

**CONTRACT ON PRIMARY HEALTHCARE INFORMATION  
AND CLINICAL SYSTEM (PHICS)**

This Service Agreement is made and entered into this 30 th day of MAY, 2023, by and between:

**CITY GOVERNMENT OF PASIG**, a basic political unit, created and existing under and by virtue of the laws of the Republic of the Philippines with office address at Pasig City Hall Caruncho Avenue Barangay San Nicolas, Pasig City, duly represented herein by **HON. VICTOR MA. REGIS N. SOTTO**, in his capacity as City Mayor, hereinafter referred to as the **CGP**;

-and-

**DBP DATA CENTER, INC.**, a government owned and controlled corporation and a wholly-owned subsidiary of the Development Bank of the Philippines, registered with the Securities and Exchange Commission, with principal office address at the 9<sup>th</sup> Floor DBP Building, Sen. Gil J. Puyat Avenue corner Makati Avenue, Makati City, duly represented herein by its President and CEO, **ATTY. KRISTJAN VICENTE T. GARGANTIEL**, as evidenced by Secretary Certificate (ANNEX "A"), hereinafter referred to as the **DCI**;

**WITNESSETH:**

**WHEREAS**, in pursuit of excellence in the deliverance of public service and further advancement of the general welfare of the residents of the city, the **CGP**, in its path to achieving Universal Healthcare Coverage (UHC), is currently in search of a service provider which can fully deliver a **PRIMARY HEALTHCARE INFORMATION AND CLINICAL SYSTEM** ("PHICS" or the "System") for the subsequent use of its ten (10) Philhealth Konsulta Accredited Health Facilities and thirty-five (35) Barangay Health Centers of Pasig City (the "Project");

**WHEREAS**, in order to successfully implement this project, the **CGP** needs a service provider engaged in the IT industry and expert in exponential advances;

**WHEREAS**, **DCI's** primary mandate is to provide information and technology facilities management, systems application development, systems integration, providing IT solutions, contact center operations, business processes outsourcing, consulting services and other IT related services to government and private institutions;

**WHEREAS**, **DCI** is capable of providing a PHICS designed to conform to the normal operation of any government Primary Care Clinic or Health Centers, and has in fact provided such system to Angel Salazar Memorial General Hospital, Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Eastern Visayas Medical Center, Tondo Medical Center, Jose B. Lingad Memorial General Hospital, James L. Gordon Memorial Hospital, Sorsogon Provincial Hospital, and Zamboanga del Norte Medical Center;

**WHEREAS**, **DCI** has the necessary tools, proven experience, expertise, equipment, manpower and resources to implement and effectuate the Project;

**WHEREAS**, **DCI** has offered its services to implement the Project and the **CGP** has accepted to use and utilize the services of the former for the efficient and effective delivery of quality and innovative services to its constituency;

**WHEREAS**, Section 53 of the Implementing Rules and Regulations ("IRR") of Republic Act No. 9184 ("R.A. No. 9184"), otherwise known as the Government Procurement Reform Act, states that a Procuring Entity may resort to Negotiated Procurement (Agency-to-Agency) where the government agency has the mandate to deliver the goods or services required by the Procuring Entity;

**WHEREAS**, following the said provisions of the IRR of R.A. No. 9184, DCI is eligible to enter into an Agency-to-Agency agreement with the CGP (attached as an integral part of this Contract are the Request for Quotation, Terms of Reference, Technical and Financial Proposal, Resolution Recommending the Use of Agency-To-Agency Agreement for the Multi-Year Contract for the Engagement of a Service Provider for the Implementation of a Primary Healthcare Information and Clinical System (PHICS) for the City Health Units and Barangay Health Stations, and the Notice of Award, as Annexes "B" to "F");

**NOW THEREFORE**, for and in consideration of the foregoing premises, both **PARTIES** hereto agree, consent and approve to undertake to implement the said project under the following terms and conditions:

**1. SCOPE AND TERMS OF SERVICES –**

This Contract covers and is governed by the terms as stated in the PROPOSAL submitted by DCI entitled "**MULTI-YEAR CONTRACT FOR THE ENGAGEMENT OF A SERVICE PROVIDER FOR THE IMPLEMENTATION OF A PRIMARY HEALTHCARE INFORMATION AND CLINICAL SYSTEM (PHICS) FOR THE CITY HEALTH UNITS AND BARANGAY HEALTH STATIONS**", attached as ANNEX "D" hereof. The Contract shall also cover all the items found in the Request for Quotation and the Terms of Reference, attached as Annexes "B" and "C" hereof.

All data and patient information, including data in the Electronic Health Record database, are and shall remain the property of the CGP throughout and after the term of this Agreement, and ownership thereof shall not transfer to DCI. DCI merely has access to the foregoing data and is merely permitted to use the data for the operation of the Electronic Health Record for Pasig City's Health Facilities.

To ensure the fulfillment of the purposes of this Contract, DCI grants the Procuring Entity a perpetual, non-exclusive, and non-transferable license to use and to make necessary or desirable modifications, alterations, and customizations on the System and its source code at its expense.

**2. RESPONSIBILITIES OF THE CGP – the CGP shall:**

- 2.1.** Designate a project coordinator who will monitor **DCI's** compliance with this Agreement to ensure the continuous smooth implementation of the project;
- 2.2.** Provide the necessary working space, office supplies, hardware and software to the Information Technology personnel of the CGP who will monitor and observe **DCI's** compliance with its commitment and contractual obligation as provided in this Agreement as well as for the successful implementation of this Agreement;
- 2.3.** Settle its financial obligation to the **DCI**;

2.4. Provide for and maintain a current and compatible data storage system or facility for back-up purposes whether on premise or through a cloud storage in which data is transmitted and stored on remote storage systems, where it is maintained, managed, backed up and made available to its authorized users.

**3. RESPONSIBILITIES OF DCI**

DCI shall perform its responsibilities as stated in the PROPOSAL submitted by DCI entitled "MULTI-YEAR CONTRACT FOR THE ENGAGEMENT OF A SERVICE PROVIDER FOR THE IMPLEMENTATION OF A PRIMARY HEALTHCARE INFORMATION AND CLINICAL SYSTEM (PHICS) FOR THE CITY HEALTH UNITS AND BARANGAY HEALTH STATIONS", attached as ANNEX "D" hereof.

Without additional cost to the CGP, DCI shall update the PHICS for any Factual Changes on the Electronic Health Records requirements in relation to the DOH and/or PhilHealth requirements as dictated by the Universal Health Care Act Law, provided that the proposed changes do not affect the main core modules of the PHICS Software Application System. Without additional cost to the CGP, DCI shall also deliver Customization development service requests from CGP that do not cover alteration of database designs of the application software that shall greatly affect the whole design and processing function of the delivered system.

**4. TERM AND EFFECTIVITY**

This Agreement shall be effective from receipt of the Notice to Proceed until 31 December 2024, unless sooner terminated by the CGP following thirty (30) days notice to DCI for any failure on the part of DCI to fulfill its obligation/s under this Contract, or any act in breach thereof.

