

FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER

CITIZEN'S CHARTER

2021 (2nd Edition)



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I. Mandate

The FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER (FNLGHTC) a health care facility under the administrative and technical supervision of the Department of Health established in Brgy. Quirino, Municipality of Luna Province of Apayao created by virtue of Republic Act No. 8536 "An Act Establishing the Far North Luzon General Hospital in Quirino, Municipality of Luna, Province of Apayao, and Appropriating Funds Therefor" authored by Hon. Elias K. Bulut, Sr., then Congressman - Ione District of Apayao and was signed into law by his Excellency President Fidel V. Ramos on February 23, 1998.

The FNLGHTC is a 100 bed capacity Level 1 and geared towards upgrading its capability and capacity to 150 beds level 2 by the year 2020 to address the hospitalization needs of its primary catchment population, the Province of Apayao and secondary catchment population, the nearby municipalities of Cagayan and Ilocos Norte and other walk-in patients from other provinces and regions. This institution is capable to manage secondary and tertiary cases or the services performed by Level 2 health care facility. The hospital provides services with 4 major departments: Medicine, Ob-Gyne, Pediatric and surgery; Out Patient Department; Emergency Department, Dental, laboratory with blood station, Radiology (CT scan, xray, ultrasound, 2D echo); and Dialysis.

II. Vision

A Health care institution that is a center of excellence in the delivery of health services and a training venue of affiliates continually uplifting the health and socioeconomic status of the community.

III: Mission

The institution affirms to provide optimum health care service that are very accessible and affordable delivered by highly competent, compassionate and client – focused health workers complemented with adequate and updated facilities and equipment. We also endeavour to provide appropriate training to all our personnel.



IV. Service Pledge

We the officials and the employees of the FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER pledge and commit to deliver quality public service. Specifically, we will...

Serve all patients equally without prejudice and discrimination

- Serve with humane and integrity
- Be polite and courteous to everyone
- Be sensitive and act as professionals at all times
- Wear proper uniform and identity
- Be prompt
- Display procedure, fees and charges
- Provide adequate and accurate information
- Provide feedback mechanism
- Always available during office hours

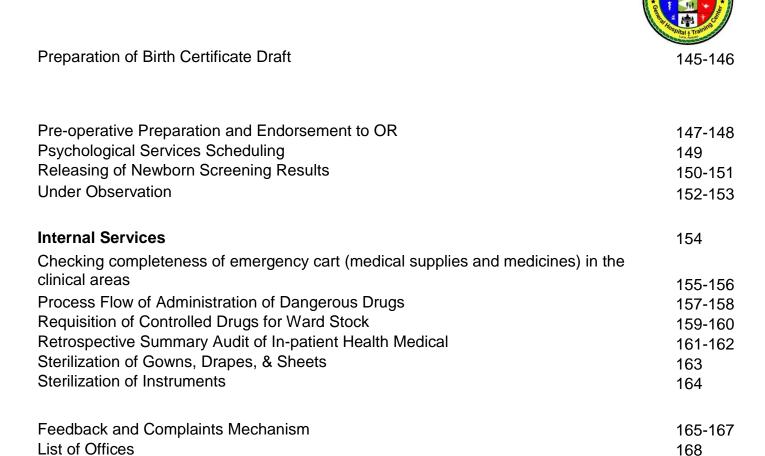


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OFFICE OF THE MEDICAL CENTER CHIEF External Services



RECEIVING AND DISSEMINATING OF EXTERNAL COMMUNICATIONS

The Medical Center Chief; being the top management it is her responsibility to effectively plan, coordinate, implement, supervise and monitor the Quality Management System of the hospital.

Office or Division:	MEDICAL CENTER CH	MEDICAL CENTER CHIEF OFFICE			
Classification:	Simple				
Type of Transaction:	Government to Government (G2G)				
Who may avail:	All employees of FAR I	North Luzo	n General Hos	pital and Training	
	Center				
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1.Presents/handover/ Sends through e-mail the external communication.	1. Verify and acknowledges communication, Records the document then forward to the Medical Center Chief or Officer In-charged in case the MCC is on official business. 1.2 The medical Center Chief Noted the communication for information, dissemination, action and approval of the concerned offices/employees.	None	1 Minute	MCC's Staff	
2. Takes the receiving copy or acknowledgement receipt.	2. Give or send acknowledging receipt	None	1 Minute	MCC's Staff	
	TOTAL:	None	1 Day, 2 Minutes		



OFFICE OF THE MEDICAL CENTER CHIEF Internal Services



RECEIVING AND DISSEMINATING OF INTERNAL COMMUNICATIONS

The Medical Center Chief; being the top management it is her responsibility to effectively plan, coordinate, implement, supervise and monitor the Quality Management System of the hospital.

Office or Division:	MEDICAL CENTER CH	MEDICAL CENTER CHIEF OFFICE			
Classification:	Simple				
Type of Transaction:	Government to Government (G2G)				
Who may avail:	All employees of FAR I	All employees of FAR North Luzon General Hospital and Training			
	Center				
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. Presents/handover Internal communication to MCC's staff	1. Verify and acknowledges communication, Records the document then forward to the Medical Center Chief or Officer In-charged in case the MCC is on official business. 1.2 The medical Center Chief Noted the communication for information, dissemination, action and approval of the concerned offices/employees.	None	1 Minute	MCC's Staff	
2. Takes the receiving copy	2. Give the receiving copy of the communication	None	1 Minute	MCC's Staff	
	TOTAL:	None	2 Days, 2 Minutes		



VALIDATING AND APPROVING OF INTERNAL DOCUMENTS

The Medical Center Chief; being the top management it is her responsibility to effectively plan, coordinate, implement, supervise and monitor the Quality Management System of the hospital.

Office or Division:	MEDICAL CENTER CH	HIEF OFFI	CE	
Classification:	Simple			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	All employees of FAR I	North Luzo	n General Hos	pital and Training
	Center			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Client submit internal document to MCC's staff	 Staff receive and validate the document if the Head of the requesting office already approved the request/paper with accomplished signatory and intact attachments. Records the received document and forward to the Medical Center Chief Medical Center Chief chief review, validate and approves the document submitted. 	None	1 Minute 2 Days	MCC's Staff MCC's Staff
2. Client accomplish the record book and receives the approved document	approved document	None	1 Minute	MCC's Staff
	TOTAL:	None	2 Days, 3 Minutes	



OFFICE OF THE CHIEF OF MEDICAL PROFESSIONAL SERVICE STAFF

Internal Services



REVIEW AND RECCOMMEND FOR APPROVAL INTERNAL DOCUMENTS/REPORTS

An office recommending document's to be approved by the approving authority or Head of the Institution.

Office or Division:	CHIEF OF MEDICAL PROFESSIONAL STAFF OFFICE			
Classification:	Simple			-
Type of Transaction:	Government to Govern	ment (G2G	3)	
Who may avail:	All requesting Units	`	,	
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Internal documents/repo	rts	Requesting unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Submit report/internal documents	Receive reports and or internal documents	None	1 minute	Administrative Assistant I
	2. Review and recommend for approval reports and or internal documents	None	16 working hours	CMPS
Receive Internal documents and or reports	3. Forward internal documents to the requesting or concerned units	None	5 minutes	Requesting unit
	TOTAL:	None	16 Hours, 6 Minutes	



PREPARING OF SHO AND ER OFFICER FOR EVERY MONTH

An office designating Senior House Officer and Emergency Room officer to oversee related work, the workplace and co-workers in the area.

Office or Division:	CHIEF OF MEDICAL F	CHIEF OF MEDICAL PROFESSIONAL STAFF OFFICE			
Classification:	Simple				
Type of Transaction:	Government to Govern	ment (G2G	3)		
Who may avail:	All Department Head				
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
Schedule of Duties for the	e whole month	All Department Head			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
-	Receive names recommended SHO and ER officer of the month	None	1 minute	Administrative Assistant I	
	Appoint SHO officer and ER officer	None	30 minutes	CMPS	
	Encode schedule of SHO and ER officer	None	15 minutes	Administrative Assistant I	
	Review and Approve schedule of SHO and ER officer	None	15 minutes	CMPS	
Receive approved schedule of SHO and ER officer	Issue approved schedule of SHO and ER officer	None	1 minute	Department Head	
	TOTAL:	None	1 Hour, 2 Minutes		



APPROVE LEAVE OF ABSENCE

An office approves leave of absence to all medical units.

Office or Division:	CHIEF OF MEDICAL PROFESSIONAL STAFF OFFICE				
Classification:	Simple	Simple			
Type of Transaction:	Government to Government (G2G)				
Who may avail:	All Permanent Medical and Ancillary Department				
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE				
Complete filled leave for	ms HR Office				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Submit filled leave forms to the CMPS office for approval	Receive filled leave application form	None	1minute	Administrative Assistant I	
	Approve leave application	None	3 minutes	CMPS	
Receive approved leave application form	Forward filled application forms	None	1minute	Requesting personnel	
	TOTAL:	None	5 Minutes		



HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICE (HOPSS)

External Services



ISSUANCE OF APPOINTMENT

This service is provided to any qualified applicant who has been appointed or promoted to the vacant position offered by the agency based on the requirement set by the Civil Service Commission and other selection process as stipulated in the Merit Selection Plan.

Office or Division:	Human Resource Man	Human Resource Management Section			
Classification:	Highly Technical				
Type of Transaction:	Government to Govern	ment (G2G)			
Who may avail:	All Active Human Reso	ources (Plantilla Positions)			
CHECKLIST OF R	REQUIREMENTS	WHERE TO SECURE			
Personal Data Sheet (CSC Form 212 Revised 2017) with most recent ID passport size picture to be attached and submitted (3 Original Copies back- to- back), with attached work experience sheet		Requesting party			
Original copy of Authent if applicable (1 Original of Photocopies) a. Civil Service Eligibility b. Valid Professional Re (PRC) ID c. PRC Board Rating d. Any related eligibility of government	Copy and 3 gulation Commission granted in the	Civil Service Commission Professional Regulatory Commission Professional Regulatory Commission			
Medical Certificate (CSC and check-up by the des Physician with complete following: (3 Original Copies) a. Blood Test b. Urinalysis c. Chest X-Ray d. Drug Test	signated Government	Human Resource Management Section			
Certified True Copy of D of Records (TOR) (1 Ori Photocopies)	ginal Copy and 3	Requesting party's School/University			
Original latest NBI Clear		National Bureau Investigation			
Original and Certifies Tru Certificate (PSA Form) (Photocopies)	1 Original Copy & 1	Philippine Statistics Authority			
Original and Certified tru Contract if applicable (1		Philippine Statistics Authority			



Photocopies)	
Statement of Assets, Liabilities, and Networth	
(Revised 2015 Form) (3 Original Copies back-	Requesting party
to-back)	
Tax Identification Number (TIN) (1	Bureau of Internal Revenue
Photocopies)	Dureau of Internal Nevertue
Documentary Stamp (2 pcs.)	Requesting party
Certificate of Successful Completion of	
Training on non-degree courses, formal in-	Daniel dia na cata
service training programs, Fellowships, grants	Requesting party
and other forms of formal training activities (1	
Original & 1 Photocopy)	

Original & T Photocopy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1.Receive the notification on promotion/appointment and checklist of requirements	1. Notify successful applicant who have been appointed/promoted to the position.	None	1 minutes	Administrative Officer V Human Resource Management Office
1.1.Submit all the complete requirements	1.1.Give/Notify the client on the Checklist of Requirements to the appointee.	None	2 days	Administrative Assistant II Human Resource Management Office
1.2. Receive the schedule date of issuance of appointment	out forms and	None	30 minutes	Administrative Assistant II Human Resource Management Office
	1.3.Advise the schedule date of issuance of appointment	None	5 minutes	Administrative Officer V Human Resource Management Office
	1.4. Prepare and print the Appointment and other necessary documents (Oath of Office, Certificate of Assumption,	None	3 hours	Administrative Assistant II Human Resource Management Office



	Resolution, Position Description Form (PDF)).			
	1.5. Check the correctness and completeness of the Appointment and other necessary documents (Oath of Office, Certificate of Assumption, Resolution, and Position Description Form (PDF)).	None	1 hour	Administrative Officer V Human Resource Management Office
	1.6. Facilitate signing of Appointments and other necessary documents (Oath of Office, Certificate of Assumption, Resolution, Position Description Form (PDF)) to concern signatories (HRMPSB, MCC, Appointing Authority, Division Head & Section/Unit Heads).	None	7 days	Administrative Assistant II Human Resource Management Office
2. Return and sign the appointment.	2. Facilitate signing of the Appointment and other necessary documents (Oath of Office, Certificate of Assumption, Resolution, Position Description Form (PDF) to concern appointee.	None	1 hour	Administrative Assistant II Human Resource Management Office
	2.1.Prepare and print Appointment	None	20 minutes	Administrative Assistant II



Transmittal and Action Form			
2.7 Sign the Appointment Transmittal and Action Form	None	3 hours	Administrative Officer V Human Resource Management Office
2.8 Submission of Appointment, Oath of Office, Certificate of Assumption, Resolution, Position Description Form (PDF)) to the CSC Field Office.	None	1 hours	Administrative Aide VI Human Resource Management Office
TOTAL:	None	9 days, 10 hours	



ISSUANCE OF CERTIFICATE OF TAX WITHHELD TO SUPPLIERS/ SERVICE PROVIDERS (BIR FORM 2306/2307)

This service is provided to any qualified applicant who has been appointed or promoted to the vacant position offered by the agency based on the requirement set by the Civil Service Commission and other selection process as stipulated in the Merit Selection Plan.

Office or Division:	ACCOUNTING			
Classification:	Simple			
Type of Transaction:	Government to Citizen	(G2C)		
Who may avail:	All Suppliers			
	Service providers of Far North Luzon General Hospital and			
	Training Center			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
Disbursement Voucher		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Register in the	None	None	2 Minutes	Administrative Officer
logbook and state				1
request.				Administrative
				Assistant II
2. Wait while the	2. Prepares the	None	4 Minutes	Administrative Officer
requested document is	requested document			A alma in intrativa
being prepared by the	2.1 Signs the	None	1 Minute	Administrative Assistant II
employee in- charge	prepared document	110110	1 Williato	Assistant II
	proparou document			Accountant III
3. Receive the	3. Releases the	None	1 Minute	Administrative
document requested.	requested document.			Assistant II
	TOTAL:	None	9 Minutes	



ISSUANCE OF STATEMENT OF ACCOUNT (SOA) TO IN-PATIENTS

The Billing section issues the Statement of Account to in-patients based on the patients bill at iHOMIS.

Office or Division:	BILLING AND CLAIMS	BILLING AND CLAIMS SECTION			
Classification:	Simple				
Type of Transaction:	Government to Citizen	(G2C)			
Who may avail:	In-patient watcher				
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE	
Updated MDR		Philhealth			
Official receipt of contrib Philhealth Benefit Eligibi	lity Form (PBEF)	Philhealth			
Payment history if requir Benefit Eligibility Form (F		Philhealth	Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Fill up log book and wait for the document to be processed	Verifies the eligibility of the member.	None	1 Minute	Billing and Claims Clerk on duty	
	1.1 If PHIC holder, check qualifications and compute excess of bills.	None	5 Minutes	Billing and Claims Clerk on duty	
	1.2 Check and print the SOA and CSF	None	1 Minute	Billing and Claims Clerk on duty	
2. Signing of documents by the Philhealth member or representative		None	2 Minutes	Billing and Claims Clerk on duty	
	2.1 If NBB, release the discharged clearance with a copy of SOA to watcher. If not, forward to cashier for payment.			Billing and Claims Clerk on duty	
	TOTAL:	None	10 Minutes		



PAYMENT OF HOSPITAL CHARGES

The cashier's service covers twenty-four hours a day from Monday-Sunday.

CHECKLIST OF P	Simple Government to Citizen Patients or their repres health maintenance org	entatives, e		vernment agencies,	
Who may avail:	Patients or their repres health maintenance org	entatives, e		vernment agencies,	
	health maintenance org			vernment agencies,	
CHECKI IST OF B	•	ganizations	}		
CHECKI IST OF D	EQUIREMENTS		nealth maintenance organizations		
			WHERE TO	SECURE	
Charge Slip		Cost cente	er (Pharmacy,		
			, Dialysis, Pulr	nonary, Central	
Professional Fee		Attending representa	physician or hi ative	is authorized	
Clearance Form		Nurses sta admitted	ation of ward o	r area where	
Statement of Account or copies	Billing Statement (2	Departme		n or Outpatient	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Presents charge slip/statement of account	Cash clerk receives charge slip/order of payment	None	1 Minute	Collecting officer On- duty	
2. Gives cash/check payment	2. Receives cash/check from clients2.1 Issue official receipts for payments	None	1 Minute	Collecting officer On- duty	
3. Receives official receipt	3. Clears hospital bill3.1 Issue customer satisfaction survey form3.2 Gives instruction	None	1 Minute	Collecting officer On- duty	
	to the client as needed	None	3 Minutes		



HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICE (HOPSS)

Internal Services



DISBURSEMENT TO INTERNAL AND EXTERNAL CREDITORS

The cashier is tasked with the disbursement of payment to internal and external creditors through issuance of processed and approved check or through Authority to Debit Advice System.

5				
Office or Division:	CASHIER SECTION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen			ısiness(G2B);
	Government-to-Govern	ment(G2G	i)	
Who may avail:	Patients or their repres	entatives, e	employees, gov	vernment agencies,
	health maintenance or	ganizations	}	
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
One valid I.D of the clain	nant), PRC, GSIS, SSS,
16			OWWA, COME	ELEC, BIR
If representing a person:		Claimant/ _I	payee	
Authorization lette				
received by a rep		DID "	2 . 1 . 2 4	
Valid official or Collection	n Receipts	BIR authorized print		
		FEES	PROCESSI	DEDCON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	PERSON RESPONSIBLE
1. Presents identifying	1. Verify documents	None	1 Minute	Disbursing Officer
documents	1.1 if identification is appropriate, log out documents.			
2. Acknowledge the disbursement documents by	Retrieves the check/Authority to debit account	None	1 Minute	Disbursing Officer
Issue official or collection receipt	Issues the check or authority to debit account	None	2 Minutes	Disbursing Officer
3. Returns the signed disbursement documents	Inspect the documents for acknowledgment of payments	None	1 Minute	Disbursing Officer

TOTAL:

5 Minutes

None



ISSUANCE OF CERTIFICATE OF EMPLOYMENT

This certificate is issued to a requesting client to their services rendered as an employee of Far North Luzon General Hospital and Training Center

Office or Division:	HOPSS/SAO's OFFICE			
Classification:	Simple			
Type of Transaction:	Government-to-Govern	ment(G2G	i)	
Who may avail:	All FARNORTH Emplo	•	,	
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Employee submit request to SAO's office	Receives request from client/employee and retrieves record of the employee	None	1 Minute	SAO's Staff
None	Staff prepares COE to be corrected and initialed by SAO then gives to the office of the MCC for her signature	None	12 Minutes	SAO's Staff
None	Staff receives signed COE from MCC's office and logs/records and seal the COE	None	1 Minute	SAO's Staff
2. Employee/client receives from SAO's staff signed and sealed COE	requesting employee	None	1 Minute	SAO's Staff
	TOTAL:	None	15 Minutes	



ISSUANCE OF CERTIFICATE OF INCOME TAX WITHHELD FROM EMPLOYEES (BIR FORM 2316)

Government employees' income taxes are withheld pursuant to the National Internal Revenue Code. The Certificate of Compensation Payment/ Tax Withheld is annually given to show proof that tax due to employees had been paid.

