

Regional Memorandum Order No. 010  
Series of 2018

**SUBJECT: GUIDELINE ON HOSPITAL WATCHER for DSWD-NCR CLIENTS**

**I. RATIONALE:**

The Department of Social Welfare and Development is the executive department of Philippine Government responsible for the protection, social welfare and rights of Filipinos and to promote social development. It is mandated to implement **Social Welfare** programs towards various promotive and protective services

Thus, Administrative Order No. 148, series of 2001 entitled "Guidelines in the Management of Residential Care Services" was conceptualized to provide direction and guidance for those who are involved in the protection and rehabilitation of the disadvantaged sectors being served by the Department.

As part of fulfilling the mandates of the department, DSWD-NCR operates nine residential care facilities such as: Elsie Gaches Village (EGV), Haven for Children (HC), Marillac Hills (MH), Haven for Women (HW), Nayan ng Kabataan (NK), Sanctuary Center (SC), Jose Fabella Center (JFC), Reception and Study Center for Children (RSCC) Golden Reception Action Center for Elderly and other Special Cases (GRACES) Crisis Intervention Unit (CIU) and Community Bases Services Section (CBSS), with the aims to : (1) protect the interest and welfare of the center /institution residents, (2) ensure that programs and services are geared towards the residents' healing, recovery and social protection, and (3) promote quality programs and services for the target beneficiaries in a residential and community-based setting.

The 9 RCF has a total bed capacity of one thousand eight hundred thirty five (1,830) but catering a total of two thousand four hundred ninety seven (2,497) individuals coming from different sectors ( children and youth, women, family, PWD's and elderly) as of August 2018.

Moreover the EAS-CIU) and CBSS also provides assistance to disadvantage individuals, families and communities in crisis situations covering the 17 LGUs in Metro Manila.

In the operation and implementation of the programs and services of these residential and Canter based facilities it has been observed that there are instances wherein some clients are hospitalized while under the care of these

facilities and or accessed to the services of Community Based programs. Thus, houseparents, nurse and staff are mobilized to serve as hospital watcher during the confinement. In addition, volunteers such as beneficiaries of the program and private individuals are also tap as hospital watchers as augmentation staff.

Based on the 3-year (2015, 2016 & 2017) data gathered from, EAS-CI and CBSS, a total of 201 clients were hospitalized with 449 hospital watchers mobilized. More hospital watchers are mobilized due to the extended (3 days to 3 months) duration of confinement and number of clients confined at a given time.

With its vast number of residents per center that often exceed its bed capacity, an imbalance exists between client-staff ratio which resulted to lack of staff to attend to some urgent or emergency need like hospital watcher to clients admitted to the hospital/s, the same is true with the EAS-CI and CBSS.

Since 2002, several Residential Care Facilities (RCF) had been observed practicing different schemes in terms of utilizing RCF staff as hospital watcher including those who are off duty, volunteers, private individuals and/or clients so as not to disrupt the operation of the center In addition different schemes of payment were practiced such as cash for work, cash payment (payroll) and/or food for work on the other hand, majority of the RCFs uses their petty cash/revolving fund to pay the stipend of hospital watcher. Given the absence of standard implementing procedures for hospital watcher, thus this guideline is being formulated.

## II. LEGAL BASES:

- **RMO No 004 Series of 2018: Policy Guideline on Infection Prevention and Control in Residential Care Facilities:** The guidelines have been prepared specifically to assist infection control program in the integrated management of residential facility in infection prevention and control such as good environmental practices like proper administration of waste management, water quality, education and training and respiratory.
- **AO 017 Series 2012"Amended Standards for Community Based Guidelines".** Sets the standards for the accreditation of services that are provided to the beneficiaries while they remain in their homes and /or communities. This guideline aims to ensure that the beneficiaries shall receive services that are complementary to their needs and provided assistance does not foster dependency instead instils empowerment among people.
- **Administrative Order 15 Series of 2012 "Revised Standard on Residential Care Facilities"** – The Department of Social Welfare and