**5. PAYMENT TERMS**

Consistent with the financial proposal previously submitted by DCI to the CGP (Annex "D"), DCI shall issue billing statements to the CGP for deliverables completed and services rendered, as set forth below:

	<b>DELIVERABLE</b>	<b>SERVICE FEE (VAT Inclusive)</b>	<b>TOTAL</b>
<b>YEAR 2023</b>			
E.H.R. Installation Fees, and Set up of Data Back up and Disaster Recovery Plan (One-time Payment)	Certificate of Completion	Php 7,393,600.00	Php 7,393,600.00
<ul style="list-style-type: none"> <li>• 10 PHIC Konsulta Accredited Health Facilities</li> <li>• 35 Barangay Health Stations</li> </ul>			

*Handwritten signatures and initials on the left margin.*

	DELIVERABLE	SERVICE FEE (VAT Inclusive)	TOTAL
<b>E.H.R. System Subscription (June to December 2023)</b>			
• 10 PHIC Konsulta Accredited Health Facilities	Monthly Subscription	Php 35,000.00 per Facility	PhP 350,000.00
• 35 Barangay Health Stations	Monthly Subscription	Php 32,250.00 per Health Stations	PhP 1,128,750.00
		<b>Total Monthly Fee</b>	<b>PhP 1,478,750.00</b>
		<b>TOTAL for 2023</b>	<b>PhP 17,744,850.00</b>

	DELIVERABLE	SERVICE FEE (VAT Inclusive)	TOTAL
<b>YEAR 2024 (January to December)</b>			
<b>E.H.R. System Subscription</b>			
• 10 PHIC Konsulta Accredited Health Facilities	Monthly Subscription	Php 35,000.00 per Facility	PhP 350,000.00
• 35 Barangay Health Stations	Monthly Subscription	Php 32,250.00 per Health Stations	PhP 1,128,750.00
		<b>Total Monthly Fee</b>	<b>PhP 1,478,750.00</b>
		<b>TOTAL for 2024</b>	<b>PhP 17,745,000.00</b>

For the E.H.R. Installation Fees, and Set up of Data Back up and Disaster Recovery Plan, **DCI** shall issue the billing statement within ten (10) days from completion thereof. While for the E.H.R. System Subscription, **DCI** shall issue monthly Billing Statements to **CGP** within ten (10) days after the last day of each billing month.

**CGP** shall endeavor to pay **DCI** within forty-five (45) calendar days upon receipt of the Monthly Billing. Failure to pay within the prescribed time of forty-five (45) calendar days due to or in the event of default by **CGP**, shall entitle **DCI** to suspend its services to avoid entailing further expenses.

## 6. MISCELLANEOUS PROVISIONS

**6.1. Exercise of Rights** – No delay or failure of either parties in exercising any right, power or privilege under this Contract shall be considered as a waiver on the part of either parties of such right, power or privilege. No waiver, permit, consent or approval of any kind by either parties of any breach or default shall be effective unless expressed in writing and only to the extent set forth in such writing.

**6.2. Amendment** – Any amendment to this Contract while it is in force shall be made in writing and mutually agreed by the parties, which shall be in the form of an addendum.

*Mphaw*  
*Prof. G. S. S. S.*

- 6.3. Accumulation of Rights** – The rights and remedies granted to the parties under this Contract shall be cumulative and the exercise or prosecution by it of any right or remedy shall not preclude the exercise or prosecution of other rights and remedies as may be both provided in this contract by law.
- 6.4. Entire Agreement** – This Contract and any documents attached hereto constitute the entire agreement between the parties, and supersede all prior understandings, arrangements and agreements whether oral or written, with respect to the subject matter of this Contract.
- 6.5. Separability** – If any provision of this Agreement is determined by a court of competent jurisdiction to be valid or unenforceable, then such provision shall be construed limited or severed, but only to the extent necessary, and the remaining provisions of this Contract shall be binding upon the parties and shall be enforced to give effect to the Intent of parties insofar as possible.
- 6.6. Assignments** – This Contract is a personal one, being entered into in reliance upon the representation of the skill and qualification of **DCI**. **DCI** shall not voluntarily or by operation of law assign or otherwise transfer the obligations incurred pursuant to the terms of this Contract without prior written consent of the **CGP**.
- 6.7. Conciliation and Legal Actions** – Both parties agree that any dispute which may arise, if ever, shall be mutually settled amicably within fifteen (15) days from date of demand.

Should the dispute remain unresolved by the end of the aforementioned period, the dispute shall be submitted to the Office of the Secretary of Justice pursuant to the provisions of Sections 66, 67, 68, 69, 70 and 71, Chapter 14, Book IV, Title III of the Administrative Code of 1987 (Executive Order No. 292), in relation to Presidential Decree (PD) No. 242 (Prescribing the Procedure for the Administrative Settlement of Claims and Controversies Between or Among Government Offices, Agencies and Instrumentalities, including Government-Owned and Controlled Corporations, and for Other Purposes), and the Uniform Rules on Dispute Resolution under PD 242 issued by the Department of Justice.

- 6.8. No Employer-Employee Relationship** – It is agreed that **DCI** is acting as an independent contractor and not as an employee in providing the service hereunto described and nothing in this Contract should be construed to create an Employer-Employee Relationship or partnership. **DCI** is not an agent of the **CGP** and is not authorized to make any representation, contract or commitment on behalf of the latter.
- 6.9.** CGP holds DCI free and harmless from any claim, obligation, injury or damage that may be caused to any third party due to the willful, unlawful or negligent act or omission of CGP or any of its personnel or representative.
- 6.10.** In the exercise of their rights and compliance with the obligations under this Contract, the Parties shall observe and comply with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012", its implementing rules and regulations, as well as all issuances of the National Privacy Commission.

*Melaw*  
*Ernesto G. Guinto*

## 7. NON-DISCLOSURE AGREEMENT

**7.1 Obligations** – DCI shall hold and maintain any information obtained from the CGP in relation to this Contract in strictest confidence for the sole and exclusive benefit of the CGP. DCI shall restrict access to confidential information to employees, subcontractors, and third parties as is reasonably required and shall require those persons to sign non-disclosure restrictions. DCI shall not, without the prior written approval of the CGP, use for the DCI's benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of the CGP any confidential information. DCI shall return to the CGP any and all records, notes, and other written, printed or tangible materials in its possession pertaining to confidential information immediately.

**7.2 Exclusions from Confidential Information** – DCI's obligations under this Agreement do not extend to information that is:

- i. Publicly known at the time of disclosure or subsequently becomes publicly known through no fault of DCI;
- ii. Discovered or created by the DCI before disclosure by the CGP;
- iii. Learned by DCI through legitimate means other than from the CGP or representatives thereof;
- iv. Disclosed by DCI with the CGP's prior written approval

**7.3 Time Periods** – The non-disclosure provisions of this Contract shall survive the termination of this Contract and DCI's duty to hold confidential information in confidence shall remain in effect until the confidential information is no longer qualified as a trade secret or until the CGP sends the DCI written notice releasing the DCI from such obligation.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement this  
30<sup>th</sup> day of     MAY     2023.

**DBP DATA CENTER, INC.**

**CITY GOVERNMENT OF PASIG**

By:

  
**ATTY. KRISTJAN VICENTE T. GARGANTIEL**  
President & CEO

  
**HON. VICTOR MA. REGIS N. SOTTO**  
City Mayor

Signed in the presence of:

**DBP DATA CENTER, INC.**

**CITY GOVERNMENT OF PASIG**

  
\_\_\_\_\_  
**MR. WILSON F. CHAN**

  
\_\_\_\_\_  
**DR. JOSEPH R. PANALIGAN**

Funds Appropriated:

  
**MARTINELLI A. SANTIAGO**  
OIC - City Budget Office

Funds Obligated:

  
**MS. JUVY A. CUENCO**  
City Accountant

Funds Available:

  
**MS. MARITA A. CALAJE**  
City Treasurer

Recommending Approval:

  
**DR. JOSEPH R. PANALIGAN**  
Department Head - City Health Department

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES)

Quezon City ) S.S.

BEFORE ME, a Notary Public for and in the City of Quezon City on this day of MAY 30 2023, 2023, personally appeared:

Name	Government ID	Issue and Expiry Date
ATTY. KRISTJAN VICENTE T. GARGANTIEL	229-889-731-000	3/11/2004

Known to me to be the same person who executed the foregoing Contract of Lease consisting of eight (8) pages, and who acknowledged to me that the same is their own free and voluntary act and deed as well as the free and voluntary act and deed of the entity they duly authorized to represent.

