



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

March 27, 2020

**DEPARTMENT CIRCULAR**

No. 2020- 0158

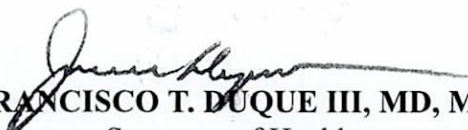
**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND OTHERS CONCERNED**

**SUBJECT: Reiteration of the Department Memorandum No. 2020-0136 entitled “Interim Guidelines on Harmonized and Daily Health Facility Reporting of COVID-19-Related Essential Resources and Supplies Using the DOH DataCollect Application”**

The Department is constantly calibrating its strategies in response to the COVID-19 pandemic. Plans, policies, and initiatives to be implemented in this time of crisis must be supported by substantial data. Hence, it is imperative for the Department to receive timely updates from all public and private health facilities on the availability of supplies and personnel necessary to care for all COVID-19 patients, to support policy decisions and recommendations.

All are enjoined to provide assistance and follow the standardized reporting of all public and private facilities of availability of supplies and personnel necessary to care for COVID-19 cases.

Dissemination of the above information is requested.

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health



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

March 25, 2020

**DEPARTMENT MEMORANDUM**

No. 2020 - 0136

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; DIRECTOR GENERAL OF PHILIPPINE INSTITUTE OF TRADITIONAL MEDICINE AND ALTERNATIVE HEALTH CARE; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED**

**SUBJECT: Interim Guidelines on Harmonized and Daily Health Facility Reporting of COVID-19-Related Essential Resources and Supplies Using the DOH DataCollect Application**

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**I. BACKGROUND**

An outbreak of a novel type of coronavirus with unknown etiology was reported in Wuhan City, China last December 31, 2019. The novel coronavirus was later officially named by the World Health Organization (WHO) as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the disease as Coronavirus Disease 2019 (COVID-19). The virus was declared as a Public Health Emergency of International Concern (PHEIC) and was further characterized as a pandemic by the World Health Organization.

The Department is constantly calibrating its strategies in response to this evolving health event. Plans, policies, and initiatives to be implemented in this time of crisis must be supported by substantial data. Hence, it is imperative for the Department to receive timely updates from all public and private health facilities on the availability of supplies and personnel necessary to care for all COVID-19 patients, to support policy decisions and recommendations. It is also important that these data are communicated effectively to the public, so that they are continually updated with the COVID-19 health event.

## **II. OBJECTIVES**

This issuance shall provide guidelines for the standardized reporting of all public and private facilities of availability of supplies and personnel necessary to care for COVID-19 cases.

## **III. SCOPE AND COVERAGE**

This issuance shall cover all individuals, health facilities and offices (public and private), civil society organizations, professional/medical/paramedical societies, and international organizations/donors/partners involved in disease surveillance, mandatory reporting of notifiable diseases, health events of public health concern, and the implementation of this issuance.

## **IV. IMPLEMENTING GUIDELINES**

### **A. Designation of a Dedicated COVID-19 Data Collection Coordinator**

1. All public and private health facilities and providers that admit and give consultations to COVID-19 cases must identify and designate a COVID-19 Data Collection Coordinator and his/her alternate. The coordinator shall:
  - a. Serve as the main liaison between the DOH and the health provider for all communication on COVID-19 concerns including but not limited to data requests, validation, and follow-up;
  - b. Continuously coordinate with the Knowledge Management and Information Technology Service (KMITS) to facilitate immediate and timely reporting of essential hospital human resources, logistics, and protective personal equipment supplies.
  - c. Promptly and correctly update the DOH COVID-19 related supply database; and
  - d. All public and private health facilities shall provide the DOH with the following details of their assigned COVID-19 Data Collection Coordinator and alternate:
    - i. Name
    - ii. Position
    - iii. Cell phone number
    - iv. E-mail Address
2. Contact details shall be submitted to their respective Centers for Health Development (CHDs), one (1) day upon release of this issuance. CHDs will forward the contact details of the coordinators to Field Implementation and Coordination Team (FICT), with the subject header “[COVID-19] Data Collection Coordinator for <name of CHD>”. Information will be used for the purposes intended by this policy only and the collection and maintenance of information shall abide by rules of the Data Privacy Act.
3. For the purpose of this issuance, the Knowledge Management and Information Technology Service (KMITS) shall act as the Database Manager.