Office or Division:	ACCOUNTING			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	All Employees of FARNORTH Luzon General Hospital and Training			
vviio iliay avali.	, ,			
	Center			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Register in the logbook and state request	None	None	2 Minutes	Administrative Officer I Administrative Assistant II
2. Wait while the requested document is being prepared by the employee in- charge	Prepares the requested document	None	4 Minutes	Administrative Officer I
	Signs the prepared document	None	1 Minute	Accountant III
3. Receive the document requested	Releases the requested document	None	1 Minute	Administrative Officer I
	TOTAL:	None	8 Minutes	



ISSUANCE OF ID FOR NEWLY HIRED EMPLOYEES

Identification Card (ID) is being issued for the newly hired employees.

Office or Division:	HUMAN RESOURCE MANAGEMENT SECTION			
Classification:	Simple			
Type of Transaction:	Government-to-Govern		i)	
Who may avail:	All FARNORTH Employ	yees		
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
Filled up I.D requisition s	slip	Human re	source manag	ement section
		FEES	PROCESSI	DEDCON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	PERSON RESPONSIBLE
1. Sign the ID requisition logbook	Give the logbook and have it sign for the specific request	None	2 Minutes	Administrative Aide VI
2. Fill up the I.D requisition form	2. Provide the I.D requisition form	None	1 Minute	Administrative Aide VI
	2.1 Receive the completely filled up I.D requisition form and then a photo then advise the scheduled date of release	None	2 Minute	
	2.2 Process the request (lay-outing, scanning, printing, cutting and lamination)	None	2 Days	
Return and receive the laminated identification card Sign the released logbook for I.D	laminated identification card with LD sling and	None	2 Minutes	Administrative Aide VI
	TOTAL:	None	2 Days, 7 Minutes	



JOB REQUEST FORM

Corrective maintenance of all facilities and other kinds of work that the Engineering and Facilities Management Office can offer are being requested for action. This includes repair and installation of plumbing and electrical fixtures, repair of medical equipment, repair of refrigerators, washing machines, and air conditioners, carpentry, and other engineering-related scopes of work.

Office or Division:	ENGINEERING AND F	ENGINEERING AND FACILITIES MANAGEMENT SECTION			
Classification:	Simple				
Type of Transaction:	Government-to-Govern)		
Who may avail:	All FARNORTH Emplo	yees			
CHECKLIST OF R	EQUIREMENTS		WHERE TO		
Job order request form		Office	ng and Facilitie	es Management	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. Submits 2 copies of completely filled-up Job Order Request Form, signed by the requesting personnel and approved by their respective supervisors.	forms for evaluation.	None	1 Minute	Engineer/ Administrative Assistant II	
None	2. Evaluates the request and specifies needed supplies and materials, if applicable.	None	1 Minute	Engineer	
None	3. If needed material is readily available, assigned personnel will proceed to the work being requested.	None	Within the Day	EFM Satff	
None	4. If needed material is not readily available, purchase request is being prepared and to be approved by the	None	5 Minutes	Administrative Assistant II	



	being prepared to be approved by the Supervising			
	Administrative Officer.			
None	6. Upon purchase of the needed material/s, assigned personnel will proceed to the work being requested, bringing the Job Order Request Forms.	None	Within the Day	EFM Staff
Signs the request form upon completion of the work, one copy to return to EFM Section.	7. Receives the copy of the request for filing.	None	1 Minute	EFM Staff
	TOTAL:	None	1 Day	



PROCESSING OF PR FOR SMALL VALUE PROCUREMENT

Processing of purchase request to award of bid for small value procurement

Office or Division:	PROCUREMENT SERVICE				
Classification:	Highly Technical				
Type of Transaction:	Government-to-Citizen	(G2C)			
Who may avail:	All end user				
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
Purchase Request		End User			
Approved PPMP			ent Section		
BAC Resolution		BAC Secr			
Request for Quotation		Canvasse			
Quotations			d Suppliers		
Abstract of Quotation		FEES	ent Section		
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Submit purchase request to procurement office	1. Receives approved PR from head of procuring entity (HOPE)	None		Procurement Staff	
	1.1 Verified approved PR from PPMP		30 Minutes		
	2. Forward approved PR to BAC for mode of procurement and resolution	None	3 Days	BAC Secretariat	
	3. Post item/s to Philgeps (RFQ)	None	1 Day	PS Staff	
	3.1 Canvassing	None	7 Days- local 14 Days- mm	Canvasser	
	3.2 Open submitted quotations	None	1 Day	BAC Chairperson with BAC Secretariat	
	4. Prepare abstract of quotation and resolution of award	None	1 Day	BAC Secretariat	
	5. Forward abstract	None	2 Days	BAC Secretariat	



TOTAL:	None	26 Days, 30 Minutes	
7. Received approved resolution from MCC II	None	2 Days	PS Staff
6. Forward to MCC II for approval	None	2 Days	BAC Secretariat
and resolution for signing of BAC member			



RECORDING OF OBLIGATION

The budget section ensures accurate and timely obligation of all Purchase orders, Job-orders and claims prior to disbursement.

	BUDGET SECTION				
Classification:	Simple				
Type of Transaction:	Government-to-Government(G2G)				
Who may avail:	Requesting Unit				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Purchase Orders/Job Orders		Requesting Unit			
√ If Bidded-Purchase request					
Purchase Order		Procurement Office			
Notice of Award		Procurement Office			
Notice to Proceed/Resolution		Procurem	ent Office		
If not Bidded Purchase request Purchase Order Abstract For Claims/TEVs Bus Ticket/RER		Requesting Unit Procurement Office Supplier Requesting Person			
 Narrative Report 	Narrative Report		Requesting Person		
Certificate of Training					
Certificate of Train	iirig				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
		TO BE			



	2.2 Assigns serial number on the ORS/BUR and records the amount of obligation	None	30 Minutes	Budget Officer
	2.3 Forwards the obligation request to the head of the requesting unit for signature	None	30 Minutes	Budget Officer
2. Receives and signs the section A of the ORS/BUR	None	None	12 Working Days	Requesting Unit Head
3. Forwards signed ORS/BUR	3. Signs Section B of the ORS/BUR for the availability of fund	None	2 Hours	Budget Officer
	TOTAL:	None	16 Working Days	



MEDICAL DIVISION External Services



ADMITTING AND INFORMATION

A Health Information Management Service from Mondays- Fridays, holidays, Saturdays and Sundays. 24 /7

This section is in charge of admitting patients for hospitalization at Far North Luzon General Hospital & Training Center.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All patients for admissi	on/or their		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Notice of Admission		Emergeno		
MDR		Philhealth		
For OB patients:		Philippine	Statistics Auth	ority
Marriage certificat	e (for married)			
 Valid ID (both pare 	ents)			
For changes in name or	other demographic	Driver's Li	cense - LTO	
data, present valid ID or	birth certificate (NSO		- COMELEC	
or MCR)			nse - PRC	
			- POST OFFIC	E
		UMID - G		
		, ,	ard - PAG-IBIG	
				e the parents reside
		Passport - FDA Tax Identification Number - BIR		
			tication Number	er - BIR
CLIENT STEDS	ACENICY ACTIONS	FEES TO BE	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	PAID	NG TIME	RESPONSIBLE
1. Submit notice of	Verify patient record at iHOMIS	None	1 Minute	Admitting Staff
admission	record at il lowis			
2. Fill up Consent to	2. Interview informant	None	5 Minutes	Admitting Staff
Release information/				· ·
presents valid ID or	demographics for			
birth certificate	• .			
	Clinical Cover Sheet			
2 Declare DITIO		None	E Missister	
3. Declare PHIC	3. Verify membership	None	5 Minutes	
3. Declare PHIC membership, if any		None	5 Minutes	
membership, if any	3. Verify membership at IHCP portal			Admitting Staff
	3. Verify membership	None None	5 Minutes 5 Minutes	Admitting Staff
membership, if any 4. Give preference for	3. Verify membership at IHCP portal Verify availability of			Admitting Staff



receipt				
5. Acknowledge awareness/acceptance of patient's rights and responsibilities	5. Disseminate hospital policies/rights/respon sibilities	None	2 Minutes	Admitting Staff
6. Receive watcher's pass	6. Issue watcher's pass and instruct patient to return pass upon discharge of patient (Lost watcher's pass is charged P150.00)	150.00	1 Minute	Admitting Staff
7. Review entries in Clinical Cover Sheet	7. Print Clinical Cover Sheet	None	1 Minute	Admitting Staff
	TOTAL:	150.00	20 Minutes	



AEROSOL THERAPHY

Is a therapeutic procedure that uses aerosol for respiratory care in the treatment of respiratory disease.

Office or Division:	PULMONARY MEDICINE AND ANCILLARY SERVICES DIVISION				
Classification:	Highly Technical				
Type of Transaction:	Government-to-Government (G2G)				
Who may avail:	Nursing Units				
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
Request Form	_	Nursing U		_	
Aerosol Therapy Monitor	ring Sheet		y Medicine and	Ancillary Services	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. Presents completely filled-out request form recorded in the logbook	form and signs the logbook 1.1 Records the request into the Procedure Logbook. 1.2 Writes patient information, inhalants, frequency and chest physiotherapy as ordered on the aerosol therapy monitoring sheet. Note: For STAT and emergency procedure, a call from intercom may allow provided that a complete filled out request form is accomplished until the	None	2 Minutes	Respiratory Therapist Nurse on duty Attending Physician	
2. Awaits Procedure	arrival of the respiratory therapist. 2. Double checks	None	15 Minutes	Nurse on	
2. Awaits Fluceuule	request by reviewing	INUITE	13 Williags	Duty/Respiratory	



the patient chart.	Therapist
2.1 Proceeds to th patient room or war and to perform aerosol therapy.	d
2.2 Explains th procedure.	
2.3 Initiates aeroso therapy: fills the nebulization chamber, attached aerosol mask of mouth piece and instruct patient of proper positioning and breathing techniques while of the therapy.	
2.4 Asks guardian a assistance if patier is too young t cooperate and to old to hol nebulization kit.	t o
Note: Uses neonata nebulization kit wit pacifier or oxyge hood for newbor patients.	
2.5 Performs ches physiotherapy through vibramatic machine and palr cup percussor.	
2.6 Instructs patier or guardian to was nebulization kespecially the mouth	n It



	piece or the aerosol mask with clean water and to store properly. 2.7 Performs hand hygiene and disinfects vibramatic pads and palm cup			
	percussor with lysol spray.			
3. Updates Medication Sheet	3. Notifies nurse on duty on done procedure and updates aerosol therapy monitoring sheet	None	5 Minutes	Nurse on Duty/Respiratory Therapist
	3.1 Returns to Pulmonary medicine and ancillary services, and enters charges to HOMIS.			
	3.2 Writes charge slip number on the aerosol therapy monitoring sheet.			
	3.3 Updates aerosol monitoring and aerosol board directory.			
	3.4 Checks vibramatic condition, cleans and prepare for the next therapy.			
	3.5 Includes procedure into the daily procedure census.			



4. Sends revised or	4. Updates aerosol	None	20 Days	Nurse on
discontinued aerosol	monitoring and		-	Duty/Respiratory
therapy request.	aerosol board			Therapist
	directory.			
	4.1 Pulls out nebulizer/compressor machine and disinfect properly.			
	TOTAL:	See 1 procedu	20 Days, 22 Minutes	
		re of		
		charges		



Service Charges

DESCRIPTION	UNIT OF MEASURE	AMOUNT
ABG BG3 Test	Per service	1,700.00
ABG BG3 Test (INF-H)	Per Service	3,555.00
ABG BG3 Test (INF)	Per Service	3,100.00
ABG BG8 Test	Per Service	1,850.00
ABG BG8 Test (INF-H)	Per Service	3,705.00
ABG BG8 Test (INF)	Per Service	3,250.00
Aerosol Therapy	Per Service	80.00
Aerosol Therapy (INF)	Per Service	1,750.00
Aerosol Therapy with CPT	Per Service	300.00
Aerosol Therapy, Puff (INF-H)	Package	4,100.
Aerosol Therapy, Puff (INF)	Package	3,550.00
Bi-PAP Therapy	Per Day	1,000.00
Bousignacc CPAP Therapy	Per Service	350.00
Capnography	Per Day	850.00
Change Tubing	Per Service	300.00
Chest Physiotherapy	Per Service	250.00
Chest Physiotherapy, Intubated - ICU	Per Service	550.00
Chest Physiotherapy, Postural Drainage - Rehab	Per Service	450.00
Electrocardiography (ECG), 12 Leads	Per Service	350.00
Electrocardiography (ECG), 12 Leads (INF-H)	Per Service	2,205.00
Electrocardiography (ECG), 12 Leads (INF)	Per Service	1,750.00
Electrocardiography (ECG), 15 Leads	Per Service	500.00
Electrocardiography (ECG), 3 Leads	Per Service	200.00
Electrocardiography (ECG), 3 Leads (INF-H)	Per Service	2,155.00
Electrocardiography (ECG), 3 Leads (INF)	Per Service	1,700.00
Electrocardiography (ECG), 6 Leads	Per Service	250.00
High Flow Nasal Therapy	Per Day	1,900.00
High Flow Oxygenation Therapy, Non-Rebreather	Package	1,600.00
High Flow Oxygenation Therapy, Oxygen Hood	Per Service	300.00
High Flow Oxygenation Therapy, Ventu-ri	Per Service	1,250.00
Incentive Spirometry	Package	1,450.00
Infant Bubble CPAP Therapy	Per Day	1,000.00
Intra-Hospital Ventilator Transport Services	Per Service	3,700.00
Mechanical Ventilator	Per Day	2,000.00
Mechanical Ventilator, Baby Log	Per Day	2,500.00
Mechanical Ventilator, e-Vent	Per Day	2,100.00
Mechanical Ventilator, Savinna 300	Per Day	2,200.00



Mechanical Ventilatory Support Services (INF)	Per Service	4,710.00
Mucus Trapping	Per Service	580.00
Mucus Trapping (INF)	Per Service	2,405.00
Oxygen Concentrator	Per Day	1,800.00
Pulmonary Function Test, Basic Spirometry	Package	850.00
Pulse Oximetry	Per Day	500.00
Spot Checking	Per Service	100.00
Sputum Induction	Per Service	280.00
Sputum Induction (INF)	Per Service	2,545.00
T-Piece Trial, Adult	Package	1,300.00
T-Piece Trial, Pedia	Package	1,500.00



ARTERIAL BLOOD GAS

A blood is drowned from the arterial sites to determine oxygenation and metabolic status of a patient.

Office or Division:	Pulmonary Medicine and Ancillary Services			
Classification:	simple			
Type of	G2C			
Transaction:				
Who may avail:	Nursing Units			
CHECKLIST OF R	EQUIREMENTS		WHERE TO SE	CURE
Request Form		Out-Patient	Department	
Charge Slip		Pulmonary	Medicine and And	cillary Services
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Presents completely filled- out request form at the receiving area.	1.1 Verifies request form. 1.2 Checks Record to HOMIS. 1.3 Records the request into the Procedure Logbook. Note: For STAT and emergency procedure, a call from intercom may allow provided that a complete filled out request form is accomplished until the arrival of the respiratory therapist.	See Table 1 for Procedure Charges	2 minutes	Respiratory Therapist
2. Awaits Procedure	2.1 Proceeds to the patient room.		30 – 45 minutes	Respiratory Therapist

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	_			
	2.2 Explains the procedure and Obtain Oral consent. 2.3 Performs Arterial blood extractions. 2.4 Returns to Pulmonary and feeds abg sample into the machine. 2.5 Sends result to Pulmonologist for reading. 2.6 Enter charges to HOMIS	See Table 1 for Procedure Charges		
	2.7 Log result into ABG Logbook and Includes into the daily procedure census.			
3. Receives Result	3.1 Releases ABG Test result. Note: For Emergency, Respiratory Therapist releases official Results even without an Official Reading. 3.2 Notes NOD/NA on Duty into the receiving logbook.	None	10 minutes	Respiratory Therapist
	TOTAL:	None	57 Minutes	



Service Charges

DESCRIPTION	UNIT OF MEASURE	AMOUNT
ABG BG3 Test	Per service	1,700.00
ABG BG3 Test (INF-H)	Per Service	3,555.00
ABG BG3 Test (INF)	Per Service	3,100.00
ABG BG8 Test	Per Service	1,850.00
ABG BG8 Test (INF-H)	Per Service	3,705.00
ABG BG8 Test (INF)	Per Service	3,250.00
Aerosol Therapy	Per Service	80.00
Aerosol Therapy (INF)	Per Service	1,750.00
Aerosol Therapy with CPT	Per Service	300.00
Aerosol Therapy, Puff (INF-H)	Package	4,100.
Aerosol Therapy, Puff (INF)	Package	3,550.00
Bi-PAP Therapy	Per Day	1,000.00
Bousignacc CPAP Therapy	Per Service	350.00
Capnography	Per Day	850.00
Change Tubing	Per Service	300.00
Chest Physiotherapy	Per Service	250.00
Chest Physiotherapy, Intubated - ICU	Per Service	550.00
Chest Physiotherapy, Postural Drainage - Rehab	Per Service	450.00
Electrocardiography (ECG), 12 Leads	Per Service	350.00
Electrocardiography (ECG), 12 Leads (INF-H)	Per Service	2,205.00
Electrocardiography (ECG), 12 Leads (INF)	Per Service	1,750.00
Electrocardiography (ECG), 15 Leads	Per Service	500.00
Electrocardiography (ECG), 3 Leads	Per Service	200.00
Electrocardiography (ECG), 3 Leads (INF-H)	Per Service	2,155.00
Electrocardiography (ECG), 3 Leads (INF)	Per Service	1,700.00
Electrocardiography (ECG), 6 Leads	Per Service	250.00
High Flow Nasal Therapy	Per Day	1,900.00
High Flow Oxygenation Therapy, Non-Rebreather	Package	1,600.00
High Flow Oxygenation Therapy, Oxygen Hood	Per Service	300.00
High Flow Oxygenation Therapy, Ventu-ri	Per Service	1,250.00
Incentive Spirometry	Package	1,450.00
Infant Bubble CPAP Therapy	Per Day	1,000.00
Intra-Hospital Ventilator Transport Services	Per Service	3,700.00
Mechanical Ventilator	Per Day	2,000.00
Mechanical Ventilator, Baby Log	Per Day	2,500.00
Mechanical Ventilator, e-Vent	Per Day	2,100.00
Mechanical Ventilator, Savinna 300	Per Day	2,200.00



Mechanical Ventilatory Support Services (INF)	Per Service	4,710.00
Mucus Trapping	Per Service	580.00
Mucus Trapping (INF)	Per Service	2,405.00
Oxygen Concentrator	Per Day	1,800.00
Pulmonary Function Test, Basic Spirometry	Package	850.00
Pulse Oximetry	Per Day	500.00
Spot Checking	Per Service	100.00
Sputum Induction	Per Service	280.00
Sputum Induction (INF)	Per Service	2,545.00
T-Piece Trial, Adult	Package	1,300.00
T-Piece Trial, Pedia	Package	1,500.00



CLASSIFICATION OF PATIENTS (NEW PATIENTS)