**WITNESS MY HAND AND NOTARIAL SEAL**, on the date and place first above written.

Doc. No. 95  
Page No. 20  
Book No. 1  
Series of 2023.

**MA. ARLENE S. BORJA**  
Notarial Commission No. 108  
Until December 31, 2023  
PTR No. 2296455, 01-03-2022, Quezon City  
IBP No. 178613, 01-03-2022, Quezon City  
MCLE Compliance No. VII-0019703, 04/14/2025  
Roll No. 61799  
Gargantiel Ilagan & Atanante  
2F Floor Times Square Building  
No. 57 Examiner Street corner Times Street  
West Triangle, Quezon City 1104, Philippines  
Telephone: (632) 8355-9623; (632) 8375-1722

**ACKNOWLEDGEMENT**

BEFORE ME, a Notary Public for and in the City of Pasig on this day of MAY 30 2023, 2023, Personally appeared Victor Ma. Regis N. Sotto, known to me and to be is known to be the same person who executed the foregoing instrument and who acknowledged to me that the same is his free and voluntary act and deed as well as that of the entity he represents.

This Instrument consists of eight (8) pages, including this page in which this Acknowledgment is written and duly signed by the Parties.

**WITNESS MY HAND SEAL AND NOTARIAL SEAL**, on the date and place first above written.

Doc. No. 246  
Page No. 51  
Book No. 25  
Series of 2023

**ATTY. CARLOS C. ABESAMIS**  
Notary Public-Pasig City  
Until December 31, 2023  
ROLL NO. 43288  
IBP LIFETIME NO. 08352  
PTR NO. 9004628  
APPOINTMENT NO. 25 (2022-2023)  
MCLE COMPLIANCE NO. VI-0030466  
TIN NO. 177-509-331-00000

Contract No. 100-23-03-616





## SECRETARY'S CERTIFICATE

I, **MA. LUISA L. AGUIRRE-PANGILINAN**, Filipino, of legal age and with business address at the DBP Building, Senator Gil Puyat Avenue, Makati City after having sworn to in accordance with law, hereby depose and say, that:

1. I am the duly elected and qualified Assistant Corporate Secretary of the DBP Data Center, Inc. (DCI), a corporation duly organized and existing in accordance with the law of the Republic of the Philippines, and with principal office address at 9<sup>th</sup> Floor, DBP Building, Sen. Gil J. Puyat Avenue corner Makati Avenue, Makati City ("the Corporation");
2. During the Board of Directors Meeting held last 10 February 2023, the Board issued the following Resolution:

**"BOARD RESOLUTION NO. 011 Series of 2023 – Amendment of the Engagement between DCI and the City Government of Pasig**

The Board of Directors, upon motion made and duly seconded, ***APPROVED*** and ***CONFIRMED*** the amendment of the engagement between DCI and the City Government of Pasig, submitted by Mr. Bayani P. Asuncion, Jr. in his Memorandum dated 09 February 2023, as follows:

- Memorandum of Agreement between DCI and the City Government of Pasig for the Pasig City Health Facilities using a Konsulta accredited Cloud Based Primary Health Care Information System, xxx;
  - Xxx; and
  - Delegation of authority to the new President and CEO, to sign pertinent documents such as, but not limited to the Memorandum of Agreement between DCI and the City Government of Pasig, Notice of Award, Notice to Proceed, xxx."
3. I further certify that the incumbent President/CEO is Atty. Kristjan Vicente T. Gargantiel.

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4. The above Resolution has not been revoked, amended, nor in any manner modified, and accordingly, the same may be relied upon until written notice to the contrary is issued by the Corporation.

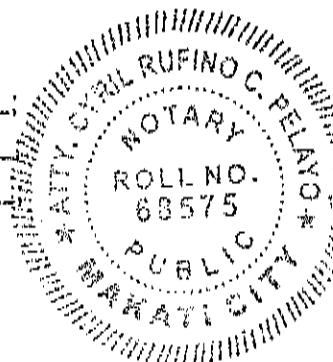
IN WITNESS WHEREOF, I have hereunto affixed my signature and the seal of DCI this \_\_\_ day of February 2023 at Makati City.


  
**MA. LUISA L. AGUIRRE-PANGILINAN**  
Assistant Corporate Secretary

REPUBLIC OF THE PHILIPPINES >  
MAKATI CITY > S.S.

SUBSCRIBED AND SWORN to before me this 10 FEB 2023 day of February 2023, the Assistant Corporate Secretary of DCI exhibiting to me her Driver's License No. N02-95-224182 issued at Mandaluyong City.

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Page No. 18  
Book No. N  
Series of 2023.



  
ATTY. CYRIL RUFINO C. PELAYO  
Notary Public  
Appointment No. M-014(2022-2025)  
Makati City, Until December 31, 2025  
Flr. DBP Bldg., Sen. Gil Puyat Ave., Makati City  
Roll No. 68575, IBP No. 010409 (Lifetime)  
PTR Exempt Under RA7161



### REQUEST FOR QUOTATION

<b>Date</b>	:	22 May 2023	
<b>Project Title</b>	:	Multi-Year Engagement of a Service Provider for the Implementation of a Primary Healthcare Information & Clinical Systems (PHICS) for the City Health Units and Barangay Health Stations	
<b>RFQ No.</b>	:	100-23-03-616	
<b>Approved Budget for the Contract (ABC)</b>	:	Year	ABC Per Year
		1	17,755,500.00
		2	17,755,500.00
		Total	35,511,000.00
<b>Date, Time and Place of the Deadline for the submission and receipt of Quotation</b>	:	Please submit the accomplished Quotation and required documents not later than 24 May 2023, 1:45 PM at the Bids and Awards Committee (BAC) through the <b>Procurement Management Office (BAC Secretariat Office), 4<sup>th</sup> Floor, Pasig City Hall, San Nicolas, Pasig City.</b>  You may enclose all the documents in an envelope duly marked with the following details:  <ol style="list-style-type: none"><li>1. Title and reference number of the project (RFQ No.); and</li><li>2. Name, address and contact details (telephone/cellphone number and email address) of the bidder.</li></ol>	

Sir / Madam:

In accordance with the Technical Specifications/Scope of Work and General Conditions for the aforementioned project stated herewith, kindly fill up and submit your lowest proposal / quotation.

For any inquiries or clarifications, please contact the Procurement Management Office (BAC Secretariat Office) at (02) 8643-1111 local 1461 or 1462 or through email at bidsandawards@pasigcity.gov.ph

Thank you.

  
**ATTY. PONCE MIGUEL D. LOPEZ**  
Officer in Charge, Procurement Management Office

The Project shall be awarded as One Project having several items that shall be awarded as one contract.

**PRICE OFFER:** (Unit and Total Prices shall be rounded-off up to two (2) decimal places)

Engagement of a Service Provider for the Implementation of a Primary Healthcare Information & Clinical Systems (PHICS) for the City Health Units and Barangay Health Stations							
Item No.	Qty.	Unit Of Issue	Item Description	Approved Budget		Price Offer	
				Unit Cost	Total Cost	Unit Cost	Total Cost
1	1	Lot	Primary Health Care Information and Clinical System (Electronic Medical Record)	17,755,500.00	17,755,500.00		
Grand Total Cost				Php 17,755,500.00			
				Seventeen Million Seven Hundred Fifty Five Thousand Five Hundred Pesos			
<b>Delivery Period:</b> The contact shall commence upon receipt of the Notice to proceed until December 31, 2024							

*\*Brand Name - If branded, indicate the BRAND NAME and its specific MODEL to be offered or attach a BROCHURE for the offered item; items such as equipment, devices, electronics, machines, drugs, medicines, medical supplies must be branded or at the very least, manufacturer shall be indicated*

**VALIDITY OF OFFER:** Within ninety (90) calendar days from the date of opening of quotations

**ADDITIONAL REQUIREMENTS:**

Together with your quotation, kindly submit the following documents on or before the deadline for the submission of quotation:

1. Philippine Government Electronic Procurement System (PhilGEPS) Registration/Organization Number
2. Original or Certified True Copy of Document showing proof that the signatory is the duly authorized representative of the agency, and granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the proposal, and to sign and execute the ensuing contract.
3. Certification from the Servicing Agency that:
  - a. The Servicing Agency has the mandate to deliver the Goods and Services required to be procured.
  - b. The Servicing Agency has the absorptive capacity to undertake the project.
  - c. The Servicing Agency has its own or has access to necessary tools and equipment required for the project.