- Development as lead in social protection is mandated to set standards, register, license, accredit and provide consultative services to organizations engaged in social welfare and development activities. In executing the regulatory and quality assurance role of the Department, it enables to develop and maintain the standards of a high performing, proactive and supportive partners in the delivery of social welfare and development programs and services.
- **Administrative Order No. 10 Series of 2010 Omnibus Guidelines on the DSWD National Volunteer Service Program (Bayanihan Bayan Program):** is an organized approach of providing opportunities for individuals and groups to extend voluntary service in the implementation of social welfare and development programs. These volunteers, both local and foreign are potent force which the Department can harness in the different areas of social welfare service delivery in the communities, in centers and institutions, or even in office-based volunteer work where their technical expertise can augment on the existing workforce.
  - **Administrative Order 15 Series of 2008: Guidelines for the Implementation of the Cash for Work Project-** the Department, as a member of the National Disaster Coordinating Council (NDCC), leads in the provision of emergency response and relief assistance and support to rehabilitation services to the affected families. Section 5.g of PD 1566, entitled as “Strengthening the Philippine Disaster Control, Capability and Establishing the National Program on Community Disaster Preparedness” mandates the Department to extend emergency relief assistance and social services to the victims which will immediately restore them to rehabilitation and a life of normalcy.
  - **Administrative Order No. 141, Series of 2002: Standards in the Implementation of Residential Care Service-** the creation of this Administrative Order is to ensure the operation of residential care service must conform to certain standards for quality programs and services that would ensure the general well-being of the residents being served.
  - **Administrative Order No. 148, Series of 2001** entitled “Guidelines in the Management of Residential Care Services” was conceptualized to provide direction and guidance for those who are involved in the treatment, recovery, rehabilitation and development of the disadvantaged groups.

### III. DEFINITION OF TERMS:

**Allowance-** refers to remuneration (75% of prevailing minimum wage of NCR) given to hospital watcher who rendered duty/service at a given period.

**Resident/Client-** refers to persons under care of residential care facilities and those referred and/or walk-in clients seeking any form of assistance to concerned section/unit of DSWD-NCR.

**Community Based Programs (CBP)-** refers to the different programs implemented by the Department of Social Welfare and Development (DSWD) and services rendered when the helping process takes place in the community as the primary client system or when social welfare and development activities are provided to individuals, groups or families while they remain in the homes.

**Private individuals-** refers to any person that act solely and not representing any group, company, or organization that anytime can provide his/her service with allowance of 75% of the minimum wage.

**Relatives-** refers to client's family member who assist in the hospital during confinement without remuneration.

**Residential Care Facility/ies (RCF)-** refers to the 9 facilities/center under the Department of Social Welfare and Development-NCR providing basic welfare services to residents.

**Residential Based-** refers to the programs and services where group care is provided to residents under the guidance of a trained staff and within a structured therapeutic environment with the objective of reintegrating him/her with the family or community or in the cases of children, it is until such time when a better alternative parental care has been identified for them.

**Staff-** refers to the DSWD-NCR personnel whether Regular, Casual, Contractual, Memorandum of Agreement (MOA) and Job Order including private sponsored staff.

**Volunteer-** refers to any member of the family and an individual or group, including students from high school, colleges and universities not covered by the National Student Training Program (NSTP), who for reasons arising from their socio-developmental, business and corporate orientation, commitment or conviction, contribute time, service and resources whether on full time or part time basis to DSWD's range of programs and services with a just and essential social development cause, mission or endeavor in the belief that their activity is mutually meaningful and beneficial to public interest as well as



to themselves. volunteer/s also refers to person or group of person rendering volunteer work in the CRCFs.

**Wages-** refers to the prevailing daily wage rate set by the National Wages Productivity Commission.

**Hospital Watcher-** refers to an internal staff (regular/MOA/JO/PSS), private individual, volunteers who are mobilized to render duty and attend to the needs of clients during confinement.

#### **IV. OBJECTIVES:**

##### **General Objectives:**

To establish a standard guideline in the mobilization of Hospital Watcher for hospitalization of DSWD-NCR clients.

##### **Specific Objectives:**

This guideline specifically aims to:

1. Establish a standard allowance for the hospital watcher;
2. Establish the minimum requirements/qualification for hospital watchers; and
3. Establish a mechanism in identification and managing hospital watchers.

