



FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER

**CITIZEN'S CHARTER
2024 (4th 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 Therefore” 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 200 beds capacity Level 2 addressing 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 and Department of family and Community Medicine; Emergency Department, Dental, laboratory with blood blood, 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 socio-economic 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 endeavor 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 CHIEF OFFICE			
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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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.	None	1 Minute	<i>MCC's Staff</i>
	1.2 The medical Center Chief Noted the communication for information, dissemination, action and approval of the concerned offices/employees.	None	1 Day	<i>MCC's Staff</i>
2. Takes the receiving copy or acknowledgement receipt.	2. Give or send acknowledging receipt	None	1 Minute	<i>MCC's Staff</i>
	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 CHIEF OFFICE			
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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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.	None	1 Minute	<i>MCC's Staff</i>
	1.2 The medical Center Chief Noted the communication for information, dissemination, action and approval of the concerned offices/employees.	None	2 Days	<i>MCC's Staff</i>
2. Takes the receiving copy	2. Give the receiving copy of the communication	None	1 Minute	<i>MCC's Staff</i>
	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 CHIEF OFFICE			
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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. 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.	None	1 Minute	<i>MCC's Staff</i>
	1.2 Records the received document and forward to the Medical Center Chief	None	1 Minute	<i>MCC's Staff</i>
	1.3 Medical Center Chief review, validate and approves the document submitted.	None	2 Days	<i>MCC's Staff</i>
2. Client accomplish the record book and receives the approved document	2. Release the approved document	None	1 Minute	<i>MCC's Staff</i>
	TOTAL:	None	2 Days, 3 Minutes	



**OFFICE OF THE CHIEF OF MEDICAL
PROFESSIONAL SERVICE STAFF**

Internal Services



REVIEW AND RECCOMEND 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 REQUIREMENTS		WHERE TO SECURE		
Internal documents/reports		Requesting unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit report/internal documents	1. Receive reports and or internal documents	None	1 minute	<i>Administrative Assistant I</i>
	2. Review and recommend for approval reports and or internal documents	None	16 working hours	<i>CMPS</i>
Receive Internal documents and or reports	3. Forward internal documents to the requesting or concerned units	None	5 minutes	<i>Requesting unit</i>
	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 REQUIREMENTS		WHERE TO SECURE		
Schedule of Duties for the whole month		All Department Head		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit schedule at CMPS office 5 days before end of every month	Receive names recommended SHO and ER officer of the month	None	1 minute	<i>Administrative Assistant I</i>
	Appoint SHO officer and ER officer	None	30 minutes	CMPS
	Encode schedule of SHO and ER officer	None	15 minutes	<i>Administrative Assistant I</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	<i>Department Head</i>
	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 Ancillary Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Complete filled leave forms		HR Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit filled leave forms to the CMPS office for approval	Receive filled leave application form	None	1 minute	<i>Administrative Assistant I</i>
	Approve leave application	None	3 minutes	<i>CMPS</i>
Receive approved leave application form	Forward filled application forms	None	1 minute	<i>Requesting personnel</i>
	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:	Simple
Type of Transaction:	Government to Client (G2C)
Who may avail:	All Active Human Resources (Plantilla Positions)
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
Personal Data Sheet (CSC Form 212 Revised 2017) with most recent ID passport size picture to be attached and submitted (3 Original Copies back- to- back), with attached work experience sheet	Requesting party
Original copy of Authenticated of the following, if applicable (1 Original Copy and 3 Photocopies) a. Civil Service Eligibility b. Valid Professional Regulation Commission (PRC) ID c. PRC Board Rating d. Any related eligibility granted in the government	Civil Service Commission Professional Regulatory Commission Professional Regulatory Commission
Medical Certificate (CSC Form 211) signed and check-up by the designated Government Physician with complete results of the following: (3 Original Copies) a. Blood Test b. Urinalysis c. Chest X-Ray d. Drug Test	Human Resource Management Section
Certified True Copy of Diploma and Transcript of Records (TOR) (1 Original Copy and 3 Photocopies)	Requesting party's School/University
Original latest NBI Clearance (1 Original Copy)	National Bureau Investigation
Original and Certifies True Copy of Birth Certificate (PSA Form) (1 Original Copy & 1 Photocopies)	Philippine Statistics Authority
Original and Certified true Copy of Marriage Contract if applicable (1 Original and 3	Philippine Statistics Authority



Photocopies)					
Statement of Assets, Liabilities, and Networth (Revised 2015 Form) (3 Original Copies back-to-back)		Requesting party			
Tax Identification Number (TIN) (1 Photocopies)		Bureau of Internal Revenue			
Documentary Stamp (2 pcs.)		Requesting party			
Certificate of Successful Completion of Training on non-degree courses, formal in-service training programs, Fellowships, grants and other forms of formal training activities (1 Original & 1 Photocopy)		Requesting party			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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	<i>Administrative Officer V</i> 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	<i>Administrative Assistant II</i> Human Resource Management Office	
1.2. Receive the schedule date of issuance appointment	1.2. Checks the correctness in filling out forms and completeness of the requirements submitted.	None	30 minutes	<i>Administrative Assistant II</i> Human Resource Management Office	
	1.3. Advise the schedule date of issuance of appointment	None	5 minutes	<i>Administrative Officer V</i> Human Resource Management Office	
	1.4. Prepare and print the Appointment and other necessary documents (Oath of Office, Certificate of Assumption,	None	3 hours	<i>Administrative Assistant II</i> Human Resource Management Office	



	<p>Resolution, Position Description Form (PDF)).</p> <p>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)).</p> <p>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).</p>	None	1 hour	<p><i>Administrative Officer V</i> Human Resource Management Office</p>
		None	7 days	<p><i>Administrative Assistant II</i> Human Resource Management Office</p>
2. Return and sign the appointment.	<p>2. Facilitate signing of the Appointment and other necessary documents (Oath of Office, Certificate of Assumption, Resolution, Position Description Form (PDF) to concern appointee.</p> <p>2.1. Prepare and print Appointment</p>	None	1 hour	<p><i>Administrative Assistant II</i> Human Resource Management Office</p>
		None	20 minutes	<p><i>Administrative Assistant II</i></p>



	Transmittal and Action Form			
	2.7 Sign the Appointment Transmittal and Action Form	None	3 hours	<i>Administrative Officer V</i> 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	<i>Administrative Aide VI</i> 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:	<ul style="list-style-type: none"> All Suppliers Service providers of Far North Luzon General Hospital and Training Center 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Disbursement Voucher		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register in the logbook and state request.	None	None	2 Minutes	<i>Administrative Assistant II Accounting Section</i>
2. Wait while the requested document is being prepared by the employee in- charge	2. Prepares the requested document	None	4 Minutes	<i>Administrative Assistant II Accounting Section</i>
	2.1 Signs the prepared document	None	1 Minute	
3. Receive the document requested.	3. Releases the requested document.	None	1 Minute	<i>Administrative Assistant II Accounting Section</i>
TOTAL:		None	9 Minutes	



BILLING AND CLAIMS

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 after deducting mandatory discounts and Philhealth benefits. Required documents vary depending on their Philhealth membership status at the time of application and/or required by existing Philhealth policies. The service is offered Monday to Sunday from 8am to 5pm.

Office or Division:	Finance Service- Billing and Claims Section			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	In-patient watcher			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Update		PhilHealth Local Health Insurance Office		
Updated Membership Data Record - One(1) photocopy				
Official Receipt of Philhealth Contribution/ Proof of PhilHealth Contribution, if applicable- One(1) photocopy				
Payment history if required by Philhealth Benefit Eligibility Form (PBEF)- One(1) photocopy				
Assessment of Social Worker in case no MDR available and Philhealth portal is offline - One(1) photocopy		MALASAKIT CENTER		
Birth Certificate, if applicable- One(1) photocopy		Philippine Statistics Authority		
Draft Birth Certificate, if applicable - One(1) photocopy		Medical Records		
Marriage Certificate, if applicable- One(1) photocopy		Philippine Statistics Authority		
Government issued IDs,if applicable- One(1) photocopy		Government Agencies		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up log book and wait for the document to be processed	1.1 Verifies the eligibility of the member.	NONE	5 mins	Administrative Officer I- Billing and Claims Section
	1.2 If PHIC holder, check qualifications and compute excess	NONE	5 mins	Administrative Officer I- Billing and Claims Section



	of bills.			
	1.3 Check and print the SOA and CSF.	NONE	2 mins	Administrative Officer I- Billing and Claims Section
2. Signing of documents by the philhealth member or representative	2. Receive and check if all documents were properly signed.	NONE	2 mins	Administrative Officer I- Billing and Claims Section
3. Go to Malasakit Center to seek medical assistance for the excess of bill or to Cashier for payment	3. If NBB, endorsed to MALASAKIT center for the excess of bill then release the discharged clearance with a copy of SOA to watcher. If not, forward to cashier for payment.	NONE	2 mins	Administrative Officer I- Billing and Claims Section
TOTAL		NONE	16 mins	



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:	All able to pay patients				
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
Statement of Account/ Charge Slip, one (1) original copy			Billing/ Cost center (Pharmacy, Laboratory, Radiology, Dialysis, Pulmonary, Central Supply Room, ER		
Government issued ID's for discount, one (1) original copy			Government Agencies		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Receives charge slips/Statement of Account	1.1 Verifies the eligibility of the patient for discount or malasakit.	NONE	2 mins	<i>Administrative Officer-I Cashier's Section</i>	
	1.2 If able to pay, Issue Official Receipts.	NONE	2 mins	<i>Administrative Officer-I Cashier's Section</i>	
2. Signing of Clearance.		NONE	2 mins	<i>Administrative Officer-I Cashier's Section</i>	
TOTAL:		None	3 Minutes		



ISSUANCE OF OFFICIAL RECEIPTS (OR) TO ALL ABLE TO PAY PATIENTS

The Cashier's section issues the official receipt to all able to pay patients based on the Statement of Account less discounts. The service is offered Monday to Sunday, 24/7.

Office or Division:	Cashier's Section			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	All able to pay patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Statement of Account/Charge slip			Billing/Cost Center	
Government issued ID's for discount			Government Agencies	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives charge slips/Statement of Account	1.1 Verifies the eligibility of the patient for discount or malasakit.	NONE	2 mins	<i>Administrative Officer-I Cashier's Section</i>
	1.2 If able to pay, Issue Official Receipts.	NONE	2 mins	<i>Administrative Officer-I Cashier's Section</i>
2. Signing of Clearance.		NONE	2 mins	<i>Administrative Officer-I Cashier's Section</i>
	TOTAL:	None	6 mins	



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(G2C); Government-to-Business(G2B); Government-to-Government(G2G)			
Who may avail:	Patients or their representatives, employees, government agencies, health maintenance organizations			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One valid I.D of the claimant		Company affiliation, LTO, PRC, GSIS, SSS, OSCA or OWWA, COMELEC, BIR		
If representing a person: <ul style="list-style-type: none"> • Authorization letter from claimant if received by a representative 		Claimant/payee		
Valid official or Collection Receipts		BIR authorized print		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents identifying documents	1. Verify documents 1.1 if identification is appropriate, log out documents.	None	1 Minute	<i>Disbursing Officer</i>
2. Acknowledge the disbursement documents by	Retrieves the check/Authority to debit account	None	1 Minute	<i>Disbursing Officer</i>
3. Issue official or collection receipt	Issues the check or authority to debit account	None	2 Minutes	<i>Disbursing Officer</i>
3. Returns the signed disbursement documents	Inspect the documents for acknowledgment of payments	None	1 Minute	<i>Disbursing Officer</i>
	TOTAL:	None	5 Minutes	



REQUEST 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 Client(G2C)			
Who may avail:	All employees of Far North Luzon General Hospital and Training Center, Separated employees, and Detailed Staff from other Government Agencies			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Duly accomplished request form- One (1) Original Copy Specific Purpose: With Compensation: 1.1. Loan Application 1.2. Credit Card Application 1.3. Bank transaction			HR Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employee submit request to SAO's office	Receives request from client/employee and retrieves record of the employee	None	1 Minute	<i>Administrative Office</i>
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	<i>SAO's Staff</i>
None	Staff receives signed COE from MCC's office and logs/records and seal the COE	None	1 Minute	<i>SAO's Staff</i>
2. Employee/client receives from SAO's staff signed and sealed COE	Releases signed and sealed COE to requesting employee	None	1 Minute	<i>SAO's Staff</i>
TOTAL:		None	15 Minutes	



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

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

Office or Division:	ACCOUNTING			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	All Employees of FARNORTH Luzon General Hospital and Training Center			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			None	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register in the logbook and state request	None	None	2 Minutes	<i>Administrative Assistant II Accounting Section</i>
2. Wait while the requested document is being prepared by the employee in-charge	Prepares the requested document	None	4 Minutes	<i>Administrative Assistant II Accounting Section</i>
	Signs the prepared document	None	1 Minute	<i>Accountant III Accounting Section</i>
3. Receive the document requested	Releases the requested document	None	1 Minute	<i>Administrative Assistant II Accounting Section</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 Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Filled up I.D requisition slip, one (1) original copy		Human resource management section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign the ID requisition logbook	1. Give the logbook and have it sign for the specific request	None	2 Minutes	<i>Administrative Aide VI Human Resource Section</i>
2. Fill up the I.D requisition form	2. Provide the I.D requisition form	None	1 Minute	<i>Administrative Aide VI Human Resource Section</i>
	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	
3. Return and receive the laminated identification card 3.1 Sign the released logbook for I.D	3. Release the laminated identification card with I.D sling and instruct to sign the released logbook for I.D	None	2 Minutes	<i>Administrative Aide VI Human Resource Section</i>
	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-Government(G2G)			
Who may avail:	All FARNORTH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Job order request form		Engineering and Facilities Management Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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.	1. Receives the forms for evaluation.	None	1 Minute	Administrative Assistant II <i>EFM Section</i>
None	2. Evaluates the request and specifies needed supplies and materials, if applicable.	None	1 Minute	<i>Engineer EFM Section</i>
None	3. If needed material is readily available, assigned personnel will proceed to the work being requested.	None	Within the Day	Administrative Assistant II <i>EFM Section</i>
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 <i>EFM Section</i>



	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 <i>EFM Section</i>
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	Administrative Assistant II <i>EFM Section</i>
Signs the request form upon completion of the work, one copy to return to EFM Section.	7. Receives the copy of the request for filing.	None	1 Minute	Administrative Assistant II <i>EFM Section</i>
	TOTAL:	None	1 Day	



PROCESSING OF PR FOR SMALL VALUE PROCUREMENT

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

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



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



CHANGE OR UPDATE PATIENT'S PERSONAL INFORMATION

A Health Information Management Service from Mondays – Fridays, Holidays, No Noon Break, Saturdays and Sundays (24/7).

This section is in charge of changing or updating whose patient record was erroneously given and encoded in the Integrated Hospital Operations and Management Information System (IHOMIS) during their hospitalization at Far North Luzon General Hospital & Training Center.

Office or Division:	HEALTH INFORMATION MANAGEMENT-ADMITTING AND INFORMATION	
Classification:	Government-to-Citizen (G2C)	
Type of Transaction:	Simple	
Who may avail:	All patients admitted whose data or information was erroneously given and encoded in the IHOMIS	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1.Hospital identification card – one (1) original copy		Patient/ Authorized representative
2.Birth certificate - one (1) photocopy and one (1) original copy		Local Civil Registrar or Philippine Statistics Authority
3.Marriage certificate – one (1) photocopy and one (1) original copy		Local Civil Registrar or Philippine Statistics Authority
4.Barangay Certificate - one (1) photocopy and one (1) original copy		Barangay where the patient resides
5.Valid ID (if warranted) - one (1) photocopy and one (1) original copy		
Driver's license		Land Transportation Office (LTO)
Voter's ID		COMELEC
PRC license		Professional Regulation Commission (PRC)
POSTAL ID		Post Office
UMID		Government Service Insurance System (GSIS)/ Social Security System (SSS)
Loyalty Card		Pag-ibig
Passport		Department of Foreign Affairs (DFA)
Tax Identification Number ID (TIN)		Bureau of Internal Revenue (BIR)



National ID		Philippine Statistics Authority (PSA)		
6. Affidavit of Discrepancy - one (1) original copy		Public Attorney's Office		
6. Patient's Clinical Coversheet - one (1) original copy		Health information Management Section File/ Nurse Stations		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the hospital identification card for interview with corresponding original and photocopy of Birth Certificate or valid ID of the patient	1.1 Verify patient record at IHOMIS	None	5 Minutes	Administrative Officer I (AO I) Health Information Management Section- Admitting and Information
2. Presents Clinical Coversheet of the patient if currently admitted at the ward	2.1 Update the information in the IHOMIS 2.2 Amend the patient record and attach the valid document given	None	45 Minutes	Administrative Officer I (AO I) Health Information Management Section- Admitting and Information
Total processing time		None	50 Minutes	



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 REQUIREMENTS		WHERE TO SECURE		
Purchase Orders/Job Orders <ul style="list-style-type: none"> • If Bidded-Purchase request <ul style="list-style-type: none"> • Purchase Order • Notice of Award • Notice to Proceed/Resolution • If not Bidded <ul style="list-style-type: none"> • Purchase request • Purchase Order • Abstract 		Requesting Unit Procurement Office Procurement Office Procurement Office Requesting Unit Procurement Office Supplier		
For Claims/TEVs <ul style="list-style-type: none"> • Bus Ticket/RER • Narrative Report • Certificate of Training 		Requesting Person Requesting Person		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits purchase order/Job order/Disbursement voucher for obligation with complete supporting documents	1. Receives purchase order/Job order/Disbursement	None	5 Minutes	<i>Budget Officer</i>
None	2. Prepares the obligation request status (OBR) / Budget Utilization request (BUR)	None	30 Minutes	<i>Budget Officer</i>
	2.1 Verifies the availability of Allotment	None	30 Minutes	<i>Budget Officer</i>



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



MEDICAL DIVISION

External Services



ADMISSION OF PATIENTS

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

This section is in charge of admitting patients for hospitalization through interview of patient/ informant, disseminate hospital policies and give further instructions to follow while admitted at Far North Luzon General Hospital & Training Center.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES	
Classification:	Simple	
Type of Transaction:	Government-to-Citizen (G2C)	
Who may avail:	All patients for admission/or their authorized representative	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Notice of Admission – one (1) original copy		Emergency Room (ER)
2. Consent to Release of Information – one (1) original copy		Admitting Section
3. Member Data Record (MDR)/ PHILHEALTH ID		Philhealth Office
4. For OB patients: Marriage certificate – one (1) photocopy and one (1) original copy Valid ID/CEDULA (both parents) - one (1) photocopy and one (1) original copy		Local Civil Registrar or Philippine Statistics Authority barangay where the parents reside
5. Birth certificate - one (1) photocopy and one (1) original copy		Local Civil Registrar or Philippine Statistics Authority
6. Valid ID (if warranted) - one (1) photocopy and one (1) original copy Driver's license Voter's ID PRC license POSTAL ID UMID Loyalty Card		Land Transportation Office (LTO) COMELEC Professional Regulation Commission (PRC) Post Office Government Service Insurance System (GSIS)/ Social Security System (SSS) Pag-ibig



Passport	Department of Foreign Affairs (DFA)			
Tax Identification Number ID (TIN)	Bureau of Internal Revenue (BIR)			
National ID	Philippine Statistics Authority (PSA)			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Notice of Admission a. Emergency Room (ER) – bantay/nurse b. Triage 2 - online	1.1 Verify patient record at IHOMIS	None	1 Minute	<i>Administrative Officer I/ Health Information Management Section- Admitting and Information</i>
2. Fill up Consent to Release Information/ Presents valid ID or birth certificate	2.1 ER - Interview informant/relative to gather demographics for Clinical Cover Sheet 2.2 Triage 2 – Validate information through phone/radio	None	5 Minutes	<i>Administrative Officer I/ Health Information Management Section- Admitting and Information</i>
3. Declare Philhealth membership, if any a. Receive the stub	3.1 Verify membership at Philhealth Benefit Eligibility Form (PBEF) 3.2 Issue STUB – no record on Philhealth/ there is additional requirement to submit	None	5 Minutes	<i>Administrative Officer I/ Health Information Management Section- Admitting and Information</i>
4. Inform room/bed accommodation	4.1 Verify availability of room/bed	None	5 Minutes	<i>Administrative Officer I/ Health Information Management Section- Admitting and Information</i>
5. Acknowledge awareness/ acceptance of patient's rights and	5.1 Disseminate hospital policies/ rights and responsibilities	None	2 Minutes	<i>Administrative Officer I/ Health Information Management Section- Admitting</i>



responsibilities				<i>and Information</i>
6. Receive watcher's pass	6.1 Issue watcher's pass and instruct patient to return pass upon discharge of patient. * If lost watcher's pass there is charge.	None P50.00	1 Minute	<i>Administrative Officer I/ Health Information Management Section- Admitting and Information</i>
7. Receive Patient Identification Card	7.1 Issue patient identification card if new patient	None	1 Minute	<i>Administrative Officer I/ Health Information Management Section-</i>
8. Review entries in Clinical Cover Sheet	8.1 Print Clinical Coversheet	None	1 Minute	<i>Administrative Officer I/ Health Information Management Section</i>
	TOTAL:	*Lost watcher's pass - P50.00	21 Minutes	



AEROSOL THERAPY

Aerosol therapy is a therapeutic procedure that uses aerosol for respiratory care in the treatment of respiratory disease.