**NOTES:**

1. Bidders shall submit their quotations through their duly authorized representatives.
2. Quotations exceeding the Approved Budget for the Contract shall be rejected.
3. The quotation may be accepted immediately or after some negotiations.
4. The prices quoted are to be paid in Philippine Currency.
5. All prices quoted are **INCLUSIVE** of all applicable duties, government permits, fees, and other charges relative to the acquisition and delivery of items to the City Government of Pasig.
6. In case of price discrepancy over the amounts in words and in figures, the amount in words will prevail.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
8. The City Government of Pasig shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
9. The supplier agrees to pay a penalty of one-tenth of one percent (1/10 of 1%) of the total cost of the unperformed portion for everyday of delay, including non-working days (i.e. Saturday and Sunday), legal holidays or special non-working holidays. The City Government of Pasig may rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
10. Other terms and conditions are stipulated in the attached Terms of Reference, if any.

**CONFORME:**

\_\_\_\_\_  
Signature over printed Name

\_\_\_\_\_  
Position

Duly authorized to sign quotation/offer for and on behalf of \_\_\_\_\_  
*(Please indicate name of company)*

## **TERMS OF REFERENCE**

### **ENGAGEMENT OF A SERVICE PROVIDER FOR THE IMPLEMENTATION OF A PRIMARY HEALTHCARE INFORMATION & CLINICAL SYSTEM (PHICS) FOR THE CITY HEALTH UNITS AND BARANGAY HEALTH STATIONS**

#### **I. Background**

The Philippines has made significant progress in recent years in its path to achieving Universal Healthcare Coverage (UHC) through investment in health and the introduction of the National Health Insurance Act (2013) and the Universally Accessible Cheaper and Quality Medicines Act (2008). Sin Taxes were also introduced and earmarked for health subsidies for those who are in the lower socio-economic status.

Despite these achievements, the health system in the Philippines still requires more progress to achieve its end goal of UHC. Patients accessing the Philippine health system continue to face unnecessary out of pocket spending, overburdened hospitals dealing with non-critical cases and significant inequity in access to health services across the Philippines. To implement UHC successfully, the health system must focus on improving the integration of health services, increasing the use of primary healthcare as patients' first port of call, and ensuring more strategic purchasing of medicines. Service Delivery Networks (SDNs) have been identified to become the model of health service delivery that would achieve these goals.

In order to execute a successful implementation of the UHC, the City Government of Pasig is currently establishing its own SDN that would cater to all its constituents. However, as a City, Pasig has a number of challenges in providing healthcare. Some of these challenges are not unique to Pasig, as they reflect broader issues across the Philippine Health System. One of these challenges is an Information Technology Infrastructure for the City Health Units and Barangay Health Stations.

The use of Information Technology (IT) and the infrastructure to support the Health Program of Pasig City is only at mid-level. Only a few clinics uses information technology to help its front liners. This inhibits the ability of service providers to effectively coordinate care across facilities, as complete medical records, due to unreasonable delays, may not be available to doctors and clinicians. The impact of this on patient care and patient experience is also significant, with patients required to repeat and remember their history at multiple points along their health care journey. This challenge is compounded by the relative level of health literacy within Pasig's community. Further, as internet connectivity and network connectivity is poor and inadequate in some areas of the city, analytical approaches to system issues, such as patient flow across the city, are almost impossible to implement.

IT infrastructure in City Health Units and Barangay Health Stations are limited in a number of places. This makes communication, networking and referrals challenging. Some facilities cannot access the internet regularly, there are areas where mobile coverage is limited or where mobile phones are not owned, and for a couple of clinics, an internet connectivity does not extend to the facility. These limitations are being compensated usually through manual processes, which are inefficient in nature which causes too much delays but necessary in the current environment. These technology challenges limit both the efficiency and maturity of SDNs, and have the real potential of limiting their growth and effectiveness in the future.

The City Government of Pasig believes that, in order to achieve, measure, and maximize the potentials and benefits of UHC, it is imperative that the City Government invests in its I.T. Infrastructure because it is a key enabler of resilient health systems. If the Hospitals, City Health Units and Barangay Health Stations in the City of Pasig do not harness the benefits of ICT, inefficiencies proliferate and some of the most basic building blocks of UHC become extremely difficult to put in place, at both the individual and population level. An effective eHealth strategy can ensure that the right solutions are deployed to eliminate inefficiencies.

In order to achieve this, City Government of Pasig intends to implement a Community Healthcare Ecosystem Solution, utilizing a robust system which can be used at the grassroots level from the Barangay Health Station/Center (BHS/BHC), to the City Health Units (RHU), to the District Hospitals, to the City Hospitals, and even up to the Regional APEX Hospitals for different levels of vertical escalation of health care for patients.

With the full implementation of the UHC Law taking effect on the Year 2021, Pasig City Government would like to be the first Local Government Unit to spearhead a successful program for the effective implementation of UHC.

The UHC seeks to have a paradigm shift -- from hospital care to primary care, veering away from the common practice in which individuals bypass primary care providers in community-based health centers, and seek treatment from specialists in bigger hospitals. Bypassing lower-level healthcare facilities make Filipinos vulnerable to spending from their own pockets not to mention that early prevention is often said to be better than the actual curative care which at times can be too late and expensive!

Under the UHC system, every Filipino would be assigned to a health worker who shall be their first point of contact. Primary care providers will guide patients through different healthcare facilities.

The City Government of Pasig is confident that, utilizing an Application System for the City Health Units and Barangay Health Stations to capture information of the residents of Pasig City, we will be able to create a responsive and forward-looking healthcare ECO-System for the betterment and improve governance on healthcare of each Filipino's health and well-being.

## **II. Objectives**

The project aims to achieve the following:

- To implement in the shortest period, a “fully-integrated, comprehensive and sustainable Primary Care Health Information System with Electronic Health Record”, using a Windows Application System, with its database residing in the cloud, that is responsive to the requirements of the City Health Department and is substantially compliant with existing rules and regulations of the Department of Health and Philhealth;
- To implement an integrated system that is based on best practices and founded in the mostly used and the latest software for sustainability and manageability using the expertise and experience of a service provider for Healthcare Systems that would guide the City Health Department.

## **III. Purpose**

With the requirement of maintaining a Health Information System for the Primary Care Clinics that will contain electronic health records, prescription logs and “human resource information, these clinics may not be ready as they are tasked to take care of the underprivileged, poorest of the poor and the indigent community first rather than to focus on the said requirement. These offices may require assistance so that immediate steps may be taken in achieving efficiency, sustainability and financial growth.

