

# FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER

**CITIZEN'S CHARTER** 

2020 (1st 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 - lone 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	HIEF OFFI	CE	
Classification:	Simple			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	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/ 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	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 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 CI	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	EQUIREMENTS		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	1. Staff receive and validate the document if the Head of the requesting office already approved the request/paper with accomplished signatory and intact attachments.  1.2 Records the received document and forward to the Medical Center Chief  1.3 Medical Center	None None	1 Minute  1 Minute	MCC's Staff
	Chief review, validate and approves the document submitted.	None	2 Days	MCC's Staff
2. Client accomplish the record book and receives the 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 Government (G2G)			
Who may avail:	All requesting Units			
CHECKLIST OF R				SECURE
Internal documents/repo	rts	Requestir		
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 PROFESSIONAL STAFF OFFICE			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G)			
Who may avail:		All Department Head		
CHECKLIST OF R			WHERE TO	SECURE
Schedule of Duties for the	e whole month	All Depart	ment 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			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	All Permanent Medical	and Ancilla	ary Departmen	t
CHECKLIST OF R	EQUIREMENTS		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 Management Section			
Classification:	Highly Technical			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	All Active Human Resources (Plantilla Positions)			
CHECKLIST OF R	REQUIREMENTS	WHERE TO SECURE		
Personal Data Sheet (CS	SC Form 212 Revised			
2017) with most recent I				
to be attached and subm	nitted (3 Original	Requesting party		
Copies back- to- back), v	with attached work			
experience sheet				
Original copy of Authent	<del>_</del>			
if applicable (1 Original 0	Copy and 3			
Photocopies)				
a. Civil Service Eligibility		Civil Service Commission		
b. Valid Professional Re	gulation Commission			
(PRC) ID		Professional Regulatory Commission		
c. PRC Board Rating	una mata al limatha a	Professional Regulatory Commission		
d. Any related eligibility (	granted in the			
government	) [ 044			
Medical Certificate (CSC				
and check-up by the des	_	Human Resource Management Section		
Physician with complete following:	results of the			
(3 Original Copies)				
a. Blood Test				
b. Urinalysis				
c. Chest X-Ray				
d. Drug Test				
Certified True Copy of D	iploma and Transcript			
of Records (TOR) (1 Original	•	Requesting party's School/University		
Photocopies)	g p y	The queening painty a consequence of		
	IBI Clearance (1 Original Copy) National Bureau Investigation			
Original and Certifies Tru				
Certificate (PSA Form) (1 Original Copy & 1		Philippine Statistics Authority		
Photocopies)				
Original and Certified tru	e Copy of Marriage	Philippine Statistics Authority		
Contract if applicable (1	Original and 3	Frimppine 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)	Duleau of internal Nevertue
Documentary Stamp (2 pcs.)	Requesting party
Certificate of Successful Completion of	
Training on non-degree courses, formal in-	D
service training programs, Fellowships, grants	Requesting party
and other forms of formal training activities (1	
Original & 1 Photocopy)	

enginar a 11 netecopy)		FEES		
CLIENT STEPS	AGENCY ACTIONS	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		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		
		FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE	NG TIME	RESPONSIBLE
		PAID	NO TIME	REGI GROIDEE
1. Register in the	None	None	2 Minutes	Administrative Officer
logbook and state				
request.				Administrative
				Assistant II
2. Wait while the	2. Prepares the	None	4 Minutes	Administrative Officer
requested document is	•			A alma in in the Constitute
being prepared by the	2.1 Signs the	None	1 Minute	Administrative Assistant II
employee in- charge	prepared document	140110	1 Williate	Assistant II
	prepared document			Accountant III
2 Descive the	2 Dologoo the	None	4 Minuto	Administrative
3. Receive the	3. Releases the	None	1 Minute	Assistant II
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 SECTION			
Classification:	Simple			
Type of Transaction:	Government to Citizen	(G2C)		
Who may avail:	In-patient watcher			
CHECKLIST OF F	REQUIREMENTS		WHERE TO	SECURE
Updated MDR		Philhealth		
Official receipt of contrib Philhealth Benefit Eligibi	lity Form (PBEF)	Philhealth	Office	
Payment history if require Benefit Eligibility Form (I		Philhealth	Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Fill up log book and wait for the document to be processed	1. 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	documents and sign	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.

Office or Division:	CASHIER SECTION				
Classification:	Simple				
Type of Transaction:	Government to Citizen	(G2C)			
Who may avail:	Patients or their repres			vernment agencies,	
	health maintenance org	ganizations	;		
CHECKLIST OF R	PEOLIIDEMENTS		WHERE TO	SECTION	
Charge Slip	ALQUINLIVILIVIO	Cost cent	er (Pharmacy,		
Charge onp				nonary, Central	
		Supply Ro	•	nonary, contrar	
Professional Fee			physician or h	is authorized	
		represent			
Clearance Form			ation of ward o	r area where	
		admitted			
Statement of Account or	Billing Statement (2	Billing and	d claims section	n or Outpatient	
copies			Department		
		FEES	PROCESSI	PERSON	
CLIENT STEPS	AGENCY ACTIONS	TO BE	NG TIME	RESPONSIBLE	
		PAID			
1. Presents charge	Cash clerk receives	None	1 Minute	Collecting officer On-	
slip/statement of	charge slip/order of			duty	
account	payment				
2. Gives cash/check	2. Receives	None	1 Minute	Collecting officer On-	
payment	cash/check from			duty	
	clients				
	2.1 Issue official				
	receipts for payments				
	from clients				
				0 " " "	
3. Receives official	3. Clears hospital bill	None	1 Minute	Collecting officer On-	
receipt	3.1 Issue customer			duty	
	satisfaction survey				
	form				
	<b>3.2</b> Gives instruction				
	to the client as				
	needed				
	TOTAL:	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.

