistics) • Management system process • Health Information Management (Admitting information) • Nursing Services (Special care areas, Operating room, Clinical nursing units, delivery room) <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> • Preventive Maintenance, • Calibration, • Partial process of Procurement <p>These processes are appropriately reviewed and controlled.</p>
Risk-based thinking	<p>The requirements for risk-based thinking were realized in the organization as follows: Risk-based thinking has been applied for all processes:</p> <ul style="list-style-type: none"> • Management, Medical and Clinical • Budget and Finance • General Services • Human Resources • OPD • Pathology • Radiology <p>Examples of risks and opportunities of processes identified are:</p> <ul style="list-style-type: none"> • Current health situation COVID 19 Pandemic • Movement/reassignment of personnel • Physical ad Health status of health worker • Decrease in consults • Limited opportunity for job related training • Vehicular accidents • Environmental threats • Possible fire • Increasing number of incomplete health records • Inadequacy of supplies • Inadequate number of personnel • Increase workload and demand



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	<ul style="list-style-type: none"> • Possible client injuries related to slips, trips and falls • Padrino system • Limited number of trained personnel • Limitation of healthcare delivery • Untimely, inaccurate and incompetent result • Delay in diagnosis and treatment of patient • Problem with monitoring of files • Respiratory hazard <p>Examples of measures taken to react on identified risks are:</p> <ul style="list-style-type: none"> • New normal policies, telemedicine consultation, by appointment schedule • Multi-tasking of staff/referral • NP Exam, APE • Full implementation of new normal policy • Telemedicine full implementation • Periodic maintenance check of ambulance • Regular monitoring of incident • Continual participation in drills • Ensure wirings are properly maintained • Inadequacy of supplies • Regular and proper analysis of health records; regular reporting of QA monitoring tool for appropriate action • established procedures for requisition and issuance of medical supplies • Request for additional manpower • Constant monitoring of compliances to ensure timeliness • Good housekeeping practices • Personnel detailed at recruitment reporting • Continuous research for available online training • Full implementation of new normal policy • Review procedures • Scheduling of patient • Issuance of control number • Wearing appropriate PPE's <p>Examples of risks and opportunities concerning the context of the organization are:</p> <ul style="list-style-type: none"> • Physical and Health status of heath workers • Financial Support <p>Concerning risk based thinking the following tools are used:</p> <ul style="list-style-type: none"> • SWOT Analysis • Risk Register
Customer-related and other requirements	The organization analyses and evaluates customer requirements and/or enquiries and any documented, assumed, statutory and regulatory requirements within the scope of a production and feasibility study performed in a team.

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	<p>Offers are prepared and approved by Medical Chief. The person who prepared the offer reviews the contract to ensure its compliance with the offer and documents this compliance in an order confirmation. The same procedure applies to amendments.</p> <p>The following process requirements significantly affect product or service quality:</p> <ul style="list-style-type: none"> • Registration • Medical Records • Triage • Clinic Services • Outpatient • Consultation Form • Diagnostic Examination <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> • RA 8551: PNP Law (First, Second and Third Priority Patient) • RA 9470 National Archives of the Philippines Disposition of Records in all Hospital • Department Circular no. 705 1996 Disposition Schedule of Medical records • License to Operate PNPGH License no. 13-0288-19-H2-1 valid 12.31. 2019 • Circular 008 July 02, 2007 Guidelines and Procedures in the Provision of Medical and Dental Attendance in PNP
Customer satisfaction and complaints	<p>The organization maintains documented and effective procedures governing the handling of information, data analyses, improvement actions and responses to customer feedback.</p> <p>Overall rating of 100% equivalent to outstanding for satisfied customers from January to August 2021) covering Ancillary services and Clinical Department. Total of 278 surveyed patients</p> <p>Telemedicine consultation satisfactory survey using google form commenced on month of August 2021 with rating of 91-100% equivalent to outstanding for total of 107 patients.</p> <p>There were Zero (0) recorded customer complaints from Year 2020 and Y2021(January – August 2021).</p>
Internal audit and Management review	<p>The organization measures MS implementation, maintenance and effectiveness by means of annually scheduled system audits. The organization reliably carries out August 16 & 19, 2021 audits with two (2) qualified Auditors. The result of the internal audit reported on August 23, 2021 with 2 positive observations, 10 Opportunities for Improvement and 0 Nonconformity identified. The monitoring of progress of OFIs identified thru strategic management review per process.</p>

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	Top management reviews the organization's quality management system at regular intervals and in line with the requirements to ensure its continuous suitability, adequacy and effectiveness. The management review of July 8, 2021 & September 3, 2021 was carried out in accordance with the requirements and was effective.
Use of certificate and logo	The organization uses the logo and the certificate (e.g. on business cards, company brochures, websites etc.) in compliance with the requirements.

Chapter of standard	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3		
Rating *	1	1	1	1	1	1	1	1	1	1		
No. of nonconformity	-	-	-	-	-	-	-	-	-	-		
Chapter of standard	7.1	7.2	7.3	7.4	7.5	8.1	8.2	8.3	8.4	8.5	8.6	8.7
Rating *	1	1	1	1	1	1	1	4	1	1	1	1
No. of nonconformity	-	-	-	-	-	-	-	N/A	-	-	-	-
Chapter of standard	9.1	9.2	9.3	10.1	10.2	10.3						
Rating *	1	1	1	1	1	1						
No. of nonconformity	-	-	-	-	-	-						

- * **Rating:**
- 1 = conforming
 - 2 = not audited in this audit
 - 3 = nonconformity (see nonconformity report)
 - 4 = not applicable



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