Office or Division:	PULMONARY MEDICINE AND ANCILLARY SERVICES DIVISION			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Government (G2G)			
Who may avail:	<ul style="list-style-type: none"> • MICU Nurses • NICU Nurses • Pediatric • PICU Nurses • Nursing Aide 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Nursing Units		
Aerosol Therapy Monitoring Sheet		Pulmonary Medicine and Ancillary Services		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form recorded in the logbook	<p>1. Verifies request form and signs the logbook</p> <p>1.1 Records the request into the Procedure Logbook.</p> <p>1.2 Writes patient information, inhalants, frequency and chest physiotherapy as ordered on the aerosol therapy monitoring sheet.</p> <p>Note: For STAT and emergency procedure, a call from intercom may allow provided that a complete filled out</p>	None	2 Minutes	<p><i>Nurse/Nursing Attendant</i></p> <p><i>Respiratory Therapist</i></p>
2. Awaits Procedure	2. Double checks request by reviewing	None	15 Minutes	<i>Nurse on Duty/Respiratory</i>



	<p>the patient chart.</p> <p>2.1 Proceeds to the patient room or ward and to perform aerosol therapy.</p> <p>2.2 Explains the procedure.</p> <p>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.</p> <p>2.4 Asks guardian an assistance if patient is too young to cooperate and too old to hold nebulization kit.</p> <p>Note: Uses neonatal nebulization kit with pacifier or oxygen hood for newborn patients.</p> <p>2.5 Performs chest physiotherapy through vibramatic machine and palm cup percussor.</p> <p>2.6 Instructs patient or guardian to wash nebulization kit especially the mouth</p>			<p><i>Therapist</i></p>
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	<p>piece or the aerosol mask with clean water and to store properly.</p> <p>2.7 Performs hand hygiene and disinfects vibramatic pads and palm cup percussor with lysol spray.</p>			
3. Updates Medication Sheet	<p>3. Notifies nurse on duty on done procedure and updates aerosol therapy monitoring sheet</p> <p>3.1 Returns to Pulmonary medicine and ancillary services, and enters charges to HOMIS.</p> <p>3.2 Writes charge slip number on the aerosol therapy monitoring sheet.</p> <p>3.3 Updates aerosol monitoring and aerosol board directory.</p> <p>3.4 Checks vibramatic condition, cleans and prepare for the next therapy.</p> <p>3.5 Includes procedure into the daily procedure census.</p>	None	5 Minutes	<i>Nurse on Duty/Respiratory Therapist</i>



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



CLASSIFICATION OF PATIENTS (NEW PATIENTS)

The Social Services Section shall evaluate and classify patients seeking admission or treatment in the hospital to determine his/her eligibility for medical social services in accordance with AO 51- A s. 2001.

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All admitted patients in the Service Wards			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Senior Citizens only: <ul style="list-style-type: none"> • Senior Citizens ID • Philhealth Member Data Record (MDR) 		LGU/OSCA/PHILHEALTH OFFICE		
Renewed MDR (for those with active Philhealth membership)		PHILHEALTH OFFICE		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client shall sign the contract / consent form (except patients with active philhealth membership under NHTS/ Senior Citizen/LGU sponsored, or those patients belonging to the minority group-proceed to next step)	1. Verify patient's admission record at the HOMIS 2. Explain content of the contract/consent form 3. Conduct intake interview regarding the patient and his / her family	None	1 Minute	<i>Social Worker</i>
2. Present photocopy of renewed Philhealth MDR	2. Issue Medical Social Service Card (MSS Card)	None	1 Minute	<i>Social Worker</i>
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	<i>Social Worker</i>
4. Client shall answer customer Satisfaction	4.1 Advise client to go back to	None	1 Minute	<i>Social Worker</i>



Survey form	Emergency Room / Ward			
	TOTAL:	None	11 Minutes	



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

The Social Services Section shall evaluate and classify patients seeking admission or treatment in the hospital to determine his/her eligibility for medical social services in accordance with AO 51- A s. 2001.

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	OPD and ER Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Charge Slip		ER, OPD, X-ray, Pharmacy, Laboratory, Pulmonary Section		
For Senior Citizens only: <ul style="list-style-type: none"> • Senior Citizens ID • Philhealth Member Data Record (MDR) 		LGU/OSCA/PHILHEALTH OFFICE		
Renewed MDR (for those with active Philhealth membership)		PHILHEALTH OFFICE		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present charge slip with diagnosis and valid Medical Social Service (MSS) Card to the Social Worker	1. Verify patient's admission record at the HOMIS	None	1 Minute	<i>Social Worker</i>
2. Client shall sign the contract / consent form <i>(except patients with active philhealth membership under NHTS, Senior Citizen, and those patients belonging to the minority group - proceed to next step)</i>	2. Explain content of the contract/consent form	None	1 Minute	<i>Social Worker</i>
	2.1 Conduct intake interview regarding the patient and his / her family	None	15 Minutes	<i>Social Worker</i>
3. Present photocopy of renewed Philhealth MDR	3. Issue Medical Social Service Card (MSS Card)	None	1 Minute	<i>Social Worker</i>
	3.1 SW shall write	None	2 Minutes	



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



CLASSIFICATION OF PATIENTS (OLD PATIENTS)

The Social Services Section shall evaluate and classify patients seeking admission or treatment in the hospital to determine his/her eligibility for medical social services in accordance with AO 51- A s. 2001.

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All admitted patients in the Service Wards			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Senior Citizens only: <ul style="list-style-type: none"> • Senior Citizens ID • Philhealth Member Data Record (MDR) 		LGU/OSCA/PHILHEALTH OFFICE		
Renewed MDR (for those with active Philhealth membership)		PHILHEALTH OFFICE		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present valid Medical Social Service (MSS) Card to the Social Works *If failed to bring valid MSS card, client is directed by the MSW to pay card replacement at the cashier section	1. Check the validity of the MSS Card, then update if it is still valid 1.1 Verify patient's admission record at the HOMIS (if patient has existing valid MSS Card.) (if MSS card is no longer valid, patient is considered as "New Patient")	None 20.00	1 Minute	<i>Social Worker</i>
2. Present renewed Philhealth MDR	2. Retrieve record from filing area	None	3 Minutes	<i>Social Worker</i>
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 Provide the following interventions if	None	1 Minute + 5 Minutes	<i>Social Worker</i>



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



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

The Social Services Section shall evaluate and classify patients seeking admission or treatment in the hospital to determine his/her eligibility for medical social services in accordance with AO 51- A s. 2001.

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	OPD and ER Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Charge Slip		ER, OPD, X-ray, Pharmacy, Laboratory, Pulmonary Section		
For Senior Citizens only: <ul style="list-style-type: none"> • Senior Citizens ID • Philhealth Member Data Record (MDR) 		LGU/OSCA/PHILHEALTH OFFICE		
Renewed MDR (for those with active Philhealth membership)		PHILHEALTH OFFICE		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present charge slip with diagnosis and valid Medical Social Service (MSS) Card to the Social Worker *If failed to bring valid MSS card, client is directed by the MSW to pay card replacement at the cashier section	1. Check the validity of the MSS Card, then update if it is still valid 1.1 Verify patient's admission record at the HOMIS (if patient has existing valid MSS Card.) (if MSS card is no longer valid, patient is considered as "New Patient")	None 200.00	1 Minute	<i>Social Worker</i>
2. Present photocopy of renewed Philhealth MDR	2. Retrieve and update Record SW shall write patient's classification, amount discounted, and patient's counterpart on the charge slip	None	3 Minutes	<i>Social Worker</i>



	2.1 Orient the client on the hospital policies, available social services, and the scope and limitations of hospital assistance	None	1 Minute	<i>Social Worker</i>
3. Client shall answer Customer Satisfaction Survey form		None	1 Minute	<i>Social Worker</i>
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	



Service Name: **Provision of Medical and Financial Assistance through Malasakit Program**

Service Information: **One-stop shop facility of the Hospital where participating agencies receive and process request for medical and financial assistance for indigent and financially incapacitated patients.**

Operating hours: **Monday to Sunday (NO NOON BREAK)**

8:00 AM – 5:00 PM – Malasakit Center

5:00 PM – 8:00 AM – Medical Social Service (*for medical assistance under*

Department Of

Health only)

Office or Division:	Malasakit Center
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C)
Who may avail:	All Patients of FNLGHTC and from other government clinic/ government hospital needing medical treatment/consultation

FOR MEDICAL ASSISTANCE (Department of Health)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Photocopy of valid ID of Patient/ Client Any of the following: Driver's license PRC ID GSIS E-Card Philippine National ID Senior Citizen ID Postal ID Tax Identification Number Voter's ID / Voter's Certification PWD ID Solo-Parent ID Employment ID Barangay ID School ID Passport 4 Ps ID	Land Transportation Office (LTO) Professional Regulations Commission (PRC) Government Service Insurance System Philippine Statistics Authority Office of the Senior Citizens Affairs Post Office Bureau of Internal Revenue Commission on Election Municipal Social Welfare and Development Office Municipal Social Welfare and Development Office Employee's Agency Barangay School Department of Foreign Affairs Department of Social Welfare and Development
OPD/ ER patients: Charge Slip with diagnosis / Out-Patient (OPD) or Emergency Room (ER) Clearance In-Patients : Statement of Account (SOA)	Cost Center (ER / OPD / X-ray /CT-scan/ 2D echo / Pharmacy / laboratory/ pulmonary section) / OPD Billing and Claims
One (1) photocopy of Request for diagnostic procedure (<i>patients from other government clinic / hospital only</i>)	Referring hospital / clinic
One (1) original Barangay Certification of First	Barangay



Time Job Seekers (<i>First time Job seekers only</i>)				
Valid Medical Social Service (MSS) Card / Yellow Card (<i>for old patients only</i>)		Medical Social Service (MSS) / Malasakit Center (MC)		
CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
OLD PATIENTS <i>(patients with existing valid MSS Card)</i>				
Client presents charge slip / SOA, photocopy of ID, Request form, and valid MSS Card to the Malasakit Triage on duty for checking. If complete, ask for queuing number <i>*If failed to bring valid MSS card, client is directed by the triage personnel to pay card replacement at the cashier section</i>	1.1 Check the completeness and validity of requirements presented and issue queuing number. ➤ Verify patient's record at the HOMIS (if MSS card is no longer valid, patient is considered as " New Patient ") 1.2 Issue Card replacement 1.3 Receive complete documents, attach copy of queuing number and place on Social Worker's tray	None (P20.00)	2 min.	Social Welfare Officer III MSS / MC
Wait for the queuing number to be called. Once called, approach the Medical Social Worker (MSW) and surrender the queuing number	2.1 Update the valid MSS Card 2.2 Indicate the amount discounted, and patient's counterpart on the charge slip / OPD/ER Clearance / SOA 2.3 Print Acknowledgement Form	None	1 min.	Social Welfare Officer III MSS / MC
3. Client signs the Acknowledgement Form	3. Orient the client on the hospital policies, available social services, and the scope and limitations of hospital assistance	None	1 min.	Social Welfare Officer III MSS / MC
4. Client answers Customer Satisfaction Survey (CSS) form	4. Assist client in answering the CSS form	None	1 min.	Social Welfare Officer III MSS / MC
5. Client with counterpart shall proceed to cashier for payment Client availed full discount: proceed to next	5. Issue official receipt	Depends on classification of patient	2 mins.	Administrative Officer I Cashier's Section



step				
6. Client goes back to the cost center and submit the charged slip/ Clearance with proper charging of funds and or receipt			1 min.	Cost Center Staff
	TOTAL	(P20.00)	8 mins.	
NEW PATIENTS				
CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents charge slip / SOA, photocopy of ID, and or Request to the the Malasakit Triage on duty for checking. If complete, ask for queuing number	1.1. Check the completeness and validity of requirements presented and issue queuing number. 1.2. Verify patient's record at the HOMIS 1.3. Receive complete documents, attach copy of queuing number and place on Social Worker's tray	NONE	2 min.	Social Welfare Officer III MSS / MC
2. Wait for the queuing number to be called. Once called, approach the Medical Social Worker (MSW) and surrender the queuing number	2.1 Inform the client on the contract/ consent before the conduct of the interview.	NONE	1 min.	Social Welfare Officer III MSS / MC
3. Client signs the contract / consent form	3.1 Conduct intake interview regarding the patient and his / her family 3.2 Indicate the amount discounted, and patient's counterpart on the charge slip / OPD/ER Clearance / SOA 3.3 Print Acknowledgement Form	NONE NONE	14 mins.	Social Welfare Officer III MSS / MC
4. Client signs Assessment Tool, Unified Intake Sheet, and the acknowledgement form	4. Orient the client on the hospital policies, available social services, and the scope and limitations of hospital assistance	NONE	1 min.	Social Welfare Officer III MSS / MC
5. Client answers Customer Satisfaction Survey form	5. Assist client in answering the CSS form	NONE	1 min.	Social Welfare Officer III MSS / MC
6. Patient with counterpart: shall proceed to cashier for payment Patient who availed full discount, proceed to next step	6. Issue official receipt	Depends on classification of patient	2 mins.	Administrative Officer I Cashier's Section



7. Client goes back to the cost center and submit the charged slip/ Clearance with proper charging of funds and or receipt		NONE	1 min.	Cost Center Staff
	TOTAL	NONE	22 mins.	

FOR PHILHEALTH SERVICES

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Photocopy of any of the following: <ul style="list-style-type: none"> ➤ Valid Identification Card: <ul style="list-style-type: none"> Driver's license PRC ID GSIS E-Card Philippine National ID Senior Citizen ID Postal ID Tax Identification Number Voter's ID / Voter's Certification PWD ID Solo-Parent ID Employment ID ➤ Birth Certificate or Certificate of marriage 	Land Transportation Office (LTO) Professional Regulations Commission (PRC) Government Service Insurance System Philippine Statistics Authority Office of the Senior Citizens Affairs Post Office Bureau of Internal Revenue Commission on Election Municipal Social Welfare and Development Office (MSWDO) MSWDO Employee's Agency Philippine Statistics Authority/ Local Civil Registrar

CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queuing number from the Malasakit triage on duty and wait for your number to be called	1. Issue queuing number	NONE	1 minute	Social Welfare Officer III MSS / MC
2. Approach the counter to be served and surrender queuing number	2.1. Verifies member's philhealth eligibility. 2.2. Inform client of the result of verification	NONE	3 minutes	Social Insurance Assistant Malasakit Center
3. Accomplish Philhealth Member Registration Form (PMRF) and provide required attachments/ requirements.	Updates and Enrolls members data record through Member Information System (MIS)/ Refers to PhilHealth Business Office for Updating and Registration.	NONE	5 minutes	Social Insurance Assistant Malasakit Center
4. Sign client's logbook to receive MDR	Print Member Data Record (MDR)	NONE	2 minutes	Social Insurance Assistant Malasakit Center
	TOTAL	NONE	11 mins.	

FOR PCSO SERVICES

For In-patients:	Malasakit Social Worker
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<ul style="list-style-type: none"> One (1) Original Unified Intake Sheet One (1) original Statement of Account (SOA) One (1) original or certified true copy of Medical Abstract One (1) photocopy of valid ID of patient and or representative <i>(Pls refer to list of valid IDs @ DOH list)</i> 		Billing Section Nurse Station/ Records Section Government Agencies		
For Out Patients <ul style="list-style-type: none"> One (1) original Unified Intake Sheet One (1) original medical prescription One (1) original or certified true copy of Medical Abstract or medical certificate One (1) photocopy of valid ID of patient and or representative (Pls refer to list of valid IDs @ DOH list) 		Malasakit Social Worker Out-Patient Department OPD Physician on Duty Government Agencies		
Additional Requirements for Chemotherapy and Specialty Medicines <ul style="list-style-type: none"> Original OPCR certified true copy of the treatment protocol (for radiation and specialty medicines) Copy of certification on the number of sessions availed from the Philhealth (for Hemodialysis and radiation) 		Government hospital or clinic where the patient is diagnosed Government hospital or clinic where the patient is diagnosed		
Additional requirements for medicine request not available in the hospital Three (3) original price quotation from different suppliers		Government hospital or clinic where the patient is diagnosed		
CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queuing number from the Malasakit triage on duty and wait for your number to be called	1. Issue queuing number	NONE	1 minute	Social Welfare Officer III MSS / MC
2. Present / submit the complete documents	2.1. Encode all the data into the PCSO Malasakit Center 2.2. Scan and upload in the Malasakit Center System all required documents 2.3. Print Guarantee Letter (GL) and PCSO assessment form.	NONE	17 minutes	Administrative Assistant PCSO-Malasakit Center
3. Answer Customer Satisfaction Survey	3. Release the GL and PCSO assessment form to the client and ensure acknowledgement of receipt in the logbook	NONE	2 minutes	Administrative Assistant PCSO-Malasakit Center
4. Receive the Guarantee Letter	4. Endorse the Unified Intake Sheet to the next agency if applicable	NONE	1 minute	Administrative Assistant PCSO-Malasakit Center
	TOTAL	NONE	21 minutes	

FOR DSWD SERVICES



OD ASSISTANCE 1. Two (2) photocopy of any Valid ID of the patient (In the case of minor patient, valid ID of client) (Pls refer to list of valid IDs @ DOH list) 2. One (1) original and one (1) photocopy of Certificate of Indigency or residency 3. 1 Original and one (1) photocopy of Certificate of Confinement		Government Agencies Barangay Records Section		
TRANSPORTATION ASSISTANCE 1. Two (2) photocopy of any Valid ID of the patient (In the case of minor patient, valid ID of client) (Pls refer to list of valid IDs @ DOH list) 2. 2 photocopy of Referral slip of the patient to be transferred 3. 1 Original, One (1) Brgy. Certification of indigency		Government Agencies Referring Nurse on Duty Barangay		
OTHER CASH 1. Two (2) photocopy of any Valid ID of the patient (In the case of minor patient, valid ID of client) 2. 1 Original, One (1) Brgy. Certification of indigency				
CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queuing number from the Malasakit triage on duty and wait for your number to be called	1. Issue queuing number	NONE	1 minute	Social Welfare Officer III MSS / MC
2. Present required documents for assistance	2.1 Review and pre/assess documents of the client • If incomplete documents, advise client to complete required documents 2.1 Verify client's record in the CDR 2.2 Interview and assess the client using the General Intake Sheet 2.3 Print General Intake Sheet (GIS) and Certificate of Eligibility (CE)	NONE	25 minutes	Social Welfare Officer II DSWD Staff - MC
3. Signs GIS and CE	3.1 Encode the client and beneficiary's information in the CDR and Malasakit Tracker	NONE	5 minutes	Social Welfare Officer II DSWD Staff - MC
4. Receives cash assistance	4. Pay-out cash assistance availed	NONE	1 minute	Social Welfare Officer II DSWD Staff - MC
	TOTAL	NONE	32 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 A.M – 5:00 P.M excluding holidays.

Office or Division:	Dental Section			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	OPD and ER Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Filled information form- One (1) Original Copy		OPD Section		
Individual Health Record- One (1) Original Copy		Dental Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out information form provided by OPD Department	1. 1. Register patient to HOMIS and print OPD blotter	None	5 Minutes	<i>Administrative Officer II Out Patient Department</i>
	2. 1. Interview and assess patient	None	15 Minutes	<i>Nurse OPD</i>
2. Submit dental health form with OPD	2. Interview patient for Med/Dental history	None	5 Minutes	<i>Dentist IV Dental Section</i>
	2.1 Perform treatment according to patient request		2 Hours	<i>Dentist IV Dental Section</i>
3. Receives SOA or charge slip for the payment of dental fees to cashier officer or malasakit center	3.1 SOA or charge slip given to patient for payment of service to cashier office	None	5 Minutes	<i>Dental Aide Dental Section</i>
	TOTAL:	None	2 Hours, 30 Minutes	



ISSUANCE OF OFFICIAL RECEIPTS (OR) TO ALL ABLE TO PAY PATIENTS

The Cashier's section issues the official receipt to all able to pay patients based on the Statement of Account less discounts. The service is offered Monday to Sunday, 24/7.