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	All admitted patients in	the Service	e Wards	
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE		SECURE
For Senior Citizens only:		LGU/OSC	A/PHILHEALT	H OFFICE
Senior Citizens ID				
Philhealth Member	Data Record (MDR)			
Renewed MDR (for those	e with active Philhealth	PHILHEA	LTH OFFICE	
membership)				
		FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	RESPONSIBLE
1. 1. Client shall sign the contract / consent form	Verify patient's admission record at the HOMIS	None	1 Minute	Social Worker
(except patients with active philhealth membership under	the contract/consent form			
NHTS/ Senior Citizen/LGU sponsored, or those patients belonging to the minority group- proceed to next step)	interview regarding the patient and his / her family			
2. Present photocopy of renewed Philhealth MDR	2. Issue Medical Social Service Card (MSS Card)	None	1 Minute	Social Worker
3. For POS patients only *fill-up Philhealth Member Registration	3. Orient the client on the hospital policies, available social services, and the scope and limitations	None	1 Minute	Social Worker
Form (PMRF)	of hospital assistance	None	1 Missuta	Social Morkey
4. Client shall answer customer Satisfaction	4.1 Advise client to go back to	None	1 Minute	Social Worker



Survey form	Emergency Room / Ward			
	TOTAL:	None	11 Minutes	



CLASSIFICATION OF PATIENTS (NEWPATIENTS-patients with existing valid MSS Card)

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	OPD and ER Patients			
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE		
Charge Slip		ER, OPD, X-ray, Pharmacy, Laboratory,		
		Pulmonar		
For Senior Citizens only:		LGU/OSC	A/PHILHEALT	H OFFICE
Senior Citizens ID				
Philhealth Member				
Renewed MDR (for those	e with active Philhealth	PHILHEA	LTH OFFICE	
membership)		FFFC		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE	PROCESSI	PERSON
CLILINI SILI S	AGENCI ACTIONS	PAID	NG TIME	RESPONSIBLE
Present charge slip with diagnosis and valid Medical Social Service (MSS) Card to the Social Worker	Verify patient's admission record at the HOMIS	None	1 Minute	Social Worker
Client shall sign the contract / consent form (except patients with)	2. Explain content of the contract/consent form	None	1 Minute	Social Worker
active philhealth membership under NHTS, Senior Citizen, and those patients belonging to the minority group proceed to next step)	interview regarding the patient and his /	None	15 Minutes	Social Worker
3. Present photocopy of renewed Philhealth MDR	3. Issue Medical Social Service Card (MSS Card)	None	1 Minute	Social Worker
	3.1 SW shall write	None	2 Minutes	



4. Client shall answer Customer Satisfaction Survey form	patient's classification, amount discounted, and patient's counterpart on the charge slip 3.2 Orient the client on the hospital policies, available social services, and the scope and limitations of hospital assistance None	None	1 Minute	
5. For Patient with counterpart shall proceed to cashier for payment For patient who availed		None	None	
full discount, proceed to next step 6. Go back to the cost center and submit the		None	None	
charged slip and or receipt	TOTAL:	None	21 Minutes	



CLASSIFICATION OF PATIENTS (OLD PATIENTS)

Office or Division:	MEDICAL SOCIAL SE	RVICE		
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	All admitted patients in	the Servic	e Wards	
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
For Senior Citizens only:		LGU/OSC	A/PHILHEALT	H OFFICE
Senior Citizens ID				
Philhealth Member				
Renewed MDR (for thos	e with active Philhealth	PHILHEA	LTH OFFICE	
membership)		FFFO		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Present valid Medical Social Service (MSS) Card to the Social Works	of the MSS Card,	None	1 Minute	Social Worker
*If failed to bring valid MSS card, client is directed by the MSW to pay card replacement at the cashier section	the HOMIS (if patient has existing valid			
2. Present renewed Philhealth MDR	Retrieve record from filing area	None	3 Minutes	Social Worker
3. For POS patients only *fill-up Philhealth Member Registration Form (PMRF)	3. Orient the client on the hospital policies, available social services, and the scope and limitations of hospital assistance	None	1 Minute	Social Worker
	Provide the following interventions if		+ 5 Minutes	



	necessary *Point of service *counselling			
4. Client shall answer customer Satisfaction Survey form	4. Advise client to go back to Emergency Room / Ward	None	1 Minute	Social Worker
	TOTAL:	None	11 Minutes	



CLASSIFICATION OF PATIENTS (OLD PATIENTS-patients with existing valid MSS Card)

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	OPD and ER Patients			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Charge Slip		ER, OPD, Pulmonar	•	acy, Laboratory,
For Senior Citizens only: Senior Citizens ID Philhealth Member		LGU/OSC	A/PHILHEALT	H OFFICE
Renewed MDR (for those membership)	e with active Philhealth	PHILHEA	LTH OFFICE	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Present charge slip with diagnosis and valid Medical Social Service (MSS) Card to the Social Worker *If failed to bring valid MSS card, client is directed by the MSW to pay card replacement at the cashier section		200.00	1 Minute	Social Worker
2. Present photocopy	is considered as "New Patient") 2. Retrieve and	None	3 Minutes	Social Worker
of renewed Philhealth MDR	update Record SW shall write patient's classification, amount discounted, and patient's counterpart on the charge slip			

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	2.1 Orient the client on the hospital policies, available social services, and the scope and limitations of hospital assistance	None	1 Minute	Social Worker
3. Client shall answer Customer Satisfaction Survey form		None	1 Minute	Social Worker
4. For Patient with counterpart shall proceed to cashier for payment				
For patient who availed full discount.				
5. Go back to the cost center and submit the charged slip and or receipt				
	TOTAL:	None	11 Minutes	



DENTAL CONSULTATION AND TREATMENT

This process covers all patients needing dental consultation, evaluation and treatment. The service is offered Monday to Friday from $8:00~\rm{A.M}-5:00~\rm{P.M}$ excluding holidays.

Office or Division:	MEDICAL SOCIAL SE	RVICE		
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	OPD and ER Patients			
CHECKLIST OF R	REQUIREMENTS	WHERE TO SECURE		
Filled information form		OPD Section		
Dental Health form		OPD Sect	tion	
Individual Health Record		Dental		
Charge slip		Dental		
Senior Citizen/PWD ID		MSWD of		
Philhealth MDR		Philhealth	office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Fill out information form provided by OPD Department	Register patient to HOMIS and print OPD blotter	None	5 Minutes	OPD Staff
	1.1 Interview and assess patient	None	1 Minute	OPD Staff
	1.2 Provide dental health form to patient	None	3 Minutes	Nurse/Nursing Attendant
2. Submit dental health form with OPD	2. Interview patient for Med/Dental history	None	5 Minutes	Dentist
	2.1 Perform treatment according to patient request		2 Hours	Dentist
3. Receives SOA or charge slip for the payment of dental fees to cashier officer	service to cashier office	None	3 Minutes	Dentist
	TOTAL:	None	2 Hours, 17 Minutes	



DISPENSING OF MEDICINES AND MEDICAL SUPPLIES TO OUT PATIENT DEPARTMENT AND THE GENERAL PUBLIC

This dispensing service is provided to all patient who are consulted and prescribed for medication from the out-patient department of this institution and the general public with prescription from a medical practitioner

Office or Division:	PHARMACY			
Classification:	Simple			
Type of Transaction:	Government to Govern	ment (G2G	G), Governmen	t to Citizen (G2C)
Who may avail:	Out-patient and the Ge	neral Publi		
CHECKLIST OF R	• • • • • • • • • • • • • • • • • • • •		WHERE TO	
Properly filled up Prescri	. , , ,		tor/ Medical Pra	actitioner
MSS classification (Fina	•	Malasakit		
PWD/Senior ID and boo		DSWD/ O	SCA	
For Government Employ Certificate of Employment		Employer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Bring the prescription form to the	Receives and check prescriptions	None	5 Minutes	Pharmacist on Duty
pharmacy.	1.1 Check availability of stocks			
	1.2 Compute bill and issue charge slip			
	1.3 Instruct patient/client to pay to the cashier and returned to the pharmacy with the official receipt			
	1.4 Prepares items for dispensing			
2. Proceed to Cashier Section to settle the bill	2. Obtain charge slip and collect payment of the patient/client	None	2 Minutes	Collecting officer on Duty
	2.1 Issue Official Receipt OR			
	2.2 Refer Client to			



	MSS for financial assistance			
3. Go back to the Pharmacy and present Official receipt/ MSS classification with the charge slip and receive the prepared medicines	prescription OR	None	5 Minutes	Pharmacist on Duty
	3.2 Dispense the medicine with written and verbal instruction on how to take the medication 3.3 Record and file the prescription			
	TOTAL:	None	12 Minutes	



DISPENSING OF REGULATED DRUGS

Dispensing service for drug preparations containing a controlled chemical for retail to person with prescription by a PDEA-licensed medical practitioner

Office or Division:	PHARMACY			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G), Government to Citizen (G2C)			
Who may avail:	Out-patient and the Ge	neral Publi		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	
Properly filled up:				, in accordance with
Special Prescription	,	the norms and standards of his or her		
 Ordinary Prescription 	on form (triplicate	profession	1	
сору)				
Medical Practitioner Va		•	ilippine Drug E	Inforcement Agency
Contact Number of the Patient	Prescriber and	office		
 Valid Government issu 	ed identification Card			
for patient's representa	5 5			
Original passport (Fore	<u> </u>			
MSS classification (Final	ncial assistance)	Malasakit	Center	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE	PROCESSI	PERSON
OLILINI OILI O	AGENCI ACTIONS	PAID	NG TIME	RESPONSIBLE
1. Bring the	1. Receives and	None	10 Minutes	Pharmacist on duty
prescription form (2	check prescriptions,			
copies) to the				
pharmacy	completeness,			
	authenticity in			
	accordance with legal			
	and regulatory			
	requirements, and availability of stocks			
	availability of Stocks			
	1.1 The Pharmacist			
	shall follow the order			
	and instruction of the			
	physician written on			
	the prescription unless there is a			
	reason to question			
	the validity of the			
	prescription that			
	l •			
	Includes:			l l
	includes:			



	Lina Egypti
Not complete, legible, properly prepared, properly signed, or shows any signs of alteration or erasure Issued more than sixty (60) days before presentation, the sixty (60) days shall be based on the date indicated by the medical practitioner when the drug shall have been obtained. Already terminated by the discontinuance of the medication by the prescriber or death of the patient The prescription is outside the scope	
of practice of the prescriber 1.2 The pharmacist shall contact the prescribing	
practitioner for verification 1.3 Compute bill and issue charge slip	
1.4 Instruct patient/client to pay to the cashier and returned to the pharmacy with the official receipt	
1.5 Prepares items	



	for dispensing			
2. Proceed to Cashier Section to settle the bill	2. Obtain charge slip and collect payment of the patient/client2.1 Issue Official Receipt OR2.2 Refer to MSS for financial assistance	None	2 Minutes	Collecting Officer on Duty
3. Pharmacy and present Official receipt/ MSS classification with the charge slip	•	None	5 Minutes	Pharmacist on Duty
valid government – issued identification	copy of the prescription to the			
card or passport for foreigners and affix signature at the back of the prescription for	3.2 Dispense the medicine with written and verbal instruction on how to take the medication			
	3.3 Record and file prescriptions accessible to inspection by PDEA			
_	TOTAL:	None	12 Minutes	



Pricelist may change without prior notice

IV FLUIDS ADDITIVES	PRICE
0.9% Sodium Chloride 1LITER	47.00
0.9% Sodium Chloride 50ML	70.00
0.9% Sodium Chloride for Irrigation	54.00
0.9% Sodium Chloride 20ML	41.50
D10W 500ML	65.00
D5 0.3NACL 500ML	50.00
D5 0.9 NACL 1LITER	65.00
D5 IMB 500ML	65.00
D5 NR 500ML	54.00
D5 NM 1LITER	65.00
D50 X 50ML	57.60
D5LRS 1LITER	65.00
D5LRS 500mL	86.50
D5 W 1LITER	92.00
D5 W 250ML	64.00
D5 W 500ML	65.00
HYDROXYETHYL STARCH 500ML	519.00
Magnesium sulphate 250mg/ml	31.00
MANNITOL ½ LITER	110.26
PLAIN LR SOLUTION 1 LITER	58.00
POTASSIUM CHLORIDE 40MEQ	53.00
STERILE WATER FOR INJECTION 50ML	27.00
ORALS (CAPSULES AND TABLETS)	27.00
ACETYLCYSTEINE 100MG	14.00
ACETYLCYSTEINE 200MG	10.50
ACETYLCYSTEINE 600MG TAB	22.50
ACYCLOVIR 200MG TAB (Xyclovirax)	5.50
ACYCLOVIR 400MG TAB (Zyclovir)	5.50
ACYCLOVIR 800MG TAB	60.00
ALLOPURINOL 100MG TAB	1.50
ALLOPURINOL 300MG TAB	2.50
AL-MG HDROXIDE TAB	1.50
AMIODARONE 200MG TAB	29.00
AMLODIPINE 10MG TAB	0.76
AMLODIPINE 5MG TAB	0.52
AMOXICILLIN 250MG CAP	1.50
AMOXICILLIN 500MG CAP	1.50
ASCORBIC ACID 500MG TAB	1.50
ASPIRIN 80MG TAB	1.20
ATENOLOL 100MG TAB	3.50

FAD	NORTH LULD
* Gemelo	Hospital Training

ATENOLOL 50MG TAB	3.27
ATORVASTATIN 20MG TAB	3.75
ATORVASTATIN 40MG TAB	17.00
ATORVASTATIN 80MG TAB	15.50
AZITHROMYCIN 500MG TAB	11.00
BETAHISTINE 8MG TAB	14.00
BETAHISTINE 24MG TAB	48.00
BETAHISTINE 16MG TAB	12.00
BUTAMIRATE CITRATE 50MG TAB	14.00
BISACODYL 5MG TAB	2.00
CALCIUM CARBONATE TAB	1.50
CAPTOPRIL 25MG TAB	1.00
CARVEDILOL 25MG TAB	16.00
CARVEDILOL 6.25MG TAB	1.12
CEFALEXIN 250MG CAP	2.00
CEFALEXIN 500MG CAP	3.00
CEFIXIME 200MG CAP	10.50
CEFUROXIME 500MG TAB	12.00
CELECOXIB 200MG CAP	4.00
CETIRIZINE 10MG TAB	1.00
CHLORPHENIRAMINE MALEATE 4MG TAB	1.00
CILOSTAZOL 100MG TAB	26.50
CINNARIZINE 25MG TAB	1.50

ORALS (CAPSULES AND TABLETS	PRICE
CIPROFLOXACIN 500MG TAB	2.00
CLARITHROMYCIN 500MG TAB	13.50
CLINDAMYCIN 150MG CAP	3.50
CLINDAMYCIN 300MG CAP	6.00
CLONIDINE 150MCG TAB	17.00
CLOPIDOGREL BISULFATE 75MG TAB	1.40
CLOXACILLIN 500MG CAP	4.00
CO-AMOXICLAV 625MG TAB	12.00
CO-TRIMOXAZOLE 800MG/160MG TAB	2.00
CO-TRIMOXAZOLE 400MG/80MG TAB	1.50
COLCHICINE 500MCG TAB	3.00
DICLOFENAC Na 50MG TAB	1.00
DICYCLOVERINE 10MG TAB	1.50
DIGOXIN 0.25MG TAB	5.50
DILTIAZEM 30MG CAP (NOVOPTIN)	4.50
DILTIAZEM 60MG CAP (NOVOPTIN)	4.50
DIPHENHYDRAMINE 50MG CAP	1.50
DOMPERIDONE 10MG TAB	2.00
DOXYCYCLINE 100MG CAP	1.50

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ENALAPRIL 20MG TAB	7.76
ENALAPRIL 10MG TAB	15.00
ENALAPRIL 5MG TAB	13.50
EPERISONE 50MG TAB	58.00
FENOFIBRATE 200MG TAB	9.00
FENOFIBRATE 300MG TAB	24.00
FERROUS SULFATE + FOLIC ACID	3.50
FINASTERIDE 5MG TAB	14.50
FOLIC ACID 5MG CAP	3.00
FUROSEMIDE 20MG TAB	1.50
FUROSEMIDE 40MG TAB	1.50
GABAPENTIN 100MG TAB	8.00
GABAPENTIN 300MG TAB	9.00
GLICLAZIDE 30MG TAB	2.00
GLICLAZIDE 60MG TAB	14.46
GLICLAZIDE 80MG TAB	3.00
HYOSCINE 10MG TAB	5.00
IBUPROFEN 400MG TAB	2.00
IRBESARTAN 150MG TAB	8.00
IRBESARTAN 300MG TAB	18.00
IRBESARTAN+HCTZ 150MG TAB	28.50
ISOSORBIDE DINITRATE 5MG TAB SL	46.00
ISOSORBIDE DINITRATE 10MG TAB	10.00
ISOSORBIDE-5-MONONITRATE 20MG TAB	12.00
ISOSORBIDE-5-MONONITRATE 30MG	11.00
ISOSORBIDE-5-MONONITRATE 60MG	11.00
ISOXUPRINE 10MG TAB	7.00
LAGUNDI 300MG TAB	3.00
LEVOFLOXACIN 750MG TAB	16.00
LEVOFLOXACIN 500MG TAB	6.50
LEVOTHYROXINE 25MCG TAB	5.00
LEVOTHYROXINE 50MCG TAB	4.50
LOPERAMIDE 2MG CAP	1.00
LORATADINE 10MG TAB	2.00
LOSARTAN K 100MG TAB	3.50
LOSARTAN K 50MG TAB	1.00
LOSARTAN K + HCTZ 100MG TAB	14.00
LOSARTAN K + HCTZ 50MG TAB	2.32
MEBENDAZOLE 500MG TAB	3.00
MEFENAMIC ACID 250MG CAP	1.00
MEFENAMIC ACID 500MG CAP	1.20
METFORMIN 500MG TAB	0.63
METHYLDOPA 250MG TAB	11.00
METHYLPREDNISOLONE 4MG TAB	18.00
	10.00

FAG	NORTH LUTOZ
* Genet	Hospital & Trainings

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	SIMVASTATIN 10MG TAB	
	SIMVASTATIN 20MG TAB	1.06
SIMVASTATIN 40MG TAB 4.63		
SODIUM BICARBONATE 325MG TAB 2.00		
SODIUM BICARBONATE 650MG TAB 1.50		
SPIRONOLACTONE 25MG TAB 8.50		



SPIRONOLACTONE 100MG TAB	65.50
SPIRONOLACTONE 50MG TAB	30.75
SUCRALFATE 1GRAM TAB	77.00
TAMSULOSIN 200MCG TAB	34.00
TAMSULOSIN 400MCG TAB	24.00
TELMISARTAN 40MG TAB	7.00
TELMISARTAN 80MG TAB	49.00
TRAMADOL 50MG CAP	3.00
TRANEXAMIC ACID 500MG CAP	5.50
TRIMETAZIDINE 35MG TAB	4.50
URSODEOXYCHOLIC ACID 250MG CAP	54.00
VITAMIN B1 B6 B12 TAB	3.50

ORALS (SUSPENSION AND SYRUP)	PRICE
AL-MG HYDROXIDE 120ML SUSP	35.00
AMOXICILLIN DROPS	20.00
AMOXICILLIN 250MG/5ML SUSP	21.00
ASCORBIC ACID 100MG/ML drops	21.00
ASCORBIC ACID 60ML SYRUP	19.00
CEFALEXIN 100MG/ML DROPS	35.00
CEFALEXIN 250MG/5ML SUSP	36.00
CEFIXIME 20MG/5ML DROPS	180.00
CEFIXIME 100MG/5ML SUSP	175.00
CEFUROXIME 250MG/5ML SUSP	181.50
CETIRINE 5MG/5ML SYRUP	35.50
CETIRINE 2.5MG/5ML ORAL DROPS	25.00
CHLORAMPHENICOL 125MG/5ML SUSP	37.00
CLARITHROMYCIN 125MG/5ML SUSP	186.00
CLOXACILLIN 250MG/5ML SUSP	46.50
CO-AMOXICLAV 312MG/5ML SUSP	180.00
CO-AMOXICLAV 400MG/5ML SUSP	246.00
COTRIMOXAZOLE 200MG SUSP	27.00
COTRIMOXAZOLE 400MG SUSP	60.00
DICYCLOVERINE 10MG/5ML SYR	19.50
DIPHENHYDRAMINE 12.5MG/5ML SYR	17.00
DOMPERIDONE 5MG/5ML SUSP	57.00
ERYTHROMYCIN 200MG/5ML SUSPENSION	60.00
FERROUS SULFATE DROPS	24.00
FERROUS SULFATE SYR	26.00
IBUPROFEN 100MG/5ML	42.50
IBUPROFEN 200MG/5ML	65.00
LACTULOSE 3MG/5ML	166.00
LAGUNDI SYRUP	90.00
LORATADINE 5MG/5ML SYRUP	114.00



MEBENDAZOLE 100MG/30ML SUSP	22.00
METRONIDAZOLE 125MG/5ML SYR	25.00
MULTIVITAMINS DROPS	32.00
MULTIVITAMINS SYRUP	20.00
PARACETAMOL 100MG/ML	18.00
PARACETAMOL 250MG/5ML	20.00
PARCACETAMOL 125MG/5ML	18.00
PREDNISOLONE 10MG/5ML SYR	117.50
SALBUTAMOL 2MG/5ML SYR	19.00
Zinc Sulfate 27.5MG/5ML SYR	38.00
Zinc Sulfate 10MCG/ML DROPS	43.50

MEDICAL SUPPLIES	PRICE
T. Tube fr. 16	354.00
T. Tube fr. 18	354.00
Thoracic catheter fr28	792.00
Thoracic catheter fr32	828.00
Urine bag	23.00
Vicryl 0, 90cm	269.00
Vicryl 1, PLUS 30MM	872.75
Vicryl 1, PLUS 40MM	269.00
Vicryl 2, PLUS 26MM	230.50
Vicryl 2, RAPIDE TAPERCUT	409.00
Vicryl 2, DA	409.00
Vicryl 3/0, PLUS 26MM	206.00
Vicryl 3, PLUS 36MM	493.00
Vicryl 4/0, 70cm	269.00
Volumetric set with burette	180.00
Wadding sheet 4"x5yards	65.00
Wadding sheet 6"x4yards	110.00
JACKSON PRATT	1,596.00



ELECTROCARDIOGRAPHY

The recording of electrocardiography is done by a Respiratory therapist and often used as assessment tool to help determine one's general health status or a screening tool before a major surgery or for periodic health screening, especially if is older and has history heart diseases.