The City Government of Pasig needs to address the following:

- i. The City Government of Pasig seeks for IT services and solutions for its SDNs that would be fully integrated with the Pasig City Health Office and take full advantage of what information technology can offer to further improve efficiencies and effectiveness in all aspects of its operations;
- ii. The City Government of Pasig seeks for a pool of qualified consultants who are experts in the healthcare operational process reengineering and can help them harness the benefits of Information Technology and leave the clinical functions to the doctors and nurses.
- iii. The City Government of Pasig seeks to implement a web-based Primary Care Health Information System with an Electronic Health Records (EHR) System that is comprehensive and the functionality to offer each City Health Primary Care unit, a City Health Information System that also has the capacity to integrate neighboring Pharmacist and Diagnostic Centers to serve as a tool to improve operational and informational efficiency of the City Health Units so as to achieve the goal of a UHC Health Unit Ecosystem;



- iv. The City Government of Pasig will implement a Business Process Management for City Health Units and Barangay Health Stations to ensure that the Primacy Care Health Information System installed is utilized fully and effectively;
- v. The City Government of Pasig seeks to acquire Project Management services **through virtual off-site monitoring**, with a team that will handle the project from its initiation to its completion. The team will also oversee and monitor the project closely by directing the short- and long-term planning, controlling and monitoring of the project components, providing status reports, and ensuring completion of the project;
- vi. The City Government of Pasig seeks to provide consultative and technical Services on Business Process Re-Engineering as needed to ensure that manual and computerized operations are synergized and maximized;
- vii. The City Government of Pasig seeks to conduct virtual trainings for management and staff to provide them with the needed basic knowledge, tools and skills in information technology. The training will give BHS's/CHU's staff information about the system and how to fully utilize its capabilities;
- viii. The City Government of Pasig seeks to provide change management and process re-engineering services that may become a factor in the success of the project;
- ix. The City Government of Pasig seeks to provide on-line support to the City Health Units as soon as the system is in place and utilized.

#### **IV. Features of the System**

The project that the City Government of Pasig envisions is anchored towards the implementation of a Community Healthcare Eco-System Solution, which can be used at the grassroots level from the Barangay Health Station (BHS), to the City Health Units (RHU), to the District Hospitals, to the City Hospitals, and even up to the Regional APEX Hospitals for different levels of vertical escalation of health care for patients.

The system must have the flexibility of lateral referrals among BHS, RHU, and a common practice between District Hospitals depending on hospital equipment facilities and availability of specialization of doctors to handle the case.

Likewise, patients that were discharged from Regional APEX hospitals or District Hospitals can be referred back to the City Health Units or Barangay Health Stations, for continuing patient care monitoring.

The system that the City Health Units must be comprised of the following features:

**(1) Patient Registry & Triage**

- Comprehensive "Point Of Care" capturing of patient consult demographics
- Biometric capturing
- Facial capturing
- Other future input data such as QR codes etc..

**(2) Patient Queueing**

- Per health facility
- Queueing with other vertical healthcare facilities
- Per Clinic type (i.e. Internal Medicine, OB/Gyne, Family Medicine, Pediatrics, etc..)
- Identification of Senior Citizen and People with Disability
- Advanced Queueing (future date appointments and referrals), and even to queueing to other healthcare institutions.

**(3) Patient Consultation – three (3) approaches for S.O.A.P. Notes**

**Collaboration** – RHU nurses can perform preliminary examination of the patients, and enter the Subjective and Objective portion of the S.O.A.P. Notes, such as

- Chief Complaints
- History of Present Illness
- Review of Systems
- Vital Signs (blood pressure / heart rate / temperature, etc.)

Then pass on the Assessment and Plan to the City Health Unit / Rural Health Unit doctor on duty for completion of the consultation of the patient

**Empowerment** – nurses, midwives, and barangay health workers in the Barangay Health Stations (BHS) / City Health Unit (CHU) can perform examination of the patients, and give their proposed assessment and care plan based on their training.

Then seek approval from the CHU / RHU doctor on duty to concur, disallow or modify their proposed care plan before reverting to patient for final execution of care plan.

**Direct Entry** – Physicians can directly enter their S.O.A.P. Notes as they perform examination of their patients

### **S.O.A.P Module:**

S.O.A.P. module have the functionality to display S.O.A.P. the whole fields in:

- a) Vertical display
- b) Landscape display
- c) Matrix display

This gives the Doctors the freedom to choose S.O.A.P. functionality display so as to achieve greater efficiency and proficiency for maximum consultation output.

The features and functionalities of the system is designed to maximize the utilization of even non-physician workforce employed by the LGUs such as nurses, midwives and health workers, to augment and assist the scarce number of doctors in attending to patients.

This is also empowering the healthcare personnel to encode into the system their encounters with the patients, such as Chief Complaints, History of Present Illness, Vital Signs, and Physical Examinations, then forward said consultation notes to the doctor available to complete examination.

It is also possible for said healthcare personnel to enter their suggested assessment and care plan for a patient, and for the doctor to approve or disapprove before final implementation.

The system is devised with patient data privacy in mind, where only health care practitioners authorized to view a patient's information shall be given access to said patient's data. With the inclusion of a biometric device to capture the patient's fingerprint, and a webcam to capture the patient's profile picture, one can be assured that the patient information being accessed is indeed that of the patient.

The system is envisioned to be adoptive of new technology, such as the use of QR codes, or any other relevant technology to further improve compliance, strengthen data security, and protect the data authenticity.

#### **(4) Patient Consultation History**

With a single "click", consultation History of the patient are available for the visit professional for review, achieving the goal of a "One Patient One Record" healthcare system.

#### **(5) Diagnostic Results Archiving / Filing**

Diagnostic Results obtained from member Service Delivery Networks (SDN) such as Laboratory Results, Radiology Results and other diagnostic tests, can be filed digitally into the EHR (accepting PDF, JPG, and PNG formats)

**(6) Generation of e-Prescriptions**

- Prescriptions finalized in a patient consult, whether for diagnostic exams or medications shall reside in the cloud;
- e-prescription can be retrieved by member Service Delivery Networks (SDN) such as pharmacies and diagnostic centers from a SDN portal for verification and fulfillment of said issued prescription;
- option to print copy of said prescription when off-line with security features QR Code and security paper if needed.

**(7) Printing of Pertinent Patient Encounter Documentation**

- Printing of S.O.A.P. Notes that can be filed and be part of the patient's Medical Records;
- Printing of Medical Certificate base on S.O.A.P. Notes for patient's documentary requirements
- Printing of Referral Letters as correspondence for escalation of patient care to other health facilities, including district hospitals and APEX hospitals

**(8) Printing of Operational / Management Reports**

- Printing of Daily Consumption / Inventory Reports
- Printing of Daily Consultations Summary
- Printing of other Management Reports

**UNIVERSAL HEALTHCARE – WEB-BASED FAMILY SURVEY FORM**

Without inclusive and mass registration or enrollment of members, UHC will not flourish and will not achieve the spirit why it was created in the first place.

It is therefore incumbent for PhilHealth to propagate and simplify the enrollment and updating process of prospective and existing members thru the introduction of the PhilHealth Member Registration Form (PMRF).

Understanding fully the importance of mass enrollment of PHIC membership, to further the principle of UHC, the City Government of Pasig also seeks a developed system for the UHC Family Survey application that will work in conjunction with the Application System, for that purpose.

The UHC Community Family Survey Form must capture the following information:

(1) **Personal Information**

- Member's full name
- Mother's full name
- Spouse's full name
- Date and place of birth
- Civil status and citizenship
- TIN number & PhilSys number
- Biometric and Facial capture

(2) **Address and Contact Details**

- Residence address and permanent address
- Contact numbers and e-mail address

(3) **Declaration of Dependents**

- Dependents' full name (spouse, children, parents above 60 years old)
- Relationship with member
- Date of birth

(4) **Member Type**

- Direct or Indirect contributor
- Type of contributor

(5) **Printing of PMRF Form**

(6) **Printing of Member Identification (QR Code) – optional**

(7) **Web-Based technology responsive across platforms (MS Windows, Android, IOS)**

**SERVICE DELIVERY NETWORK PROCESS**

- 1) Service Delivery Network member suppliers (SDN users) can access the e-prescriptions generated by the respective RHU / BHS network that they belong to;
- 2) The SDN system shall allow the SDN users to access the e-prescriptions thru scanning of QR Code printed in the e-prescriptions or the type in the corresponding text of the QR Code;

- 3) Once SDN users accesses the e-prescription, what will be displayed in their screen are the full content of the e-prescription (all prescribed medicines or all prescribed diagnostic tests or procedures);
- 4) However, only "unserved" line items can be selected for dispensing or rendering by the said SDN;
- 5) Once SDN users "SAVES/POSTS" its transaction, the said information on the newly dispensed medicine or rendered diagnostic tests or procedures will automatically be updated to the database of the RHU or BHS;
- 6) SDN users shall print the "Order of Payment" to be signed by the patient or receiver, as proof of receipt of said medicines or diagnostic tests or procedures;
- 7) The SDN users of Diagnostic Centers shall be able to attach diagnostic test and procedure results thru the said SDN System to complete the service loop.

