

QUEZON CITY COUNCIL

Quezon City
20th City Council

PO20CC-194

84th Regular Session

ORDINANCE NO. SP- 2830, S-2019

AN ORDINANCE REQUIRING ALL HOSPITALS AND SIMILAR MEDICAL CLINICS AND INSTITUTIONS TO IMPLEMENT AN ELECTRONIC MEDICAL RECORD SYSTEM IN RECORDING, MANAGING AND SHARING HEALTH INFORMATION AND PROVIDING PENALTIES IN VIOLATION THEREOF.

Introduced by Councilor DIORELLA MARIA G. SOTTO.

Co-Introduced by Councilors Jose Mario Don S. De Leon, Gian Carlo G. Sotto, Anthony Peter D. Crisologo, Lena Marie P. Juico, Elizabeth A. Delarmente, Victor V. Ferrer, Jr., Oliviere T. Belmonte, Precious Hipolito Castelo, Voltaire Godofredo L. Liban III, Ramon P. Medalla, Ranulfo Z. Ludovica, Estrella C. Valmocina, Gian Carlo G. Sotto, Jose Mario Don S. De Leon, Franz S. Pumaren, Marvin C. Rillo, Raquel S. Malañgen, Irene R. Belmonte, Ivy Xenia L. Lagman, Marra C. Suntay, Jose A. Visaya, Karl Edgar C. Castelo, Godofredo T. Liban II, Andres Jose G. Yllana, Jr., Allan Butch T. Francisco, Marivic Co-Pilar, Melencio "Bobby" T. Castelo, Jr., Rogelio "Roger" P. Juan, Donato C. Matias, Eric Z. Medina, Alfredo S. Roxas and Noe Lorenzo B. Dela Fuente III.

WHEREAS, Administrative Order No. 2010-0036 or Achieving Universal Health Care for All Filipinos aims to ensure the achievement of health system goals of better health outcomes, sustained financing and responsive health systems by ensuring that all Filipinos, especially the disadvantaged group in the spirit of solidarity, have equitable access to affordable health care,

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WHEREAS, the same document identifies the provision of improved access to qualify hospitals and health care facilities as one of its strategic thrust and the establishment of a modern health information system that shall: a) provide evidence for policy and program development and b) support for immediate and efficient provision of health care and management of province-wide health systems is one of the strategic instruments of Universal Health Care;

WHEREAS, eHealth is defined by WHO (2007) as the use of information and communications technology to aid in the management of patient care, pursue research, educate student, track diseases and monitor public health;

WHEREAS, various literatures have shown that ICTs such as electronic medical records (EMRs), have been proven in managing patient records effectively to better inform decision-making among health care providers and to allow safer and more seamless care to patients;

WHEREAS, Republic Act No. 10606, also known as the National Health Insurance Act of 2013, mandates Local Government Units to "invest the capitation payments given to them by the Corporation on health infrastructures or equipment, professional fees, drugs and supplies, or information technology and database;

WHEREAS, Philhealth Circular No. 10, Series of 2012 or the Implementing Guidelines for Universal Health Care Primary Benefit (PCB1 Package) for Transition Period CY 2012-2013 in Section IV (b) mandates that LGU's allot a maximum of forty percent (40%) for supplies, equipment (i.e. ambulance, ambubag, stretcher, etc.), information technology (IT equipment, specific for facility use needed to facilitate reporting and database build-up), capacity building/or staff, infrastructure or any other use, related and necessary for the delivery of required service referral fees for diagnostic services if not the Real time Community Health Information Tracking System (rCHITS) project in Quezon City;

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WHEREAS, CHITS is an electronic medical records system developed by the University of the Philippines Manila, College of Medicine MIU. Mobile reporting gathers relevant health data from the barangay level through the use of free and open source mobile applications. The LGU Dashboard is a graphical user interface which can be accessed through the web which allows the Local Chief Executives (LCEs) to see the health status of his/her respective community or barangay.

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

ARTICLE I
TITLE OF THE ORDINANCE

SECTION 1. SHORT TITLE – This Ordinance shall be known as the “Electronic Medical Record (EMR) System Code of Quezon City.”