## **B. Reporting of Essential Hospital Human Resources, Logistics, and Protective Personal Equipment Supplies**

1. The COVID-19 coordinator shall ensure the reporting of the availability of human resources and essential supplies listed in **Annex A**, in coordination with their respective hospital management.
2. The COVID-19 coordinator will receive instructions on how to install and use the DOH DataCollect app, including the log-in credentials assigned to their facility via email.
3. For beds and equipment, each hospital shall update their data via DOH DataCollect every **8:00AM, 12:00PM, and 4:00PM daily**. For human resources and PPEs, the updating should be on a weekly basis, i.e. on or before **4:00PM every Friday**.
4. A process flow for reporting of hospital HRH, logistics, and supply data is detailed in **Annex B**. For clarifications or issues on how to use the DOH DataCollect App please contact Health Atlas at **8651-7800 loc. 1900** or at [data.doh@gmail.com](mailto:data.doh@gmail.com).
5. Access to hospital supply data will be defined based on the following:
  - a. Hospitals shall only have access to their own data.
  - b. Authorized personnel from CHDs shall have access to facility data in their regions.
  - c. Authorized personnel from the DOH Emergency Operations Center shall have access to facility data nationwide.

## **V. ROLES AND RESPONSIBILITIES**

### **1. Knowledge Management and Information Technology Service shall:**

- a. Act as the DOH Database Managers for data on essential HRH, logistics, and protective personal equipment supplies, and liaise with the COVID-19 Data Collection Coordinator for the timely turnover of complete data and information.
- b. Develop a dashboard for COVID-19 Emergency Operations Center and other and/or the appropriate offices/ bureaus.

### **2. Health Facility Development Bureau shall:**

- a. Determine necessary monitoring indicators for hospitals.
- b. Develop standards and provide technical assistance for use and analysis of reported health facility data.
- c. Assist in designing dashboard COVID-19 Emergency Operations Center and other and/or the appropriate offices/ bureaus.

### **3. Field Implementation and Coordination Team and Centers for Health Development shall:**

- a. Oversee hospital reporting of COVID-related supply data.
- b. Assist the DOH Database Managers in following up and ensuring the timely submissions of all government hospitals.

### **4. Centers for Health Development shall:**

- a. Facilitate the timely submission of the health facilities in its region.
- b. Submit to FICT the details of point persons of health facilities in its region.

- c. Coordinate with health facilities on necessary actions to address gaps and issues gathered from data analysed through health facility reporting data

**5. PhilHealth shall:**

- a. Assist the DOH Database Managers in following up and ensuring the timely submissions of private hospitals.

**6. All Public and Private Health Facilities shall:**

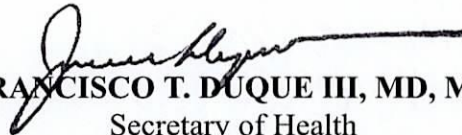
- a. Assign and capacitate designated COVID-19 Data Collection Coordinator.
- b. Report health facility capacity changes to the designated COVID-19 Data Collection Coordinator.
- c. Cooperate with the Department of Health through their respective CHDs.
- d. Ensure that all data required are being reported timely and accurately.

**VI. REPEALING CLAUSE**

Department Memorandum 2020-0113 and Department Memorandum 2020-0125 and other related issuances inconsistent or contrary to the provisions of this Memorandum are hereby repealed.

**VII. EFFECTIVITY**

This Order shall take effect immediately.

