

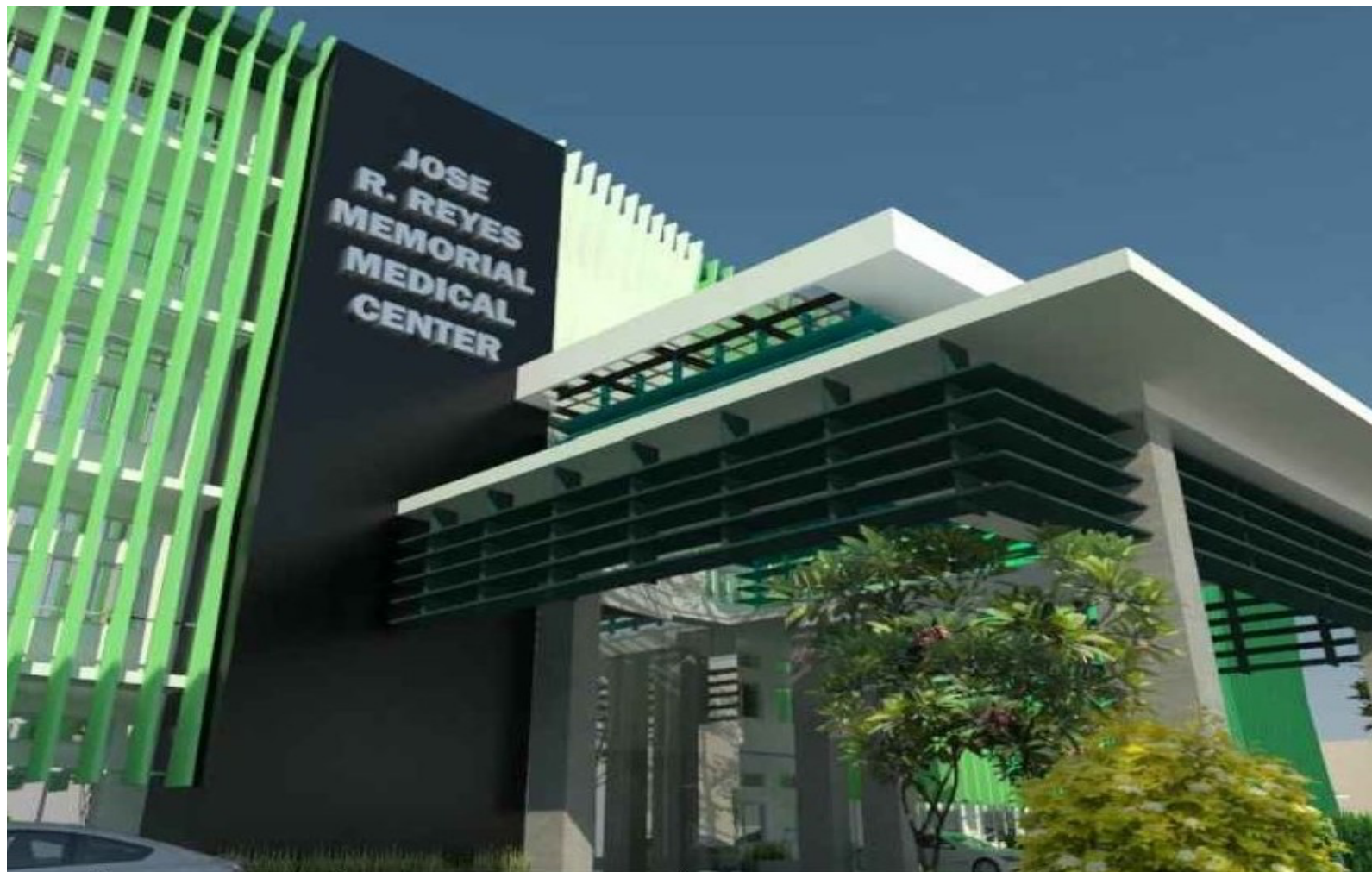


Republic of the Philippines
Department of Health
JOSE R. REYES MEMORIAL MEDICAL CENTER
SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, 1003 MANILA, PHILIPPINES

☎ 711-9491 to 98; 732-1071 to 76 | URL: <http://www.jrrmmc.gov.ph> | Email: josereyesmedical@yahoo.com



CITIZEN'S CHARTER MANUAL



ISO 9001:2015 CERTIFIED



2ND EDITION



ANTI RED TAPE AUTHORITY



JOSE R. REYES MEMORIAL MEDICAL CENTER

CITIZEN'S CHARTER



JOSE R. REYES MEMORIAL MEDICAL CENTER

CITIZEN'S CHARTER (2ND EDITION)



I. Mandate

The Anti-Red Tape Authority (ARTA) oversees the implementation of the Ease of Doing Business and Efficient Government Services Delivery Act of 2018 as an attached agency of the Office of the President.

II. Vision

The JRRMMC will be the Center of Excellence for Health where patients are assured of effective, efficient, accessible, state-of-the-art service;
. . . . provided by highly competent, compassionate and committed staff; and
. . . . the prime teaching/training and research institution for medical and allied professions.

III. Mission

To provide quality health care through:

- Delivery of specialized tertiary health services;
- Implementation of disease prevention and health promotion programs;
- Efficient utilization of resources;
- Continuous strengthening of human resource development programs for staff, affiliates and trainees;
- Regular upgrading of facilities; and
- Effective institutionalization of responsive policies/standards and relevant research endeavors.

IV. Service Pledge

Jose R. Reyes Memorial Medical Center, do hereby pledge our strong commitment to serve our people with highest degree of **efficiency, integrity, respect** and **professionalism** regardless of creed, race and socio economic status. We commit ourselves to strive creativity and innovation in developing comprehensive strategic plan that provides holistic approach in the delivery of compassionate, excellent, safe and high quality care to all clients we serve.

We constantly uphold the standard of service by ensuring transparency and good governance in providing accurate and accessible information, prompt and timely response to diverse customer requirement as we apply feedback mechanism to ensure customer satisfaction as indicator of our success.



V. List of Service

Page

I. Office of the Medical Center Chief

A. External Services

1. Legal Unit

- 1.1 Handling of Complaints 12
- 1.2 Rendering Legal Opinion 14

2. Medical Training and Research Office

- 2.1 Admission to Residency/Fellowship Training 16
- 2.2 Application for Affiliation to Different Clinical Areas 18
- 2.3 Admission of Postgraduate Interns 20

B. Internal Services

1. Legal Unit

- 1.1 Request for Contract Review and Memorandum of Agreement 23

2. Integrated Hospital Operation Management Unit

- 2.1 Request for fixing software/network related problem 25
- 2.2 Request for hardware repair of ICT equipment 27

3. Health Emergency Management Unit

- 3.1 Basic Life Support (BLS) training seminar (Beginner's Course) 29
- 3.2 Basic Life Support (BLS) training seminar (Refresher Course) 30
- 3.3 Request for scheduling of Basic Life Support (BLS) training seminar 31
- 3.4 Deployment of Emergency Response Team (ERT) 32

4. Quality Management Unit

- 4.1 Registration of Documents for Quality Management System(QMS) 34

II. Medical Service

A. External Services

1. Emergency Service Complex

- 1.1 Observation Status (OBS) in the Emergency Service Complex 36
- 1.2 Admission in the Emergency Service Complex 40
- 1.3 Admission to Isolation Room in the Emergency Service Complex 41

2. Dialysis Center

- 2.1 Dialysis Consultation via Telemedicine 44
- 2.2 OPD Dialysis Treatment 46



II. Medical Service (Con't)	Page
A. External Services	
3. Outpatient Department	
3.1 Outpatient Consultation via Telemedicine	48
3.2 Outpatient Consultation and Treatment	50
3.3 Tuberculosis (TB) Consultation and Treatment	52
4. Laboratory and Pathology Department	
4.1 Blood Extraction and Receiving of Specimens of Outpatient	54
4.2 Screening/bleeding of Blood Donors	57
4.3 Drug Testing	59
5. Pharmacy Department	
5.1 Dispensing of Medicine and/or Medical Supplies (Cash)	62
5.2 Dispensing of Medicine and/or Medical Supplies (Medical assistance/ Philhealth /Opd onco)	64
5.3 Dispensing of Medicine and/or Medical Supplies (Medical assistance)	66
6. Dermatology Department	
6.1 Dermatology Consultation for New Patients	68
6.2 Follow-up Consultation for Old Patients	70
6.3 Release of Biopsy Result	72
7. Central Admitting Department	
7.1 Issuance/Updating of Hospital Number (card)	73
7.2 Admission of Elective Patients	74
8. Medical Social Work Department	
8.1 Availment of MSWD Services for Outpatient	76
8.2 Availment of Guarantee Letters for Medical and Financial Assistance	79
9. Radiology Department	
9.1 Request for Radiologic Procedure with Contrast	82
9.2 Request for Radiologic Procedure without Contrast	87
10. Ophthalmology Department	
10.1 Ophthalmology Consultation and Treatment for New and Follow-up OPD Patients	92
10.2 Ophthalmology Consultation and Treatment for Subspecialty Clinic	94
10.3 Ophthalmology Diagnostic Procedures	96
10.4 Ophthalmology Fluorescein Angiography Procedure	98
10.5 Ophthalmology Laser Procedure	100



II. Medical Service (Con't)	Page
A. External Services	
11. Nutrition and Dietetics Management Department	
11.1 Provision of Diet Counselling	102
12. Dental Department	
12.1 Dental Consultation and Treatment	104
13. Department of Radiotherapy	
13.1 Radiotherapy (RT) Outpatient Consultation	107
13.2 Outpatient RT Treatment Planning	109
13.3 Outpatient External Beam Radiotherapy Treatment	111
13.4 Outpatient Brachytherapy Treatment	113
14. Department of Physical Medicine and Rehabilitation	
14.1 Availment of Physical/occupational therapy in the outpatient department	114
14.2 Physical/occupational therapy consultation and scheduling in the outpatient department	118
15. Department of Nuclear Medicine	
15.1 Nuclear Medicine Consultation and Treatment	119
16. Pulmonary Unit	
16.1 Availment of Pulmonary Function Test	122
17. Cardiovascular Unit	
17.1 Cardiovascular Treatment for Outpatient	124
18. Family & Community Medicine Clinic	
18.1 New Patient Consultation for Outpatient	126
19. Wound Clinic	
19.1 Request for Wound Care Treatment	128
20. Medical Oncology	
20.1 Outpatient Oncology Consultation	130
20.2 Outpatient Chemotherapy Treatment	132
21. Medical Records Section	
21.1 Issuance of medical records/information (medical/medico-legal certificate, insurance/ sss benefit claims	134
21.2 Issuance of Certificate of Live Birth	137
21.3 Issuance of Death Certificate	139.



B. Internal Services (Con't)	Page
1. Emergency Service Complex	
1.1 Request for Use of Operating Room in the ESC	142
2. Dialysis Center	
2.1 Scheduling of New patient	144
2.2 Inpatient Dialysis Treatment	146
2.3 Issuance of Medical Records	148
3. Laboratory and Pathology Department	
3.1 Internal Procedure on Blood Extraction and Receiving of Specimens	149
4. Pharmacy Department	
4.1 Internal Dispensing of Medicine and/or Medical Supplies under Basic Accommodation	151
4.2 Internal Dispensing of Medicine and/or Medical Supplies under Pay Accommodation	152
4.3 Internal Dispensing of Medicine and/or Medical Supplies for Hemodialysis	153
4.4 Filing and Dispensing of Prescription for Service Inpatient	154
4.5 Filing and Dispensing of Prescription for Donated Medicines Available at the Pharmacy	156
4.6 Filing and Dispensing of Pedia Unit Dose Drug Distribution System (PUDDS)	157
4.7 Filing and Dispensing of Prescription for Dangerous/Regulated Drugs for Service In-patient	158
5. Dermatology Department	
5.1 Biopsy Reading	160
5.2 Scheduling for Biopsy/ Dermatologic Surgery	162
6. Department of Radiotherapy	
6.1 Scheduling for Brachytherapy Treatment	165
7. Medical Social Work Department	
7.1 Internal Availment of MSWD services for ER and Inpatient	166
8. Pulmonary Unit	
10.1 Internal Procedure on Pulmonary Function Test	168
10.2 Internal Request for Mechanical Ventilator	170
10.3 Internal Request for Nebulization, Incentive Spirometry, Rapid Shallow Breathing Index and Chest Physiotherapy	172
9. Cardiovascular Unit	
9.1 Scheduling for Cardiovascular Treatment	174
9.2 Internal Process for Cardiovascular Procedure	175



B. Internal Services (Con't)	Page
10. Family & Community Medicine Clinic	
10.1 Availment of Employee Medical Service (EMS)	177
11. Central Admitting Section	
11.1 Internal Procedure on Admission of Patients	179
11.2 Procedure on Discharge of Patient	181
11.3 Procedure on Release of Cadaver	183
12. Statistics Unit	
12.1 Issuance of Hospital Statistical Reports	185
III. Nursing Service	
A. External Services	
1. Nursing Education Training and Research Unit	
1.1 Conduct of Practical Pre-employment Examination	187
2. Clinical Ward	
2.1 Discharge Process / Discharging a Patient from Clinical Areas	189
3. Main Operating Room	
3.1 Procedure for Surgical Operation	193
B. Internal Services	
1. Nursing Education Training and Research Unit	
1.1 Conduct and Release of Written Pre-employment Examination for Nursing / Nursing Attendant / Midwife Applicants	197
1.2 Orientation of Students Affiliates (Nursing, Midwifery, and Caregivers)	200
2. Clinical Ward	
2.1 Trans- in of patients from other unit/ ward	202
2.2 Trans-out of patients from other service/ ward	204
3. Central Supply and Sterilization Department	
3.1 Dispensing of Medical Supplies	206
3.2 Issuance of Borrowed Sterile Instrument	208
IV. Hospital Operation and Patient Support Service(HOPS)	
A. External Services	
1. Human Resource Management Department (HRMD)	
1.1 Pre-employment procedure	211



IV. Hospital Operation and Patient Support Service (Con't)	Page
A. External Services	
2. Central Communications Unit	
2.1 Receiving of Incoming Calls	214
2.2 Request for Public Assistance	215
2.3 Filing of Complaints	216
3. Materials Management Department	
3.1 Receipt of Supplies	218
3.2 Receipt of Equipment	220
4. BAC Secretariat Office	
4.1 Processing of Procurement for Public Bidding	224
4.2 Processing of Alternative Mode of Procurement	232
4.3 Selling of Abstract of Bids as Read/ Minutes of Meeting (Opening of Bids)	235
B. Internal Services	
1. Human Resource Management Department (HRMD)	
1.1 Issuance of Identification and/or Service Card (Permanent/Temporary)	238
1.2 Issuance of Appointment	239
1.3 Issuance of Service Records and Certifications	242
1.4 Preparation of Voucher for First Salaries	243
1.5 Preparation of Payroll	245
1.6 Leave Administration	248
1.7 Issuance of Certification for GSIS Loan Application	252
2. Procurement Management Department	
2.1 Preparation of Purchase Order/Job Order/Delivery Order Contract ...	253
2.2 Preparation of Disbursement Voucher	255.
3. Materials Management Department	
3.1 Issuance of Supplies and Materials	257
4. BAC Secretariat Office	
4.1 Preparation of Annual Procurement Plan (PPMP)	258
5. Inspection and Acceptance Unit	
5.1 Inspection and Acceptance of Delivered Goods	260
5.2 Pre repair Inspection of Goods	262
5.3 Post repair Inspection of Goods	264
6. Engineering Facilities and Maintenance Department	
6.1 Trip Conduction	266



Hospital Operation and Patient Support Service (Con't)	Page
B. Internal Services	
6.2 Application of Service Request	267
6.3 Preventive Maintenance and Calibration of Biomedical Equipment ..	269
6.4 Printing of forms	271
7. Housekeeping Department	
7.1 Request for General Cleaning	272
7.2 Request for Replenishment of Oxygen Tanks	273
7.3 Request for Collection and Transport of General and Hazardous Waste	275
8. Linen Department	
8.1 Deliveries of Clean Linen	276
8.2 Issuance of Clean Linen	278
8.3 Replacement of Curtains and other Linens	280
 V. Finance Service	
A. External Services	
1. Philhealth Section	
1.1 Filing of Philhealth Benefit	282
B. Internal Services	
1. Accounting Department	
1.1 Processing of Disbursement Voucher (DV) for Public Bidding	287
1.2 Processing of Disbursement Voucher (DV) for Direct Contracting	289
1.3 Processing of Disbursement Voucher (DV) for Shopping	292
1.4 Processing of Disbursement Voucher (DV) for Repeat Order	295
1.5 Processing of Disbursement Voucher (DV) for Negotiated-Agency to Agency	298
1.6 Processing of Disbursement Voucher (DV) for Negotiated -53.2 – 53.9	301
1.7 Processing of Purchase Order (PO) for Public Bidding	304
1.8 Processing of Purchase Order (PO) for Direct Contracting	306
1.9 Processing of Purchase Order (PO) for Shopping	309
1.10 Processing of Purchase Order (PO) for Repeat Order	312
1.11 Processing of Purchase Order (PO) for Negotiated-Agency to Agency	314
1.12 Processing of Purchase Order (PO) for Negotiated-53.2 – 53.9	317
2. Disbursing Department	
2.1 Execution of Promissory Note	319



V. Finance Service (Con't)	Page
B. Internal Services	
2.2 Request for Refund	321
2.3 Releasing of Checks & Securing Official and/or Collection Receipt for Iddap-ada Processed	323
3. Billing Section	
3.1 Issuance of Temporary Statement of Account (SOA)	325
3.2 Issuance of Final Statement of Account (SOA)	326
4. Budget Department	
4.1 Funding of Disbursement Vouchers and Purchase Orders through Obligation Request Status and Budget Utilization Request Status	328
4.2 Processing and Issuance of Certificate of Availability of Fund (CAF)	330
4.3 Special Budget Request	332
VI. Feedback and Complaint	334
VII. List of Offices	336



Office of the Medical Center Chief External Services



CITIZEN'S CHARTER

Handling of Complaints

This process covers handling administrative disciplinary complaints and cases filed in any concerned parties to the Legal Unit. The office is open Monday- Friday 8:00 am- 5:00 pm excluding holidays

OFFICE	Legal Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	Patients; Relatives; Clients and Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Customer Complaint Form (1 original)	Legal Unit

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives customer complaint form at Public Assistance and Complaint Desk	1. Receives the form	None	5 minutes	<i>Admin Staff</i> Legal Unit
	1.1 Legal Unit endorses to the Department concerned	None	1 hour	<i>Complaints Coordinator</i> Legal Unit
	1.2 Conducts investigation upon receipt of the response from the department	None	2 days	<i>Complaints Coordinator/ Legal unit officer</i> Legal Unit
	1.3 Prepares Response to the Complainant	None	4 hours and 45 minutes	<i>Complaints Coordinator/</i>



				<i>Legal unit officer Legal Unit</i>
2. Receives the final action taken by the medical center through letter	2. Notifies Complainant of the Action Taken	None	1 hour	<i>Admin Staff Legal Unit</i>
	2.1 Files Record		8 minutes	<i>Admin Staff Legal Unit</i>
END OF TRANSACTION		TOTAL	N/A	2 days, 4 hours and 58 minutes



CITIZEN'S CHARTER

Rendering Legal Opinion

This process covers rendering legal opinion by the concerned party/ employee				
OFFICE	Office of the Medical Center Chief - Legal Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government			
WHO MAY AVAIL	Patients; Relatives; Clients and Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Cover Letter/Endorsement Letter (1 original)			Originating Office	
Documents for Legal Opinion (1 original)			Originating Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for rendering legal clearance/ review of legal opinion	1. Receives the legal opinion and checked for the completeness of the attachments	None	10 minutes	<i>Admin Staff</i> Legal Unit
	1.1 If all attachments are complete, the documents will be submitted to the Legal Officer for review	None	5 minutes	<i>Admin Staff</i> Legal Unit
	1.2 Legal Officer will draft letter/memo containing the legal opinion	None	2 days	Officer Legal Unit



	1.3 The Letter / Memorandum is then submitted to the Unit Head for approval and signature	None	5 minutes	Officer Legal Unit
	1.4 Once Signed, the legal opinion are recorded to the logbook by the Legal Staff	None	5 minutes	<i>Admin Staff</i> Legal Unit
2. Receives of legal opinion	2. The legal opinion will be returned to the originating office.	None	10 minutes	<i>Admin Staff</i> Legal Unit
END OF TRANSACTION		TOTAL	N/A	2 days, 35 minutes



CITIZEN'S CHARTER

ADMISSION TO RESIDENCY/FELLOWSHIP TRAINING

A postgraduate training/stage of medical education which allows the resident/fellow to perform as a licensed physician as a trainee under the supervision of experienced medical specialists

OFFICE	Medical Service - Medical Training and Research Office(MTRO)
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All applicants of residency/fellowship training

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Handwritten application letter (1 original)	Applicant
Passport size pictures (colored on a white background)(2 original)	Applicant
Medical School Transcript of Records (1 original)	Applicant
Class ranking and general weighted average from College secretary/Dean (1 original)	Applicant
Certificate of Internship (1photocopy)	Applicant
Certificate of Residency Training for Fellowship Training Applicants (1photocopy)	Applicant
PRC Board Rating (1 original)	Applicant
PRC Certificate/Diploma (1 original)	Applicant
Service Record of previous employment if any (1photocopy)	Applicant
Updated certification of good moral character from two (2) persons/official of integrity (1photocopy)	Applicant
Valid Basic Life Support Training Certificate (1photocopy)	Applicant
Immunization Records (1 original)	Applicant
Birth Certificate from Philippine Statistics Authority (1 original)	Applicant



Completely filled up Personal Data Sheet (4 original)		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits requirements to the MTRO	1. Receives required documents for application	None	2 minutes	<i>Training Assistant MTRO</i>
	1.2 Evaluates the completeness of the required documents for application	None	5 minutes	<i>Training Assistant MTRO</i>
2. Pays application fee at the cashier	2. Instructs applicant to pay the residency training application fee.	Php 150.00	5 minutes	<i>Cashier Collecting section</i>
3. Presents proof of payment	3.1 Informs applicant to refer to the department's timelines/schedule of activity for further compliance.	None	2 minutes	<i>Training Assistant MTRO</i>
	3.2 Forwards all documents of applicants for pre-residency evaluation and assessment based on standards	None	1 day	<i>Chairperson/ Department Secretary Clinical Department</i>
	3.3 Consolidation of all results and recommendation letter of accepted selected applicants to residency training program	None	1 month	<i>Chairperson/ Department/Over all Coordinator/ Training Officer Clinical Department</i>
	3.4 Final review and approval from the appointing authority.	None	2 days	<i>Medical Center Chief II Office of the Medical Center Chief</i>
4. Receives notification regarding acceptance of application	4. Notifies accepted selected applicants for facilitation and submission of documents	None	2 days	<i>Admin staff HRMD</i>
END OF TRANSACTION		TOTAL	N/A	1 month, 5 days, 14 minutes



CITIZEN'S CHARTER

APPLICATION FOR AFFILIATION TO DIFFERENT CLINICAL AREAS

Affiliation for internship includes a contract of agreement between JRRMMC and the school/universities/another institution to promote and provide students with competitive skills and attitudes for employment.

OFFICE	Medical Service - Medical Training and Research Office(MTRO)
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
WHO MAY AVAIL	All applicants needing affiliation/ internship to different clinical areas

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent (1 original)		School/University/Institution		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits letter of intent to the department concerned.	1. Reviews letter of intent whether to accept favorably/ unfavorably.	None	1 day	<i>Chairperson Clinical Department</i>
	1.1 Recommends and indicates the number of affiliate it can accept per period.	None	1 day	<i>Chairperson Clinical Department</i>
	1.2 Endorses the letter request for approval.	None	1 day	<i>Chairperson/ Department/Ov erall Coordinator/ Training Officer Clinical Department</i>



	1.3 Official approval regarding status of the application	None	2 days	<i>Medical Center Chief II Office of the Medical Center Chief</i>
2. Follow-up on the approval of request.	2. Communicates decision with the concerned university/institution	None	1 day	<i>Chairperson Clinical Department</i>
3. Submits contract of affiliation signed by school/university officials	3. Facilitates signing of the contract.	None	2 days	<i>Chairperson/ Department secretary Clinical Department</i>
	3.1 Return back the contract to the applicant for notarization once contract is signed by the Medical Center Chief II and notifies about the start of internship.	None	1 day	<i>Chairperson/ Department secretary Clinical Department</i>
END OF TRANSACTION		TOTAL	N/A	9 days



CITIZEN'S CHARTER

ADMISSION OF POSTGRADUATE INTERNS

Postgraduate Internship is a phase of the professional education of the physician to further hone his/her academic and technical proficiency in medicine undertaken after graduation from medical school. Internship is one full year.

OFFICE	Medical Service - Medical Training and Research Office (MTRO)			
CLASSIFICATION	Simple Transaction			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL	All applicants of Postgraduate Internship Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of endorsement from APMC (1original)		Association of Philippine Medical Colleges, Inc.(APMC)		
General Weighted Average (1original)		School/University		
Transcript of Records (1original)		School/University		
Certificate of Graduation (1original)		School/University		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Student registers to user account(http://apmcf-ph.net/enips) In applying for post graduate	1. Prints list of interested postgraduate interns to undergo intern-matching to JRRMMC (Regular and Midyear Batch) posted through Electronic National Internship System(E-NIPS) website of APMC.	None	3 minutes	<i>Training Assistant</i> MTRO
	1.1 Evaluates, reviews and ranks possible interns according to priority through E-NIPS.	None	1 month	<i>Training Assistant/Overall Coordinator</i> MTRO



2. Student checks his/her E-NIPS account to check for matching result.	2. Communicates with APMC and submits names of accepted interns according to priority through e-mail. APMC notifies the student its highest hospital choice he/she is matched through his/her E-NIPS account.	None	2 days	<i>Training Assistant/Over-all Coordinator</i> MTRO
	2.1 Notify accepted PGIs to report to orientation prior to start of internship	None	15 days	<i>Over-all Coordinator</i> MTRO
3. Accepted PGIs attends to the scheduled orientation prior to start of internship.	3. Prints list of accepted postgraduate interns who underwent intern-matching to JRRMMC (Regular and Midyear Batch) posted through E-NIPS website.	None	3 minutes	<i>Training Assistant</i> MTRO
END OF TRANSACTION		TOTAL	N/A	1 month,17 days, 6 minutes



Office of the Medical Center Chief

Internal Services



CITIZEN'S CHARTER

Request for Contract Review and Memorandum of Agreement

This process covers review of contract and Memorandum of Agreement (MOA) received by the unit				
OFFICE	Office of the Medical Center Chief - Legal Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government			
WHO MAY AVAIL	Patients; Relatives; Clients and Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Cover Letter/Endorsement Letter (1 original)			Originating Office	
Draft Contract/MOA (1 original)			Originating Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits contract/MOA for legal clearance/review	1. Receives the contract/MOA and checked for the completeness of the attachments	None	10 minutes	<i>Admin Staff</i> Legal Unit
	1.1 If all attachments are complete, the contract or documents will be submitted to the Legal Officer for review	None	5 minutes	<i>Admin Staff</i> Legal Unit
	1.2 Drafts a letter/ Memorandum stating the comments and/or recommendation and clearance or	None	2 days	<i>Legal Unit</i> <i>Officer</i> Legal Unit



	disapproval of the contract and MOA.			
	1.3 The Letter / Memorandum is then submitted to the Unit Head for approval and signature	None	5 minutes	Legal Unit Officer Legal Unit
	1.4 Once Signed, the Letter/ Memorandum and the contract/MOA are recorded to the logbook by the Legal Staff	None	5 minutes	Admin Staff Legal Unit
2. Receives Letter/ Memorandum/ contract/MOA	2. The Letter/ Memorandum/ contract/MOA will be returned to the originating office.	None	10 minutes	Admin Staff Legal Unit
END OF TRANSACTION		TOTAL	N/A	2 days, 35 minutes



CITIZEN'S CHARTER

REQUEST FOR FIXING SOFTWARE/NETWORK RELATED PROBLEM

This process covers employee/department requesting for a technical support to provide assessment/evaluation and technical action to software related issue/s. This service is offered to ensure functionality of Hospital Systems and software being utilized to support the internal and external services of the hospital.

OFFICE	Integrated Hospital Operation and Management Unit (IHOMU)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Employees/Department requesting for technical assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Support Request Slip (1original)	IHOMU

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for IT support	1. Prepares support request slip stating the details of the support needed and location of the area.	None	1 minute	<i>Technical Staff</i> IHOMU
	1.1 Responds to the area and give initial assessment, explain the nature of error and possible causes.	None	5 minutes	<i>Technical Staff</i> IHOMU
	1.2 Fix the identified cause of the problem and/or apply additional configuration if	None	1 hour	<i>Technical Staff</i> IHOMU



	necessary to resolve the error.			
	1.3 Prepares summary report of the problem encountered based on the assessment.	None	3 minutes	<i>Technical Staff</i> IHOMU
	1.4 Issuance of service report indicated in the support request slip.	None	1 minute	<i>Technical Staff</i> IHOMU
2. Acceptance of service report	2. Accepts and sign the service report issued by the technical staff.	None	1 minute	<i>Staff on duty</i> Requesting Department
END OF TRANSACTION		TOTAL	None	1 hour, 11 minutes



CITIZEN'S CHARTER

REQUEST FOR HARDWARE REPAIR OF ICT EQUIPMENT

This process covers employee/department requesting for a technical support at IHOMU to provide assessment/evaluation and technical action to hardware related issue/s.

OFFICE	Integrated Hospital Operation and Management Unit (IHOMU)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Employees/Department requesting for technical assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Support Request Slip (1original)	IHOMU
IT Equipment Evaluation Form (1original)	IHOMU

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for IT support	1. Prepares support request slip stating the details of the support needed and location of the area.	None	1 minute	<i>Technical Staff</i> IHOMU
	1.1 Respond to the area and give initial assessment, explain nature of the problem and possible causes.	None	5 minutes	<i>Technical Staff</i> IHOMU
	1.2 repairs the ICT Equipment on site	None	1 Hour	<i>Technical Staff</i> IHOMU
	1.3 Pull out and conduct further evaluation/repair. Replace defective parts or peripherals if necessary and / or available.	None	2 days	<i>Technical Staff</i> IHOMU



	<p>condition specific:</p> <p>If functional: Prepare service report indicated in the support request slip. Return and install the newly repaired unit of the requesting department.</p> <p>If Non-Functional: Prepare evaluation report based on the assessment.</p> <p>Return and recommend for condemn if the unit is beyond economical repair.</p>	None	10 minutes	<i>Technical Staff IHOMU</i>
2. Acceptance of service	2. Accepts and sign the service report or the IT equipment evaluation form issued by the technical staff.	None	30 seconds	<i>Staff on duty Requesting Department</i>
END OF TRANSACTION	TOTAL	None	2 days, 1 hour, 41 minutes, and 30 seconds	



CITIZEN'S CHARTER

BASIC LIFE SUPPORT (BLS) TRAINING SEMINAR (BEGINNER'S COURSE)

This is a 1-day course which aims to develop the capability of participants in applying the basic knowledge, attitude, and skills in Basic Life Support techniques in the clinical areas. This training includes the recognition and management of respiratory and cardiac emergencies by performing high quality cardiopulmonary resuscitation, use of Automated External Defibrillator (AED) and managing foreign body airway obstruction.

OFFICE	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All employee

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital ID (1 photocopy)	HRMD
Medical Certificate (1 original)	Family & Community Medicine Clinic

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Attends the scheduled training.	1. Checks and verify if the participant is scheduled for training.	None	5 minutes	<i>Admin Staff</i> HEMC
2. Signs the attendance form.	2. Instructs to sign the attendance form. 2.1 Issues training materials to participants. 2.2 Conduct of training	None	8 hours	<i>BLS Facilitators</i> HEMC
3. Receives certificate of training.	3. Issues certificate of training.	None	1 hour	<i>BLS Facilitators</i> HEMC
END OF TRANSACTION		TOTAL	N/A 9 hours, 5 minutes	



CITIZEN'S CHARTER

BASIC LIFE SUPPORT (BLS) TRAINING SEMINAR (REFRESHER COURSE)

This is a half-day course which aims to refresh/ update the participants in applying the basic knowledge, attitude, and skills in Basic Life Support techniques in the clinical areas.