Office or Division:	DENTAL			
Classification:	Simple			
Type of Transaction:	Government to Client (G2C)			
Who may avail:	OPD, ER and In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
led Information (Blotter) 1 Original Copy		PD Section		
CLIENT STEPS	AGENCY ACTIONS	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Fill out information form provided by OPD department	1. Register patient to HOMIS and print OPD blotter	NONE	5mins	<i>OPD Staff Nurse I</i>
	1.1 Interview and assess patient	NONE	2 mins	<i>OPD Staff Nurse I</i>
4. Submit OPD blotter	2. Interview patient for Medical Dental History	NONE	3mins	<i>Dental Staff Dental Aide IV</i>
	2.1 Perform treatment according to patient request	Minimum of 300 per tooth	10 to 30 minutes	<i>Dental Staff Dentist IV or II</i>
	2.1.a. Extraction	700 to 1000 (Simple to Heavy)	Minimum of 30 minutes	<i>Dental Staff Dentist IV or II</i>
	2.1.b. Oral Prophylaxis	400-600 per tooth	Minimum of 30 minutes	<i>Dental Staff Dentist IV or II</i>
	2.1.c. Restoration	Minimum of 3000 per tooth	Minimum of 1hour	<i>Dental Staff Dentist IV or II</i>
	2.1.d. Odontectomy			



<p>5. Receives Charge slip for the payment/settle of dental fees to Cashier or MALASAKIT Center</p>	<p>3.1 Charge slip given to patient for payment/settle to Cashier or MALASAKIT Center</p>	<p>None</p>	<p>10 minutes</p>	<p>Dental Staff Dental Aide IV</p>
	<p>Total:</p>	<p>Tooth Extraction- 300 per tooth</p> <p>Oral Prophylaxis Simple- 300 Heavy- 1000</p> <p>Restoration- 600 per tooth</p> <p>Odontectomy- 3000 per tooth</p>	<p>2hours</p>	



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

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

Office or Division:	PHARMACY			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G), Government to Citizen (G2C)			
Who may avail:	Out-patients and the General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Properly filled up Prescription form (RESETA) <ul style="list-style-type: none"> • One (1) copy of Ordinary Prescription 		OPD Doctor/ Medical Practitioner		
<ul style="list-style-type: none"> • Medical Social Service assessment (Financial assistance) 		Malasakit Center		
<ul style="list-style-type: none"> • OPD Clearance 		OPD Nurse		
<ul style="list-style-type: none"> • Pharmacy Charge Slip 		Pharmacy Section		
<ul style="list-style-type: none"> • Identification Card 		Government Agency or Private Sector		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring the prescription form to the pharmacy.	1.1 Receives and Check availability of stock. 1.2 Validate prescription in terms of completeness and authenticity in accordance with legal and regulatory requirements 1.3 Confirms the patient identity 1.3a Request for documentary requirement applicable 1.3 Compute bill and issue charge slip or fill out OPD/Discharge Clearance 1.4 Instruct patient/client to settle bill to the cashier 1.5 Prepares items for dispensing	None	5 Minutes	Pharmacist I, Pharmacy Technician PHARMACY



2. Proceed to Cashier	2.1 Obtain charge slip 2.2 Verifies the eligibility of the client for discount and instruct client for Medical Social Work interview 2.2 Issue Official Receipt (OR) for paying client and instruct patient to proceed to the Pharmacy	None	2 Minutes	Collecting Officer CASHIER
3. Proceed to Malasakit (Service patient)	3.1 Receive charge slip 3.2 If new client, interview for classification 3.3. If old client retrieved files 3.4 If with excess bill go back to cashier for payment 3.5 No excess payment submit charge slip duly noted by Malasakit to Pharmacy	None	2 Minutes (old)	Lilian Bal-awen MEDICAL SOCIAL SERVICE
4. Go back to the Pharmacy and present Official receipt or Medical social service assessment with the charge slip/ clearance	4.1 Confirm the client's identity 4.2 Note Official Receipt (OR) number or Attach Medical social service assessment to the prescriptions Hands medicines to the patient with written and verbal instruction on how to take the medication	None	2 Minutes	Pharmacist I, Pharmacy Technician PHARMACY
5. Fills out CESF and drop in the box located in the area	5.1. Assists in filling out of the CESF and provide further instruction Record and file prescriptions accessible to inspection by PDEA		1 minute	
	TOTAL:	None	12 Minutes	



DISPENSING OF REGULATED DRUGS

This dispensing service is provided to all patient who are consulted and prescribed of medications containing dangerous drugs/ regulated drugs from the Out-patient Department and the General Public

Office or Division:	PHARMACY			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G), Government to Citizen (G2C)			
Who may avail:	OPD and the General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Properly filled up Prescription form (RESETA) <ul style="list-style-type: none"> • Three (3) copies of Special Prescription form for Dangerous Drugs (SPFDD) • Three (3) copies of Ordinary Prescription containing dangerous drugs Identification Card Original copy of Passport (Foreigners)		Pdea License Medical practitioner who, in accordance with the norms and standards of his or her profession Government Agency/ Private Sector		
Medical Practitioner Valid S2-license		To any Philippine Drug Enforcement Agency office		
Malasakit Center assessment (Financial assistance)		Malasakit Center		
Pharmacy Charge Slip		Pharmacy Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



<p>1. Bring/ Present prescription form to the pharmacy</p>	<p>1.1 Receives and Check availability of stock. 1.2 Validate prescription in terms of completeness and authenticity in accordance with legal and regulatory requirements 1.3 Confirms the patient identity 1.3a Request for documentary requirement applicable 1.4 Compute bill, issue charge slip and instruct patient/client to settle bill to the cashier 1.5 Prepares items for dispensing</p>	<p>None</p>	<p>5 Minutes</p>	<p>Pharmacist Pharmacy Section</p>
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2. Proceed to Cashier	2.1 Obtain charge slip 2.2 Verifies the eligibility of the client for discount and instruct client for Medical Social Work interview 2.2 Issue Official Receipt (OR) for paying client	None	2 Minutes	Administrative Officer V Cashier Section
3. Proceed to Malasakit (Service patient)	3.1 Receive charge slip 3.2 If new client, interview for classification 3.3. If old client retrieved files 3.4 If with excess bill go back to cashier for payment 3.5 No excess payment submit charge slip duly noted by Malasakit to Pharmacy	None	2 Minutes (old)	Social Welfare Officer III Medical Social Service
4. Return to Pharmacy and present Official receipt/MSS classification with the charge slip	4.1 Note Official Receipt (OR) number on the prescription 4.2 Indicate complete name, address and valid identification card or passport for foreigners and affix signature at the back of the prescription	None	5 Minutes	Pharmacist I Pharmacy Section
5. Fills out CESF and drop in the box located in the area	5.1. Assists in filling out of the CESF and provide further instruction Record and file prescriptions accessible to inspection by PDEA		1 minute	Pharmacist I Pharmacy Section
	TOTAL:	None	15 Minutes	



Pricelist may change without prior notice

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



ATENOLOL 50MG TAB	
ATORVASTATIN 20MG TAB	
ATORVASTATIN 40MG TAB	

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

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



ENALAPRIL 20MG TAB	
ENALAPRIL 10MG TAB	
ENALAPRIL 5MG TAB	

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



METHYLPREDNISOLONE 16MG TAB	
METOPROLOL 100MG TAB	
METOPROLOL 50MG TAB	
METRONIDAZOLE 500MG TAB	1.50
MONTELUKAST 10MG TAB	7.00
MONTELUKAST 4MG SACHET	80.40
MONTELUKAST 4MG TAB	6.00
MORPHINE 10MG TAB	38.00
MORPHINE 30MG TAB	84.00
MULTIVITAMINS CAPSULE	1.20
NIFEDIPINE 10MG TAB	4.50
NIFEDIPINE 30MG TAB	24.00
NITROFURANTOIN 100MG CAP	8.50
OFLOXACIN 200MG TAB	5.50
OMEPRAZOLE 20MG CAP	1.00
OMEPRAZOLE 40MG CAP	10.50
ORAL REHYDRATION SALTS	3.50
PARACETAMOL 500MG TAB	0.50
PHENOBARBITAL 15MG TAB	2.70
PHENOBARBITAL 30MG TAB	7.80
PHENOBARBITAL 60MG TAB	10.68
PHENOBARBITAL 90MG TAB	13.44
POTASSIUM CHLORIDE 600MG TAB	22.00
POTASSIUM CITRATE 1080MG TAB	8.50
PREDNISONE 5MG TAB	1.00
PREDNISONE 10MG TAB	2.50
PREDNISONE 20MG TAB	4.50
PREDNISONE 30MG TAB	12.00
PROPRANOLOL 10MG TAB	7.20
PROPRANOLOL 40MG TAB	9.60
RANITIDINE 150MG TAB	1.00
RANITIDINE 300MG TAB	6.00
RIFAMPICIN+INH+PZA+ETHAMBUTOL	29.88
RISPERIDONE 2MG TAB	9.50
ROSUVASTATIN 10MG TAB	6.33
ROSUVASTATIN 20MG TAB	14.00
SAMBONG 500MG TAB	5.00
SIMVASTATIN 10MG TAB	3.50
SIMVASTATIN 20MG TAB	1.06
SIMVASTATIN 40MG TAB	4.63
SODIUM BICARBONATE 325MG TAB	2.00
SODIUM BICARBONATE 650MG TAB	1.50
SPIRONOLACTONE 25MG TAB	8.50

SPIRONOLACTONE 100MG TAB	65.50
SPIRONOLACTONE 50MG TAB	30.75
SUCRALFATE 1GRAM TAB	77.00
TAMSULOSIN 200MCG TAB	34.00



TAMSULOSIN 400MCG TAB	
TELMISARTAN 40MG TAB	
TELMISARTAN 80MG TAB	

TRAMADOL 50MG CAP	3.00
TRANEXAMIC ACID 500MG CAP	5.50
TRIMETAZIDINE 35MG TAB	4.50
URSODEOXYCHOLIC ACID 250MG CAP	54.00
VITAMIN B1 B6 B12 TAB	3.50

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

MEBENDAZOLE 100MG/30ML SUSP	22.00
METRONIDAZOLE 125MG/5ML SYR	25.00
MULTIVITAMINS DROPS	32.00
MULTIVITAMINS SYRUP	20.00



PARACETAMOL 100MG/ML	
PARACETAMOL 250MG/5ML	
PARACETAMOL 125MG/5ML	

PREDNISOLONE 10MG/5ML SYR	117.50
SALBUTAMOL 2MG/5ML SYR	19.00
Zinc Sulfate 27.5MG/5ML SYR	38.00
Zinc Sulfate 10MCG/ML DROPS	43.50

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



DISPENSING OF REGULATED DRUGS IN TH EMERGENCY ROOM AND DIFFERENT WARDS IN THE HOSPITAL

This dispensing service is provided to all In-patients including patients in the emergency of the hospital who are consulted and prescribed of medications containing dangerous drugs/ regulated drugs.

Office or Division:	PHARMACY				
Classification:	Simple				
Type of Transaction:	Government to Government (G2G), Government to Citizen (G2C)				
Who may avail:	In-patients including patients in the Emergency Room				
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
Properly filled up Requisition for Dangerous Drugs Properly filled up Controlled Drug Administration Sheet			Nurse on duty/ Medical practitioner who, in accordance with the norms and standards of his or her profession		
Medical Practitioner Valid S2-license			To any Philippine Drug Enforcement Agency office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Bring/ Present prescription form, properly filled up requisition sheet and Controlled Drug Administration sheet to the pharmacy	1.2 Receives and Check availability of stock. 1.3 Validate prescription/ requisition sheet and administration sheet in terms of completeness and authenticity in accordance with legal and regulatory requirements 1.4 Prepares items for dispensing	None	5 Minutes	Pharmacist I Pharmacy Section Nurse II Ward Section	
2. Receives and signs at the back of regulated drugs prescription form and update inventory record	2.1 Hands the medicines to the client and update inventory record	None	1 minute	Pharmacist I Pharmacy Section Nurse II Ward Section	



3. Transport the medicine to the ward for safekeeping	3.1 Monitor the disposition of the dangerous drugs	None	1 minute	Pharmacist Pharmacy Section Nurse II Ward Section
	TOTAL:	None	7 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 MEDICINE AND ANCILLARY SERVICES DIVISION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All Out Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Out-Patient Department		
Charge Slip		Pulmonary Medicine and Ancillary Services		
Official Receipt		Cashier		
Electrocardiography Form		Pulmonary Medicine and Ancillary Services		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area.	1. Verifies request form. 1.1 Checks Record to HOMIS. 1.2 Explains to the client the Electrocardiography procedures. 1.3 Attaches and gives charge slip. 1.4 Advises client to proceed to cashier and return to Pulmonary Medicine and Ancillary Services once settled.	None <i>See Table 1 for Procedure Charges</i>	2 Minutes	<i>Respiratory Therapist</i>
2. Pays the required fees at cashier and receives official receipt.	Collects required fees and issues official receipt	<i>See Table 1 for Procedure</i>	2 Minutes	<i>Collecting Officer</i>



		<i>Charges</i>		
<p>3. Presents Official Receipt.</p> <p>Note: Authority from Medical Social Service is noted where to charge the fees is indicated in the charge slip.</p>	<p>3. Receives the request with charge slip and/or official receipt.</p> <p>3.1 Writes O.R # into the Charge Slip.</p> <p>3.2 Records the client's details (Pulmo #, date of request, time of receive, patient complete name, diagnosis, age, sex and requesting physician) on the Procedure Logbook.</p>	None	2 Minutes	<i>Respiratory Therapist</i>
4. Client shall answer Customer Satisfaction Survey form	4. Advises client to wait for his/her name to be called	None	10 Minutes	<i>Respiratory Therapist</i>
5. Undergoes Electrocardiography procedure.	<p>Performs ECG recording with the client and evaluates tracing of a good quality.</p> <p>Note: Give photocopy of printed output of ECG recording if requested by attending physician.</p>	None	10 Minutes	<i>Respiratory Therapist</i>
6. Fills and Writes comments on the CSS Form.	Instructs client to put into the Pulmonary CSS Box	None	1 Minute	<i>Respiratory Therapist</i>
7. Receives instructions on the availability of official result	<p>7. Advises client on the date of release of result.</p> <p>7.1 Includes on the</p>	None	3 Days	<i>Respiratory Therapist</i>



	daily procedure census.			
8. Presents official receipt or Valid Identification Card and Receives Official Result.	8. Issues official results and claimer signed into the releasing logbook	None	2 Minutes	<i>Respiratory Therapist</i>
	TOTAL:	None	3 Days, 36 Minutes	

ELECTROCARDIOGRAPHY (12 – 15 LEADS)

An Electrocardiography is Cardio-vascular service from Mondays- Fridays 8:00 PM – 5:00 PM except holidays, Saturdays and Sundays.

Office or Division:	PULMONARY & HEART STATION			
Classification:	Government-to-Citizen (G2C) & Government-to-Government (G2G)			
Type of Transaction:	Complex			
Who may avail:	OPD Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written request from patient, one (1) original copy		Out Patient Department, Pulmonary & Heart Station Pulmonary & Heart Station		
2. Charge Slip, one (1) original copy				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area	1. Verifies request form 1.1 Explains to the client the ECG procedures 1.2 Checks Record to HOMIS 1.3 Attaches and gives charge	None	2 Minutes	Respiratory Therapist II / Pulmonary & Heart Station



	<p>slip</p> <p>1.4 Advises client to proceed to cashier and return to PHS once settled</p>			
2. Go to Cashier	2. Bills the patient	P480.00	5 Minutes	Cashier
<p>3. Presents Official Receipt</p> <p>Note: Authority from MSS is noted where to charge the fees is indicated in the charge slip</p>	<p>3.1. Receives the request with charge slip and/or official receipt</p> <p>3.2. Writes O.R # into the Charge Slip</p> <p>Records the client's details (Pulmo/PHS #, date of request, time of receive, patient complete name, diagnosis, age, sex and requesting physician) on the Procedure Logbook.</p>	None	1 Minute	Respiratory Therapist II / Pulmonary & Heart Station
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 II / Pulmonary & Heart Station
5. Undergoes ECG procedure	<p>5. Performs ECG recording with the client and evaluates tracing of a good quality</p> <p>Note: Give</p>	None	5 Minutes	Respiratory Therapist II / Pulmonary & Heart Station



	photocopy of printed output of ECG recording if requested by attending physician			
6. Fills and Writes comments on the CSS Form	6. Instructs client to put into the CSS Box	None	2 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
7. Receives instructions on the availability of official result 7.1 Wait for the result	7. Advises client on the date of release of result	None	1 Minute 3 Days	Respiratory Therapist II / Pulmonary & Heart Station
8. Presents official receipt or Valid ID/s and Receives Official Result	8. Issues official results and claimer signed into the releasing logbook	None	2 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
	TOTAL	480.00	3 Days & 19 Minutes	



A Holter Monitoring is a Cardio-vascular service from Mondays- Fridays 8:00 PM – 5:00 PM except holidays, Saturdays and Sundays.

Office or Division:	PULMONARY & HEART STATION			
Classification:	Complex			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	OPD Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written request from patient 2. Charge Slip		Out-Patient Department, Pulmonary & Heart Station Pulmonary & Heart Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area	1. Verifies request form 1.1 Explains to the client the Holter Monitoring procedures 1.2 Checks Record to HOMIS 1.3 Attaches and gives charge slip 1.4 Advises client to proceed to cashier and return to PHS once settled	None	2 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
2. Go to Cashier	2. Issue charge slip	P1,800.00	5 Minutes	Cashier
3. Presents Official Receipt Note: Authority from MSS is noted where to charge the fees is indicated in the charge slip	3.1. Receives the request with charge slip and/or official receipt 3.2. Writes O.R # into the Charge Slip Records the client's details (Pulmo/PHS #, date of request, time of receive, patient complete name, diagnosis, age, sex and requesting physician) on	None	1 Minute	Respiratory Therapist II / Pulmonary & Heart Station



	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 II / Pulmonary & Heart Station
5. Undergoes Holter Monitoring procedure	5.1. Performs Holter recording with the client. 5.2. Dry run the monitoring with proper instructions.	None	15 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
6. Fills and Writes comments on the CSS Form	6. Instructs client to put into the CSS Box	None	2 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
7. Receives instructions on the availability of official result 7.1 Wait for the result	7. Advises client on the date of release of result	None	1 Minute 7 Days	Respiratory Therapist II / Pulmonary & Heart Station
8. Presents official receipt or Valid ID/s and Receives Official Result	8. Issues official results and claimer signed into the releasing logbook	None	5 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
	TOTAL	1,800.00	7 Days & 32 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 admitted and treated at FNLGHTC specified for purposes like financial assistance, leave, insurance, except for medicolegal purposes.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Government-to-Citizen (G2C)			
Type of Transaction:	Simple			
Who may avail:	Patients previously discharged from Far North Luzon General Hospital & Training Center.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
3. Written request from patient		Health Information Management Office		
4. Authorization letter and valid ID (if representative)		Patient		
5. valid ID of patient		Driver's license- LTO Voter's ID- COMELEC PRC license- PRC POSTAL ID- Post Office UMID-GSIS/SSS Loyalty Card- Pag ibig CTC- barangay Passport- FDA Tax Identification Number- BIR		
CLIENT STEPS	AGENCY ACTIONS	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queuing number	1.1 Call queue number	none	1minute	Administrative Aide
1.1 Fill in request slip	1.2 Receive/validate request.		2minutes	Administrative Aide
1.2 Submit request	1.3 Retrieve patient record in iHOMIS 1.4 Retrieve record on file		2minutes	Administrative Aide
	1.5 Logs request 1.6 Issue charge slip		10minutes 2minutes 1 minute	Administrative Aide



2.Go to Cashier	2.Issue OR	P50.00	10 minutes (follow SOP of Cash Section)	Cashier
3.Wait while request is being processed	3.Prepare medical certificate		20 minutes	Administrative Aide
	4.Seek signature Attending Physician		15 minutes	Attending Physician
4.Present Official receipt	5.Issue medical certificate		1 minute	Administrative Aide
4.1.Acknowledge receipt in logbook	5.1.. Let patient sign in logbook		1 minute	Administrative Aide
5.Accomplish CSS			5 minutes	Administrative Aide
Total processing time			1 hour 10 minutes	



ISSUANCE OF MEDICO LEGAL 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/confined due to injury or illness that are medico legal in nature.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C); Government-to-Government(G2G)			
Who may avail:	1. Patients previously discharged from Far North Luzon General Hospital & Training Center. 2. Law enforcement agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written request from patient		Health Information Management Office		
Authorization letter (if representative)		Patient		
Valid ID (if warranted)		Driver's License - LTO Voter's ID - COMELEC PRC License - PRC Postal ID - POST OFFICE UMID - GSIS/SSS Loyalty Card - PAG-IBIG CTC - BARANGAY where the parents reside Passport - FDA Tax Identification Number - BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure queuing number 1.1 Fill in request slip 1.2 Submit request	1. Call queue number 1.1 Receive request 1.2 Retrieve patient record on iHOMIS	None	1 Minute	<i>Administrative Aide</i>
2. Go to Cashier	2. Issue charge slip	50.00	2 Minutes	<i>Cashier</i>
3. Wait while request is being processed	3. Prepare medical certificate for signature of attending Physician	None	55 Minutes	<i>Administrative Aide</i>
4. Present official receipt	Issue medical certificate	None	1 Minute	<i>Administrative Aide</i>



4.1 Acknowledge receipt	Logs request	None	1 Minute	<i>Administrative Aide</i>
	TOTAL:	None	1 hour	



ISSUANCE OF MEDICAL CERTIFICATE AND PHOTOCOPY/CERTIFIED TRUE COPIES OF MEDICAL RECORDS REQUESTED ONLINE

This service is intended for patients who need medical certificate, photocopies/certified true copies of the essential parts of their medical records. In compliance to RA 10173, the release of medical records/information is strictly to the patients concerned only. Authorization is required when patient is unable to request personally.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Government-to-Citizen (G2C)			
Type of Transaction:	Simple			
Who may avail:	Patients previously discharged from Far North Luzon General Hospital & Training Center.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 1. Valid ID (1 original and 1 photocopy) 2. For authorized representative of patient <ol style="list-style-type: none"> a. Authorization letter(state purpose and name of the representative). b. Valid ID of the patient (1 original and 1 photocopy) c. Valid ID of the representative(1 original and 1 photocopy) 		Driver's license- LTO Voter's ID- COMELEC PRC license- PRC POSTAL ID- Post Office UMID-GSIS/SSS Loyalty Card- Pag ibig CTC- barangay Passport- FDA Tax Identification Number- BIR Patient Patient Any valid ID		
CLIENT STEPS	GENCY ACTIONS	FEES TO BE PAID	ROCESSING TIME	PERSON RESPONSIBLE
2. Message FNLGHTC(FBpage) 1.1 Fill in request slip 1.2 Submit request	1.2 Verify the details of the request form. Review requirements	none	10 minutes	<i>Administrative Aide III Records Section</i>