Office or Division:	CASHIER SECTION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen Government-to-Govern	,		usiness(G2B);
Who may avail:	Patients or their repres	entatives,	employees, go	vernment agencies,
	health maintenance organizations			
CHECKLIST OF R			WHERE TO	
One valid I.D of the clain		OSCA or	OWWA, COME	), PRC, GSIS, SSS, ELEC, BIR
If representing a person:		Claimant/	payee	
Authorization letter received by a rep				
Valid official or Collection	n Receipts		orized print	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Presents identifying	Verify documents	None	1 Minute	Disbursing Officer
documents	1.1 if identification is appropriate, log out documents.			
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:	None	5 Minutes	



### **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	Government-to-Government(G2G)			
Who may avail:	All FARNORTH Emplo	yees			
CHECKLIST OF R	REQUIREMENTS		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 Govern	ment (G20	3)	
Who may avail:	All Employees of FARNORTH Luzon General Hospital and Training			
	Center			
CHECKLIST OF F	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
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-Government(G2G)			
Who may avail:	All FARNORTH Emplo		/	
CHECKLIST OF R		,	WHERE TO	SECURE
Filled up I.D requisition s		Human re	source manag	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
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		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 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	s 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



	Supervising Administrative Officer and the Medical Center Chief, and to be forwarded to the Procurement Office for processing.			
None	5. If the needed material costs less than Php 1,000. 00, Petty Cash request is being prepared to be approved by the Supervising Administrative Officer.	None	5 Minutes	Administrative Assistant II
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.	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 R	EQUIREMENTS		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			ent Section	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Submit purchase request to procurement office	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.

Office or Division:	BUDGET SECTION				
Classification:	Simple				
Type of Transaction:	Government-to-Government(G2G)				
Who may avail:	Requesting Unit				
CHECKLIST OF R		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		Procurement Office			
If not Bidded		Requesting Unit			
Purchase request		Procurement Office			
Purchase Order		Supplier			
Abstract		Oupplier			
	For Claims/TEVs				
Bus Ticket/RER		Requesting Person			
Narrative Report		Requesting Person			
Certificate of Training		FFF6			
OLIENT OTERO		FEES	PROCESSI	DEDOON	
	ACENICY ACTIONIC	TO DE	PROCESSI	PERSON	
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	RESPONSIBLE	
1. Submits purchase	1. Receives purchase				
	Receives purchase order/Job	PAID	NG TIME	RESPONSIBLE	
1. Submits purchase	1. Receives purchase	PAID	NG TIME	RESPONSIBLE	
Submits purchase order/Job	Receives purchase order/Job	PAID	NG TIME	RESPONSIBLE	
Submits purchase order/Job order/Disbursement	Receives purchase order/Job	PAID	NG TIME	RESPONSIBLE	
Submits purchase order/Job order/Disbursement voucher for obligation	Receives purchase order/Job	PAID	NG TIME	RESPONSIBLE	
Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	Receives purchase order/Job order/Disbursement	PAID None	NG TIME 5 Minutes	RESPONSIBLE  Budget Officer	
Submits purchase order/Job order/Disbursement voucher for obligation with complete	Receives purchase order/Job order/Disbursement  2. Prepares the	PAID	NG TIME	RESPONSIBLE	
Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	Receives purchase order/Job order/Disbursement      Prepares the obligation request	PAID None	NG TIME 5 Minutes	RESPONSIBLE  Budget Officer	
Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	1. Receives purchase order/Job order/Disbursement  2. Prepares the obligation request status (OBR) /	PAID None	NG TIME 5 Minutes	RESPONSIBLE  Budget Officer	
Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	1. Receives purchase order/Job order/Disbursement  2. Prepares the obligation request status (OBR) / Budget Utilization	PAID None	NG TIME 5 Minutes	RESPONSIBLE  Budget Officer	
Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	1. Receives purchase order/Job order/Disbursement  2. Prepares the obligation request status (OBR) / Budget Utilization request (BUR)	None None	NG TIME 5 Minutes 30 Minutes	RESPONSIBLE  Budget Officer  Budget Officer	
Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	1. Receives purchase order/Job order/Disbursement  2. Prepares the obligation request status (OBR) / Budget Utilization request (BUR)  2.1 Verifies the	PAID None	NG TIME 5 Minutes	RESPONSIBLE  Budget Officer	
Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	1. Receives purchase order/Job order/Disbursement  2. Prepares the obligation request status (OBR) / Budget Utilization request (BUR)	None None	NG TIME 5 Minutes 30 Minutes	RESPONSIBLE  Budget Officer  Budget Officer	



	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**

Office or Division:

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.