ARTICLE II
AUTHORITY AND PURPOSE

SECTION 2. AUTHORITY – Health is a human right. It is enshrined in the 1987 Constitution that we shall protect and promote the right to health of the people. It is therefore the intent of the City to institutionalize a system that provide efficient mechanism and access to quality health services through electronic means appropriate Information and Communications Technology (ICT). This Code is enacted pursuant to the provisions of Republic Act No. 7160 or the Local Government Code of 1991 wherein the City has the autonomy to establish effective operating mechanisms that will meet the priority needs and service requirements of its communities.

SECTION 3. OBJECTIVES AND PURPOSES – This Code shall provide a policy framework to institutionalize the adoption and use of electronic medical record system in all Quezon City health facilities. It is enacted for the following objectives and purposes: *

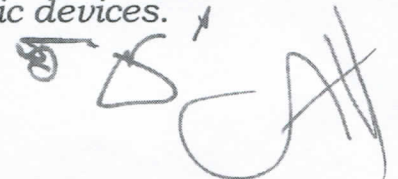
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1. *Improve the quality of health services provided to the citizens of Quezon City through a more robust, secure and efficient management of health information system in all health facilities.*
2. *Improve patient experience by enabling health facilities in Quezon City to exchange electronic health information more securely and efficiently.*
3. *Establish a culture of information among key local decision-makers through a good quality and timely health information.*
4. *Serve as the legal basis for the adoption and deployment of electronic medical record system in all health facilities of Quezon City.*

ARTICLE III
DEFINITION OF TERMS

SECTION 4. *For the purpose of this Ordinance, the following terms are defined as follows:*

- a. *Accredited EMR System Provider - is a person, firm/organization concerned with the development of EMR whose systems/software passed the validation of joint Department of Health (DOH) and PhilHealth validation team.*
- b. *Electronic Medical Records - refer to a digital version of the traditional paper-based medical record for an individual. The EMR represents a medical record within a single facility, such as a doctor's office or a clinic.*
- c. *Electronic Medical Records System - is an electronic record system use to receive, record, transmit, store, process, retrieve, or produce the patient's medical or health record electronically through computers or other electronic devices.*



- d. *Health Information Professionals (HIPs) – individuals who, in their professional capacity, provide health informatics services – therefore occupy a special position in modern health care; and, given the ethically sensitive nature of health data and of health information, it is appropriate that the conduct of HIPs be guided by a Code of Ethics that identifies major lines of responsibility.*
- e. *Information and Communication Technology (ICT) - refers to technologies that provide access to information through telecommunications. It is similar to Information Technology (IT), but focuses primarily on communication technologies. This includes the Internet, wireless networks, cell phones, and other communication mediums.*
- f. *Real time Community Health Information Tracking System (rCHITS) - stands for real-time monitoring of maternal and child health indicators through the Community Health Information Tracking System (CHITS).*

ARTICLE IV
GOVERNING LAWS

SECTION 5. *The pertinent provisions of this Code shall be governed by, but not limited to, the following national laws:*

- a. *Republic Act No. 7160 (Local Government Code of 1991)*
- b. *Republic Act No. 10173 (Data Privacy Act of 2012)*
- c. *Republic Act No. 8792 (Electronic Commerce Act of 2000)*
- d. *Republic Act No. 10175 (Cybercrime Prevention Act of 2012)*
- e. *Executive Order No. 352, Series of 1996 (Designation of statistical activities that will generate critical data for decision-making of the government and private sector)*
- f. *Joint Memorandum of DILG and DOH Circular 3, Series of 1997*

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ARTICLE V
COVERAGE

SECTION 6. All facilities, including but not limited to private clinics, public health centers, level I to level IV hospital institutions are required to adopt and implement an electronic medical record system (EMR) in managing health data of their patients. All health facilities are mandated to ensure secure exchange of health information with other facilities' EMR.

ARTICLE VI
GOVERNANCE AND MANAGEMENT

SECTION 7. THE LGU EMR STEERING COMMITTEE – An EMR Steering Committee shall be created and made an integral part of the LGU leadership that will serve as the executive body of the EMR implementation.