## **V. System Functionalities**

The Application System shall have the following functionalities:

### **1. Consultation Panel**

- a. This panel shows list of patients queued in the RHU where the user logs in.
- b. It is composed of Regular Sign-In patient, for Appointment or for Referral.
- c. Allows user to Edit Patient's Profile (basic information), Edit Patient's Queuing details, Update Patient Arrival and Remove patient from Queue.
- d. Shows Consultation Waiting Time (CWT) per patient.

### **2. Patient Filtering**

- a. Display Today's Consultation Only checkbox – which allows user to filter the patient that are queued in the current system date.
- b. Sorting of patient under consultation panel as to Senior Citizen or Person with Disability.
- c. Queueing Filter – which allows the user to filter the patient by Health Facility, Department, Section or up to Specific Doctor.
- d. Smart searching of specific patient in the consultation queue.

### **3. Approval Panel**

- a. Contains Approved and Pending Consultations.

- Green checkmarks beside the patient's name indicates that the Physician already approved or disapproved the proposed medication.
- Has envelope icon that contains remarks to prompt the user on endorsements or the urgency of consultation.

#### 4. User

- a. Users are allowed to change password and change system themes at their convenience.

### HEALTH FACILITY CONFIGURATION

- a. This module is used to set up the Health Facility Information such as:
  - Health Facility Name
  - Health Facility Address
  - Health Facility Code

This information will also reflect in the reports print out as report header.

### PATIENT MASTERFILE

- a. This module manages the complete medical history and basic information of the patient.

### MASTERFILE PAGE

#### 1. Address

- a. Information added in this module will be used in the Registration Form upon adding patient's current address. This module consists of:
  - Region
  - Province
  - Municipality
  - Barangay

#### 2. Health Facility

- a. Entries in this module are used in Users Masterfile to determine which Health Facility can use a user log in.

#### 3. Medicine Masterfile

- a. Entries in this module are used in prescribing medication in patient's consultation.
- b. This is also the module where the user set up the Price Index and available Brand per item.
- c. User can also activate and deactivate medicine in this module.
- d. Active item in Medicine Masterfile are the only items that can be prescribed in patient consultation.

#### 4. Laboratory & Radiology Masterfile

- a. Entries in this module are used in prescribing diagnostic test in patient's consultation.
- b. This is also the module where the user set up the Price Index per item.
- c. User can also activate and deactivate diagnostic test in this module.
- d. Active item in these modules are the only items that can be prescribed in patient consultation.

#### 5. ICD10

- a. Data in this module are used in adding Diagnosis in patient's consultation.
- b. Entries in this module are also used in Family History, Personal and Social History and Past Medical and Surgical History under patient's consultation.

#### 6. Users

- a. *Users Masterfile is the module responsible for setting up access and security rights such as adding, editing, canceling, or simply viewing of each user.*
- b. The system aside from being able to set up access and security right to each user have the capability to customize the menu listing in relation to access rights of the users set by system administrator.
- c. This module is also use to tag Health Facility that a certain user can access.

#### 7. Brand

- a. Entries in this module are used in Medicine Masterfile as selection on which brand are available to a specific generic medicine.

#### 8. Patient Type

- a. Information added in this module will be used in the Registration Form.

#### 9. PE Sketch

- a. User can add additional template that can be used in adding Sketch as part of patient's Physical Examination.

#### 10. Department & Section

- a. Entries in this module are used in Laboratory and Radiology Masterfile for segregation of items in E-Prescription print out.



#### 11. Ancillary Department & Ancillary Section

- a. Entries in this module are used in Laboratory and Radiology Masterfile for segregation of items in E-Prescription print out.

#### 12. Consultation Type

- a. This is the module where the user set up the Consultation Description available in the Health Facility that can be selected in patient's queueing details.

#### 13. Medicine Category

- a. Entries in this module are used in the Medicine masterfile to identify which category does the specific medicine belongs and these entries also reflects in the ePresS.

#### 14. PHIC Member Category

- a. User can add data in this module that can be use in PHIC Member Information in patient registration form.

#### 15. Chief Complaint

- a. Data in this module are based on the library provided by Philhealth.
- b. Entries in this module are used in XML generation to be submitted to Philhealth for Konsulta compliance.

#### 16. Chief Complaint Details

- a. User can add data in this module that are linked to Chief Complaint masterfile.
- b. Entries in this module are used in the patient's consultation specifically in Subjective part.

#### 17. Physical Examination Type

- a. Data in this module are based on the system indicated under Pertinent Findings per system of Philhealth.

#### 18. Physical Examination Detail Type

- a. Data in this module are based on the library provided by Philhealth.
- b. Entries in this module are used in XML generation to be submitted to Philhealth for Konsulta compliance.

#### 19. Physical Examination Detail

- a. User can add data in this module that are linked to Physical

Examination Detail Type.

- b. Entries in this module are used in the patient's consultation specifically in Objective part.

## 20. Immunization

- a. Entries in this module are used in the patient's consultation specifically in Immunization module under objective part.

## 21. Immunization Type

- a. This refers to immunization categories that are used in the patient's consultation specifically in Immunization module under objective part.

## REPORTS

- *Data that the user can see and generate in Report Module is based in the Health Facility where the user logs in.*
- *All report has a wide selection of date range wherein the user can generate report from daily, weekly, monthly or any specific date selection.*

### 1. Daily Service Report

- a. Generates data from all ended consultation in the specified date.
- b. The user can select specific elapsed time of consultation as 30 minutes, 1 hour, 1 hour and 30 minutes and 2 hours

### 2. Consumption Report

- a. Generates data from rendered items in Pharmacy, Laboratory and Radiology based on the specified date.
- b. This report shows actual consumption of medicine and services of the specific SDN.

### 3. Top Morbidity Report

- a. Generates data based on top Diagnosis assessed by health workers on the specified date.
- b. The system did not contain the report into Top 10 or Top 20 Diagnosis only. System is flexible that user has access to select what top selection he wants to generate.

### 4. Top Diagnostic Test Prescribed Report

- a. Generates data based on top Diagnostic Test prescribed by health workers on the specified date.
- b. The system did not contain the report into Top 10 or Top 20 Diagnostic Test only. System is flexible that user has access to select what top selection he wants to generate.

## 5. Top Medicine Prescribed Report

- a. Generates data based on top Medicine prescribed by health workers on the specified date.
- b. The system did not contain the report into Top 10 or Top 20 Diagnostic Test only. System is flexible that user has access to select what top selection he wants to generate.
- c. User can filter the report as per Consultation or per Quantity.

## 6. Doctor's Performance Report

- a. Generates performance percentage per Physician in specific Health Facility by dividing the number of consulted patients of a specific doctor compared to total consulted patient of the whole health facility on the specified date.
- b. User can filter the report as per specific Physician on the Health Facility or all Physician on the Health Facility.