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health

## **ANNEX A. Checklist of Available Hospital HRH, Logistics and Supply Data**

### **Total number of beds, rooms, and ventilators dedicated to COVID-19 patients**

Vacant and Occupied:

- ICU beds with negative pressure
- ICU beds without negative pressure
- COVID Isolation beds (exclude ICU beds)
- Beds in COVID wards
- Beds in COVID positive wards
- Mechanical Ventilators

### **Total number of COVID 19 patients**

- Suspect/probable case admitted in the hospital
- Confirmed case admitted in the hospital
- Suspect/probable case at the ER (for pending admission)
- Confirmed case at the ER (for pending admission)

### **Total number of HRH serving COVID-19 patients**

- Intensive care specialist
- Infectious disease specialists
- Pulmonologists
- Resident Doctors
- ER Nurses
- Ward Nurse
- ICU Nurses
- Respiratory therapists
- Mechanical ventilator technicians

### **Total number of HRH in quarantine**

- Doctors
- Nurses
- Support/Admin Staff

### **Total number of Personal Protective Equipment (PPEs)**

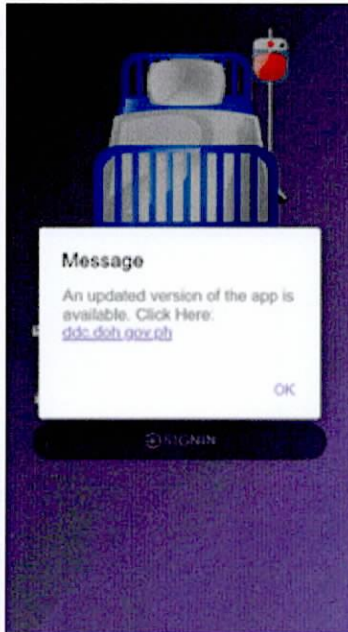
- Gowns
- Googles
- Gloves
- Shoe cover
- Headcover
- Surgical mask
- N95 (for special procedures i.e. intubation)

### **Any issues, concerns, assistance needed from DOH/government (optional).**

- Human resources
- Equipment
- Supplies
- Medicines
- Transportation
- Policies
- COVID-19 testing

## ANNEX B. Summary of Process Flow for Reporting of Hospital HRH, Logistics and Supply Data

### How to UPDATE DOH Data Collect (BED TRACKER) v2



The New Version will be implemented on March 26, 2020:

1. A prompt will appear in your DDC Bed Tracker App.
2. Update your App by clicking the link
3. The link will download the newest version of the App.
4. Install the downloaded file, > It will overwrite the previous version of the app.
5. Log-in using the credentials given to you by FICT or your respective Regions

\* For Android Phones Only

\* Submission of data should be at 8:00AM, 12:00PM and 4:00PM daily

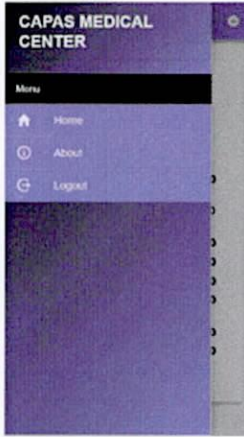
\* For username and password: CONTACT your respective DOH CHD (Regional Offices).

\* For new installations use [ddc.doh.gov.ph/bedtracker.apk](http://ddc.doh.gov.ph/bedtracker.apk) to download the app.

### How to USE DOH Data Collect (BED TRACKER) v2



1. Log-in using credentials given



2. Check if the name in the app is correct



3. Add the data > Please take note there are 2 time frames of data you should submit DAILY and WEEKLY.

DAILY data should be submitted at 8:00AM, 12:00PM, and 4:00PM

**\* data submitted today cannot be carry over from the previous or next day, you should submit DAILY**

WEEKLY data should be submitted every FRIDAY on or before 4:00PM



## DAILY REPORTING TOOL TOOL

**Daily Reporting Tool** ×

**Reporting Form**

Total number of vacant isolation rooms with negative pressure:

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Total number of occupied isolation rooms with negative pressure:

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Total number of vacant makeshift isolation beds:

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Total number of occupied makeshift isolation beds:


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Total number of vacant non-isolation ICU beds (Exclude previously counted beds):

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Total number of occupied non-isolation ICU beds (Exclude previously counted beds):

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## WEEKLY REPORTING

**Weekly Reporting Tool** ×

**Reporting Form**

Total number of medical doctors dedicated for COVID-19 patients:

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Total number of ER nurses dedicated for COVID-19 patients:

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Total number of Ward nurses dedicated for COVID-19 patients:

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Total number of ICU nurses dedicated for COVID-19 patients:


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Total number of respiratory therapist dedicated for COVID-19 patients:

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Total number of intensive care specialist dedicated for COVID-19 patients:

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### 4. SUBMIT DATA – THANK YOU