Office or Division:	PULMONARY MEDICINE AND ANCILLARY SERVICES DIVISION				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	All Out Patients				
CHECKLIST OF R	CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Out-Patient Department			
Charge Slip		Pulmonary Medicine and Ancillary Services		Ancillary Services	
Official Receipt		Cashier			
Electrocardiography For	M		y Medicine and	Ancillary Services	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. Presents completely filled-out request form		None	2 Minutes	Respiratory Therapist	
at the receiving area.	1.1 Checks Record to HOMIS.				
	1.2 Explains to the client the Electrocardiography procedures.	See Table 1 for Procedu			
	1.3 Attaches and gives charge slip.	re Charges			
	1.4 Advises client to proceed to cashier and return to Pulmonary Medicine and Ancillary Services once settled.				
2. Pays the required fees at cashier and receives official receipt.	Collects required fees and issues official receipt	See Table 1 for Procedu re	2 Minutes	Collecting Officer	



		Charges		
3. Presents Official Receipt. Note: Authority from Medical Social Service	on winds on a mag	None	2 Minutes	Respiratory Therapist
is noted where to charge the fees is indicated in the charge slip.	the Charge Slip. 3.2 Records the client's details (Pulmo #, date of request, time of receive, patient complete name, diagnosis, age, sex and requesting physician) on the Procedure Logbook.			
4. Wait for the performance of the procedure	4. Advises client to wait for his/her name to be called	None	5-10 Minutes	Respiratory Therapist
5. Undergoes Electrocardiography procedure.	Performs ECG recording with the client and evaluates tracing of a good quality.	None	10-15 Minutes	Respiratory Therapist
	Note: Give photocopy of printed output of ECG recording if requested by attending physician.			
6. Fills and Writes comments on the CSS Form.	Instructs client to put into the Pulmonary CSS Box	None	1 Minute	Respiratory Therapist
7. Receives instructions on the availability of official result		None	3 Days	Respiratory Therapist



	daily procedure census.			
Identification Card and	results and claimer	None	2 Minutes	Respiratory Therapist
	TOTAL:	None	3 Days, 36 Minutes	



Service Charges

DESCRIPTION	UNIT OF MEASURE	AMOUNT
ABG BG3 Test	Per service	1,700.00
ABG BG3 Test (INF-H)	Per Service	3,555.00
ABG BG3 Test (INF)	Per Service	3,100.00
ABG BG8 Test	Per Service	1,850.00
ABG BG8 Test (INF-H)	Per Service	3,705.00
ABG BG8 Test (INF)	Per Service	3,250.00
Aerosol Therapy	Per Service	80.00
Aerosol Therapy (INF)	Per Service	1,750.00
Aerosol Therapy with CPT	Per Service	300.00
Aerosol Therapy, Puff (INF-H)	Package	4,100.
Aerosol Therapy, Puff (INF)	Package	3,550.00
Bi-PAP Therapy	Per Day	1,000.00
Bousignacc CPAP Therapy	Per Service	350.00
Capnography	Per Day	850.00
Change Tubing	Per Service	300.00
Chest Physiotherapy	Per Service	250.00
Chest Physiotherapy, Intubated - ICU	Per Service	550.00
Chest Physiotherapy, Postural Drainage - Rehab	Per Service	450.00
Electrocardiography (ECG), 12 Leads	Per Service	350.00
Electrocardiography (ECG), 12 Leads (INF-H)	Per Service	2,205.00
Electrocardiography (ECG), 12 Leads (INF)	Per Service	1,750.00
Electrocardiography (ECG), 15 Leads	Per Service	500.00
Electrocardiography (ECG), 3 Leads	Per Service	200.00
Electrocardiography (ECG), 3 Leads (INF-H)	Per Service	2,155.00
Electrocardiography (ECG), 3 Leads (INF)	Per Service	1,700.00
Electrocardiography (ECG), 6 Leads	Per Service	250.00
High Flow Nasal Therapy	Per Day	1,900.00
High Flow Oxygenation Therapy, Non-Rebreather	Package	1,600.00
High Flow Oxygenation Therapy, Oxygen Hood	Per Service	300.00
High Flow Oxygenation Therapy, Ventu-ri	Per Service	1,250.00
Incentive Spirometry	Package	1,450.00
Infant Bubble CPAP Therapy	Per Day	1,000.00
Intra-Hospital Ventilator Transport Services	Per Service	3,700.00
Mechanical Ventilator	Per Day	2,000.00
Mechanical Ventilator, Baby Log	Per Day	2,500.00
Mechanical Ventilator, e-Vent	Per Day	2,100.00
Mechanical Ventilator, Savinna 300	Per Day	2,200.00



Mechanical Ventilatory Support Services (INF)	Per Service	4,710.00
Mucus Trapping	Per Service	580.00
Mucus Trapping (INF)	Per Service	2,405.00
Oxygen Concentrator	Per Day	1,800.00
Pulmonary Function Test, Basic Spirometry	Package	850.00
Pulse Oximetry	Per Day	500.00
Spot Checking	Per Service	100.00
Sputum Induction	Per Service	280.00
Sputum Induction (INF)	Per Service	2,545.00
T-Piece Trial, Adult	Package	1,300.00
T-Piece Trial, Pedia	Package	1,500.00



ISSUANCE OF MEDICAL CERTIFICATE

A Health Information Management Service from Mondays- Fridays 8:00am – 5:00 PM except holidays, Saturdays and Sundays.

A document issued to patients certifying that patient has been treated and admitted at FNLGHTC specified for purposes like financial assistance, leave, insurance, except for medico legal purposes.

Office or Division:	HEALTH INFORMATION	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Simple				
Type of Transaction:	Government-to-Citizen	(G2G)			
Who may avail:	Patients previously dis-	charged fro	m Far North Li	uzon General	
	Hospital & TC				
CHECKLIST OF R					
Written request from pat			ormation Mana	gement Office	
Authorization letter (if rep	oresentative)	Patient			
Valid ID (if warranted)			cense - LTO		
			- COMELEC		
			nse - PRC		
			- POST OFFIC	;E	
		UMID - G			
	Loyalty Card - PAG-IBIG				
	CTC - BARANGAY where the parents resi Passport - FDA			e the parents reside	
	Tax Identification Number - BIR			ar - RIR	
		FEES			
CLIENT STEPS	AGENCY ACTIONS	I DDAMEGGI DEDGAN			
Secure queuing number	1. Call queue number	None	1 Minute	Administrative Aide	
1.1 Fill in request slip	1.1 Receive request				
1.2 Submit request	1.2 Retrieve patient record on iHOMIS				
2. Go to Cashier	2. Issue charge slip	50.00	2 Minutes	Cashier	
3. Wait while request is	3. Prepare medical	None 10 Minutes Administrative Aide			
being processed	certificate for signature of attending Physician	Physician			
4. Present official receipt	Issue medical certificate	None	1 Minute	Administrative Aide	



4.1 Acknowledge receipt	Logs request	None	1 Minute	Administrative Aide
	TOTAL:	None	30 Minutes	



MECHANICAL SUPPORT SERVICES

Critical care procedures through the use of mechanical ventilators, high flow systems, non-invasive respirators and infant CPAP machine. Respiratory therapist is responsible for the preparation, setting-up parameters as ordered by the attending physician and monitoring.

Office on D' 1-1-1	DUI MONADY MEDIO		NOUL ADVICE	D) (10E0 D)) (1010b)
Office or Division:	PULMONARY MEDICI	NE AND A	NCILLARY SE	KVICES DIVISION
Classification:	Highly Technical			
Type of Transaction:	Government-to-Govern		j)	
Who may avail:	All Special Care Nurse	S		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Request Form		Nursing U		
Ventilator Monitoring She	eet		y Medicine and	Ancillary Services
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Presents completely filled-out request form recorded in the logbook at the receiving area.	form and signs the logbook	None	20 Minutes	Respiratory Therapist



	respiratory therapist.			
2. Awaits Procedure	2. Brings the machine.	None	5-15 Minutes	Respiratory Therapist
	2.1 Double checks request by reviewing the patient chart.			
	2.2 Copies the ordered settings and adjustments.			
	2.3 Initiates Ventilator hooking's, refills humidifier and adjusts alarms settings.			
	2.4 Observes for any cardiopulmonary deteriorations.			
	2.5 Notifies Attending Physician and Nurse on duty for ventilator synchrony and asynchrony.			Nurse on Duty Attending Physician
	Note: Respiratory Therapist stays whenever uncontrolled situation may occur.			
	2.6 Returns to Pulmonary medicine and ancillary services, and enters charges to HOMIS.			
	2.7 Includes procedure into the daily procedure census.			

3. Sends revised settings	 3. Adjust settings and parameters. Refills humidifier and changes accessories when needed. 3.1 Updates vent monitoring sheet and board directory. 	None	5 Minutes	Respiratory Therapist
4. Sends request for weaning.	 4. Prepares T-Piece Sets, Bi-PAP Machine or Non-invasive when needed 4.1 Checks patient trend data. 4.2 Performs weaning procedure 4.1 Pulls out nebulizer/compressor machine and 	None	5-20 Days	Nurse on Duty/Respiratory Therapist
	disinfect properly. TOTAL:	See 1 procedu re of charges	20 Days, 22 Minutes	



Service Charges

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ABG BG3 Test	Per service	1,700.00
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Aerosol Therapy (INF)	Per Service	1,750.00
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Aerosol Therapy, Puff (INF-H)	Package	4,100.
Aerosol Therapy, Puff (INF)	Package	3,550.00
Bi-PAP Therapy	Per Day	1,000.00
Bousignacc CPAP Therapy	Per Service	350.00
Capnography	Per Day	850.00
Change Tubing	Per Service	300.00
Chest Physiotherapy	Per Service	250.00
Chest Physiotherapy, Intubated - ICU	Per Service	550.00
Chest Physiotherapy, Postural Drainage - Rehab	Per Service	450.00
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High Flow Oxygenation Therapy, Oxygen Hood	Per Service	300.00
High Flow Oxygenation Therapy, Ventu-ri	Per Service	1,250.00
Incentive Spirometry	Package	1,450.00
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Mechanical Ventilator	Per Day	2,000.00
Mechanical Ventilator, Baby Log	Per Day	2,500.00
Mechanical Ventilator, e-Vent	Per Day	2,100.00
Mechanical Ventilator, Savinna 300	Per Day	2,200.00



Mechanical Ventilatory Support Services (INF)	Per Service	4,710.00
Mucus Trapping	Per Service	580.00
Mucus Trapping (INF)	Per Service	2,405.00
Oxygen Concentrator	Per Day	1,800.00
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Pulse Oximetry	Per Day	500.00
Spot Checking	Per Service	100.00
Sputum Induction	Per Service	280.00
Sputum Induction (INF)	Per Service	2,545.00
T-Piece Trial, Adult	Package	1,300.00
T-Piece Trial, Pedia	Package	1,500.00



PATHOLOGY DEPARTMENT (IN-PATIENT)

The Laboratory Department is open for 24 hours from Sunday to Saturday.

Office or Division:	PATHOLOGY DEPARTMENT			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen(G2C)			
Who may avail:	All Admitted Patient	()		
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			
Doctor's order from patie		Ward		<u> </u>
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
	Laboratory staff checks patient's request in the HOMIS	None	2 Minutes	Medtech on Duty
	2. Laboratory staff checks patient date and request in HOMIS, prints verified request from LIS.	None	2 Minutes	Medtech on Duty
	3. Laboratory staff check in patients request and print barcode	None	5 Minutes	Medtech on Duty
	4. Laboratory staff extract/collects specimen in the ward for processing.	None	10 Minutes	Medtech on Duty
	5. Laboratory staff processes specimen.	None	Chemistry – 2 Hours Clinical Hematology (CBC) - 15 Minutes ESR – 1 Hour, 30 Minutes	Medtech on Duty

			Ospital & Training
		Serology – 20 Minutes	
		CLIN Microscopy – 20 Minutes	
6. Laboratory staff inputs result in LIS, validates result, and prints validated result.	None	2 Minuites	Medtech on Duty
7. Laboratory staff logs patients name and release result in the ward	None	5 Minutes	Medtech on Duty
TOTAL:	None		



PATHOLOGY DEPARTMENT (OUT-PATIENT)

The Laboratory Out Patient Department is open from Monday to Friday except Holidays,8:00am to 4:00 PM. It also caters referrals from other clinics

Office or Division:	PATHOLOGY DEPAR	TMENT			
Classification:	Simple				
Type of Transaction:	Government-to-Citizen(G2C)				
Who may avail:	All				
CHECKLIST OF F	REQUIREMENTS WHERE TO SECURE			SECURE	
Doctor's order from pati	ent record	OPD Dep	artment		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
	1. Laboratory staff/receptionist checks patient's request.	None	2 Minutes	MEDTECH on duty	
	1.1 If patient is from OPD, receptionist counter-checks patient date and request in HOMIS, prints verified request from LIS.	None	2 Minutes	MEDTECH on duty	
	1.2 If patient is walk- in, receptionist inputs patient data and request in LIS, and prints request.	None	5 Minutes	MEDTECH on duty	
	2. Receptionist records printed request in the logbook.	None	2 Minutes	MEDTECH on duty	
	3.Receptionist/Medte ch on duty explains procedure and turnaround time to patient.	None	5 Minutes	MEDTECH on duty	

4. Laboratory staff extract/collects specimen for processing. 5. Laboratory staff processes specimen. 5. Laboratory staff processes specimen. 6. Laboratory staff inputs result in LIS, validates result, and prints validated result. 7. Patient presents official receptionist. 7. Patient presents receptionist. 8. Laboratory staff releases result. 8. Laboratory staff releases result. 9. Patient fills up CSS. None TOTAL: None S Minutes LAB Staff/LAB Receptionist				Lina Joseph
processes specimen. 2 Hours Clinical Hematology (CBC) - 15 Minutes ESR - 1 Hour, 30 Minutes Serology - 20 Minutes CLIN Microscopy - 20 Minutes 6. Laboratory staff inputs result in LIS, validates result, and prints validated result. 7. Patient presents official receipt issued by the cashier to the receptionist. Receptionist. Receptionist. Receptionist. Receptionist. 8. Laboratory staff releases result. 9. Patient fills up CSS. 2 Hours Clinical Hematology (CBC) - 15 Minutes ESR - 1 Hour, 30 Minutes Serology - 20 Minutes CLIN Microscopy - 20 Minutes AEDTECH on duty MEDTECH on duty MEDTECH on duty AER Staff/LAB Receptionist AER Staff/LAB Receptionist 2 Minutes LAB Staff/LAB Receptionist 9. Patient fills up CSS.	extract/collects specimen for	None	5 Minutes	
inputs result in LIS, validates result, and prints validated result. 7. Patient presents official receipt issued by the cashier to the receptionist. Receptionist counter-checks receipt. 8. Laboratory staff releases result. 9. Patient fills up CSS. 2 Minutes LAB Staff/LAB Receptionist 2 Minutes LAB Staff/LAB Receptionist	,	None	2 Hours Clinical Hematology (CBC) - 15 Minutes ESR - 1 Hour, 30 Minutes Serology - 20 Minutes CLIN Microscopy - 20	MEDTECH on duty
official receipt issued by the cashier to the receptionist. Receptionist counterchecks receipt. 8. Laboratory staff releases result. 9. Patient fills up CSS. Receptionist Receptionist 2 Minutes LAB Staff/LAB Receptionist 2 Minutes LAB Staff/LAB Receptionist	inputs result in LIS, validates result, and	None	5 Minutes	MEDTECH on duty
releases result. 9. Patient fills up CSS. Receptionist 2 Minutes LAB Staff/LAB Receptionist	official receipt issued by the cashier to the receptionist. Receptionist counter-	None	2 Minutes	
CSS. Receptionist	1		2 Minutes	
TOTAL: None	•		2 Minutes	
	TOTAL:	None		



PEDIATRIC PULMO OUT PATIENT CONSULTATION

Out Patient Consultation for Pediatric Pulmonary Diseases

Office or Division:	PULMONARY MEDICI	NE AND A	NCILLARY SE	RVICES DIVISION
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	All Pediatric Patients			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Blotter Form			nt Department	
Prescription Form				Ancillary Services
Pulmonary Request Forr	n		y Medicine and	Ancillary Services
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area.	 Verifies Blotter form. Logs patient name on the Pulmo Clinic Logbook 	None	2 Minutes	Respiratory Therapist
2. Wait for his/her name to be called.	2. Advises client to wait for his/her name to be called	None	5-10 Minutes	Respiratory Therapist
3. Proceeds to Pulmo Clinic Office.	3. Takes History, Does Physical Examinations, Prescribes and Explains Management. 3.1 Advises follow- up.	None	10-15 Minutes	Pedia Pulmo Consultant
4. Patient for Work Up	4. Gives Laboratory and Pulmo Request4.1 Advises follow-up.	Depends on work up		Pedia Pulmo Consultant



5. Fills and Writes comments on the CSS Form.	Instructs client to put into the Pulmonary CSS Box	None	1 minute	Pedia Pulmo Consultant
	TOTAL:	None	28 Minutes	



PREPARATION OF BIRTH CERTIFICATE

Health Information Management Service from Mondays- Fridays 8:00~AM-5:00~PM except holidays, Saturdays and Sundays.