	<p>and purpose and if requirements complete and purpose clearly indicated-process request; if incomplete, further instructions given to patient/relative .</p> <p>1.3 Retrieve patient record</p> <p>1.4 Process requested document</p> <p>1.5 Secure physicians/HI MS head signature/Authorized Personnel</p> <p>1.6 Inform the patient about the schedule of release through SMS or Messenger</p>		<p>10 minutes</p> <p>1 hour</p> <p>1 hr.(depends upon the availability of the physician)</p> <p>5 minutes.</p>	
<p>2.Get a queue and wait for number to be called</p>	<p>2.1. Announce queue number , give request slip and interview patient.</p> <p>2.2 Issue charge slip</p>	<p>P50.00/ce</p>	<p>5 minutes</p>	<p><i>Administrative Assistant II</i> <i>Records Section</i></p>



		rtificate + P10.00/page of record/s that were certified as True copy(CTC)		
3. Pay for the requested document at the cashier	3. Issue official receipt(Cashier SOP) 4. Prepare medical certificate for signature of Attending Physician		25 minutes (depends on the queue at the Cashier).	<i>Administrative Officer I Cashier Section Administrative Assistant II Records Section Medical Specialist III Medical Department</i>
4. Receive requested document	4. Verify receipt and release requested document	none	5 minutes	<i>Administrative Assistant II Records Section</i>
	TOTAL	None	3 hours	



ISSUANCE OF MEDICAL CERTIFICATE AND PHOTOCOPY/CERTIFIED TRUE COPIES OF MEDICAL RECORDS

A Health Information Management Service from Mondays- Fridays 8:00 am- 5:00pm except holidays, Saturdays and Sundays. This service is intended for patients who need medical certificate, photocopies/certified true copies of the essential parts of their medical records. In compliance to RA 10173, the release of medical records/information is strictly to the patients concerned only. Authorization is required when patient is unable to request personally.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES
Classification:	Government-to-Citizen (G2C)
Type of Transaction:	Simple
Who may avail:	Patients previously discharged from Far North Luzon General Hospital & Training Center.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
3. Valid ID (1 original copy and 1 photocopy)	Driver's license- LTO Voter's ID- COMELEC PRC license- PRC POSTAL ID- Post Office UMID-GSIS/SSS Loyalty Card- Pag ibig CTC- barangay Passport- FDA Tax Identification Number- BIR
4. For authorized representative of patient <ul style="list-style-type: none"> d. Authorization letter (state purpose and name of the representative). e. Valid ID of the patient (1 original and 1 photocopy) f. Valid ID of the representative(1 original and 1 photocopy) 	Patient Patient Any valid ID

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Secure queuing number	1.7 Call queue number	None		<i>Administrative Assistant II Records Section</i>



	2.2 Prepare medical certificate for signature of Attending Physician	C)	1 hour (depends on the availability of Attending physician)	<i>Administrative Assistant II Records Section</i>
3. Present OR	3. Issue medical certificate			<i>Administrative Assistant II Records Section</i>
4. Acknowledge receipt of document	4. Verify OR ; logs transaction and release requested document	none	5 minutes	<i>Administrative Assistant II Records Section</i>
	TOTAL	None	hours	



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-Government (G2G)			
Who may avail:	All Special Care Nurses			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Nursing Units		
Ventilator Monitoring Sheet		Pulmonary Medicine and Ancillary Services		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form recorded in the logbook at the receiving area.	<p>1. Verifies request form and signs the logbook</p> <p>1.1 Records the request into the Procedure Logbook.</p> <p>1.2 Prepares the ventilator and performs safety check calibration.</p> <p>1.3 Attaches the test lung and performs operational function status.</p> <p>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</p>	None	20 Minutes	<p><i>Nurse/Nursing Attendant</i></p> <p><i>Respiratory Therapist</i></p>



	respiratory therapist.			
2. Awaits Procedure	<p>2. Brings the machine.</p> <p>2.1 Double checks request by reviewing the patient chart.</p> <p>2.2 Copies the ordered settings and adjustments.</p> <p>2.3 Initiates Ventilator hooking's, refills humidifier and adjusts alarms settings.</p> <p>2.4 Observes for any cardiopulmonary deteriorations.</p> <p>2.5 Notifies Attending Physician and Nurse on duty for ventilator synchrony and asynchrony.</p> <p>2.6 Returns to Pulmonary medicine and ancillary services, and enters charges to HOMIS.</p> <p>2.7 Includes procedure into the daily procedure census.</p>	None	15 Minutes	<i>Nurse on Duty/Respiratory Therapist</i>
3. Sends revised settings	3. Adjust settings and parameters. Refills humidifier and changes accessories when needed.	None	5 Minutes	<i>Nurse on Duty/Respiratory Therapist</i>



	3.1 Updates vent monitoring sheet and board directory.			
4. Sends request for weaning.	4. Checks patient trend data. 4.1 Pulls out nebulizer/compressor machine and disinfect properly.	None	20 Days	<i>Nurse on Duty/Respiratory Therapist</i>
	TOTAL:	See 1 procedure of charges	20 Days, 40 Minutes	



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 REQUIREMENTS		WHERE TO SECURE		
Blotter Form		Out-Patient Department		
Prescription Form		Pulmonary Medicine and Ancillary Services		
Pulmonary Request Form		Pulmonary Medicine and Ancillary Services		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area.	1. Verifies Blotter form. 1.1 Checks Record to HOMIS. 1.2 Logs patient name on the Pulmo Clinic Logbook	None	2 Minutes	<i>Respiratory Therapist</i>
2. Wait for his/her name to be called.	2. Advises client to wait for his/her name to be called	None	10 Minutes	<i>Respiratory Therapist</i>
3. Proceeds to Pulmo Clinic Office.	3. Takes History, Does Physical Examinations, Prescribes and Explains Management. 3.1 Advises follow-up.	None	10 Minutes	<i>Pedia Pulmo Consultant</i>
4. Patient for Work Up	4. Gives Laboratory and Pulmo Request 4.1 Advises follow-up.	None	1 Minute	<i>Pedia Pulmo Consultant</i>
5. Fills and Writes comments on the CSS Form.	Instructs client to put into the Pulmonary CSS Box	None	1 minute	<i>Pedia Pulmo Consultant</i>
	TOTAL:	None	24 Minutes	



PREPARATION OF BIRTH CERTIFICATE

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

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

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Government-to-Citizen (G2C)			
Type of Transaction:	Simple			
Who may avail:	Parents of newborn delivered at Far North Luzon General Hospital & TC 1.single 2. married			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Draft of birth certificate properly filled out 2. valid ID of father/mother		Nursing Service, OB Ward (Far North Luzon General Hospital)		
2. a. married: marriage certificate b. not married: personal appearance of father/married c. For late registration(additional requirement) 1.1 NSO negative certification 1.2 Two witnesses with valid ID		Local Civil Registrar or Philippine Statistics Authority Driver's license- LTO Voter's ID- COMELEC PRC license- PRC POSTAL ID- Post Office UMID-GSIS/SSS Loyalty Card- Pag ibig CTC- barangay where the parents reside Passport- FDA Tax Identification Number- BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Health Information Management Office if with complete requirements. And get queue number.	1.11 Call queue number 1.12 Validate entries on draft 1.13 Verify records in iHomis 1.14 Retrieve record on file		1minute 3 minutes 3 minutes 10 minutes	Administrative Aide



1.1 Submit request	If late reg, retrieve record at storage room 1.15 Logs request 1.16 Issue charge slip		Additional 1 hour 5 minutes 1 minute	
2.Go to Cashier	2.Issue OR	Married-100 Not married-150.00 Single-100	10 minutes (follow SOP of Cash)	Cashier
3.Wait while request is being processed	3.Transcribe birth certificate	none	45 minutes	Administrative Aide
	4. Seek signature of Attending Physician		15 minutes	
	5.For not married, prepare AUSF for mother 5.1Prepare acknowledge ment of paternity for father	none	15 minutes 5 minutes	Administrative Aide
4. Review entries; if there are corrections, return copy and ask Administrative Aide to correct	6. Prints a copy of birth cert and ask client to review entries. 6.1 Prints final copy	none	15 minutes For correction of errors, addl 10 minutes	Administrative Aide
4.1 Affix signature as informant			2 minutes	
4.2 Sign waiver for birth certificate	7.Instruct client to get copy of official birth cert at the MCR	none	2 minutes	Administrative Aide
5. Accomplish CSS			5 minutes	
Total processing time			2 hrs.30min.	



ISSUANCE OF DEATH CERTIFICATE

Mondays- Fridays/ Saturdays and Sundays 8:00am – 5:00 PM

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

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Government-to-Citizen (G2C)			
Type of Transaction:	Simple			
Who may avail:	Immediate family member or nearest kin of expired patients at Far North Luzon General Hospital & TC			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Draft of death certificate		Nursing Service, Far North Luzon General Hospital		
2. Valid ID of immediate family member or nearest kin.		Driver's license- LTO Voter's ID- COMELEC PRC license- PRC POSTAL ID- Post Office UMID-GSIS/SSS Loyalty Card- Pag ibig CTC- barangay where the parents reside Passport- FDA Tax Identification Number- BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
4. Nearest kin may proceed to Health Information Management Office if with valid ID and get queue no. 1.1 Fill in request form 1.2 Fill in patient demographics on	1.1 Call queue number	none	1 minute	Administrative Aide III
	1.2 Review entries in draft		3 minutes	Administrative Aide III
	1.3 Retrieve patient record in iHOMIS		2 minutes	Administrative Aide III
	1.4 Retrieve record from		10 mins.	Administrative Aide III



death cert draft	1.5 file Logs request		3 minutes	Administrative Aide
	1.6 Issue charge slip		2 minutes	
2.Go to Cashier		00.00	10 minutes (Refer to SOP Cash)	Cashier
3.Wait while request is being processed	3.transcribes death certificate	none	25 minutes	Administrative Aide III
	4.Seek signature of Attending Physician		15 minutes	Medical Officer
4. Review entries; if there are corrections, ask to correct inconsistent entries	5. Prints a copy of birth cert and ask client to review entries. 5.1 Prints final copy	none	10 minutes For correction of errors, add 5 minutes	Administrative Aide III
4.1.Affix signature as informant		none	2 minutes	Administrative Aide III
4.2. Acknowledge receipt of death certificate	6. Instruct client how to register death cert at the MCR	none	2 minutes	Administrative Aide III
5. Accomplish CSS			5 minutes	
Total processing time			1 hr. 35 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 MEDICINE AND ANCILLARY SERVICES DIVISION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All Out Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Out-Patient Department		
Charge Slip		Pulmonary Medicine and Ancillary Services		
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area.	1. Verifies request form. 1.1 Checks Record to HOMIS. 1.2 Explains to the client the procedure and the necessary preparations before test. 1.3 Gives charge slip. 1.4 Advises client to proceed to cashier and return to Pulmonary Medicine and Ancillary Services once settled.	None <i>See Table 1 for Procedure Charges</i>	2 Minutes	<i>Respiratory Therapist</i>
2. Pays the required fees at cashier and receives official receipt.	Collects required fees and issues official receipt	<i>See Table 1 for Procedure</i>	2 Minutes	<i>Collecting Officer</i>



		Charges		
<p>3. Presents Official Receipt.</p> <p>Note: <i>Authority from Medical Social Service is noted where to charge the fees is indicated in the charge slip.</i></p>	<p>Receives the request with charge slip and/or official receipt.</p> <p>3.2 Writes O.R # into the Charge Slip.</p> <p>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.</p>	None	2 Minutes	<i>Respiratory Therapist</i>
<p>4. Wait for the performance of the procedure.</p>	<p>Advises client to wait for his/her name to be called</p>	None	10 Minutes	<i>Respiratory Therapist</i>
<p>5. Undergoes Electrocardiography procedure.</p>	<p>5. Performs PFT maneuver with the client and evaluates result of a good quality</p> <p>5.1 Prints three best trials from Pre and Post Bronchodilator and Minute Volume Ventilation.</p> <p>Note: <i>If client feels dizziness or a sign of syncope, terminate procedure and lay patient rest before attempt to proceed.</i></p>	None	1 Hour	<i>Respiratory Therapist</i>
<p>6. Fills and Writes comments on the CSS</p>	<p>Instructs client to put into the Pulmonary</p>	None	1 Minute	<i>Respiratory Therapist</i>



Form.	CSS Box			
7. Receives instructions on the availability of official result	7. Advises client on the date of release of result. 7.1 Includes on the daily procedure census.	None	3 Days 1 Minute	
8. Presents official receipt or Valid Identification Card and Receives Official Result.	8.1 Issues official results and claimer signed into the releasing logbook	None	2 Minutes	<i>Respiratory Therapist</i>
	TOTAL:	See 1 procedure of charges	3 Days, 1 Hour and 28 Minutes	



PULMONARY FUNCTION TESTING, BASIC SPIROMETRY

A Pulmonary Function Testing, Basic Spirometry is Pulmonary service from Mondays- Fridays 8:00 PM – 5:00 PM except holidays, Saturdays and Sundays.

Office or Division:	PULMONARY & HEART STATION			
Classification:	Government-to-Citizen (G2C) & Government-t-Government (G2G)			
Type of Transaction:	Complex			
Who may avail:	OPD Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written request from patient		Out-Patient Department, Pulmonary & Heart Station		
2. Charge Slip		Pulmonary & Heart Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area	1. Verifies request form 1.1 Explains to the client the PFT procedure and the necessary preparations before test. 1.2 Checks Record to HOMIS 1.3 Gives charge slip 1.4 Advises client to proceed to cashier and return to PHS once settled	None	2 Minutes	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
2. Go to Cashier	2. Bills the patient	P1,250.00	5 Minutes	<i>Administrative Officer V / Cashier</i>
3. Presents Official Receipt Note: Authority from MSS is noted where to charge the fees is indicated in the charge slip	3.1. Receives the request with charge slip and/or official receipt 3.2. Writes O.R # into the Charge Slip Records the client's details (Pulmo/PHS	None	1 Minute	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>



	#, 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 II / Pulmonary & Heart Station
5. Undergoes PFT Procedure	5. Performs PFT maneuver with the client and evaluates result of a good quality. Prints three best trials from Pre and Post bronchodilator and mvv. 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 II / Pulmonary & Heart Station
6. Fills and Writes comments on the CSS Form	6. Instructs client to put into the CSS Box	None	2 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
7. Receives instructions on the availability of official result 7.1 Wait for the result	7. Advises client on the date of release of result	None	1 Minute 3 Days	Respiratory Therapist II / Pulmonary & Heart Station



8. Presents official receipt or Valid ID/s and Receives Official Result	8. Issues official results and claimer signes into the releasing logbook	None	2 Minutes	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
	TOTAL	None	3 Days & 1 Hour and 19 Minutes	



INCENTIVE SPIROMETRY

An Incentive Spirometry is Respiratory Unit Service from Mondays- Fridays 8:00 AM – 5:00 PM except holidays, Saturdays and Sundays.

Office or Division:	PULMONARY & HEART STATION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	OPD Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written request from patient		Out-Patient Department		
2. Charge Slip		Respiratory Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the Respiratory Unit	1. Verifies request form 1.1 Explains to the client the Incentive Spirometry procedures 1.2 Checks Record to HOMIS 1.3 Attaches and gives charge slip 1.4 Advises client to proceed to cashier and return to respiratory Unit once settled	None	2 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
2. Go to Cashier	2. Bills the patient	P1,450.00	5 Minutes	Cashier
3. Presents Official Receipt Note: Authority from MSS is noted where to charge the fees is indicated in the charge slip	3.1. Receives the request with charge slip and/or official receipt 3.2. Writes O.R # into the Charge Slip Records the client's details (RU/PHS #, date of request, time of receive, patient	None	1 Minute	Respiratory Therapist II / Pulmonary & Heart Station



	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 II / Pulmonary & Heart Station
5. Undergoes Incentive Spirometry procedure	5. Performs the Incentive Spirometry with proper coaching on breathing exercises	None	15 Minutes	Respiratory Therapist II / Pulmonary & Heart Station
	TOTAL	1,450.00	25 Minutes	



PEAKFLOW METRY

A Peak Flowmetry is Respiratory Unit Service from Mondays- Fridays 8:00 AM – 5:00 PM except holidays, Saturdays and Sundays.

Office or Division:	PULMONARY & HEART STATION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	OPD Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written request from patient, one (1) original copy 2. Charge Slip, one (1) original copy		Out-Patient Department Respiratory Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the Respiratory Unit	1. Verifies request form 1.1 Explains to the client the Peak Flowmetry procedures 1.2 Checks Record to HOMIS 1.3 Attaches and gives charge slip 1.4 Advises client to proceed to cashier and return to respiratory Unit once settled	None	2 Minutes	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
2. Go to Cashier	2. Bills the Patient	P750.00	5 Minutes	<i>Administrative Officer V/ Cashier</i>
3. Presents Official Receipt Note: Authority from MSS is noted where to charge the fees is indicated in the charge slip	3.1. Receives the request with charge slip and/or official receipt 3.2. Writes O.R # into the Charge Slip Records the client's details (RU/PHS #,	None	1 Minute	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>



	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	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
5. Undergoes Peak Flowmetry Procedure	5. Performs the Peak Flowmetry from Pre to Post Bronchodilator Therapy	None	45 Minutes	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
	TOTAL	750.00	54 Minutes	



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.

Office or Division:	DIETARY			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Citizens (G2C)			
Who may avail:	All In-patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Wait for meal to be served <ul style="list-style-type: none"> • Breakfast • Lunch • Supper 	1. Ascertain identity of patient based on diet list.	None	3 Minutes	<i>Administrative Aide</i>
	1.2 Give meal to patient		3 Minutes	<i>Administrative Aide</i>
	1.3 Remind patient about the collection of food tray		3 Minutes	<i>Administrative Aide</i>
2. Wait for the food tray to be collected	2. Go to patient bedside and tell to collect the food tray.	None	3 Minutes	<i>Administrative Aide</i>
	TOTAL:		12 Minutes	



SPUTUM INDUCTION

An Sputum Induction is Pulmonary service from Mondays- Fridays 8:00 AM – 5:00 PM except holidays, Saturdays and Sundays.

Office or Division:	PULMONARY & HEART STATION			
Classification:	Government-to-Citizen (G2C)			
Type of Transaction:	Simple			
Who may avail:	OPD Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written request from patient		Out-Patient Department, Pulmonary & Heart Station		
2. TB DOTS Form		Out-Patient Department, Pulmonary & Heart Station		
3. Charge Slip		Pulmonary & Heart Station		
CLIENT STEPS	AGENCY ACTIONS	EES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area	1. 1. Verifies request form and TB DOT Form 1.2 Explains to the client the Sputum Induction procedure and the necessary preparations before the procedure. 1.3 Checks Record to HOMIS 1.4 Gives charge slip 1.5 Advises client to proceed to cashier and return to Pulmonary Medicine and Ancillary Services once settled	None	2 Minutes	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
2. Go to Cashier	2. Bills the patient	P350.00	5 Minutes	<i>Administrative Officer V Cashier</i>



<p>3. Presents Official Receipt</p> <p>Note: Authority from MSS is noted where to charge the fees is indicated in the charge slip</p>	<p>3.1. Receives the request with charge slip and/or official receipt</p> <p>3.2. Writes O.R # into the Charge Slip Records the client's details (Pulmo/PHS #, date of request, time of receive, patient complete name, diagnosis, age, sex and requesting physician) on the Procedure Logbook.</p>	None	1 Minute	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
<p>4. Wait for the performance of the procedure</p>	<p>4. Advises client to wait for his/her name to be called</p>	None	1 Minute	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
<p>5. Undergoes Sputum Induction</p>	<p>5.1 Set-up Heated Aerosol Generator to desired temperature and attached tubings with mouth piece. 5.2 Gives two specimen cup and disposable face mask and instructs client to proceed to the Sputum Induction Room. 5.3 Instruct client about the proper techniques in inducing cough while inside the room. 5.4 Monitors client during the procedure. 5.5 Evaluates specimen</p>	None	45 Minutes	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
<p>6. Wears mask and waits for further instructions</p>	<p>6. Fills the TB DOT form with the name of collector and designation of the collector</p>	None	1 Minute	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
<p>7. Fills and Writes comments on the CSS Form</p>	<p>7.1 Instructs client to put into the Pulmonary CSS Box 7.2 Advices client to submit the specimen to the Laboratory Department</p>	None	2 Minutes	<i>Respiratory Therapist II / Pulmonary & Heart Station</i>
	TOTAL	None	57 Minutes	



X-RAY PROCEDURE (OPD)

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

Office or Division:	RADIOLOGICAL SCIENCES DIVISION			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Procedure Request form duly signed by attending physician.		Doctor's Clinic		
Previous result (If available)				
Interlocal Health Zone referral form.		Rural Health Unit, other hospitals		
In claiming of result, present to reception area the Official receipt or CLAIM STUB		Cashier		
If payment is through financial assistance/insurance <ul style="list-style-type: none"> • Service Issue Slip (SIS)/Bill of Payment • MOA for annual check up of other government agencies 		Reception area Liaison officer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present pertinent requirements for the procedure requested RADIOLOGY DEPARTMENT waiting area	1. Receive and verify requirements 1.1 Instruct patient to wait for their names to be called.	None	3 minutes	Radiologic Technologist X-ray Waiting area
2. Fill out and sign applicable document at the reception area.	2. Hand out applicable forms and assist clients in filling out the said forms (Pregnancy consent/IV consent)	None	5 minutes	<i>Radiologic Technologist</i> X-ray Reception Area
3. Receive bill of payment	3. Issue bill of payment.	See posted table of fees	2 minutes	<i>Radiologic Technologist</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	<i>Radiologic Technologist</i>
	<p>6. Perform requested procedures</p> <ul style="list-style-type: none"> • 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 <p><i>Develop images for interpretation</i></p> <p>6.1 Instruct the patient or relative to come back for the result.</p> <p>6.2 Read and Interpret images by the Medical Officer and/or final interpretation by The Medical Specialist.</p> <p>6.3 Sent to visiting consultants via email for official interpretation.</p>	None	5 minutes	<i>Radiologic Technologist</i>
	6.1 Instruct the patient or relative to come back for the result.	None	2 minutes	<i>Radiologic Technologist</i>
	6.2 Read and Interpret images by the Medical Officer and/or final interpretation by The Medical Specialist.	None	2 Days	<i>Radiologist</i>



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



ULTRASOUND(OPD)

Type of non-invasive diagnostic imaging modality to aid physicians in examining the patient's internal organ and making an accurate diagnosis and choose the ideal treatment plan.

