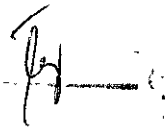


SENATE

S. B. No. 594



Introduced by Sen. Jinggoy Ejercito Estrada

EXPLANATORY NOTE

Emergency medicine is a recognized specialty medical field in the Philippines. This involves immediate decision-making and action to prevent the occurrence of death or any further disability for a patient in a life-threatening condition or health crisis usually under high-stress conditions. This care is provided by emergency physicians who are specially trained to identify, stabilize, evaluate, treat or manage patients who are victims of sudden injuries or acute illnesses or injury.

The patient population caught in emergency situations is unrestricted, presenting a wide spectrum of episodic and undifferentiated physical and behavioral conditions needing immediate attention to prevent death or disability. However, although the specialty is practiced primarily in emergency facilities, it includes broad responsibilities relating to community disaster preparedness and emergency medical services (EMS) systems which are intricately intertwined.

At present, majority of hospital emergency units in the country are compartmentalized, ill-equipped and staffed with unsupervised physicians, nurses or paramedical personnel who have no experience in making critical decisions in life and death situations. Quality emergency facilities with carefully designed physical accommodations backed by full technological and technical support, and properly trained personnel necessary to bridge the gap between pre-hospital and in-hospital care are sadly wanting. These result in the absence of, or inadequate delivery of emergency medical service.

This bill, therefore, seeks to professionalize emergency care in the country through the organization of emergency departments in tertiary medical situations. Hopefully, this will ensure competent emergency care at all times by a team of qualified and experienced emergency personnel, learned in the highest standards of emergency-care delivery through a program of continuing education and training in the area of life-support services. 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, the approval of this bill is urgently recommended.




JINGGOY EJERCITO ESTRADA
Senator

FOURTEENTH CONGRESS OF THE REPUBLIC)
 OF THE PHILIPPINES)
 First Regular Session)

7 JUL -2 2007

SENATE

S. B. No. 594RECEIVED BY: 

Introduced by **Sen. Jinggoy Ejercito Estrada**

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

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

SECTION 1. *Short Title.* – This Act shall be known as the “*Emergency Care Act of 2007*”.

SEC. 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.

SEC. 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** – means 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 dysfunctioning 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** – means the practice of the medical profession in a hospital institution;

h) **Pre-Hospital Care** – means 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.

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

SEC. 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.

SEC. 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.

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

a) Emergency Department shall have the physical design and resources to evaluate and stabilize 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 physicians and emergency 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 receive emergency care;

e) 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.

SEC. 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.

SEC. 9. Administration. –

a) The emergency facility shall be organized and directed to meet the emergency health care needs of the patient populations;

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 present 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 legally 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.

SEC. 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.

SEC. 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.

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

SEC. 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.

SEC. 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.

SEC. 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.

SEC. 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,