



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

April 24, 2015

ADMINISTRATIVE ORDER  
No. 2015 - 0016

**SUBJECT: Implementing Rules and Regulations of Republic Act No. 9790, "An Act Converting the Culion Sanitarium in the Municipality of Culion, Province of Palawan, into the Culion Sanitarium and General Hospital, and Appropriating Funds Therefor"**

**I. Rationale/Background**

In 1904, the Culion Sanitarium was created in the Municipality of Culion, Province of Palawan, through Executive Order No. 35 for the purpose of isolating and providing medical and holistic care for leprosy patients in the country.

The prevalence and new case detection rates of leprosy in the country over the years has significantly declined, reaching the elimination target set by the World Health Organization (WHO). This has been brought about by the effective implementation of the strategic thrust of the National Leprosy Control Program (NLCP) of the Department of Health (DOH) in partnership with the Local Government Units (LGUs), Non— governmental Organizations (NGOs), and the World Health Organization (WHO).

The role of Sanitarium in the post-elimination era in support of the NLCP is not being limited to the management of old disabled leprosy patients but also continues to serve as a referral center for diagnosis and validation of new cases of relapse, training, research, rehabilitation and management of complications to further reduce leprosy burden in the catchment areas.

In 1994, the then Secretary of Health Juan Flavio Velasco started the campaign on the redirection of roles of the country's eight (8) sanitariums to be more responsive to the needs of the times by introducing the idea of converting sanitariums into general hospitals. This led to the issuance of DOH Administrative Order No. 2005-0013 expanding the legal mandate as the expansion plan of the country's eight (8) Sanitariums.

With the further reduction of leprosy burden and the increasing role of Culion Sanitarium to address the general health care needs of the population in Northern Palawan, RA No. 9790 entitled "An Act Converting the Culion Sanitarium in the Municipality of Culion, Province of Palawan into the Culion Sanitarium and General Hospital and Appropriating Fund Therefor" was passed into law. As provided by Sec. 6 of this Act, the interest and well -being of all indigent patients being treated

under the Leprosy Control Program shall continue to be acknowledged and served by CSGH.

The CSGH has an authorized capacity of 200 beds of which initially 50 beds are allocated for general health care and 150 beds for custodial care. While maintaining its expertise in leprosy control program and management, CSGH has to redirect and expand its role to respond to the increasing need for general health care services for the Municipality of Culion and other island municipalities in Northern Palawan. The CSGH aims to implement a total of 100 beds for general health care and 100 beds for custodial care.

## II. OBJECTIVE

This Administrative Order sets the Implementing Rules and Regulations to fast track the implementation of RA No. 9790, "An Act Converting Culion Sanitarium in the Municipality of Culion, Province of Palawan, into the Culion Sanitarium & General Hospital and Appropriating Funds Therefor".

## III. DEFINITION OF TERMS/ ACRONYMS

1. Act — refers to RA No. 9790 "An Act Converting the Culion Sanitarium in the Municipality of Culion, Province of Palawan, into the Culion Sanitarium & General Hospital and Appropriating Funds Therefor"
2. Conversion — refers to the conversion of 200 beds of the authorized beds of CSGH from purely leprosy care to providing general health care services
3. CSGH — refers to Culion Sanitarium and General Hospital
4. Custodial Care/Palliative Care - refers to the health service delivery to registered Persons Affected by Leprosy (PAL) such as the elderly, the abandoned and destitute who need institutional care and management of leprosy complications
5. Referral hospital — refers to a health care institution capable of accepting referrals from other health facilities and render general and specialized health care services
6. General Hospital - refers to the classification of health care facilities based on AO No. 2012-0012 .
7. IRR- refers to Implementing Rules and Regulations of RA No. 9790
8. Sanitarium — refers to a residential establishment or institution for Persons Affected by Leprosy (PAL)

## IV. POLICIES AND GUIDELINES

### A. General Policies

The CSGH shall fully operate the 100 beds for the general health care services with tertiary capability and 100 beds for the custodial and palliative care.

The CSGH as a general hospital shall maintain the mandate of a sanitarium including ' custodial and palliative care for PAL as well as referral center for diagnosis and validation of relapse, management of complications and rehabilitation, for research and training, and further establish itself as Dermatology and Leprosy Research Center in the region. The hospital upgrading and expansion shall be consistent with the Hospital Development Plan.