Office/Division:	Radiological Sciences Division			
Classification:	Simple			
Type of Transaction:	G2C Government to Citizen			
Who may avail?	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>A.</p> <ol style="list-style-type: none"> 1. Procedure Request form duly signed by attending physician. 2. Previous result (If available) 3. Interlocal Health Zone referral form. <p>B. In claiming of result, present to reception area the Official receipt or CLAIM STUB</p>		<p>Doctor's Clinic</p> <p>Rural Health Unit, other hospitals</p> <p>Cashier or Reception area</p>		
<p>If payment is through financial assistance/insurance/agencies sponsored</p> <ol style="list-style-type: none"> 1. Service Issue Slip (SIS)/Bills of Payment 		<p>MALASAKIT and other Health Provider area- Reception</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Present pertinent requirements for the procedure requested</p> <p>RADIOLOGY DEPARTMENT waiting area.</p>	<p>1. Receive and verify requirements (Checks HOMIS for further clarification of patient details)</p> <p>1.1 Instruct patient to wait for their names to be called.</p>	None	2 minutes	<p><i>Sonographer</i></p> <p>Radiology Waiting area</p>
2. Follow given preparation	2. Hand out preparation	None	4 minutes	<i>Sonographer</i>



instruction sheet received.	instruction sheet to patient.			UTZ Reception Area
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3.0 Proceeds to ULTRASOUND room for the procedure.	3.0 Perform requested procedures	None	5 minutes	<i>Sonographer</i> at UTZ Room
3.1 Follow as per sonographer instructions	3.1 Inform client to change clothing (if necessary) and use required hospital gowns if necessary. 3.2 Position patient according to requested procedure 3.3 Image windowing in acceptable contrast and send to PACS system or convert DICOM into Jpeg image		3 minutes	 <i>Sonographer</i> <i>Sonographer</i> Xray work station
	3.4 Sending to PACS SYSTEM OR visiting consultants via email for official interpretation.		20 minutes	<i>Sonographer</i> e-mailing of Dicom or Jpeg images
	3.5 Read and Interpret images by the Medical		2 days	Radiologist



	Officer and/or final interpretation by The Medical Specialist			
4.0 Proceed to Medical Social Worker if needs financial assistance.	4.0 Medical Social Worker assessment and recommendation.		15 minutes	Medical Social Worker at Malasakit Center Office FNLGHTC center building.
5.0 Present Official Receipt/Authorized discount/MSS recommendation slip at the reception area. Fill out customer satisfaction survey form.	5.0 Issues claim stub for MSS Identified indigent/Record patient data and OR Number/ file CSS form.	None	3 minutes	<i>Sonographer</i>
	5.1 Instruct the patient or relative to come back for the result.	None	5 minutes	<i>Sonographer</i>
6.0 Present official receipt of the patient/CLAIM STUB 6.1 Claim official Result at the reception area.	6.0 Receive and verify requirements. 6.1 Request patient/ relative to sign on the receiving log book as proof of receipt issues result.	None	3 minutes	<i>Sonographer</i> Radiology Department Reception Area
Consult your doctor for correlation of results				
Total		See table of fees		
End of Transaction			3 days	



RADIOGRAPHY(X-RAY)

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

Office/Division:	Radiological Sciences Division			
Classification:	Simple			
Type of Transaction:	G2C Government to Citizen			
Who may avail?	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>A.</p> <ol style="list-style-type: none"> 1. Procedure Request form duly signed by attending physician. 2. Previous result (If available) 3. Interlocal Health Zone referral form. <p>B. In claiming of result, present to reception area the Official receipt or CLAIM STUB</p>		<p>Doctor's Clinic</p> <p>Rural Health Unit, other hospitals</p> <p>Cashier or Reception area</p>		
<p>If payment is through financial assistance/insurance/agencies sponsored</p> <ol style="list-style-type: none"> 1. Service Issue Slip (SIS)/Bills of Payment 		<p>MALASAKIT and other Health Provider - Reception area-</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<ol style="list-style-type: none"> 1. Present pertinent requirements for the procedure requested <p>RADIOLOGY DEPARTMENT waiting area.</p>	<ol style="list-style-type: none"> 1. Receive and verify requirements (Checks HOMIS for further clarification of patient details) 1.1 Instruct patient to wait for their names to be called. 	None	2 minutes	<p><i>Rad.Tech.</i></p> <p>X-ray Waiting area</p>
<ol style="list-style-type: none"> 2. Fill out and sign applicable document at the reception area. 	<ol style="list-style-type: none"> 2. Hand out applicable forms and assist clients in filling out the said forms (Pregnancy consent/IV consent) 	None	2 minutes	<p><i>Rad.Tech.</i></p> <p>X-ray Reception Area</p>
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



3. Proceeds to X-ray room for the procedure.	3.0 Perform requested procedures 3.1 Instruct patient to remove all metallic artifacts on the part to be examined. 3.2 Change clothing and use required hospital gowns if necessary. 3.3 Position patient according to requested procedure 3.4 Image windowing in acceptable contrast and send to PACS system or convert DICOM into Jpeg image	None	5 minutes	<i>Rad.Tech.</i> And client at X-ray Room
	3.5 Sent to visiting consultants via email for official interpretation.	None	20 minutes	<i>Rad.Tech.</i>
4.0 Medical Social Worker if patient needs financial assistance.	4.0 Medical Social Worker assessment and recommendation.	None	20 minutes	Medical Social Worker At Malasakit Center Office FNLGHTC center building.
5.0 Present Official Receipt/Authorized discount/MSS recommendation slip at the reception area. Fill out customer satisfaction survey form.	5.0 Issues claim stub for MSS Identified indigent/Record patient data and OR Number/ file CSS form.	None	3 minutes	<i>Rad.Tech.</i>
	5.1 Instruct the patient or relative to come back for the result.	None	2 minutes	<i>Rad.Tech.</i>



6.0 Present official receipt of the patient/CLAIM STUB 6.1 Claim official Result at the reception area.	6.0 Receive and verify requirements. 6.1 Request patient/relative to sign on the receiving log book as proof of receipt issues result.	None	3 minutes	<i>Rad.Tech.</i> CLIENT
Consult your doctor for correlation of results				
Total		See table of fees		
End of Transaction			3 days	



2D ECHOCARDIOGRAPHY

A non-invasive, painless and risk-free heart scan using high frequency ultrasound waves reflecting off various structures of the heart to obtain real-time images(in one and two dimensions)of your beating heart.

107-109	2D ECHO SECTION			
Classification:	Government-to-Citizen (G2C) & Government-to-Government (G2G)			
Type of Transaction:	Highly Technical			
Who may avail:	OPD Clients, All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 2D- Echocardiography request from patient, one(1) original copy Charge Slip, one(1) original copy Claim Stub, one(1) original copy 		Out Patient Department, RHU, District Hospitals 2D Echo Section 2D Echo section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents completely filled-out request form at the receiving area	<ol style="list-style-type: none"> Verifies request form <ol style="list-style-type: none"> Explains to the client the 2D Echo procedures Checks Record to HOMIS Attaches and gives charge slip Advises client to proceed to cashier and return to the station once settled 	None	1 Minute	Nurse 1/ 2D Echo Section
2.Go to Cashier	2. Bills the patient	Adult patient 2,800.00 Pediatrics patient 4,000.00	5 Minutes	AO V, Cashier



<p>3. Presents Official Receipt</p> <p>Note: Authority from MSS is noted where to charge the fees is indicated in the charge slip</p>	<p>3.1. Receives the request with charge slip and/or official receipt</p> <p>3.2. Writes O.R # into the Charge Slip Records the client's details (2D Echo Procedure #, date of request, time of receive, patient complete name, diagnosis, age, sex and requesting physician) on the Procedure Logbook.</p>	<p>None</p>	<p>1 Minute</p>	<p>Nurse 1/ 2D Echo Section</p>
<p>4. Wait for the performance of the procedure</p>	<p>4. Advises client to wait for his/her name to be called</p>	<p>None</p>	<p>1 Minute</p>	<p>Nurse 1/ 2D Echo Section</p>
<p>5. Undergoes 2D Echo procedure</p>	<p>5. Performs 2D Echo procedure with the client and evaluates tracing of a good quality</p>	<p>None</p>	<p>1 Hour</p>	<p>Nurse 1/ 2D Echo Section</p>
<p>6. Fills and Writes comments on the CSS Form</p>	<p>6. Instructs client to put into the CSS Box</p>	<p>None</p>	<p>1 Minute</p>	<p>Nurse 1/ 2D Echo Section</p>
<p>7. Receives instructions on the availability of official result</p>	<p>7. Advises client on the date of release of result</p>	<p>None</p>	<p>1 Minute 20 Days</p>	<p>Nurse 1/ 2D Echo Section</p>



8. Sending of videos, images and 2D echo report for reading	8. Sends videos, images and examination report for reading	None	30 Minutes	Nurse 1/ 2D Echo Section
9. Retrieving and Encoding of Results	8. Retrieves and encode official results for releasing	None	1 Minute	Nurse 1/ 2D Echo Section
10. Releasing of 2D echo results Note: Presents official receipt or Valid ID/s and Receives Official Result	10. Releases 2d Echo Issues official results and claimer signed into the releasing logbook	None	1 Minute	Nurse 1/ 2D Echo Section
Total processing time		If Adult patient 2,800.00 If pediatrics patient 4,000.00	20 working days & 1 Hour and 39 Minutes	



Screening Drug Testing

Screening for Methamphetamine (Shabu) and Tetrahydrocannabinol (Marijuana): Testing days: Monday to Friday Except holidays Time: 8:00 am to 4:00 pm.

Three (3) patients are accommodated at a time, the procedure below accounts for a single client only.

Office or Division:	Department of Pathology and Laboratory Medicine	
Classification:	Simple	
Type of Transaction:	G2C (Government to Citizen)	
Who may avail:	In-patients, Out-patients, Emergency Patients, Referral or Walk-in Clients	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid IDs with picture. One (1) Original Copy of any of the following:	Alien Certificate of Registration	Bureau of Immigration
	Company ID	Client's Current Place of Work
	Court Order	Regional Trial Court (RTC)
	Driver's License	Land Transportation Office (LTO)
	Firearm's License	Philippine National Police (PNP)
	Government Service Insurance System (GSIS) ID	GSIS
	Integrated Bar of the Philippines ID	Integrated Bar of the Philippines
	National Bureau of Investigation (NBI) Clearance	NBI
	Overseas Filipino Worker (OFW) ID	Overseas Workers' Welfare Administration (OWWA)
	Pag-IBIG ID	Pag-IBIG Fund Offices
	Passport	Department of Foreign Affairs (DFA)
	Person with Disability (PWD) ID	Department of Social Welfare and Development (DSWD)
	PhilHealth ID	Philippine Health Insurance Company (PHIC)
	Police Clearance	Any local police station
	Postal ID	Post Office
	Professional Regulations Commission (PRC) ID	Professional Regulations Commission (PRC)
School ID	Client's Current School	
Seaman's Book	Maritime Industry Authority (MARINA)	



	Senior Citizen's ID	Senior Citizen's Affairs Office		
	Solo Parent ID	Department of Social Welfare and Development (DSWD)		
	Social Security System (SSS) ID	Social Security System (SSS)		
	Student Driver's Permit	Land Transportation Office (LTO)		
	Tax Identification Number (TIN) with picture	Bureau of Internal Revenue (BIR)		
	Unified Multi-Purpose ID (UMID)	GSIS, SSS, PHIC, Home Development Mutual Fund / Pag-IBIG Fund Offices		
	Voter's ID / Certificate	Commission on Election (COMELEC)		
Request for Drug Testing- One (1) Original Copy		FNLGHTC Screening Drug Testing Laboratory		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present ID	1. Accept and check ID, give client request form to accomplish	None	3 minutes	<i>Chemist II Laboratory Department</i>
2. Present accomplished request form	2.1 Verify from iDTOMIS if Client has no pending drug test transactions anywhere in the Philippines	None	2 minutes	<i>Chemist II Laboratory Department</i>
	2.2 Advise Client if can be accommodated for Drug testing (NO pending transaction) or not (WITH pending transaction)	None	1 minute	<i>Chemist II Laboratory Department</i>
3. Get charge slip	3. Give charge slip to client and instruct to pay at the cashier	None	2 minutes	<i>Chemist II Laboratory Department</i>
4. Present charge slip and payment to Cashier Window (Admin Building)	4. Cashier checks charge slip and accepts payment, issues Official Receipt to give to client including charge slip	PHP 250.00	15 minutes	<i>Administrative Officer V Cashier Section</i>
5. Present receipt	5. Write down Official	None	3 minutes	<i>Chemist II</i>



and charge slip to drug testing receptionist	Receipt number and valid ID details on client's request form			<i>Laboratory Department</i>
6. Fill out Consent Form, step 5 of CCF A, CCF B, and CCF C	6. Instructs client how to fill out forms and enter patient details in Specimen Receiving Logbook	None	10 minutes	<i>Chemist II Laboratory Department</i>
7. Present accomplished forms, sit down and wait for photo capturing and biometrics	7.1 Checks accomplished forms thoroughly, returns to client if there are missed information	None	3 minutes	<i>Chemist II Laboratory Department</i>
	7.2 Enter Client's information in iDTOMIS	None	5 minutes	<i>Chemist II Laboratory Department</i>
8. Let the Authorized Specimen Collector capture photo and biometrics	8.1 Capture Client's photo	None	2 minutes	<i>Chemist II Laboratory Department</i>
	8.2 Capture Client's biometrics (all fingerprints three times each)	None	5 minutes	<i>Chemist II Laboratory Department</i>
	8.3 Enter Client's details in Client Consent Form in iDTOMIS	None	3 minutes	<i>Chemist II Laboratory Department</i>
9. Client empties all pockets and leave belongings on the desk	9. Instructs Client on specimen collection (should collect at least 60mL) and subjects Client to body search, gives Client specimen bottle	None	2 minutes	<i>Chemist II Laboratory Department</i>
10. Collect specimen and present to Authorized Specimen Collector	10.1 Observes the collection of specimen	None	3 minutes	<i>Chemist II Laboratory Department</i>



	0.2 Checks and accepts specimen collected	None	1 minute	<i>Chemist II Laboratory Department</i>
	0.3 Writes labels for the specimen bottle	None	2 minutes	<i>Chemist II Laboratory Department</i>
11. Affix signature on seal	1.1 Seal the specimen bottle and affix signature	None	2 minutes	<i>Chemist II Laboratory Department</i>
	1.2 Fill out Specimen collection in iDTOMIS and step 2 and step 4 in CCF A, CCF B, and CCF C	None	5 minutes	<i>Chemist II Laboratory Department</i>
12. Client sits down and waits for the result	2.1 Codes specimen and forms, endorse specimen and CCFs to Analyst	None	3 minutes	<i>Chemist II Laboratory Department</i>
	2.2 Analyzes specimen	None	10 minutes	<i>Chemist II Laboratory Department</i>
	2.3 Completes step 5 in CCFs and records test results in Drug Test Results Logbook	None	5 minutes	<i>Chemist II Laboratory Department</i>
	2.4 Enter results in iDTOMIS and print results	None	5 minutes	<i>Chemist II Laboratory Department</i>
13. Present Official Receipt to claim result, signs Releasing of Results Logbook	3. Present drug test result and logbook to client. Give result and return Official Receipt to client.	None	3 minutes	<i>Chemist II Laboratory Department</i>
TOTAL		PHP 250.	1 hour and 35 minutes	



	00		
Special conditions			
1. If client has pending transaction from other laboratory, Analyst will call Central Office to clear the transaction to allow for new transaction.			
2. If client cannot be filled up at once (60mL), the client gives the specimen bottle with the Authorized Specimen Collector and shall not be allowed to leave until the bottle is filled.			



1. Hemodialysis for IN PATIENT AND EMERGENCY CASES

Services Information: Hemodialysis treatment aims to replace the critical functions of the kidneys and sustain the life of people with END STAGE RENAL DISEASE and Acute Kidney Disease needing dialytic therapy.

Operating Hours: Monday-Saturday (5am-9pm)

Monday-Saturday beyond operating hours and Sunday (on call for emergency cases)

Office or Division:	HEMODIALYSIS UNIT			
Classification:	Simple Transaction			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	<ol style="list-style-type: none"> 1. Patients needing Hemodialysis Treatment 2. Patient diagnosed with End Stage Renal Disease and currently being treated in this hospital 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) copy of COVID 19 antigen result (Patients with symptoms- shall undergo Antigen testing)		Triage Area/ Emergency Room		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Understand, collaborate and give consent for hemodialysis treatment	1.1 Prepare hemodialysis chair and Dialyzer	None	25 minutes	<i>Nurse II Hemodialysis Unit</i>
	1.2 Assessment of physical and mental status, arterio-venous fistula/ graft or central venous catheter	None	5 minutes	<i>Nurse II Hemodialysis Unit</i>
	1.3 Prepare medical apparatus needed for patient	None	10 minutes	<i>Nurse II Hemodialysis Unit</i>
	1.4 Preparation for cannulation	None	10 minutes	<i>Nurse II Hemodialysis Unit</i>
	1.5 Start Hemodialysis Treatment, monitoring every 30 minutes or as often as needed, documentation	None	4 hours	<i>Nurse II Hemodialysis Unit</i>
	1.6 Settling of bills and recording		3 minutes	<i>Nurse II Hemodialysis Unit</i>
2. Understand the given health teachings and instructions	2.1 Emphasized further instructions and health teachings	None	10 minutes	<i>Nurse II Hemodialysis Unit</i>
	2.2 Safely transports the patient back to	None	15 minutes	<i>Nurse II Hemodialysis Unit</i>



	Emergency Room, ICU or Ward, provides proper endorsement to nurses on duty.			
	TOTAL	None	5 hours and 18 minutes	

2. Hemodialysis for OPD Patients

Services Information: Hemodialysis treatment aims to replace the critical functions of the kidneys and sustain the life of people with END STAGE RENAL DISEASE and Acute Kidney Disease needing dialytic therapy.

Operating Hours: Monday-Saturday (5am-9pm)

Office or Division:	HEMODIALYSIS UNIT
Classification:	Simple Transaction
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Duly listed and scheduled OPD clients needing hemodialysis treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. For new OPD patient <ul style="list-style-type: none"> • One (1) Photocopy of the last 3 treatment sheet • One (1) Original copy of Referral letter/ endorsement from nephrologist • One (1) Original or photocopy of Latest laboratory results (HBsAg, HCV, BUN, Crea, Serum electrolytes) • One (1) Original copy of Medical abstract • One (1) original or photocopy of PDD 	Previous Dialysis Center
2. One (1) copy of COVID 19 antigen result (Patients with symptoms- shall undergo Antigen testing)	Triage Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate with hemodialysis staffs regarding treatment and schedule	1.1 Prepare hemodialysis chair and Dialyzer	None	25 minutes	<i>Nurse II Hemodialysis Unit</i>
	1.2 Assessment of physical and mental status, arterio-venous fistula/graft or central venous catheter	None	5 minutes	<i>Nurse II Hemodialysis Unit</i>
	1.3 Preparation for cannulation	None	10 minutes	<i>Nurse II Hemodialysis Unit</i>



	1.4 Start Hemodialysis Treatment monitoring every 30 minutes or as often as needed, documentation	None	4 hours	<i>Nurse II Hemodialysis Unit</i>
	1.5 Settling of bills and recording		3 minutes	<i>Nurse II Hemodialysis Unit</i>
2. Understand the given health teachings and instructions	1. Emphasized further instructions and health teachings upon discharge	None	10 minutes	<i>Nurse II Hemodialysis Unit</i>
	TOTAL	None	4 hours and 53 minutes	

Treatment Quotation:

- ✓ Hospital supplies-1,812.00
- ✓ Hospital fees-438.00
- ✓ Professional Fee-350.00
 - Total Amount of 2,600.00- all will be covered by Philhealth Benefit
- ✓ Emergency Dialysis Out-Patient- will pay 1,000.00 for Professional Fee at cashier with Official receipt

Other Charges/ supplies used:

- ✓ Erythropoetin alfa 4,000 iu-433.8, may vary depending on the purchase price
- ✓ IJ catheter-2,375.00/ 2,640.00, may vary depending on the purchase price
- ✓ Dialyzer-1920.00, may vary depending on the purchase price
- ✓ Oxygen Consumption
- ✓ Heparin 1,000 iu-180.00, may vary depending on the purchase price

For individually paying members/ Government Employees will be paying additional 150 for Professional Fee at cashier with Official Receipts.

For Other charges that is not covered by Philhealth/ not eligible for philhealth benefit will be advised for Malasakit Assistance.

CT SCAN PLAIN

Type of imaging modality that uses ionizing radiation to aid the doctor in examining the patient's internal



organ and making an accurate diagnosis and choose the ideal treatment plan.