Transcription of birth certificates of newborn for registration at the Municipal Civil Registrar.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES					
Classification:	Government-to-C	itizen (G2C)				
Type of Transaction:	Simple					
Who may avail:	Parents of newborn Training Center	n delivered at	Far North Luzon	General Hospital &		
CHECKLIST OF RE	QUIREMENTS		WHERE TO SE	CURE		
1.Draft of birth certificat	re	_	vice, OB Ward (ar General Hospital	• •		
2. a. married: marriag		Local Civil F Authority	Registrar or Philipp	ine Statistics		
_	valid ID	Driver's license- LTO Voter's ID- COMELEC PRC license- PRC POSTAL ID- Post Office UMID-GSIS/SSS Loyalty Card- Pag-Ibig CTC- barangay where the parents reside Passport- FDA		Driver's license- LTO Voter's ID- COMELEC PRC license- PRC POSTAL ID- Post Office UMID-GSIS/SSS Loyalty Card- Pag-Ibig CTC- barangay where the parents resid		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Proceed to Health Information Management Office if with complete requirements.	1.1 Call queue number 1.2 Validate entries on draft	None				
2. Submit request		2 Minutes Administrative Aide				
3.Wait while request is being processed	3.Transcribe birth certificate	None	30 Minutes	Administrative Aide		

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	3.1. For not married, prepare AUSF for mother and acknowledge ment of paternity for father	None	15 Minutes	Administrative Aide
4. Review entries; if there are corrections, return copy and ask Administrative Aide to correct	4. Prints a copy of birth cert and ask client to review entries.4.1 Prints final copy	none	10 Minutes For correction of errors, additional 5 Minutes	Administrative Aide
5.Affix signature as informant	5.Logs birth certificate	none	2 Minutes	Administrative Aide
Sign waiver for birth certificate	Instruct client to get copy of official birth cert at the MCR	none	1 Minute	Administrative Aide
Total processing time			1 Hour 10 Minutes	



PREPARATION OF DEATH CERTIFICATE

Office or Division:

A Health Information Management Service from Mondays- Fridays 8:00am – 5:00 PM except holidays, Saturdays and Sundays.

Transcription of death certificates of patients who died in the hospital for registration at the Municipal Civil Registrar.

HEALTH INFORMATION MANAGEMENT SERVICES

	THE RETURN OF THE PROPERTY OF					
Classification:	Simple					
Type of Transaction:	Government-to-Citizen(G2C)					
Who may avail:	Immediate family member or nearest kin of expired patients at Far North Luzon General Hospital & TC					
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			SECURE		
Draft of death certificate		GENERAL CENTER	L HOSPITAL A	IORTH LUZON IND TRAINING		
Valid ID of immediate far nearest kin	Voter's ID - COMELECT PRC License - PRC Postal ID - POST OFF UMID - GSIS/SSS Loyalty Card - PAG-IB CTC - BARANGAY where Passport - FDA		Driver's License - LTO Voter's ID - COMELEC PRC License - PRC Postal ID - POST OFFICE UMID - GSIS/SSS Loyalty Card - PAG-IBIG CTC - BARANGAY where the parents res		Voter's ID - COMELEC PRC License - PRC Postal ID - POST OFFICE UMID - GSIS/SSS Loyalty Card - PAG-IBIG CTC - BARANGAY where Passport - FDA	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE		
Secure queuing number	1. Call queue number	None	5 Minutes	Administrative Aide		
1.1 Fill in request form	1.1 Receive request					
1.2 Fill in patient demographics on death cert draft	1.2 Review entries on draft	n				
2. Go to Cashier	2. Issue charge slip	100.00	2 Minutes	Cashier		
3. Wait while request is being processed	3. Prepares death certificate	None	30 Minutes	Administrative Aide		
4. Review entries; if there are corrections, return copy and ask Administrative Aide to	deatch cert and	None	10 minutes For correction	Administrative Aide		



correct	entries. 4.1 Prints final copy		of errors, additional 5 minutes	
5. Affix signature as informant	5. Logs death certificate	None	1 Minute	Administrative Aide
6. Acknowledge receipt of death certificate	6. Instruct client how to register death cert at the MCR	None	2 Minutes	Administrative Aide
	TOTAL:	None	1 Hour, 10 Minutes	



PSYCHOLOGICAL INTERVENTION AND EVALUATION (WOMEN AND CHILDREN PROTECTION UNIT)

Office or Division:	PSYCHOLOGICAL OFFICE				
Classification:	Complex				
Type of Transaction:	Government-to-Citizen(G2C)				
Who may avail:	Women and Children F)esk/Unit/Progr	ram	
Triio may avam	Women and Children	10100110112	ooly Ornar rogi		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
WCPU Medical Social Wo	ork/LGU/ Court/DSWD		olice WCPU, 1	Medical Social	
referral notes, DSWD Cas	se Study, Police Blotter,	Work			
Psychological section In-t	ake-form				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Referring WCPU present Necessary documents	Psychologist on duty receives necessary documents from referring WCPU	none	10 minutes	Psychologist	
2. Referring WCPU endorsed client to psychologist	Psychologist conduct In take interview to client	None	40 minutes	Psychologist	
3. Client receive psychological testing	Psychologist administer necessary psychological test (3- 4 test)	None	1 day	Psychologist	
4. Accompanied by referring WCPU, Client follow up on the next date session schedule	Psychologist conduct necessary psychological intervention	none	1 day	psychologist	
5. Referring WCPU and the client will wait for the psychological Evaluation Report	Psychologist release psychological Report and Feed backing	none	60 minutes	Psychologist	
	TOTAL:	None	2 Days 1 hour & 50 minutes		



PSYCHOLOGICAL SERVICES MANAGEMENT (In-Patient)

This process involves administering psychological test, interviewing patients/caregiver, observing in-session behavior and reviewing chart records.

Office or Division:	PSYCHOLOGICAL OF	FICE		
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	Medical Department (In			
	1	,		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Clinical Cover Sheet, Pro	gress Notes,	Medical D	epartment (In-	Patient)
Psychology Section-In-Ta	ke-Form, patient's			
logbook				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Patient proceed to psychology section with family member if available or watcher,-nurse if patient cannot move patient's will wait for psychologist for bed side management.	Attending physician/ medical social work- endorsed patient to psychologist on duty.	none	5 minutes	Attending physician/MSS
2. Patient / watcher/ nurse inform chief complaint to psychologist	 Psychologist evaluates chief complaints/ reason for referral Psychologist perform behavioral and mental status examination Psychologist take note of relevant history Psychologist provides psychological 	none	55 minutes	Psychologist on duty

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	 psychological intervention as needed Or refers patient for further psychiatric management as needed. 			
3. Patient /watcher sign Psychological Section Logbook	Psychologist advised for follow up through schedule slip, or terminates psychological management	none	2 minutes	Psychologist on duty
	TOTAL:	None	1 hour & 2 minutes	



PSYCHOLOGICAL CONSULTATION/PSYCHOLOGICAL TESTING (Out-Patient)

Regular sessions to patient with emotional psychological and mental health issues (sessions maybe monthly or weekly)

Office or Division:	PSYCHOLOGICAL OF	FICE			
Classification:	Simple				
Type of Transaction:	Government-to-Citizen(G2C)				
Who may avail:		Out- Patients-/walk –in Patients			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
OPD registration form, re-	ferral notes, Charge		nt Department,	_	
Slip, Psychological sectio	n In-take-form	Agencies- Hospital	·Human Resou	rce, Referring	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Client fill-out registration slip	Call for queue numbers	None	5 minutes	OPD nurse on duty	
Client proceed to psychology section and receive corresponding psychological services	Psychologist provides corresponding psychological intervention- Psychotherapy, referral, psychological testing and consultation	Employme nt psychological testing with print- out result 600php Pay patient- 100php per test administer ed	-50 minutes Psychothera py-50 minutes Employment psychologic al testing- 1hr and 30 minutes	Psychologist on duty	
Client follow-up through schedule slip	Psychologist gives follow-up schedule slip	None	2 minutes	Psychologist	
	TOTAL:	700php	1 Day, 3 Hours & 40 minutes		



PULMONARY FUNCTION TEST, BASIC SPIROMETRY

It refers to a wide range of diagnostic procedures to measure and evaluate lung function. The test identifies pulmonary impairment and to quantify the severity of pulmonary impairment if present.

The Respiratory therapist works with the patient in performing the test correctly.

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Office or Division:	PULMONARY MEDICINE AND ANCILLARY SERVICES DIVISION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All Out Patients			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
Request Form			nt Department	
Charge Slip			y Medicine and	Ancillary Services
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form	Verifies request form.	None	2 Minutes	Respiratory Therapist
at the receiving area.	1.1 Checks Record to HOMIS.			
	1.2 Explains to the client the procedure and the necessary preparations before test.	See Table 1 for Procedu re Charges		
	1.3 Gives charge slip. 1.4 Advises client to proceed to cashier and return to Pulmonary Medicine and Ancillary Services once settled.			
2. Pays the required fees at cashier and receives official receipt.	Collects required fees and issues official receipt	See Table 1 for Procedu re	2 Minutes	Collecting Officer



		Charges		
3. Presents Official Receipt. Note: Authority from Medical Social Service is noted where to charge the fees is indicated in the charge slip.	_	None	2 Minutes	Respiratory Therapist
4. Wait for the performance of the procedure.	Advises client to wait for his/her name to be called	None	10 Minutes	Respiratory Therapist
5. Undergoes Electrocardiography procedure.	5. Performs PFT maneuver with the client and evaluates result of a good quality 5.1 Prints three best trials from Pre and Post Bronchodilator and Minute Volume Ventilation. Note: If client feels dizziness or a sign of syncope, terminate procedure and lay patient rest before attempt to proceed.	None	1 Hour	Respiratory Therapist
6. Fills and Writes comments on the CSS	Instructs client to put into the Pulmonary	None	1 Minute	Respiratory Therapist



Form.	CSS Box			
7. Receives instructions on the availability of official result		None	3 Days 1 Minute	Respiratory Therapist
Identification Card and	8.1 Issues official results and claimer signed into the releasing logbook	None	2 Minutes	Respiratory Therapist
	TOTAL:	See 1 procedu re of charges	3 Days, 1 Hour and 28 Minutes	



Service Charges

DESCRIPTION	UNIT OF MEASURE	AMOUNT
ABG BG3 Test	Per service	1,700.00
ABG BG3 Test (INF-H)	Per Service	3,555.00
ABG BG3 Test (INF)	Per Service	3,100.00
ABG BG8 Test	Per Service	1,850.00
ABG BG8 Test (INF-H)	Per Service	3,705.00
ABG BG8 Test (INF)	Per Service	3,250.00
Aerosol Therapy	Per Service	80.00
Aerosol Therapy (INF)	Per Service	1,750.00
Aerosol Therapy with CPT	Per Service	300.00
Aerosol Therapy, Puff (INF-H)	Package	4,100.
Aerosol Therapy, Puff (INF)	Package	3,550.00
Bi-PAP Therapy	Per Day	1,000.00
Bousignacc CPAP Therapy	Per Service	350.00
Capnography	Per Day	850.00
Change Tubing	Per Service	300.00
Chest Physiotherapy	Per Service	250.00
Chest Physiotherapy, Intubated - ICU	Per Service	550.00
Chest Physiotherapy, Postural Drainage - Rehab	Per Service	450.00
Electrocardiography (ECG), 12 Leads	Per Service	350.00
Electrocardiography (ECG), 12 Leads (INF-H)	Per Service	2,205.00
Electrocardiography (ECG), 12 Leads (INF)	Per Service	1,750.00
Electrocardiography (ECG), 15 Leads	Per Service	500.00
Electrocardiography (ECG), 3 Leads	Per Service	200.00
Electrocardiography (ECG), 3 Leads (INF-H)	Per Service	2,155.00
Electrocardiography (ECG), 3 Leads (INF)	Per Service	1,700.00
Electrocardiography (ECG), 6 Leads	Per Service	250.00
High Flow Nasal Therapy	Per Day	1,900.00
High Flow Oxygenation Therapy, Non-Rebreather	Package	1,600.00
High Flow Oxygenation Therapy, Oxygen Hood	Per Service	300.00
High Flow Oxygenation Therapy, Ventu-ri	Per Service	1,250.00
Incentive Spirometry	Package	1,450.00
Infant Bubble CPAP Therapy	Per Day	1,000.00
Intra-Hospital Ventilator Transport Services	Per Service	3,700.00
Mechanical Ventilator	Per Day	2,000.00
Mechanical Ventilator, Baby Log	Per Day	2,500.00
Mechanical Ventilator, e-Vent	Per Day	2,100.00
Mechanical Ventilator, Savinna 300	Per Day	2,200.00



Mechanical Ventilatory Support Services (INF)	Per Service	4,710.00
Mucus Trapping	Per Service	580.00
Mucus Trapping (INF)	Per Service	2,405.00
Oxygen Concentrator	Per Day	1,800.00
Pulmonary Function Test, Basic Spirometry	Package	850.00
Pulse Oximetry	Per Day	500.00
Spot Checking	Per Service	100.00
Sputum Induction	Per Service	280.00
Sputum Induction (INF)	Per Service	2,545.00
T-Piece Trial, Adult	Package	1,300.00
T-Piece Trial, Pedia	Package	1,500.00



SERVING MEAL

The dietary is in charge in the provision of the assurance of complete, quality, appropriate and on time patient's meal in accordance to the doctor's prescription.

O(() D)	DIETADY				
Office or Division:	DIETARY				
Classification:	Highly Technical				
Type of Transaction:	Government-to-Citizen	s (G2C)			
Who may avail:	All In-patient				
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Wait for meal to be served • Breakfast	Ascertain identity of patient based on diet list.	None	3 Minutes	Administrative Aide	
Lunch Supper	1.2 Give meal to patient		3 Minutes	Administrative Aide	
	1.3 Remind patient about the collection of food tray		3 Minutes	Administrative Aide	
2. Wait for the food tray to be collected	2. Go to patient bedside and tell to collect the food tray.	None	3 Minutes	Administrative Aide	
	TOTAL:		12 Minutes		



SPUTUM INDUCTION

The collection of sputum specimen in a safe and controlled environment through a negative pressure system. It ensures an accurate and desirable collection of specimen for laboratory examinations.

Office or Division:	PULMONARY MEDICINE AND ANCILLARY SERVICES DIVISION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All Out Patients			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Request Form			nt Department	
TB Dots				d Ancillary Services
Charge Slip			y Medicine and	d Ancillary Services
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Presents completely filled-out request form and the TB DOTS Form at the receiving area.	form and TB DOTS	None	2 Minutes	Respiratory Therapist
at the receiving area.	1.1 Checks record to HOMIS.			
	1.2 Explains to the client the Sputum Induction procedure and the necessary preparations before the procedure.	See Table 1 for Procedu re		
	1.3 Gives charge slip.	Charges		
	1.4 Advises client to proceed to cashier and return to Pulmonary Medicine and Ancillary Services once settled.			
2. Pays the required fees at cashier and receives official receipt.	2. Collects required fees and issues official receipt	None	2 Minutes	Respiratory Therapist



Note: Authority from Medical Social Service is noted where to charge the fees is indicated in the charge slip.				
3. Presents Official Receipt.	3. Receives the request with charge slip and/or official receipt. 3.1 Writes O.R # into the Charge Slip. 3.2 Records the client's details (Pulmo #, date of request, time of receive, patient complete name, diagnosis, age, sex and requesting physician) on the Procedure Logbook.	None	2 Minutes	Respiratory Therapist
4. Wait for the performance of the procedure.	4. Advises client to wait for his/her name to be called.	None	1 Minute	Respiratory Therapist
5. Undergoes Sputum Induction.	 5. Performs Hand Hygiene and wears N95 mask and gloves. 5.1 Gives two specimen cup and disposable face mask and instructs client to proceed to the Negative Pressure room. 5.2 Set-ups Heated Aerosol Generator to 	None	35 Minutes	Respiratory Therapist



	desired temperature and attaches Tubings with mouth piece.			
	5.3 Instructs client about the proper techniques in inducing cough while inside the room.			
	5.4 Monitors client during the procedure.			
	5.5 Evaluates the specimen.			
	5.6 Removes mask and gloves, and performs hand hygiene.			
6. Wears mask and waits for further instructions.	6. Fills the TB DOTS form with the name of collector and designation of the collector.	None	2 Minutes	Respiratory Therapist
7. Fills and Writes comments on the CSS Form.	7. Instructs client to put into the Pulmonary CSS Box.	None	2 Minutes	Respiratory Therapist
	7.1 Advices client to submit the specimen to the Laboratory Department.			
	7.2 Includes on the daily procedure census.			
	TOTAL:	See 1	46 Minutes	
		procedu		
		re of		
		charges		



Service Charges

DESCRIPTION	UNIT OF MEASURE	AMOUNT
ABG BG3 Test	Per service	1,700.00
ABG BG3 Test (INF-H)	Per Service	3,555.00
ABG BG3 Test (INF)	Per Service	3,100.00
ABG BG8 Test	Per Service	1,850.00
ABG BG8 Test (INF-H)	Per Service	3,705.00
ABG BG8 Test (INF)	Per Service	3,250.00
Aerosol Therapy	Per Service	80.00
Aerosol Therapy (INF)	Per Service	1,750.00
Aerosol Therapy with CPT	Per Service	300.00
Aerosol Therapy, Puff (INF-H)	Package	4,100.
Aerosol Therapy, Puff (INF)	Package	3,550.00
Bi-PAP Therapy	Per Day	1,000.00
Bousignacc CPAP Therapy	Per Service	350.00
Capnography	Per Day	850.00
Change Tubing	Per Service	300.00
Chest Physiotherapy	Per Service	250.00
Chest Physiotherapy, Intubated - ICU	Per Service	550.00
Chest Physiotherapy, Postural Drainage - Rehab	Per Service	450.00
Electrocardiography (ECG), 12 Leads	Per Service	350.00
Electrocardiography (ECG), 12 Leads (INF-H)	Per Service	2,205.00
Electrocardiography (ECG), 12 Leads (INF)	Per Service	1,750.00
Electrocardiography (ECG), 15 Leads	Per Service	500.00
Electrocardiography (ECG), 3 Leads	Per Service	200.00
Electrocardiography (ECG), 3 Leads (INF-H)	Per Service	2,155.00
Electrocardiography (ECG), 3 Leads (INF)	Per Service	1,700.00
Electrocardiography (ECG), 6 Leads	Per Service	250.00
High Flow Nasal Therapy	Per Day	1,900.00
High Flow Oxygenation Therapy, Non-Rebreather	Package	1,600.00
High Flow Oxygenation Therapy, Oxygen Hood	Per Service	300.00
High Flow Oxygenation Therapy, Ventu-ri	Per Service	1,250.00
Incentive Spirometry	Package	1,450.00
Infant Bubble CPAP Therapy	Per Day	1,000.00
Intra-Hospital Ventilator Transport Services	Per Service	3,700.00
Mechanical Ventilator	Per Day	2,000.00
Mechanical Ventilator, Baby Log	Per Day	2,500.00
Mechanical Ventilator, e-Vent	Per Day	2,100.00
Mechanical Ventilator, Savinna 300	Per Day	2,200.00



Mechanical Ventilatory Support Services (INF)	Per Service	4,710.00
Mucus Trapping	Per Service	580.00
Mucus Trapping (INF)	Per Service	2,405.00
Oxygen Concentrator	Per Day	1,800.00
Pulmonary Function Test, Basic Spirometry	Package	850.00
Pulse Oximetry	Per Day	500.00
Spot Checking	Per Service	100.00
Sputum Induction	Per Service	280.00
Sputum Induction (INF)	Per Service	2,545.00
T-Piece Trial, Adult	Package	1,300.00
T-Piece Trial, Pedia	Package	1,500.00



X-RAY PROCEDURE (OPD)

Type of imaging modality that uses ionizing radiation to aid the doctor in examining the patient's internal organ and making an accurate diagnosis and choose the ideal treatment plan.