HEALTH INFORMATION MANAGEMENT SERVICES

Classification:	Simple			
Type of Transaction:	Government-to-Citizen			
Who may avail:	All patients for admissi	on/or their a		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Notice of Admission		Emergend		
MDR		Philhealth	Office	
For OB patients:		Philippine	Statistics Auth	ority
<ul> <li>Marriage certificat</li> </ul>	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	Voter's ID	- COMELEC	
or MCR)	·	PRC Lice	nse - PRC	
-		Postal ID	- POST OFFIC	E
		UMID - G	SIS/SSS	
		Loyalty Card - PAG-IBIG		
		CTC - BARANGAY where the parents re		re the parents reside
		Passport - FDA		
		Tax Identification Number - BIR		er - BIR
				), <u> </u>
		FEES		
CLIENT STEPS	AGENCY ACTIONS	TO BE	PROCESSI NG TIME	PERSON RESPONSIBLE
		TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Submit notice of	1. Verify patient	TO BE	PROCESSI	PERSON
		TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Submit notice of admission	Verify patient record at iHOMIS	TO BE PAID  None	PROCESSI NG TIME 1 Minute	PERSON RESPONSIBLE Admitting Staff
Submit notice of admission      Fill up Consent to	Verify patient record at iHOMIS  2. Interview informant	TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Submit notice of admission      Fill up Consent to Release information/	Verify patient record at iHOMIS  2. Interview informant /relative to gather	TO BE PAID  None	PROCESSI NG TIME 1 Minute	PERSON RESPONSIBLE Admitting Staff
Submit notice of admission      Fill up Consent to Release information/presents valid ID or	<ol> <li>Verify patient record at iHOMIS</li> <li>Interview informant /relative to gather demographics for</li> </ol>	TO BE PAID  None	PROCESSI NG TIME 1 Minute	PERSON RESPONSIBLE Admitting Staff
Submit notice of admission      Fill up Consent to Release information/	Verify patient record at iHOMIS  2. Interview informant /relative to gather	TO BE PAID  None	PROCESSI NG TIME 1 Minute	PERSON RESPONSIBLE Admitting Staff
Submit notice of admission      Fill up Consent to Release information/ presents valid ID or birth certificate	Verify patient record at iHOMIS      Interview informant /relative to gather demographics for Clinical Cover Sheet	TO BE PAID  None  None	PROCESSI NG TIME  1 Minute  5 Minutes	PERSON RESPONSIBLE Admitting Staff
Submit notice of admission      Fill up Consent to Release information/presents valid ID or birth certificate      Declare PHIC	1. Verify patient record at iHOMIS  2. Interview informant /relative to gather demographics for Clinical Cover Sheet  3. Verify membership	TO BE PAID  None	PROCESSI NG TIME 1 Minute	PERSON RESPONSIBLE Admitting Staff
1. Submit notice of admission  2. Fill up Consent to Release information/ presents valid ID or birth certificate  3. Declare PHIC membership, if any	1. Verify patient record at iHOMIS  2. Interview informant /relative to gather demographics for Clinical Cover Sheet  3. Verify membership at IHCP portal	None  None	PROCESSI NG TIME  1 Minute  5 Minutes	PERSON RESPONSIBLE  Admitting Staff  Admitting Staff
1. Submit notice of admission  2. Fill up Consent to Release information/ presents valid ID or birth certificate  3. Declare PHIC membership, if any  4. Give preference for	1. Verify patient record at iHOMIS  2. Interview informant /relative to gather demographics for Clinical Cover Sheet  3. Verify membership at IHCP portal  Verify availability of	TO BE PAID  None  None	PROCESSI NG TIME  1 Minute  5 Minutes	PERSON RESPONSIBLE Admitting Staff
1. Submit notice of admission  2. Fill up Consent to Release information/ presents valid ID or birth certificate  3. Declare PHIC membership, if any	1. Verify patient record at iHOMIS  2. Interview informant /relative to gather demographics for Clinical Cover Sheet  3. Verify membership at IHCP portal	None  None	PROCESSI NG TIME  1 Minute  5 Minutes	PERSON RESPONSIBLE  Admitting Staff  Admitting Staff
1. Submit notice of admission  2. Fill up Consent to Release information/ presents valid ID or birth certificate  3. Declare PHIC membership, if any  4. Give preference for	1. Verify patient record at iHOMIS  2. Interview informant /relative to gather demographics for Clinical Cover Sheet  3. Verify membership at IHCP portal  Verify availability of	None  None	PROCESSI NG TIME  1 Minute  5 Minutes	PERSON RESPONSIBLE  Admitting Staff  Admitting Staff
1. Submit notice of admission  2. Fill up Consent to Release information/presents valid ID or birth certificate  3. Declare PHIC membership, if any  4. Give preference for room/bed	1. Verify patient record at iHOMIS  2. Interview informant /relative to gather demographics for Clinical Cover Sheet  3. Verify membership at IHCP portal  Verify availability of	None  None	PROCESSI NG TIME  1 Minute  5 Minutes	PERSON RESPONSIBLE  Admitting Staff  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 MEDICI	NE AND A	NCILLARY SE	RVICES DIVISION
Classification:	Highly Technical			
Type of Transaction:	Government-to-Govern	ment (G20	G)	
Who may avail:	MICU Nurses	,		
	<ul> <li>NICU Nurses</li> </ul>			
	Pediatric			
	PICU Nurses			
	Nursing Aide			
CHECKLIST OF R			WHERE TO	SECURE
Request Form		Nursing U	nits	
Aerosol Therapy Monitor	ring Sheet		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	form and signs the	None	2 Minutes	Nurse/Nursing Attendant
logbook	1.1 Records the request into the Procedure Logbook.			Respiratory Therapist
	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			
2. Awaits Procedure	2. Double checks request by reviewing	None	15 Minutes	Nurse on Duty/Respiratory



the patient chart.	Therapist
2.1 Proceeds to the patient room or ward and to perform aerosol therapy.	
2.2 Explains the procedure.	
2.3 Initiates aerosol therapy: fills the nebulization chamber, attaches aerosol mask or mouth piece and instruct patient on proper positioning and breathing techniques while on the therapy.	
2.4 Asks guardian an assistance if patient is too young to cooperate and too old to hold nebulization kit.	
Note: Uses neonatal nebulization kit with pacifier or oxygen hood for newborn patients.	
2.5 Performs chest physiotherapy through vibramatic machine and palm cup percussor.	
2.6 Instructs patient or guardian to wash nebulization kit especially the mouth	