#### **V. SCOPE AND COVERAGE:**

This guideline covers all staff, volunteers and private individuals who act as hospital watchers during confinement of DSWD-NCR clients.

#### **VI. GENERAL POLICIES:**

1. The C/RCF medical officers and CBP concerned staff shall identify and mobilize hospital watchers based on the set criteria depending on the availability of present staff complement in the center to support such mobilization from the pool of volunteers and private individuals.
2. The hospital watchers to be deployed shall come from the C/RCF houseparents or pool of volunteers and private individuals of the Field Office-NCR.
3. The FO- NCR through the Capacity Building Section shall maintain an updated pool of volunteers and/or private individuals which will then be forwarded to the RCFs and CBP for reference and identification of hospital watchers as needed. This should be supported by an updated personal Data

- Sheet (PDS) and other requirements to ensure the safety and protection of the clients.
4. The C/RCFs and CBP shall allocate fund for the payment of hospital watchers in their respective Work and Financial Plans.
  5. Hospital watchers who are volunteers should submit the necessary documentary requirements and undergo the process as required by the Bayanihan Bayan Program of DSWD.
  6. Hospital watchers must be trained and oriented on his/her functions as well as the prohibitions and organizational policies pertaining to managing the clients while in the hospital.
  7. A Regional Administrative Order (RAO) shall be issued to the hospital watchers as basis for payment of services rendered.
  8. All decision making regarding the case of the client such as physician's advice to undergo major operation, execution of consent or waiver, the hospital watcher shall immediately coordinate with the respective C/RCF Head, Medical Officer, Social Worker/Case Manager or unit/section head for proper case disposition. If RCF resident, the decision or medical plan for the client can be discussed further with the rehabilitation team members, as necessary.
  9. Staff on duty who serves as hospital watchers in excess time of official duty are entitled to over-time pay subject to availability of funds or be allowed for a compensatory day off while private individuals tapped as hospital watchers shall be provided with allowance based on the approved payment scheme.
  10. Hospital watcher shall endure and maintain confidentiality of the client's cases .
  11. C/RCF and CBP shall provide the overall management and needs of client while in the hospital.

## **VII. IMPLEMENTING PROCEDURES**

### **A. Mobilization of Hospital Watcher**

#### For Staff

1. C/RCF and Community Based monthly schedule of duty should indicate the staff who will render duty as hospital watchers. The RCFs shall identify at least two to three staff in the event that there will be more than one client who



- will be hospitalized at a given time and to consider the medical case or background of the client.
2. In extreme and justifiable cases or should there be a need for augmentation, the RCF and CBP may identify and recommend hospital watcher from the pool of volunteers or private individuals from the database provided by the Capacity Building Section.
3. The RCF and CBP shall identify and recommend private individuals as hospital watcher and shall submit Personal Data Sheet to concerned C/RCF and Community Based.
4. The Center/Residential Care Facilities and Community Based Program shall issue Identification Card and authorization to the hospital watchers and letter of authorization indicating the name of client confined

## **B. Criteria for Hospital Watcher**

### **Staff**

1. Must be a regular, contractual or job order employee.
2. Can be a houseparent or any staff assigned at the medical service.
3. Should be willing to render overtime service if needed.

### **Volunteer, Private Individual Volunteer:**

1. Must be at least 20 years old & above with at least 1-3 months experience attending to sick person.
2. Able to write, read and easily comprehend instructions, especially instruction from the clients physician.
3. Must be physically and mentally capable to render service as hospital watcher preferably certified by a license physician or a psychologist.
4. Must present any valid ID for identification such as school, company or government-issued ID or Brgy Clearance in the absence of valid ID.
5. Must be willing to abide policies of the respective offices and hospital of assignment/deployment areas.
6. Must be willing to learn and undergo related training as hospital watcher.