Office or Division:	RADIOLOGICAL SCIE	NCES DIV	ISION		
Classification:	Simple				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	All	All			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
Procedure Request form	duly signed by	Doctor's C	Clinic		
attending physician.					
Previous result (If availal					
Interlocal Health Zone re			Ith Unit, other	hospitals	
In claiming of result, pres the Official receipt or CL		Cashier			
If payment is through fina	ancial				
assistance/insurance					
Service Issue Slip	(SIS)/Bill of Payment	Reception	area		
MOA for annual c		Liaison of	ficer		
government agen					
		FEES	PROCESSI	PERSON	
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	RESPONSIBLE	
Present pertinent requirements for the procedure requested	Receive and verify requirements	None	3 minutes	Radiologic Technologist	
RADIOLOGY DEPARTMENT waiting area	1.1 Instruct patient to wait for their names to be called.			X-ray Waiting area	
2. Fill out and sign applicable document at the reception area.	2. Hand out applicable forms and assist clients in filling	None	5 minutes	Radiologic Technologist	
ше тесерион агеа.	out the said forms (Pregnancy consent/IV consent)	X-ray Reception Area			
3. Receive bill of payment	3. Issue bill of payment.	See posted table of fees	2 minutes	Radiologic Technologist	



4. Proceed to Cashier and Pay Applicable Fees.	4. Receive payment and issue Official Receipt (OR)	See bill of payment	2 minutes	Cashier's Office- Hospital Administrative Building
5. Present Official Receipt/authorized discount at the reception area	5. Record patient data and OR Number	None	5 minutes	Radiologic Technologist
	6. Perform requested procedures Instruct patient to remove all metallic artifacts on the part to be examined. Change clothing and use required hospital gowns. Position patient according to requested procedure Develop images for interpretation	None	5 minutes	Radiologic Technologist
	6.1 Instruct the patient or relative to come back for the result.	None	2 minutes	Radiologic Technologist
	6.2 Read and Interpret images by the Medical Officer and/or final interpretation by The Medical Specialist.	None	2 Days	Radiologist
	6.3 Sent to visiting consultants via email for official interpretation.			



7. Present official	7. Receive and verify	None	5 minutes	Radiologic
receipt of the	requirements.			Technologist
patient/CLAIM STUB				
	7.1 Request patient/			
7.1 Claim official	relative to sign on the			
Result at the reception	receiving log book as			
area.	proof of receipt.			
	TOTAL:	See	2 Days, 34	
		Table of	Minutes	
		fees		
	TOTAL:		3 Days, 1	
			Hours and	
			2 Minutes	



MEDICAL DIVISION Internal Services



ADDRESSING INCIDENTAL REPORT

An office addresses and reviewing occupational illnesses, injuries, near misses and incidents in a workplace.

Office or Division:	CHIEF OF MEDICAL PROFESSIONAL STAFF OFFICE			
Classification:	Complex			
Type of Transaction:	Government-to-Govern	ment (G2C	C)	
Who may avail:	All Persons Responsible			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Verbal/Written Complain	t	Concerne	d personnel	
CLIENT STEPS	AGENCY ACTIONS	GENCY ACTIONS FEES TO BE PAID PROCESSI RESPONSIE		
Submit letter of complaint to CMPS office	Receive written complaint	None	1 minute	Administrative Assistant I
2. Attend the meeting	2. Call for meeting	None	30 minutes	CMPS Grievance Committee Concerned Personnel
3. Acknowledge made decision between two parties	3. Makes decision to address the incident4. Present minutes of the meeting	None	2 hours 30 minutes	CMPS and Concerned Personnel CMPS
	TOTAL:	None	3 Hours, 1 Minute	



BORROWING OF MEDICAL RECORDS

Office or Division:

A Health Information Management Service from Mondays- Fridays 8:00am – 5:00 PM except holidays, Saturdays and Sundays.

The department is responsible for the processing, analyzing, maintenance and safekeeping of all medical records created and maintained in the hospital in the course of giving medical care to patients.

HEALTH INFORMATION MANAGEMENT SERVICES

Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	Doctors, nurses who	are membe	ers of the medi	cal team who
	attended the patient.			
	 Doctor who is current 	-	•	ent.
	PHIC staff in charge	•	laims O	
	ther authorized perso	nnel		
CHECKLIST OF R			WHERE TO	
Request for Access to M	edical Records			agement Office,
				Bldg., Far North
\\alid \D \/it \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			neral Hospital	
Valid ID (if warranted)			INING CENTE	ENERAL HOSPITAL
		FEES		.r\
CLIENT STEPS	AGENCY ACTIONS	TO BE	PROCESSI	PERSON
OLILINI OILI O	ACEIVOT ACTIONS	PAID	NG TIME	RESPONSIBLE
1. Present thoroughly	Validate access	None	2 Minutes	Administrative Officer
filled request form	4.4 Detailere metient			IV
·	1.1 Retrieve patient record in iHOMIS			
	record in individ			
2. If current record-	2. Retrieve record	None	10 Minutes	Administrative Aide
wait for 10 minutes	from filing area			
while record is being				
retrieved from file.				
2.1 for old records (>3	2.1 Old records to be			
years prior to date)-	retrieved from			
wait for 48 hours	storage area			
2 Acknowledge receipt	2 Enguro propor	None	1 Minute	Administrative
3. Acknowledge receipt of record	Ensure proper documentation	None	i wiiriute	Officer IV
OI 1600IU		450.00	40	OHICEL IV
	TOTAL:	150.00	12 Minutes/48	
			Hours for	
			old record	
			Jid 10001d	l



DISPENSING, RECORDING AND CHARGING OF MEDICINE AND MEDICAL SUPPLIES TO IN-PATIENT

The routine service of providing, recording and charging issued pharmaceutical products to in-patients upon receipt of physician's prescription

Office or Division:	PULMONARY MEDICI	NE AND A	NCILLARY SE	RVICES DIVISION
Classification:	Highly Technical			
Type of Transaction:	Government-to-Govern	ment (G2G	6)	
Who may avail:	All In-patient			
	To be pick-up by Nu	urse or Nur	sing Attendant	on 4-12 shift
	To be pick-up by patient watcher (exceptional cases)			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Prescription form proper	ly filled up	Prescribin	g Doctor/ Patie	ent's Medical Chart
Returned Medicines/Med	dical Supplies Form	Nurse Sta	tion	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	1. The Nurse or Nursing Attendant on duty during the 8am-4pm shift collects prescriptions of their respective patients and brings to the pharmacy	None	5 Minutes	Nurse or Nursing attendant on duty
None	2. The Pharmacist on duty receives and undertakes prescription validation and assessment 2.1 Check prescriptions in terms of completeness, authenticity in accordance with legal and regulatory requirements and availability of the prescribed medicine.	None	15 Minutes	Pharmacist on Duty



	2.2 Retrieval of patients Pharmacy Account to review prescribed medicines in relation to patient's medication record. 2.3 Communicate with the nurse/ nursing attendant any identified prescription related problems			
None	 3. Prepares Items for Dispensing/ issuance 3.1 Retrieval and counting quantity of medicines and medical supplies from containers 	None	30 Minutes	Pharmacist on Duty
	3.2 Incorporate cautionary and advisory directions if applicable 3.3 Placing/ storing the medicines and medical supplies to individual patient's medicine tray			
None	4. Receiving and Administration 4.1 The Nurse or Nursing Attendant receives and double check the prepared items versus the prescription. 4.2 Brings the medicines and	None	5 Minutes	Nurse or Nursing Attendant On-duty



	patients leaves the hospital	None	1 Hour	
	5.2 Take account of returned medicines and medical supplies from the ward due to discontinuity of medication or when			
	medicines and medical supplies			
	5.1 Manual record keeping and computer generated register for charging issued			
None	5. Recording and Charging	None	5 Minutes	Pharmacist on Duty
	4.3 Prepares and administer individual unit dose of the patient			
	medical supplies to the ward			



NURSING DIVISION

External Services



ADMINISTRATION OF VACCINES AMONG NEWBORNS

This process ensures that all newborn babies delivered in the hospital receives the first dose of HEP B and BCG vaccines prior to discharge. The process covers from the time the NOD informs the mother about the vaccine to be given to the time the NOD gives instructions about the succeeding immunization schedule to the mother / watcher

Office or Division:	NURSING WARDS				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen				
Who may avail:	All newborn delivered i	n the hosp	•		
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	1. Inform parent/watcher about the vaccines to be given. Impart health teachings about the vaccines.	None	2 Minutes	Nurse/ROD	
None	2. Submits vaccine prescription at pharmacy section.	None	2 Minutes	Nursing Aide on Duty	
None	3. Preparation of vaccine	None	3 Minutes	Nurse on Duty	
	3.1 BCG 0.5 ml intradermal @ R deltoid muscle	None	3 Minutes	Nurse on Duty	
	3.2 HEP B .5ml intramuscular @ L thigh	None	1 Minute	Nurse on Duty	
None	4. Records appropriate data in logbook and child immunization record	None	2 Minutes	Nursing Aide on Duty	
None	5. Issues copy of Child immunization record and gives	None	2 Minutes	Nurse on Duty	



succeeding immunization schedule prior to discharge.			
TOTAL:	None	15 Minutes	



ADMISSION AT EMERGENCY ROOM

This process covers from the time the ER nurse endorses admitted patient to ward nurse up to the time the routine admission care is completed. Emergency room caters all admissions 24/7.

Office or Division:	EMERGENCY ROOM				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen				
Who may avail:	Patients who signed co	nsent for a	dmission		
CHECKLIST OF R	REQUIREMENTS		WHERE TO SECURE		
None		None	None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	Receipt doctor's order for admission	None	5 Minutes	Nurse	
Signs consent for admission.	2. Informs patient/ watchers.	None	2 Minutes	ROD/Nurse	
	2.1 Secure consent, orient patient and watcher re: hospital policies on admission.	None	5 Minutes	Nurse	
	2.2 Gives prescription and request for medical supplies	None	2 Minutes	Pharmacist	
Proceeds to pharmacy section and receives prescribed meds and supplies and handed to ER staff in charge	3. Dispense prescribed med and	None	5 Minutes	Pharmacist	
	3.1 Receives prescribed medicines and medical supplies	None	2 Minutes	Nurse	
	3.2 Issues admission slip	None	2 Minutes	Nurse	



Proceeds to admitting section	4. Receives admission slip and discharge patient's encounter in the ER log through the iHOMIS System.	None	2 Minutes	Nurse on Duty
Signs consent for disclosure of patient's pertinent data	4.1 Secures consent of releasing information needed in the generation of the clinical cover sheet	None	2 Minutes	Admitting Clerk
Checks data entries if correct and agrees to the data generated.	5. Prints out accomplished Clinical Cover Sheet and endorses to SWO on duty.	None	2 Minutes	Admitting Clerk
Proceed to social service for classification (For patients admitted at	6. Interviews watcher, (preferably the nearest kin to the patient.)	None	5 Minutes	Social Service on duty
service wards only.)	6.1 Returns duly accomplished Clinical Cover Sheet to admitting clerk on duty	None	2 Minutes	Social Service on duty
Returns to ER at patient's bedside	7. Endorses printed clinical cover sheet to the ER nurse in charge	None	1 Minute	Admitting Clerk
	7.1 Forwards laboratory examinations requests through the iHOMIS portal.	None	2 Minutes	Nurse on- Duty/Nursing Aide on-duty
Fills out CSS and drop in the box located at the area.	8. Assist in filling out the CSS form.	None	2 Minutes	Nurse on Duty



8.1 Transport to area of admission per wheelchair/ stretcher and endorses to ward nurse	none		Nurse and IW
TOTAL:	None	45 Minutes	



CONSULTATION FOR COVID-19 SUSPECT PATIENTS

The outpatient department operates from Monday to Friday except during holidays from 8:00 AM to 5:00 PM. It caters only non-critical cases. Special lanes for pregnant women, senior citizens and patients with disabilities (PWD) are provided. The process covers from the arrival of the patient at Triage 1 (initial triage area) up to the time final disposition is being given at the Triage 2 (secondary triage area).

	lann (a			
	OPD (Covid-19 Ward)			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	All COVID-19 suspect p	atients see	king non-urger	nt medical
	consultation.			
	Follow-up check-up of previously discharged patient with signs and			
	symptoms suggestive of COVID-19 infection.			
CHECKLIST OF R	, ,	WHERE TO SECURE		
Hospital Appointment Sys	stem (Transaction	Far North L	Luzon General	Hospital and Training
Schedule)	stem (Transaction	Far North L Center	Luzon General	Hospital and Training
Schedule)	,		Luzon General	Hospital and Training
Schedule) Accomplished Health Dec	claration Form		Luzon General	Hospital and Training
Schedule) Accomplished Health Dec Duplicate copy of dischar	claration Form		uzon General	Hospital and Training
Schedule) Accomplished Health Dec	claration Form	Center	uzon General	Hospital and Training
Schedule) Accomplished Health Dec Duplicate copy of dischar	claration Form	FEES TO BE	PROCESSI NG TIME	PERSON RESPONSIBLE
Schedule) Accomplished Health Dec Duplicate copy of dischar (secondary)	claration Form ge plan given	Center FEES	PROCESSI	PERSON

CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Arrival	1. Triage 1 (Accomplishment of the Health Declaration Form)	None	3 minutes	Triage nurse on duty
	1.1 If critical: assist and direct patient to Triage 2 (COVID ER).	None	2 minutes	Triage nurse on duty
2. Transaction	2.Generates registration form.	None	3 minutes	Triage nurse on duty
	2.1. For NEW: generates registration form	None	2 minutes	Triage nurse on duty
	2.2. For REVISIT: retrieves previous records and attached to generated registration form	None	2 minutes	Triage nurse on duty

			Thomas Trained
3. Interview and records initial assessment to registration form	None	5 minutes	Triage nurse on duty
4. Refers assessment findings to the COVID Ward Resident on-Duty (ROD)	None	3 minutes	Triage nurse on duty
5. Assessment and medical management by the ROD/COD	None	5 minutes	COVID Ward Resident on-Duty
6.Carries out doctor's orders (requests for diagnostics procedures as ordered, adminsters IV fluids and medications as ordered and constant monitoring)	None	5 minutes	Triage nurse on duty
7. Disposition	None	5 minutes	COVID Ward Resident on-Duty
7.1 If for DISCHARGE: hands-in prescriptions and proper instructions and health teachings given	None	2 minutes	Triage nurse on duty
7.2 If for further OBSERVATION and MANAGEMENT and with non-COVID related condition, endorse to regular ER.	None	5 minutes	Triage nurse on duty
7.3 If for ADMISSION and COVID related case, holds in the area facilitates patient's admission in the	None	2 minutes	Triage nurse on duty

COVID ward.

7.4. Files registration forms and updates database (i-HOMIS).	None	5 minutes	Triage nurse on duty
TOTAL:	None	52 Minutes	



DISCHARGE OF PATIENTS AT THE WARD

This process covers from the time the attending physician transcribes orders of "may go home" up to the time the patient is discharged in the ward of confinement. 4 hours processing time of discharge must be met and observed.

Office or Division:	NURSING WARD			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen			
Who may avail:	All admitted patients w	ith written o	discharge orde	r from attending
	physician			
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
2 copies of Discharge Cle	earance Slip	Nurses St		
Duly signed CF3, CSF (n	nedicine cases)		ation(attending	· · · · · · · · · · · · · · · · · · ·
Duly signed by AP CF1 C	CF3 (Ob-Gyne cases)	Nurses station	on(attending phy	sician)
Tagubilin Form				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Receives notice of discharge	1.Attending physician orders "may go home" during round visits.	None	5 minutes	Attending physician
	2.Review, checks written order of discharge and informs patient and watchers of discharge.	None	5 minutes	Nurse on duty at covid ward
	2.1 Ensures CF1, CF2, CF3, CSF are properly filled up and signed by attending physician		5 minutes	Attending physician
	2.2 fills up discharge clearance slip and attach Philhealth forms as required ,PBEF and Customer satisfaction survey	None	15 minutes	Nurse on duty at covid ward

FAD	NORTHIUS
* General	Hospital Trainition

	3. Inform through radio call to facilitate Returns unused medicines and supplies @pharmacy section together with the duplicate of tagubilin with the prescriptions of home meds.	None	5 minutes	Nursing aide on duty at medicine section
	4. submits name of patient for discharge in the covid ward to billing section.	None	2 minutes	Nurse on duty at covid ward
	5. Received and release available medicines as prescribed with the tagubilin form	None	2 minutes	Pharmacist on duty
	6. Received medicines and tagubilin form and place at the table outside the covid area and informs staff after	None	15 minutes	Nurse on duty at covid ward
	7. Discharge patient in the Ihomp system	None	15 minutes	Nurse on duty at covid ward
2. waits for the transportation	8. Informs HESU/ Nurse Supervisor about the discharge and to endorse patient to their RHU's going back home.	None	5 minutes	Nurse on duty at covid ward
	9. assist patient, instruct and advise home quarantine instructions.	None	3 minutes	Nurse on duty at covid ward
	TOTAL:	None	1 hour and 30 minutes	



DISCHARGE PROCESS AT WARDS

This process covers from the time the attending physician transcribes orders of "may go home" up to the time the patient is discharged in the ward of confinement. 4 hours processing time of discharge must be met and observed. Wards are composed of medical, OB-gyne, surgical, pediatric and special intensive care units. (MICU, NICU, PICU)

Office or Division:	NURSING WARDS			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	All admitted patients wit	h written di	scharge order	from attending
	physician. With written o	order of tran	nsfer to higher	facility. Death of
	patients			
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			SECURE
Photocopy of updated MD	OR (secondary)	Philhealth		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Receives notice of discharge	Attending physician orders "may go home" during round visits.	None	5 minutes	Attending Physician
	2. Review, checks written order of discharge and informs patient and watchers of discharge.	None	35 minutes	Nurse on Duty
	2.1 Ensures CF1, CF2, CF3, CSF are properly filled up and signed by attending physician	None	40 minutes	Attending Physician
	2.2 Fills out discharge clearance slip, tagubilin form and attach Philhealth forms as required, PBEF and Customer satisfaction survey	None	10 minutes	Nurse on Duty

				Lina Apoyo
	3. Return excess medicines and supplies @pharmacy section together with the duplicate copy of tagubilin with the prescriptions of home meds.	None	5 minutes	Nursing aide on duty
	4. Receives and releases prescribed home medicines with the tagubilin	None	5 minutes	Pharmacist on Duty
	5. Receives medicines and tagubilin form and return to area of assignment	None	5 minutes	Nursing aide on duty
	6. Discharge patient in the Ihomp system	None	5 minutes	Nursing aide on duty
	7. Routing of discharge clearance	None	2 minutes	Nursing aide on duty
	7.1 Social Services	None	5 minutes	Nursing aide on duty
	7.2 Pharmacy section	None	5 minutes	Nursing aide on duty
	7.3 Medical records	None	10 minutes	Nursing aide on duty
	7.4 Billing and claims	None	1 hour	Nursing aide on duty
	8. Instruct patient's watcher to proceed billing section	None	5 minutes	Nursing aide on duty
2. Proceed to billing section	9. Signs discharged clearance slip and issues statement of accounts, detached PHILHEALTH forms and advice watcher to go to cashier window	None	35 minutes	Admin aide on duty

				Lina Asym
3. Proceed to cashier window to settle hospital bills	10. Issues official receipts of payments, together with the printed SOA and discharge clearance slip.	None	5 minutes	Admin aide
4. Submit discharge clearance slip, SOA and OR to nurses station	11. Signs discharge clearance slip, instruct home medications and follow up visits, give duplicate copy of tagubilin form		5 minutes	Nurse on duty
5. Fill out client satisfaction survey and drop it in a box located at nurses station	12. Assist patient and watchers in going out in the exit of the hospital	None	5 minutes	Nursing aide on duty
	TOTAL:	None	4 hours	



DISCHARGING PROCESS AT EMERGENCY ROOM

This process covers from the time the attending physician orders patient for discharge up to the time the watcher submits the accomplished discharge clearance to the ER nurse.