	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		



## **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		e Wards	
CHECKLIST OF R		WHERE TO SECURE		
For Senior Citizens only: Senior Citizens ID Philhealth Member	Data Record (MDR)	LGU/OSCA/PHILHEALTH OFFI		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. 1. Client shall sign the contract / consent form	• •	None	1 Minute	Social Worker
(except patients with active philhealth membership under NHTS/ Senior Citizen/LGU sponsored, or those patients belonging to the minority group-proceed to next step)	the contract/consent form  3. Conduct intake 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 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
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 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			SECURE
Charge Slip			•	acy, Laboratory,
		Pulmonar		
For Senior Citizens only:		LGU/OSC	A/PHILHEALT	H OFFICE
Senior Citizens ID				
Philhealth Member		D		
Renewed MDR (for those	e with active Philhealth	PHILHEA	LTH OFFICE	
membership)		FFFC		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Present charge slip with diagnosis and valid Medical Social Service (MSS) Card to the Social Worker	admission record at the HOMIS	None	1 Minute	Social Worker
2. Client shall sign the contract / consent form (except patients with	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)	2.1 Conduct intake interview regarding the patient and his / her family	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	None	None	None	
For patient who availed full discount, proceed to next step				
6. Go back to the cost center and submit the charged slip and or receipt		None	None	
	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:	r Senior Citizens only:		A/PHILHEALT	H OFFICE
Senior Citizens ID				
Philhealth Member	, ,			
Renewed MDR (for thos membership)	e with active Philhealth	PHILHEA	LTH OFFICE	
1 /		FEES	DDOCESSI	DEDCON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Present valid Medical Social Service (MSS) Card to the Social Works		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			
	(if MSS card is no longer valid, patient is considered as "New Patient")			
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			
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	REQUIREMENTS		WHERE TO	SECURE
Charge Slip		ER, OPD,	X-ray, Pharma	acy, 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)				
		FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE	NG TIME	RESPONSIBLE
4. Danagart alcanno alia	A Object the confidition	PAID	4 Minute	Capial Markey
1. Present charge slip	1. Check the validity	None	1 Minute	Social Worker
with diagnosis and	of the MSS Card, then update if it is still			
valid Medical Social	valid			
Service (MSS) Card to				
the Social Worker	1.1 Verify patient's	200.00		
*If failed to bring valid	admission record at			
MSS card, client is	the HOMIS (if patient			
directed by the MSW to	has existing valid			
pay card replacement	MSS Card.)			
at the cashier section	(if MSS card is no			
	longer valid, patient			
	is considered as			
	"New Patient")			
2 Propert photocom	2 Detrieve and	None	2 Minutes	Social Worker
2. Present photocopy of renewed Philhealth		none	3 Minutes	Social Worker
MDR	shall write patient's			
MDK	classification, amount			
	discounted, and			
	patient's counterpart			
	on the charge slip			
	3 2 2 3 3 3 3 4 4			

FAD	NORTH LUID	
* Geneto	Hospital & Trainings	

	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	EQUIREMENTS		WHERE TO	SECURE
Filled information form		OPD Sect		
Dental Health form		OPD Sect	ion	
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	slip given to patient	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	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 Pr	actitioner	
MSS classification (Final	•	Malasakit			
PWD/Senior ID and book		DSWD/ O			
For Government Employ		Employer			
Certificate of Employmen	nt .				
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			
Pharmacy and present	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 Govern		, .	t to Citizen (G2C)
Who may avail:	Out-patient and the Ge	neral Publi		
CHECKLIST OF R	REQUIREMENTS		WHERE TO	
Properly filled up:		•		, in accordance with
<ul> <li>Special Prescription</li> </ul>	,		and standards	s of his or her
<ul> <li>Ordinary Prescription</li> </ul>	on form (triplicate	profession	1	
copy)				
Medical Practitioner Va	alid S2-license	•	nilippine Drug E	Inforcement Agency
Contact Number of the Patient	Prescriber and	office		
<ul> <li>Valid Government issu</li> </ul>	ed identification Card			
for patient's representa	ative/ Legal guardian			
<ul> <li>Original passport (Fore</li> </ul>				
MSS classification (Final	ncial assistance)	Malasakit	Center	
		FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	RESPONSIBLE
2. Bring the	2. Receives and	Married:	2 Minutes	Cashier
prescription form (3	check prescriptions,	100.00		
copies) to the		Not		
pharmacy	completeness,	Married:		
	authenticity in	150.00		
	accordance with legal	100.00		
	and regulatory			
	requirements, and			
	availability of stocks			
	2.1 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 includes:			