OFFICE	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All employee

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Previous BLS ID / Certification in the last 2-year period. (1 photocopy)	Employee
Medical Certificate (1 original)	Family & Community Medicine Clinic

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Attends the scheduled training.	1. Checks and verify if the participant is scheduled for training.	None	5 minutes	<i>Admin Staff</i> HEMC
2. Signs the attendance form.	2. Instruct to sign the attendance form. 2.1 Issues training materials to participants. 2.2 Conduct of training	None	4 hours	<i>BLS Facilitators</i> HEMC
3. Receives certificate of training.	3. Issues certificate of training.	None	30 minutes	<i>BLS Facilitators</i> HEMC
END OF TRANSACTION		TOTAL	N/A 4 hours, 35 minutes	



CITIZEN'S CHARTER

REQUEST FOR SCHEDULING OF BASIC LIFE SUPPORT (BLS) TRAINING SEMINAR

This process covers receipt of request for scheduling of Basic Life Support (BLS) Training to all employee of the hospital. This in-service training enables participants to acquire the basic knowledge, attitude, and skills in BLS techniques. It includes beginner's course/ refresher course and BLS for health care provider.

OFFICE	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All employee

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of request (1 original)	Training office/ concerned departments/ clinical areas

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits documents and list of employees for training.	1. Checks authenticity of requirements 1.1 Check and verify availability of training schedule. 1.2 Submit communication letter to the requesting departments indicating the schedule of participants/ employees requested for training.	None	2 hours	<i>Admin Staff</i> HEMC
2. Receives schedule of requested training.	2. Issues training schedule	None	10 minutes	<i>Admin Staff</i> HEMC
END OF TRANSACTION		TOTAL	N/A 2 hours, 10 minutes	



CITIZEN'S CHARTER

DEPLOYMENT OF EMERGENCY RESPONSE TEAM (ERT)

This process covers deployment of emergency response team to any emergency, disaster or national event as mandated / requested by the Department of Health - Health Emergency Management Bureau (DOH-HEMB) / Other Government or Non-Government Agencies.

OFFICE	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2B – Government to Business G2G - Government to Government
WHO MAY AVAIL	All healthcare provider employed at JRRMMC

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Department Memo / Advance Request / Notice for Deployment (Written or Verbal)	Requesting Agency

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives request of deployment through Department Memorandum / Notice of Request	1. Checks and verifies purpose of deployment.	None	2 minutes	<i>Admin Staff</i> DRRMH
	1.1 Identifies medical team on deck and/or additional members/ employees who will be part of the medical team, if necessary. 1.2 Coordinates to concerned areas to provide advance notice for arrangement of schedule of duties.	None	1 day	<i>Manager/ Assistant Manager</i> DRRMH



<p>2. Submits letter of recommendation to MCC regarding the list of personnel who will be part of the medical team.</p>	<p>2. Receives letter of recommendation from HEMS</p> <p>2.1 Approves letter of recommendation and forward to HRMD for issuance of hospital order.</p>	<p>None</p>	<p>8 hours</p>	<p><i>Admin Staff</i> Office of the Medical Center Chief</p> <p><i>Medical Center Chief</i> MCC</p>
<p>3. Receives of hospital order from HRMD.</p> <p>situation specific: For emergency deployment: Activates medical team simultaneously while processing hospital order.</p>	<p>3. Activates medical team on deck.</p> <p>3.1 Conducts Briefing / Orientation of the Emergency Response Team</p> <p>3.2 Orders for rapid deployment</p>	<p>None</p>	<p>1 hour</p>	<p><i>Manager/ Assistant Manager</i> DRRMH</p>
<p>END OF TRANSACTION</p>	<p>TOTAL</p>	<p>N/A</p>	<p>1 day, 9 hours, 2 minutes</p>	



CITIZEN'S CHARTER

REGISTRATION OF DOCUMENTS FOR QUALITY MANAGEMENT SYSTEM

This process covers registration of documents for quality management system. The QMS registration of documents as requested and issued to process owner before the effectivity date includes procedure, work instructions, forms and master list, new document, a document for revision or for deletion.

OFFICE	Office of the Medical Center Chief – Quality Management Unit
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G-Government to Government
WHO MAY AVAIL	All departments/ service/ units

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Accomplished Document Control Form (1 original)	Quality Management Unit/ Document Control Office
Print out of reviewed and approved JRRMMC document (1 original)	Requesting Department/ Service/ Unit

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits the document control form and printout of the JRRMMC documents for QMS registration.	1. Process the request for QMS registration of JRRMMC document. 1.1 Follow the procedure on control documented information.	None	7 days	Document Control Officer QMU
2. Receives controlled documents.	2. Issues JRRMMC documents to process owner	None	5 minutes	Document Control Officer QMU
END OF TRANSACTION	TOTAL	N/A	7 days, 5 minutes	



Medical Service

External Services



CITIZEN'S CHARTER

OBSERVATION STATUS (OBS) IN THE EMERGENCY SERVICE COMPLEX

This process covers patients classified as observation status in the emergency service complex.

OFFICE	Medical Service - Emergency Service Complex (ESC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All ambulatory patients needing immediate management

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Number (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to triage area for interview and assessment.	1. Interviews patient and accomplishes ER brief history. 1.1 Affix stamp to determine respective clinical department.	None	5 minutes	Triage officer ESC
2. Proceeds to designated clinical service department.	2. Directs and accompanies patient to designated clinical department for observation of chief complaint.	None	3 minutes	Nurse/Nursing Attendant/ ESC
	2.1 Examines and assesses patient's condition for any injury and/or illness.	None	30 minutes	Medical Officer ESC



	2.2 Accomplishes ER Blotter/ER Registry form.			
	<p>2.3 Renders initial treatment and intervention.</p> <p>2.4 Prepares prescription and or request/s for ancillary procedures.</p> <p>2.5 Checks prescription and /or request/s and instructs patient/relative.</p> <p>2.6 Gives definitive medication and treatment.</p> <p>2.7 Extracts specimen indicated in the ancillary request and forward to laboratory department.</p>	None	3 hours	<i>Medical Officer/ Nurse ESC</i>
3. Forward specimen to laboratory department.	3. Receives and process laboratory requests.	None	5 minutes	<i>Medical Technologist/ Encoder Department of Pathology and Laboratories</i>
	3.1. Checks and verify availability of laboratory results in the laboratory information system (LIS).	None	30 minutes	<i>Duty Medical Officer ESC</i>



	<p>3.2 Evaluates result of ancillary.</p> <p>3.3 Determines disposition of patient</p> <p>3.4 Accomplishes OPD slip/ home meds prescription if for discharge</p> <p>condition specific: For admission, follow admission process</p>			
4. Discharge from hospital	<p>4. Gives ER clearance slip.</p> <p>4.1 Provides take home instruction and OPD follow up schedule.</p>	None	5 minutes	Nurse ESC
END OF TRANSACTION		TOTAL	N/A	4 hours, 18 minutes



CITIZEN'S CHARTER

ADMISSION IN THE EMERGENCY SERVICE COMPLEX

This process covers admission of patients in the emergency service complex. The service is open 24/7 in response to those patients needing emergency consultation.

OFFICE	Medical Service - Emergency Service Complex (ESC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing admission for thorough observation, examination, treatment and care.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Number (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to triage area for interview and assessment.	1. Interviews patient and accomplishes ER brief history. 1.1 Examines and assesses patient's condition if admission is deemed necessary. 1.2 Prepares admitting slip and written physician order. 1.3 Instructs and endorse to nurse on duty.	None	1 hour	<i>Medical Officer</i> ESC
	1.4. Checks for completeness of pertinent data and admitting orders.	None	1 hour	<i>Nurse/ Nursing Attendant</i> ESC



	<p>1.5 Affixes signature at the back of admitting slip.</p> <p>condition specific: For direct admission - no need to affix signature. Instructs relative to go to admitting.</p>			
2. Proceeds to Information/Admitting Department.	2. Checks and determine for room/ward vacancies.	None	5 minutes	<i>Admin Staff</i> Admitting Section
3. Proceeds to clinical service department.	<p>3. Accompanies patient to clinical department and place patient on ER beds.</p> <p>3.1 Assesses and takes vital signs.</p> <p>3.2 Gives initial medication and treatment.</p>	None	25 minutes	<i>Nurse/ Nursing Attendant</i> ESC
4. Transfers to designated ward.	<p>4. Checks for completeness of chart.</p> <p>4.1 Informs ROD regarding transfer.</p> <p>4.2 Endorses patient to NOD</p>	None	1 hour, 30 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant</i> ESC
END OF TRANSACTION		TOTAL	N/A	4 hours



CITIZEN'S CHARTER

ADMISSION TO ISOLATION ROOM IN THE EMERGENCY SERVICE COMPLEX

This process covers admission of patients classified as infectious, suspected/ probable/ confirmed cases of COVID-19 in the isolation room of emergency service complex. The service is open 24/7 in response to those patients needing emergency consultation.

OFFICE	Medical Service - Emergency Service Complex (ESC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients with symptoms associated to COVID-19

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Number (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to triage area for interview and assessment.	1. Interviews patient, accomplishes clearance checklist slip and physicians observation order sheet. 1.1 Examines and assesses patient's condition if classified as suspected/ probable/ confirmed COVID-19 case. 1.2 Accomplishes COVID-19 investigation form. 1.3 Accomplishes waiver for admission.	None	15 minutes	<i>Triage Officer</i> ESC



	<p>1.4 Accomplishes ER blotter/ER registry form.</p> <p>1.5 Requests for chest X-ray as routine procedure for COVID-19 patient .</p> <p>1.6 Refers to designated medical officer on duty.</p>			
2. Proceeds to tent 1/ 2 for disposition of designated service department.	<p>2. Directs and accompanies patient to assigned Tents.</p> <p>2.1 Examines and assesses patient's condition.</p>	None	3 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping Personnel ESC</i>
3. Proceeds to ER ISO area for Chest X-ray.	<p>3. Accompanies and assists patient at ER ISO Area. Facilitates X-Ray of patient.</p>	None	10 minutes	<i>Nurse/ Radiology Technician Nursing Attendant/ Housekeeping Personnel ESC</i>
4. Wait for result of Chest X-Ray and disposition of ROD of designated service department.	<p>4. Instructs to wait for the initial reading and final disposition of ROD.</p> <p>4.1 Evaluates result of Xray.</p>	None	2 hours	<i>Medical Officer/ Radiology ROD ESC</i>
5. Wait for disposition for admission.	<p>5. Refers to IM ROD for clearance prior to admission.</p> <p>5.1 Accomplishes Admission Order Slip/Doctors order sheet</p>	None	3 hours, 30 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping Personnel ESC</i>



	<p>5.2 Coordinates to admitting regarding admission.</p> <p>5.3 Proceed to admitting for hospital card and cover sheet of patient.</p>			
6. Proceeds to ER ISO Area	<p>6. Accompanies and assists patient at ER ISO.</p> <p>6.1 Places comfortably on bed.</p> <p>6.2 Assesses and takes vital signs.</p> <p>6.3 Renders care and gives medication and treatment as ordered.</p> <p>6.4 Charts and documents care/medication/treatment given.</p>	None	30 minutes	<i>Nurse/ Nursing Attendant/ Housekeeping Personnel ESC</i>
END OF TRANSACTION		TOTAL	N/A	6 hours, 28 minutes



CITIZEN'S CHARTER

DIALYSIS CONSULTATION VIA TELEMEDICINE

This process covers outpatient requiring dialysis consultation using online platform such as facebook and electronic email. This approach is part of our strategy and best practices to provide consultation despite the implementation of some restrictions, quarantine protocols and new normal. The service is offered Monday to Wednesday 1:00 pm- 3:00 pm and Monday, Thursday, Friday 9:00 am- 11:00 am except Saturday, Sunday and holiday.

OFFICE	Medical Service - Dialysis Center
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All patients needing dialysis consultation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Internet connection	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests consultation thru Facebook page: JoseReyesDialysis or email at jrmmc.hd@gmail.com.	1. Receives notification of request for consultation 1.1 Checks and verify if the request for consultation is related to kidney problem or dialysis. citizen specific: For other inquiries not related to kidney problem, refer the	None	10 minutes	Medical Officer Dialysis Center



	<p>patient to other specialty services by sending link to access the needed service.</p> <p>1.2 Approves the request for consultation and assist the patient regarding their chief complaint/ concern.</p>			
<p>2. Receives electronic prescription, ancillary/ diagnostic request and other referrals.</p>	<p>2. Provides brief history, management, electronic prescription, ancillary/ diagnostic request and other referrals if possible.</p> <p>2.1 Instructs regarding follow up.</p>	None	50 minutes	<p><i>Medical Officer</i> Dialysis Center</p>
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>1 hour</p>



CITIZEN'S CHARTER

OPD DIALYSIS TREATMENT

This process covers outpatient requiring hemodialysis treatment procedure. The service is offered Monday thru Saturdays 6:00am – 10:00pm except Sunday. The schedule is divided into three shifts namely:

1st shift: 6:00am – 10:00am

2nd shift: 12:00pm – 4:00pm

3rd shift: 6:00pm – 9:00pm

OFFICE	Medical Service - Dialysis Center			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen G2G - Government to Government			
WHO MAY AVAIL	All outpatients needing hemodialysis treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital Card (1original)		Information Section at Hospital's right wing entrance.		
Prescription Dialysis		Nephrologist		
Latest laboratory and diagnostic result (1photocopy) 2.1 CBC 2.2 Creatinine, BUN 2.3 Hepatitis Profile (Hbsag, Anti HBC, Anti HCV) 2.4 Latest X-ray result		Hospital/Accredited Laboratory Facility		
Philhealth Routing Slip (1original)		Philhealth Section		
Guarantee letter (if applicable)(1original)		Medical Social Service Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents requirements to the HD Center/Unit	1. Interviews patient, checks for completeness of requirements, orients on the HD unit policies and health teachings including	None	2 minutes	Admin staff/ Nurse Dialysis Center



	patient rights and obligations.			
2. Pays applicable fees condition specific: For Philhealth/ Guarantee Letter- no cashout	2. Issuances of charge slip/order of payment	HD: 2600.00 HDF: 3300.00	15 minutes	<i>Admin staff/ Nurse Dialysis Center</i>
3. Presents proof of payment/ routing slip/ guarantee letter	3. Verifies and records official receipt.	None	2 minutes	<i>Admin staff/ Nurse Dialysis Center</i>
4. Proceeds to waiting area until name is called	4. Instructs patient to proceed to waiting area	None	1 hour	<i>Admin staff/ Nurse Dialysis Center</i>
5. Proceeds to designated dialysis chair for treatment	5. Conducts initial assessment including weight, starts procedure, monitors treatment process, provide appropriate care management, administer prescribed medication and conduct of post HD assessment	None	4 hours	<i>Medical officer/ Nurse Dialysis Center</i>
6. Discharge from the center/ unit	6. Takes post HD Weight and provide take home instruction and next treatment schedule	None	2 Minutes	<i>Nurse Dialysis Center</i>
END OF TRANSACTION	TOTAL	N/A	5 hours, 21 minutes	



CITIZEN'S CHARTER

OUTPATIENT CONSULTATION VIA TELEMEDICINE

This process covers the Out-Patient Department (OPD) consultation via telemedicine using electronic means such as Facebook, Viber, SMS and E-mail. It is the initiative of the Hospital to provide telemedicine services (consultation) to patients during the Community Quarantine implemented by the government. The service is offered from Monday to Friday, 8:00 am-5:00 pm (closed on weekends & holidays).

OFFICE	OPD Telemedicine
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	Out Patients

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Internet connection		Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests consultation thru Facebook, Viber, SMS and E-Mail	1. Receives notification of request for consultation 1.1 Initial Assessment of Patient's Chief Complaint (Triage) citizen specific: <i>Should a patient's condition pertain to a different sub-specialty, refer the patient to the appropriate Department concerned by sending link to access the needed services.</i>	None	10 minutes	<i>Medical Officer</i>
	1.2 Consultation		40 minutes	<i>Medical Officer</i>



<p>2. Receives electronic prescription, ancillary/ diagnostic request and other referrals.</p>	<p>2. Provides electronic prescription (ePrescription), ancillary/ diagnostic request and other referrals necessary.</p> <p>2.1 Instructs regarding follow up.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Medical Officer</i></p>
<p>END OF TRANSACTION</p>	<p>TOTAL</p>	<p>N/A</p>	<p>60 minutes</p>	



CITIZEN'S CHARTER

OUTPATIENT CONSULTATION AND TREATMENT

This process covers outpatient consultation and treatment to all new patients in order to provide quality supportive care to patient who does not need hospitalization, inclusive of promotive, preventive and primary health care in support to the DOH program. The outpatient department opens from Monday to Friday excluding holidays from 7:00am to 4:00pm.

OFFICE	Medical Service - Out Patient Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing outpatient consultation, assessment, evaluation and treatment

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital card (1 original)		Information Section at Hospital's right wing entrance		
Scheduled appointment		Online telemedicine facebook page		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up the Patient Information Slip (PIS)	1. Triage-Quick assessment / issuance of PIS	None	2 minutes	<i>Triage Officer</i> Outpatient Department
2. Presents the patient information slip and/or hospital card	2. Queuing of Patient and checking of hospital card and Instruct what to do	None	2 minutes	<i>Nurse/ Nursing Attendant</i> Outpatient Department
3. Proceeds to designated clinic for consultation	3. Preparation of chart, physician notes, appointment and order form	None	36 minutes	<i>Medical Officer/ Nurse</i> Outpatient Department



	<p>3.1 Assessment/ Examine the patient</p> <p>3.2 Prescribes/ request ancillary procedures, laboratory exams.</p> <p>3.3 Checks and instruct on prescribed medication/ancillary procedure laboratory request, schedule of the next visit and health education.</p>			
END OF TRANSACTION	TOTAL	N/A	40 minutes	



CITIZEN'S CHARTER

TUBERCULOSIS (TB) CONSULTATION AND TREATMENT

This process covers patient requiring TB consultation/ assessment/ evaluation and treatment. The service is offered Monday – Friday excluding holiday from 8:00am – 5:00pm.

OFFICE	Medical Service – TB DOTS Clinic
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All TB cases and referred TB cases needing consultation/ assessment/ evaluation and treatment.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital card (1 original)	Information Section at Hospital's right wing entrance
Scheduled appointment	Online telemedicine facebook page
Latest laboratory result 1. DSSM, Sputum GeneXpert examination 2. CBC, Urinalysis, FBS, Creatinine, Lipid Profile (1 original)	Hospital/ Accredited Laboratory Facility
Latest X-ray result with film (1 photocopy)	Hospital/ Accredited Laboratory Facility
HIV Screening (1 photocopy)	Hospital/ Accredited Laboratory Facility
Referral Form/ Endorsement Letter (1 original)	Referring Hospital/ Agency

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents requirements to TB Clinic	1. Interviews patient, checks for completeness of requirements	None	2 minutes	Nurse TB DOTS Clinic
2. Fill out initial visit Patient Information Sheet (PIS) and/or TBDC Referral	2. Issuance of form	None	5 minutes	Nurse TB DOTS Clinic



Form for clinical diagnosed TB case				
3. Proceeds to waiting area until name is called	3. Instructs patient to proceed to waiting area	None	1 hour	<i>Nurse</i> TB DOTS Clinic
4. Proceeds to consultation room for assessment of the Doctor-in-charge	4. Conducts initial assessment, administer prescribed medication	None	30 minutes	<i>Attending Physician/ Nurse</i> TB DOTS Clinic
5. Discharge from the hospital	5. Provides take home instruction and next follow-up schedule	None	10 minutes	<i>Attending Physician/ Nurse</i> TB DOTS Clinic
END OF TRANSACTION		TOTAL	N/A	1 hour, 47 minutes



CITIZEN'S CHARTER

BLOOD EXTRACTION AND RECEIVING OF SPECIMENS OF OUTPATIENT

This covers all outpatients needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease. The service is open from Monday to Friday 8:00 am- 5:00 pm excluding holidays.

OFFICE	Medical Service - Department of Pathology and Laboratories
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All outpatients needing laboratory examinations of blood and other body fluids for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (1 original)	Requesting physician or charged Nurse
Hospital Card (1 original)	Information Section
Official Receipt of payment (1 original)	Cashier
Guarantee Letter, if applicable (1 original)	PCSO, DOH, LGU, etc.
Valid ID (1 original)	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Drops hospital card to designated tray citizen specific: Special lane for senior citizens, persons with disability and pregnant women	1. Receives hospital card and checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories



<p>2. Proceeds to waiting area until name is called</p>	<p>2. Instructs patient to proceed to waiting area.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Medical Technologist</i> Department of Pathology and Laboratories</p>
<p>3. Proceeds to blood extraction area and present official receipt.</p>	<p>3. Verifies the correct patient's identity as to patient request.</p> <p>3.1 Checks official receipt and interview patient if he/she undergoes fasting.</p> <p>3.2 Performs blood extraction as indicated in the laboratory request.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Medical Technologist</i> Department of Pathology and Laboratories</p>
<p>4. Proceeds to reception area to get claim stub to be presented in claiming laboratory results</p>	<p>4. Informs patient about the date and time to claim the laboratory results.</p> <p>condition specific:</p> <p>For requests received before 10:00 am. claim results from 2:00 - 4:00 pm of the same day</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Medical Technologist</i> Department of Pathology and Laboratories</p>



	For requests received after 10:00 am claim results on the following day at 2:00 pm - 4:00 pm			
5. Proceeds to waiting area to wait for the release of result	5. Encodes laboratory requests into the Laboratory Information System(LIS)	None	10 minutes	Laboratory Encoder Department of Pathology and Laboratories
	5.1 Records laboratory requests and deliver specimens to respective sections for processing	None	25 minutes	Medical Technologist Department of Pathology and Laboratories
6. Claims results	6. Prints and issue laboratory results	None	5 minutes	Medical Technologist Department of Pathology and Laboratories
END OF TRANSACTION		TOTAL	N/A	1 hour, 5 minutes



CITIZEN'S CHARTER

SCREENING/BLEEDING OF BLOOD DONORS

This shall apply to all blood donors who are willing to donate blood to patients who are in direct need of blood transfusion. The scope covers receiving of blood request, screening of donors and blood units to storage of blood.

OFFICE	Medical Service - Department of Pathology and Laboratories
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients who are in need of blood transfusion

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Blood Request (1 original)	Requesting physician or charged Nurse
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
Valid Identification Card (1 original)	Agency ID, Driver's License, Postal ID etc.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registers at Blood Transfusion Service (BTS) at OPD	1. Receives and checks blood requests from possible blood donor and instructs him to fill up the donor's registration form	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
2. Donor remains at BTS for interview and screening	2. Conducts interview of possible donor and checks the general health and condition of the possible donor by getting the BP, weight, pulse rate, and hematocrit	None	15 minutes	<i>Pathology Resident</i> Department of Pathology and Laboratories
3. Proceeds to waiting area and wait until called and be informed if	3. Performs bleeding of qualified donor. citizen specific:	None	20 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories



qualified or not for bleeding	For non-qualified donor, donation will be deferred.			
4. Stays in donor's bed to take a rest and stabilize the condition after bleeding	4. Records the donor and patient's data in the logbook and label the blood bag or blood unit (serial number, extraction and expiry date and blood bank donor's initial) 4.1 Instruct to proceed to waiting area.	None	15 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
5. Gets the blood deposit slip.	5. Issues blood deposit slip	None	3 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
6. Proceeds to patient's ward and give the deposit slip to the nurse on duty to inform about the availability of blood	6. Instructs relative to give the deposit slip to the nurse on duty	None	2 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
END OF TRANSACTION		TOTAL	N/A	1 hour



CITIZEN'S CHARTER

DRUG TESTING

This covers all patients/clients who are required to undergo test which utilizes a monoclonal antibody to selectively detect elevated levels of Methamphetamine (MET) and Tetrahydrocannabinol (THC) in urine.

OFFICE	Medical Service - Department of Pathology and Laboratories
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing laboratory examinations of blood and other body fluids for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (1 original)	Requesting physician or charged Nurse
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
Official Receipt of payment (for OPD patient) (1 original)	Cashier
Two valid IDs (1 original)	Referring Hospital/ Agency, Post Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits drug test request to the receptionist at the receiving area	1. Receives and record the drug test form	None	5 minutes	<i>Receptionist</i> OPD Laboratory
2. Proceeds to waiting area until name is called	2. Instructs client to pay the procedure at the cashier	None	2 minutes	<i>Receptionist</i> OPD Laboratory
3. Pays applicable fees	3. Collects payment and issue official receipt.	Php 200.00	15 minutes	<i>Cashier</i> OPD Collecting Section



4. Proceeds back to OPD laboratory and present official receipt.	4. Gets the official receipt.	None	5 minutes	<i>Receptionist</i> OPD Laboratory
5. Fill up the drug test form.	5. Checks and verifies completeness of accomplished drug test form. 5.1 Ask the patient's name by checking the presented two valid IDs.			
6. Urinate and submits urine sample	6. Observes the patient/client to avoid swapping of urine specimen with water and check the sufficiency of urine sample (assign female collector to female client and male collector to male client)	None	8 minutes	<i>Authorized Specimen Collector</i> OPD Laboratory
7. Proceeds to receiving area for picture taking and finger scanning	7. Encodes the procedure with data, picture and official receipt of payment into the system or website	None	10 minutes	<i>Analyst</i> OPD Laboratory
8. Return to waiting area and wait for further instruction	8. Analyzes/test urine sample to detect presence of MET/THC drugs (Method of reporting: Positive or Negative)	None	10 minutes	<i>Analyst</i> OPD Laboratory
9. Claims result on the same day if in the morning. If done in the afternoon, claim result on the following day	9. Encodes result for DOH, record data in the logbook and then release result solely to the client.	None	15 minutes	<i>Analyst</i> OPD Laboratory



	<p>situation specific: If result is Positive</p> <p>Confirms through laboratory of choice listed in website and secure form from the confirmatory laboratory through website and fill up the form</p>	None	20 minutes	<i>Analyst</i> OPD Laboratory
	<p>9.1 Informs the client about the confirmation. Send specimen to confirmatory laboratory taking necessary measure in the transport.</p>	Php 1,000.00	1 hour 30 minutes	<i>Laboratory Personnel</i> OPD Laboratory
END OF TRANSACTION		TOTAL	N/A	1 hour, 30 minutes



CITIZEN'S CHARTER

DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES (CASH)

This process covers dispensing of medicine and medical supplies to all patient. The Pharmacy is open Monday thru Sunday including holidays

OFFICE	Medical Service - Pharmacy Section (DOH Botika)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government
WHO MAY AVAIL	All Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription (completely filled) (1 original)	Prescribing doctor
Will avail discount: 1. PWD/Senior ID and booklet 2. For Gov't Employee: Work ID and Certificate of employment (1 original)	1. City Hall (DSWD/OSCA) 2. Government Agency (Employer)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the prescription/s and documents (for discounts) to the Pharmacist. Wait for the total computation.	1. Reviews the prescription (documents if with discount) 1.1 Prepares cash slip 1.2 Applies corresponding discount.	See <i>Menu</i> <i>Card/</i> <i>Price List</i>	5 minutes	<i>Pharmacist</i> Commercial Pharmacy
2. Settles payment and wait for the	2. Prepares the corresponding Official Receipt	None	2 minutes	<i>Cashier</i> Collecting Section



official receipt and medicine/s.				
	2.1 Prepares and dispense the medicine/medical supplies.	None	5 minutes	<i>Pharmacist</i> Commercial Pharmacy
	2.2 Explains to the client the proper use of the medicine/s.	None	3 minutes	<i>Pharmacist</i> Commercial Pharmacy
END OF TRANSACTION		TOTAL	N/A	15 minutes



CITIZEN'S CHARTER

DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES (MEDICAL ASSISTANCE/ PHILHEALTH OPD ONCO)

This process covers dispensing of medicine and medical supplies to all patients with medical assistance/ Philhealth. The Pharmacy is open Monday thru Sunday including holidays

OFFICE	Medical Service - Pharmacy Section (DOH Botika)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government
WHO MAY AVAIL	Out-patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription (completely filled) (1original)	Prescribing Doctor
Charge slip (1original)	Claims department (Philhealth)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the required documents and wait for the Charge Slip (CS).	1. Checks the required documents if complete. 1.1 Verifies authenticity of documents presented. 1.2 Calculates the cost of medicine/s and medical supplies.	None	5 minutes	<i>Pharmacist</i> Commercial Pharmacy
2. Proceeds to Information for registry update and Billing Section.	2. Updates/enroll registration in Hospital Information System (HIS) 2.1 Indicates the amount to be charged to Philhealth,	None	5 minutes	<i>Admin Staff</i> Information Section
3. Proceeds to Pharmacy and present the charge	3. Verifies and encode document/s from billing section	None	2 minutes	<i>Pharmacist</i> Commercial Pharmacy



slip from Billing section.	3.1 Prepares the charge slip 3.2 Prepares the corresponding Official Receipt.		2 minutes	<i>Cashier</i> Collecting Section
Pays applicable fees at the cashier condition specific: If the total amount exceeds the approved charged to Philhealth and medical assistance the client pay at the cashier	Instructs to pay excess amount on the approved medical assistance/ Philhealth coverage	<i>See Menu Card/ Price List</i>	2 minutes	<i>Cashier</i> Collecting Section
4. Proceeds to waiting area until name is called	4. Instructs client to proceed to waiting area. 4.1 Prepares the medicines/ medical supply	None	30 minutes	<i>Pharmacist</i> Commercial Pharmacy
5. Gets the medicines and listen to the dispensing information, sign the charge slip and the prescription.	5. Dispenses the medicines to the nursing attendant.	None	5 minutes	<i>Pharmacist</i> Commercial Pharmacy
END OF TRANSACTION		TOTAL	56 minutes	N/A



CITIZEN'S CHARTER

DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES (MEDICAL ASSISTANCE)

This process covers dispensing of medicine and medical supplies to all patients with medical assistance. The Pharmacy is open Monday thru Sunday including holidays

OFFICE	Medical Service - Pharmacy Section (DOH Botika)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government
WHO MAY AVAIL	Out-patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription (completely filled) (1original)	Prescribing Doctor

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the prescription.	1. Checks the availability of the prescribed medicine/s. 1.1 Verifies authenticity of prescription presented.	None	2 minutes	<i>Pharmacist</i> Commercial Pharmacy
2. Proceeds to Information for registry update	2. Updates/enroll registration in Hospital Information System (HIS)	None	1 minute	<i>Admin Staff</i> Information Section
3. Proceeds to Pharmacy (DOH Botika)	3. Prepares and issue charge slip and instruct to go to Medical Social Work Department (MSWD)	None	5 minutes	<i>Pharmacist</i> Commercial Pharmacy
4. Proceeds to MSWD and present the prescription and charge slip from pharmacy for notation.	4. Records the transaction (Refer to MSW process) and instruct to go back to pharmacy	None	20 minutes	<i>Medical Social Worker</i> Medical Social Work Department



5. Goes back to pharmacy (DOH Botika) and present the stamped prescription from MSWD.	5. Verifies document/s from MSWD and prepare the medicine/s	None	3 minutes	<i>Pharmacist Commercial Pharmacy</i>
6. Gets the medicines/ medical supplies	6. Dispenses the medicines/ medical supplies 6.1 Explains to the client the proper use of the medicine/ medical supplies	None	5 minutes	<i>Pharmacist Commercial Pharmacy</i>
END OF TRANSACTION	TOTAL	N/A	36 minutes	



CITIZEN'S CHARTER

DERMATOLOGY CONSULTATION FOR NEW PATIENTS

This process covers patient requiring dermatology consultation/assessment and evaluation. The service is offered Monday to Fridays excluding holidays 8:00am-12:00noon.