Office/Division:	Radiological Sciences Division			
Classification:	Simple			
Type of Transaction:	G2C Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>C.</p> <ol style="list-style-type: none"> 1. Procedure Request form duly signed by attending physician. 2. Previous result (If available) 3. Interlocal Health Zone referral form. <p>D. In claiming of result, present to reception area the Official receipt or CLAIM STUB</p>		<p>Doctor's Clinic</p> <p>Rural Health Unit, other hospitals</p> <p>Cashier or Reception area</p>		
<p>If payment is through financial assistance/insurance/agencies sponsored</p> <ol style="list-style-type: none"> 1. Service Issue Slip (SIS)/Bills of Payment 		<p>MALASAKIT and other Health Provider area- Reception</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<ol style="list-style-type: none"> 1. Present pertinent requirements for the procedure requested <p>RADIOLOGY DEPARTMENT waiting area.</p>	<ol style="list-style-type: none"> 1. Receive and verify requirements 1.1 Instruct patient to wait for their names to be called. 	None	2 minutes	<p><i>Radiologic Technologist</i></p> <p>X-ray Waiting area</p>
<ol style="list-style-type: none"> 2. Fill out and sign applicable document at the reception area. 	<ol style="list-style-type: none"> 2. Hand out applicable forms and assist clients in filling out the said forms (Pregnancy consent/IV consent) 	None	2 minutes	<p><i>Radiologic Technologist</i></p> <p>X-ray Reception Area</p>



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Proceeds to CT SCAN room for the procedure.	3.0 Perform requested procedures	None	3 minutes	<i>Radiologic Technologist</i> at CT-Scan Room
	3.1 Instruct patient to remove all metallic artifacts on the part to be examined. 3.2 Instruct patient to change clothing and use required hospital gowns. 3.3 Position patient according to requested procedure 3.4 Image windowing in acceptable contrast and send to PACS system or convert DICOM into Jpeg image		5 minutes	Rad.Tech. Xray work station
	3.5 Sent to visiting consultants via email for official interpretation.		20 minutes	<i>Radiologic Technologist</i> e-mailing of Dicom or Jpeg images



	3.6 Read and Interpret images by the Medical Officer and/or final interpretation by The Medical Specialist.	None	4 days	Radiologist
4.0 Medical Social Worker if patient needs financial assistance.	4.0 Medical Social Worker assessment and recommendation.		20 minutes	Medical Social Worker At Malasakit Center Office FNLGHTC center building.
5.0 Present Official Receipt/Authorized discount/MSS recommendation slip at the reception area. Fill out customer satisfaction survey form.	5.0 Issues claim stub for MSS Identified indigent/Record patient data and OR Number/ file CSS form.	None	3 minutes	<i>Radiologic Technologist</i>
	5.1 Instruct the patient or relative to come back for the result.	None	2 minutes	<i>Radiologic Technologist</i>
6.0 Present official receipt of the patient/CLAIM STUB 6.1 Claim official Result at the reception area.	6.0 Receive and verify requirements. 6.1 Request patient/relative to sign on the receiving log book as proof of receipt issues result.	None	3 minutes	<i>Radiologic Technologist</i> Radiology Department Reception Area



Consult your doctor for correlation of results				
	Total	See table of fees		
	End of Transaction		5 days	

CT-SCAN PLAIN AND CONTRAST PROCEDURE (IN-PATIENT)

Type of imaging modality that uses ionizing radiation to aid the doctor in examining the patient's internal



organ and making an accurate diagnosis and choose the ideal treatment plan.

Office/Division:	Radiology Imaging Department			
Classification:	Complex			
Type of Transaction:	G2C Government to Citizen			
Who may avail?	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
REFERRAL FORM				
1.1 Radiographic examination request form duly signed by attending physician.(1 original radiographic examination request.)		Nurse station		
2. Copy of previous examination result (If the examination is a follow-up examination)		Hospitals, Clinics or Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nurse/nurse attendant carry out diagnostic imaging requested by the physician.	1.1 Receive and verify requirements (Checks iHOMIS for further clarification of patient details) when none, log client to iHOMIS 1.2 Classify request whether Plain CT-Scan or CT-Scan contrast procedure.	None	5 Minutes	Radiologic Technologist III or II Radiology Department
	1.3 For Plain CT-Scan a. Proceed to client step 2	None	2 Minutes	Radiologic Technologist III or II Radiology Department



	<p>1.4 For CT-Scan contrast procedure, Nurse/nursing attendant bring the patient chart to radiology department for radiologist pre-procedural orders</p>			<p>Nurse V Nurses Division</p>
	<p>a. Medical condition-ask whether he/she has any kind of allergic condition.</p> <p>b. Suggest client to consult his/her physician to request creatinine laboratory exam.</p> <p>c. Perform Estimated Glomerular Filtration Rate.</p> <p>d. Provide verbal and written preparation instructions to the client.</p> <p>e. Scheduling of patient for CT-Scan with contrast procedure and instruct to come back on the agreed time of appointment.</p>	<p>None</p>	<p>8 Minutes</p>	<p>Radiologic Technologist III or II Radiology Department</p>
<p>2. Fill out and sign necessary document at the reception area.</p>	<p>2.1 Give consent form and assist clients in filling out the said forms when necessary. (Pregnancy consent/IV consent)</p>	<p>None</p>	<p>3 Minutes</p>	<p>Radiologic Technologist III or II Radiology Department</p>



	2.2 For CT-Scan contrast procedure, Nurse/Nursing attendant prepare the prescribed needed contrast supply from the pharmacy prior to scheduled procedure.	None	3 Minutes	Radiologic Technologist III or II Radiology Department
	2.3 Monitor patient bowel preparation		8 hours	Nurse V Nurses Division
	2.4 Pharmacy issues prescribed contrast supply to the Nurse or Nursing attendant.		2 Minutes	Pharmacist III or II Pharmacy Department
	2.5 Advise Nurse/Nursing attendant to wait communication before transporting patient to Radiology Department. 2.6 Received patient chart and ordered contrast procedure set. 2.7 Instruct patient to remove all metallic artifacts on the part to be examined. 2.8 Change clothing and use required hospital gowns when necessary.		5 Minutes	Radiologic Technologist III or II Radiology Department
3. Proceeds to CT Scan room for the procedure.	3.1 Guide patient according to required CT-Scan	None	5 Minutes	Radiologic Technologist III or II



	positioning procedure. 3.2 Perform scout filming.			Radiology Department
	3.3 Perform requested procedures. a. Plain CT- Scan.	None	3 Minutes	Radiologic Technologist III or II Department
	b. CT Scan Contrast study.	None	1 Hour	Radiologic Technologist III or II Radiology Department
	3.4 Bill of payment are Log into HOMIS billing system. 3.5 Record patient details in the patient logbook.	None	2 Minutes	Radiologic Technologist III or II Radiology Department
	3.6 CT-Scan Image reconstruction: Image windowing Convert DICOM into Jpeg image or send DICOM to PACS viewer.	None	5 Minutes	Radiologic Technologist III or II Radiology Department
	3.7 Send images to Radiologist viewer station or via email for official interpretation.	None	4 days 13 hours 6 Minutes	Medical Specialist III or II (Radiologist)
	3.8 Receives sent e-mail of results by the Radiologist typed and prints.	None	30 Minutes	Radiologic Technologist III or II Radiology Department
4. Receiving of forwarded of results to wards: a. Sign receiving logbook.	4.1 Results are entrusted to ward nurse. 4.2 Nurses will sign the result receiving logbook.	None	10 Minutes	Radiologic Technologist III or II Radiology Department



b. Fill out customer satisfaction survey form.	4.3 Hand over customer satisfaction survey CSS form.			
Consult your doctor for correlation of results				
		Total	NONE	5 DAYS

CT-SCAN PLAIN AND CONTRAST PROCEDURE (OPD)

Type of imaging modality that uses ionizing radiation to aid the doctor in examining the patient's internal



organ and making an accurate diagnosis and choose the ideal treatment plan.

Office/Division:	Radiology Imaging Department			
Classification:	Complex			
Type of Transaction:	G2C Government to Citizen/G2G Government to Government			
Who may avail?	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
REFERRAL FORM				
1.1 Radiographic examination request form duly signed by attending physician.(1 original radiographic examination request or list)		Doctor's Clinic Rural Health Unit, other Hospitals and Agencies		
2. Copy of previous examination result (If the examination is a follow-up examination)		Hospitals, Clinics or Patient		
3. Inter-local Health Zone referral(1 original referral for radiographic examination)		Hospitals, Clinics or Patient		
2. In claiming of result, present to reception area the Official receipt or CLAIM STUB. a. 1 original official receipt b. 1 original radiology department issued claim stub.		Cashier (Official receipt) Radiology Department Reception area (Claim stub)		
4. If payment is through financial assistance, insurance/agencies sponsored. a. NGO's and government agencies (1 original copy of list of clients.		Health Provider		
b. SWO stamped bill of payment (1 original copy of bill of payment)		MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present procedure requested by the physician.	1.1 Receive and verify requirements (Checks iHOMIS for further clarification of patient details) when none, log client to iHOMIS 1.2 Classify request whether Plain CT-Scan or CT-Scan contrast procedure.	None	5 Minutes	Radiologic Technologist III or II Radiology Department



	<p>1.3 For Plain CT-Scan</p> <p>a. Proceed to client step 2</p>	None	2 Minutes	<p>Radiologic Technologist III or II</p> <p>Radiology Department</p>
	<p>1.4 For CT-Scan contrast procedure,</p> <p>a. Medical condition-ask whether he/she has any kind of allergic condition.</p> <p>b. Suggest client to consult his/her physician to request creatinine laboratory exam.</p> <p>c. Perform Estimated Glomerular Filtration Rate.</p> <p>d. Provide verbal and written preparation instructions to the client.</p> <p>e. Scheduling of patient for CT-Scan contrast procedure and instruct to come back on the agreed time of appointment.</p>	None	8 Minutes	<p>Radiologic Technologist III or II</p> <p>Radiology Department</p>
2. Fill out and sign necessary document at the reception area.	2.1 Give consent form and assist clients in filling out the said forms when necessary. (Pregnancy consent/IV consent)	None	3 Minutes	<p>Radiologic Technologist III or II</p> <p>Radiology Department</p>
	2.2 For CT-Scan contrast procedure , hand over to	None	3 Minutes	Radiologic



	patient/relative or companion the prescription to get necessary supply to the pharmacy.			Technologist III or II Radiology Department
	2.3 Pharmacy issues prescribed contrast supply to the patient.	None	2 Minutes	Pharmacist III or II Pharmacy Department
	2.4 Instruct patient to wait for their names to be called.	None	4 Minutes	Radiologic Technologist III or II Radiology Department
3. Proceeds to CT Scan room for the procedure.	3.1 Instruct patient to remove all metallic artifacts on the part to be examined. 3.2 Change clothing and use required hospital gowns when necessary. 3.3 Guide patient according to required CT-Scan positioning procedure. 3.4 Perform scout filming.	None	5 Minutes	Radiologic Technologist III or II Radiology Department
	3.5 Perform requested procedures. a. Plain CT- Scan.	None	3 Minutes	Radiologic Technologist III or II Department
	b. CT Scan Contrast study.	None	1 Hour	Radiologic Technologist III or II Radiology Department
	3.6 Issue bill of payments to client and advise to	None	2 Minutes	Radiologic



	return to Radiology Department after payment is completed.			Technologist III or II Radiology Department
4. Present bill of payment slip to Cashier.	4.1 Issues Official Receipt for cash payment and/or advise client to proceed to MALASAKIT CENTER for discount assessment.	See bill of payment	2 Minutes	Administrative Officer V (CASHIER)
	4.2 MALASAKIT CENTER a. Stamped the bill of payment slip with signature and discount recommendations.	None	26 Minutes (new clients) 9 Minutes (revisit)	Social Worker Officer III (MALASAKIT CENTER building)
5. Present official receipt and/or stamped bill of payment slip by MALASAKIT CENTER	5.1 Record patient details and official receipt/MALASAKIT authorized discount to the patient logbook and advise to come back for the official result after 5 working days.	None	3 Minutes	Radiologic Technologist III or II Radiology Department
	5.2 CT-Scan Image reconstruction: a. Image windowing in acceptable image contrast and convert DICOM into Jpeg image or send to PACS to be sent via e-mail as DICOM.	None	5 Minutes	Radiologic Technologist III or II Radiology Department
	5.3 Sent to Radiologist	None	4 Days	Medical Specialist III or II



	work station or via email for official interpretation		21 Hours 2 minutes	(Radiologist) Radiology Department
	5.4 Receives sent e-mail of results by the Radiologist typed and prints.	None	30 Minutes	Radiologic Technologist III or II Radiology Department
6. Claiming of results: a. Present official receipt/CLAIM STUB. b. Fill out customer satisfaction survey form.	6.1 Receive and verify requirements. 6.2 Request patient/relative to sign on the receiving log book as proof of receipt prior to issuance of result. 6.3 Hand over customer satisfaction survey CSS form.	None	5 Minutes	Radiologic Technologist III or II Radiology Department
Consult your doctor for correlation of results				
	Total	NONE	5 DAYS	



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 REQUIREMENTS		WHERE TO SECURE		
Verbal/Written Complaint		Concerned personnel		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of complaint to CMPS office	1. Receive written complaint	None	1 minute	<i>Administrative Assistant I</i>
2. Attend the meeting	2. Call for meeting	None	30 minutes	<i>CMPS Grievance Committee Concerned Personnel</i>
3. Acknowledge made decision between two parties	3. Makes decision to address the incident	None	2 hours	<i>CMPS and Concerned Personnel</i>
	4. Present minutes of the meeting		30 minutes	
	TOTAL:	None	3 Hours, 1 Minute	



BORROWING OF MEDICAL RECORDS

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.

Office or Division:	HEALTH INFORMATION MANAGEMENT SERVICES			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	<ul style="list-style-type: none"> • Doctors, nurses who are members of the medical team who attended the patient. • Doctor who is currently attending to an old patient. • PHIC staff in charge of patient claims O • ther authorized personnel 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request for Access to Medical Records		Health Information Management Office, Room 6, Administrative Bldg., Far North Luzon General Hospital & TC		
Valid ID (if warranted)		FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present thoroughly filled request form	1. Validate access 1.1 Retrieve patient record in iHOMIS	None	2 Minutes	<i>Administrative Officer IV</i>
2. If current record- wait for 10 minutes while record is being retrieved from file. 2.1 for old records (>3 years prior to date)- wait for 48 hours	2. Retrieve record from filing area 2.1 Old records to be retrieved from storage area	None	10 Minutes	<i>Administrative Aide</i>
3. Acknowledge receipt of record	3. Ensure proper documentation	None	1 Minute	Administrative 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 MEDICINE AND ANCILLARY SERVICES DIVISION			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Government (G2G)			
Who may avail:	All In-patient <ul style="list-style-type: none"> • To be pick-up by Nurse or Nursing Attendant on 4-12 shift • To be pick-up by patient watcher (exceptional cases) 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription form properly filled up		Prescribing Doctor/ Patient's Medical Chart		
Returned Medicines/Medical Supplies Form		Nurse Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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	<i>Nurse or Nursing attendant on duty</i>
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	<i>Pharmacist on Duty</i>



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



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



DISPENSING OF MEDICINES AND MEDICAL SUPPLIES OF IN-PATIENT

This dispensing service is provided to all admitted patient who are prescribed for medication from the in-patient department of this institution.

Office or Division:	PHARMACY			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G), Government to Citizen (G2C)			
Who may avail:	In-patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Properly filled out Prescription form (RESETA)			Doctor/ Medical Practitioner	
Controlled Drug Administration Sheet (CDAS)			Ward Nurse	
Properly filled out RIS for Dangerous Drug Preparation			PDEA License Medical Doctor	
IV tag			Ward Nurse/ Nursing Attendant	
Antimicrobial Form			Ward Nurse/ Medical Doctor	
Medical Supplies Requisition Form (MSRF)			Ward Nurse/ Nursing Attendant	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN TIME (per ward)	PERSON RESPONSIBLE
1. Present to the Pharmacist; <ul style="list-style-type: none"> ➤ prescription/medication orders ➤ Requisition for Dangerous Drugs Preparations ➤ Accurately filled out Controlled Drug Administration Sheet ➤ IV tag ➤ Properly filled out Antimicrobial Form ➤ Medical Supplies Requisition Form (MSRF) 	1.1 Validate prescription in terms of completeness and authenticity in accordance with legal and regulatory requirements	None	3 Minutes	Pharmacist I Pharmacy Section
	1.2 Communicate with the client to acquire specific details needed to make the prescription complete, valid and accurate		2 Minutes	Pharmacist I Pharmacy Section
	1.3 For Out of stock PNF medicines <ul style="list-style-type: none"> • Stamp PNF medicines for emergency purchase • Offers alternative medicines 		1 minute	
	1.4 Tag Non-PNF medicines and gives back to the client			



	<p>1.4 Stamp Non-PNF medicines and gives back to the nurse for further instruction to the patient</p> <p>1.5 Retrieves patient's pharmacy account for medication reconciliation</p> <p>1.6 Fills prescription accurately</p>		<p>1 minute</p> <p>2 minutes</p> <p>10 minutes</p>	
<p>2.</p> <ul style="list-style-type: none"> ➤ Receive and double check prepared medicines and medical supplies ➤ Countersign at the back of the prescription ➤ Sign in the Pharmacy Accomplishment monitoring tool ➤ Fills out CESF and drop in the box located in the area ➤ Transport the items to the ward 	<p>2.1 Issues the prepared medicine and medical supplies</p> <p>2.2 Collect prescription forms and record/ charge to patient's HOMIS and Pharmacy Account</p>	None	<p>5 Minutes</p> <p>5 Minutes</p>	<p>Pharmacist I, Pharmacy Technician PHARMACY</p>
submit	TOTAL:	NONE	30 MINUTES	

Dispensing of Verbal and telephone orders shall be in accordance with applicable policies, laws, and regulations



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 in the hospital regardless of age of gestation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Inform parent/watcher about the vaccines to be given. Impart health teachings about the vaccines.	None	2 Minutes	<i>Nurse/ROD</i>
None	2. Submits vaccine prescription at pharmacy section.	None	2 Minutes	<i>Nursing Aide on Duty</i>
None	3. Preparation of vaccine	None	3 Minutes	<i>Nurse on Duty</i>
	3.1 BCG 0.5 ml intradermal @ R deltoid muscle	None	3 Minutes	<i>Nurse on Duty</i>
	3.2 HEP B .5ml intramuscular @ L thigh	None	1 Minute	<i>Nurse on Duty</i>
None	4. Records appropriate data in logbook and child immunization record	None	2 Minutes	<i>Nursing Aide on Duty</i>
None	5. Issues copy of Child immunization record and gives	None	2 Minutes	<i>Nurse on Duty</i>



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



ADMISSION AT EMERGENCY ROOM

This process covers from the time the Emergency Room(ER) nurse receives admission orders from the attending physician up to the time admission care and endorsement of patient to ward nurse is completed. The Emergency Room(ER) operates 24/7 and strategically located in front of the hospital.

Office or Division:	Emergency Room			
Classification:	Simple			
Type of Transaction:	Government to Citizen(G2C)			
Who may avail:	All patients who have admission orders and are willing and consented to be admitted.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Gives verbal consent for admission.	1.1 Informs patient about the admission and secures consent.	none	2 minutes	<i>Nurse III- Nursing Division</i>
	1.2 Receipt doctor's orders for admission	none	1 minute	<i>Medical Specialist II- Medical Division</i>
2. Signs consent for admission.	2.1. Carries out doctor's order 2.1.1 Secures signed consent, orient patient and watcher re: hospital policy on admission and patient's rights and responsibilities.	none	3 minutes	<i>Nurse III- Nursing Division</i>
	2.2 Gives prescription and request for medical supplies	none	2 minutes	<i>Nurse III- Nursing Division</i>
3. Proceeds to Pharmacy Section	3.1. Dispenses prescribed meds and requested medical supplies.	none	5 minutes	<i>Pharmacist III- Pharmacy</i>
4. Gives prescribed	4.1. Receives and	none	2 minutes	<i>Nurse III- Nursing</i>



medicines and medical supplies to Emergency Room(ER) Nurse on duty.	checks dispensed items			<i>Division</i>
	4.2. Forwards laboratory examinations, requests through the Integrated Hospital Operations and Management Information System(i-HOMIS)	none	2 minutes	<i>Nurse III- Nursing Division</i>
	4.3 Performs radiologic procedures as requested.	none	15 minutes	<i>Medical Specialist III- Radiology Department</i>
	4.4. Issues admitting slip	none	2 minutes	<i>Nurse III- Nursing Division</i>
5.Proceed to admitting section	5.1. Receives admitting slip and discharge patient's encounter in the Emergency Room(ER) log through the Integrated Hospital Operations and Management Information System(i-HOMIS)	none	1 minute	<i>Administrative Officer V- Record Section</i>
6. Signs consent for disclosure of patient's pertinent data.	6.1. Secures consent of releasing information needed in the generation of the clinical cover sheet	none	1 minute	<i>Administrative Officer V- Record Section</i>
	6.2. Asks patient's pertinent data, ensuring its accuracy prior to generation.	none	5 minutes	<i>Administrative Officer V- Record Section</i>
7. Checks data entries if correct and agrees to the data generated.	7.1. Prints out accomplished Clinical Cover Sheet and endorses to Social Welfare Officer.	none	1 minute	<i>Administrative Officer V- Record Section</i>



8. Proceeds to Medical Social Service for classification (for patients admitted at service wards only)	8.1. Interviews watcher, (preferably the nearest kin to the patient.)	none	9 minutes	<i>Social Welfare Officer- Medical Social Service</i>
	8.2. Returns duly accomplished Clinical Cover Sheet to emergency room	none	2 minutes	<i>Social Welfare Officer- Medical Social Service</i>
9. Returns to Emergency Room(ER)	9.1. Endorses printed clinical cover sheet to the Emergency Room(ER) Nurse on-Duty(NOD)	none	1 minute	<i>Social Welfare Officer- Medical Social Service</i>
	9.2. Transport to ward per wheelchair/ stretcher depending on the case and endorses to the ward Nurse on-Duty(NOD)	none	6 minutes	<i>Nurse III- Nursing Division</i>
TOTAL:		None	1 hour	



DISCHARGE PROCESS AT WARDS

This process covers from the time the attending physician issues his or her discharge orders up to the time the patient leaves the ward premises. This further includes all clients regardless of disposition. The 6-hour turn-around time (TAT) in this process must be met and observed. This process includes the Medical, Pediatric, Obstetrics and Gynecology, Surgery Wards and Special Care Areas such as the Medical Intensive Care Unit, Pediatric Intensive Care Unit, Surgical Intensive Care Unit and High-Risk Pregnancy Unit.