		Concession of the Concession o
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		
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		
·		
2.2 The pharmacist		
shall contact the prescribing		
practitioner for		
verification		
2.2 Compute hill and		
2.3 Compute bill and issue charge slip		
2.4 Instruct		
patient/client to pay		
to the cashier and		
returned to the		
pharmacy with the		
official receipt		
2.5 Prepares items		



	for dispensing			
3. Proceed to Cashier Section to settle the bill	<ul><li>3. Obtain charge slip and collect payment of the patient/client</li><li>3.1 Issue Official Receipt OR</li><li>3.2 Refer to MSS for financial assistance</li></ul>	None	2 Minutes	Collecting Officer on Duty
4. Pharmacy and present Official receipt/ MSS classification with the charge slip	•	None	5 Minutes	Pharmacist on Duty
4.1 Indicate complete name, address and valid government – issued identification card or passport for foreigners and affix signature at the back of the prescription for	copy of the prescription to the client  4.2 Dispense the modicing with written			
	4.3 Record and file prescriptions accessible to inspection by PDEA			
	TOTAL:	None	9 Minutes	



### **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 MEDICI	NE AND A	NCILLARY SE	RVICES 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		
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	l -	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 is noted where to charge the fees is indicated in the charge slip.	3.1 Writes O.R # into the Charge Slip.	None	2 Minutes	Respiratory Therapist
4. Client shall answer Customer Satisfaction Survey form	4. Advises client to wait for his/her name to be called	None	10 Minutes	Respiratory Therapist
5. Undergoes Electrocardiography procedure.	Performs ECG recording with the client and evaluates tracing of a good quality.  Note: Give photocopy of printed output of ECG recording if requested by attending physician.	None	10 Minutes	Respiratory Therapist
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	



#### **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 MANAGEMENT SERVICES			/ICES
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2G)		
Who may avail:	Patients previously disc		m Far North L	uzon General
	Hospital & TC	-		
CHECKLIST OF R	REQUIREMENTS		WHERE TO	
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 - GS		
			ard - PAG-IBIG	
		CTC - BARANGAY where the parents reside		
		Passport - FDA Tax Identification Number - BIR		
		FEES		
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. 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 being processed	3. Prepare medical certificate for signature of attending Physician	None	10 Minutes	Administrative Aide
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	



#### **ISSUANCE OF MEDICO LEGAL CERTIFICATE**

Office or Division:

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/confined due to injury or illness that are medico legal in nature.

HEALTH INFORMATION MANAGEMENT SERVICES

Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C); Go	vernment-to-G	overnment(G2G)
Who may avail:	1. Patients previously of	discharged	from Far North	Luzon General
	Hospital & Training Ce	nter.		
	2. Law enforcement ag	gencies		
CHECKLIST OF R	REQUIREMENTS	WHERE TO SECURE		
Written request from pat		Health Inf	ormation Mana	agement Office
Authorization letter (if rep	oresentative)	Patient		
Valid ID (if warranted)		Driver's Li	cense - LTO	
		Voter's ID	- COMELEC	
			nse - PRC	
			- POST OFFIC	E
		UMID - G		
			ard - PAG-IBIG	
				re the parents reside
	Passport - FDA			
			fication Number	er - BIR
0	4.0=1.00/ 4.0=1.0.10	FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	RESPONSIBLE
1. 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 being processed	3. Prepare medical certificate for signature of attending Physician	None	55 Minutes	Administrative Aide
Present official receipt	Issue medical certificate	None	1 Minute	Administrative Aide



	Logs request	None	1 Minute	Administrative Aide
4.1 Acknowledge				
receipt				
•				
	TOTAL:	None	1 hour	



#### **MECHANICAL VENTILATION SUPPORT CARE**

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 or Division:	PULMONARY MEDICINE AND ANCILLARY SERVICES DIVISION			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Govern	•	<del>)</del>	
Who may avail:	All Special Care Nurse	S		
CHECKLIST OF R	REQUIREMENTS		WHERE TO	SECURE
Request Form	Nursing Units			
Ventilator Monitoring Sho	eet		y Medicine and	Ancillary Services
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
	form and signs the logbook	None	20 Minutes	Nurse/Nursing Attendant
logbook at the receiving area.	1.1 Records the request into the Procedure Logbook.			Respiratory Therapist
	1.2 Prepares the ventilator and performs safety check calibration.			
	1.3 Attaches the test lung and performs operational function status.			
	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.			
2. Awaits Procedure	2. Brings the machine.	None	15 Minutes	Nurse on Duty/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.			
	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.	None	5 Minutes	Nurse on Duty/Respiratory Therapist



	TOTAL:	See 1 procedu re of charges	20 Days, 40 Minutes	
4. Sends request for weaning.	trend data.  4.1 Pulls out nebulizer/compressor machine and disinfect properly.		20 Days	Nurse on Duty/Respiratory Therapist
	3.1 Updates vent monitoring sheet and board directory.			