OFFICE	Medical Service – Dermatology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C–Government to Citizen G2G–Government to Government
WHO MAY AVAIL	All new patients needing dermatology consult/assessment and evaluation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up patient information sheet (PIS)	1. Issuance of PIS	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
2. Proceeds to waiting area until name is called	2. Preparation of patient's chart	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
3. Proceeds to Triage Desk for quick assessment to classify infectious or non-infectious consult	3. Conducts initial assessment and classify patient whether infectious or non-infectious.	NONE	3 minutes	<i>Triage Officer</i> Dermatology Department



4. Proceeds to assigned physician	4. Assess patients, provide consultation, prescribes/requests ancillary procedures and laboratory exams	NONE	20 minutes	<i>Medical Officer</i> Dermatology Department
	4.1 If referral to other service is needed, fills up referral form and instructs patient.	NONE	5 minutes	<i>Medical Officer</i> Dermatology Department
	4.2 Instructs on prescribed medication/ ancillary procedures/ laboratory request, schedule of next visit and provide health education.	NONE	3 minutes	<i>Medical Officer</i> Dermatology Department
5. Proceeds to front desk.	5. Files chart/ releases hospital card with instructions on follow up date and time.	NONE	2 minutes	<i>Admin staff</i> Dermatology Department
END OF TRANSACTION		TOTAL	N/A	39 minutes



CITIZEN'S CHARTER

FOLLOW-UP CONSULTATION FOR OLD PATIENTS

This process covers patient requiring dermatology consultation/assessment and evaluation for old patients. The service is offered Monday to Fridays excluding holidays 1:00pm-5:00pm.

OFFICE	Medical Service – Dermatology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C–Government to Citizen G2G–Government to Government
WHO MAY AVAIL	All old patients for follow-up needing dermatology consult/assessment and evaluation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Drops hospital card in designated box in the clinical department and secure patient's number.	1. Checks hospital card, place number and line up chart with ancillary/ laboratory results, if any	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
2. Proceeds to waiting area until name is called by physician	2. Retrieves patient's chart/ record	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
3. Proceeds to assigned physician	3. Assess patients, provide consultation, prescribes/requests ancillary procedures and laboratory exams	NONE	20 minutes	<i>Medical Officer</i> Dermatology Department



	3.1 If referral to other service is needed, fills up referral form and instructs patient.	NONE	5 minutes	<i>Medical Officer</i> Dermatology Department
	3.2 Instructs on prescribed medication/ ancillary procedures/ laboratory request, schedule of next visit and provide health education.	NONE	3 minutes	<i>Medical Officer</i> Dermatology Department
4. Consult with physician	4. Files chart/ releases hospital card with instructions on follow up date and time	NONE	2 minutes	<i>Admin staff</i> Dermatology Department
END OF TRANSACTION		TOTAL	N/A	36 minutes



CITIZEN'S CHARTER

RELEASE OF BIOPSY RESULT

This process covers release of official biopsy result. The service is offered Monday to Fridays excluding holidays 8:00am-5:00pm.

OFFICE	Medical Service – Dermatology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C–Government to Citizen G2G–Government to Government
WHO MAY AVAIL	All patients undergone biopsy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patients returns on the scheduled date and time. Drop hospital card in designated box in the clinical department	1. Checks hospital card, retrieves patient chart/ place number and instruct patient to proceed to Histopathology Section	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
2. Patients proceeds to histopathology section	2. Verifies patient name and retrieves patient result.	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
3. Claims official histopath result	3. Releases official histopath result and record.	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
END OF TRANSACTION	TOTAL	N/A	9 minutes	



CITIZEN'S CHARTER

ISSUANCE/UPDATING OF HOSPITAL NUMBER (CARD)

This process covers new and old patients securing/updating of hospital number (card) for consultation/assessment/evaluation and treatment.

OFFICE	Hospital Operation and Patient Support Service - Central Admitting Section (CAS)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All patients needing consultation/assessment/evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient Information Sheet (PIS) (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up Patient Information Sheet (PIS)	1. Provides PIS form	None	3 minutes	<i>Admin Staff</i> Information Section
situation-specific: For Loss Card Proceed to cashier for payment	Instructs patient to bring the PIS and pay applicable fees in the cashier	50.00	3 minutes	<i>Cashier</i> Collecting Section
2. Presents the accomplished PIS form/proof of payment.	2. Validates accomplished PIS/proof of payment and encode in the hospital information system (HIS).	None	1 minute	<i>Admin Staff</i> Information Section
condition-specific: For Update Present Hospital Number (card) for update.	Encodes and update in the Hospital Computer System	None	2 minutes	<i>Admin Staff</i> Information Section

END OF TRANSACTION	TOTAL	N/A	9 minutes	
---------------------------	--------------	-----	-----------	--



CITIZEN'S CHARTER

ADMISSION OF ELECTIVE PATIENTS

This process covers patients from Outpatient Department and Pay consultation requiring admission and thorough observation, examination, treatment and care.

OFFICE	Health Information Management Department - Central Admitting Section (CAS)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing elective admission for thorough observation, examination, treatment and care.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Number (1 original)	Information Section at Hospital's right wing entrance.
Admission order/request for admission (1 original)	OPD, Pay consultation
Patient's clinical history (1 original)	OPD, Pay consultation

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents admission order/request for admission and Hospital card	1. Receives and checks completeness of admission order and patient's personal data. 1.1 Assesses Accommodation 1.2 Interviews patient/relative and verbalized hospital's rules and	None	20 minutes	<i>Admin Staff</i> Admitting Section



	regulations; PHIC application and the Data Privacy Act.			
2. Proceeds to PHIC Section for OPD Elective admission if PHIC member	2. Instructs patient/relative to proceed to PHIC Section for filing of PhilHealth requirements.	None	10 minutes	<i>Admin Staff Philhealth Section</i>
3. Goes back to admitting section	3. Process documentary requirement for admission 3.1 Encodes to Hospital Information System (HIS)	None	10 minutes	
	3.2 Informs concerned ward regarding admission and issues clinical coversheet	None	2 minutes	<i>Admin Staff Admitting Section</i>
4. Proceeds to respective ward	4. Wheeled the patient to the respective ward	None	10 minutes	<i>Nurse/ Nursing attendant Clinical Area</i>
END OF TRANSACTION		TOTAL	N/A	52 minutes



CITIZEN'S CHARTER

AVAILMENT OF MSWD SERVICES FOR OUTPATIENT

This process covers availment of MSWD services for outpatient. The office is open Monday-Friday 8:00 am to 5:00 pm

OFFICE	Medical Service – Medical Social Work Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All service patients needing social work services

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance
Issued MSWD Card (1original)	Previously issued to Patient /relative
Order of Payment and/or Laboratory/diagnostic requests with case number (1original)	Attending Physician/Clinical area/ Cost Center and Billing Section
Treatment Protocol (Oncology, Dialysis, Phototherapy) (1original)	Attending Physician
PHIC Routing slip as needed (1original)	PhilHealth Section
Senior Citizen ID, as needed	Patient
PWD ID, as needed	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to MSWD for medical assistance	1. Screens and gives out queueing number to patient or his relative needing assistance for their laboratory /diagnostic requests with "Case number" from Billing Section/ Clinical area. 1.1 If with valid and updated MSWD card,	None	2 minutes	<i>Social Welfare Assistant MSWD</i>



	<p>validates data and hospital charges at data-base system to facilitate assistance.</p> <p>situation specific:</p> <p>Revalidates and updates expired-MSWD card.</p>			
2. Proceeds to waiting area until name is called	2. Instructs patient to proceed to waiting area	None	20 minutes	<i>Social Welfare Assistant MSWD</i>
3. Provides comprehensive psychosocial history	<p>3. Interviews, gathers data and conducts psychosocial assessment and evaluation of walk-in or referred new patient.</p> <p>3.1 Re-assessment of previous MSWD recipient with expired MSWD Card.</p> <p>3.2 Validates on the data-base system the requested laboratory/ diagnostic procedure to facilitate assistance.</p> <p>3.3 Signs and indicates classification at OPD admission chart for elective service cases.</p>	None	15 minutes	<i>Medical Social Officer MSWD</i>
	3.5 Informs and orients regarding hospital policies, available social services, scope and limitations of MSWD services depending on patient's category.	None	2 minutes	<i>Medical Social Officer MSWD</i>



	<p>situation specific:</p> <p>As needed, makes referrals to other health facilities or GO's and NGO's for patients needing laboratory/diagnostic examinations, medicines/supplies not available in the hospital.</p>			
4. Receives issued MSWD card and assistance	4. Issues MSWD Card for new service patient and provide needed assistance.	None	2 minutes	<i>Medical Social Officer MSWD</i>
	4.1 Advices patient/ relative to proceed to the concerned office to submit the approved assistance.	None	1 minute	<i>Medical Social Officer MSWD</i>
END OF TRANSACTION		TOTAL	N/A	42 minutes



CITIZEN'S CHARTER

AVAILMENT OF GUARANTEE LETTERS FOR MEDICAL AND FINANCIAL ASSISTANCE

This process covers patient needing medical or financial assistance through Guarantee letters as payment for their needed medicines/drugs, laboratory, radiological and diagnostic procedures, confinement and medical treatment.

OFFICE	Medical Service – Medical Social Work Department (MSWD)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing medical and financial assistance with guarantee letters

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>If JRRMMC patient:</p> <ol style="list-style-type: none"> 1. Hospital Card (1original) 2. MSWD Card (1original) 3. Hospital Bill/ Statement of Account (1original) 4. Certification (for Pay admission) 5. Order of Payment and/or Laboratory/diagnostic requests 6. Updated Prescription(s) (1original) 7. Treatment Protocol (Oncology/Dialysis)(1original) 8. PHIC Routing slip(1original) 	<ol style="list-style-type: none"> 1. Information Section at Hospital's right wing entrance 2. Billing Section 3. Attending Physician 4. Attending Physician/Clinical area/ Cost Center 5. Attending Physician 6. Attending Physician 7. PhilHealth Section 8. PhilHealth Section
<p>If consultation not done at JRRMMC</p> <ol style="list-style-type: none"> 1. Hospital card (1 original) 2. MAIP Guarantee Letter / Indorsement Letter (1 original) 3. Referral and/or Accomplished Inter-agency Referral Form (1 original) 4. Approval of Inter-agency Referral (1 original) 5. Laboratory/diagnostic requests (1 original) 	<ol style="list-style-type: none"> 1. Information Section at Hospital's right wing entrance 2. Referring Party 3. Referring Health Facility 4. Medical Center Chief, Receiving Health Facility 5. Attending Physician



6. Updated prescription(s) (1 original) 7. Updated Medical Abstract or Medical Certificate (1 original) 8. Updated Treatment Protocol for Oncology or Dialysis (1 original) 9. DSWD/LGU Social Case Report or Summary (1 original)		6. Attending Physician 7. Attending Physician 8. Attending Physician 9. Local Government Unit (LGU) Social Welfare Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents referral/endorsement/guarantee letter and other documentary requirements condition specific:	1. Verifies whether existing JRRMMC patient/ MSWD recipient. 1.1 Checks documentary requirements. condition specific: If consultation not done at JRRMMC, and with complete documentary requirements.	None	2 minutes	<i>Social Welfare Assistant MSWD</i>
2. Proceeds to family medicine for consultation	2. Advises for consultation at Family Medicine or OPD prior to queueing at MSWD.			
	2.1 Validates Guarantee Letter or referral and encodes at	None	5 minutes	<i>Social Welfare Assistant MSWD</i>



	<p>DOH E-WEB data system</p> <p>situation specific:</p> <p>If previous MSWD recipient, validates hospital charges of patient at data base system to facilitate assistance.</p>			
3. Provides comprehensive psychosocial history	3. Conducts psychosocial assessment and evaluation for new MSWD client and facilitate assistance.	None	13 minutes	<i>Medical Social Officer</i> MSWD
4. Receives approved guarantee letter and present it to the concerned office or Cost Center.	4. Instructs/ advise patient/relative on the next step or to proceed to a concerned Office or Cost Center.	None	1 minute	<i>Medical Social Officer</i> MSWD
END OF TRANSACTION		TOTAL	N/A	20 minutes



CITIZEN'S CHARTER

REQUEST FOR RADIOLOGIC PROCEDURE WITH CONTRAST

It refers to the field of medicine that uses non-invasive imaging scans to diagnose a patient. The tests and equipment used sometimes involves low doses of radiation to create highly detailed images of an area.

OFFICE	Medical Service - Radiology Department
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All patients needing radiological procedures

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
X-ray/ Ultrasound/ CT- Scan /MRI request form (1 original)	Requesting Physician
Latest Laboratory Result (if procedure is with contrast) (1 photocopy) a. BUN b. Creatinine	Hospital/Accredited Laboratory Facility
Previous X-ray, Ultrasound, CT-scan, MRI result (for reference) (1 original)	Hospital/Accredited Radiological Facility
Referral Form Endorsement Letter (1 original)	Referring Hospital/Agency
Official Receipt (for OPD patient only)(1 original)	Collecting Unit
Guarantee Letter ; if applicable (1 original)	PCSO, DOH, MALASAKIT, LGU, Social Service

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the Hospital Card and Request Form to the Radiology Department Information Area	1. Interviews patient, check for completeness of request and requirements	none	2 minutes	<i>Radiologic Technologist</i> Radiology Department



2. Patient obtains contrast prescription * Bowel Preparation * Materials needed * Non-IV for most special X-ray procedures (Barium enema, Cholangiogram, Colonogram etc.)	2. Issuance of prescription from the radiologist and instruct patient to come back once the prescription has been purchased	none	2 minutes	Radiologist Radiology Department
3. Patient goes back to the radiology information desk	3. Checks completeness of materials needed and costing of procedure	none	2 minutes	Radiologic Technologist Radiology Department
4. Pays applicable fees	4. Issuance of Charge slip/ order of payment and instruct patient to proceed to OPD cashier	See table of fees and charges	10 minutes	Radiologic Technologist Radiology Department
5. Patient goes back to the radiology information area and present proof of payment	5. Verifies OR receipt, Input data for Routine X-ray and CT-scan) or schedule for (special X-ray procedures, Ultrasound, CT-Scan, and MRI)	none	15 minutes	Radiologic Technologist Radiology Department
6. Proceeds to the assigned examination room	6. Performs procedures examination process (Short Patient interview and PE will be done by Radiology Resident)	none	30 minutes	Radiologic Technologist Radiology Resident Radiology Department
7. Receives of issued claim stub	7. Issuance of claim stub	none	2 minutes	Radiologic Technologist Radiology Department
END OF TRANSACTION TOTAL		N/A	7 hours	



LIST OF RADIOLOGY SERVICES AND FEES							
X-RAY	PRICE	ULTRASOUND	PRICE	CT-SCAN	PRICE	MRI	PRICE
Ankle Joints	530	Whole abdomen	940	Additional Cuts	1,110	Cranial	6,230
Antegrade Pyelography	4,800	Whole Abdomen (prostate)	1030	Cervical Spine (Contrast)	7,340	Cranial with Contrast	12,560
Babygram	990	HBT	640	Cervical Spine (Plain)	2,650	Orbit (plain)	6,230
Barium Enema	3960	Liver	600	Chest(Contrast)	7,340	Orbit (contrast)	12,560
Cervical Spine	530	LGBPS	640	Chest (Plain)	2,650	Facial (plain)	6,230
Chest Adult	530	Upper Abdomen	600	Cranial (contrast)	5,500	Facial (contrast)	12,560
Cystography	4,800	Transabdominal	680	Cranial (plain)	2,350	Cervical spine (plain)	6,230
Clavicle	360	FAST	940	Cranial w/ facial (Contrast)	7,100	Cervical spine (contrast)	12,560
Distal Colonography	3,960	KUB	770	Cranial w/ facial (Plain)	4,250	Thoracic plain	6,230
Elbow	530	KUBP	900	Cranial w/ Orbital(Contrast)	7,100	Thoracic (contrast)	12,560
Esophagram/ Meglumine Swallow	2,760	PROSTATE	600	Cranial w/ orbital (plain)	4,250	Lumbosacral plain	6,230
Femur/Thigh	530	TRANSRECTAL	800	Cranial w/ pns(contrast)	7,100	Lumbosacral (contrast)	12,560
Fistulography	3,840	INGUINOSCROTAL	1060	Cranial w/ pns(plain)	4,250	Wholeabdomen (plain)	7,550
Forearm	530	SOFT TISSUE	640	Cranial W/ Temporal (contrast)	7,100	Whole abdomen (contrast)	16,520
Foot	530	THYROID/NECK	650	Cranial W/ Temporal (plain)	4,250	Chest plain	6,230



Hip	530	THORACIC	640	Ct guided biopsy	6,340	Chest (contrast)	13,880
Hand	530	CRANIAL	810	Ct Stonogram	2,680	Pelvis	6,230
Humerus/Arm	530	CARDIAC	770	Ct urogram	7,920	Pelvis (contrast)	12,560
Hysterosalpingography	3,840	BREAST/SONO MAMOGRAPHY	860	Extremities(lower) plain	2,650	Shoulder	6,230
IVP	4,690	BIOPSY	2620	Extremities(lower) contrast	6,120	Shoulder (contrast)	12,560
KUB	390	-E N D-		Extremities(Upper) plain	2,650	Elbow	6,230
LEG	530			Facial CT(contrast)	5,580	Hand/Wrist	6,230
LUMBSOSACRAL	990			Facial CT (plain)	2,350	Hand/Wrist (contrast)	12,560
MANDIBLE	530			Lower Abdomen (contrast)	6,970	Upper extremity	7,550
MASTOIDS	530			Lower Abdomen (plain)	2,350	Upper extremity (contrast)	13,880
NOSE STL	530			Lumbosacral (contrast)	7,340	Femur/Leg	7,550
NECK	530			Lumbosacral (plain)	2,680	Femur/Leg (contrast)	13,880
Operative cholangiography	1,000			Oral Cavity (contrast)	7,340	Knee	6,230
Pelvis	360			Oral Cavity (Plain)	2,650	Knee (contrast)	12,560
Plain Abdomen	530			Neck (contrast)	7,340	Foot/ankle	6,230
Retrograde Pyelography	4,800			Neck (plain)	2,650	Foot/ankle (contrast)	12,560
Scoliotic Series	1,520			Orbital (contrast)	5,580	MRA	6,230



Shoulder	360			Orbital (Plain)	2,350	MRA (contrast)	12,560
Scapula	360			PNS (contrast)	5,580	MRCP	7,550
Skull	530			PNS (Plain)	2,350	MRCP (contrast)	13,880
Small Intestinal Series (water soluble)	6470			Temporal Bone (Contrast)	5,580	Prostate	6,230
Small Intestinal Series (Barium Enema)	3,590			Temporal Bone (plain)	2,350	Prostate (contrast)	12,560
T-Tube Cholangiography	3,860			Thoracic Spine (Contrast)	7,340	-E N D-	-
Thoracolumbar Spine	990			Thoracic Spine (Plain)	2,350		
T-cage	300			Upper Abdomen (Contrast)	6,970		
Urethrogram	1,000			Upper Abdomen (Plain)	2,350		
Voiding Cystourethrogram	1,000			Whole abdomen (triphasic)	12,900		
Wrist Joint	530			Pelvis (plain)	2,350		
-E N D-				Pelvis (contrast)	6,970		
				-E N D-	-		



CITIZEN'S CHARTER

REQUEST FOR RADIOLOGIC PROCEDURE WITHOUT CONTRAST

It refers to the field of medicine that uses non-invasive imaging scans to diagnose a patient. The tests and equipment used sometimes involves low doses of radiation to create highly detailed images of an area.

OFFICE	Medical Service - Radiology Department
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All patients needing radiological procedures

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
X-ray/ Ultrasound/ CT- Scan /MRI request form (1 original)	Requesting Physician
Previous X-ray, Ultrasound, CT-scan, MRI result (for reference) (1 original)	Hospital/Accredited Radiological Facility
Referral Form Endorsement Letter (1 original)	Referring Hospital/Agency
Official Receipt (for OPD patient only)(1 original)	Collecting Unit
Guarantee Letter ; if applicable (1 original)	PCSO, DOH, MALASAKIT, LGU, Social Service

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the Hospital Card and Request Form to the Radiology Department Information Area	1. Interviews patient, check for completeness of request and requirements	none	2 minutes	<i>Radiologic Technologist</i> Radiology Department
2. Pays applicable fees	2. Issuance of Charge slip/ order of payment and instruct patient to proceed to OPD cashier	<i>See table of fees and charges</i>	10 minutes	<i>Radiologic Technologist</i> Radiology Department



3 Patient goes back to the Radiology Information area and present proof of payment	3. Verifies OR receipt, Input data for Routine X-ray and CT-scan) or schedule for (special X-ray procedures, Ultrasound, CT-Scan, and MRI)	none	15 minutes	<i>Radiologic Technologist Radiology Department</i>
4. Proceeds to the assigned examination room	4. Performs procedures examination process (Short Patient interview and PE will be done by Radiology Resident)	none	30 minutes	<i>Radiologic Technologist Radiology Resident Radiology Department</i>
5. Receives of issued claim stub	5. Issuance of claim stub	none	2 minutes	<i>Radiologic Technologist Radiology Department</i>
END OF TRANSACTION		TOTAL	59 minutes	N/A



LIST OF RADIOLOGY SERVICES AND FEES							
X-RAY	PRICE	ULTRASOUND	PRICE	CT-SCAN	PRICE	MRI	PRICE
Ankle Joints	530	Whole abdomen	940	Additional Cuts	1,110	Cranial	6,230
Antegrade Pyelography	4,800	Whole Abdomen (prostate)	1030	Cervical Spine (Contrast)	7,340	Cranial with Contrast	12,560
Babygram	990	HBT	640	Cervical Spine (Plain)	2,650	Orbit (plain)	6,230
Barium Enema	3960	Liver	600	Chest(Contrast)	7,340	Orbit (contrast)	12,560
Cervical Spine	530	LGBPS	640	Chest (Plain)	2,650	Facial (plain)	6,230
Chest Adult	530	Upper Abdomen	600	Cranial (contrast)	5,500	Facial (contrast)	12,560
Cystography	4,800	Transabdominal	680	Cranial (plain)	2,350	Cervical spine (plain)	6,230
Clavicle	360	FAST	940	Cranial w/ facial (Contrast)	7,100	Cervical spine (contrast)	12,560
Distal Colonography	3,960	KUB	770	Cranial w/ facial (Plain)	4,250	Thoracic plain	6,230
Elbow	530	KUBP	900	Cranial w/ Orbital(Contrast)	7,100	Thoracic (contrast)	12,560
Esophagram/ Meglumine Swallow	2,760	PROSTATE	600	Cranial w/ orbital (plain)	4,250	Lumbosacral plain	6,230
Femur/Thigh	530	TRANSRECTAL	800	Cranial w/ pns(contrast)	7,100	Lumbosacral (contrast)	12,560
Fistulography	3,840	INGUINOSCROTAL	1060	Cranial w/ pns(plain)	4,250	Wholeabdomen (plain)	7,550
Forearm	530	SOFT TISSUE	640	Cranial W/ Temporal (contrast)	7,100	Whole abdomen (contrast)	16,520
Foot	530	THYROID/NECK	650	Cranial W/ Temporal (plain)	4,250	Chest plain	6,230



Hip	530	THORACIC	640	Ct guided biopsy	6,340	Chest (contrast)	13,880
Hand	530	CRANIAL	810	Ct Stonogram	2,680	Pelvis	6,230
Humerus/Arm	530	CARDIAC	770	Ct urogram	7,920	Pelvis (contrast)	12,560
Hysterosalpingography	3,840	BREAST/SONO MAMOGRAPHY	860	Extremities(lower) plain	2,650	Shoulder	6,230
IVP	4,690	BIOPSY	2620	Extremities(lower) contrast	6,120	Shoulder (contrast)	12,560
KUB	390	-E N D-		Extremities(Upper) plain	2,650	Elbow	6,230
LEG	530			Facial CT(contrast)	5,580	Hand/Wrist	6,230
LUMBSOSACRAL	990			Facial CT (plain)	2,350	Hand/Wrist (contrast)	12,560
MANDIBLE	530			Lower Abdomen (contrast)	6,970	Upper extremity	7,550
MASTOIDS	530			Lower Abdomen (plain)	2,350	Upper extremity (contrast)	13,880
NOSE STL	530			Lumbosacral (contrast)	7,340	Femur/Le g	7,550
NECK	530			Lumbosacral (plain)	2,680	Femur/Le g (contrast)	13,880
Operative cholangiography	1,000			Oral Cavity (contrast)	7,340	Knee	6,230
Pelvis	360			Oral Cavity (Plain)	2,650	Knee (contrast)	12,560
Plain Abdomen	530			Neck (contrast)	7,340	Foot/ankle	6,230
Retrograde Pyelography	4,800			Neck (plain)	2,650	Foot/ankle (contrast)	12,560
Scoliotic Series	1,520			Orbital (contrast)	5,580	MRA	6,230



Shoulder	360			Orbital (Plain)	2,350	MRA (contrast)	12,560
Scapula	360			PNS (contrast)	5,580	MRCP	7,550
Skull	530			PNS (Plain)	2,350	MRCP (contrast)	13,880
Small Intestinal Series (water soluble)	6470			Temporal Bone (Contrast)	5,580	Prostate	6,230
Small Intestinal Series (Barium Enema)	3,590			Temporal Bone (plain)	2,350	Prostate (contrast)	12,560
T-Tube Cholangiography	3,860			Thoracic Spine (Contrast)	7,340	-E N D-	-
Thoracolumbar Spine	990			Thoracic Spine (Plain)	2,350		
T-cage	300			Upper Abdomen (Contrast)	6,970		
Urethrogram	1,000			Upper Abdomen (Plain)	2,350		
Voiding Cystourethrogram	1,000			Whole abdomen (triphasic)	12,900		
Wrist Joint	530			Pelvis (plain)	2,350		
-E N D-				Pelvis (contrast)	6,970		
				-E N D-	-		



CITIZEN'S CHARTER

OPHTHALMOLOGY CONSULTATION AND TREATMENT FOR NEW AND FOLLOW UP OPD PATIENTS

This process covers patient requiring eye consultation/assessment/evaluation and treatment. The service is offered Mondays to Fridays (6am – 11am for new OPD patients and Mondays to Thursdays 1-5pm and Fridays 6am – 11am for follow-up patients).

OFFICE	Medical Service – Ophthalmology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing ophthalmic consultation/assessment/evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Drops the hospital card or Patient Information Sheet (PIS) in the basket.	1. Prepares patient's chart, followed by taking a history and Visual Acuity.	None	2 minutes	<i>Nursing Attendant</i> Ophthalmology Department
2. Proceeds to waiting area until name is called	2. Instructs patient to proceed to waiting area.	None	1 hour	<i>Nursing Attendant</i> Ophthalmology Department
3. Proceeds to designated slit lamp chair for treatment.	3. Conducts initial assessment/ evaluation/ treatment. Provide appropriate care management,	None	1 hour	<i>Medical Officer</i> Ophthalmology Department



	administer prescribed medication.			
4. Returns to the receiving area with patient's chart and discharge from the hospital.	4. Provides take home instructions and next treatment schedule.	None	3minutes	<i>Nursing Attendant</i> Ophthalmology Department
END OF TRANSACTION		TOTAL	N/A	2 hours and 5 minutes



CITIZEN'S CHARTER

OPHTHALMOLOGY CONSULTATION AND TREATMENT FOR SUBSPECIALTY CLINIC

This process covers patient requiring eye consultation/assessment/evaluation and treatment under subspecialty clinic. The services are offered Mondays (7am for follow up and present to Retina, Orbit and Pedia Ophtha Clinic; 11am for Pedia-Ophtha Screening); Tuesdays (7am for External Eye Disease Clinic and 11am for Neuro-Ophtha Screening); Wednesdays (7am for Orbit Screening); Thursdays (7am for Glaucoma Clinic follow up); Fridays (7am for Glaucoma Screening and Retina Screening).

OFFICE	Medical Service – Ophthalmology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing ophthalmic consultation/assessment/evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Drops the hospital card or Patient Information Sheet (PIS) in the basket.	1. Prepares patient's chart, followed by taking a history and Visual Acuity.	None	2 minutes	<i>Medical Intern/ Nursing Attendant Ophthalmology Department</i>
2. Proceeds to waiting area until name is called	2. Instructs patient to proceed to waiting area.	None	1 hour	<i>Nursing Attendant Ophthalmology Department</i>
3. Proceeds to designated slit	3. Conducts initial assessment/ evaluation/ treatment.	None	1 hour	<i>Medical Officer Ophthalmology Department</i>



lamp chair for treatment.	3.1 Provides appropriate care management, administer prescribed medication.			
4. Returns to the receiving area with patient's chart and discharge from the hospital.	4. Provides take home instructions and next treatment schedule.	None	4 minutes	<i>Nursing Attendant</i> Ophthalmology Department
END OF TRANSACTION		TOTAL	N/A	2 hours, 5 minutes



CITIZEN'S CHARTER

OPHTHALMOLOGY DIAGNOSTIC PROCEDURES

This process covers patient requiring ophthalmic diagnostic procedures (AUTOMATED VISUAL FIELD (AVF), AUTO REFRACTION (AR), OPTICAL COHERENCE TOMOGRAPHY (OCT), PACHYMETRY, FUNDUS PHOTO, DISC PHOTO). These services are offered Mondays to Fridays 7am – 5pm.

OFFICE	Medical Service – Ophthalmology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing ophthalmic diagnostic procedures.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
Eye Center Request Form (1 original)	After consultation with General OPD, if need further evaluation using diagnostic procedures, the doctor will issue a request from

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents Eye Center Request Form	1. Interviews patient and check the procedures indicated on the request.	None	2 minutes	<i>Medical Equipment Technician/ Nursing Attendant Ophthalmology Department</i>
2. Proceeds to the Billing and Cashier Section and pay for applicable fees or proceed to Social Service for discount of payment (optional)	2. Issuance of order of payment	<i>See Table of fees and charges</i>	15 minutes	<i>Cashier Collecting Section</i>



3. Presents proof of payment. Proceed to waiting area until your name is called.	3. Verifies and records official receipt. Instruct the patient to proceed to waiting area.	None	2 minutes	<i>Nursing Attendant</i> Ophthalmology Department
4. Proceeds to designated chair for ophthalmic procedure	4. Starts procedure, monitors treatment process.	None	30 minutes	<i>Medical Equipment Technician</i> Ophthalmology Department
END OF TRANSACTION		TOTAL	N/A	49 minutes

LIST OF OPHTHALMOLOGY SERVICES AND FEES

Type of Procedure	Location	Amount
Automated Visual Field		Php 600.00/ eye
Optical Coherence Tomography	Macula/ Optic Nerve	Php 1000.00/ eye
Auto Refraction		Php 100.00 both eyes
Pachymetry		Php 500.00/ eye
Fundus Photo		Php 400.00/ eye
Disc Photo		Php 400.00/ eye



CITIZEN'S CHARTER

OPHTHALMOLOGY FLUORESCEIN ANGIOGRAPHY PROCEDURE

This process covers patient requiring Fluorescein Angiography procedures. The service is offered Mondays to Fridays 7am – 4pm.

OFFICE	Medical Service – Ophthalmology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing ophthalmic diagnostic procedures.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
Eye Center Request Form (1 original)	After consultation with General OPD, if need further evaluation using diagnostic procedures, the doctor will issue a request from

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents Eye Center Request Form	1. Interviews patient and ask if Philhealth Member. Provide RVS code, tentative schedule, and Patient's chart.	None	10 minutes	<i>Medical Equipment Technician/ Nursing Attendant</i> Ophthalmology Department
2. Proceeds to the Philhealth office for filing	2. Encodes data on Philhealth database	None	1 hour and 30 minutes	<i>Admin Staff</i> Philhealth Section



3. Proceeds to Eye Center and present filed Philhealth documents	3. Checks the document if completed. Give final instructions.	None	3 minutes	<i>Medical Equipment Technician</i> Ophthalmology Department
4. Proceeds on date scheduled. Present hospital card and Philhealth routing slip.	4. Starts procedure, monitors treatment process.	None	2 hours	<i>Medical Equipment Technician</i> Ophthalmology Department
END OF TRANSACTION		TOTAL	N/A	3 hours, 43 minutes



CITIZEN'S CHARTER

OPHTHALMOLOGY LASER PROCEDURE

This process covers patient requiring Laser procedures. The service is offered Mondays to Fridays 7am – 4pm.