## 7. List of Patient Under Medication Report

- a. Generates list of patients who has prescribed medication such as Metformin, Aspirin and Losartan.
- b. This report can be used to monitor number of patients who are Diabetic, has Cardiac Problems or Hypertensive that consulted on the specific Health Facility.

## 8. Consultation Census Report

- a. Generates number of patients that are:
  - Direct Consultation
  - Consultation by Nurses with needed approval
  - Number of Consultation with Appointment
  - Number of Consultation with Referral

## **PATIENT REGISTRATION**

### 1. Verification

- a. Verify thru Fingerprint
  - By the use of biometric device, system will verify if the patient is already registered in the database.
- b. Verify using Info
  - This is the traditional way of patient verification wherein user will have to input patient's Last Name and Birthdate for verification.

### 2. Registration

- a. It contains patient's basic information such as:
  - Patient Name
  - Birthdate
  - Patient Type

➤ Civil Status &

➤ Sex

Being mandatory fields. Together with these required fields are Age, Contact Number, Primary Care Provider and Address that are also best to be filled out for completeness of data.

- b. The system has a capability to take the recent photo of the patient.
- c. Under this module, the user can also register patient's fingerprint for additional patient's verification.
- d. The user can also update the patient's basic information of existing patients as well as the photo and fingerprint of the patient.
- e. The system also allows pre-registration by saving only the registration details of the patient on the database but will not be added to the consultation queue.
- f. Patient registration will also create unique patient number to each registered patient.

### **PATIENT CONSULTATION**

- *User can be able to see patient's basic information, if user has access right.*
- *This module shows patient's consultation which is a unique code in every patient's consultation.*
- *User can choose SOAP layout in his most convenient view.*
- The system offers two ways of consultation: Direct Consultation which does not need approval for the proposed Diagnosis, Diagnostic Test and Medication. User using this consultation can end transaction without seeking approval. The other process is the consultation that needs approval of proposed Diagnosis, Diagnostic Test and Medication from user that has access to approved proposal. Only approved proposal will be included in printable forms.

#### 1. Consultation History

- a. Shows past medical record of the patient that is saved in the database.
- b. This module eliminates manual process of retrieving past medical record of existing patient in a specific health facility.
- c. All past consultations are for viewing purposes only. Any user cannot do alteration to consultation that was already ended.

#### 2. Diagnostic Result

- a. User can add result via text by typing manually in the text field provided in the system.
- b. This module also allow user to upload result in patient consultation in image format.

#### 3. Subjective

- a. This panel consists of Chief Complaint and History of Present Illness which are mandatory fields before saving patient's consultation.

- b. It also consists of Review of Systems and OB/M if the patient is Female.
- c. User can add Family History and Personal and Social History based on ICD 10 description, encode free text description or combination of both.

#### 4. Objective

- a. Consists of patient's Vital Signs such as:
  - Blood Pressure (BP)
  - Heart Rate (HR)
  - Respiratory Rate (RR)
  - Temperature
  - Height
  - Weight
  - Physical Examination
- b. User can add Sketch using the templates uploaded in the system. Users are also allowed to draw or insert text in the chosen template.
- c. This module also allow user to upload or capture image to be use as Sketch template.

#### 5. Assessment

- a. This module includes Diagnosis based on ICD 10 code and description. Once consultation is ended, all approved diagnosis will be added in the Problem List.
- b. It also has Consideration text field which can be encoded by the user for additional information.
- c. This module also features Past Medical & Surgical History of patient which user can add based on ICD 10 description, encode free text description or combination of both. This will also be added to Problem List

#### 6. Plan

- a. This module is used to input prescribed Diagnostic Tests together with Medication with Quantity and Signa.
- b. It also allows user to input text in Non-Pharmacological Advice and Transportation free text field.
- c. Appointment Tab
  - This is use for Scheduling. Once this tab is use, triage will no longer add the patient in the queue manually. On the specified date & time, the system will automatically add the patient in the queue.
  - Using this tab will also indicate that the patient is queued up in the Consultation Panel via Appointment.
- d. Referral Tab
  - This tab is use to refer patient to other health facility. Once this tab is use, triage will no longer add the patient in the queue manually. On the specified date & time, the system will automatically add the patient in the queue.

- Using this tab will also indicate that the patient is queued up in the Consultation Panel via Referral.
- e. Approval Tab
  - This tab is used by user who needs to Seek Approval first before ending the consultation.
  - From Consultation panel the patient name will go to the Pending Consultation panel if this tab is populated. Once green check mark is seen beside the name of the patient, it means that the proposal was already checked by whom the user seek approval to.

## 7. Forms

- a. Printable forms that are available in the system per consultation are:
  - SOAP Notes
  - E-Prescription (Diagnostic Tests)
  - E-Prescription (Medication)
  - Medical Certificate
  - Referral Letter
  - Problem List

## **SERVICE DELIVERY NETWORK (SDN) MODULE:**

### **a) RENDERING**

- This module allows the user to scan QR code found in the E-Prescription or encode patient's consultation number to retrieve prescribed Diagnostic Test & Medication.
- User can indicate number of items to be rendered, but he cannot input more than the requested quantity. The user can also choose brand in Medicine Rendering depending if it is offered on their respective SDN.
- Once transaction is Posted, the system will display auto-generated Order of Payment number, total amount of posted transaction, date rendered, user who rendered the request and reference number that will be use as E-Receipt Ticket in Payment Tagging.
- Order of Payment print out is also available after posting the transaction.

### **b) PRICE UPDATE**

- This module allows the user to set up price of specific item that are available on their SDN.
- User cannot input price more than the Price Index set in EHR.
- This module is also use to activate and deactivate items in the specific SDN.
- System is capable of automatic Price Update based on the specified date recorded in the system.

### **c) TRANSACTION LIST**

- Consist of rendered transactions of the specific SDN where the user logs in.

- This module allows the user to Void wrongly dispensed or rendered transactions with corresponding Remarks to identify the reason of voiding. Once transaction is voided, items on the said transaction will be available again for rendering across all SDN in the network.
- Only rendered transactions on the specific SDN where the user logs in appear in this module, thus, user cannot void transactions from other SDN where he does not have access.
- This module also allows user to Upload Result of rendered Diagnostic Test. Uploaded result will be also incorporated in patient's medical history so that even if the patient is unable to bring hard copy of his diagnostic result, health workers assigned to the patient can easily see the results in patient's consultation history in EHR.

## **PHIC E-CLAIMS MODULE:**

### **1. PHIC eClaims Standalone**

#### **a. New Claims**

- Has a capability to check real-time PHIC Eligibility Verification and Verify PHIC Member PIN number into PHIC Web Service.
- This module has a capability to create PHIC Application entry for:
  - ✓ Indigent Patient
  - ✓ Hospital Sponsored
  - ✓ Employed – Private
  - ✓ Employed – Government
  - ✓ Senior Citizen
  - ✓ ETC...
- This module has the capability to capture all registered Patient Information required in the PHIC reimbursement claims with the 'click' of the mouse.
- Has a capability to link into Hospital Information System and prevent PHIC processor to double encoding of pertinent information with regards to patient demographics and PHIC member information.
- Real-time connected to PHIC web service to allow PHIC staff to inquire for the following information:
  - ✓ Eligibility Check
  - ✓ Member verification
  - ✓ Doctor's Accreditation Expiration
  - ✓ Doctor PAN
  - ✓ Find Employer
  - ✓ Find Hospital
  - ✓ Find Case Rate
  - ✓ PHIC Eclaims Status

- In progress
  - Denied
  - RTH
  - With Voucher
  - With Check
- This module has a capability to record patient Clinical Record for CF4 and Maternity Care for CF3.
  - This module has a capability to process Case Rate Claims for Medical and Surgical Case.
  - This module has a capability to process secondary case rate claims.
  - This module has a capability to tag number of a session done for a procedure like dialysis, chemo and etc.
  - This module allows user to print CF 1, CF2, CF3 and CF4.
  - Has a capability to do online encoding or offline encoding.