SECTION 8. COMPOSITION OF THE COMMITTEE – The members of the City's Local Health Board shall constitute the LGU EMR Steering Committee. The Committee shall be headed by the City Mayor as the Chairman, the City Health Officer as the Vice Chairman and the Chairman of the Committee on Health of the Sangguniang Panlungsod, QC-Information Technology and Development Office (QCITDO), Business Permits and Licensing Office (BPLO), Philippine Medical Association (PMA), a representative from the private sector or non-governmental organizations involved in health services, and a representative from the Department of Health, as members.

SECTION 9. ROLES AND RESPONSIBILITIES OF THE COMMITTEE. The functions of the Steering Committee shall be:

- a. To propose to the sanggunian concerned, in accordance with the standards and criteria set by the Department of Health and Philippines Health Insurance Corporation (PhilHealth), annual budgetary allocations for the operations and maintenance of the electronic medical record system.
 - b. To serve as the advisory committee to the LGU EMR Project Management Team. 1
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- c. *Formulates responsive plan and strategy to improve the EMR system and the overall eHealth environment in coordination with major stakeholders and affected sectors.*
- d. *Creates a legal and enforcement environment to establish trust and protect the patients and the industry in the application of EMR.*
- e. *Monitors compliance with set standards and policies.*
- f. *Progress and utilization reports of EMR implementation shall be included in the regular monthly meeting agenda of the local health board.*
- g. *Ensure that data from the EMRs are maximally utilized in the health program planning/improvement, resource allocation and program/policy advocacy.*

SECTION 10. THE LGU EMR PROGRAM MANAGEMENT TEAM –
An LGU EMR Program Management Team shall be constituted under the supervision of the LGU EMR Steering Committee that will serve as the implementing body of this Code.

SECTION 11. COMPOSITION OF THE MANAGEMENT TEAM –
The composition of the team shall be determined by the LGU EMR Steering Committee according to criteria set by the committee.

ARTICLE VII
SECURITY, PRIVACY AND CONFIDENTIALITY

SECTION 12. CODE OF ETHICS FOR HEALTH INFORMATION PROFESSIONAL -
All stakeholders engaged in the use of EMR System must adhere to the basic ethical principles of autonomy, equality and justice, beneficence, non-maleficence, impossibility and integrity. Additionally, in the context setting, the following general principles shall also be observed based on the International Medical Informatics Association (IMIA) Code of Ethics:

- a. *Principle of Information-Privacy and Disposition*

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All persons have a fundamental right to privacy and hence, control over the collection, storage, access, use, communication, manipulation and disposition of data about themselves.

b. *Principle of Openness*

The collection, storage, access, use, communication, manipulation and disposition of personal data must be disclosed in an appropriate and timely fashion to the subject of those data.

c. *Principle of Security*

Data that have been legitimately collected about a person should be protected by all reasonable and appropriate measures against loss, degradation, unauthorized destruction, access, use, manipulation, modification or communication.

d. *Principle of Access*

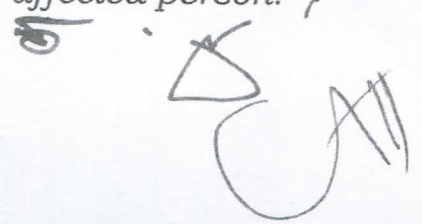
The subject of an electronic record has the right of access to that record and the right to correct the record with respect to its accurateness, completeness and relevance.

e. *Principle of Legitimate Infringement*

The fundamental right of control over the collection, storage, access, use, manipulation, communication and disposition of personal data is conditioned only by the legitimate, appropriate and relevant data-needs of a free, responsible and democratic society and by the equal and competing rights of other persons.

f. *Principle of the Least Intrusive Alternative*

Any infringement of the privacy rights of the individual person and of the individual's right to control over person-relative data as mandated under Principle 1, may only occur in the least intrusive fashion and with a minimum of interference with the rights of the affected person. ✓



g. Principle of Accountability

Any infringement of the privacy rights of the individual person and of the right to control over person-relative data must be justified to the affected person in good time and in an appropriate fashion.

SECTION 13. PRIVACY AND SECURITY OF INFORMATION – A culture of privacy and confidentiality shall be strictly observed, promoted and enforced in accordance with the pertinent provisions of Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, and other existing laws and regulations. The EMR Committee shall formulate specific guidelines and procedures to maintain the integrity of health records and protect patient’s health information against any unlawful disclosure or processing.