OFFICE	Medical Service – Ophthalmology Department			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government			
WHO MAY AVAIL	All patients needing ophthalmic diagnostic procedures.			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Hospital Card (1 original)			Information Section at Hospital's right wing entrance.	
Eye Center Request Form (1 original)			After consultation with General OPD, if need further evaluation using diagnostic procedures, the doctor will issue a request from	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents Eye Center Request Form	1. Interviews patient and ask if philhealth Member. Provide RVS code, tentative schedule, and Patient's chart.	None	10 minutes	<i>Nursing Attendant</i> Ophthalmology Department
2. Proceeds to the philhealth office for filing	2. Encodes data on philhealth database	None	1 hour and 30 minutes	<i>Admin Staff</i> Philhealth Section



3. Proceeds to Eye Center and present filed philhealth documents	3. Checks the document if completed. Give final instructions.	None	3 minutes	<i>Nursing Attendant</i> Ophthalmology Department
4. Proceeds on date scheduled. Present hospital card and philhealth routing slip.	4. Prepares the patient. Starts procedure, monitors treatment process.	None	1 hours	<i>Medical Officer</i> Ophthalmology Department
END OF TRANSACTION		TOTAL	N/A	2 hours, 43 minutes



CITIZEN'S CHARTER

PROVISION OF DIET COUNSELLING

The process covers patient and personnel who need Nutrition intervention. Computation of patients and personnel caloric requirement. Sharing of ideas, beliefs, attitudes and understanding about food. The service is offered Monday- Sunday from 7:00 am- 6:00 pm

OFFICE	Medical Service - Nutrition and Dietetics Management Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patient needing dietary counselling

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral slip (1 original)	Attending physician
IEC materials (1original-depends upon the number of diagnosis of the patient)	Nutrition and Dietetics Management Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents referral form for Dietary counselling	1. Receives referral form.	None	1 Minute	<i>Nutritionist</i> NDMD
	1.1 Performs Nutritional Assessment based on the anthropometric data and medical diagnosis, interviews patients on food intake/preference	None	10 Minutes	<i>Nutritionist</i> NDMD
	1.2 Computes for patient's body mass index (BMI) determine Nutritional status and	None	5 Minutes	<i>Nutritionist</i> NDMD



	calculate recommended energy intake.			
	1.3 Prepares patients meal plan.	None	10 Minutes	<i>Nutritionist</i> NDMD
	1.4 Nutrition counselling for intervention/provision of IEC materials	None	20 Minutes	<i>Nutritionist</i> NDMD
END OF TRANSACTION		TOTAL	N/A	46 minutes



CITIZEN'S CHARTER

DENTAL CONSULTATION AND TREATMENT

This process covers patient requiring dental consultation/assessment/evaluation and treatment. The service is offered Monday thru Fridays excluding holiday from 8:00am-5:00pm. Dental extraction is performed only in the Morning to ensure patient stability.

OFFICE	Medical Service - Dental Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All patients needing dental consultation/assessment/evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance
Personal Information Sheet (PIS) (1original)	Medical Specialist
Medical Clearance (Medically Compromised) (1original)	Dental Aide
Informed Consent	Dental Aide
Senior Citizen/PWD ID (for discount)	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceeds to Information for registration to Hospital Information System(HIS)	1.Registration/Encoding/Updating of patient information in the HIS	None	2 Minutes	<i>Admin Staff</i> Information Section
2. Drops hospital cards on designated box	2. Secures all hospital cards for classification of New or Old patients. 2.1 For new: Refer to step 3 2.2 For old: Refer to step 5 (Retrieve Dental	None	3 Minutes	<i>Dental Aide</i> Dental Department



	Chart in the Medical Records)			
3. Fill up the Personal Information Sheet(PIS)	3. Issuance of PIS	None	5 Minutes	<i>Dental Aide</i> Dental Department
4. Submission of accomplished PIS	4. Validates completion of accomplished PIS and identification of medically compromised patient.	None	2 Minutes	<i>Dental Aide</i> Dental Department
5. Proceeds to waiting area until name is called	5. Gives assigned patient number and instruct to wait until their number will be called.	None	30 Minutes	<i>Dental Aide</i> Dental Department
6. Proceeds to designated dental chair for oral assessment/evaluation and treatment	6. Completion of dental chart, evaluation of chief complaint, secures informed consent and performance of required dental procedures.	None	1 hour	<i>Dentist</i> Dental Department
7. Settles necessary bill to the cashier	7. Gives order of payment to settle bill at the cashier for the treatment/procedure rendered	<i>See table of fees and charges</i>	5 Minutes	<i>Dental Aide</i> Dental Department
8. Presents proof of payment to Dental Aid	8. Provides written prescription and take home instruction	None	3 minutes	<i>Dentist/</i> <i>Dental Aide</i> Dental Department
END OF TRANSACTION		TOTAL	N/A	1 hour, 20 minutes



LIST OF DENTAL SERVICES AND FEES	
Type of Procedure	Amount
Oral Prophylaxis	Php 195.00
Temporary Filling	Php 100.00
Permanent Filling	Php 325.00
Extraction	Php 65.00
Dental Fluoride	Php 325.00
Epulis Fissuratum Removal	Php 8020.00
Alveolectomy/ Alveoloplasty	Php 9600.00



CITIZEN'S CHARTER

RADIOTHERAPY(RT) OUTPATIENT CONSULTATION

The Department of Radiotherapy is tasked with providing consult of oncologic and other benign patient cases that are indicated to receive to radiation therapy. The services offered by the department are available from Mondays to Fridays, 8:00 AM to 5:00 PM.

OFFICE	Medical Service - Department of Radiotherapy			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2G- Government to Government			
WHO MAY AVAIL	All patients (oncological and some benign requiring radiotherapy) requiring consultation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital Card (1original)		Information Section of the Main Hospital Entrance		
Referral Letter (1original)		Referring Agency/Hospital/Physician		
Laboratory Results (1original)		Referring Agency/Hospital/Physician		
Biopsy/Histopathological Results (1original)		Referring Agency/Hospital/Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registration/ Log in at New Patient Logbook	1. Gives assigned patient number	None	5 minutes	<i>Medical Office</i> Department of Radiotherapy
2. Proceeds to Waiting Area	2. Instructs to wait until their number will be called	None	20 minutes	<i>Medical Office</i> Department of Radiotherapy



<p>3. Proceeds back to the Reception Area/Consultation Are</p>	<p>3. History Taking, physical Examination, and review of histopathologic and laboratory results. Explains if there is a need for radiation therapy, the radiation treatment plan, makes prescription and additional laboratory requests if necessary.</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Medical Office</i> Department of Radiotherapy</p>
<p>4. Proceeds to treatment scheduling</p>	<p>4. Creates patient records/chart and provide treatment schedule. Explains needed requirements and instruct regarding the necessary preparation prior to their scheduled treatment</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Medical Office</i> Department of Radiotherapy</p>
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>1 hour, 10 minutes</p>



CITIZEN'S CHARTER

OUTPATIENT RT TREATMENT PLANNING

This process covers patient requiring treatment planning to formulate a treatment plan to facilitate delivery of radiation therapy. The service is opens Monday thru Fridays from 8:00am-5:00 pm excluding holidays. All patient who do not have treatment schedule will not be accommodated.

OFFICE	Medical Service - Department of Radiotherapy
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G- Government to Government
WHO MAY AVAIL	Patients requiring outpatient treatment planning

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section of the Main Hospital Entrance
Latest laboratory Results (1original)	Hospital/Accredited Laboratory Facility
Histopathological Results (1original)	Referring Agency/Hospital/Physician
PHIC Routing Slip (1original)	Philhealth Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registration/Log in at the CT simulation patient's logbook	1. Gives assigned patient number and Instruct to wait until their number will be called 1.2 Provides order of payment and instruct to settle applicable fees.	None	5 minute	<i>Radiologic Technologist/ Medical Officer Cancer Center</i>
2. Proceeds to the cashier to pay applicable fees	2. Issues official receipt and advice to return back to Department of Radiotherapy	None	10 minutes	<i>Cashier staff Collecting section</i>



3. Submits official receipt and proceed to waiting area	3. Receives official receipt and instruct to wait until their number will be called	<i>See table of fees and charges</i>	15 minutes	<i>Radiologic Technologist Cancer Center</i>
4. Proceeds to CT scan suite for CT simulation procedure	4. Evaluates submitted latest laboratory (especially serum creatinine) results and makes written order in CT simulation request, site to be scanned, and if contrast is needed 4.1 Secures informed consent.	None	10 minutes	<i>Medical Officer Cancer Center</i>
	4.2 Patient will undergo the CT simulation procedure under the watchful eye of the attending physician and a radiologic technologist	None	1 hour	<i>Radiologic Technologist/ Medical Officer Cancer Center</i>
5. Instructs to return on the day of treatment	5. Patient will be instructed by the attending physician regarding the day of radiotherapy treatment	None	5 minutes	<i>Medical Officer Cancer Center</i>
END OF TRANSACTION		TOTAL	N/A	1 hour, 45 minutes



CITIZEN'S CHARTER

OUTPATIENT EXTERNAL BEAM RADIOTHERAPY TREATMENT

This process covers patient requiring treatment planning to formulate a treatment plan to facilitate delivery of radiation therapy. The service is opens Monday thru Fridays from 8:00am-5:00 pm excluding holidays. All patient who do not have treatment schedule will not be accommodated.

OFFICE	Medical Service - Cancer Center
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G - Government to Government
WHO MAY AVAIL	Patients requiring outpatient treatment planning

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section of the Main Hospital Entrance
Latest laboratory Results(1 photocopy)	Hospital/Accredited Laboratory Facility
Histopathological Results (1 photocopy)	Referring Agency/Hospital/Physician
PHIC Routing Slip (1 original)	Philhealth Section
Treatment Booklet	Medical Officer III/IV-in-charge

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registration/Log in at LINAC or Cobalt 60 Daily Treatment Logbook	1.Gives assigned schedule of treatment	None	5 minute	<i>Radiologic Technologist/ Medical Officer Cancer Center</i>
2. Instructs to settle amount according to the procedure/ complete PHIC form	2. Instructs to wait until their number will be called	See table of fees and charges	15 minutes	<i>Radiologic Technologist/ Medical Officer Cancer Center</i>
3. Proceeds to patient waiting room	3. Attending physician will complete all necessary documents and complete Patient	None	1 hour	<i>Medical Officer Cancer Center</i>



	Treatment Booklet/Patient Chart as well as approve treatment plan. Informed consent will be secured			
4. Proceeds to treatment area for external beam radiation treatment (Cobalt 60 Teletherapy Machine or Linear Accelerator)	4. Patient will undergo the external beam radiation therapy under the watchful eye of the attending physician and a radiologic technologist	None	20 minutes	<i>Radiologic Technologist/ Medical Officer Cancer Center</i>
5. Instructs to return on the next day of treatment	5. Patient will be instructed by the attending physician regarding the overall duration of treatment and on which date to come back	None	5 minutes	<i>Medical Officer Cancer Center</i>
END OF TRANSACTION		TOTAL	N/A	1 hour, 45 minutes



CITIZEN'S CHARTER

OUTPATIENT BRACHYTHERAPY TREATMENT

This process covers oncology patients clinically prescribed brachytherapy treatment as outpatient basis. The service is open Mondays thru Fridays from 8:00am-4:00pm, excluding holidays. Patients who have not undergone treatment scheduling shall not be accommodated.

OFFICE	Medical Service - Department of Radiotherapy
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G- Government to Government
WHO MAY AVAIL	Oncology patients clinically prescribed brachytherapy treatment services in an out-patient setting

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section of the Main Hospital Entrance
Consultation referral (1 original)	Attending Physician and/or Requesting Agency
Medical and Anesthesia Clearance (as required) (1original)	Internal Medicine (IM) OPD and Pain Clinic
Post-EBRT Treatment Summary (as required) (1original)	Hospital/Accredited Radiotherapy Facility
Latest Laboratory Results (1 photocopy)	Hospital/Accredited Laboratory Facility
Histopathology/Biopsy Result (1 photocopy)	Hospital/Accredited Laboratory Facility
Philhealth Routing Slip (1 original)	Philhealth Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Logs-in to brachytherapy health education logbook	1. Verifies if client followed pre-brachytherapy instruction and bowel preparation	None	2 minutes	<i>Nurse/Nursing Attendant</i> Department of Radiotherapy
2. Proceeds to brachytherapy consultation area	2. Reviews and evaluate submitted documents, and make written order of	None	10 minutes	<i>Medical Officer</i> Department of Radiotherapy



	brachytherapy procedure, prescription. 2.1 Secure informed consent			
3. Presents philhealth routing slip	3. Attaches order of payment to philhealth routing slip 3.1 Gives order of payment to settle bill at the cashier	None	1 minute	<i>Admin Staff/ /Nursing Attendant Department of Radiotherapy</i>
4. Settles necessary bill at the cashier	4. Receives payment and prepare the corresponding official receipt.	<i>See table of fees and charges</i>	15 minutes	<i>Cashier Collecting Unit</i>
5. Presents proof of payment.	5. Checks proof of payment and carry out doctor order for completeness of prescriptions and secure prescribed items from the pharmacy	None	10 minutes	<i>Nurse/Nursing Attendant Department of Radiotherapy</i>
6. Proceeds to waiting area	6. Instructs to wait until their name will be called	None	1 hour	<i>Nursing Attendant Department of Radiotherapy</i>
7. Proceeds to brachytherapy treatment room	7. Obtains baseline vital signs and initial assessment. 7.1 Explains procedure and perform prescribed brachytherapy treatment.	None	1 hour 30 minutes	<i>Medical Officer/ Anesthesiologist/ Health Physicist/ Nurse/ Radiation Therapy Technologist/ Nursing Attendant Department of Radiotherapy</i>



	7.2 Monitors vital signs for any untoward adverse reaction. 7.3 Provides post-brachytherapy assessment and care			
8. Discharges from the hospital	8. Provides home instructions and next schedule of treatment.	None	5 minutes	<i>Nurse</i> Department of Radiotherapy
END OF TRANSACTION		TOTAL	N/A	3 hour and 13 minutes

LIST OF BRACHYTHERAPY SERVICES AND FEES

TYPE	DESCRIPTION	AMOUNT
Intracavitary Brachytherapy	Basic Accommodation	8,500.00
	Pay Accommodation	12,000.00
Vaginal Brachytherapy	Basic Accommodation	8,500.00
	Pay Accommodation	8,500.00

NOTE: Professional fees is not included for patients under pay accommodation.

(R) – Regular (P) – Priority



CITIZEN'S CHARTER

AVAILMENT OF PHYSICAL/OCCUPATIONAL THERAPY IN THE OUTPATIENT DEPARTMENT

This process covers new and old patients for outpatient physical and occupational therapy.

OFFICE	Medical Service - Department of Physical Medicine and Rehabilitation
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All patients needing physical and occupational therapy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
Rehab Card (1 original)	Rehab

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient arrives, submit Rehab Card	1. Logs the patient in the Computer database and logbook; make the appropriate charges in the charge slip	None	2 minutes	<i>Physical/ Occupational Therapist Department of Physical Medicine and Rehabilitation</i>
2. Pays applicable fees	2. Gives the charge slip; instruct patient to pay the appropriate amount to the Cashier	<i>See table of fees and charges</i>	5 minutes	<i>Physical/ Occupational Therapist Department of Physical Medicine and Rehabilitation</i>



3. Submission of Receipt	3. Logs the patient's receipt and endorses patient to the therapist in charge	None	2 minutes	<i>Physical/ Occupational Therapist</i> Department of Physical Medicine and Rehabilitation
4. Physical/ Occupational Therapy Service	4. Provides the prescribed physical/occupational therapy service	None	60 minutes	<i>Physical/ Occupational Therapist</i> Department of Physical Medicine and Rehabilitation
5. Signs to log out of the service	5. Documents the evaluation and services rendered to the patient	None	3 minutes	<i>Physical/ Occupational Therapist</i> Department of Physical Medicine and Rehabilitation
END OF TRANSACTION		TOTAL	N/A	1 Hour, 12 minutes



CITIZEN'S CHARTER

PHYSICAL/OCCUPATIONAL THERAPY CONSULTATION AND SCHEDULING IN THE OUTPATIENT DEPARTMENT

This process covers new and old patients for consultation to undergo outpatient physical and occupational therapy.

OFFICE	Medical Service - Department of Physical Medicine and Rehabilitation
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All patients needing consultation and needing physical and occupational therapy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
Patient Consultation Referral (1 original)	Referring Hospital/Agency

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient arrives on the scheduled Physiatrist Consultation	1. Logs the patient and forwards the patient chart to the physiatrist	None	3 minutes	<i>Physical/ Occupational Therapist</i> Department of Physical Medicine and Rehabilitation
2. Proceeds to consultation room	2. Checks up on the patient and prescribes appropriate physical and occupational therapy plan of care	None	10 minutes	<i>Physiatrist</i> Department of Physical Medicine and Rehabilitation
3. Take note the indicated schedule of treatment	3. Provides physical/occupational therapy schedule and pricing, indicated on the Rehab Card	None	5 minutes	<i>Physical/ Occupational Therapist</i> Department of Physical Medicine and Rehabilitation
END OF TRANSACTION	TOTAL	N/A	18 minutes	



CITIZEN'S CHARTER

NUCLEAR MEDICINE CONSULTATION AND TREATMENT

This process covers radioimmunoassay, imaging and therapeutic procedure. The service availability offered Monday to Friday from 8:00am-5:00pm. All imaging procedures are performed by appointment. Radioimmunoassay Test done every Mon and Wed cut off time at 12:00nn while Friday cut off time is at 10AM.

OFFICE	Medical Service - Nuclear Medicine
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	In-patients and Out-Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.
Nuclear Medicine Order/Request (1original)	Nuclear Medicine Physician
Previous Scan and other Radiographic Procedures results (1photocopy)	Nuclear Medicine Filing Cabinet/Patients copy
Referral Form/Endorsement Letter (1original)	Referring Hospital
Guarantee Letter (1original)	DOH, MAFP, PCSO, Malasakit Center

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents Requirements for Imaging Procedure	1. Receives requirements and issue request form 1.1 Interviews patient and or relative 1.2 Gives charge slip to the patient	None	10 minutes	<i>Admin staff/ Nuclear Medicine Technologist/ Physician Nuclear Medicine</i>
2. Fill up Patient Information Sheet (PIS)	2. Issuance of PIS	None	5 minutes	<i>Admin staff/ Nuclear Medicine Technologist/ Physician Nuclear Medicine</i>



3. Pays applicable fees	3. Issuance of charge slip/order of payment	See <i>Table of fees and charges</i>	10 minutes	Cashier Collecting Section
4. Presents proof of payment	4. Verifies and records official receipt	None	5 minutes	Admin staff/ Nuclear Medicine Technologist/ Nuclear Medicine
5. Proceeds to waiting area	5. Instructs patient to proceed to waiting area	None	10 minutes	Nuclear Medicine Technologist Nuclear Medicine
6. For Nuclear Imaging procedures: return on the scheduled date of the procedure	6. Checks and verifies requested procedure with date and time	None		Nuclear Medicine Technologist Nuclear Medicine
7. Blood extraction for Radioimmunoassay	7. Extracts blood	None	10 minutes	Nuclear Medicine Technologist Nuclear Medicine
8. Injection of radiopharmaceutical for Imaging procedure	8. Performs scintigraphic procedures to the patient	None	variable	Nuclear Medicine Technologist/ Physician Nuclear Medicine
9. Bone Densitometry	9. Performs procedure to the patient	None	10 minutes	Nuclear Medicine Technologist/ Physician Nuclear Medicine
10. Claims result	10. Releases results	None	5 minutes	Admin staff/ Nuclear Medicine Technologist Nuclear Medicine
END OF TRANSACTION		TOTAL	N/A	7 hours



LIST OF NUCLEAR MEDICINE SERVICES AND FEES

TYPE	DESCRIPTION	AMOUNT
FT3		Php 410.00
FT4		Php 410.00
TSH		Php 415.00
Thyroid Scan		Php 1,045.00
Bone Scan	Routine	Php 5,105.00
	3- Phase	Php 6,105.00
	With Scintimammography	Php 6,105.00
Scintimammography		Php 4,000.00
Renal Scan	GFR	Php 2,880.00
	Diuretic	Php 4,645.00
	DMSA	Php 4,560.00
	Captopril	Php 4,645.00
HIDA		Php 4,845.00
GI Bleed Study		Php 10,625.00
Testicular Scan		Php 4,890.00
Liver & Spleen Scan		Php 7,080.00
Lymphscintigraphy		Php 5,500.00
Whole Body I-131 Scan 1. 3-5mCi		Php 4,815.00
Meckels Scan		Php 4,370.00
Bone Densitometry		Php 2,500.00



CITIZEN'S CHARTER

AVAILMENT OF PULMONARY FUNCTION TEST

This process covers inpatient requiring pulmonary function testing. This service is offered from Monday thru Friday 8:00 AM to 5:00 PM.

OFFICE	Medical Service- Pulmonary Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All outpatient requiring pulmonary function testing

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request Form (1 original)	OPD, MAB (Pay Consultation)
Official Receipt (1 original)	Collecting Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to Pulmonary Unit, present request form	1. Receives and checks completeness of request form, schedule the patient and inform patient/relative about the preparation of the procedure	None	5 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit
2. Returns on the scheduled date	2. Interviews patient; gather information that is needed on the procedure.	None	5 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit
3. Pays applicable fees to the OPD cashier	3. Collects fees and issue official receipt	<i>See table of fees and charges</i>	2 Minutes	<i>Cashier</i> Collecting Section
condition specific: For Pay patients	condition specific: Issuance of Charge Slip/ Official Receipt			



For Service patients	Interviews patient and stamps the request form	None	15 Minutes	<i>Medical Social Worker</i> Medical Social Work Department
4. Performs Test	4. Explains the procedure to the patient and perform requested test	None	1 hour and 3 minutes	<i>Respiratory Therapist</i> Pulmonary Unit
5. Presents official receipt to get the result on date scheduled.	5. Releases Official Result	None	1 Minute	<i>Respiratory Therapist</i> Pulmonary Unit
END OF TRANSACTION		TOTAL	N/A	1 hour, 31 minutes

LIST OF PULMONARY SERVICES AND FEES		
TYPE	DESCRIPTION	AMOUNT
Nebulization		Php 35.00
Incentive Spirometry		Php 596.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 50.00
Pulmonary Function Test	Pre- test	Php 1,010.00
	Pre and Post- test	Php 1,380.00
Mechanical Ventilator	Adult and Pedia	Php 2,340.00
	Infant	Php 1,980.00
	Portable (For transport)	Php 740.00



CITIZEN'S CHARTER

CARDIOVASCULAR TREATMENT FOR OUTPATIENT

This process covers rendering cardiovascular procedure for outpatient. It helps gather information about abnormal rhythms in the heart. It documents and describes abnormal electrical activity in the heart. Provides valuable information about the health of your heart. It helps to determine the best possible treatments. The unit is open Monday to Friday 8:00 am- 5:00 pm excluding holiday.

OFFICE	Medical Service – Cardiovascular Unit			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C-Government to Citizen, G2G-Government to Government			
WHO MAY AVAIL	All outpatients needing cardiovascular assessment, evaluation and treatment.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Diagnostic request form (1original)		Department/ Referring Hospital/Agency		
Hospital Card (1original)		Information Section at Hospital's right wing entrance.		
Official Receipt (1original)		Cashier (OPD ground floor/Main Lobby)		
Guarantee Letter ; if applicable		PCSO, DOH, MALASAKIT, LGU, Social Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the Request and Hospital card at the reception area	1. Checks for the completeness of request and other requirements 1.1 Verifies if the patients is scheduled for treatment	None	2 minutes	<i>Admin staff</i> Heart Station
2. Pays applicable fees	2. Instructs patient to proceed to cashier	<i>See table of fees and charges</i>	5 minutes	<i>Cashier</i> Collecting section



3. Presents official receipt	3. Verifies official receipt and completeness of request	None	2 minutes	<i>Admin staff</i> Heart Station
4. Proceeds to treatment area	4. Assists the patient to the treatment area. 4.1 Perform the requested procedure	None	2 hours	<i>Medical Equipment Technician</i> Heart Station
5. Receives claim stub	5. Issuance of claim stub and instructs follow up date and time for release of official result.	None	2 minutes	<i>Medical Equipment Technician</i> Heart Station
END OF TRANSACTION		TOTAL	N/A	2 hours, 11 minutes

LIST OF CARDIOVASCULAR SERVICES AND FEES		
TYPE	DESCRIPTION	AMOUNT
2D Echocardiography	Adult	Php 2,500.00
	Pedia	Php 2,600.00
Echocardiography		Php 210.00
Treadmill Exercise test		Php 1,100.00
24-hour Holter Monitor		Php 3,100.00
Vascular Procedure	Carotid Scan	Php 2,700.00
	Arterial Scan	Php 3,200.00
	Venous Scan	Php 3,700.00
	Combined arterial and venous scan	Php 7,200.00



CITIZEN'S CHARTER

NEW PATIENT CONSULTATION FOR OUTPATIENT

This process provides outpatients consultation for promotive, preventive and primary health care. The services open from Monday to Friday excluding holidays and weekends from 7:00 AM to 4:00 PM.

OFFICE	Medical Service - Family & Community Medicine Clinic
CLASSIFICATION	Simple Transaction
TYPE OF TRANSACTION	G2C – Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital card	Information Section at Hospital's right wing entrance.
Latest ancillary laboratory results (1 photocopy)	Accredited laboratory
Consultation (referral) (1 original)	Physician

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents patient hospital card	1. Conducts triage-Quick assessment	None	2 minutes	<i>Triage officer</i> Outpatient Department
2. Fill up patient information sheet (PIS)	2. Issuance of PIS	None	5 minutes	<i>Nursing attendant</i> Family & Community Medicine Clinic
3. Proceeds to waiting area until name is called	3. Instructs patient to proceed to waiting area 3.1 Queuing of patients and checking of hospital card 3.2 Charts preparation	None	5 minutes	<i>Nursing attendant</i> Family & Community Medicine Clinic



<p>4. Proceeds to Medical Officer</p>	<p>4. Conducts patient assessment and perform physical and neurological examination</p> <p>4.1 Prescribes medications and issuance of necessary ancillary procedures</p> <p>4.2 Provides counselling/Health education. Specialty referral if warranted</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Medical Officer/ Nursing attendant Family & Community Medicine Clinic</i></p>
<p>5. Receives the hospital card</p>	<p>5. Writes the scheduled follow-up visit and return the hospital card.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Medical Officer/ Family & Community Medicine Clinic</i></p>
<p>END OF TRANSACTION</p>	<p>TOTAL</p>	<p>N/A</p>	<p>30 minutes</p>	



CITIZEN'S CHARTER

REQUEST FOR WOUND CARE TREATMENT

This aim of this process is to provide quality supportive care to patient who does not need hospitalization, inclusive of primary health care in the management of complex wound, including a diabetic foot wound and prevention of further complication. The wound care unit provide services from Monday to Friday excluding holidays from 7:00am to 4:00am.

OFFICE	Nursing Service - Wound Care Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing wound care management, consultation, assessment, evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
Latest laboratory and X-ray Result if available (1 photocopy)	Hospital Accredited Laboratory Facility
Referral form/Endorsement Letter (1 original)	Referring Hospital/Agency

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up the patient information slip	1. Triage-Quick assessment / issuance of PIS	None	2 minutes	<i>Triage Officer</i> Outpatient Department
2. Presents the patient information slip and/or hospital card	2. Queuing of Patient and checking of hospital card and Instruct what to do	None	2 minutes	<i>Nurse</i> Wound care Unit
3. Proceeds to wound care unit for treatment	3. Preparations of chart, assessment and progress notes	None	5 minutes	<i>Nurse</i> Wound care Unit
	3.1 Assessment / Examine the patient	None	20 minutes	<i>Medical Officer / Nurse</i> Wound care Unit



	3.2 Performs treatment for wound care and application of necessary dressing.	None	1 hour	<i>Nurse</i> Wound care Unit
4. Secures and record schedule of follow up	4. Checks and Instruct on prescribed medication ancillary procedure laboratory request, schedule of the next visit and Health Education	None	10 minutes	<i>Nurse</i> Wound care Unit
END OF TRANSACTION		TOTAL	N/A	1 hour, 39 minutes



CITIZEN'S CHARTER

OUTPATIENT ONCOLOGY CONSULTATION

This process covers patient requiring consultation to medical oncologist for assessment/evaluation/treatment. The service is opens Monday thru Fridays from 8:00am-5:00pm excluding holidays.

OFFICE	Medical Service – Section of Medical Oncology
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	Patients requiring consultation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.
Referral Letter (1original)	Referring Agency/Hospital
Laboratory Result (1 photocopy)	Referring Agency/Hospital
Histopathology Result (1 photocopy)	Referring Agency/Hospital

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registration/Log in to the Daily Check Up Logbook	1. Gives assigned patient number	None	2 minute	<i>Nursing Attendant</i> Medical Oncology Section
2. Proceeds to Waiting area	2. Instructs to wait until their number will be called	None	15 minutes	<i>Nursing Attendant</i> Medical Oncology Section



<p>3. Proceeds to designated Consultation room</p>	<p>3. History Taking, physical Examination, and review of Laboratory results.</p> <p>3.1 Explains plan, makes prescription and additional laboratory requests if necessary.</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Medical Officer</i> Medical Oncology Section</p>
<p>4. Proceeds to Nurse on Duty for Scheduling of treatment</p>	<p>4. Creates patient records/chart and provide treatment schedule. Explains needed requirements and instruct regarding the necessary preparation prior to their scheduled treatment.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Nurse</i> Medical Oncology Section</p>
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>52 minutes</p>



CITIZEN'S CHARTER

OUTPATIENT CHEMOTHERAPY TREATMENT

This process covers patient requiring chemotherapy treatment as outpatient basis. The service is opens Monday thru Fridays from 8:00am-5:00pm excluding holidays. All patient who do not have treatment schedule will not be accommodated.