Office or Division:	EMERGENCY ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	Patients with orders for	r discharge		
CHECKLIST OF R	CHECKLIST OF REQUIREMENTS WHERE TO SECTION OF THE PROPERTY OF			SECURE
MDR (secondary)		Philhealth		
PBEF(secondary)		Admitting	Section	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	Discharge orders given	None	5 Minutes	ROD/Consultant on Duty
none.	2. Informs patient/ watchers	None	2 Minutes	ROD/Consultant On- duty/Nurse On-duty
None	3. Issues discharge clearance and gives prescription of take home medications	None	2 Minutes	Nurse on Duty
Proceeds to Pharmacy Section	4. Receives prescription of home medications, dispense accordingly and signs clearance.	None	3 Minutes	Pharmacy On-duty
Proceeds to Cash Section	5. Computes patient's bills, collects payment, issue official receipt, and signs clearance	None	2 Minutes	Cashier
Back to Emergency Room	6. Receives and validates accomplished clearance and official receipts 6.1 Discharge	None	2 Minutes 2 Minutes	Nurse on Duty
	0.1 Discharge	INOTIE	Z MIII IUIES	



	instruction			Nurse on Duty
Fills out CSS and drop in the box located at the area	•	None	2 Minutes	Nurse on Duty
	TOTAL:	None	20 Minutes	



ELECTIVE SURGERY

A procedure that is scheduled in advance, it is a non-emergency surgical procedure that may improve the quality of patient's life. this process covers from the time patient is admitted and pre-operatively prepared up to the time patient endorses to the recovery room nurse. it operates daily from 8am to 10 pm except Sundays. a properly filled out or request is forwarded by the ER or Ward nurse to the or staff on duty a day prior to scheduled operation.

Office or Division:	OPERATING ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(C2C)		
Who may avail:			al Dragadura	
	All Client needing Elec	live Surgica		OF OUR E
CHECKLIST OF R				SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	1. Receives or request a day prior to surgery.	None		OR Staff
None	2. Prepares and set up instruments according to surgical procedure before patient enters the operating room.	None	3 Minutes	OR Staff
Arrival	3. Receives patient with in-patient medical health record, medications and supplies.	None	1 Minute	OR Staff
Provides accurate and honest answer	4. Validate the patient through ocular inspection and interview guided by the pre-operative checklist to countercheck if patient is properly and completely prepared for the scheduled operation.	None	10 minutes	OR Staff



 4.1 If patient was not properly prepared, the receiving or nod will do the necessary correction. 4.2 Record in the daily monitoring folder and inform the nod where the patient came from regarding the lapses for future reference. 			
5. Transfers patient to operating room and placed to or table safely and comfortably.	None	3 Minutes	OR Staff
5.1 introduces oneself to patient.		1 Minute	OR Team (Circulating nurse)
6. reposition the patient accordingly and perform skin preparation aseptically	None	3 Minutes	Nursing Attendant
7. induction of preferred anesthesia according to type of operation.	None	10 Minutes	Anesthesiologist
8. Placed patient to desired position and perform operative site preparation aseptically.	None	5 Minutes	Nursing Attendant
9. Draping the patient exposing the operative site.	None	1 Minute	Surgeon and Scrub Nurse
10. Operations starts with a prayer	None	2 Minutes	OR Team
11. Intra-operative phase	None	8 Hours	Surgeon, Anesthesiologist, Scrub Nurse, Circulating Nurse



12. Operation ended/immediate post-op care	None	5 Minutes	Scrub Nurse
13. transfers patient safely to the recovery room together with the patients chart (IPMR) and endorse patient accordingly.		2 Minutes	Anesthesiologist, Scrub Nurse, Institutionalize Worker
TOTAL:		8 hours, 46 Minutes	



EMERGENCY SURGERY

A procedure that must be performed immediately when the patient's life or wellbeing is in danger, this process covers from the time patient received by the or nurse to the time patient endorses to the recovery room nurse, it operates 24 hours daily from Mondays to Sundays, a properly filled out or request is forwarded by the ER or ward nurse to the or staff on duty before patient endorses to the operating room or inform the or staff via intercom regarding the case of emergency operation.

Office or Division:	OPERATING ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All Client needing Emergency Surgical Procedure			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	Receives a call or properly filled out or request	None		OR Staff
None	2. Prepares and set up instruments according to surgical procedure before patient enters the operating room.	None	3 Minutes	OR Staff
Arrival	3. Receives patient with in-patient medical health record, medications and supplies.	None	1 Minute	OR Staff
Provides accurate and honest answer	4. Validate the patient through ocular inspection and interview guided by the pre-operative checklist to countercheck if patient is properly and completely prepared for the scheduled operation.	None	5 minutes	OR Staff



 4.1 If patient was not properly prepared, the receiving or nod will do the necessary correction. 4.2 Record in the daily monitoring folder and inform the nod where the patient came from regarding the lapses for future reference. 			
5. Transfers patient to operating room and placed to or table safely and comfortably.	None	3 Minutes	OR Staff
5.1 Introduces oneself to patient.		1 Minute	OR Team (Circulating nurse)
6. Reposition the patient accordingly and perform skin preparation aseptically	None	3 minutes	Nursing Attendant
7. Induction of preferred anesthesia according to type of operation.	None	10 minutes	Anesthesiologist
8. Placed patient to desired position and perform operative site preparation aseptically.	None	5 minutes	Nursing Attendant
9. Draping the patient exposing the operative site.	None	1 minute	Surgeon and Scrub Nurse
10. Operations starts with a prayer	None	2 Minutes	OR Team
11. Intra-operative phase	None	8 hours	Surgeon, Anesthesiologist, Scrub Nurse, Circulating Nurse



12. Operation ended/immediate post-op care	None	5 Minutes	Scrub Nurse
13. transfers patient safely to the recovery room together with the patients chart (IPMR) and endorse patient accordingly.		2 minutes	Anesthesiologist, Scrub Nurse, Institutionalize Worker
TOTAL:		8 hours, 46 Minutes	



HISTOPATHOLOGY REQUEST

Histopathology request requires full clinical details and full patient identification and it is considered as an agreement between the laboratory and the patient. the request form must be complete and properly filled out. this process covers from the time surgeon informs the patient that the removed tissue needs histopathological examination. Histopathology is a microscopic study of diseased tissue, it is an important tool to diagnose cancer and other diseases usually requires histopathological examination of samples. a pathologist is the one to perform histopathological examination and provide diagnostic information based on their observations.

Office or Division:	OPERATING ROOM	OPERATING ROOM			
Classification:	Simple				
Type of Transaction:	Government-to-Citizen	(G2C)			
Who may avail:	All post-operative patients with specimen need for histopath				
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
patient or watcher agreed to have the specimen for histopath	Advised the patient or watcher to have the specimen for histopath	None	5 Minutes	Attending Surgeon	
None	2. Fills out the histopath form completely	None	2 Minutes	Attending Surgeon	
None	3. Specimen secured in a container filled with formalin over the tissue, properly labelled and packed	None	3 Minutes	Nursing Attendant	
watcher proceed to laboratory	4. Submit specimen with request to the laboratory	None	2 Minutes	Nursing Attendant	
None	5. Affix signature in the or histopath receiving logbook	None	1 Minute	Laboratory Staff	
	TOTAL:		13 Minutes		



LABOR AND DELIVERY

Labor is a physiologic process during which the fetus, membranes, umbilical cords, and placenta are expelled from the fetus. it is divided into 3 stages: 1) first stage of labor begins with regular contraction and ends with complete cervical dilatation at 10 cm; 2) second stage of labor begins with complete cervical dilatation and ends with the delivery of the fetus; 3) third stage of labor is the period between the delivery of the fetus and delivery of the placenta and fetal membranes. active labor patients are catered 24 hours daily from Mondays to Sundays.

Office or Division:	OPERATING ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	All mothers capable of	giving birth	1	
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Arrival	1. Receives patient with in-patient medical health record, medications and supplies.	None	1 Minute	DR Nurse
None	2. Placed on bed safely and comfortably	None	1 Minute	DR Nurse
None	3. First stage of labor 3.1 Monitoring of vital signs, fetal heart tone, and progress of labor as per doctor's order with proper documentation.	None	8 Hours	Midwife, DR Nurse
None	4. prepares instrument, suture, and anesthetic on the mayo table	None	30 Seconds	DR Staff
	5. Ushered patient to delivery room table, placed on lithotomy position and hooked to oxygen inhalation	None	1 Minute	Midwife, DR Nurse



	6. Drape patient and do perineal care	None	30 Seconds	Midwife, DR Nurse
	7. Second stage of labor	None	5 Minutes	Doctor on Duty
	7.1 Put on double gloves			
	7.2 spontaneously delivers newborn baby calling out time of birth and placed above mother's abdomen in skin to skin contact			
	7.3 Informs mother about the sex of the baby			
	8. Third stage of labor	None	10 Minutes	Doctor on Duty
	8.1 Delivery of placenta			
	8.2 Evacuation of blood clots			
	9. Repair of perineal cut or laceration	None	10 Minutes	Doctor on Duty
	10. Post-partum care	None	5 Minutes	Doctor on Duty
	11. Post-partum orders made	None	5 Minutes	Doctor on duty
Watcher proceed to pharmacy for the procurement of prescribed meds & supplies	medications and	None	1 Minute	DR Nurse
	13. Post-partum monitoring of vital signs until stable, uterine status, and report for any untoward signs and	None	1 Hour	DR Nurse



symptoms			
12. Operation ended/immediate	None	5 Minutes	Scrub Nurse
post-op care			
13. Endorses patient per stretcher or wheelchair to the ward nurse on duty	None	5 Minutes	Scrub Nurse
TOTAL:		9 hours, 55	
		Minutes	



MEDICO-LEGAL CONSULTATION

This process covers from the time the medico- legal patient arrives at the ER up to the time the doctor gives disposition.

Office or Division:	EMERGENCY ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	Patients for medico-leg	al consulta	ıtion	
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Arrival	1. Triage	None	3 Minutes	Nurse
None	2. Give Emergency nursing/medical management.	None	5 Minutes	ROD/Nurse
	2.1 Inform ROD	None	2 Minutes	Nurse
None	3. Doctor's assessment and management	None	30 Minutes	ROD/Consultant on Duty
Proceeds to registration lane and provides pertinent data of the patient.		None	3 Minutes	Nursing Aide on Duty
	4.1 If no relative around, no ID's and unconscious- use ABCD as name and leave other data to be completed later on. Include the data: nature of incident (NOI), Place of incident (POI) date of incident (DOI) time of incident (TOI)		5 Minutes	Nursing Aide on Duty
	4.2 Notify security guard on-duty if no	None	10 Minutes	Nurse on Duty



	patient's pertinent data gathered upon entry for contact tracing, identification and coordination with the police.			
Watcher listens and	. Doctor's disposition	None	2 Minutes	ROD
free to ask questions	5.1 Explains case and prognosis	None	5 Minutes	ROD
	5.2 Transfer to other hospital	None	5 Minutes	ROD
	5.3 Death	None	5 Minutes	Nurse on Duty
	TOTAL:	None	1 Hour, 20 Minutes	



NEWBORN CARE

It is the care of all newborns which includes immediate and thorough drying, skin to skin contact of the new born with the mother, cord clamping and cutting after last pulsation have stopped, and early initiation of breast feeding. the process covers from the time of baby's birth to the time routine newborn care is completed.

Office or Division:	DELIVERY ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	, ,		
Who may avail:	All newborn babies del	ivered via r	normal spontar	neous delivery
CHECKLIST OF F	REQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	1. Put on gloves	None	30 Seconds	Midwife/Nursing Attendant
None	2. Deliver a newborn baby, calling out time of birth and placed in prone position above mothers abdomen on skin to skin contact	None	1 Minute	Doctor on Duty
None	3. Dry the newborn thoroughly and do quick check on newborns breathing while drying	None	30 Seconds	Midwife, DR Nurse
	3.1 If baby is not breathing, Stimulate	None	30 Seconds	Midwife, Nursing Attendant
	3.2 If the baby fails to breathe after 30 seconds, change gloves and cut cord quickly	None	30 Seconds	Midwife, Nursing Attendant
	3.2 Transfer to a firm, warm surface and start newborn resuscitation.	None	30 Seconds	Pedia Consultant/Rotator DR Nurse
None	4. Remove wet cloth	None	30 Seconds	DR Staff



	and cover the baby with another clean dry warm cloth			
None	5. Removes first set of gloves	None	1 Minute	Doctor on Duty
	5.1 Clamp and cut the cord after the last pulsation have stopped			
None	6. Reposition the baby to mother's chest, place name tag at the right ankle	None	30 Seconds	Midwife, Nursing Attendant
None	7. Cover the baby's head with hat and cover the mother and baby with a clean warm cloth	None	30 Seconds	Midwife, Nursing Attendant
None	8. Transfer mother with baby into stretcher	None	5 Minutes	Doctor on Duty
None	9. Initiate breast feeding while maintaining skin to skin contact 9.1 Monitoring of vital	None	90 Minutes	Midwife, Nursing Attendant
	signs with proper documentation.			
	10. baby brought to newborn care area after initial full breastfeeding or 90 minutes from baby's birth for the routine newborn care like anthropometric measurements, eye ointment to both eyes, and vitamin k intramuscular injection at right vastus lateralis	None	2 Minutes	Midwife, Nursing Attendant



None	11. endorse mother	None	5 Minutes	Midwife, Nursing
	with baby via			Attendant
	stretcher or			
	wheelchair to OB			
	ward for rooming in			
	TOTAL:		1 hour, 44	
			Minutes	



NEWBORN SCREENING SAMPLE COLLECTION AND SENDING FOR ANALYSIS

This process ensures that all newborn babies will undergo newborn screening for early detection and management of common and life threatening congenital metabolic disorders which if left untreated may lead to mental retardation or death. Pricking is done on the 25th of newborn's life which is perform by trained personnel. NBS can be done after 3 months of newborns but some disorders maybe undetectable during that time. NBS collection is done 24/7 @ NBS room located near OB old ward.

Office or Division:	NURSING			
Classification:	Simple/Complex			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All newborn delivered at the hospital either by normal			
	spontaneous deliver	y or C- sec	tion regardless	of age of gestation.
	 Newborns delivered 	outside the	e hospital, who	se parents are
	willing to let their bal	oies underg	go NBS in the h	nospital.
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Arrival	Fills out NBS draft and submit to NICU staff	None	5 minutes	Nursing Aide/DR On- duty
None	2. Receives and files draft for collection.	None	2 minutes	Nurse NICU On-duty
None	3. Explains to parents the benefit and importance of Newborn Screening	None	15 minutes	Trained NOD
Parent signs consent for newborn screening	4. Newborn specimen collection	None	2 Minutes	Trained NOD
	4.1 Filing out Newborn Screening Filter Card	None	2 Minutes	Trained NOD
	4.2 Collects sample using heel prick method	None	2 Minutes	Trained NOD
	4.3 Air-dry NBS filter	None	4 Hours	Trained NOD



one 2 Minutes	Trained NOD
one 10 minutes	Trained NOD
one 5 minutes	Trained NOD
one 1 hour	Administrative Aide
tuatio 5 Hours, 45 al: For Minutes on-stituti nalize elivery a fee 1750 harge be aid at ash	
or tull on a killing is	ne 10 minutes ne 5 minutes ne 1 hour uatio : For n- tituti alize ivery fee 1750 arge pe d at



OUTPATIENT DEPARTMENT CONSULTATION

The outpatient department is available from Monday to Friday except on Saturdays and Sundays and Holidays. It caters only non-critical medical cases of patients. OPD starts @ 8am and ends @ 5pm. It is located beside the main entrance of the hospital. Special lanes for pregnant women, senior citizens and PWD's are provided.

Office or Division:	Outpatient Department			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C), Government-to-business (G2B), Government-to-Government (G2G)			
Who may avail:	All patients seeking no check-up for discharge			tion, Follow up
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Duplicate copy of discha (secondary)	rge plan given	FNLGHT		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Arrival	1. Triage	None	3 minutes	Midwife on duty
	1.1 If critical: Assist and direct patient to emergency room	None	2 minutes	Midwife on duty
2. Fills up data in the OPD slip and submit	2. Issue a que number and OPD slip	None	2 minutes	Admin aide
	3. Receives OPD slip	None	3 minutes	Admin aide
	4. Generates OPD registry form	None	3 minutes	Encoder
	4.1 For New: Generates OPD registry form	None	2 minutes	Admin aide
	4.2 For Revisit: Retrieves previous OPD records and attached to generate OPD registry	None	5 minutes	Admin aide
	5. Submits generated OPD records to OPD NOD	None	2 minutes	Admin aide



	TOTAL.	MOHE	minutes	
	12. Consolidate OPD registry forms and submit to OPD records TOTAL:	None None	5 minutes	Nurse on duty
	11.1 Hands prescription and instructs, health teaching be given	None	2 minutes	Nurse on duty
	11. Disposition	None	5 minutes	Consulting Physician
	10. Carries out MD orders, forwards request of diagnostics procedures if indicated	None	5 minutes	Supervisor on duty
_	9. Assessment and medical management	None	10 minutes	Consulting Physician
	8. Calls que number accordingly and assist patients	None	2 minutes	Supervisor on duty
	7. Endorse OPD records to consultation room	None	2 minutes	Nurse on duty
	6. Interview and records initial assessment to OPD registry form	None	3 minutes	Nurse on duty



POST OPERATIVE CARE

The process begins after the transfer of patient from the operating room to the post anesthesia care unit (PACU) until patient become stable with the disposition of the attending anesthesiologist to transfer back to ward.

Office or Division:	OPERATING ROOM				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	All post-operative patients				
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Arrival	1. Receives patient from operating room with the in-patient medical health record, meds., and supplies	None	1 Minute	Recovery Room Nurse	
None	2. Hooked to oxygen inhalation/ patient monitor and initial vital signs taken and recorded	None	2 Minutes	Recovery Room Nurse	
	Carrying out of doctor's post op orders	None	10 Minutes	Recovery Room Nurse	
Watcher proceed to pharmacy to procure prescribed medications	3.1 prescription of medication given to watcher	None	5 Minutes	Recovery Room Nurse	
and replacements.	3.2 Initial dose of medications given as per doctor's order with proper documentation	None	2 Minutes	Recovery Room Nurse	
None	4. Initial dose of medications given as per doctor's order with proper documentation	None	2 Minutes	Recovery Room Nurse	



None	5. Evaluation,	None	3 Minutes	Anesthesiologist
	reassessment of			
	patient status, and			
	discharge of patient			
None	6. Transfers patient	None	10 Minutes	RR Nurse
	to ward per stretcher			Institutional Worker
	/ wheelchair safely			Ward Nurse
	and comfortably.			
	6.1 Endorse patient			
	to ward nurse with			
	the in-patient medical			
	•			
	health record and			
	medications.			
	TOTAL:	None	2 Hours, 33	
			Minutes	



PREPARATION OF BIRTH CERTIFICATE DRAFT

Birth certificate draft is prepared prior to final typing to ensure completeness and correctness of data entry in the birth certificate. this process covers from the time midwife/nursing attendant fills out the birth certificate draft to the time draft is submitted to the records/admitting section.