## **C. Roles and Responsibilities of Hospital Watcher**

1. Hospital watcher shall render 8 hours service through shifting schedule.

2. A KASUNDUAN between Residential Care Facilities and Community Based program and hospital watcher indicating all rules/policies that he/she needs to follow /comply shall be executed.
3. Client ratio for hospital watcher is 1 is to 1. However, there are instances that the client ratio should depend on the nature of case or medical and physical condition or mental capacity of the client.
4. Maintain proper documentation and record major observations or incidence during confinement of the client including doctors instruction, if any. This should be turned over and will serve as reference of the incoming hospital watcher.
5. Provide appropriate care to client confined including purchase of medicine not available in the hospital pharmacy.
6. Should not leave the client without informing nurse on duty and/or without reliever.
7. Ensure proper endorsement of duties and responsibilities to the reliever.
8. Ensure that all purchased medicine/medical supplies needed by the patient has corresponding official receipt including prescription slips issued by the doctors or attending physician for accounting purposes
9. Submit liquidation report on the expenses incurred during confinement.
10. Provide immediate feedback to the Medical Officer/Head Social Worker and Officer of the Day/Executive on Duty on the status of the patients, problems encountered during the tour of duty for appropriate/immediate action.
11. Immediately report to respective Head of C/RCF and Community Based Program in case of death of patients for appropriate disposition.

#### **D. Payment Scheme**

1. Only private individuals' hospital watcher shall be paid for his/her daily service/assistance as hospital watcher based on the 75% of prevailing daily wage set by the National Wages & Productivity Commission patterned after the cash for work guidelines.
2. Payment for hospital watcher shall be charged against the direct release fund and/or other sources of funds (donation) payable through payroll supported by DTR, Accomplishment Report, RAO and Cash Assistance



Payroll. The payment for the service rendered shall be made 5 days after rendering duty.

3. Relatives of the client acted as hospital watcher will not receive any remuneration in return of the service rendered

**E. Sanctions for the neglect of duty and/or violations of existing policies:**

1. An administrative sanction for the neglect on duties of hospital watcher shall be imposed to staff.
2. Other Hospital Watchers found guilty of any violation will be removed from the pool of hospital watchers and appropriate proceedings should be applied as basis for appropriate sanctions

**VIII. INSTITUTIONAL ARRANGEMENT:**

**A. THE RESIDENTIAL CARE FACILITY / COMMUNITY BASED:**

1. Identify, assess, organize pool of hospital watchers to augment manpower of CRCF/S/U.
2. Orient hospital watchers prior to deployment to hospital regarding their roles/responsibility as hospital watcher, including existing internal policies.
3. Coordinate and monitor the hospital watchers in the hospital.
4. Facilitate payment of hospital watchers based on the set timeline.
5. Consolidate summarize and analyze records/reports of hospital watchers as basis for appropriate planning and/or further improvement of service to hospitalized clients.
6. Submit monthly report on the status of implementation of the guidelines through inclusion in the regular monthly accomplishment reports of the Residential Care Facilities, Crisis Intervention Unit and Community Based Services Section.
7. Overall monitoring shall be conducted by assigned case manager handling the case while in the evening it should be monitored by the Executive on Duty of the Residential Care Facilities, Crisis Intervention Unit and Community Based Services Section.

## **B. Protective Services Division – Regional Center Coordinator**

1. Provide regular technical assistance to residential and community based hospital watcher.

2. Maintain an updated list of hospital watcher and convene them once every quarter as venue to further improve delivery of service and/or partnership.

## **C. Capacity Building Section**

1. Determine and conduct capacity building activities needed by the hospital watcher.
2. Assist the RCF and BCS in mobilizing volunteers following the Bayanihan Bayan Program
3. Maintain database of volunteer hospital watcher and recommend to RCF and CBP as needed.

## **IX. MONITORING AND EVALUATION**

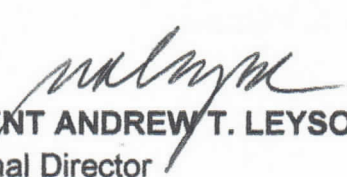
The respective C/RCF, Community Based Programs and PSB- RCC shall monitor and review the implementation of the guidelines and submit monitoring matrix to the Field Office on a semestral basis.

The RCF and CBP shall submit and evaluation of the volunteer hospital watcher's performance and how the volunteers are maximized as staff augmentation.

## **X. EFFECTIVITY**

This order shall take effect immediately. Let copies of this Administrative Order be given to all DSWD-NCR RCF/Division/Unit/Section.

Issued this 26th September of 2018.

  
**VINCENT ANDREW T. LEYSON, CESO IV**  
Regional Director