Office or Division:	Nursing Wards			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	All admitted patients with written discharge order from the attending physician. With written order of transfer to higher level facility.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phil Health form (MDR) (secondary)		Phil health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives notice of discharge	1.1 Attending physician orders an MGH (may go home) during rounds.	none	30 minutes	<i>Medical Specialist II- Medical Division</i>
	1.2. Carries out discharge orders and informs patient and watcher regarding discharge	None	35 minutes	<i>Nurse III- Nursing Division</i>
2. Accomplish Client satisfaction survey form.	2.1 Issues and instruct the patient to accomplish the Client satisfaction survey form.	none	2 minutes	<i>Nurse III- Nursing Division</i>
	2.2 Ensures PhilHealth forms, medical abstract/discharge summary are properly filled out and signed by PhilHealth accredited attending physician.	None	2 hours	<i>Medical Specialist II- Medical Division</i>



	2.3 Fills out discharge clearance slip and discharge plan.	none	10 minutes	<i>Nurse III- Nursing Division</i>
	2.4 Attach properly filled out Phil health forms to the discharge clearance.	none	1 minute	<i>Nurse III- Nursing Division</i>
	2.5. Returns excess medicines and medical supplies to the Pharmacy Section and Routing of discharge clearance	None	5 minutes	<i>Nurse III- Nursing Division</i>
	2.5.1 Laboratory Section	None	2 minutes	<i>Nurse III- Nursing Division</i>
	2.5.2 Medical Social Services	None	2 minutes	<i>Nurse III- Nursing Division</i>
	2.5.3 Pharmacy Section	None	5 minutes	<i>Nurse III- Nursing Division</i>
	2.5.4 Health Information Management (Records Section)	None	10 minutes	<i>Nurse III- Nursing Division</i>
	2.5.5 Billing and Claims	None	1 hour,45 mins	<i>Nurse III- Nursing Division</i>
	2.6. Discharges patient through the Integrated Hospital Operations and Management Information System(iHOMIS).	None	5 minutes	<i>Nurse III- Nursing Division</i>
3. Proceeds to the Billing and Claims Section	3.1. Issues statement of account and signs discharge clearance slip. 3.2 Instructs watcher to proceed to the Medical Social Service.	none	5 minutes	<i>Administrative Officer II- Billing Section</i>
4. Proceeds to Medical Social Service	4.1. Signs and acknowledges	none	15 minutes	<i>Social Welfare Officer- Medical</i>



	patient's indigency and provides instruction to go back to billing and claims section, thereafter.			<i>Social Service</i>
5. Proceeds to Billing and Claims. 5.1 Proceed to cashier section if with payables.	5.1. Signs the discharge clearance. 5.2 Collects payments, issues official receipts and signs discharge clearance.	none	2 minutes	<i>Administrative Officer II- Billing Section Administrative Officer V- Cashier Section</i>
6. Presents discharge clearance slip, Statement of Account(SOA) and official receipts to the nurse on-duty	6.1. Verifies and checks for the completeness and accuracy of the discharge clearance slip, Statement of Account (SOA) and official receipt presented.	none	2 minutes	<i>Nurse III- Nursing Division</i>
7. Drop the accomplished client satisfaction survey in a box located at nurses station.	7.1. Signs discharge clearance slip, instructs home medications and follow-up visits and issues the duplicate copy of the accomplished discharge plan.	none	2 minutes	<i>Nurse III- Nursing Division</i>
	7.2. Assist patient and watcher in going out of the room / ward.	none	2 minutes	<i>Nurse III- Nursing Division</i>
	TOTAL:	None	6 hrs	



ER CRITICAL CASE MANAGEMENT

This process covers from the time the patient enters the emergency room, up to the doctor's disposition. This process includes clients whose airway, breathing and circulation are compromised and immediate attention must be given by the Emergency Room (ER) team.

Office or Division:	Emergency Room			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	Patients with danger signs of death, needing immediate nursing care and medical management			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrival	1.1. Triage	none	1 minute	<i>Nurse III- Nursing Division</i>
	1.2. Initial Nursing Assessment and Documentation	none	2 minutes	<i>Nurse III- Nursing Division</i>
	1.2.1 Notifies Resident On Duty(ROD) / Consultant On Duty(COD)	none	2 minutes	<i>Nurse III- Nursing Division</i>
	1.2.2. Initial Doctor's Assessment and Management	none	10 minutes	<i>Medical Specialist II- Medical Division</i>
2. Proceeds to registration lane and provides pertinent data of the patient.	2.1. Registration/ retrieval and generation of Emergency Room(ER) registry form through the Integrated Hospital Operations and Management Information System(iHOMIS)	none	3 minutes	<i>Nurse III- Nursing Division</i>
	2.2. If no relative around, no Identification Cards(IDs) and unconscious - use Mr/Ms A, Mr/Ms B,	none	5 minutes	<i>Nurse III- Nursing Division</i>



	as name and leave other data to be completed later on.			
	2.3. Notifies Medical Social Welfare Officer on-duty for contact tracing and identification.	none	2 minutes	<i>Nurse III- Nursing Division</i>
3.Watcher listens and asks essential questions	3.1. Doctor's disposition	none	5 minutes	<i>Medical Specialist II- Medical Division</i>
	3.1.1 Admission.	none	1 hour	<i>Medical Specialist II- Medical Division</i>
	3.1.2 Transfer to other hospital	none	30 minutes	<i>Medical Specialist II- Medical Division</i>
	3.1.3 Death	none		<i>Medical Specialist II- Medical Division</i>
4. Fills out Client Satisfactory Survey(CSS) and drops in the box provided	4.1. Assists in filling out and provides further instructions.	none	5 minutes	<i>Nurse III- Nursing Division</i>
	TOTAL:	None	2 hours and 5 minutes	



DISCHARGE PROCESS AT EMERGENCY ROOM

This process covers from the time the attending physician orders for client's discharge up to the time the watcher submits the accomplished discharge clearance to the Emergency Room(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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Discharge orders given	none	3 minutes	<i>Medical Specialist II- Medical Division</i>
	2. Informs patient / watchers	none	2 minutes	<i>Nurse III- Nursing Division</i>
	3. Issues discharge clearance and gives prescriptions for replacements and take home medications	none	2 minutes	<i>Nurse III- Nursing Division</i>
1. Proceeds to Pharmacy Section	1.1. Receives prescriptions of home medications, for replacement dispense accordingly and signs clearance.	none	3 minutes	<i>Pharmacist III- Pharmacy</i>
2. Proceeds to Cash Section	2.1. Computes patient's bills, collects payment, issues official receipt, and signs discharge clearance	none	2 minutes	<i>Administrative Officer V- Cashier Section</i>
3. If unable to pay, proceed to Medical Social Service for financial assistance.	3.1 Acknowledge indigency, interviews and assess patients according to classification. Attached charges duly noted and	none	15 minutes	<i>Social Welfare Officer- Medical Social Service</i>



	signed.			
4. Go to Cashier if there is amount to be paid.	4.1 Issues official receipt.	none	2 minutes	<i>Administrative Officer V- Cashier Section</i>
5. Goes back to pharmacy	5.1 Dispense medicines/ supplies prescribed and instructions given.	none	5 minutes	<i>Pharmacist III- Pharmacy</i>
6. Back to Emergency Room(ER)	6.1. Receives and validates accomplished clearance and official receipt	none	2 minutes	<i>Nurse III- Nursing Division</i>
	6.2. Discharge instructions	none	2 minutes	<i>Nurse III- Nursing Division</i>
7. Fills out Client Satisfaction Survey(CSS) and drop in the box located at the area.	7.1. Assists in filling out and provides further instructions	none	2 minutes	<i>Nurse III- Nursing Division</i>
	TOTAL:	None	40 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 (G2C)			
Who may avail:	All Client needing Elective Surgical Procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Receives or request a day prior to surgery.	None		<i>OR Staff</i>
None	2. Prepares and set up instruments according to surgical procedure before patient enters the operating room.	None	3 Minutes	<i>OR Staff</i>
Arrival	3. Receives patient with in-patient medical health record, medications and supplies.	None	1 Minute	<i>OR Staff</i>
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	<i>OR Staff</i>



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



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



EMERGENCY SURGERY

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

Office or Division:	OPERATING ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All Client needing Emergency Surgical Procedure			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			None	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Receives a call or properly filled out or request	None		<i>OR Staff</i>
None	2. Prepares and set up instruments according to surgical procedure before patient enters the operating room.	None	3 Minutes	<i>OR Staff</i>
Arrival	3. Receives patient with in-patient medical health record, medications and supplies.	None	1 Minute	<i>OR Staff</i>
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	<i>OR Staff</i>



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



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



HISTOPATHOLOGY REQUEST

Histopathology request requires full clinical details and full patient identification and it is considered as an agreement between the laboratory and the patient. The request form must be complete and properly filled out. This process covers from the time the 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			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All post-operative patients with specimen need for histopath			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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	<i>Attending Surgeon</i>
None	2. Fills out the histopath form completely	None	2 Minutes	<i>Attending Surgeon</i>
None	3. Specimen secured in a container filled with formalin over the tissue, properly labelled and packed	None	3 Minutes	<i>Nursing Attendant</i>
watcher proceed to laboratory	4. Submit specimen with request to the laboratory	None	2 Minutes	<i>Nursing Attendant</i>
None	5. Affix signature in the or histopath receiving logbook	None	1 Minute	<i>Laboratory Staff</i>
	TOTAL:		13 Minutes	



LABOR AND DELIVERY

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

Office or Division:	OPERATING ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All mothers capable of giving birth			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			None	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Arrival	1. Receives patient with in-patient medical health record, medications and supplies.	None	1 Minute	<i>DR Nurse</i>
None	2. Placed on bed safely and comfortably	None	1 Minute	<i>DR Nurse</i>
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	<i>Midwife, DR Nurse</i>
None	4. prepares instrument, suture, and anesthetic on the mayo table	None	30 Seconds	<i>DR Staff</i>
	5. Ushered patient to delivery room table, placed on lithotomy position and hooked to oxygen inhalation	None	1 Minute	<i>Midwife, DR Nurse</i>



	6. Drape patient and do perineal care	None	30 Seconds	Midwife, DR Nurse
	7. Second stage of labor 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	None	5 Minutes	Doctor on Duty
	8. Third stage of labor 8.1 Delivery of placenta 8.2 Evacuation of blood clots	None	10 Minutes	Doctor on Duty
	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	12. giving prescription of medications and replacements of used supplies / meds	None	1 Minute	DR Nurse
	13. Post-partum monitoring of vital signs until stable, uterine status, and report for any untoward signs and	None	1 Hour	DR Nurse



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



MEDICO-LEGAL CONSULTATION

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

Office or Division:	EMERGENCY ROOM			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Patients for medico-legal consultation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Arrival	1. Triage	None	3 Minutes	<i>Nurse</i>
None	2. Give Emergency nursing/medical management.	None	5 Minutes	<i>ROD/Nurse</i>
	2.1 Inform ROD	None	2 Minutes	<i>Nurse</i>
None	3. Doctor's assessment and management	None	30 Minutes	<i>ROD/Consultant on Duty</i>
Proceeds to registration lane and provides pertinent data of the patient.	4. Retrieval / registration of Patients data @ the iHOMIS system	None	3 Minutes	<i>Nursing Aide on Duty</i>
	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)	None	5 Minutes	<i>Nursing Aide on Duty</i>
	4.2 Notify security guard on-duty if no	None	10 Minutes	<i>Nurse on Duty</i>



	patient's pertinent data gathered upon entry for contact tracing, identification and coordination with the police.			
Watcher listens and free to ask questions	. Doctor's disposition	None	2 Minutes	<i>ROD</i>
	5.1 Explains case and prognosis	None	5 Minutes	<i>ROD</i>
	5.2 Transfer to other hospital	None	5 Minutes	<i>ROD</i>
	5.3 Death	None	5 Minutes	<i>Nurse on Duty</i>
	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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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	<i>Doctor on Duty</i>
None	3. Dry the newborn thoroughly and do quick check on newborns breathing while drying	None	30 Seconds	<i>Midwife, DR Nurse</i>
	3.1 If baby is not breathing, Stimulate	None	30 Seconds	<i>Midwife, Nursing Attendant</i>
	3.2 If the baby fails to breathe after 30 seconds, change gloves and cut cord quickly	None	30 Seconds	<i>Midwife, Nursing Attendant</i>
	3.2 Transfer to a firm, warm surface and start newborn resuscitation.	None	30 Seconds	<i>Pedia Consultant/Rotator DR Nurse</i>
None	4. Remove wet cloth	None	30 Seconds	<i>DR Staff</i>



	and cover the baby with another clean dry warm cloth			
None	5. Removes first set of gloves 5.1 Clamp and cut the cord after the last pulsation have stopped	None	1 Minute	<i>Doctor on Duty</i>
None	6. Reposition the baby to mother's chest, place name tag at the right ankle	None	30 Seconds	<i>Midwife, Nursing Attendant</i>
None	7. Cover the baby's head with hat and cover the mother and baby with a clean warm cloth	None	30 Seconds	<i>Midwife, Nursing Attendant</i>
None	8. Transfer mother with baby into stretcher	None	5 Minutes	<i>Doctor on Duty</i>
None	9. Initiate breast feeding while maintaining skin to skin contact 9.1 Monitoring of vital signs with proper documentation.	None	90 Minutes	<i>Midwife, Nursing Attendant</i>
	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	<i>Midwife, Nursing Attendant</i>



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



NEWBORN SCREENING SAMPLE COLLECTION AND SENDING FOR ANALYSIS

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

Office or Division:	NURSING			
Classification:	Simple/Complex			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	<ul style="list-style-type: none"> All newborn delivered at the hospital either by normal spontaneous delivery or C- section regardless of age of gestation. Newborns delivered outside the hospital, whose parents are willing to let their babies undergo NBS in the hospital. 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Arrival	1. Fills out NBS draft and submit to NICU staff	None	5 minutes	<i>Nursing Aide/DR On-duty</i>
None	2. Receives and files draft for collection.	None	2 minutes	<i>Nurse NICU On-duty</i>
None	3. Explains to parents the benefit and importance of Newborn Screening	None	15 minutes	<i>Trained NOD</i>
Parent signs consent for newborn screening	4. Newborn screening specimen collection	None	2 Minutes	<i>Trained NOD</i>
	4.1 Filing out Newborn Screening Filter Card	None	2 Minutes	<i>Trained NOD</i>
	4.2 Collects sample using heel prick method	None	2 Minutes	<i>Trained NOD</i>
	4.3 Air-dry NBS filter	None	4 Hours	<i>Trained NOD</i>



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



OUTPATIENT DEPARTMENT CONSULTATION

The outpatient department is available from Mondays to Fridays except on Saturdays, Sundays and holidays. It caters only non critical medical cases of patients. Outpatient Department(OPD) starts @ 8am and ends @ 5pm. It is located beside the main entrance of the hospital. Special lanes for pregnant women, senior citizens and PWDs are provided.

Office or Division:	Outpatient Department(OPD)			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C), Government to business, Government to Government			
Who may avail:	All patients seeking non-urgent medical consultation. Follow Up check up of discharged admitted patient.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One duplicate copy of discharge plan given during discharge(secondary)		Ward		
One copy of filled-out health declaration form		Triage 1		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrival	1.1 Triage 1 Quick assessment/ "chief complaint" using the health declaration form.	none	3 minutes	<i>Nurse III- Nursing Division</i>
	1.1.1 If critical, Assist and direct patient to emergency room	none	2 minutes	<i>Nurse III- Nursing Division</i>
	1.1.2. If not, Issue a que number and OPD slip Fast lane Walk in Follow up	none	2 minutes	<i>Administrative Officer V- Record Section</i>
1. Fills out OPD slip and Proceed to OPD lobby and waits for que number to be called.	2.1 Nursing assessment includes: vital signs, blood pressure, respiratory rate, pulse rate and temperature	none	2 minutes	<i>Nurse III- Nursing Division</i>
	2.2. Receives OPD slip and generates	none	5 minutes	<i>Administrative Officer V- Record</i>



	OPD registry form			Section
	2.2.1 FOR NEW: generates OPD registry form	none	2 minutes	<i>Administrative Officer V- Record Section</i>
	2.2.2 FOR REVISIT: retrieves previous OPD records and attached to generated OPD registry	none	5 minutes	<i>Administrative Officer V- Record Section</i>
	2.2.3 Priority lanes for pregnant, senior citizen and Person with Disability(PWDs) is observed.	none	2 minutes	<i>Nurse III- Nursing Division</i>
	2.3. Submits generated OPD records to OPD Nurse on Duty(NOD)	none	2 minutes	<i>Administrative Officer V- Record Section</i>
	2.4. Interview and records initial assessment to OPD registry form	none	5 minutes	<i>Nurse III- Nursing Division</i>
3. Waiting que number to be called.	3.1.Endorse OPD records to consultation room.	none	2 minutes	<i>Nurse III- Nursing Division</i>
	3.2. Calls que number accordingly and assist patients	none	2 minutes	<i>Nurse III- Nursing Division</i>
	3.3. Assessment and medical management	none	15 minutes	<i>Medical Specialist II- Outpatient Department</i>
	3.4.Reffer to other clinics if needed for further evaluation and management.	none	5 minutes	<i>Medical Specialist II- Outpatient Department</i>
	3.5. If with laboratory request, log in the Integrated Hospital Operations and Management Information System(iHOMP)	none	2 minutes	<i>Nurse III- Nursing Division</i>



	system and prints copy as ordered by the consulting doctor.			
	3.6 For Xray, ultrasound, Electrocardiogram (ECG), and Echocardiogram(2D ECHO) request: fills out forms indicated for the request.	none	10 minutes	<i>Nurse III- Nursing Division</i>
	3.7. Issues printed laboratory request/charges and clearance slip.	none	2 minutes	<i>Nurse III- Nursing Division</i>
4. Proceed to laboratory	4.1. Performs extractions, diagnostic procedures as requested	none	5 minutes	<i>Medical Specialist III- Laboratory Department</i>
	4.2 Hematology (Complete Blood Count(CBC), ABO - Rh typing, Prothrombin Time(PT), Activated Partial Thromboplastin Time(APTT)	none	2hours, 30 minutes	<i>Medical Specialist III-Laboratory Department</i>
	4.3 Clinical Chemistry Fasting Blood Sugar(FBS), cholesterol, triglyceride, blood urea nitrogen, creatinine, uric acid, HbA1c, troponin, High Density Lipoprotein(HDL), Low Density Lipoprotein(LDL), Aspartate Transferase(AST(S GOT)), Alanine Transferase(ALT(S			



	GPT)), total bilirubin, amylase, Creatinekinase Muscle-Bone(CKMB), serum electrolytes)			
	4.4 Serology (salmonella typhi, dengue duo, dengue NS1Ag, dengue IgG/IgM, HbSAg, Hepatitis Virus(HCV), RPR-syphilis, HCT)			
	4.5 Clinical Microscopy (urinalysis, pregnancy test, fecalysis, occult blood)			
5. Proceed to Radiology department.	5.1 Receives request, performs procedure, signs OPD slip and attach charges.	none	5 minutes	<i>Medical Specialist III-Radiology Department</i>
6. Proceed to Respiratory unit.	6.1 Performs procedure, signs clearance slip and attach charges.	none	20 minutes	<i>Medical Specialist III- Pulmonary department.</i>
7. Proceed to Ultrasound room.	7.1 Performs procedure, signs clearance slip and attach charges.	none	1 hour	<i>Medical Officer III-Ultrasound Department</i>
8. Goes back to OPD and waits for the final consultation.	8.1. Submits laboratory results to OPD nurse on duty(NOD).	none	2 minutes	<i>Medical Specialist III-Laboratory Department</i>
	8.2 Notify attending Physician for wet reading of X-rays done.	none	10 minutes	<i>Nurse III- Nursing Division</i>
	8.3 Medical management, assessment, and disposition.	none	20 minutes	<i>Medical Specialist II- Outpatient Department</i>
9. Receives	9.1 Compute	none	5 minutes	<i>Pharmacist III-</i>



prescriptions and proceed to pharmacy section.	amounts of medicines prescribes and issues charge slip and attach to OPD slip.			<i>Pharmacy</i>
10. Go to Malasakit Center	10.1 Assess patient's eligibility on the availment of medical assistance, issue medical social service card(MSS card), indicates amount discounted and patient's counter part at the change slip and OPD clearance.	none	21 minutes	<i>Social Welfare Officer- Medical Social Service</i>
11. Go to Cashier if there is amount to be paid.	11.1 Issues official receipt.	none	2 minutes	<i>Administrative Officer V- Cashier Section</i>
12. Goes back to pharmacy	13.1 Dispense medicines prescribed and instructions given.	none	2 minutes	<i>Pharmacist III- Pharmacy</i>
13. Goes back to OPD.	13.1 Detach charges in the OPD slip and kept to be collected by cost centers.	none	2 minutes	<i>Nurse III- Nursing Division</i>
14. Fills out Customer Satisfaction Survey(CSS).	14.1 Collects filled out CSS and drop in the box provided.	None	1 minute	<i>Nurse III- Nursing Division</i>
15. Home	15.1 Health teachings impart and assist patient in going out.	none	1 minute	<i>Nurse III- Nursing Division</i>
	TOTAL:	none	5 hours, 14 minutes	

Conditional Specific: Time is subjected to the laboratory as requested by the attending Physician.