## PEDIATRIC PULMO OUT PATIENT CONSULTATION

Out Patient Consultation for Pediatric Pulmonary Diseases

Office or Division:	PULMONARY MEDICINE AND ANCILLARY SERVICES 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		Out-Patie	nt Department	
Prescription Form		Pulmonar	y Medicine and	Ancillary Services
Pulmonary Request Forr	n			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.	<ol> <li>Verifies Blotter form.</li> <li>1.1 Checks Record to HOMIS.</li> </ol>	None	2 Minutes	Respiratory Therapist
	1.2 Logs patient name on the Pulmo Clinic Logbook			
2. Wait for his/her name to be called.	2. Advises client to wait for his/her name to be called	None	10 Minutes	Respiratory Therapist
3. Proceeds to Pulmo Clinic Office.	3. Takes History, Does Physical Examinations, Prescribes and Explains Management.  3.1 Advises follow-	None	10 Minutes	Pedia Pulmo Consultant
4. Patient for Work Up	up. 4. Gives Laboratory and Pulmo Request 4.1 Advises follow-up.	None	1 Minute	Pedia Pulmo Consultant



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



## PREPARATION OF BIRTH CERTIFICATE

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

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

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen			
Who may avail:	Parents of newborn de	livered at F	ar North Luzor	n General Hospital &
	TC			
CHECKLIST OF R	REQUIREMENTS		WHERE TO	
Draft of birth certificate		_	ervice, OB Wa	rd (Ancillary
NA		Building)	. D	N. The section of the Contraction
Married: Marriage Certifi	cate		Registrar of F	Philippine Statistics
Not Marriad, Darganal or	page of paranta	Authority	cense - LTO	
Not Married: Personal ap	opearance of parents		- COMELEC	
(Valid ID)		PRC Licer		
For late registration (Add	litional Requirements)		- POST OFFIC	F
NSO negative cer		UMID - GS		_
Two witnesses wi			ard - PAG-IBIG	
				e the parents reside
		Passport – FDA		
		Tax Identification Number - BIR		
		FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE	NG TIME	RESPONSIBLE
		PAID		NEO! ONO!EE
1. Secure queuing	1 Coll guious pumbor			A 1 1 1 1 1 1 A 1 1
	1. Call queue number	None	5 Minutes	Administrative Aide
number	1. Call queue number	None	5 Minutes	Administrative Aide
	-	None	5 Minutes	Administrative Aide
number  1.1 Fill in request slip	-	None	5 Minutes	Administrative Aide
1.1 Fill in request slip	1.1 Call queue number	None	5 Minutes	Administrative Aide
	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries</li></ul>	None	5 Minutes	Administrative Aide
1.1 Fill in request slip 1.2 Submit request	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries on draft</li></ul>			
1.1 Fill in request slip	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries</li></ul>	Married:	5 Minutes  2 Minutes	Administrative Aide  Cashier
1.1 Fill in request slip 1.2 Submit request	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries on draft</li></ul>			
1.1 Fill in request slip 1.2 Submit request	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries on draft</li></ul>	Married: 100.00		
1.1 Fill in request slip 1.2 Submit request	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries on draft</li></ul>	Married: 100.00 Not		
1.1 Fill in request slip 1.2 Submit request	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries on draft</li></ul>	Married: 100.00		
1.1 Fill in request slip 1.2 Submit request	<ul><li>1.1 Call queue number</li><li>1.2 Validate entries on draft</li></ul>	Married: 100.00 Not Married:		



being processed	certificate			
	3.1 For not married, prepare AUSF for mother and acknowledgement of paternity for father	None	15 Minutes	Administrative Aide
4. Review entries; if there are corrections, return copy and ask Administrative Aide to correct	birth cert and ask client to review	None	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:	Married: 100.00	1 Hour, 10 Minutes	
		Not Married: 150.00		



#### 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

Classification:	Simple				
Type of Transaction:	Government-to-Citizen	(G2G)			
Who may avail:	Immediate family mem			ed patients at Far	
	North Luzon General F	lospital & T			
CHECKLIST OF R	REQUIREMENTS		WHERE TO		
Draft of death certificate		GENERAL CENTER	Nursing Service - FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER		
Valid ID of immediate family member of nearest kin		Voter's ID PRC Lice Postal ID UMID - G Loyalty Ca CTC - BA Passport Tax Identi	ard - PAG-IBIG RANGAY whei	re the parents reside	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. 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				
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	birth cert and ask	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	



# 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.

Office or Division:	PULMONARY MEDICI	NF AND A	NCILLARY SE	RVICES 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		Out-Patier	nt Department	
Charge Slip		Pulmonar	y Medicine and	d 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		See	2 Minutes	Collecting Officer
fees at cashier and	fees and issues	Table 1		
receives official receipt.	official receipt	for		
		Procedu		
		re		



		Charges		
3. Presents Official Receipt.  Note: Authority from Medical Social Service is noted where to charge the fees is indicated in the charge slip.	Receives the request with charge slip and/or official receipt.  3.2 Writes O.R # into the Charge Slip.  3.3 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.	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		None	3 Days	
instructions on the availability of official				
result	7.1 Includes on the daily procedure census.		1 Minute	
8. Presents official	8.1 Issues official	None	2 Minutes	Respiratory
receipt or Valid		IVOITO	2 Williates	Therapist
Identification Card and				
Receives Official	releasing logbook			
Result.				
	TOTAL:	See 1	3 Days, 1	
		procedu re of	Hour and 28 Minutes	
		charges		



