

THIRTEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES }
First Regular Session

'04 JUN 30 P8:41

SENATE

S. No. **615**

RECEIVED BY: *Clubs*

INTRODUCED BY HON. MANUEL B. VILLAR, JR.

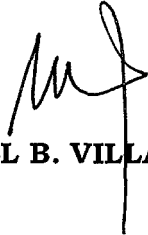
EXPLANATORY NOTE

Emergency medicine is a recognized specialty medical field in the Philippines. This involves crucial decision-making and immediate action to save life and prevent any further disability to a patient in a life-threatening condition. This care is provided by emergency physicians who are specially trained to identify, stabilize, evaluate, treat or manage patients who are victims of accidents or acute illnesses or injury.

At present, majority of hospital emergency units in the country are ill-equipped and lacking in medical personnel who have adequate knowledge and experience in emergency medicine.

Hence, this bill seeks to professionalize emergency care in the country through the organization of emergency departments in tertiary medical situations. With its passage, it is hoped that competent emergency care shall be ensured and made available to the public.

Considering the urgency and relevance of emergency medical care to out patient population who cannot afford expensive hospitalization, but whose conditions warrant prompt, timely and proper medical care, approval of this bill is earnestly sought.


MANUEL B. VILLAR, JR.

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**AN ACT
TO PROFESSIONALIZE HOSPITAL EMERGENCY SERVICES
AND FOR OTHER PURPOSES**

Be it enacted by the Senate and House of Representatives of the Philippine in Congress assembled:

SECTION 1. *Short Title.* - This Act shall be known as the "Emergency Care Act of 2004."

SECTION 2. *Declaration of Policy.* - In line with the constitutional concern for the value of human life and the right of every person to quality and timely emergency care, it is hereby declared the policy of the State to professionalize hospital emergency services.

SECTION 3. *Definition of Terms.* - As used in this Act:

- a. Appropriate Emergency Care refers to the care of patients in accordance with acceptable emergency medical practice standards;
- b. Basic Life Support pertains to the artificial support of breathing and circulation without the use of adjunctive equipment in victims of cardiac and respiratory arrest;
- c. Disaster refers to an occurrence when the destructive effects of man-made or natural forces overwhelm the capabilities of the medical system to meet the demands for health care;
- d. Emergency means the episodic and unanticipated occurrence of health crisis of sufficient severity that, in the absence of immediate medical attention, could reasonably be expected to place health in serious jeopardy, or result in serious impairment of bodily functions or serious dysfunction of any body organ or part thereof.
- e. Emergency Facilities refer to provisions for the treatment of patients under life-threatening or limb-threatening conditions;
- f. Emergency Medical Services System (EMSS) refers to a chain of coordinated services to provide quality emergency care to those who are ill or are injured at the scene and during transport to an emergency facility;
- g. In-Hospital Care is the practice of the medical profession in a hospital

Institution;

- h. Pre-Hospital Care is the practice of medicine outside the jurisdiction of the hospital institutions or tertiary medical institutions;
- i. Triage is a process by which patients are classified depending upon the severity of illness or injury in order to prioritize treatment and care.

SECTION 4. *Coverage.* - This Act shall be applicable to all tertiary medical institutions in the country as defined by law or government regulation.

SECTION 5. *Lead Agency.* - The Department of Health (DOH) shall be the lead agency tasked to implement the provisions of this Act and in coordinating the services of hospital institutions which have emergency facilities.

SECTION 6. *Emergency Care Committee.* - There shall be created an Emergency Care Committee, hereinafter referred to as the Committee, organized under the office of the Department of Health (DOH) to prescribe the resources, manpower and intervention framework needed to meet the emergency needs of the populace.

The Emergency Care Committee members shall be representatives of organizations with established or recognized dedication and expertise in Emergency Medicine. The Committee shall formulate and review emergency care guidelines and shall recommend the same to the Secretary of the DOH for approval and subsequent implementation.

SECTION 7. *Emergency Care Guiding Principles.* - In the application of emergency care, the following shall be observed:

- a. The Emergency Department shall have the physical design and resources to evaluate and stabilize the condition of all who seek emergency care;
- b. Emergency care shall be continuously available twenty-four (24) hours a day;
- c. Timely emergency care shall be provided by qualified emergency-trained physicians and emergency-trained nursing staff who are physically present in the Emergency Department during all hours of operation;
- d. Appropriate emergency care shall be provided, regardless of the patient's ability to pay, to all individuals who require emergency care;
- e. The Emergency Departments shall have active public information, education and related programs for emergency care information.
- f. Emergency care begins in the pre-hospital setting, continues to the Emergency Department (ED), and is concluded when responsibility for the patient is discharged. To promote optimal care, this transfer of responsibility shall be accomplished in an effective, orderly and predictable manner.