OFFICE	Medical Service - Cancer Center
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	Patients requiring outpatient chemotherapy treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.
Latest Laboratory Result (1 photocopy)	Hospital/Accredited Laboratory Facility
Histopathology Result	Referring Agency/Hospital
PHIC Routing Slip (1original)	Philhealth Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registration/Log in to the Daily Check Up Logbook	1. Gives assigned patient number	None	2 minute	<i>Nursing Attendant</i> Medical Oncology Section
2. Proceeds to Waiting area	2. Instructs to wait until their number will be called	None	15 minutes	<i>Nursing Attendant</i> Medical Oncology Section
3. Proceeds to Consultation room	3. Evaluates submitted latest laboratory results and makes written order of chemotherapy procedure, prescription and secures informed consent.	None	10 minutes	<i>Medical officer</i> Medical Oncology Section



4. Settles necessary bill at the cashier	4. Gives order of payment to settle bill at the cashier	Basic Accommodation with PHIC: None Basic Accommodation without PHIC: 1200.00 Pay with PHIC: 3,000.00 Pay without PHIC: 4200.00	10 minutes	Collecting officer Collecting section
5. Presents proof of payment to Staff on Duty and Proceed to Treatment Room	5. Checks and carry out doctor order for completeness of prescriptions and secure medicines from the pharmacy.	None	10 minutes	Nurse/ Nursing Attendant Medical Oncology Section
6. Receipts of prescribed Chemotherapy treatment	6. Explains procedure and administer prescribed chemotherapy. Provide assessment and monitor vital signs for any untoward adverse reaction.	None	4 hours	Nurse Medical Oncology Section
7. Discharge from the hospital	7. Provides take home instruction and treatment follow up	None	5 minutes	Nurse Medical Oncology Section
END OF TRANSACTION		TOTAL	N/A	4 hours and 51 minutes



CITIZEN'S CHARTER

ISSUANCE OF MEDICAL RECORDS/INFORMATION (MEDICAL/MEDICO-LEGAL CERTIFICATE, INSURANCE/ SSS BENEFIT CLAIMS)

This procedure cover the periods from receipt of the request to issuance of medical records. Issuance of the requested documents is from Monday to Friday 8:00 AM- 5:00 PM excluding holiday

OFFICE	Hospital Operation and Patient Support Service (HOPSS) - Medical Records Section
CLASSIFICATION	Simple Transaction
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	Patients; Legal/Authorize Representative of Patients

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: 1. Government issued identification cards		BIR, pst Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
Legal/ Authorized representative 1. Government issued identification cards of the person being represented 2. Government issued identification cards of the representative 3. Authorization Letter		BIR, pst Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for medical record/ information	1. Issues order of payment and indicate the price depending on the type of documents needed.	None	5 minutes	<i>Admin Staff</i> Medical Records Section
2. Proceeds to the cashier to pay applicable fees	2. Issues Official Receipt and advice to return back to medical records	<i>See table of fees and charges</i>	5 minutes	<i>Cashier staff</i> Collecting section



3. Presents Official Receipt at the HIMD MRS-OPD (Room 8)	3. Schedules the release of the documents needed depending on the nature of request: condition specific: For OPD patient – 1 working day For Inpatient - 5 working days For ER patient - 3 working days	None	8 minutes	<i>Admin Staff</i> Medical Records Section
	3.1 Retrieves the records of the patient to be the basis of any issuances in favor of the patient	None	3 days	<i>Admin Staff</i> Medical Records Section
	3.2 Transcribes/prepare/ fill-up the Medical Certificate/Medico-Legal Certificate/ Insurance/SSS Benefit Claims	None	15 minutes	<i>Admin Staff</i> Medical Records Section
	3.3 Checks for the conformity of the information in the prepared documents vs. the patient's records	None	10 minutes	<i>Supervising Administrative Officer</i> Medical Records Section
4. Returns on the medical records section on the scheduled date of release to get the requested documents.	4. Issues the Medical Certificate/Medico-Legal Certificate/ Insurance/SSS Benefit Claims	None	5 minutes	<i>Admin Staff</i> Medical Records Section
END OF TRANSACTION		TOTAL	N/A	2 days, 43 minutes



LIST OF MEDICAL RECORDS SERVICES AND FEES

TYPE	AMOUNT
Medical Certificate	Php 50.00
Medico-Legal Certificate	Php 300.00
SSS / Other Insurance Form	Php 150.00



CITIZEN'S CHARTER

ISSUANCE OF CERTIFICATE OF LIVE BIRTH

These procedures cover the periods from interviewing of the mother to registration of birth certificate.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) - Medical Records Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government			
WHO MAY AVAIL	Patients; Legal/Authorize Representative of Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: 1. 1 valid ID (1 original)		BIR, pst Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
Legal/ Authorized representative 1. 1 valid ID of the person being represented (1photocopy) 2. 1 valid ID of the representative (1photocopy) 3. Authorization Letter (1 original)		BIR, pst Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient to gives relevant details/information	1. Interviews mother after giving birth and fill-up draft of birth certificate.	None	15 minutes	Midwife Delivery room
	1.1 Submits to HIMD-MRS all drafts of birth certificate	None	10 minutes	Midwife Delivery room
	1.2 Instructs mother/parents to proceed to HIMD-MRS to verify accuracy of the given information.	None	5 minutes	Ward Nurse Delivery room



2. Proceeds to HIMD-MRS within two weeks after discharge to verify/correct the information in the birth certificate.	2. Clarifies/Interviews mother for additional information deemed necessary in the registration of birth certificate.	None	20 minutes	<i>Admin Staff</i> Medical Records Section
	2.1 Transcribes/Check for the correctness based on the given information.	None	15 minutes	<i>Supervising Administrative Officer</i> Medical Records Section
	2.2 Registers Certificate of Live Birth at the Local Civil Registrar	None	30 minutes	<i>Admin Staff</i> Medical Records Section
END OF TRANSACTION		TOTAL	N/A	1 hour, 25 minutes



CITIZEN'S CHARTER

ISSUANCE OF DEATH CERTIFICATE

This procedure covers the periods from filling out of the draft form until releasing of death certificate to relative of patient.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) - Medical Records Section
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	Patients; Legal/Authorize Representative of Patients

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: 1. 1 valid ID (1 original)		BIR, pst Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
Legal/ Authorized representative 1. 1 valid ID of the person being represented (1photocopy) 2. 1 valid ID of the representative (1photocopy)		BIR, pst Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient to gives relevant details/information	1. Interviews relative of the patient	None	5 minutes	<i>Attending Physician</i> Clinical ward
	1.1 Submits to HIMD-MRS the draft of death certificate	None	10 minutes	<i>Nurse</i> Clinical ward
2. Proceeds to HIMD-MRS on the next working day to	2. Clarifies/Interviews relative for additional information deemed necessary in the	None	15 minutes	<i>Admin Staff</i> Medical Records Section



get the typewritten death certificate	registration of birth certificate.			
	2.1 Transcribes/Check for the correctness based on the given information.	None	15 minutes	<i>Supervising Administrative Officer</i> Medical Records Section
3. Receives death certificate	3. Releases death certificate to immediate relative/authorized representative	None	5 minutes	<i>Admin Staff</i> Medical Records Section
END OF TRANSACTION		TOTAL	N/A	50 minutes



Medical Service

Internal Services



CITIZEN'S CHARTER

REQUEST FOR USE OF OPERATING ROOM IN THE EMERGENCY SERVICE COMPLEX

This process covers request for approval in the use of operating room for the conduct of minor surgical procedure/ operation in the emergency service complex. The use of operating room shall be properly coordinated and must have a written physician order and or notification prior to the conduct of any surgical procedure/ operation. All major surgical procedure/ operation shall be done to the main operating room.

OFFICE	Medical Service - Emergency Service Complex (ESC)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing minor surgical procedure/ operation in the ESC.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Number (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Written physician order for minor surgical operation/ procedure	1. Receives written physician order for minor surgical operation/ procedure in esc. 1.1 checks the availability of operating room. 1.2 Carries out Doctor's order	None	20 minutes	Nurse ESC



	1.3 Secures written consent for operation			
	1.4 Sends OR notification			
	1.5 Informs Anesthesia ROD for Operation	None	10 minutes	Medical Officer ESC
	1.6 Prepares patients for operation	None	10 minutes	Medical Officer/ Nurse ESC
	1.7 Instructs on nothing per orem			
	1.8 Gives pre medications as ordered			
2. Proceeds to Operating Room	2. Notifies NOD	None	10 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping personnel</i> ESC
	2.1 Checks completeness of Charts and OR materials if any			
	2.3 Checks patients identity and takes vital signs			
	2.4 Transports patients to Operating Room			
END OF TRANSACTION		TOTAL	N/A	50 minutes



CITIZEN'S CHARTER

SCHEDULING FOR NEW PATIENT IN DIALYSIS

This process covers patient securing dialysis treatment schedule. The service is offered Monday thru Saturdays 6:00am – 10:00pm except Sunday.

OFFICE	Medical Service - Dialysis Center
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All patients needing hemodialysis treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.
Hemodialysis Order from affiliated Nephrologist (1original)	Nephrologist
Latest laboratory and diagnostic result (1photocopy) <ul style="list-style-type: none"> 2.1 CBC 2.2 Creatinine, BUN 2.3 Hepatitis Profile (Hbsag, Anti HBC, Anti HCV) 2.4 Latest X-ray result 	Hospital/Accredited Laboratory Facility
Referral Form/Endorsement Letter (1original)	Referring Hospital/Agency
Photocopy of the three(3) last dialysis sessions (1photocopy)	Referring Hospital/Agency
Philhealth Dialysis Database Number (1photocopy)	Referring Hospital/Agency
CKD V (1photocopy)	Referring Hospital/Agency



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents requirements to the HD Center/Unit	1. Interviews patient, checks for completeness of requirements, orients on the HD unit policies and health teachings including patient rights and obligations.	None	2 minutes	<i>Admin staff/ Nurse</i> Dialysis Center
2. Fill up Patient Information Sheet(PIS)	2. Issuances of PIS	None	10 minutes	<i>Admin staff/ Nurse</i> Dialysis Center
	2.1 Instructs and provide final schedule of dialysis treatment	None	10 minutes	<i>Nurse</i> Dialysis Center
END OF TRANSACTION		TOTAL	N/A	22 minutes



CITIZEN'S CHARTER

INPATIENT DIALYSIS TREATMENT

This process covers inpatient requiring hemodialysis treatment procedure. The service is offered Monday thru Saturdays 6:00am – 10:00pm except Sunday. The schedule is divided into three shifts namely:

1st shift: 6:00am – 10:00am

2nd shift: 12:00pm – 4:00pm

3rd shift: 6:00pm – 9:00pm

OFFICE	Medical Service - Dialysis Center
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All inpatients needing hemodialysis treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription Dialysis	Nephrologist/ Fellow/ Medical resident
Latest laboratory and diagnostic result (1 photocopy) <ul style="list-style-type: none"> 2.1 CBC 2.2 Creatinine, BUN 2.3 Hepatitis Profile (Hbsag, Anti HBC, Anti HCV) 2.4 Latest X-ray result 	Hospital/Accredited Laboratory Facility

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to dialysis center/ unit	1. Interviews patient and checks for completeness of requirements.	None	2 minutes	<i>Nurse</i> Dialysis Center
2. Fill up Patient Information Sheet(PIS) by relative	2. Issuance of PIS	None	10 minutes	<i>Admin staff/ Nurse</i> Dialysis Center



3. Proceeds to waiting area until name is called	3. Assists patient to waiting area and ensure safety	None	30 minutes	<i>Admin staff/ Nurse Dialysis Center</i>
4. Proceeds to designated dialysis chair/stretchers for treatment	4. Conducts initial assessment including weight, starts procedure, monitors treatment process, provide appropriate care management, administer prescribed medication and conduct of post HD assessment	None	4 hours	<i>Medical officer/ Nurse Dialysis Center</i>
	4.1 Provides proper endorsement to ward nurse on duty, post HD weight. 4.2 Safely transports the patient back to ward.	None	20 Minutes	<i>Nurse/ Nursing attendant Dialysis Center</i>
END OF TRANSACTION		TOTAL	N/A	5 hours, 2 minutes



CITIZEN'S CHARTER

ISSUANCE OF MEDICAL RECORDS

This process covers the issuance of medical records needed by patients/ relatives to seek for financial assistance and/or other treatment facility. This medical records includes medical abstract, patient endorsement form, referral form, hemodialysis treatment sheets and other pertinent medical records required by other referring agency/ facility. The release of medical records are in accordance with the implementing rules and regulation pursuant to Republic Act. 10173 or also known The Data Privacy Act of 2012. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Medical Service - Dialysis Center
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All inpatients needing hemodialysis treatment

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service request		Dialysis Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Service request for issuance of medical record.	1. Receives the request	None	1 Minute	<i>Admin Staff</i> Dialysis Center
	1.1 Prepares the documents needed for the requested medical record	None	15 Minutes	<i>Admin Officer</i> Dialysis Center
	1.2 Receives, reviews and signs the requested medical records.	None	10 Minutes	<i>Medical Officer</i> Dialysis Center
2. Receives the requested medical records.	2. Releases the requested medical records.	None	5 Minutes	<i>Admin Staff</i> Dialysis Center
END OF TRANSACTION		TOTAL	N/A	31 minutes



CITIZEN'S CHARTER

INTERNAL PROCEDURE ON BLOOD EXTRACTION AND RECEIVING OF SPECIMENS

This covers all inpatients needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

OFFICE	Medical Service - Department of Pathology and Laboratories
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All inpatients needing laboratory examinations of blood and other body fluids for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (1 original)	Requesting physician or charged Nurse

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nursing attendant from ESC/ ward submits laboratory request with specimen	1. Receives and checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Nursing attendant remains in the receiving area until called	2. Checks adequacy of specimen and if properly labelled then encodes in the Laboratory Information System (LIS)	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	2.1 Submits laboratory request with specimen to the respective laboratory section for analysis	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories



	2.2 Receives specimen from the encoder and assigns barcode number to the specimen and proceeds to analysis of specimen	None	10 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
3. Nursing attendant claims results	3. Prints and issues laboratory results in accordance with the following: condition specific: <ul style="list-style-type: none"> • Stat laboratory test - 1-2 hours • Elective - within 5 hours but not more than 6 hours • Complex procedures like Culture & Sensitivity Test - 1 to 7 days depending on the presence of microbial growth • Histopath results - 5 to 7 working days • Cytological examination - 3 working days 	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
END OF TRANSACTION		TOTAL	N/A	30 minutes



CITIZEN'S CHARTER

INTERNAL DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES UNDER BASIC ACCOMMODATION

This process covers dispensing of medicine and medical supplies to all inpatients with Philhealth under basic accommodation. The Pharmacy is open Monday thru Sunday including holidays

OFFICE	Medical Service - Pharmacy Section (DOH Botika)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G- Government to Government
WHO MAY AVAIL	In-patients with Philhealth under basic accommodation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription (completely filled) (1original)	Prescribing Doctor
Charge slip (1original)	Claims department (Philhealth)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the prescription and charge slip to the Pharmacist.	1. Reviews the prescription and check the availability of the medicines/ medical supplies 1.1 Prepares charge slip and the requested medicines/ medical supplies	None	20 minutes	<i>Pharmacist</i> Commercial Pharmacy
2. Gets the medicines/ medical supplies and sign the prescription and the charge slip.	2. Dispenses the medicines/ medical supplies and record	None	10 minutes	<i>Pharmacist</i> Commercial Pharmacy
END OF TRANSACTION	TOTAL	N/A	30 minutes	



CITIZEN'S CHARTER

INTERNAL DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES UNDER PAY ACCOMMODATION

This process covers dispensing of medicine and medical supplies to all inpatients under pay accommodation. The Pharmacy is open Monday thru Sunday including holidays

OFFICE	Medical Service - Pharmacy Section (DOH Botika)			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G-Government to Government			
WHO MAY AVAIL	In-patients under pay accommodation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription (completely filled) (1original)		Prescribing Doctor		
Charge slip (1original)		Claims department (Philhealth)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Encodes the requested medicines/ medical supplies from the Hospital Information System (HIS)	1. Renders the requested medicines/ medical supplies in the HIS 1.1 Prepares charge slip and the requested medicines/ medical supplies	None	20 minutes	<i>Pharmacist</i> Commercial Pharmacy
2. Gets the medicines/ medical supplies and sign the charge slip.	2. Dispenses the medicines/ medical supplies	None	5 minutes	<i>Pharmacist</i> Commercial Pharmacy
END OF TRANSACTION		TOTAL	N/A	25 minutes



CITIZEN'S CHARTER

INTERNAL DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES FOR HEMODIALYSIS

This process covers dispensing of medicine and medical supplies to hemodialysis as ward stock.

OFFICE	Medical Service - Pharmacy Section (DOH Botika)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Dialysis Center

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Requisition and Issue Slip (RIS) (2 original)	Dialysis Center
Charge slip (1original)	Dialysis Center

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the charge slip and RIS to the Pharmacist.	1. Checks the availability of the medicines and medical supplies. 1.1 Verifies the availability of the medicines and medical supplies. 1.2 Prepares charge slip and the medicines and medical supplies.	None	10 minutes	<i>Pharmacist</i> Commercial Pharmacy
2. Gets the medicines and medical supplies.	2. Dispenses the medicines and medical supplies.	None	5 minutes	<i>Pharmacist</i> Commercial Pharmacy
END OF TRANSACTION	TOTAL	N/A	15 minutes	



CITIZEN'S CHARTER

FILING AND DISPENSING OF PRESCRIPTION FOR SERVICE INPATIENT

This process covers filing and dispensing of prescription for service inpatient				
OFFICE	Medical Service – Welfare Pharmacy			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government			
WHO MAY AVAIL	All patients admitted under basic accommodation			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Duly accomplished prescription (1original)			Wards nurse's station	
Abstract of medicine (1original)			Wards nurse's station	
With Antibiotic Request Form (ARF) and empty vials (if applicable) (1original)			Wards nurse's station	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings the prescription and other documentary requirement (with empty vials if applicable)	1. Receives, checks and verifies content on prescription 1.1 Checks the availability of medicines and supplies 1.2 Checks returned empty vials and IV Fluids	None	15 minutes	<i>Pharmacist</i> Welfare Pharmacy



	<p>1.3 Prepares Charge Slip</p> <p>1.4 Records the medication order in the abstract of medicines</p> <p>1.5 Prepares medicines and properly label vials and IV Fluids with Patient Name, Ward with Pharmacist on Duty Signature</p>			
2. Receives medicines	2. Dispenses medicines	None	2 minutes	<i>Pharmacist Welfare Pharmacy</i>
END OF TRANSACTION		TOTAL	N/A	17 minutes



CITIZEN'S CHARTER

FILING AND DISPENSING OF PRESCRIPTION FOR DONATED MEDICINES AVAILABLE AT THE PHARMACY

This process covers filing and dispensing of prescription for donated medicines available at the pharmacy

OFFICE	Medical Service – Welfare Pharmacy
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government
WHO MAY AVAIL	Patients with prescriptions which are available as donated medicines

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Duly accomplished prescription (1original)	Employees Medical Services (EMS)
Hospital Card (1original)	Information/Admitting

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings prescription to the Pharmacy	1. Receives prescription or Doctor's Order 1.1 Checks availability of Medicines/Supplies 1.2 Filling of utilization report form	None	10 minutes	<i>Pharmacist</i> Welfare Pharmacy
2. Receives Medicines	2. Dispenses medicines	None	2 minutes	<i>Pharmacist</i> Welfare Pharmacy
END OF TRANSACTION	TOTAL	N/A	12 minutes	



CITIZEN'S CHARTER

FILING AND DISPENSING OF PEDIA UNIT DOSE DRUG DISTRIBUTION SYSTEM (PUDDS)

This process covers filing and dispensing of pedia unit dose drug distribution system (PUDDS)

OFFICE	Medical Service – Welfare Pharmacy
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government
WHO MAY AVAIL	All admitted patients in Pedia Ward, NICU and PICU

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
PUDDS Form (1 original)	Nurses Station
Routine Slip (For Phic Rx), Abstract of Medicines (1 original)	Nurses Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings PUDDS Form to the Pharmacy	1. Receives, checks, verifies the completeness of the PUDDS Form 1.1 Accepts empty vials 1.2 Checks for the availability of medicines/Supplies 1.3 Computes dosage used and prepares medicines	None	10 minutes	<i>Pharmacist</i> Welfare Pharmacy
2. Receives medicines	2. Dispenses medicines and prepares charge slip,	None	2 minutes	<i>Pharmacist</i> Welfare Pharmacy

END OF TRANSACTION	TOTAL	N/A	12 minutes
--------------------	-------	-----	------------



CITIZEN'S CHARTER

FILING AND DISPENSING OF PRESCRIPTION FOR DANGEROUS/REGULATED DRUGS FOR SERVICE IN-PATIENT

This process covers filing and dispensing of prescription for dangerous/ regulated drugs for inpatient.

OFFICE	Medical Service – Welfare Pharmacy
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government
WHO MAY AVAIL	All clinical areas

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Replacement charge slips (1 original)	Nurses Station
Requisition for dangerous drug preparation (1 original)	Nurses Station
Record of dangerous drug preparations containing controlled chemical dispensed to in-patients (1 original)	Nurses Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings completed requisition for dangerous drug preparation, replacement charge slips and records of dangerous drug preparation together with empty vials/ampules	1. Receives, checks, verifies the completeness of submitted documents 1.1 Checks availability of prescribed dangerous/regulating drugs 1.2 Checks returned empty vials/ampules	None	15 minutes	<i>Pharmacist</i> Welfare Pharmacy



	<p>1.3 Prepares medicine and label them with date dispensed and ward</p> <p>1.4 Records and file submitted documents accordingly</p>			
2. Receives medicines and new Annex B form of requisition and record of dangerous/regulated drugs	2. Dispenses medicine Issue new copy of Annex B for dangerous drug and record for dangerous drugs preparation	None	2 minutes	<i>Pharmacist Welfare Pharmacy</i>
END OF TRANSACTION		TOTAL	N/A	17 minutes



CITIZEN'S CHARTER

BIOPSY READING

This process covers reading of biopsy result. The service is offered Monday to Fridays excluding holidays 8:00am-5:00pm.

OFFICE Medical Service – Dermatology Department

CLASSIFICATION Simple

TYPE OF TRANSACTION G2C–Government to Citizen
G2G–Government to Government

WHO MAY AVAIL All patients undergone biopsy

CHECKLIST OF REQUIREMENTS

WHERE TO SECURE

Hospital Card (1original)

Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient returns on the scheduled date and time. Drop hospital card in designated box in the clinical department	1. Checks hospital card, retrieves patient chart/ place number and instruct patient to proceed to Histopathology Section	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
2. Patient proceeds to histopathology section	2. Verifies patient name/ retrieves patient slides	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
	2.1 Examines patient. Read and record histopathologic result	NONE	20 minutes	<i>Medical Officer</i> Dermatology Department



<p>3. Proceeds to attending physician</p>	<p>3. Schedules given for the release of official biopsy result/ sends out to attending physician</p> <p>3.1 Prescribes take home medications/ Requests additional laboratory or staining as needed</p>	<p>NONE</p>	<p>5 minutes</p>	<p><i>Medical Officer</i> Dermatology Department</p>
<p>4. Proceeds to front desk for scheduling</p>	<p>4. Files chart/ releases hospital card with instructions on follow up date and time/ schedule of release of official biopsy results</p>	<p>NONE</p>	<p>3 minutes</p>	<p><i>Admin staff</i> Dermatology Department</p>
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>34 minutes</p>



CITIZEN'S CHARTER

SCHEDULING FOR BIOPSY/ DERMATOLOGIC SURGERY

This process covers scheduling of patient requiring biopsy or dermatologic surgical procedures. The service is offered Monday to Fridays excluding holidays 8:00am-5:00pm.

OFFICE	Medical Service – Dermatology Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C–Government to Citizen G2G–Government to Government
WHO MAY AVAIL	All patients needing biopsy or dermatologic surgical procedures

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Signs informed consent	1. Discuss the procedure and secures informed written consent	NONE	3 minutes	<i>Medical Officer</i> Dermatology Department
2. Signs biopsy request form	2. Provides biopsy request form (if for biopsy)	NONE	3 minutes	<i>Medical Officer</i> Dermatology Department
3. Chooses available schedule for biopsy/procedure	3. Provides available schedule for biopsy/ procedure 3.1 Records chosen schedule for biopsy or procedure	NONE	20 minutes	<i>Medical Officer</i> Dermatology Department



4. Proceeds to the cashier for payment	4. Gives charge slip and instruct to pay at the OPD cashier	Biopsy fee: 325.00 Electrocautery, extraction : 150.00	5 minutes	<i>Admin staff</i> Dermatology Department
5. Presents official receipt	5. Releases hospital card with instructions on scheduled date and time	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
END OF TRANSACTION		TOTAL	N/A	34 minutes



CITIZEN'S CHARTER

SCHEDULING FOR BRACHYTHERAPY TREATMENT

The Department of Radiotherapy strives to provide individualized, clinically indicated schedule of brachytherapy treatment services for oncology patients in an out-patient setting. Brachytherapy scheduling can be availed from Mondays to Fridays, 7:00AM to 3:00PM, excluding holidays. All patients who shall undergo brachytherapy are required to undergo brachytherapy scheduling.

OFFICE	Medical Service - Department of Radiotherapy			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2G- Government to Government			
WHO MAY AVAIL	Oncology patients clinically prescribed brachytherapy treatment services in an out-patient setting			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital Card (1original)		Information Section of the Main Hospital Entrance		
Consultation referral (1original)		Attending Physician and/or Requesting Agency		
Medical and Anesthesia Clearance (as required) (1original)		Internal Medicine (IM) OPD and Pain Clinic		
Post-EBRT Treatment Summary (as required) (1original)		Hospital/Accredited Radiotherapy Facility		
Latest Laboratory Results (1photocopy)		Hospital/Accredited Laboratory Facility		
Histopathology/Biopsy Result (1photocopy)		Hospital/Accredited Laboratory Facility		
Philhealth Routing Slip (1original)		Philhealth Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to reception area/ front desk to accomplish Patient Information Sheet (PIS)	1. Provides client with PIS	None	10 minutes	<i>Admin Staff</i> Department of Radiotherapy



<p>2. Proceeds to designated consultation room</p>	<p>2. Assesses client by performing history taking, physical examination, and review of medical/anesthesia clearances and laboratory results. Discusses and explains the procedure, accomplishes prescription and additional laboratory requests, as necessary.</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Attending Physician</i> Department of Radiotherapy</p>
<p>3. Proceeds to brachytherapy unit for scheduling of treatment</p>	<p>3. Checks and secure required documents</p> <p>3.1 Provides treatment schedule.</p> <p>3.2 Discusses and provide pertinent pre-brachytherapy instructions and preparation prior to their scheduled treatment.</p> <p>3.3 Creates patient records/chart</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Nurse</i> Department of Radiotherapy</p>
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>1 hour and 10 minutes</p>



CITIZEN'S CHARTER

INTERNAL AVAILMENT OF MSWD SERVICES FOR ER AND INPATIENT

This process covers availment of MSWD services for ER and inpatient.

OFFICE	Medical Service – Medical Social Work Department
CLASSIFICATION	Simple Transaction
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All ER and inpatients needing social work services

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1original)	Information Section at Hospital's right wing entrance
ER Clearance (1original)	ER Nurse on Duty
Statement of Account (SOA) (1original)	Billing Section
If for Admission: Admitting Slip/Order (1original)	Attending Physician
MSWD Service Card if a previous MSWD recipient (1original)	Patient /relative

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives referral from ER/ward	1. Interviews, gathers data and conducts psychosocial assessment and evaluation of walk-in or referred patient. 1.1 Signs and indicates classification in the clinical coversheet for admitted service patients.	None	7 minutes	<i>Medical Social Officer MSWD</i>
	1.2 Issues pre-numbered MSWD Card for new service patient.	None	5 minutes	<i>Medical Social Officer MSWD</i>



	situation specific: Re-validates and updates MSWD card and re-assessment of previous MSWD recipient-patient.			
	1.3 Informs and orients patient or relative regarding hospital policies, available social services, scope and limitations of MSWD services depending on patient's category.	None	2 minutes	<i>Medical Social Officer MSWD</i>
	1.4 Conducts psycho-social counselling as needed	None	5 minutes	<i>Medical Social Officer MSWD</i>
	1.5 Administers social work case management to patients to address their various needs and concerns	None	10 minutes	<i>Medical Social Officer MSWD</i>
	1.6 Validates hospital charges of patients for discharge at data base system to facilitate assistance.	None	2 minutes	<i>Medical Social Officer MSWD</i>
	1.7 Instructs/ advise patient/relative on the next step or to proceed to a concerned office as needed.	None	1 minute	<i>Medical Social Officer MSWD</i>
END OF TRANSACTION		TOTAL	N/A	33 minutes



CITIZEN'S CHARTER

INTERNAL PROCEDURE ON AVAILMENT OF PULMONARY FUNCTION TEST

This process covers inpatient requiring pulmonary function testing. This service is offered from Monday thru Friday 8:00 AM to 5:00 PM.

OFFICE	Medical Service- Pulmonary Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All inpatient requiring pulmonary function testing

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request Form (1 original)	Nurse Station
Patient's chart	Nurse Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. NOD will inform RTOD for the requested procedure provided with a request form	1. Receives and checks completeness of request form, schedule the patient and inform NOD about the preparation of the procedure	None	5 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit
2. Brings the patient with the patient's chart to the Pulmonary Unit on the schedules date and time.	2. Nursing attendant will bring the patient to the Pulmonary Unit. 2.1 Review patient's chart and interview the patient	None	10 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit



	2.2 Input general information to the computer			
3. Performs Test	3. Explains the procedure to the patient and perform requested test	None	1 hour 30 minutes	<i>Respiratory Therapist</i> Pulmonary Unit
4. Charges Applicable Fees	4. Inputs procedure fees/ charges on Bizbox to include on patient's bill	<i>See table of fees and charges</i>	2 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit
5. NOD will follow-up on the official result	5. Releases of official result will be forwarded to respective areas	None	5 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit
END OF TRANSACTION		TOTAL	N/A	1 hour, 52 minutes

LIST OF PULMONARY SERVICES AND FEES		
TYPE	DESCRIPTION	AMOUNT
Nebulization		Php 35.00
Incentive Spirometry		Php 596.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 50.00
Pulmonary Function Test	Pre- test	Php 1,010.00
	Pre and Post- test	Php 1,380.00
Mechanical Ventilator	Adult and Pedia	Php 2,340.00
	Infant	Php 1,980.00
	Portable (For transport)	Php 740.00



CITIZEN'S CHARTER

INTERNAL REQUEST FOR MECHANICAL VENTILATOR

This process covers inpatient requiring mechanical ventilator.

OFFICE Medical Service- Pulmonary Unit

CLASSIFICATION Simple

TYPE OF TRANSACTION
G2C - Government to Citizen
G2G – Government to Government

WHO MAY AVAIL All inpatient requiring mechanical ventilator

CHECKLIST OF REQUIREMENTS

WHERE TO SECURE

Request Form (1original)

Nurse Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nurse on duty (NOD) will inform Respiratory therapist on duty (RTOD) for the mechanical ventilator hooking provided with a request form	1. Receives and checks completeness of request form 1.1 Prepares the equipment needed 1.2 Checks patient's chart and doctor's order 1.3 Verifies patient's name to the relative and explain the procedure	None	30 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit



	1.4 Connects the mechanical ventilator to patient			
	1.5 Secures mechanical ventilator and assess the patient before leaving			
	1. 6 Inputs procedure fees/ charges on Bizbox to include on patient's bill	<i>See table of fees and charges</i>	2 Minutes	<i>Respiratory Therapist Pulmonary Unit</i>
END OF TRANSACTION		TOTAL	N/A	32 minutes

LIST OF PULMONARY SERVICES AND FEES		
TYPE	DESCRIPTION	AMOUNT
Nebulization		Php 35.00
Incentive Spirometry		Php 596.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 50.00
Pulmonary Function Test	Pre- test	Php 1,010.00
	Pre and Post- test	Php 1,380.00
Mechanical Ventilator	Adult and Pedia	Php 2,340.00
	Infant	Php 1,980.00
	Portable (For transport)	Php 740.00



CITIZEN'S CHARTER

INTERNAL REQUEST FOR NEBULIZATION, INCENTIVE SPIROMETRY, RAPID SHALLOW BREATHING INDEX AND CHEST PHYSIOTHERAPY

This process covers inpatient requiring nebulization, incentive spirometry, rapid shallow breathing index and chest physiotherapy.

OFFICE	Medical Service- Pulmonary Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All inpatient requiring in-line nebulization, incentive spirometry, rapid shallow breathing index and chest physiotherapy.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request Form (1original)	Nurse Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nurse on duty (NOD) will inform Respiratory therapist on duty (RTOD) for the procedure provided with a request form	1. Receives and checks completeness of request form 1.1 Prepares the equipment needed 1.2 Checks patient's chart and doctor's order 1.3 Verifies patient's name to the relative and explain the procedure	None	30 Minutes	<i>Respiratory Therapist</i> Pulmonary Unit



	1.4 Performs requested procedure			
	1. 6 Inputs procedure fees/ charges on Hospital information System (HIS) to include on patient's bill	<i>See table of fees and charges</i>	2 Minutes	<i>Respiratory Therapist Pulmonary Unit</i>
END OF TRANSACTION		TOTAL	N/A	32 minutes

LIST OF PULMONARY SERVICES AND FEES		
TYPE	DESCRIPTION	AMOUNT
Nebulization		Php 35.00
Incentive Spirometry		Php 596.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 50.00
Pulmonary Function Test	Pre- test	Php 1,010.00
	Pre and Post- test	Php 1,380.00
Mechanical Ventilator	Adult and Pedia	Php 2,340.00
	Infant	Php 1,980.00
	Portable (For transport)	Php 740.00



CITIZEN'S CHARTER

SCHEDULING FOR CARDIOVASCULAR TREATMENT

This process provides schedule to all patients needing cardiovascular treatment. The unit is open Monday to Friday 8:00 am- 5:00 pm excluding holiday.

OFFICE	Medical Service – Cardiovascular Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen, G2G-Government to Government
WHO MAY AVAIL	All patients needing cardiovascular assessment, evaluation and treatment.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Diagnostic request form (1original)	Department/ Referring Hospital/Agency
Hospital Card (1original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the request and hospital card at the reception area	1. Checks for the completeness of request and other requirements 1.1 Checks and verify for the availability of schedule. 1.2 Determines the cost of requested procedure. 1.3 Writes the cost of procedure in the diagnostic request. 1.4 Provides date and time of follow up for the requested procedure.	None	5 minutes	<i>Admin staff</i> Heart Station

END OF TRANSACTION	TOTAL	N/A	5 minutes	
---------------------------	--------------	-----	-----------	--



CITIZEN'S CHARTER

INTERNAL PROCESS FOR CARDIOVASCULAR PROCEDURE

This process covers rendering cardiovascular procedure for inpatient. It helps gather information about abnormal rhythms in the heart. It documents and describes abnormal electrical activity in the heart. Provides valuable information about the health of your heart. It helps to determine the best possible treatments.