# **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.

0(()	DIETADY				
Office or Division:	DIETARY				
Classification:	Highly Technical	<u> </u>			
Type of Transaction:	Government-to-Citizens (G2C)				
Who may avail:	All In-patient				
CHECKLIST OF R	REQUIREMENTS		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	REQUIREMENTS		WHERE TO	SECURE
Request Form			nt Department	
TB Dots				d Ancillary Services
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 at the receiving area.	-	None	2 Minutes	Respiratory Therapist
	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.	<ul><li>3. Receives the request with charge slip and/or official receipt.</li><li>3.1 Writes O.R # into the Charge Slip.</li><li>3.2 Records the</li></ul>	None	2 Minutes	Respiratory Therapist
	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	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.	None	35 Minutes	Respiratory Therapist
	5.2 Set-ups Heated Aerosol Generator to			



6. Wears mask and waits for further instructions.	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. Fills the TB DOTS form with the name of collector and designation of the	None	2 Minutes	
7. Fills and Writes comments on the CSS Form.	7. Instructs client to put into the Pulmonary CSS Box.	None	2 Minutes	
	7.1 Advices client to submit the specimen to the Laboratory Department.			
	7.2 Includes on the daily procedure census.			
	TOTAL:	See 1 procedu re of charges	46 Minutes	



# X-RAY PROCEDURE (OPD)

Office or Division:

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.

RADIOLOGICAL SCIENCES DIVISION

Office of Division.	NADIOLOGICAL SCILINGLS DIVISION			
Classification:	Simple	(0.00)		
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	All			
CHECKLIST OF R			WHERE TO	SECURE
Procedure Request form	duly signed by	Doctor's C	Clinic	
attending physician.				
Previous result (If availal	,		N. 11 W. 2	
Interlocal Health Zone re			Ilth Unit, other	hospitals
In claiming of result, pres		Cashier		
the Official receipt or CL				
If payment is through fine	ancial			
assistance/insurance		Doortica	oroo	
-	(SIS)/Bill of Payment	Reception		
MOA for annual c	•	Liaison of	ncer	
government agen	cies			
	A OF NOV. 1 OF 10110	FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	NG TIME	RESPONSIBLE
1. Present pertinent	1. Receive and verify	None	3 minutes	Radiologic
requirements for the	_	INOHE	3 minutes	Technologist
' ·	requirements			roomologist
procedure requested				
RADIOLOGY	4.4. Impaturation attended			
	1.1 Instruct patient to			X-ray Waiting area
DEPARTMENT waiting	wait for their names			
area	to be called.			
2. Fill out and sign	2. Hand out	None	5 minutes	Radiologic
applicable document at	applicable forms and			Technologist
the reception area.	assist clients in filling			, <b>5</b>
	out the said forms			X-ray Reception
	(Pregnancy			Area
	consent/IV consent)			
3. Receive bill of	3. Issue bill of	See	2 minutes	Radiologic
payment	payment.	posted		Technologist
'		table of		
		fees		
1	I			



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	None	5 minutes	Radiologic Technologist
	Develop images for interpretation		5 minutes	
	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-Government (G2C)			
Who may avail:	All Persons Responsible			
CHECKLIST OF R			WHERE TO	SECURE
Verbal/Written Complain		Concerne	d personnel	OLOGIKL
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
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	<ul><li>3. Makes decision to address the incident</li><li>4. Present minutes of the meeting</li></ul>	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.			
	<ul> <li>Doctor who is current</li> </ul>	ly attending	g to an old pati	ent.
	PHIC staff in charge	of patient c	laims O	
	ther authorized perso	nnel		
CHECKLIST OF R	EQUIREMENTS		WHERE TO	SECURE
Request for Access to M	edical Records	Health Inf	ormation Mana	agement Office,
				Bldg., Far North
			neral Hospital	
Valid ID (if warranted)		_		ENERAL HOSPITAL
			INING CENTE	R
		FEES	PROCESSI	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE	NG TIME	RESPONSIBLE
	4 37 11 1	PAID		
1. Present thoroughly	Validate access	None	2 Minutes	Administrative Officer
filled request form	1.1 Retrieve patient			IV
	record in iHOMIS			
2. If current record-	2. Retrieve record	None	10 Minutes	Administrative Aide
wait for 10 minutes		none	10 Minutes	Administrative Alde
while record is being	from filing area			
retrieved from file.				
2.1 for old records (>3				
years prior to date)-				
wait for 48 hours	storage area			
3. Acknowledge receipt	3. Ensure proper	None	1 Minute	Administrative
of record	documentation	-		Officer IV
	TOTAL:	150.00	12	
			Minutes/48	
			Hours for	
			old record	



# 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 (G20	<del>3</del> )	
Who may avail:	All In-patient			
	To be pick-up by No	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	None	30 Minutes	Pharmacist on Duty
	3.1 Retrieval and counting quantity of medicines and medical supplies from containers			
	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	None	5 Minutes	Nurse or Nursing Attendant On-duty
	4.1 The Nurse or Nursing Attendant receives and double check the prepared items versus the prescription.			
	4.2 Brings the medicines and			



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



# 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	(G2C)		
Who may avail:	All newborn delivered i	n the hosp	ital regardless	of age of gestation
CHECKLIST OF F	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		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				
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		
	<b>3.2</b> 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	



## **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	discharge		
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			SECURE
MDR (secondary)		Philhealth		
PBEF(secondary)		Admitting	Section	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	1. 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 None	2 Minutes 2 Minutes	Nurse on Duty



	instruction			Nurse on Duty
Fills out CSS and drop in the box located at the area	9 1	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			
Who may avail:	All Client needing Elec	tive Surgica		
CHECKLIST OF R	REQUIREMENTS		WHERE TO	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