### B. Implementing Mechanism

In support of RA No. 9790, the following guidelines shall be immediately implemented:

#### I. Redirection and Expansion of Role

By year 2016, the CSGH shall fully operate the 100 beds for general health care with tertiary capability Level 2 general hospital with additional services for Peritoneal Dialysis Unit (PDU), Multidrug Resistant Tuberculosis (MDR TB) Treatment Hub and Water Analysis Facility. It shall serve as referral hospital in the Municipality of Culion and its neighboring island municipalities in Northern Palawan.

The CSGH shall maintain the other 100 beds for custodial and palliative care as well as referral center for diagnosis and validation of relapse, management of complications and rehabilitation, for research and training, and further establish itself as Dermatology and Leprosy Research Center in the region.

#### 2. Health Human Resource

The CSGH shall continue to honor the positions, security of tenure and other rights of its human resource. The hospital shall evaluate its existing human resource requirements, re-classify and or/upgrade positions, promote professional development and/ or hire additional staff to comply and conform to the DOH standards of a Level 2 general hospital with tertiary capability, and for the sanitarium.

The increase of its health human resource shall be based on recommended staffing pattern for a 100 —bed capacity hospital following the DBM-DOH Joint Circular No. 2013- 01: “Revised Standards on Organization Structure and Staffing Pattern of Government Hospitals, CY 2013 Edition" dated September 2013 and other related issuances.

### 3. Assets and Liabilities

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

### 4. Equipment

The CSGH shall make an inventory of its existing hospital equipment and undertake to conform to the DOH standards of a general hospital as well as custodial care provided for under DOH AO No. 2012-0012. Additional equipment and facilities that will complement the expansion of services shall be procured with the assistance DOH based on existing budget and procurement guidelines.

### 5. Infrastructure

The CSGH shall implement and seek the support/LIDOH for the construction, repair and renovation of physical infrastructure to conform to all existing laws and licensing standards, and current international standards for hospital buildings in line with the Hospital Safe from Disaster Program, among others.

### 6. Systems Development

The CSGH shall continue to develop and sustain standards of hospital operations to provide quality patient care and safety for patients, health workers and 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

The CSGH shall enhance its quality improvement system in conformance with ISO 9001:2008 standards, certification and others provided by the DOH, Philippine Health Insurance Corporation (Philhealth) and other health standards provided by international health organizations which are supportive of existing local and national standards.

## V. IMPLEMENTING STRUCTURE

### A. Administrative Control

The Office for Technical Services shall have oversight jurisdiction over the hospital operations of CSGH while the Regional Office concerned shall have an oversight jurisdiction over the sanitarium operations. The Regional Office No. IV-B MIMAROPA shall monitor the implementation of the Act guided by this Administrative Order.

The Chief of Hospital of CSGH shall be accountable and responsible for the implementation of

quality standard hospital operations and management and shall submit developmental plans, financial and statistical reports to the DOH-Central Office through the Regional Office IV-B MIMAROPA.

#### B. Sourcing and Use of Funds

The amount necessary to carry out the implementation of RA No. 9790 shall be sourced out accordingly.

1. Capital investment for infrastructure and equipment shall be sourced from the DOH General Appropriations Act (GAA), hospital income which includes Philhealth payments, Public-Private Partnership and other modes of financing scheme.

2. The additional Maintenance and Other Operating Expenses (MOOE) resulting from the hospital conversion and expansion shall be sourced from GAA, hospital income, Philhealth payments, Public-Private Partnership and /or other sources.

3. Personnel Services to carry out the full implementation of the hospital Staffing pattern of 100 beds for general health care and 100 beds for the custodial care shall be sourced from the GAA as provided by DOH-DBM Joint Circular 2013-01 dated September 23, 2013 and other issuances.

4. Release of funds from DOH shall be approved by the appropriate authority upon recommendation of the Cluster Head, Office for Technical Services.

#### VI. REPEALING/ SEPARABILITY CLAUSE

Provisions from previous issuances that are inconsistent or contrary to the provisions of this Order are hereby rescinded and modified accordingly.

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

#### VII. EFFECTIVITY

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

**JANETTE P. LORETO-GARIN, M.D., MBA-H**  
Acting Secretary of Health