OPD LABORATORY

This procedure covers from the entry of OPD patient, receipt of laboratory requests/specimen,



collection, processing up to the releasing of results. OPD laboratory services are available from Mondays to Fridays 7am to 5 PM except holidays.

Office or Division:	Department of Pathology and Laboratory Medicine			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G), Government to Citizen (G2C), Government to Business (G2B)			
Who may avail:	All clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory Request through HOMIS, one (1) original copy		Physician/Nurse at the OPD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrival at OPD laboratory 1.1 Patient will get a number stub and wait for the number to be called	1. Give number stub to patient. (Priority lanes for pregnant, senior citizen and person with Disability (PWD) is observed)	NONE	minutes	Laboratory Aide - Laboratory
2. Present laboratory request from OPD/referral hospital or clinic signed by a medical doctor.	2. Laboratory staff/receptionist checks patient's request.	NONE	minutes	MT III - Laboratory
	2.1 If patient is from OPD, receptionist checks the request in HOMIS, print then verify request from LIS.	NONE	minutes	MT III - Laboratory
	2.2 If patient is walk-in, receptionist inputs data and request in LIS, then print request.	NONE	minutes	MT III - Laboratory
	2.3 Receptionist records printed request in the log book	NONE	minutes	Laboratory Aide - Laboratory
	2.4 Receptionist/Medtech on duty explains procedure and turn-	NONE	minute	MT III - Laboratory



	around time to patient			
	2.5.Laboratory staff extract/collects specimen for processing.	NONE	minutes	<i>MT III - Laboratory</i>
	2.6 Laboratory staff issues charge slip (if client has other diagnostic examination, proceed to the specific department for the procedure, if none proceed to Medical Social Services or cashiers office.	NONE	minutes	<i>Laboratory Aide - Laboratory</i>
	2.7 Laboratory staff transports samples from lab OPD satellite to main laboratory	NONE	minutes	<i>Laboratory Aide - Laboratory</i>
	2.8 Processing of laboratory examinations <ul style="list-style-type: none"> • Clinical chemistry • Immunology/ Serology • Hematology • Clinical Microscopy • Bacteriology - culture and sensitivity 	NONE	<ul style="list-style-type: none"> - 2 hrs. - 30 mins. - 30 mins - 30 mins -release of final result is after 5 days incubation period)	<i>MT III - Laboratory</i>
	2.9 Validation/completion of lab result by the quality officer.	NONE	3 minutes	<i>MT III - Laboratory</i>
	2.10 RMT prints the result.	NONE	2 minutes	<i>MT III - Laboratory</i>
3.Claiming of	2.11 Laboratory Aide	NONE	mins	<i>MT III - Laboratory</i>



Result 3.1 Patient presents receipt from Malasakit/cashier	releases result to OPD			
4.Client fills out Customer Satisfaction Survey (CSS)	4.1 Collect filled out CSS and drop in the box provided	NONE	mins	<i>MT III - Laboratory</i>
	Total	NONE	<ul style="list-style-type: none"> • Clinical chemistry- 3 hrs and 10 minutes • Immunology/serology- 1 hr and 40 mins • Hematology- 1 hr and 40 mins • Clinical microscopy-1 hr and 40 mins • Bacteriology-5 days 	

PRICELIST ATTACHED



	TOTAL AMOUNT
HEMATOLOGY	
1. COMPLETE BLOOD COUNT- CBC	365.00
2. HEMOGLOBIN- HEMATOCRIT	175.00
3. CLOTTING TIME	58.00
4. BLEEDING TIME	58.00
5. ACTUAL PLATELET COUNT- APC	350.00
6. TOXIC GRANULES	175.00
7. PROTHROMBIN TIME- PT	395.00
8. ACTIVATED PARTIAL THROMBOPLASTIN TIME- APTT	695.00
9. GRAM STAIN	250.00
10. PERIPHERAL BLOOD SMEAR	350.00
CLINICAL MICROSCOPY	
1. ROUTINE URINALYSIS- UA	135.00
2. ROUTINE FECALYSIS- FA	120.00
3. PREGNANCY TEST- PT	175.00
4. FECAL OCCULT BLOOD- FOBT	175.00
5. MALARIAL SMEAR	60.00
CLINICAL CHEMISTRY	
1. HEMO-GLUCO TEST -HGT	175.00
2. GLUCOSE- FASTING/ RANDOM	285.00
3. BLOOD UREA NITROGEN- BUN	350.00
4. CREATININE	



	235.00
5. CHOLESTEROL	300.00
6. TRIGLYCERIDE	395.00
7. HDL- CHOLESTEROL	290.00
8. LDL- CHOLESTEROL	290.00
9. BLOOD URIC ACID- BUA	285.00
10. SODIUM- NA	405.00
11. POTASSIUM- K	405.00
12. CHLORIDE- CL	405.00
13. SGPT/ ALT	290.00
14. SGOT/AST	290.00
15. GLYCOSYLATED HEMOGLOBIN- HBA1C	1,155.00
16. CALCIUM	405.00
17. AFAS TROP- I- QUANTITATIVE	900.00
18. AFAS- PSA	880.00
19. CRP	880.00
20. CKMB	880.00
21. MYOGLOBIN	1,155.00
22. ALKALINE POSPHATASE	615.00
23. AMYLASE	875.00
24. TOTAL PROTEIN	575.00
25. ALBUMIN	500.00



26. PHOSPOROUS	385.00
27. AFAS D-DIMER	900.00
28. FERRITIN	970.00
29.TROP-I QUALITATIVE	788.00
30. INDIRECT BILIRUBIN	313.00
31. TOTAL BILIRUBIN	560.00
32. CEA	880.00
33.LDH	687.50
34.LIPASE	250.00
35.AMYLASE	875.00
36.GLOBULIN	225.00
SEROLOGY	
1. DENGUE DUO	1,965.00
2. DENGUE NS1Ag	1,480.00
3. DENGUE IgG/IgM	900.00
4. SALMONELLA TYPHI	820.00
5. HBsAg	300.00
6.HCV	430.00
7. RPR- SYPHILIS	230.00
8. HIV 1/2	FREE
9. HAV	810.00
10. FT3	970.00



11. FT4	970.00
12. TSH	605.00
13. ANTIGEN	300.00
BLOOD BANK	
1. ABO	200.00
2. CROSSMATCHING	1,575.00
3. WHOLE BLOOD	1,800.00
4. PACKED RBC	1,800.00
HISTOPATH	
1.PAPS SMEAR	250.00
2. CELL CYTOLOGY	300.00
BACTERIOLOGY	
1. BLOOD C&S	2,500.00
2. C&S (OTHER BODY FLUIDS)	2,100.00
DRUGTEST	250.00
AFFILIATION FEE	500.00

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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Arrival	1. Receives patient from operating room with the in-patient medical health record, meds., and supplies	None	1 Minute	<i>Recovery Room Nurse</i>
None	2. Hooked to oxygen inhalation/ patient monitor and initial vital signs taken and recorded	None	2 Minutes	<i>Recovery Room Nurse</i>
Watcher proceed to pharmacy to procure prescribed medications and replacements.	3. Carrying out of doctor's post op orders	None	10 Minutes	<i>Recovery Room Nurse</i>
	3.1 prescription of medication given to watcher	None	5 Minutes	<i>Recovery Room Nurse</i>
	3.2 Initial dose of medications given as per doctor's order with proper documentation	None	2 Minutes	<i>Recovery Room Nurse</i>
None	4. Initial dose of medications given as per doctor's order with proper documentation	None	2 Minutes	<i>Recovery Room Nurse</i>



None	5. Evaluation, reassessment of patient status, and discharge of patient	None	3 Minutes	<i>Anesthesiologist</i>
None	6. Transfers patient to ward per stretcher / wheelchair safely and comfortably. 6.1 Endorse patient to ward nurse with the in-patient medical health record and medications.	None	10 Minutes	<i>RR Nurse Institutional Worker Ward Nurse</i>
	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 delivered via normal spontaneous delivery and caesarian section			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. fills out the birth certificate draft accordingly 1.1 interview baby's parents	None	5 Minutes	<i>Midwife/Nursing Attendant</i>
Check the correctness of the data entered in the draft.	2. Give the birth certificate draft to parents for review	None	5 Minutes	<i>Midwife/Nursing Attendant</i>
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	<i>Midwife/Nursing Attendant</i>
Proceed to records section and submit the needed requirements	4. Submission of birth certificate draft for final typing. 4.1 Birth certificate	None	3 Minutes	<i>Midwife/Nursing Attendant</i>



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



PRE- OPERATIVE PREPARATION AND ENDORSEMENT TO OR

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

Office or Division:	NURSING			
Classification:	Simple/Complex			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Patients with consent to undergo surgery operation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Pre-op checklist		Nurses Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING 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	<i>Supervisor OR Nurse On-duty</i>
	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			
Classification:	Simple/Complex			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	All newborn babies who have undergone newborn screening test			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Receives NBS results from the HOPPS division in a sealed plastic	None	2 minutes	<i>Nurse On-duty</i>
Receives NBS result	2. Checking and sorting of received NBS based on results	None	2 minutes	<i>Nurse On-duty</i>
	2.1 Negative result: Release NBS result	None	2 minutes	<i>Nurse On-duty</i>
	2.2 Positive result: Recall patients for re collection of specimen for confirmatory testing	None	5 minutes	<i>Trained NOD</i>
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	<i>Trained NOD</i>
				<i>Nurse On-duty</i>



	2.4 If confirmatory result is available inform parents immediately and give instructions as necessary	None	2 minutes	<i>Nurse On-duty</i>
	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	<i>Consultant On-duty</i>
	4. Monitoring status of progress thru home visits to confirmed cases	None	2 minutes	<i>NICU Supervisor</i>
	5. Health education	None	15 minutes	<i>Trained NOD</i>
	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 order for observation			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			None	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Explains and writes the plan of care and management.	None	5 Minutes	<i>ROD/Consultant On-Duty</i>
None	2. Carries out doctor's orders.	None	2 Minutes	<i>Nurse on Duty</i>
	2.1 Issues prescription	None	2 Minutes	<i>Nurse on Duty</i>
Watcher proceeds to pharmacy section	3. Dispense prescribed medications and medical supplies	None	5 Minutes	<i>Pharmacist on Duty</i>
Turn over the acquired medications and medical supplies to NOD	4. Receives the medications and medical supplies	None	2 Minutes	<i>Nurse on Duty</i>
	4.1 Issues unfilled prescriptions to watcher and advise them to buy the meds at any outside pharmacy.	None	2 Minutes	<i>Nurse on Duty</i>
waits at emergency room for the medtech	5. Blood extraction	None	5 Minutes	<i>MedTech on Duty</i>



to extract blood sample	5.1 Hematology(cbc, ABO typing, RH typing, malarial smear, Prothrombin time, Active partial thromboplastin time)	None	1 Hour	<i>MedTech on Duty</i>
	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	<i>MedTech on Duty</i>
	5.3 Serology (salmonella typhi, Dengue duo, Ddengue NS1Ag, Dengue IgG/IgM, HBsAG, HCV, RPR-syphilis, HCT)	None	1 Hour	<i>MedTech on Duty</i>
	5.4 Clinical Microscopy (urinalysis, pregnancy test, fecalysis, occult blood)	None	27 Minutes	<i>MedTech on Duty</i>
Listens to instructions and ask queries if there are doubts	6. Doctor's disposition	None	10 Minutes	<i>ROD/Consultant On-Duty</i>
	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 (G2C)			
Who may avail:	Nursing areas with E-CART			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Prescriptions and supplies form			Nurses Station	
Replacement Sip			Pharmacy section	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Endorses the E-cart	None	1 Minute	<i>Outgoing nurse on duty</i>
None	2. Checks completeness of medicines and supplies	None	5 Minutes	<i>Incoming nurse on Duty</i>
	2.2 checks completeness, functionality of equipment's and cleanliness	None	5 Minutes	<i>Incoming nurse on Duty</i>
None	3. Records/ checks actual number of medicines/supplies received	None	5 Minutes	<i>Nurse on Duty</i>
	3.1 If incomplete, informs outgoing nurses to replace prior to endorsements	None	2 Minutes	<i>Nursing Aide on Duty</i>
	3.2 Requests for replacement of used	None	2 Minutes	<i>Out-going Nursing</i>



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



PROCESS FLOW OF ADMINISTRATION OF DANGEROUS DRUGS

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

Office or Division:	NURSING WARDS			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	ER /admitted patients with doctors order of administration.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription with S2 number		Nurses Station		
Record form for consumption		Nurses Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Documents order of dangerous drug administration in the IPMHR and issues prescription	None	2 Minutes	<i>ROD</i>
None	2. Checks and verifies Doctor's order	None	3 Minutes	<i>Nurse on Duty in-charge</i>
None	3. Informs Senior charged nurse on duty about the order	None	3 Minutes	<i>Nurse on Duty in-charge</i>
None	4. Validates order , prescription and data of the patient prior to the release of required drug	None	3 Minutes	<i>Senior charge nurse duty</i>
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	<i>Nurse on Duty in-charge</i>



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



REQUISITION OF CONTROLLED DRUGS FOR WARD STOCK

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

Office or Division:	NURSING WARDS			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	ER and admitted patients with doctors order of administration			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Copy of requisition of dangerous drugs preparation		Pharmacy Section		
Prescription with duly S2 licensed		Bureau of Food and Drug Administration		
Record of dangerous drugs consumption		Nurses station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Fills out requisition form for dangerous drug preparation	None	2 Minutes	<i>Nurse on Duty in-charge</i>
None	2. Checks the record of dangerous drug preparation dispensed form if completely filled out.	None	4 Minutes	<i>Nurse on Duty in-charge</i>
	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	<i>Nurse on Duty in-charge</i>



	section.			
None	4. Verifies and check data entries of consumption vs the actual existing number of drug dispensed	None	10 Minutes	<i>Pharmacy on duty</i>
None	5. Release dangerous drugs stocks	None	5 Minutes	<i>Pharmacy on duty</i>
None	6. Receive and store in the cabinet designated locked and secured	None	2 Minutes	<i>Nurse on Duty in-charge</i>
	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 REQUIREMENTS			WHERE TO SECURE	
Prescription with S2 number			Nurses Station	
Record form for consumption			Nurses Station	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. collects discharged IPHMR at different stations	None	5 Minutes	<i>Supervisor Nurse on duty</i>
None	2. Check and reviews IPHMR as to completeness of entries of data recorded.	None	5 Minutes	<i>Supervisor Nurse on duty</i>
None	3. Files audit report in the folder provided for each department.	None	5 Minutes	<i>Supervisor Nurse on duty</i>
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	<i>Supervisor Nurse on duty</i>
None	5. Submits of retrospective charge audit report together with the audited IPHMR to admitting	None	30 Minutes	<i>Pharmacist on Duty</i>



	section			
None	6. Receives retrospective summary audit and attach to 24 hour checklist	None	2 Minutes	<i>Supervisor Nurse on duty</i>
None	7. Issue chart audit slip to concerned staff	None	2 Minutes	<i>Supervisor Nurse on duty</i>
None	8. Submits respective summary audit together with the 24hour checklist monitoring to CN office in the morning	None	4 Minutes	<i>Senior nurse house officer of the day</i>
	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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Receives the washed gowns, drapes, & sheets brought by the laundry worker	None	1 Minute	<i>Nursing Attendant (CSSR Staff)</i>
None	2. Inspects, assembles, wraps and labels gowns, drapes, & sheets for sterilization	None	1 Minute	<i>Nursing Attendant (CSSR Staff)</i>
None	3. Sterilizes packed instruments in the autoclave machine 3.1 Drying of sterile packed gowns, drapes, & sheets	None	45 Minutes	<i>Nursing Attendant (CSSR Staff)</i>
None	4. Deliver sterile packed gowns, drapes, & sheets to the end user and stored in the cabinet	None	2 Minutes	<i>Nursing Attendant (CSSR Staff)</i>
	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 REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. 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	<i>Nursing Attendant</i>
None	3. Clean instruments brought to the sterilization area	None	1 Minute	<i>Nursing Attendant</i>
None	4. Inspects, assembles, wraps and labels used instruments	None	1 Minute	<i>Nursing Attendant (CSSR Staff)</i>
None	5. Sterilizes packed instruments in the autoclave machine	None	45 Minutes	<i>Nursing Attendant (CSSR Staff)</i>
	5.1 drying of sterile packed instrument	None	30 Minutes	<i>Nursing Attendant (CSSR Staff)</i>
	6. Deliver sterile packed instruments to the end user and stored in the cabinet	None	2 Minutes	<i>Nursing Attendant (CSSR Staff)</i>
	TOTAL:		1 hour, 30 Minutes	



Republic of the Philippines
 Department of Health
FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER
 Quirino, Luna, Apayao

Service Name: **FILING AND HANDLING OF COMPLAINTS AND FEEDBACKS**

Service Information:

Feedback and complaint mechanisms help build a culture of transparency and accountability, and improve program quality. It may be formal or informal, written or verbal, signed or anonymous.

Operating hours: **8:00 AM – 5:00 PM Medical Center Chief Office, Office of the Supervising Officer, Public Assistance and Complaints Desk Officer**
24 Hours (Including WEEKEND and HOLIDAYS)- PACD

Office or Division:	Office of the Medical Center Chief Hospital Operations and Patient Support Services Finance Services Medical Services Ancillary Service Nursing Services			
Classification:	Highly Technical			
Type of Transaction:	Government to Citizen (G2C) Government to Government (G2G)			
Who may avail:	Clients or Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original copy of Complaints feedback form/letter		Public Assistance and Complaints Desk (PACD)		
CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.a Fill up CSS form and submit the same to employee in charge at the PACD or drop the filled-up CSS form in the provided drop boxes or 1.b Submit a formal letter of complaints to the office of the Medical Center Chief during office hours, addressed to	1. Received complaint (CSS form or Complaint Letter <ul style="list-style-type: none"> • Verbally expressed complaint received by staff other than the MCCO or PACD shall be reported in writing by the receiving staff and countersigned by the complainant. 	None	10 mins.	MCC SAO PACDO Ward Assistants Any staff of the facility



<p>Dr. Marlene L. Lubo Medical Center Chief I</p> <p>*during holidays, week ends and after office hours (8:00am-5:00pm), complaints can be submitted to the PACD in-charge</p>				
2. No activity	2. Logs complaints in the customer complaints receiving logbook then forwards the same to the concerned section head	None	5 mins.	PACDO
3.No activity	3.1 Evaluates the nature of complaint and frequency of occurrence. 3.2 Acknowledges valid complaints received 3.3 Issues RFA for repetitive complaints against staff	None	1 min.	Concerned section head
4. No activity	4.1 Conduct investigation regarding the complaint	None	1 day (simple) 5 days (complex) 18 days (highly technical)	Investigating Committee
5. Receive feedback on the status of complaints	5. Furnishes immediate supervisor of the concerned staff with the result of initial investigation and recommended actions 5.2 Provides feedback to client on the status of the complaints.	None	1 day	PACDO
	TOTAL		SIMPLE: 2 days, 16 minutes COMPLEX: 6 days, 16 minutes HIGHLY TECHNICAL:	



			19 days, 16 minutes	
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Prepared by:

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Administrative Aide

Reviewed by:

BRENDA B. BAYANI
Supervising Administrative Officer

Approved by:

MARLENE L. LUBO, MD,MHA,FPPS
Medical Center Chief



Feedback and Complaints Mechanism

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback?	<p>Answering the Customer Satisfaction Survey (CSS) and drop it at the designated drop boxes from each unit.</p> <p>Call contact number: 09776235991/ 09535339327 or Email to pacd@fnlghtc.doh.gov.ph / fnlghtc@yahoo.com.ph</p> <p>For inquiry and follow-up please contact the following numbers:</p>
How feedbacks are processed?	<p>The assigned personnel opens the drop boxes and submit to PACDO. Compile and record the feedbacks All CSS are verified with the concerned units</p> <p>All feedbacks handed personally to staffs are verified with the concerned units, corrective actions are taken immediately and communicated to citizen.</p> <p>Verbally expressed complaint received by staff other than the MCCO or PACD shall be reported in writing by the receiving staff and countersigned by the complainant.</p> <p>Three (3) types of feedbacks or reports are generated which includes: -customer satisfaction rating -customer complaints -positive comments</p> <p>These will be measured, evaluated and analyzed during the monthly management committee meetings</p> <p>Report is done and is given to each unit for opportunity of improvement, correction and corrective action</p>



<p>How to send complaints?</p>	<p>The answer of the office is then relayed to the citizen</p> <p>Step 1: Fill up CSS form and give to the in-charge 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).</p> <p>Step 2: During holidays or weekend duly accomplished CSS form can be submitted to admitting clerk on duty.</p> <p>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.</p> <p>Step 4: if needed, management will call you for further investigation.</p>
<p>How complaints are processed?</p>	<p>FOR DROP BOX COMPLAINTS:</p> <p>The complaints officer opens the drop boxes regularly and evaluates and verifies complaints.</p> <p>Upon evaluation, the complaint officer shall start the investigation and forward the complaint to the concern office/section for their explanations.</p> <p>The complaints officer will submit a report to the medical center chief for appropriate action.</p> <p>The complaints officer will give the feedback to the client.</p> <p>For inquiries and follow ups, clients make contact the following cellular number: 09776235991 or 09535339327.</p>



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, Apayao	0917-6235991
Nurse Chief	Luna, Apayao	0927-3462105
Accountant III	Luna, Apayao	0917-5192164