SECTION 14. CONSENT – No individual record shall be encoded in the EMR without the person’s consent. A properly informed consent shall require disclosure of all necessary information that a reasonable person would use in making coercion influencing the choice. Security measures shall be established based on the degree of sensitivity of the data collected.

SECTION 15. DATA SECURITY – The EMR Committee shall formulate a contingency plan and/or an EMR Disaster Recovery Plan and support secure data backups in the case of a system failure.

**ARTICLE VIII
FINAL PROVISION**

SECTION 16. PENAL PROVISION – Any public and private hospitals and medical clinics in Quezon City who shall violate any provisions of this Ordinance shall be penalized as follows: 1

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First Offense: Written warning from the Quezon City Health Department

Second Offense: Fine of Three Thousand Pesos (Php3,000.00) and Cease and Desist Order from the Business Permits and Licensing Department (BPLD).

Third Offense: Fine of Five Thousand Pesos (P 5,000.00) and Permanent Closure of the Hospital or Medical Clinic.

SECTION 17. IMPLEMENTATION – The provisions of this Ordinance shall be implemented by the Quezon City Health Department, who shall formulate an Implementing Rules and Regulations necessary for the effective and efficient implementation of this Ordinance.

SECTION 18. COMMITMENT – The City Government hereby commits its human, fiscal and technical resources to attain the vision of Quezon City to have an effective and efficient implementation of this Code regardless of political affiliations, boundaries and tenure of office.

SECTION 19. AMENDATORY CLAUSE – All City Ordinances, Executive Orders issued by the City Mayor or parts thereof inconsistent with this Code are deemed repealed and amended accordingly.

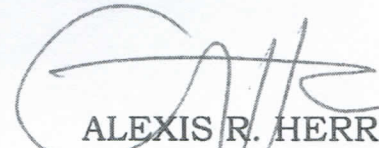
SECTION 20. SEPARABILITY CLAUSE – Should any part or portion of this Code be declared null and void by the courts, the remaining portion not affected thereby shall continue to have full force and effort of law.

SECTION 21. REPEALING CLAUSE – All Ordinances, local issuances or rules inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

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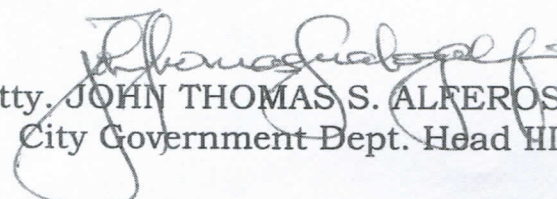
SECTION 22. EFFECTIVITY CLAUSE – This Ordinance shall take effect upon its approval.

ENACTED: February 18, 2019.



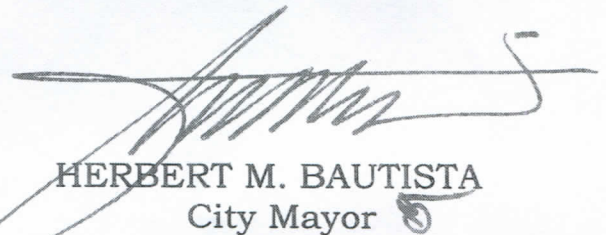
ALEXIS R. HERRERA
1st Asst. Majority Floor Leader
Acting Presiding Officer

ATTESTED:



Atty. JOHN THOMAS S. ALFEROS III
City Government Dept. Head III

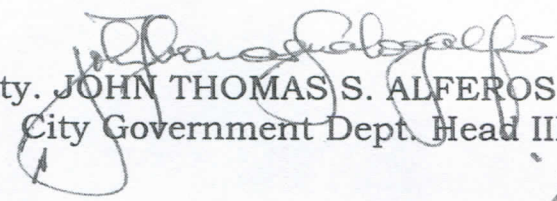
APPROVED: 27 MAR 2019



HERBERT M. BAUTISTA
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on February 18, 2019 and was PASSED on Third/Final Reading on March 4, 2019.



Atty. JOHN THOMAS S. ALFEROS III
City Government Dept. Head III