#### **b. Claim List**

- This module has a capability to monitor all Claim list encoded with its corresponding status. PHIC aging of receivables to monitor the transmitted claims to PHIC.
- This module has a capability to monitor claim series number, Receipt ticket number and eclaims status.
- Has a capability to scan document or upload the saved documents in the local directory.

#### **c. Transmittal**

- This module has a capability to tagged PHIC Transmittal Number and tagging of actual date received by PHIC Region Office.
- Has a capability to shift to PHIC eClaims Cloud Storage.
- Has a capability transmit Covid patient eclaims.
- This module has a capability to generate all transmitted claims
- With imbedded data validator to check if encoded data is valid in PHIC webservice requirements or not.

## **VI. ICT SERVICES**

The Proponent is required to outline in detail the processes from the award of contract, the service and maintenance program carefully identifying the



Emergency, Urgent and Routine Jobs necessary for the Application System to be in full service. This will include other works required in order to address restoration of Application System to full service if unforeseen events may prevent it from being used.

**The necessary information required but not limited to:**

- a) Response time for Emergency/Urgent/Routine (E,U,R) Jobs
- b) 8 x 5 Service Call Unit
- c) Availability of Service Engineers
- d) Number of Service Engineers available for the Project
- e) Guaranteed response time for E,U,R jobs
- f) Software upgrades
- g) Company Support (manual instruction book, educational support materials, medical and technical support for company)
- h) Customer relationship management (Helpdesk)
- i) Other information

**VII. Approved Budget of the Contract ( ABC ): P17,755,500.00 (Inclusive of VAT)  
( Total ABC for 2 years: P 35,511,000.00 )**

Proponent must be able to present a detailed cost of the project for the services to be rendered to the 45 Health Facilities of the City.

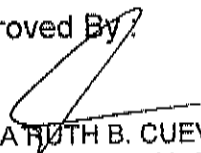
**VIII. Delivery Term :** The contract shall commence upon receipt of the Notice to Proceed until December 31,2024

**System to be provided must be PhilHealth Konsulta Accredited /**

**VIII. Tasks, Deliverables and Duration**

Scope of Work	Tasks	Deliverables	Duration
Procurement	Endorsement to BAC	TOR endorsed to BAC	Week 1
	Budget certification	Comptrollership Group issues certificate	Week 2
	Posting in PhilGEPS	Invitation to Bid posted on PhilGEPS website	Week 3
	Submission of quotes/Bidding	Quotes submitted/Successful Bidding	Week 4
	Awarding to production house	Notice of Award issued	Week 5

Approved By

  
EMMA RUTH B. CUEVAS, MD, MPH  
Assistant City Health Officer  
Pasig PhilHealth Program Coordinator

**DBP DATA CENTER, INC.**

FINANCIAL PROPOSAL: MULTI-YEAR CONTRACT FOR THE ENGAGEMENT OF A SERVICE PROVIDER FOR THE IMPLEMENTATION OF A PRIMARY HEALTHCARE INFORMATION AND CLINICAL SYSTEMS (PHICS) FOR THE CITY HEALTH UNITS AND BARANGAY HEALTH STATIONS

RFQ NO: 100-23-03-616

APPROVED BUDGET: SEVENTEEN MILLION SEVEN HUNDRED FIFTY-FIVE THOUSAND FIVE HUNDRED PESOS OF THE CONTRACT (Php 17,755,500.00) FOR CALENDAR YEAR 2023 (JUNE 1, 2023 TO DECEMBER 31, 2023)

DESCRIPTION	NUMBER OF HEALTH FACILITIES	SERVICE FEE PER FACILITY	TOTAL AMOUNT
<p><b>E.H.R. INSTALLATION FEES AND SET UP OF DATA BACK UP AND DISASTER RECOVERY PLAN</b> <b>(One-time Payment)</b></p> <ul style="list-style-type: none"> <li>✓ Set up of back up service to help against ransomware for all Health Facilities;</li> <li>✓ Deploy replication, failover, and recovery processes through Site Recovery to help keep your applications running during planned and unplanned outages for all Health Facilities</li> </ul>	<p>45 HEALTH FACILITIES  (10 PHIC KONSULTA ACCREDITED HEALTH FACILITIES AND 35 BARANGAY HEALTH STATIONS)</p>		<p>SEVEN MILLION THREE HUNDRED NINETY-THREE THOUSAND AND SIX HUNDRED PESOS  (Php 7,393,600.00)</p>

<p><b><u>E.H.R. SYSTEM SUBSCRIPTION:</u></b>  <b>(June 1, 2023 – December 31, 2023)</b></p> <p>Electronic Health Record (E.H.R.) System must include the following features and functionalities:</p> <ul style="list-style-type: none"> <li>• PATIENT REGISTRY &amp; TRIAGE</li> <li>• PATIENT QUEUING</li> <li>• PATIENT CONSULTATIONS USING S.O.A.P NOTES</li> <li>• PATIENT CONSULTATION HISTORY</li> <li>• DIAGNOSTIC RESULTS ARCHIVING</li> <li>• E-PRESCRIPTIONS, E-PMRF SYSTEM</li> <li>• SERVICE DELIVERY NETWORK</li> <li>• REFERRAL SYSTEM TO HOSPITALS</li> </ul> <p>Minimum number of users is set with 6 users and unlimited user licenses thereafter.</p> <p><b><u>E.H.R. SYSTEM UPDATES:</u></b></p> <ul style="list-style-type: none"> <li>• DOH &amp; PHILHEALTH REPORTS</li> <li>• CUSTOMIZED REPORTS</li> </ul> <p><b><u>E.H.R TRAINING FOR SYSTEM UPDATES:</u></b></p> <ul style="list-style-type: none"> <li>• TRAINING OF USERS (DOCTORS, NURSES, BHW, HEALTH FACILITY STAFF)</li> </ul>	<p>10 PHIC KONSULTA ACCREDITED HEALTH FACILITIES</p> <p>35 BARANGAY HEALTH STATION</p>	<p>TWO HUNDRED FORTY-FIVE THOUSAND PESOS</p> <p>(Php 245,000.00)</p> <p>TWO HUNDRED TWENTY-FIVE THOUSAND AND SEVEN HUNDRED FIFTY PESOS</p> <p>(Php 225,750.00)</p>	<p>TWO MILLION AND FOUR HUNDRED FIFTY THOUSAND PESOS</p> <p>(Php 2,450,000.00)</p> <p>SEVEN MILLION NINE HUNDRED ONE THOUSAND AND TWO HUNDRED FIFTY PESOS</p> <p>(Php 7,901,250.00)</p>
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<ul style="list-style-type: none"> <li>• TRAINING OF M.I.S.</li> </ul> <p><b><u>ON SITE &amp; ONLINE SUPPORT:</u></b></p> <ul style="list-style-type: none"> <li>• Response time for Emergency, Urgent, Routine (E, U, R) Jobs</li> <li>• 8 x 5 Service Call Unit</li> <li>• Availability of Service Engineers within 4 Hours Turn Around Time</li> <li>• Availability of Software Developers for immediate deployment</li> <li>• Guaranteed response time for E, U, R jobs</li> <li>• Customer relationship management (Helpdesk)</li> </ul> <p><b><u>VIRTUAL MACHINE STORAGE:</u></b></p> <p>Virtual Machine Configuration (D3 V2 / DS3 V2)</p> <ul style="list-style-type: none"> <li>• 4 vCPU (4 processors)</li> <li>• 14GB Memory</li> <li>• 200GB Temporary Storage</li> <li>• 3,000 MBPS Expected Network Bandwidth</li> <li>• 128GB SSD Drive for OS</li> <li>• 256GB SSD Drive for Data (expandable as needed)</li> </ul>			
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