	DEL IV/EDV/ DOOM			1	
Office or Division:	DELIVERY ROOM				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:		All newborn babies delivered via normal spontaneous delivery and			
	caesarian section				
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	 fills out the birth certificate draft accordingly interview baby's parents 	None	5 Minutes	Midwife/Nursing Attendant	
Check the correctness of the data entered in the draft.	2. Give the birth certificate draft to parents for review	None	5 Minutes	Midwife/Nursing Attendant	
None	3. Instruct parents on the requirements needed for the processing of birth certificate like photocopy of marriage certificate and photocopy of any valid id or community tax certificate (CEDULA) for unmarried couple.	None	2 Minutes	Midwife/Nursing Attendant	
Proceed to records section and submit the needed requirements	4. Submission of birth certificate draft for final typing.4.1 Birth certificate	None	3 Minutes	Midwife/Nursing Attendant	





PRE- OPERATIVE PREPARATION AND ENDORSEMENT TO OR

This process covers from the time patient/ watcher signs consent for operation to the time patient is endorsed the OR nurse. This process ensures safe and effective surgical intervention

Office or Division:	NURSING			
Classification:	Simple/Complex			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Patients with consent to undergo surgery operation			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
Pre-op checklist		Nurses St	ation	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Patient/ watchers gives verbal consent for operation.	1. Informs and explains the need for surgical intervention and procedure to be done to patient and watchers.	None	5 minutes	Surgeon
	1.1 Documents order in the chart	None	5 minutes	Surgeon
	1.2 Cardio-pulmonary evaluation (ages 45 and above) ages 0-12 years old or as ordered by the attending surgeon.	None	1 Hour	Internist/Pediatrician
Signs consent for operation	Refers CP evaluation result to attending surgeon.	None	3 Minutes	Nurse On-duty
	2.1 Prepares patient for operation using the pre-op checklist as guide, once patient is cleared.	None	5 Minutes	Nurse On-duty
	3. Endorse patient per wheelchair/ stretcher depending	None	5 Minutes	Nurse On-duty



on the case with the pre- op checklist and in patient medical health record to OR staff			
4. Counterchecks pre-op checklist if properly carried out.	None	2 minutes	Supervisor OR Nurse On-duty
TOTAL:	None	1 Hour, 28 Minutes	



PSYCHOLOGICAL SERVICES SCHEDULING (OLD AND NEW COUNCELING PATIENTS)

This process involves administering psychological tests, interviewing patients and their caregivers, observing in-session behaviors and reviewing chart records. Psychological counseling/psychotheraphy-regular sessions (example: monthly, weekly or bi-monthly) with patients with emotional and mental health issues.

Office or Division:	MEDICAL SERVICES				
Classification:	Simple/Complex				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	Service Patients				
CHECKLIST OF R	EQUIREMENTS		WHERE TO SECURE		
OPD referral		OPD			
OPD Appointment/ONLI	NE Page Message	OPD			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
Confirm the schedule date of service thru text message	Arrange date of psychotheraphy sessions and send text message to patient/guardian	None	2 minutes	OPD Clerk	
2. Wait for the order of payment and pay the corresponding amount to the cashier section	. ,	Old patient New patient	40mins psychothera py session 15mins intake interview of new patient		
3. Show proof of receipt thru messenger or psychologist check OR at cashier	official receipt	None	20 minutes	OPD clerk psychologist	
4 Prepare good signal for internet connection and make sure the place is quiet and secured for psychotheraphy	Perform teleconsultation	None	60 minutes	Psychologist	



RELEASING OF NEWBORN SCREENING RESULTS

The process covers from receipt of newborn screening result to the time the mother receives NBS result. NBS results are release from the Newborn Screening Reference Center (NSRC) usually releases NBS results 2 months after sending of filter cards. NICU nurse notifies mothers thru phone once results are available. NICU nurse notifies mother of babies with NBS positive results thru phone call immediately upon receipt of result for confirmatory test.

Office or Division:	NURSING			
Classification:	Simple/Complex			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All newborn babies who have undergone newborn screening test			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	Receives NBS results from the HOPPS division in a sealed plastic	None	2 minutes	Nurse On-duty
	2. Checking and sorting of received NBS based on results	None	2 minutes	Nurse On-duty
Receives NBS result	2.1 Negative result: Release NBS result	None	2 minutes	Nurse On-duty
	2.2 Positive result: Recall patients for re collection of specimen for confirmatory testing	None	5 minutes	Trained NOD
Brings newborn to NBS collection area	2.3 Once recollection is done, results for confirmatory testing are send by NSC thru e mail accessible with in the area	None	2 minutes	Trained NOD Nurse On-duty



	2.4 If confirmatory result is available inform parents immediately and give instructions as necessary	None	2 minutes	Nurse On-duty
	2.5 Refer to ROD, once confirmatory result received	None	2 minutes	
Mother with newborn goes to NBS area	3. Management and or referral of confirmed cases to specialist	None	30 minutes	Consultant On-duty
	4. Monitoring status of progress thru home visits to confirmed cases	None	2 minutes	NICU Supervisor
	5. Health education	None	15 minutes	Trained NOD
	TOTAL:	None	1 Hour, 4 Minutes	



UNDER OBSERVATION

This process covers from receipt of doctors order that patient is for observation up to doctor order's disposition. Patient will observe at the emergency room and will be re- assessed by the attending physician after 4 hours. Patient maybe admitted, referred to hospital of choice or discharged depending upon the disposition of the attending physician.

0(()	EMEDOENOV DOOM				
Office or Division:	EMERGENCY ROOM				
Classification:	Simple				
Type of Transaction:		Government-to-Citizen (G2C)			
Who may avail:	Patients with doctor's of	order for ob	servation		
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	1. Explains and writes the plan of care and management.	None	5 Minutes	ROD/Consultant On- Duty	
None	2. Carries out doctor's orders.	None	2 Minutes	Nurse on Duty	
	2.1 Issues prescription	None	2 Minutes	Nurse on Duty	
Watcher proceeds to pharmacy section	3. Dispense prescribed medications and medical supplies	None	5 Minutes	Pharmacist on Duty	
Turn over the acquired medications and medical supplies to	Receives the medications and medical supplies	None	2 Minutes	Nurse on Duty	
NOD	4.1 Issues unfilled prescriptions to watcher and advise them to buy the meds at any outside pharmacy.	None	2 Minutes	Nurse on Duty	
waits at emergency room for the medtech	5. Blood extraction	None	5 Minutes	MedTech on Duty	



to extract blood sample	5.1 Hematology(cbc, ABO typing, RH typing, malarial smear, Prothrombin time, Active partial thromboplastin time)	None	1 Hour	MedTech on Duty
	5.2 Clinical Chemistry (FBS, cholesterol, triglyceride, blood urea nitrogen, creatinine, uric, HBA1c, troponin,hdl,ldl,sgot, sgpt, total bilirubin, amylase, CKMB, serum electrolytes)	None	1 Hour	MedTech on Duty
	5.3 Serology (salmonella typhi, Dengue duo,Ddengue NS1Ag, Dengue IgG/IgM, HBsAG, HCV,RPR-syphilis, HCT	None	1 Hour	MedTech on Duty
	5.4 Clinical Microscopy (urinalysis, pregnancy test, fecalysis, occult blood	None	27 Minutes	MedTech on Duty
Listens to instructions and ask queries if there are doubts	6. Doctor's disposition	None	10 Minutes	ROD/Consultant On- Duty
	TOTAL:	None	4 Hours	



NURSING DIVISION

Internal Services



CHECKING COMPLETENESS OF EMERGENCY CART (MEDICAL SUPPLIES AND MEDICINES) IN THE CLINICAL AREAS

This process ensures that emergency medicines and supplies are readily available during the management critical cases in the ward. The process covers from the time the outgoing nurse on duty endorses the E-cart to the time the incoming nurse on duty receives the complete stocks recorded in the checklist .

Office or Division:	NURSING WARDS			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen			
Who may avail:	Nursing areas with E-C	ART		
CHECKLIST OF F			WHERE TO	SECURE
Prescriptions and supplied	es form	Nurses St		
Replacement Sip		Pharmacy	section	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	1. Endorses the E-cart	None	1 Minute	Outgoing nurse on duty
None	2. Checks completeness of medicines and supplies	None	5 Minutes	Incoming nurse on Duty
	2.2 checks completeness, functionality of equipment's and cleanliness	None	5 Minutes	Incoming nurse on Duty
None	3. Records/ checks actual number of medicines/supplies received	None	5 Minutes	Nurse on Duty
	3.1 If incomplete, informs outgoing nurses to replace prior to endorsements	None	2 Minutes	Nursing Aide on Duty
	3.2 Requests for replacement of used	None	2 Minutes	Out-going Nursing



	medicines and supplies to pharmacy section prior to endorsement			Aide on Duty
None	4. Accounts replacement of medicines and supplies and endorsed	None	2 Minutes	Out-going Nursing Aide on Duty
	4.1 Receives replacements of medicines and supplies	None	2 Minutes	Incoming Nurse on Duty
	TOTAL:	None	25 Minutes	



PROCESS FLOW OF ADMINISTRATION OF DANGEROUS DRUGS

This process covers from receipt of doctor's order up to the time proper administration and recording of the prescribed dangerous drug is completed.

Office or Division:	NURSING WARDS			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	ER /admitted patients \	with doctors	s order of admi	nistration.
CHECKLIST OF R			WHERE TO	SECURE
Prescription with S2 num		Nurses St		
Record form for consum	ption	Nurses St	ation	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	1. Documents order of dangerous drug administration in the IPMHR and issues prescription	None	2 Minutes	ROD
None	2. Checks and verifies Doctor's order	None	3 Minutes	Nurse on Duty in- charge
None	3. Informs Senior charged nurse on duty about the order	None	3 Minutes	Nurse on Duty in- charge
None	4. Validates order , prescription and data of the patient prior to the release of required drug	None	3 Minutes	Senior charge nurse duty
None	5.Submit prescription together with the consumption report form and excess meds (ex. Midazolam 1ml/amp and prescribed dose .5ml only) Pharmacist on duty	None	2 Minutes	Nurse on Duty in- charge



	for proper recording			
	5.1 Received verify and check data entered in the consumption form including the excess meds to be report as wastage		3 Minutes	Pharmacist on Duty
None	6. Returns consumption report form to NOD for the continuity of recording	None	2 Minutes	Pharmacist on Duty
None	7. Receives and files consumption report form in the ward	None	2 Minutes	Nurse on Duty in- charge
	TOTAL:	None	20 Minutes	



REQUISITION OF CONTROLLED DRUGS FOR WARD STOCK

This process starts from requisition of ward stock (dangerous drugs) to the time ward stocks are consumed and replaced. Controlled drugs are kept in a medicine cabinet with lock under the control of the senior nurse on duty. Controlled drugs includes of 10 Diazepam, 10 Nubain and 10 Midazolam .

Office or Division:	NURSING WARDS			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	ER and admitted patier		ctors order of a	dministration
CHECKLIST OF R			WHERE TO	
Copy of requisition of da preparation	ingerous drugs	Pharmacy	Section	
Prescription with duly S2	licensed	Bureau of	Food and Dru	g Administration
Record of dangerous dru	igs consumption	Nurses sta	ation	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	1. Fills out requisition form dangerous drug preparation	None	2 Minutes	Nurse on Duty in- charge
None	2. Checks the record of dangerous drug preparation dispensed form if completely filled out.	None	4 Minutes	Nurse on Duty in- charge
	2.1 Counterchecks and verifies completeness of the dangerous drug dispensed form and affixes signature.	None	2 Minutes	Supervisor on duty
	3. Submit requisition form together with the record of dangerous drug preparation with the prescription of the drug to pharmacy	None	5 Minutes	Nurse on Duty in- charge



	section.			
None	4. Verifies and check data entries of consumption vs the actual existing number of drug dispensed		10 Minutes	Pharmacy on duty
None	5.Release dangerous drugs stocks	None	5 Minutes	Pharmacy on duty
None	6. Receive and store in the cabinet designated locked and secured		2 Minutes	Nurse on Duty in- charge
	TOTAL:	None	30 Minutes	



RETROSPECTIVE SUMMARY AUDIT OF IN PATIENT HEALTH MEDICAL RECORD

This process covers from the time the 4-12 shift nurse supervisor collects inpatient health medical records of discharged patients from different nursing stations to the time the outgoing 12 t 8 nurse supervisor endorses the IPMHR to the admitting section personnel.

Office or Division:	NURSING WARDS	NURSING WARDS			
Classification:	Simple				
Type of Transaction:	Government-to-Citizen	(G2C)			
Who may avail:	Discharged Charts				
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE	
Prescription with S2 num		Nurses St			
Record form for consum	ption	Nurses St	ation		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	1. collects discharged IPHMR at different stations	None	5 Minutes	Supervisor Nurse on duty	
None	2. Check and reviews IPHMR as to completeness of data recorded.	None	5 Minutes	Supervisor Nurse on duty	
None	3. Files audit report in the folder provided for each department.	None	5 Minutes	Supervisor Nurse on duty	
None	4. Records nursing audit findings (Findings, Responsible person, No of patients discharge within or less than 4 hrs and beyond 4hrs)	None	2 Minutes	Supervisor Nurse on duty	
None	5. Submits of retrospective charge audit report together with the audited IPHMR to admitting	None	30 Minutes	Pharmacist on Duty	



	section			
None	6. Receives retrospective summary audit and attach to 24 hour checklist	None	2 Minutes	Supervisor Nurse on duty
None	7.Issue chart audit slip to concerned staff	None	2 Minutes	Supervisor Nurse on duty
None	8. Submits respective summary audit together with the 24hour checklist monitoring to CN office in the morning	None	4 Minutes	Senior nurse house officer of the day
	TOTAL:	None	55 Minutes	



STERILIZATION OF GOWNS, DRAPES, & SHEETS

Sterilization is a process that eliminates, removes, kills microorganism such as fungi, bacteria, viruses, and spores. it is usually carried out by autoclaving. this process covers from the time washed OR-DR gowns, drapes, & sheets are brought by the laundry worker to the sterilization area up to the time sterile gowns, drapes, & sheets are endorsed to the end users. sterilization area is located in the operating room complex.

Office or Division:	CENTRAL SUPPLY AND STERILIZATION ROOM				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	Patients for surgery and OR/DR Staff				
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE			
None			None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	1. Receives the washed gowns, drapes, & sheets brought by the laundry worker	None	1 Minute	Nursing Attendant (CSSR Staff)	
None	2. Inspects, assembles, wraps and labels gowns, drapes, & sheets for sterilization	None	1 Minute	Nursing Attendant (CSSR Staff)	
None	 3. Sterilizes packed instruments in the autoclave machine 3.1 Drying of sterile packed gowns, drapes, & sheets 	None	45 Minutes	Nursing Attendant (CSSR Staff)	
None	4. Deliver sterile packed gowns, drapes, & sheets to the end user and stored in the cabinet	None	2 Minutes	Nursing Attendant (CSSR Staff)	
	TOTAL:	None	1 Hour, 19 Minutes		



STERILIZATION OF INSTRUMENTS

Sterilization is a process that eliminates, removes, kills microorganism such as fungi, bacteria, viruses, and spores. it is usually carried out by autoclaving. this process covers from the time used instrument/equipment are brought by the instrument nurse to the holding area up to the time sterile instruments are endorsed to the end users. sterilization area is located in the operating room complex.

Office or Division:	CENTRAL SUPPLY AND STERILIZATION ROOM				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	Patients for surgery				
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE			
None	None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	Inventory of used instruments and placed in the holding area	None	1 Minute	Instrument Nurse	
None	2. Wash, decontaminate, and dry used instruments	None	10 Minutes	Nursing Attendant	
None	3. Clean instruments brought to the sterilization area	None	1 Minute	Nursing Attendant	
None	4. Inspects, assembles, wraps and labels used instruments	None	1 Minute	Nursing Attendant (CSSR Staff)	
None	5. Sterilizes packed instruments in the autoclave machine	None	45 Minutes	Nursing Attendant (CSSR Staff)	
	5.1 drying of sterile packed instrument	None	30 Minutes	Nursing Attendant (CSSR Staff)	
	6. Deliver sterile packed instruments to the end user and stored in the cabinet	None	2 Minutes	Nursing Attendant (CSSR Staff)	
	TOTAL:		1 hour, 30 Minutes		



Feedback and Complaints Mechanism

FEEDBACK AND COMPLAINTS MECHANISM			
How to send feedback?	Answering the Customer Satisfaction Survey (CSS) and drop it at the designated drop boxes from each unit.		
	Call contact number: 09776235991 or Email to Brenda bayani@yahoo.com / fnlghtc@yahoo.com.ph		
	For inquiry and follow-up please contact the following numbers:		
How feedbacks are processed?	Feedbacks are processed every last working day of the month		
	The Supervising Administrative Officer opens the drop boxes and compile and record all feedbacks submitted All CSS are verified with the concerned units		
	All feedbacks handed personally to staffs are verified with the concerned units, corrective actions are taken immediately and communicated to citizen.		
	Three (3) types of feedbacks or reports are generated which includes: -customer satisfaction rating -customer complaints -positive comments		
	These will be measured, evaluated and analyzed during the monthly management committee meetings		
	Report is done and is given to each unit for opportunity of improvement, correction and corrective action		
	Feedback requiring answers are forwarded to the relevant units and they are required to answer within 3 days from the receipt of the feedback		



	The answer of the office is then relayed to the citizen
How to send complaints?	Step 1: Fill up CSS form and give to the incharge in the concerned office/section during office hours from 8am to 5pm during weekdays or can submit a formal letter of complaint address to Dr. Marlene L. Lubo, Medical Center Chief (MCC).
	Step 2: During holidays or weekend duly accomplished CSS form can be submitted to admitting clerk on duty.
	Step 3: The complaint addressed to the MCC should be submitted in MCC's office during office hours (Monday-Friday, 8:00 A.M-5:00 P.M) or give to the admitting clerk on duty during holidays and after office hours.
	Step 4: if needed, management will call you for further investigation.
How complaints are	FOR DROP BOX COMPLAINTS:
processed?	The complaints officer (Supervising Administrative Officer) opens the drop boxes once a week and evaluates and verifies complaints.
	Upon evaluation, the complaint officer shall start the investigation and forward the complaint to the concern office/section for their explanations.
	The complaints officer will submit a report to the medical center chief for appropriate action.
	The complaints officer will give the feedback to the client.
	For inquiries and follow ups, clients make contact the following cellular number: 09776235991



FOR CSS FILED COMPLAINTS:

The section concerned will submit CSS with complaints to the complaints officer for her evaluation and verification.

Upon evaluation, in cases complaints can be acted/solved by the section/office heads, the complaints officer will forward the report to the head of the section/office for her appropriate action.

The section head concerned will submit a report to the complaints officer for her to forward result to the office of the medical center chief for her information.

Note: Complaints that are filed thru CSS and handled/acted by the office/section concerned must be acted upon on or before the client/patient are discharged.



List of Offices

Office	Address	Contact Information
Medical Center Chief	Luna, Apayao	0918-5817608
Chief of Medical Professional Service Staff	Luna, Apayao	0927-7153069
Supervising Administrative Officer	Luna, Apayo	0917-6235991
Nurse Chief	Luna, Apayao	0927-3462105
Accountant III	Luna, Apayao	0917-5192164