OFFICE	Medical Service – Cardiovascular Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All cardiovascular inpatients needing assessment, evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Diagnostic request form (1original)	Department/ ward
Patient's chart	Nurse's station
2 valid id's (for 24 hour Holter Monitoring procedure only)	Patient/ relative

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrival of patient to Cardiovascular Unit	1. Interviews patient/relative 1.1 Checks for the correctness of information from the chart	None	45 minutes	<i>Medical Equipment Technician Heart Station</i>
2. Proceeds to treatment area	2. Assists the patient to the treatment area.	None	2 hours	<i>Medical Equipment Technician Heart Station</i>



	2.1 Perform the requested procedure			
3. Returns back to respective ward.	3. Endorses the patient to the nurse on duty regarding the completion of procedure and necessary special precautions.	None	2 minutes	<i>Medical Equipment Technician Heart Station</i>
END OF TRANSACTION		TOTAL	N/A	2 hours, 47 minutes



CITIZEN'S CHARTER

AVAILMENT OF EMPLOYEE MEDICAL SERVICE (EMS)

The aim of this process is to provide quality care to our employees who do not need hospitalization, inclusive of promotive, preventive, primary health care in support of the DOH programs. The services offers from Monday to Friday excluding holidays and weekends from 7:00 AM to 4:00 PM.

OFFICE	Medical Service - Family & Community Medicine Clinic
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital card (1original)	Information Section at Hospital's right wing entrance.
Notification slip (1original)	Human Resource Management Department (HRMD)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for consultation	1. Provides physical examination/ dental/ risk and geriatric assessment form (age > 60)	None	3 minutes	<i>Nursing Attendant</i> Family & Community Medicine Clinic
2. Employee proceeds to nursing attendant/physician	2. Obtains anthropometric measurements and conduct physical examination	None	5 minutes	<i>Medical Officer/ Nursing Attendant</i> Family & Community Medicine Clinic
3. Employee proceeds to ancillary laboratory	3. Issuance of ancillary lab requests	None	2 minutes	<i>Nursing Attendant</i> Family & Community Medicine Clinic



4. Submission of ancillary lab results	4. Prescribes medications and issuance of additional ancillary procedures	None	10 minutes	<i>Medical Officer/ Nursing Attendant Family & Community Medicine Clinic</i>
	4.1 Counselling/Health education Specialty referral if warranted 4.2 Schedules follow-up visit	None	3 minutes	<i>Medical Officer/ Family & Community Medicine Clinic</i>
	4.3 Issuance of signed medical certificate and forward to concerned office.	None		<i>Nursing Attendant Family & Community Medicine Clinic</i>
END OF TRANSACTION		TOTAL	N/A	23 minutes



CITIZEN'S CHARTER

INTERNAL PROCEDURE ON ADMISSION OF PATIENTS

This process covers patients from Emergency Service Complex (ESC) requiring requiring admission and thorough observation, examination, treatment and care. The service is open Monday to Sunday.

OFFICE	Health Information Management Department - Central Admitting Section (CAS)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing admission for thorough observation, examination, treatment and care.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Number (1 original)	Information Section at Hospital's right wing entrance.
Admission order/request for admission (1 original)	ESC
Patient's clinical history (1 original)	ESC

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents admission order/request for admission and Hospital card to the Central Admitting Section	1. Receives and checks completeness of admission order and patient's personal data. 1.1 Assesses Accommodation 1.2 Interviews patient/ relative and verbalized hospital's rules and regulations; PHIC application and the Data Privacy Act. 1.3 Instructs patient/ relative to proceed to Social Worker for	None	20 minutes	<i>Admin Staff</i> Admitting Section



	interview & assessment.			
2. Proceeds to Medical Social Work Department	2. Assess and Interviews patient to determine classification	None	5 minutes	Medical Social Worker Medical Social Work Department
3. Goes back to admitting section	3. Process documentary requirement for admission 3.1 Encode to Hospital Information System (HIS)	None	10 minutes	
4. Receives hospital coversheet	4. Issues hospital coversheet	None	2 minutes	Admin Staff Admitting Section
5. Proceeds to ESC	5. Instructs patient/relative to proceed to ESC.	None	10 minutes	Admin Staff Admitting Section
END OF TRANSACTION		TOTAL	N/A	47 minutes



CITIZEN'S CHARTER

PROCEDURE ON DISCHARGE OF PATIENT

This process covers documentation of discharged patients.

OFFICE	Hospital Operation and Patient Support Service - Central Admitting Section (CAS)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All patients for discharge after consultation/assessment/evaluation, treatment and care.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Clearance Slip (1 original)	Nurse-on-duty (N.O.D.)
Hospital Card (1 original)	Information Section at Hospital's right wing entrance.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives notice of discharge/ discharge clearance slip from the nurse	1. Writes Discharge order 1.1 informs notice of discharge 1.2 Instructs to accomplish discharge process/ clearance slip 1.3 Prepares all required documents 1.4 Tag as May Go Home (MGH) in the Hospital Information System (HIS)	None	1 hour	<i>Attending Physician/ Nurse</i> Clinical Area



	1.5 Forwards patient chart to the billing section.			
2. Proceeds to Blood bank, billing and cashier for clearance	2. Stamped the clearance slip	None	1 hour	<i>Medical Technician Laboratory Department</i>
situation specific: If client needs further financial assistance: 3. Proceeds to MSS/ Malasakit Center for assistance/reclassification/discount.	3. Refers to MSS/Malasakit Center for assistance/classification/discount.	None	1 hour	<i>Medical Social Worker Medical Social Work Department</i>
4. Proceeds to the Cashier Section to settle bills	4. Receives the payment and Statement of Account with indicated amount to be paid	None	30 Minutes	<i>Cashier Collecting Section</i>
condition specific: 4.1. E.R. Patients: Present stamped clearance slip cleared by Billing and Collecting Sections.	4.1 Checks clearance slip if cleared by Billing and Collecting Sections	None	10 minutes	<i>Admin Staff Information Section</i>
condition specific: 4.2. Admitted Patients: Present stamped clearance slip cleared by Billing, Collecting, Laboratory, Radiology and Nurse on Duty (N.O.D.)	4.2 Checks clearance slip if cleared by Billing, Collecting, Laboratory, Radiology and N.O.D.	None	10 minutes	<i>Admin Staff Information Section</i>
5. Presents discharge slip to the guard and exits the hospital	5. Hands over the Clearance slip and Transports the patient to the hospital exit	None	10 minutes	<i>Nurse/ Nursing Attendant Clinical Area</i>
END OF TRANSACTION		TOTAL	Variable	4 hours



CITIZEN'S CHARTER

PROCEDURE ON RELEASE OF CADAVER

This process covers documentation of releasing of cadaver.

OFFICE	Hospital Operation and Patient Support Service - Central Admitting Section (CAS)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All nearest of kin of the deceased patient.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Clearance Slip (1 original)	Nurse-on-duty (N.O.D.)
Funeral Service representative with calling card	By choice of authorized claimant
Photocopy of Government Issued I.D. (1 original)	SSS, GSIS, PAG-IBIG, PHIC, DFA, COMELEC, LTO, POST OFFICE, NCRPO
Proof of filiation (1 original)	Philippine Statistics Authority (PSA)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. E.R. Patients: Present clearance slip stamped cleared by Billing, Collecting Sections and N.O.D.	1. Checks clearance slip if cleared by Billing and Collecting Sections and signed by N.O.D	None	30 minutes	<i>Admin Staff Information Section</i>
1.1 Admitted Patients: Present clearance slip stamped cleared by Billing, Collecting, Laboratory, Radiology and N.O.D.	1.1 Checks clearance slip if cleared by Billing, Collecting, Laboratory, Radiology and signed by N.O.D.	None	30 minutes	<i>Admin Staff Information Section</i>



2. Funeral Service representative present calling card.	2. Checks and verifies calling card.	None	15 minutes	Admin Staff Information Section
3. Present government issued I.D. and proof of filiation.	3. Interviews claimant, checks and verifies I.D. and proof of filiation.	None	30 minutes	Admin Staff Information Section
4. Sign cadaver release forms, logbook and back of clearance slip for documentation.	<p>4. Issues cadaver release forms for signature of claimant and funeral service representative.</p> <p>4.1 Lets the claimant and the funeral service representative sign in the logbook for documentation.</p> <p>4.2 Verbalizes and instructs claimant for the needed documents in claiming the death certificate.</p>	None	15 minutes	Admin Staff Information Section
5. Proceeds to morgue.	5. Instructs claimant to proceed to morgue for the release of cadaver.	None	2 hours	Admin Staff Information Section
END OF TRANSACTION		TOTAL	N/A	4 hours



CITIZEN'S CHARTER

ISSUANCE OF HOSPITAL STATISTICAL REPORTS

These procedures covers the periods from receipt of request to issuance of needed statistical reports.

OFFICE	Hospital Operation and Patient Support Service - Statistics Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Business G2G - Government to Government
WHO MAY AVAIL	Physicians, Researchers

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent (1 original)		Requesting Party		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits the letter of intent indicating the data needed and its purpose.	1. Receives the request letter and assess availability of data.	None	10 minutes	HIMD Staff Statistics Unit
	1.1 Search and extract the needed information in the database	None	2 days	HIMD Staff Statistics Unit
2. Receives of statistical report	2. Issuance of the requested statistical report	None	1 minute	HIMD Staff Statistics Unit
END OF TRANSACTION		TOTAL	N/A	2 days and, 11minutes



Nursing Service

External Services



CITIZEN'S CHARTER

CONDUCT OF PRACTICAL PRE-EMPLOYMENT EXAMINATION

This process covers all applicants for practical examination.

OFFICE	Nursing Service - Nursing Education Training and Research Unit (NETRU)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All applicants seeking employment in the Nursing Service

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Past the pre-employment written examination		Human Resource Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. HR forwards list of applicants for practical examination	1. Receives list of applicants for practical examination from Human Resource.	None	2 minutes	<i>Admin Staff</i> NETRU
	1.1 Reviews the applicants list 1.2 Prepares area of exposure for the applicants.	None	2 minutes	<i>NETRU Head</i> NETRU
2. Applicants proceed to Designated area provided by the NETRU	2. Checks applicant's base from Human Resource list. 2.1 Orients applicants on procedural guidelines and evaluation process	None	1 hour	<i>Training Officer</i> NETRU



3. Applicants practical duty	3. Endorses applicant to the Unit Nurse Manager in the clinical area of assignment	None	5 days	<i>Training Officer</i> NETRU
4. Proceeds to NETRU Office	4. Validates applicant's identity as to documents and if name is in the list 4.1 Discusses output with the applicant	None	30 minutes	<i>Training Officer</i> NETRU
5. Applicants prepare and present the Case Study	5.1 Discusses case study prepared 5.2 Evaluates applicants case presented 5.3 Discusses results of presentation and deficiencies	None	1 hour 30 minutes	<i>Training Officer</i> NETRU
6. Dismiss the applicant	6.1 Instructs the applicants to follow up result at HR	None	5 days	<i>Training Officer</i> NETRU
	6.2 Prepares the final result of pre-employment exam of applicant	None	30 minutes	<i>Training Officer</i> NETRU
	6.3 Types the final results prepared by Nurse Training Officer	None	20 minutes	<i>Admin Staff</i> NETRU
	6.4 Reviews the typed final result and signs	None	2 minutes	<i>Head</i> <i>NETRU/Trainin</i> <i>g Officer</i> NETRU
	6.5 Submits final results of pre-employment to the Chief Nurse for approval	None	5 minutes	<i>Admin Staff</i> NETRU
END OF TRANSACTION		TOTAL	N/A	10 days, 3 hours, 56 minutes



CITIZEN'S CHARTER

DISCHARGE PROCESS / DISCHARGING A PATIENT FROM CLINICAL AREAS

This process covers discharge process provided to all patient and representatives of the patient who are ordered for discharge from the clinical areas.

OFFICE	Nursing Service – Clinical Area
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	Patient(s) Patient's Representative: Relative(s) of the patient or Legal Guardian(s) of the patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Written Discharge Order	Nurse's Station, Written On Patient's Medical Records
Philhealth Forms: Primary Requirements: PBEF CF2 (Surgery and Gyne – D&C, TAHBSO) CF3 (NSD and CS) CF4 (ALL) CSF (Internal Medicine) (Updated)PMRF Secondary Requirement: MDR (1 original) Certificate of Contribution / Official Receipt of Contribution Payment (1 photocopy)	Admitting Unit / Phil.C.A.R.E.S Nurse's Station Nurse's Station Nurse's Station Nurse's Station Admitting Unit / Phil.C.A.R.E.S Philhealth Main / Satellite Offices Philhealth Main / Satellite Offices Admitting Unit / Phil.C.A.R.E.S
Secondary Requirement: Birth Certificate (1 photocopy) Marriage Certificate (1 photocopy)	Personal Property / PSA / Local Civil Registrars Office Personal Property / PSA / Local Civil Registrars Office
Point of Service (POS) Certificate (1 photocopy)	Personal Property / Medical Social Service Office
Medical Abstract / Discharge Summary (1 photocopy)	Nurse's Station



OR Technique / Surgical Memo (1 photocopy)	Nurse's Station
All Laboratory/Radiology/Diagnostics Results (1 photocopy)	Nurse's Station/ Laboratory/Radiology/ Diagnostics
Senior Citizen Identification Card/ PWD Identification Card/ Certificate of Employment, for Government Employees (1 original)	Personal Property / MSWD / OSCA Personal Property / MSWD Personal Property / Government Agency
Patient / Customer Satisfaction Survey (1 original)	Nurse's Station
Official Receipts (for medicines) Official Receipt (for hospital bill)(1 original)	Cashier Section Cashier Section
Statement of Account (1 original)	Philhealth / Billing Claims Office
Discharge Clearance / Notice of Discharge Discharge Notice (1 original)	Nurse's Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives notice of discharge/ discharge clearance slip	1. Informs written notice of discharge 1.1 Accomplishes Discharge clearance slip 1.2 Tag the patient as May Go Home (MGH) in the Hospital Information System (HIS) 1.3 Forwards patient's chart in the billing section for processing of final SOA. 1.4 Instructs to accomplish discharge process/ clearance slip 1.5 Handover the discharge clearance slip and instruct to proceed to blood bank for clearance	None	1 hour	<i>Attending Physician/ Nurse Clinical Area</i>



2. Proceeds to bloodbank	2. Checks and verifies for any pending borrowed blood. If none, stamped and affix signature in the clearance slip 2.1 Instruct to proceed to billing section	None	30 minutes	<i>Medical Technologist Laboratory Department</i>
3. Proceeds to billing section	3. Receives and verifies completeness of all documents 3.1. Prints the final Statement of Account (SOA) 3.2 Stamped and affix signature in the clearance slip	None	1 hour	<i>Admin Staff Billing Section</i>
situation specific: If client needs further financial assistance: Proceed to MSWD for assistance/ classification/ discount.	situation specific: Refers to MSWD for assistance/classification/discount.	None	30 Minutes	<i>Medical Social Worker Medical Social Work Department</i>
4. Proceeds to the cashier section to settle bills	4. Receives the payment and SOA with indicated amount to be paid	None	20 Minutes	<i>Cashier Collecting Section</i>
5. Receives the copy of paid SOA/discharge Slip and OR	5. Prints and Issues the official receipt to the client and affix signature in the clearance slip	None	5 minutes	<i>Cashier Collecting Section</i>
6. Presents the clearance slip with the copy of paid SOA and official receipt to the nurse's station.	6. Receives accomplished clearance slip. 6.1 Checks and verifies completeness	None	15 minutes	<i>Nurse Clinical Area</i>



	of signatories (blood bank, billing, collecting) in the clearance slip.			
7. Receives the discharge summary and accomplish patient satisfaction survey form.	7. Discuss all information written in the discharge instructions form and stamp the clearance slip with signature over printed name.	None	10 minutes	<i>Nurse Clinical Area</i>
8. Presents discharge slip to the guard and exits the hospital	8. Hand over the Discharge clearance slip and transports the patient to the hospital exit	None	10 minutes	<i>Nurse/ Nursing Attendant Clinical Area</i>
END OF TRANSACTION		TOTAL	N/A	4 hours



CITIZEN'S CHARTER

PROCEDURE FOR SURGICAL OPERATION

This process covers patient requiring any emergency, direct and elective surgical operation. The procedure started upon patient transfer from ward to OR complex until completion of surgical procedure. Elective OR services is offered Monday thru Fridays, excluding holidays.

OFFICE	Medical and Nursing Service - Main Operating Room
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C- Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients needing surgical operation.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Written physician's order	Attending Surgeon (OPD/ER/Clinical Ward)
Procedure Consent (1 original)	Attending Surgeon (OPD/ER/Clinical Ward)
Anesthesia Consent (1 original)	Attending Anesthesiologist (OPD/ER/Clinical Ward)
Medical Clearance (Anesthesia, Cardio-Pulmonary, Pediatric, etc.), if applicable	Attending physician of relevant medical field (OPD/ER/Clinical Ward)
Latest laboratory results: ABO typing, Complete Blood Count, PT and PTT, Blood Chemistry (Sodium, Potassium, Creatinine, etc.)	Hospital/Accredited Laboratory Facility
Latest diagnostic result (Chest Xray result / MRI / Ct scan / ECG, 2D- ECHO/ Ultrasound)	Hospital/Accredited Radiology Facility
Wrist identification band with complete name, hospital number and date of birth	Respective ER/Clinical Ward

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brought to OR complex don in white gown via stretcher citizen specific: For patients under legal age/minor, a	1. Receives and checks correct patient identification vis-a-vis wrist identification band, contraptions and completeness of OR materials/ requirements needed.	None	1 minute	Ward/ OR Nurse Main Operating Room



presence of a parent/immediate kin of legal age is mandatory				
2. Provides information about personal history.	<p>2. Checks and verifies information given by the patient and ensure completeness of patient record.</p> <ul style="list-style-type: none"> - Name - Date of Birth - Allergy, if any - Procedure - Consent (surgical and anesthesia procedure) - NPO status (minimum of 8 hours) 	None	1 minute	OR Nurse/ Nursing Attendant Main Operating Room
3. Proceeds to operating theater.	<p>3. Safely transport patient inside the operating theatre and assist in transferring to OR table</p> <p>3.1 Validates patient's information (name, date of birth) and interviews for other related medical condition.</p> <p>3.2 Explains the intra-operative management and confirms understanding.</p> <p>3.3 Prepares patient for the procedure by placing OR strap to ensure safety.</p> <p>3.4 Hooks to Cardiac Monitor, gets Baseline vital signs</p>	None	1 day	Surgeon/ Anesthesiologist / OR Nurse/ Nursing Attendant/ Institutional Worker Main Operating Room



	<p>3.5 Enters patient's data in the monitor for recording</p> <p>3.6 Performs "Time-out" prior to start of procedure Surgical procedure start Initiates patient "Sign-out" procedure prior to closing of operative incision</p> <p>3.7 Performs surgical procedure</p>			
<p>situation specific:</p> <p>Relative acknowledges receipt of specimen in the logbook</p>	<p>3.8. Provides post-operative management to patient.</p> <p>situation specific:</p> <p>If with specimen: Place specimen in tight sealed bottle with proper label.</p> <p>Provides instructions where to send off specimen together with request(s) (Hospital/affiliated Pathology /Laboratory)</p>	None	10 minutes	<p><i>Surgeon/ Anesthesiologist / OR Nurse/ Main Operating Room</i></p>
	3.9 Transfers patient safely to Post Anesthesia Care Unit (PACU) via stretcher	None	5 minutes	<p><i>OR Nurse/ Main Operating Room</i></p>
END OF TRANSACTION		TOTAL	N/A	1 day, 17 minutes



Nursing Service

Internal Services



CITIZEN'S CHARTER

CONDUCT AND RELEASE OF WRITTEN PRE-EMPLOYMENT EXAMINATION FOR NURSING / NA / MIDWIFE APPLICANTS

This process covers all applicants taking written pre-employment examination.

OFFICE	Nursing Service - Nursing Education Training and Research Unit (NETRU)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All applicants seeking employment in the Nursing Service

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Application letter	Nursing Office
Resume with ID pic (2x2)	Applicant
Transcript of records (1 original)	School
Diploma (authenticated) (1 original)	School
Good Moral Character from the school (1 original)	School
Board Rating (Authenticated) (1 original)	PRC
PRC ID (authenticated) (1 original)	PRC
NBI Clearance (1 original)	NBI
Birth Certificate (PSA copy)(1 original)	PSA
Certificates of Seminars, trainings attended) (1 photocopy)	Applicant

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. HR forward list of applicants to CNO	1. Receives list of applicants and documents from HR 1.1 Checks for completeness of requirements / documents as to list.	None	5 minutes	<i>Admin Staff</i> Chief Nursing Office



	1.2 Forward documents to NETRU			
2. CNO Secretary forward complete documents of applicants to NETRU	2. Reviews documents of applicants	None		<i>Admin Staff</i> NETRU
	2.1 SCHEDULES date of examination			<i>NETRU Head</i> NETRU
3. Applicants received notification via text messages / phone calls / email	3. Notifies applicants regarding the following <ul style="list-style-type: none"> • Date, time and venue of exam. • What to wear • What to bring • Get the name who receives the notification 	None	2 minutes	<i>Admin Staff</i> NETRU
	3.1 Prepares the test question and answer sheets	None		<i>Training Officer</i> NETRU
	3.2 Gives instruction to Nurse Training Officer in-charge of exam.	None		<i>NETRU Head</i> NETRU
4. Applicants proceed to designated examination room	4. Checks attendance 4.1 Validates applicant's identity as to documents and if name is in the list	None	2 minutes	<i>Training Officer</i> NETRU
5. Applicants take the exam	5. Gives instructions and facilitates the exam	None	1 hour	<i>Training Officer</i> NETRU
	5.1 Instructs the applicants to follow up result at HR	None	5 days	<i>Training Officer</i> NETRU
	5.2 Checks answer sheet	None	15 minutes	<i>Training Officer</i> NETRU



	5.3 Reviews checked answer sheets and finalize results	None	5 minutes	<i>Training Officer</i> NETRU
	5.4 Types final results of exam	None	30 minutes	<i>Training Officer</i> NETRU
	5.5 Reviews typed final results and signs	None	5 minutes	<i>NETRU Head</i> NETRU
	5.6 Forwards results to Chief Nurse for approval.	None	5 minutes	<i>Admin Staff</i> NETRU
END OF TRANSACTION		TOTAL	N/A	5 days, 2 hours, 4 minutes



CITIZEN'S CHARTER

ORIENTATION OF STUDENTS AFFILIATES (NURSING, MIDWIFERY, AND CAREGIVERS)

This process covers all orientation program of student affiliates before having clinical duty
 The service is offered every 1st and 3rd Monday of the month from 8:00am – 12:00nn for morning session and 1:00pm – 4:00pm for the afternoon session
 In case Monday is legal holiday, the schedule is automatically move on the next day (Tuesday)
 If Monday is declared holiday / no classes, coordination shall be made with the Nursing Education Training and Research Staff for further information
 Special schedule may be arranged if deemed necessary

OFFICE	Nursing Service - Nursing Education Training and Research Unit (NETRU)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
WHO MAY AVAIL	All students affiliates before clinical duty

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Communication letter from school (2 Copies)	Affiliating school
Schedule of duty	Affiliating school
Attendance sheet	NETRU

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Affiliating schools forward letter of intent	1. Receives communication letter from school with the list of students and schedule of duty. 1.1 Checks availability of venue	None	2 minutes	<i>Training Officer/ Admin Staff NETRU</i>



2. Receives notification of schedule date	2. Informs school for the schedule date	None		<i>Admin Staff</i> NETRU
3. Affiliating students together with respective clinical instructor proceed to designated venue	3. Checks attendance of students as to list and proper grooming	None	1 minute	<i>Training Officer</i> NETRU
4. Listens to orientation program	4. Facilitates the orientation program for students	None	4 hours	<i>Training Officer</i> NETRU
5. Dismissal	5. Documents final total number of affiliates	None	5 minutes	<i>Training Officer</i> NETRU
END OF TRANSACTION		TOTAL	N/A	4 hours, 8 minutes



CITIZEN'S CHARTER

TRANS- IN OF PATIENTS FROM OTHER UNIT/ WARD

This procedure covers trans-in of patients from one service ward to another unit .

OFFICE	Nursing Service – Clinical Area
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All in-patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Written physician order for trans-in	Attending Physician
Patient's chart	Nurse on duty

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests/ written order for transfer of service	1. Receives request and verify the written order of transfer of service 1.1. Advises and give notice to the patient/relatives regarding the procedure for transfer 1.2. Prepares necessary documentary requirements 1.3 Prepares transfer slip and forward it to Information section for transfer of service in the Hospital	None	25 minutes	<i>Attending Physician/ Nurse Clinical Area</i>



	Information System (HIS). 1.4 Endorses and provide pertinent information and important precautions to the receiving ward nurse on duty.			
2. Safely transfer patient	2. Receives the patient and transfer to bed assignment	None	10 minutes	<i>Attending Physician/ Nurse Clinical Area</i>
3. Verbalizes past medical history	3. Performs assessment, history taking and initial vital signs.	None	20 minutes	<i>Attending Physician/ Nurse Clinical Area</i>
4. Understand/ listen to facility rules and policies including patient safety precautions	4. Orients patient (and watcher) to unit/facility rules and policies including patient safety precautions	None	20 minutes	<i>Nurse Clinical Area</i>
END OF TRANSACTION		TOTAL	1 hour and 15 minutes	



CITIZEN'S CHARTER

TRANS-OUT OF PATIENTS FROM OTHER SERVICE/ WARD

This procedure covers trans-out of patients from one service ward to another unit .					
OFFICE	Nursing Service – Clinical Area				
CLASSIFICATION	Simple				
TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government				
WHO MAY AVAIL	All in-patients				
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
Written physician order for trans-out			Attending Physician		
Patient's chart			Nurse on duty		
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Request/ written order for transfer of service	1. Receives request and verify the written order of transfer of service 1.1. Advises and give notice to the patient/relatives regarding the procedure for transfer 1.2. Prepares necessary documentary requirements 1.3 Prepares transfer slip and forward it to Information section for transfer of service in the Hospital	None	25 minutes	<i>Attending Physician/ Nurse Clinical Area</i>	



	<p>Information System (HIS).</p> <p>Citizen specific: For basic accommodation: proceed to step 2.</p> <p>For pay patient: provide clearance slip and settles hospital bill prior to transfer.</p>			
citizen specific: Settles hospital bill	citizen specific: Receives the payment, prints and issues the official receipt to the client and affix signature in the clearance slip			
	1.4 Endorses and provide pertinent information and important precautions to the receiving ward nurse on duty			
2. Safely transfer patient	2. Receives the patient and transfer to bed assignment	None	10 minutes	<i>Nurse on Duty/ Nursing Attendant Clinical Area</i>
3. Verbalizes past medical history	3. Performs assessment, history taking and initial vital signs.	None	20 minutes	<i>Nurse on Duty/ Attending Physician Clinical Area</i>
4. Understand/ listen to facility rules and policies including patient safety precautions	4. Orients patient (and watcher) to unit/facility rules and policies including patient safety precautions	None	20 minutes	<i>Nurse on Duty Clinical Area</i>
END OF TRANSACTION	TOTAL	N/A	1 hour and 15 minutes	



CITIZEN'S CHARTER

DISPENSING OF MEDICAL SUPPLIES

This process covers issuance of medical supplies available in conformity with Requisition and Issue Slip (RIS) forwarded by the requesting clinical areas. The requisition of supplies is from Sunday to Saturday from 8:00 a.m. – 4:00 p.m., except Tuesdays, for our weekly inventory and getting of supplies from MMD.

OFFICE	Nursing Service - Central Supply and Sterilization Department			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G - Government to Government			
WHO MAY AVAIL	All Clinical Areas			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Requisition and Issue Slip (2 original)			Clinical Areas	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Encodes requested supplies thru Materials Management System (MMS) and submit official RIS.	1. Receives and check for the availability of requested supply and compliance between stock and expense requisition. Notify clinical area for any discrepancy and unavailability.	None	5 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
	1.1 Instructs to wait while preparing the available requested supplies.	None	10 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department



	1.2 Issues requested supplies. Checks and validates the quantity of supplies issued on the supply logbook.	None	15 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
	1.3 Records issued supplies on supply logbook and affix required signature.	None	2 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
END OF TRANSACTION		TOTAL	N/A	32 minutes



CITIZEN'S CHARTER

ISSUANCE OF BORROWED STERILE INSTRUMENT

This process covers issuance of borrowed sterile instrument forwarded by the requesting clinical areas.

OFFICE	Nursing Service - Central Supply and Sterilization Department			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G- Government to Government			
WHO MAY AVAIL	All Clinical Areas			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Borrower's Slip (1original)			From requesting clinical area	
Borrower's Logbook			Sterilization Area	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplishes Borrower's Slip and records instrument in the Borrower's Logbook.	1. Checks for the completeness of the accomplished borrower's Slip.	None	2 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
2. Counter checks for the integrity, validity and completeness of the received sterile instrument set.	2. Issues the needed sterile instrument set	None	5minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
3. Affixes signature over stamp name in the borrower's logbook.	3. Counter checks proper recording in the Borrower's Logbook instruct to affix signature.	None	2 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department



<p>condition specific: Borrowing during night shift:</p> <p>Make a phone call to the Shifting Nurse Manager on duty for borrowing sterile instrument.</p>	<p>The Shifting Nurse Manager on duty shall issue borrowed sterile instrument.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Nursing Attendant</i> Central Supply and Sterilization Department</p>
<p>END OF TRANSACTION</p>	<p>TOTAL</p>	<p>N/A</p>	<p>14 minutes</p>	



Hospital Operation and Patient Support Service External Services



CITIZEN'S CHARTER

PRE-EMPLOYMENT PROCEDURE

This process covers pre-employment procedure of applicant applying for any vacant position. Applicants for vacant positions should possess the minimum qualification requirements of the position applied for vacancies, posted pursuant to the requirement of Civil Service Commission. This is published in the CSC Bulletin of Vacant Positions for at least ten (10) calendar days.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All Applicants

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Application letter (1 original)	Applicant
Resume (1 original)	Applicant
Transcript of Records/Diploma (1 original)	School
Authenticated Elementary Diploma (for Technical Positions based on CSC Qualification Standards)/High School Diploma (1 original)	School
Board Rating/PRC License/Civil Service Eligibility as the case may warrant (1 original)	PRC/CSC
Two (2) 2x2 ID picture in white background	Applicant
Good Moral Character (1 original)	School/2 References/Previous Work

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits or files application letter specifying the position desired together with the requirements	1. Receives and evaluates the completeness of the requirements and informs applicants	None	5 minutes	<i>Admin Staff</i> Concerned Office
2. Receives a notice for written examination	2. Notifies applicants for written examination	None	10 minutes	<i>Admin Staff</i> Concerned Office



<p>3. Receives a notice for interview</p>	<p>3. Schedules applicants for initial interview with the HR department head</p> <p>3.1. Checks the authenticity of the submitted requirements</p> <p>3.2 After interview, refers applicants for pre-employment evaluation</p> <p>3.3 Schedules and notifies applicants who passed the written exam for interview with the chief nurse</p> <p>3.1. Notifies applicants who failed the written exam thru e-mail or text message</p>	<p>None</p>	<p>50 minutes</p>	<p><i>Admin Staff</i> Concerned Office</p>
<p>4. Receives notice for practical test</p>	<p>4. Notifies applicants on their schedule for practical test</p> <p>4.1. Prepares and submits the result of pre-employment evaluation at the HR Department</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Admin Staff</i> Concerned Office</p>
<p>5. Receives notice for initial interview at HR Department</p>	<p>5. Schedules and notifies applicants who passed the pre-employment evaluation for initial interview with the HR Department Head</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Admin Staff</i> Concerned Office</p>



6. Receives a notice on the result of pre-employment evaluation	6. Prepares regret letter for applicants who failed/did not attend/did not continue the pre-employment evaluation	None	15 minutes	<i>Admin Staff</i> Concerned Office
7. Receives notice of screening	7. Prepares and issues notice of screening	None	15 minutes	<i>Admin Staff</i> Concerned Office
8. Attends the Screening	8. Sits with the HRMPSB during screening of applicants 8.1. Acts as secretary during screening 8.2. Prepares the result of the deliberation or comparative assessment and minutes of meeting 8.3. Submits the comparative assessment and (resolution to the appointing authority Selects applicant to be appointed	None	55 minutes	<i>Admin Staff</i> Concerned Office
9. Receives notice on the result of screening (HRMPSB deliberation or panel interview)	9. Informs the appointee and requires to submit other documents for appointment	None	15 minutes	<i>Admin Staff</i> Concerned Office
END OF TRANSACTION		TOTAL	N/A	3 hours, 8 minutes



CITIZEN'S CHARTER

RECEIVING OF INCOMING TELEPHONE CALLS

This process covers accepting all incoming and outgoing calls is the primary duty of the Telephone Communications Unit. Incoming calls includes transferring of calls to the desired local number or the area/department concern.