SECTION 8. *Facilities for Emergency Care.-*

- a. The Emergency Department shall be designed to provided a safe environment for the care of emergency patients and shall be accessible and open to all individuals, regardless of their economic status or financial capabilities.
- b. The Emergency Department shall be designed to protect the right of the patient to visual and auditory privacy to the maximum extent reasonably possible, consistent with the medical necessity.
- c. Appropriate signs shall properly indicate directions to Emergency Departments in major thoroughfares.

SECTION 9. *Administration.*

- a. The emergency facility shall be organized and directed to meet the emergency health care needs of the patients;
- b. There shall be a written organizational plan for Emergency Department consistent with the existing hospital by-laws, rules and regulations;
- c. Operation of Emergency Department shall be guided by written policies and procedures which include:
 1. Integration of emergency medical nursing and ancillary services to insure that quality, safe and appropriate emergency care is continually monitored and evaluated;
 2. Formal orientation programs for new staff members in the Emergency Department to enable them to understand the mission of the institution and fulfill their responsibilities in providing emergency care;
 3. Enhance the professional knowledge and skills of emergency personnel to provide optimal care to patients;
 4. Written duties and responsibilities of physicians, nurses and support ancillary personnel in the ED and evaluation of the performance of all members of the emergency care team at regular intervals;
 5. A triage and screening process of those who enter the facility seeking emergency care shall be performed by specially-trained personnel under the supervision of the medical director of emergency services and the director of emergency nursing. Guidelines shall be developed for the screening and other process in the emergency care services;
 6. The capability to evaluate and stabilize being immediately made available for all patients who presents any medical emergency condition;
 7. The emergency physician being responsible for the overall medical care of the patient and a registered nurse being responsible for

- the nursing evaluation, nursing assessment/ diagnosis, nursing intervention and nursing care of the emergency patient;
8. Maintenance in the ED of a control register identifying all individuals who seek emergency care in the facility;
 9. A legible and appropriate medical record established for every individual who avails of emergency care. This record shall be retained and promptly made available to emergency staff when needed;
 10. A specific, printed or legibly written aftercare instructions given to all patients discharged or transferred from an ED. Moreover, patients with life-threatening or limb-threatening conditions or other emergency medical condition shall not be transferred from an emergency facility unless appropriate evaluation and stabilization procedures have been initiated;
 11. Written transfer policies for transferring patients through a vehicle with appropriate life support capabilities, communication capabilities and staff.

SECTION 10. *Staffing.* -

- a. The ED shall be staffed by appropriately-educated and qualified emergency care professional, including a physician and a registered nurse during all hours of operation.
- b. The medical care provided in the ED shall be directed by an emergency physician who shall:
 1. Posses training or experience in emergency medicine sufficient to meet the qualifications for taking the Philippine Board of Emergency Medicine (PBEM) certification examination;
 2. Possess competence in the management and administration of the clinical services in an ED;
 3. Be a member of the hospital medical staff. The ED medical director shall be a voting member of the executive committee of the hospital's medical staff. In a university-affiliated hospital, emergency physicians shall be members of the faculty;
 4. Familiar with pre-hospital emergency care delivery; and
 5. Ensure that the emergency staff is at all times adequately qualified and appropriately educated.
- c. The nursing care provided in the ED shall be directed by a registered nurse who shall:
 1. Possess education or experience in emergency or critical care nursing or who has completed an emergency care education program;

2. Possess competence in management and administration of clinical services in an ED;
 3. Possess the knowledge and skills necessary to evaluate, manage and educate, patients in accordance with the standards or emergency nursing practice; and
 4. Ensure that the nursing and support staff are appropriately educated and qualified.
- d. The medical director of the ED and the director of the emergency nursing shall assess their staffing needs on a regular basis.

SECTION 11. *Resources.* -

- a. Equipment and supplies appropriate for the reasonable needs of all patients anticipated by the ED shall always be available in the facility at all times.
- b. Necessary medicines and agents shall always be available in the facility.
- c. Diagnostic services shall be made available within a reasonable period of time for individuals requiring such services. .

SECTION 12. *Reports.* - Hospitals shall make reports at such intervals and containing such information, as the lead agency may require. The report shall include in particular, recommendations for improving the delivery of in-hospital emergency care.

SECTION 13. *Implementing Rules and Regulations (IRR).* - Within one hundred twenty (120) days from the date of effectivity of this Act, the Department of Health (DOH), being the lead agency, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION 14. *Repealing Clause.* - All laws, presidential decrees, executive orders, proclamations, rules and regulations which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 15. *Separability Clause.* - If, for any reason, any section or provision of this Act shall be held unconstitutional or invalid, the other section or provision not otherwise affected shall remain valid.

SECTION 16. *Effectivity Clause.* - This Act shall take effect fifteen (15) days from its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,