<ul><li>4.1 If patient was not properly prepared, the receiving or nod will do the necessary correction.</li><li>4.2 Record in the</li></ul>			
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 patien safely to the recover room together wit the patients cha (IPMR) and endors patient accordingly.	y n rt	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 Eme	rgency Sur	~	
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



<ul><li>4.1 If patient was not properly prepared, the receiving or nod will do the necessary correction.</li><li>4.2 Record in the daily monitoring</li></ul>			
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. ended/immo post-op care		None	5 Minutes	Scrub Nurse
13. transfe safely to the room toge the patient according to the patien	e recovery ether with nts chart d endorse	None	2 minutes	Anesthesiologist, Scrub Nurse, Institutionalize Worker
TOT	AL:		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	Government-to-Citizen (G2C)				
Who may avail:	All post-operative patie	nts with sp	ecimen need fo	or 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	1. 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	OPERATING ROOM			
Classification:	Simple	Simple			
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	All mothers capable of	giving birth	1		
CHECKLIST OF R	REQUIREMENTS		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	1 11 11	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	None	5 Minutes	Scrub Nurse
ended/immediate			
post-op care			
13. Endorses patient	None	5 Minutes	Scrub Nurse
per stretcher or			
wheelchair to the			
ward nurse on duty			
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-legal consultation				
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 (G2C)			
Who may avail:	All newborn babies delivered via normal spontaneous delivery			
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			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

FAD	NORTH LUID	
* Genera	Hospital & Training	

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	NURSING			
Classification:	Simple/Complex				
Type of Transaction:	Government-to-Citizen	(G2C)			
Who may avail:	<ul> <li>All newborn delivere</li> </ul>	d at the ho	spital either by	normal	
	spontaneous deliver	y or C- sec	tion regardless	of age of gestation.	
	Newborns delivered outside the hospital, whose parents are				
	willing to let their bal	willing to let their babies undergo NBS in the hospital.			
CHECKLIST OF F	EQUIREMENTS		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 screening 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	



l .		ı	
cards at room temperature (20-25degrees) on a specially designed drying rack.  4.4 Recording of		2 Minutes	Trained NOD
collected NBS specimen (logbook)			
5. Packs NBS filter cards	None	10 minutes	Trained NOD
6. Logs and Submits packed filter cards at the engineering section		5 minutes	Trained NOD
7. Receives and Transports NBS filter cards thru courier for sending to NSC within the day		1 hour	Administrative Aide
TOTAL:	Situatio nal: For Non- instituti onalize d delivery , a fee of 1750 is charge	5 Hours, 45 Minutes	
	to be paid at cash section.		



### **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			WHERE TO	SECURE	
None		None		0200112	
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	
pharmacy to procure prescribed medications		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.

Office or Division:	DELIVERY ROOM				
Classification:	Simple				
Type of Transaction:	Government-to-Citizen (G2C)				
Who may avail:	All newborn babies del	All newborn babies delivered via normal spontaneous delivery and			
	caesarian section				
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			SECURE	
None		None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
None	<ol> <li>fills out the birth certificate draft accordingly</li> <li>interview baby's parents</li> </ol>	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	<ul><li>4. Submission of birth certificate draft for final typing.</li><li>4.1 Birth certificate</li></ul>	None	3 Minutes	Midwife/Nursing Attendant	



certificate draft receiving logbook TOTAL:	None	16 Minutes	Section Staff
<ul> <li>4.2 Birth certificate draft of babies delivered during night time is submitted to the records section in the following morning.</li> <li>4.3 Birth certificate draft of babies delivered during weekends and holidays is submitted to admitting section.</li> <li>5. Signed the birth certificate draft</li> </ul>	None	1 Minute	Records/Admitting Section Staff
draft of babies delivered during daytime is submitted to the records section after delivery.			



## 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		
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			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	2. 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	



### **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	NURSING			
Classification:	Simple/Complex				
Type of Transaction:	Government-to-Citizen				
Who may avail:	All newborn babies wh	o have und	dergone newbo	orn 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.

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	EQUIREMENTS		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	Carries out doctor's orders.  2.1 Issues	None None	2 Minutes 2 Minutes	Nurse on Duty
	prescription			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 R			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	<ul><li>3. Records/ checks actual number of medicines/supplies received</li><li>3.1 If incomplete,</li></ul>	None None	5 Minutes 2 Minutes	Nurse on Duty  Nursing Aide on Duty
	informs outgoing nurses to replace prior to endorsements  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 v		s order of admi	nistration.
CHECKLIST OF R			WHERE TO	
Prescription with S2 num	nber	Nurses St	tation	
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		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			
Who may avail:	ER and admitted patier	nts with doo		
CHECKLIST OF R			WHERE TO	SECURE
Copy of requisition of da preparation	angerous drugs	Pharmacy	Section	
Prescription with duly S2		Bureau of	Food and Drug	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 for 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	None	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			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen	(G2C)		
Who may avail:	Discharged Charts			
CHECKLIST OF F	REQUIREMENTS		WHERE TO	SECURE
Prescription with S2 num		Nurses St	ation	
Record form for consum	ption	Nurses St	ation	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
None	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		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	<ul> <li>3. Sterilizes packed instruments in the autoclave machine</li> <li>3.1 Drying of sterile packed gowns, drapes, &amp; sheets</li> </ul>	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		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 Administrate Officer) opens the drop boxes once a week a 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