OFFICE	Hospital Operation and Patient Support Service - Central Communications Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business
WHO MAY AVAIL	All

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Telephone Line		Patients		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives phone call from any patients/ clients/ stakeholders.	1. Receives and attend to the inquiry of the client	None	1 minute	Telephone Operator CCU
2. Inquires or request for connection to a specific local or department	2. Answers queries/ connect the call to the requested local or department	None	2 minutes	Telephone Operator CCU
END OF TRANSACTION		TOTAL	N/A	3 minutes



CITIZEN'S CHARTER

REQUEST FOR PUBLIC ASSISTANCE

This process cover attending to inquiries and concerns pertaining to hospital procedures and policies, location and direction of department/office/unit.

OFFICE	Hospital Operation and Patient Support Service - Central Communications Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Specific details of the concern		Requesting individual		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for public assistance to PACD	1. Receives and acknowledge the client's query and request. 1.1 Analyzes client's inquiries and concern 1.2 Provides specific instruction/explanation based on the existing policies and procedures and / or give specific directions to address concern or inquiries.	None	2 minutes	Admin Staff PACD
2. Fill-up up form Client's Satisfaction Survey Form/ Complaint Form	2. Provides client satisfaction survey form.	None	2 minutes	Admin Staff PACD
END OF TRANSACTION		TOTAL	N/A	4 minutes



CITIZEN'S CHARTER

FILING OF COMPLAINTS

This process covers attending to complaints pertaining to hospital procedures, service and personnel.

OFFICE	Hospital Operation and Patient Support Service - Central Communications Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C-Government to Citizen G2G-Government to Government
WHO MAY AVAIL	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Specific details of the concern	Requesting individual
Complaint form (1copy)	Legal Unit

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits a complaint at Public Assistance and Complaint Desk	1. Receives and acknowledge the client's concern/ complaints. 1.1 Assists client and verify the details/ nature of his complaints. 1.2 Analyzes clients concerns/complaints	None	6 minutes	<i>Admin staff</i> PACD
2. Fill-up Complaint Form	2. Gives the Customer Complaint Form to the Client 2.1 Assists client in filling out the form	None	2 minutes	<i>Admin staff</i> PACD



	<p>2.1 Discuss possible action regarding complaints and coordinate it to the concerned unit, office or department.</p> <p>situation specific:</p> <p>If not resolved, refer to Legal Unit</p>	None	5 minutes	Admin staff PACD
	<p>2.2 Give feedback to the client on the action taken regarding his/her concerns/ complaints.</p>	None	5 minutes	Admin Staff PACD
END OF TRANSACTION		TOTAL	N/A	18 minutes



CITIZEN'S CHARTER

RECEIPT OF SUPPLIES

This process covers receipt of supplies delivered in conformity with P.O./Contract technical specifications until preparation of Disbursement Voucher. The delivery of supplies is from Monday to Friday excluding holidays from 8:00 a.m.-4:00 p.m.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) - Materials Management Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2B – Government to Business G2G – Government to Government
WHO MAY AVAIL	Supplier of supplies

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Approved Purchase Order (1original)	Procurement Management Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Acquires the approved original Purchase Order (PO) from the Procurement Management Department upon delivery of supplies. Provide the Delivery Receipt/Sales Invoice	1. Receives approved Purchase Order together with the supplies delivered, Delivery Receipt/Sales Invoice.	None	5 Minutes	<i>Admin Staff</i> MMD
	1.1 Collates, prepare and submit 24 hours Report of Deliveries to COA.	None	1 Hour	<i>Admin Staff</i> MMD
	1.2 Prepares request for inspection to Inspection and Acceptance Unit (IAU).	None	10 Minutes	<i>Admin Staff</i> MMD



	1.3 Notifies the Inspector/end-user for the inspection/ acceptance of delivery.	None	3 Minutes	<i>Admin Staff</i> MMD
	1.4 Forwards documents of accepted deliveries to IAU for Inspection and Acceptance Report (IAR).	None	30 Minutes	<i>Admin Staff</i> MMD
	1.5 Collates documents copies of accepted deliveries for the preparation of report of deliveries to accounting department and commission on audit.	None	30 Minutes	<i>Admin Staff</i> MMD
	1.6 Forwards original documents of complete deliveries to IAU for the preparation of Inspection Report (IR).	None	5 Minutes	<i>Admin Staff</i> MMD
	1.7 Receives documents from IAU with IR.	None	5 Minutes	<i>Admin Staff</i> MMD
	1.8 Prepares, compute, check, review, sign and forward disbursement voucher to head of service.	None	3 Days	<i>Admin Staff</i> MMD
END OF TRANSACTION		TOTAL	N/A	3 Days, 2 Hours, 23 Minutes



CITIZEN'S CHARTER

RECEIPT OF EQUIPMENT

This process covers receipt of equipment delivered in conformity to purchase order/ contract based on the required technical specifications. The delivery is from Monday to Friday excluding holiday from 8:00am-4:00 pm.

OFFICE	Materials Management Department
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2B – Government to Business G2G – Government to Government
WHO MAY AVAIL	Supplier of Equipment (Medical/Office)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Certificate of Calibration with Traceability (1 photocopy-certified true copy)	Manufacturer of the Equipment
Certificate of Manufacturer's ISO Accreditation (1 photocopy-certified true copy)	Manufacturer of the Equipment
Certificate of Availability of Spare Parts (minimum of 5 years)- (1 photocopy-certified true copy)	Winning Bidder
Certificate that there is an established Service Center in Metro Manila or Philippines (1 photocopy-certified true copy)	Winning Bidder
Certificate of Warranty (include no. of years)-(1 original)	Winning Bidder
User Manual and Service Manual (1 original)	Winning Bidder
Preventive Maintenance Schedule (Quarterly, Semi-Annual) – (1 original)	Winning Bidder
Proposed costing of Preventive Maintenance and Calibration Program or sophisticated equipment and consumables/accessories (1 original)	Winning Bidder
License to Operate as Medical Device Distributor (1 photocopy-certified true copy)	Food and Drug Administration
Training of End-user/s Technicians (1 Original)	Winning Bidder
Printing or Etching of the official "DOH" logo/letter (If possible "JRRMMC" in all	Winning Bidder



equipment purchased) in a conspicuous space of the equipment but will not affect its function (sticker)	
Standard nominal voltage and frequency 220v, 60Hz (stated in User Manual)	Winning Bidder
Tax Receipts (including the Bill of Lading/Airway Bill) for direct importer; if winning bidder is reseller, certification from importer as authorized reseller/distributor (1 photocopy-certified true copy)	Bureau of Customs for direct importer; for reseller certification from importer as an authorized reseller/distributor.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secures contract from Procurement Management Department (PMD) upon delivery of equipment. Presents the required documents including delivery receipt/ sales invoice.	1. Checks required documents prior to receipt of equipment. conditional specific: Incomplete required documents for the delivered equipment shall be rejected until all required documents are submitted. Complete documents shall proceed with the following:	None	15 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	1.1 Prepares request for inspection to inspection and bio-medical engineering	None	10 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	1.2 Notifies end-user for the delivered equipment.	None	2 hours	<i>Admin Officer/ Admin Staff MMD</i>
	1.3 Inspection of technical specifications against delivered equipment.	None	20 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	1.4 prepares and submit 24 report of	None	30 minutes	<i>Admin Officer/ Admin Staff MMD</i>



	deliveries to commission on audit.			
2. Demo and training of end-user/s and Bio-medical Staff.	2. Coordinates schedule of demo and training of end-users and bio-medical staff.	None	10 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	2.1 For ordinary equipment demo and training	None	1 hour	<i>End-users/ Bio-medical Staff Concerned Area</i>
	2.2 For highly technical equipment demo and training.	None	14 days	<i>End-users/ Bio-medical Staff Concerned Area</i>
3. Submits Certificate of Trainings of End-user/s and Bio-Medical Staff	3. Receives training certificates of end-user/s and bio-medical staff	None	10 Minutes	<i>Admin Officer/ Admin Staff MMD</i>
4. Submits Certificate of Final Acceptance of End-user	4. Receives certificate of final acceptance of end-user.	None	5 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	4.1 Forwards documents to Inspection and Acceptance Unit (IAU) for the Inspection and Acceptance Report (IAR)	None	5 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	4.2 Receives documents from IAU with IAR.	None	5 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	4.3 Collates documents with IAR for the preparation of report of deliveries to accounting department and to COA.	None	30 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	4.4 Forwards all documents to IAU for the preparation of Inspection Report (IR).	None	5 minutes	<i>Admin Officer/ Admin Staff MMD</i>



	4.5 Receives documents from IAU with IR for the Disbursement Voucher (DV).	None	3 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	4.6 Prepares, compute, check, review, sign, forward DV to the head of service.	None	3 days	<i>Admin Officer/ Admin Staff MMD</i>
END OF TRANSACTION		TOTAL	N/A	



CITIZEN'S CHARTER

PROCESSING OF PROCUREMENT FOR PUBLIC BIDDING

This process covers processing of request for procurement of supplies and/or equipment under public bidding. The procedure is in adherence to the revised implementing rules and regulation pursuant to Republic Act. 9184 otherwise known as the Government Procurement Reform Act.2016.

OFFICE Hospital Operation and Patient Support Service – BAC Secretariat

CLASSIFICATION Highly Technical

TYPE OF TRANSACTION G2B - Government to Business

WHO MAY AVAIL All interested suppliers/ business entity

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Order of Payment Form	BAC-Secretariat Office
Bidding Documents	BAC-Secretariat Office
Bid Bulletin	BAC-Secretariat Office
Platinum Certificate of PhilGEPS Registration	PhilGEPS-DBM
Registration Certificate of DTI/ SEC/ CDA	Issuing Agencies
Statement of All On-going Contracts	Business Entity
Statement of Single Largest Completed Contracts	Business Entity
Brochure of the Items to be bid (If Applicable)	Manufacturer
Audited Financial Statement	Bureau of Internal Revenue
Net Financial Contracting Capacity	Business Entity
Bid Security	RRMMC/ International Banks/ Insurance Company
Conformity with Section VI	Business Entity
Compliance with Section VII	Business Entity
Omnibus Sworn Statement	Business Entity
Bid Form	Business Entity



Financial Proposal		Business Entity		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits APP/ PPMP/ procurement request for purchase of supplies and/or equipment under public bidding.	1. Receives APP/ PPMP/ procurement request for purchase of supplies and/or equipment under public bidding.	None	5 minutes	<i>Admin Staff</i> BAC-Secretariat
	1.1 Schedules and conduct pre-procurement conference	None	1 day	<i>BAC Members/ Admin Staff/ End-user</i> BAC-Secretariat
2. Checking of Posted Bid Opportunities on PhilGEPS Website	2. Posting of Bid Opportunities on PhilGEPS Website, Agency Website and other Conspicuous places	None	5 minutes	<i>Admin Staff</i> BAC-Secretariat <i>Admin Staff</i> IHOMU
3. Inquiring for the Specification/ Terms of Reference of the Procurement of Goods/ Infrastructure/ Services	3. Sending of the copy of Specification/ Terms of Reference thru e-mail	None	5 minutes	<i>Admin Staff</i> BAC-Secretariat
4. Proceeds to the BAC-Secretariat Office for the Order of Payment Form for the Public Bidding Documents (May be done before the deadline of submission of the bidding documents)	4. Issuance of the Order of payment for the Public Bidding Documents	None	2 minutes	<i>Admin Staff</i> BAC-Secretariat



5. Proceeds to the Cashier for the Payment of the Public Bidding Documents (As per appendix 8 of the 2016 IRR of RA 9184)	5. Acceptance of payment and issuance of Official Receipt	Depending on the ABC of the items to be bid	15 minutes	<i>Cashier</i> Collecting Section
6. Submission of the CTC (Certified True Copy) of the Official Receipt as a proof of Payment for the Public Bidding Documents	6. Acceptance of the CTC (Certified True Copy) of the Official Receipt as proof of Payment of Public Bidding Documents	None	1 minute	<i>Admin Staff</i> BAC-Secretariat
7. Receiving of the Public Bidding Documents thru e-mail	7. Issuance of the Public Bidding Documents thru e-mail 7.1 Sending of notification to suppliers regarding schedule of pre-bidding conference.	None	5 minutes	<i>Admin Staff</i> BAC-Secretariat
8. Attends the pre-bidding conference (As per section 22 of the 2016 revised IRR of RA 9184)	8. Conducts of Pre-bidding Conference	None	3 days	<i>BAC Members/ Technical Working Group</i> BAC-Secretariat
9. Securing a copy of Bid Bulletin (As per section 22.5 of the 2016 Revised IRR of RA 9184)	9. Posting of Bid Bulletin and Issuance to the Prospective Bidder	None	5 minutes	<i>Admin Staff</i> BAC-Secretariat



10. Submission of Bidding Documents (As per section 22.5 of the 2016 Revised IRR of RA 9184)	10. Acceptance of the bidding documents	None	2 minutes	<i>Admin Staff BAC-Secretariat</i>
11. Proceeds to the area set by the BAC for the bid opening (As per section 29 of the 2016 Revised IRR of RA 9184)	11. Opening of the submitted Bidding Documents	None	1 days	<i>BAC Members BAC-Secretariat</i>
	11.1 Preliminary Examination of the Bids submitted by the bidder (As per section 30 of the 2016 Revised IRR of RA 9184)	None	Depending on the submitted documents of the Bidder	<i>BAC Members/ Technical Working Group BAC-Secretariat</i>
12. Acceptance of Notice of Eligibility/ Ineligibility	12. Issuance of the Notice of Eligibility/ Ineligibility after the checking of submitted documents	None	2 minutes	<i>Admin Staff/ BAC Members BAC-Secretariat</i>
13. Receipt of Letter requesting for necessary documents; demo unit; or sample for post-evaluation of the Technical Working Group	13. Issuance of letter requesting necessary documents; demo unit; or sample for the post-evaluation purposes	None	5 minutes	<i>Admin Staff/ BAC Members/ Technical Working Group BAC-Secretariat</i>
14. Submission of Post-evaluation documents; demo unit; or sample at the BAC-Secretariat Office (As per section 33 and 34 of the	14. Receipt of the necessary documents; demo unit; or sample for post-evaluation purposes	None	5 minutes	<i>Admin Staff/ BAC Members/ Technical Working Group BAC-Secretariat</i>



Revised 2016 IRR of RA 9184)				
condition specific: For equipment: Presentation of demo unit to the Technical Working Group	14.1 Evaluation of the submitted documents; samples or demo units	None	7 days	<i>Admin Staff/ BAC Members/ Technical Working Group BAC-Secretariat</i>
	14.2 Acceptance of the Responsive Bid Proposal	None	7 days	<i>Admin Staff/ Technical Working Group BAC-Secretariat</i>
15. Receives Notice of Post-Qualified/ Notice of Post-disqualification	15. Issuance of Notice of Post-Qualified/ Notice of Post-Disqualification	None	2 minutes	<i>BAC Members/ Admin Staff BAC-Secretariat</i>
16. Submission of Motion for Reconsideration if Post-disqualified (As per section 55.1 of the 2016 revised IRR of RA 9184)	16. Receipt of the Motion for Reconsideration	None	1 minute	<i>Admin Staff BAC-Secretariat</i>
17. Receipt of Letter granting/ denying the Motion for reconsideration (As per section 55.1 of the 2016 revised IRR of RA 9184)	17. Issuance of letter granting/ denying the filed Motion for Reconsideration	None	7 days	<i>BAC Members/ Admin Staff BAC-Secretariat</i>
18. Filing a verified position paper at the Director's Office, accompanied by the payment of a non-refundable protest fee (As	18. Receipt of the Protest together with the CTC (Certified True Copy) of the Receipt as the proof of	1% of the ABC	7 days	<i>Medical Center Chief Office of the Medical Center Chief</i>



per section 55.3 of the 2016 revised IRR of RA 9184)	payment for the protest fee			
19. Receipt of the decision of the protest (As per section 56 of the 2016 Revised IRR of RA 9184)	19. Issuance of the decision on the filed protest	None	7 days	<i>Medical Center Chief</i> Office of the Medical Center Chief
	19.1 Preparation of the recommendation of the award to the bidder with Single Calculated and Responsive Bid/ Lowest Calculated and Responsive Bid (As per section 37.1.1. and 37.1.2. of the 2016 Revised IRR of RA 9184)	None	15 days	<i>Admin Staff</i> BAC-Secretariat
	19.2 Signing of recommendation of the award to the bidder for approval of MCC.	None	1 day	<i>BAC Members</i> BAC-Secretariat
20. Forwards the signed recommendation of the award to the Office of the Medical Center Chief	20. Receives submitted recommendation of the award for approval.	None	1 day	<i>Admin Staff</i> Office of the Medical Center Chief
	20.1 Signing and approval of the recommendation of the award to the bidder.	None	1 day	<i>Medical Center Chief</i> Office of the Medical Center Chief



21. Receipt of Notice of Award (As per section 37.1.3. of the 2016 Revised IRR of RA 9184)	21. Issuance of Notice of Award	None	2 minutes	<i>BAC Members/ Admin Staff BAC-Secretariat</i>
22. Submission/ Payment of Performance Bond (As per section 39 of the 2016 revised IRR of RA 9184)	22. Receiving of performance bond or Photocopy of the Receipt of Payment of Performance Bond	Depending on the Amount of the Total Award and form of the Performance Bond	1 minute	<i>Admin Staff BAC-Secretariat</i>
23. Signs and Notarized of the Contract Agreement (As per section 37.2 of the 2016 Revised IRR of RA 9184)	23. Preparation of the Contract Agreement.	None	10 days	<i>Admin Staff BAC-Secretariat</i>
24. Forwards the prepared contract agreement to the Office of the Medical Center Chief.	24. Receives the forwarded contract agreement for approval.	None	1 day	<i>Admin Staff Office of the Medical Center Chief</i>
	24.1 Signing and approval of the contract agreement.			<i>Financial Management Officer II Office of the Financial Management Medical Center Chief Office of the Medical Center Chief Attorney Legal Unit</i>
25. Receiving of Notice to Proceed (As per section 37.4.1 of the 2016 Revised IRR of RA 9184)	25. Issuance of Notice to Proceed	None	3 days	<i>Medical Center Chief Office of the Medical Center Chief</i>



	25.1 Posting of the Award, Notice to proceed of the contract agreemen on the PhilGEPS Website (As per section 37.4.2 of the 2016 revised IRR of RA 9184)	None	10 minutes	<i>Admin Staff</i> BAC-Secretariat
END OF TRANSACTION	TOTAL	N/A		



CITIZEN'S CHARTER

PROCESSING OF ALTERNATIVE MODE OF PROCUREMENT

This covers procedure for processing alternative mode of procurement pursuant to government procurement law. The alternative mode of procurement is open to all eligible suppliers/ bidders who were interested to participate and submit their proposed quotations.

OFFICE Hospital Operation and Patient Support Service – BAC Secretariat

CLASSIFICATION Complex

TYPE OF TRANSACTION G2B- Government to Business
G2G- Government to Government

WHO MAY AVAIL All interested suppliers/bidders

CHECKLIST OF REQUIREMENTS

WHERE TO SECURE

Purchase Request (PR) (4 original)

End-user

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits PR for processing under alternative mode of procurement	1. Receives PR for processing under alternative mode of procurement 1.1 Requests an Execom Resolution for items that was 15,000.00 and above for equipment and 100,000.00 and above for services and repair	None	1 day	Admin Staff BAC Secretariat
	1.2 Preparation of documents for the request of Certificate of Availability of Fund (CAF)	None	1 day	Admin Staff BAC Secretariat
	1.3 Preparation of Annual Procurement Plan (APP) for those items that was with supplemental/ Additional Project	None	1 day	Admin Staff BAC Secretariat



	Procurement Management Plan			
	1.4 Preparation of request for alternative mode of procurement	None	1 day	<i>Admin Staff</i> BAC Secretariat
	1.5 Signing of alternative mode of procurement for approval of the MCC	None	1 day	<i>BAC Members</i> BAC Secretariat
2. Forwards to MCC the signed documents for alternative mode of procurement.	2. Receives signed documents for alternative mode of procurement.	None	5 minutes	<i>Admin Staff</i> Office of the Medical Center Chief
	2.1 Signs and approve the submitted request for alternative mode of procurement.	None	1 day	<i>Medical Center Chief II</i> Office of the Medical Center Chief
3. Forwards to BAC office the approved documents for alternative mode of procurement.	3. Receives the approved documents for alternative mode of procurement. 3.1 Posting of Items for Alternative Mode of Procurement at PhilGEPS Website for items that has an ABC of more than 50,000.00	None	2 days	<i>Admin Staff</i> BAC Secretariat
4. Submission of the sealed proposal/ quotation together with the brochure (for equipment) to the BAC-Secretariat Office	4. Receipt of the sealed proposal/ quotation together with the brochure (for equipment)	None	5 minutes	<i>Admin Staff</i> BAC Secretariat
	4.1 Opening of sealed Bid	None	3 days	<i>BAC- Members</i> BAC Office BAC Secretariat
	4.2 Acceptance/ Evaluation of Proposal	None	3 days	<i>End-user</i> Concerned Areas
	4.3 Preparation of the Resolution of Award	None	3 days	<i>Admin Staff</i> BAC Secretariat



	4.4 Signing of the resolution of award for approval of the Medical Center Chief	None	1 day	<i>BAC Members BAC Secretariat</i>
5. Forwards to MCC the signed resolution of award	5. Receives signed documents for approval of the resolution of award	None	1 day	<i>Admin Staff Office of the Medical Center Chief</i>
	5.1 Signs and approve the submitted resolution of award	None	1 day	<i>Medical Center Chief II Office of the Medical Center Chief</i>
6. Forwards to BAC office the approved resolution of award.	6. Receives the approved resolution of award.	None	5 minutes	<i>Admin Staff BAC Secretariat</i>
	6.1 Forward the Resolution of Award and other documentary requirements including attachment to Procurement Management Department (PMD) for the preparation of Purchase Order (PO).	None	1 hour	<i>Admin Staff BAC Secretariat</i>
END OF TRANSACTION		TOTAL	N/A	20 days, 1 hour, 15 minutes



CITIZEN'S CHARTER

SELLING OF ABSTRACT OF BIDS AS READ/ MINUTES OF MEETING (OPENING OF BIDS)

This process covers all eligible bidders which was PhilGEPS registered. The service is available from Monday thru Friday from 8:00am-5:00pm.

OFFICE	Hospital Operation and Patient Support Division - PMD-BAC-Secretariat			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B - Government to Business			
WHO MAY AVAIL	All interested bidders			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter Request (1 original)			Company of the prospective bidder	
Payment Order Form(1 original)			BAC-Secretariat Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of the written request for a copy of minutes of the meeting (as per section 22.4 of the 2016 Revised IRR of RA 9184)	1. Receiving the written request from the bidder for a copy of the minutes of meeting	None	2 minutes	<i>Admin Staff</i> BAC-Secretariat
2. Proceeds to the BAC-Secretariat Office for the Order of payment form	2. Filing up and issuance of the Order of Payment Form	None	2 minutes	<i>Admin Staff</i> BAC-Secretariat
3. Proceeds to the Cashier for the Payment of the	3. Acceptance of payment and issuance of Official Receipt	Dependin g on the Amount	15 minutes	<i>Cashier</i> Collecting Section



Abstract of Bids/ Minutes of the Meeting of Opening of Bids (As per pharagraph 3 of section 29 of the 2016 Revised IRR of RA 9184)		that will be set by the BAC		
4. Submission of the CTC (Certified True Copy) of the Official Receipt as a proof of Payment for the Abstract of Bids/ Minutes of the Meeting	4. Acceptance of the CTC (Certified True Copy) of the Official Receipt as proof of Payment of Abstract of Bids/ Minutes of the Meeting	None	1 minute	<i>Admin Staff</i> BAC-Secretariat
5. Receiving of the CTC (Certified True Copy) of Abstract of Bids/ Minutes of the Meeting	5. Reproduction and issuance of the CTC (Certified True Copy) of Abstract of Bids/ Minutes of the Meeting	None	1 minute	<i>Admin Staff</i> BAC-Secretariat
END OF TRANSACTION		TOTAL	N/A	21 minutes



Hospital Operation and Patient Support Service Internal Services



CITIZEN'S CHARTER

ISSUANCE OF IDENTIFICATION AND/OR SERVICE CARD (PERMANENT/TEMPORARY)

This process covers the issuance of employees ID and/or service card. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G-Government to Government
WHO MAY AVAIL	All Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Service Request Form (1 original)	HRMD

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up service request form.	1. Receives the service request form.	None	1 Minute	<i>Admin Staff</i> HRMD
	1.1 Prepares the ID card/service card	None	15 Minutes	<i>Admin Staff</i> HRMD
2. Receives the ID/Service Card	2. Releases the ID/Service Card	None	1 Minute	<i>Admin Staff</i> HRMD
END OF TRANSACTION		TOTAL	N/A	17 minutes



CITIZEN'S CHARTER

ISSUANCE OF APPOINTMENT

This process covers the issuance of approved appointment to newly hired employee. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)	
CLASSIFICATION	Simple	
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government	
WHO MAY AVAIL	Newly hired employee	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	ID Pictures (1x1=1 copy and passport size with printed name and signature (4 copies)	Applicant
	Diploma & Transcript of Records (1 original, 1 photocopy)	School
	Board Rating & License (1 original, 2 photocopy)	PRC
	NBI Clearance (1 original, 1 photocopy)	NBI
	Tax Identification Number (TIN)	BIR
	1 valid ID (1 original)	Applicant
	Birth Certificate (1 original, 1 photocopy)	PSA
	For married woman: Marriage Contract (2 photocopies)	PSA
	For Medical Specialist: Certificate of Residency Training; Certificate of Fellow/Diplomate of Specialty Society (2 photocopies)	Applicant
	Personal Data Sheet (3 original)	HRMD
	Sworn Statement of Assets, Liabilities and Net Worth (SALN) (3 original)	HRMD
	PhilHealth Member Registration Form (PMRF) (2 original)	HRMD
	GSIS Membership Information Sheet (1 original)	HRMD



Non-Disclosure and Confidentiality Agreement (1 original)	HRMD
Referral for Complete Physician Exam (1 original)	HRMD
Referral for Neuro Psychiatric Test (1 original)	HRMD
Online Application of Pag-IBIG ID Number	Pag-IBIG
In case of previous government employment: 1. Acceptance of Resignation (1 original) 2. Request for Transfer and Approved Transfer (1 original) 3. Latest Approved Appointment, Salary Adjustment and Performance Rating (1 original) 4. Service Record with cut-off date (1 original) 5. Certificate of Clearance from Money and/or Property Accountabilities (1 original) 6. Certificate of Last Salary Received and Verified Correct by Resident Auditor (1 original) 7. Certificate of Leave Credits and Verified Correct by Resident Auditor (1 original)	Applicant

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits all necessary requirements	1. Check and verify submitted requirements.	None	10 Minutes	Administrative Officer I/ Administrative Assistant III/ Administrative Aide III HRMD
	1.1 Verifies the eligibility of appointee to PRC/CSC	None	2 Minutes	Administrative Officer I/ Administrative Assistant III/ Administrative Aide III HRMD
	1. 2 Prepares and processes appointment papers	None	30 Minutes	Administrative Officer I/ Administrative Assistant III/ Administrative Aide III HRMD
	1.3 Conducts orientation/briefing	None	25 Minutes	Payroll Staff/



				<i>Appointment Preparation Staff HRMD</i>
	1.4 Registers at the biometric machine	None	30 Minutes	<i>Administrative Assistant III/ Administrative Assistant I HRMD</i>
	1.5 Signs the appointment papers	None	1 Day	<i>HRMD SAO; HRMPSB Chairperson; Department Chairperson (Medical Service) Service Chief; Medical Center Chief II Head of Service</i>
2. Receives the duly signed appointment papers	2. Releases the appointment papers	None	1 Minute	<i>Administrative Officer I/ Administrative Assistant III/ Administrative Aide III HRMD</i>
END OF TRANSACTION		TOTAL	N/A	1 day, 1 hour, 38 minutes



CITIZEN'S CHARTER

ISSUANCE OF SERVICE RECORDS AND CERTIFICATIONS

This process covers the issuance of updated service records, certificate of employment and compensation. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G-Government to Government			
WHO MAY AVAIL	All Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Service request form (1 original)			HRMD	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Writes request in designated folder	1. Receives the request	None	1 Minute	<i>Admin Staff</i> HRMD
	1.1 Prepares the documents needed for requested certification/ updated service record	None	15 Minutes	<i>Admin Officer</i> HRMD
	1.2 Receives, reviews and signs the requested certification/ updated service record	None	10 Minutes	<i>Department Head</i> HRMD
2. Receives the duly signed certification/ updated service record	2. Releases the requested certification/ updated service record	None	5 Minutes	<i>Admin Staff</i> HRMD
END OF TRANSACTION		TOTAL	N/A	31 minutes



CITIZEN'S CHARTER

PREPARATION OF VOUCHER FOR FIRST SALARIES

This process covers the preparation of voucher for payment of first salaries of newly hired personnel for service rendered. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)	
CLASSIFICATION	Simple	
TYPE OF TRANSACTION	G2G - Government to Government	
WHO MAY AVAIL	Newly Hired Personnel	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Daily Time Record approved by the supervisor (1original)	Employee
	Certificate of Assumption (1original)	HRMD
	Oath of Office (1original)	HRMD
	Certified True Copy of duly approved appointment (1original)	HRMD
	Statement of Assets, Liabilities & Net Worth (1original)	HRMD
	BIR Withholding Certificates (Forms 1902 & 2305)	Employee
	Payroll Information on New Employee (PINE) – (for agency with computerized payroll system) Additional requirements for transferees (from one government office to another)	Accounting
	Clearance from money, property and legal accountabilities (1original)	HRMD
	Certified true copy of pre-audited disbursement voucher of last salary (1original)	Previous Office
	B IR Form 2316 (Certificate of Compensation Payment/Tax Withheld) (1original)	Previous Office
	Certificate of Available Leave Credits (1original)	Previous Office
	Service Record (1original)	Previous Office



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits the Daily Time Record and other documentary attachments	1. Reviews and analyzes the completeness of documents submitted.	None	10 minutes	<i>Admin staff</i> HRMD
	1.1 Computes the first salary (draft only)	None	30 minutes	<i>Admin staff</i> HRMD
	1.2 Checks the computation of first salary.	None	30 minutes	<i>Admin staff</i> HRMD
	1.3 Prepares voucher for payment	None	20 minutes	<i>Admin staff</i> HRMD
	1.4 Reviews voucher for payment	None	8 minutes	<i>Admin staff</i> HRMD
	1.5 Affix initial in the reviewed voucher for payment	None	2 minutes	<i>Section Head</i> HRMD
	1.6 Forwards to Chief Administrative Officer for signature (box A)	None	7 minutes	<i>Admin staff</i> HRMD
END OF TRANSACTION		TOTAL	N/A	1 hour ,47 minutes



CITIZEN'S CHARTER

PREPARATION OF PAYROLL

This process covers ensuring timely and correct processing of compensation, deductions and other payments for service rendered. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All Personnel

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Payroll Salary 1.1 Monthly Report of Leaves (With and Without Pay) (1original) 1.2 Billing Statements (1original) 1.3 Appointment of Newly Hired/Promoted Personnel (1original) 1.4 List of Withholding Tax Deductions	1.1 Leave Administration Unit 1.2 GSIS Pag-IBIG JRRMMC Multi-Purpose Cooperative JRRMMC-AHW 1.3 Appointment Unit 1.4 Accounting Department
2. Payroll of PhilHealth Sharing 2.1 Monthly Report of Leaves Without Pay (1original)	Leave Administration Section
3. Payroll of Night Shift Differential 3.1 Quarterly Report on Number of Hours Rendered of Employee from 10:00 pm – 6:00 am (1original)	Employee
4. Payroll of Job Order 4.1 Daily Time Record duly signed by the immediate supervisor (1original) 4.2 Accomplishment Report signed by the immediate supervisor (1original)	Employee

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits documentary requirements	1. Receives/checks submitted	None	5 minutes	<i>Admin staff</i> HRMD



	documentary requirements			
	1.1 Encodes data of newly appointed employees. Updates information of promoted employees and checks employee salary index to determine deductions particularly on loans (GSIS, Pag-IBIG, etc.)	None	1 day	<i>Admin staff</i> HRMD
	1.3 Encodes data from Payroll Distribution Card to the Payroll Database, including the report of applied leaves.	None	1 day	<i>Admin staff</i> HRMD
	1.4. Reviews the Payroll Database based on the Payroll Distribution Card specifically the name of employees, basic salary, deductions and report of applied leaves.	None	30 minutes	<i>Admin staff</i> HRMD
	1.5. Prints the General Payroll	None	1 day	<i>Admin staff</i> HRMD
	1.6. Checks the printed General Payroll based on the inclusion in the master list and report of applied leaves; the basic salary and deductions including loans of employees based on the Payroll Distribution Card and the collection lists. If there's a correction, returns the General Payroll to respective	None	2 hours	<i>Admin staff</i> HRMD



	payroll staff. If correct, initials in the General Payroll			
2. Forwards the General Payroll	2. Reviews the computation of total gross salary; total deductions and days of absence to ensure correctness. condition specific: If not balance, return to Payrolling Unit for necessary adjustment.	None	1 day	<i>Admin staff</i> Accounting Department
3. Returns to payrolling for preparation of voucher	3. Prepares summary of General Payroll and Disbursement Voucher	None	20 minutes	<i>Admin staff</i> HRMD
	3.1 Reviews and signs the General Payroll and voucher	None	10 minutes	<i>Section Head</i> HRMD
	3.2 Forwards the General Payroll and Disbursement Voucher to Chief of Service	None	20 minutes	<i>Admin staff</i> HRMD
END OF TRANSACTION		TOTAL	N/A	4 days, 3 hours, 25 minutes



CITIZEN'S CHARTER

LEAVE ADMINISTRATION

This process covers the administration of leave from top management officials to rank-and-file employees. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)	
CLASSIFICATION	Complex	
TYPE OF TRANSACTION	G2G-Government to Government	
WHO MAY AVAIL	All Employees	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. For Sick Leave	<ul style="list-style-type: none"> 1.1 Leave Application Form (1original) 1.2 Clearance from Money, Property (if leave is more than 30 days) 1.3 Medical Certificate if more than two (2) days (1original) 1.4 Medical Clearance if fit to work (1original) 	<ul style="list-style-type: none"> HRMD HRMD Attending Physician Primary Care Unit
2. For Vacation Leave	<ul style="list-style-type: none"> 2.1 Leave Application Form (1original) 2.2 Travel Authority (if vacation leave will be spent abroad)(1original) 2.3 Clearance from Money, Property (if leave is more than 30 days)(1original) 	<ul style="list-style-type: none"> HRMD CCU HRMD
3. For Maternity Leave (RA 11210)	<ul style="list-style-type: none"> 3.1 Leave Application Form(1original) 3.2 Clearance from Money, Property(1original) 3.3 Medical Certificate with Pathological Reports (in case of miscarriage)(1original) 	<ul style="list-style-type: none"> HRMD HRMD Attending Physician
4. For Paternity Leave (RA 8187)	<ul style="list-style-type: none"> 4.1Leave Application Form(1original) 4.2 Certified True Copy of Marriage Contract (1copy) 4.3 Birth Certificate of Newly Born Child (1original) 	<ul style="list-style-type: none"> HRMD Attending Physician Attending Physician



<p>5. For Parental Leave for Solo Parent (RA 8972)</p> <p>5.1 Leave Application Form(1original)</p> <p>5.2 Certified True Copy of Solo Parent ID(1copy)</p> <p>5.3 Birth Certificate of the Child(1original)</p>	<p>HRMD City/Municipal Social Welfare and Development Office PSA</p>
<p>6. For Special Leave Benefits for Women (RA 9710)</p> <p>6.1 Leave Application Form(1original)</p> <p>6.2 Clearance from Money, Property (if leave is more than 30 days)(1original)</p> <p>6.3 Medical Certificate reflecting the period of recuperation & gynecological recommendation to rehabilitation(1original)</p>	<p>HRMD HRMD Attending Physician</p>
<p>7. For Rehabilitation Leave (CSC-DBM Joint Circular No. 01 s. 2006=Job-related injuries incurred in the performance of duty (6 mos.)</p> <p>7.1 Letter Request(1original)</p> <p>7.2 Leave Application Form (1original)</p> <p>7.3 Clearance from Money, Property (1original)</p> <p>7.4 Medical Certificate(1original)</p> <p>7.5 Police Report/Incident Report, if any</p>	<p>Employee HRMD HRMD Attending Physician PNP</p>
<p>8. For Ten-Day Leave Under RA 9262 (Anti-Violence Against Women and Their Children Act of 2004)</p> <p>8.1 Leave Application Form(1original)</p> <p>8.2 Barangay Protection Order (BPO) or</p> <p>8.3 Temporary/Permanent Protection Order (1original)</p>	<p>HRMD Barangay Office Court</p>
<p>9. For Study Leave</p> <p>9.1 Leave Application Form(1original)</p> <p>9.2 Clearance from Money, Property(1original)</p> <p>9.3 Hospital Personnel Order(1photocopy)</p> <p>9.4 Contract between the Head of (1copy)</p>	<p>HRMD HRMD HRMD Employee's Office</p>
<p>10. For Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012)</p> <p>10.1 Leave Application Form(1original)</p>	<p>HRMD Municipality/City/Barangay Office</p>



10.2 Certification that the current area of residence is declared under state of calamity(1copy)				
11. For Terminal Leave (Retirement, Resignation, Completion of Residency Training)				
11.1 Approved Retirement/Resignation Letter (1original)		Employee		
11.2 Leave Application Form (1original)		HRMD		
11.3 Clearance from Money, Property(1copy)		HRMD		
11.4 Statement of Assets, Liabilities and Net Worth (SALN) (1original)		HRMD		
11.5 Exit Interview		HRMD		
11.6 Affidavit of No Pending Criminal Case (1original)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Submits duly accomplished leave application form.</p> <p>condition specific:</p> <ul style="list-style-type: none"> If leave is less than 30 days, the immediate supervisor signs in the recommendation box. If leave is more than 30 	<p>1. Reviews and checks the completeness of documentary attachment.</p>	None	7 minutes	<p><i>Admin staff</i></p> <p>HRMD</p>



days, the head of service signs in the recommendation box.				
	1.1 Encodes in the corresponding leave card and computes leave credits.	None	3 days	<i>Admin staff</i> HRMD
	1.2 Reviews and signs certification of leave credits and forwards accomplished leave application form for approval	None	1 day	<i>Admin staff</i> HRMD
	1.3 Signs and approve application form	None	10 minutes	<i>Section Head</i> HRMD
END OF TRANSACTION	TOTAL	N/A	4 days, 17 minutes	



CITIZEN'S CHARTER

ISSUANCE OF CERTIFICATION FOR GSIS LOAN APPLICATION

This process covers the issuance of certification for GSIS loan application. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G-Government to Government			
WHO MAY AVAIL	Regular Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Service Request Form (1original)			HRMD	
GSIS Loan Application Form (1original)			HRMD	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secures Service Request Form	1. Receives Service Request Form	None	1 Minute	<i>Admin staff</i> HRMD
	1.1 Prepares the certification	None	10 minutes	<i>Admin staff</i> HRMD
2. Receives the duly signed certification	2. Releases the requested certification	None	3 minutes	<i>Admin staff</i> HRMD
END OF TRANSACTION		TOTAL	N/A	14 minutes



CITIZEN'S CHARTER

PREPARATION OF PURCHASE ORDER/ JOB ORDER/ DELIVERY ORDER CONTRACT

Procurement Management Department ensures on time preparation of Purchase Order/Job Order/Delivery Order Contract within 3 working days from receipt of Purchase Request with Approved BAC Resolution Recommending the Award/Stock Position Sheet (SPS)/Order Slip until forwarded to the Concerned Division.

OFFICE	Hospital Operation and Patient Support Service - Procurement Management Department (PMD)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2B – Government to Business G2G - Government to Government
WHO MAY AVAIL	End User

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Public Bidding 1. Purchase Request (3 copies) 2. Stock Position Sheet (1 original/item)	1. End Users 2. End Users
Alternative Mode of Procurement 1. Purchase Request (3 copies) 2. Stock Position Sheet (1 original/ item) 3. Project Procurement Management Plan (1 photocopy) 4. Certificate of Availability of Fund (1 photocopy - certified true copy) 5. Approved BAC Resolution recommending the Change in the mode of Procurement (1 photocopy - certified true copy) 6. Request for Quotation (1 photocopy - certified true copy) 7. Abstract of Bids (1 photocopy - certified true copy) 8. Approved BAC Resolution recommending the Award (1 photocopy - certified true copy)	1. End Users 2. End Users 3. End Users 4. Budget Department 5. Bids and Award Committee Secretariat 6. Bids and Award Committee Secretariat 7. Bids and Award Committee Secretariat 8. Bids and Award Committee Secretariat



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits/Forward Purchase Request and Stock Position Sheet for Purchase Order/Job Order/Delivery Order Contract	1. Receives and Record PR/SPS in monitoring registry	None	2 Minutes	<i>Admin staff PMD</i>
	1.1 Verifies Purchase Request/Stock Position Sheet condition specific: If Included in pricelist, proceed to Purchase Order Preparation If Alternative mode of Procurement, check supporting documents and proceed to Purchase Order Preparation	None	10 Minutes	<i>Admin staff PMD</i>
		None	45 Minutes	<i>Admin staff PMD</i>
	2. Checks/Review and signs Purchase Order/Job Order/Delivery Order Contract	None	10 Minutes	<i>Administrative Officer IV/ Supervising Administrative Officer PMD</i>
	3. Registers Purchase Order/Job Order/Delivery Order Contract in the monitoring registry for outgoing	None	5 Minutes	<i>Admin staff PMD</i>
END OF TRANSACTION	TOTAL	N/A	72 minutes	



CITIZEN'S CHARTER

PREPARATION OF DISBURSEMENT VOUCHER

Disbursement Vouchers is issued to serve as payment submitted to Disbursing Office for the services rendered or goods delivered by the external provider. Inspection Report issued by Inspection and Acceptance Unit or Accomplishment Report submitted by end user is required to validate if needed goods or services has been acquired/served

OFFICE	Procurement Management Department			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business G2G - Government to Government			
WHO MAY AVAIL	End User			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Purchase Order (1 original, 4 copies)		Procurement Management Department		
Approved Purchase Request (1 original, 1 copy)		End user		
Stock Position Sheet (1 original)		End user		
Price Quotation from at least 3 reputable suppliers (Negotiated/Shopping)		External Provider/Business Entity		
Price list/quotation from government agency (Agency-to-Agency)		Procurement Service Virtual Store		
Abstract of Canvass/Bid (1 original)		BAC Secretariat		
BAC Resolution of alternative mode of procurement (1 photocopy-certified true copy)		BAC Secretariat		
BAC Resolution recommending award (1 photocopy-certified true copy)		BAC Secretariat		
CAF if not included in the regular APP (1 photocopy-certified true copy)		Budget Department		
Billing Statement/Request for Payment/Request Letter for Refund of the Bond		External Provider/Business Entity		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits/Forward Purchase Request and Stock Position Sheet for Purchase Order/Job Order;	1. Receives and record PR/SPS in monitoring registry and billing statement	None	1 hour and 32 minutes	<i>Admin Staff PMD</i>



Billing Statement for payment	1.1 Prepares purchase order and disbursement voucher based on BAC Resolution based on billing statement/service rendered and supported by pertinent documents.			
	1.2 Checks/Review and sign Disbursement Voucher	None	10 Minutes	<i>Administrative Officer IV/ Supervising Administrative Officer PMD</i>
	1.3 Registers Disbursement Voucher in the monitoring registry and logbook for outgoing	None	5 Minutes	<i>Admin Staff PMD</i>
END OF TRANSACTION	TOTAL	N/A	1 hour ,47 minutes	



CITIZEN'S CHARTER

ISSUANCE OF SUPPLIES AND MATERIALS

This process covers receipt of equipment delivered in conformity P.O./Contract Technical specifications. The delivery is from Monday to Friday excluding holiday from 8:00am-4:00 pm.

OFFICE	Hospital Operation and Patient Support Service - Materials Management Department (MMD)			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G - Government to Government			
WHO MAY AVAIL	End-users			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Requisition and Issue Slip (RIS) (3 original)			Materials Management Dept./Head of Service/Area Concerned	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits approved Requisition and Issue Slip (RIS) one day prior to scheduled issuance.	1. Receives and record approved RIS.	None	5 Minutes	<i>Admin Staff</i> MMD
	1.1 Prepares available supplies in accordance to approved RIS.	None	45 Minutes	<i>Admin Staff</i> MMD
	1.2 Issues supplies	None	30 Minutes	<i>Admin Staff</i> MMD
	1.3 Prepares Report of Supplies and Materials Issued (RSMI)	None	1 Day	<i>Admin Staff</i> MMD
	1.4 Submits Report of Supplies and Materials Issued.	None	30 minutes	<i>Admin Staff</i> MMD
END OF TRANSACTION	TOTAL	N/A	1 day, 1 Hour, 50 Minutes	



CITIZEN'S CHARTER

PROCEDURE FOR PREPARATION OF ANNUAL PROCUREMENT PLAN

This process covers submission of project procurement management plan (PPMP) by all end-users in each department/ offices to come up with the preparation of annual procurement plan (APP).

OFFICE	Hospital Operation and Patient Support Service – BAC Secretariat
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2G- Government to Government
WHO MAY AVAIL	All end-users

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Project Procurement Management Plan (PPMP)		End-user		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. End-user submits PPMP.	1. Receipts of PPMP	None	2 minutes	<i>Admin Staff</i> BAC Secretariat
	1.1 Consolidation of all submitted APP per department/ offices.	None	13 days	<i>Admin Staff</i> BAC Secretariat
	1.2 Preparation and consolidation of all indicative APP for finalization and submission to BAC chairman for signing.	None	4 days	<i>Supervising Administrative Officer</i> BAC Secretariat
	1.3 Signing of APP for recommendation and approval to MCC	None	1 day	<i>BAC Chairman</i> BAC Secretariat



2. Forwards the signed APP to the Office of the Medical Center Chief	2. Receives submitted APP for approval.	None	1 day	<i>Admin Staff</i> Office of the Medical Center Chief
	2.1 Signing and approval of submitted APP.	None	1 day	<i>Medical Center Chief II</i> Office of the Medical Center Chief
3. Forwards the approved APP to BAC office	3. Receipts of approved indicative APP	None	5 minutes	<i>Admin Staff</i> BAC Secretariat
	3.1 Submission of approved indicative APP to Government Procurement Policy Board (GPPB)	None	5 minutes	<i>Admin Staff</i> BAC Secretariat
END OF TRANSACTION		TOTAL	N/A	20 days, 12 minutes



CITIZEN'S CHARTER

INSPECTION AND ACCEPTANCE OF DELIVERED GOODS

This process covers inspection of delivered goods based on the approved Purchase Order/Contract Agreement presented by the Materials Management Department (MMD). The inspection of delivered goods is offered Mondays thru Fridays excluding holidays from 7:00 am-5:00 pm

OFFICE	Hospital Operation and Patient Support Service -Inspection and Acceptance Unit
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government G2B - Government to Business
WHO MAY AVAIL	All end-users; Materials Management Department (MMD), Engineering Facilities Management Department (EFMD)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request for Inspection (1 original)	MMD
Approved Original copy of the following: <ol style="list-style-type: none"> 1. Purchase Order/Contract Agreement (1original) 2. Property Transfer Receipt/deed of donation (for donations)(1original) 3. Advance delivery letter (if applicable) (1original) 4. Sales Invoice/ Delivery Receipt/ Acknowledgement Receipt(1original) 	Procurement Management Department (PMD) Supplier/philanthropist PMD Supplier/philanthropist
Purchase Request (if applicable)(1original)	End user

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits request for inspection upon receipt of notification for deliveries.	1. Receives request for inspection from MMD	None	3 minutes	<i>Admin staff</i> IAU
	1.1 Checks for the completeness of documents presented	None	5 minutes	<i>Admin staff</i> IAU



<p>2. Presents an approved original Purchase Order (P.O.)/Contract Agreement</p> <p>condition specific:</p> <p>For donations-Property Transfer Receipt;</p> <p>For Petty Cash-Purchase Request and Sales Invoice/ Official Receipt</p> <p>For Cash Advance-Purchase Request (PR) and Sales Invoice (SI) Upon delivery of supplies to MMD for presentation of document prior to inspection of goods.</p>	<p>2. Inspects the goods delivered; verifies against P.O./contract agreement</p> <p>2.1. Signs the request for inspection, Sales Invoice, P.O. if conforming;</p> <p>condition specific:</p> <p>If not conforming, rejects the goods, note the findings in the S.O. and returns all documents to MMD</p>	<p>None</p> <p>None</p>	<p>10 minutes</p> <p>4 minutes</p>	<p><i>Admin staff</i> IAU</p> <p><i>Admin staff</i> IAU</p>	
	<p>2.2. Accepts the delivered goods; returns signed documents to MMD</p>	<p>None</p>	<p>4 hours</p>	<p><i>Admin staff</i> IAU</p>	
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>4 hours, 23 minutes</p>	



CITIZEN'S CHARTER

PRE REPAIR INSPECTION OF GOODS

This process covers inspection of pre- repair equipment based on the request presented by the Engineering Facilities Management Department (EFMD). The pre- inspection of equipment is offered Mondays thru Fridays excluding holidays from 7:00 am-5:00 pm.

OFFICE	Hospital Operation and Patient Support Service -Inspection and Acceptance Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government G2B - Government to Business
WHO MAY AVAIL	Materials Management Department (MMD) and, Engineering Facilities Management Department (EFMD)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
A. Notice of request for inspection from EFMD	EFMD
B. Copy of the following: 1. Quotation (1 original) 2. Property Card from MMD (1 original) 3. COA Memo 33-333, (3 copies)	EFMD/ Supplier MMD EFMD

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. EFMD submits filled request for inspection together with the property card and quotation of supplier	1. Receives request for inspection from EFMD	None	3 minutes	Admin staff IAU
	1.1 Checks for the completeness of documents presented and compute for the repair cost percentage if not more than 30% of the total acquisition cost. condition specific:	None	3 minutes	Admin staff IAU



	If more than 30% of the acquisition cost return all the documents to EFMD to advise the end-user that item is beyond economical repair.			
	1.2 Records the documents receives in the pre/post inspection logbook	None	5 minutes	<i>Admin staff IAU</i>
	1.3 Inspects the item, verifies serial number and parts to be replaced If not conforming, return all documents to EFMD for completion/corrections	None	15 minutes	<i>Admin staff IAU</i>
	1.4 Types and signs the pre-repair inspection report including the findings.	None	10 minutes	<i>Admin staff IAU</i>
	1.5 Submits all the documents to EFMD for preparation of P.O. (Job Order)	None	5 minutes	<i>Admin staff IAU</i>
END OF TRANSACTION		TOTAL	N/A	48 minutes



CITIZEN'S CHARTER

POST REPAIR INSPECTION OF GOODS

This process covers inspection of post repair equipment based on the request presented by the Engineering Facilities Management Department (EFMD). The post inspection of equipment is offered Mondays thru Fridays excluding holidays from 7:00 am-5:00 pm.

OFFICE	Hospital Operation and Patient Support Service -Inspection and Acceptance Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government G2B - Government to Business
WHO MAY AVAIL	Materials Management Department (MMD) and, Engineering Facilities Management Department (EFMD)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
A. Notice of request for inspection from EFMD	EFMD
B. Copy of the following: <ol style="list-style-type: none"> 1. Quotation (1original) 2. Property Card from MMD (1 original) 3. COA Memo 33-333, (3 copies) 4. Request for Post Repair Inspection (1 original) 5. Purchase Order (1 original) 6. Waste Material Report (1 original) 7. Service Report (1 original) 8. Annual Procurement Report (APP)/ Project Procurement Management Report (PPMP) (1 original) 9. Purchase Request (1 original) 10. Certificate of Outsource Repair (1 original) 	EFMD/ Supplier MMD EFMD EFMD EFMD EFMD EFMD/Supplier Procurement Management Department (PMD) EFMD EFMD

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits request for post repair inspection.	1. Receives request for post repair inspection from Engineering	None	3 minutes	<i>Admin staff</i> IAU



	Facilities Management Department (EFMD)			
2. Filled up post-repair inspection form	2. Provides post-repair inspection form	None	2 minutes	<i>Admin staff</i> IAU
	2.1 Checks for the completeness of documents presented.	None	5 minutes	<i>Admin staff</i> IAU
	2.2 Records the documents receives in the Pre/Post Inspection Logbook	None	5 minutes	<i>Admin staff</i> IAU
	2.3 Inspects the item, verifies serial number and parts to be replaced. If not conforming, return all documents to EFMD for completion/corrections	None	20 minutes	<i>Admin staff</i> IAU
	2.4 Types and Signs the post-repair Inspection Report including the findings.	None	10 minutes	<i>Unit Head</i> IAU
3. Receives post-repair inspection report including documentary attachments.	3. Submits all the documents to EFMD for preparation of voucher.	None	5 minutes	<i>Admin staff</i> IAU
END OF TRANSACTION		TOTAL	N/A	50 minutes



CITIZEN'S CHARTER

TRIP CONDUCTION

This process covers carrying out of administrative function for vehicle/ ambulance conduction of employees and patients as well as during medical mission.

OFFICE	Hospital Operation and Patient Support Service - Engineering & Facilities Management Department (EFMD)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All employees and patients needing vehicle/ ambulance conduction

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Trip Ticket (1 original)	Motor Pool Unit

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for trip conduction and fill-up trip ticket	1. Issues trip ticket	None	2 Minutes	<i>Motor Pool Dispatcher</i> EFMD
	1.1 Forwards accomplished trip ticket to approving officer	None	15 minutes	<i>Approving Authority</i> EFMD
Pays applicable fees citizen specific: For patient needing ambulance conduction	Provides order of payment and instruct to settle applicable fees at the cashier	<i>See list of fees and charges</i>	10 minutes	<i>Cashier</i> Collecting Section
2. Proceeds to the motor pool unit.	2. Accommodates employees/patients and ensure safety.	None	5 minutes	<i>Driver</i> EFMD
END OF TRANSACTION	TOTAL	N/A	32 minutes	



CITIZEN'S CHARTER

APPLICATION OF SERVICE REQUEST

Maintaining the good condition of hospital facilities and equipment. The service is Monday thru Fridays excluding holiday from 8:00AM-5:00PM. Electrical works, minor plumbing works & carpentry works is available 24/7.

OFFICE	Hospital Operation and Patient Support Service - Engineering & Facilities Management Department (EFMD)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All areas that need evaluation and repair works.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Service request slip (1original)	EFMD

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. End-user file service request thru Telephone Call local 223	1. Fill-out service request slip and endorse to concerned units (Biomedical, Electrical, Mechanical and Physical Unit)	None	2 minutes	Maintenance Staff EFMD
	1.1 Proceeds to concerned areas for accomplishment of service request/ corrective action	None	2 hours	Maintenance Staff EFMD
2. Signs in the Service Request Slip	2. Upon completion of corrective action, fill-	None	5 minutes	Maintenance Staff EFMD



	<p>out the service request slip</p> <p>2.1 Presents the service request slip to the end-user for signing to connote accomplishment of service request/ corrective action.</p>			
END OF TRANSACTION	TOTAL	N/A	2 Hours, 7 Minutes	



CITIZEN'S CHARTER

PREVENTIVE MAINTENANCE AND CALIBRATION OF BIOMEDICAL EQUIPMENT

This process covers all equipment needing preventive maintenance and calibration. The service is open Monday thru Fridays excluding holiday as per scheduled maintenance and calibration.

OFFICE	Hospital Operation and Patient Support Service - Engineering & Facilities Management Department (EFMD)
CLASSIFICATION	Simple Transaction
TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All hospital biomedical equipment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Service request slip (1copy)	EFMD

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for preventive maintenance & calibration of equipment	1. Fill-out service request slip and endorse to biomedical unit.	None	2 minutes	<i>Admin Staff</i> EFMD
	1.1 Conducts preventive maintenance and calibration of medical equipment 1.2 Affixes the date of preventive maintenance and	None	1 day	<i>Biomedical Engineer/ Technician</i> EFMD



	attach stickers to all calibrated biomedical equipment.			
2. Signs in the service request slip/report	2. Presents the service request slip to the end-user for signing to connote accomplishment of service request for preventive maintenance and calibration of biomedical equipment.	None	10 Minutes	<i>Biomedical Engineer/ Technician</i> EFMD
END OF TRANSACTION		TOTAL	N/A	1 day, 12 minutes



CITIZEN'S CHARTER

PRINTING OF FORMS

Printing of various forms and documents as requested by end-user. The service is Monday thru Fridays excluding holidays from 8:00AM-5:00PM.

OFFICE	Hospital Operation and Patient Support Service - Engineering & Facilities Management Department (EFMD)
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All areas needing printed forms

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Service request slip (1original)	Printing unit

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for printing of needed forms/documents.	1. Receives request of end-user. 1.1 Checks and verify availability of forms/ documents.	None	4 minutes	<i>Printing staff</i> EFMD
	situation specific: If not available: Print the requested forms/documents (if not available)	None	5 minutes	<i>Printing staff</i> EFMD
2. Receives printed forms/documents.	2. Issues printed forms/documents	None	5 minutes	<i>Printing staff</i> EFMD
END OF TRANSACTION	TOTAL	N/A	14 minutes	



CITIZEN'S CHARTER

REQUEST FOR GENERAL CLEANING

This process covers request for the conduct of general cleaning. The service is upon the request of the area with their chosen schedule, time and day, except for the Main Operating Room which has schedule for general cleaning every Sunday.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) – Housekeeping Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL	All department/ offices/ centers/ units			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Request Logbook			Housekeeping Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for general cleaning	1.1 Receives request through phone call or personal request at the housekeeping office of the different wards/offices. 1.2 Housekeeping staff logged the request to the request logbook (requesting area, requesting officer, time of request) 1.3 Performs general cleaning	None	1day	<i>Janitorial staff</i> Outsourced Janitorial Service Provider
2. Affixes signature in the service request logbook	2. Instructs to sign in the service request logbook after completion of general cleaning.	None	2 minutes	<i>Janitorial staff</i> Outsourced Janitorial Service Provider
END OF TRANSACTION		TOTAL	N/A	1 day, 2 minutes



CITIZEN'S CHARTER

REQUEST FOR REPLENISHMENT OF OXYGEN TANKS

This process covers request for refilling/replenishment of oxygen empty tanks in different clinical areas. The service is upon the request of the area duly accomplished by the requesting officer.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) – Housekeeping Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL	All areas requesting for refilling/replenishment of empty oxygen tanks.			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Requisition and issue slip (RIS) (3 original)			Requesting ward	
Oxygen Logbook			Materials and Management Department Office (MMD)	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for Refill/Replenishment of Oxygen Tanks	<p>1. Janitorial Service Provider Staff receives the RIS.</p> <p>1.1 Janitorial Staff will proceed to Materials Management Dept. presents the RIS for issuance as per items request.</p> <p>1.2 Janitorial Staff list down the serial</p>	None	1 hour	<p><i>Janitorial staff</i></p> <p>Outsourced Janitorial Service Provider</p>



	<p>numbers of the empty and filled tanks to the Oxygen Logbooks.</p> <p>1.3 Security Guard check the correctness of the logbook.</p> <p>1.4 Transports filled tanks to the designated ward.</p>			
END OF TRANSACTION	TOTAL	N/A	7 hours	



CITIZEN'S CHARTER

REQUEST FOR COLLECTION AND TRANSPORT OF GENERAL AND HAZARDOUS WASTE

This process covers request for collection and transport of general and hazardous waste to ensure cleanliness and sanitation of the hospital.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) – Housekeeping Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2B – Government to Business G2G – Government to Government			
WHO MAY AVAIL	All department/ offices/ centers/ units/ food court			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Manifest form / permit to transport			Housekeeping Section	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for collection of general and hazardous wastes (color coded)	1. Collects the garbage (general and hazardous wastes) 1.1 For general waste: it will be transported to the garbage area using the green cart. 1.2 For hazardous waste: it will be transported to the garbage area using the yellow cart.	None	4 hours	<i>Janitorial staff</i> Outsourced Janitorial Service Provider
END OF TRANSACTION		TOTAL	N/A	4 hours



CITIZEN'S CHARTER

DELIVERIES OF CLEAN LINEN

This process covers by the outsourced laundry service provider. The service is to deliver clean linen to be accounted by the Service Provider and the Linen and Laundry Staff on Duty. Actual counting will be done to ensure the quantity delivered in the collection delivery receipts versus actual count. Shortages noted will be placed at the Shortages Receipt Form.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) - Linen and Laundry Section
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2B – Government to Business
WHO MAY AVAIL	All areas requesting for clean linen.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Outsourcing Monitoring Sheet (1original)	Outsourced Service Provider
Shortages Receipt Form (1original)	Outsourced Service Provider

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receiving and counting of clean linen deliveries	<p>1. Receives and counts deliveries through collection delivery receipts versus actual counting.</p> <p>1.1 After counting, if there is shortages, the Shortages Receipt Form shall be accomplished, acknowledged by both parties.</p>	None	2 hours	<p><i>Linen Staff</i></p> <p>Outsource Laundry Service Provider</p>



	1.2 Receives Statement of Account for delivered linen (Shortages, if any, shall be attached to the SOA for the deduction and/or adjustment of payables).			
END OF TRANSACTION	TOTAL	N/A	7 hours	



CITIZEN'S CHARTER

ISSUANCE OF CLEAN LINEN

This process covers the different wards requesting clean linens. The service is upon the request of the area duly accomplished by the requesting officer. Soiled linen shall be replenished with clean linen as per actual count.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) - Linen and Laundry Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL	All Wards			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Linen Receipt (1original)			Requesting Ward	
Linen Requisition Issue Slip (1original)			MMD Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests of clean linen (bed sheets, pillow case, patient gowns, baby wrapper)	1. End-user will brings down the soiled linen at the designated area for counting. 1.1 Linen and laundry staff on duty and nursing attendants will count the soiled linen, first come-first served basis for replacement with clean linen.	None	1 hour	<i>Linen Staff</i> Laundry Service Provider Representative Personnel



<p>2. Receives issued clean linen</p>	<p>2. Issues clean linen as per number of surrendered soiled linen, using linen receipt and as per RIS.</p> <p>2.1 Number of the soiled linen will be registered to the Inventory logbook and linen receipt form.</p>	<p>None</p>	<p>2 hours</p>	<p><i>Linen Staff</i> Laundry Service Provider Representative Personnel</p>
<p>END OF TRANSACTION</p>	<p>TOTAL</p>	<p>N/A</p>	<p>3 hours</p>	



CITIZEN'S CHARTER

REPLACEMENT OF CURTAINS AND OTHER LINENS

This process covers the replacement of curtains and other linen for the different wards/offices. The service is upon the request of the area duly accomplished by the requesting officer and as per schedule set for the replacement of curtains.

OFFICE	Hospital Operation and Patient Support Service (HOPSS) - Linen and Laundry Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2G – Government to Government			
WHO MAY AVAIL	All Wards and Offices of the Hospital			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Linen Receipt (1original)			Linen and Laundry Section	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Surrenders all soiled curtains, towels, trays using linen receipt form.	1. Issuance and change of other linens (curtains, towels, tray lining, etc.) 1.1 Issues clean linen	None	1 hour	<i>Laundry Staff</i> Linen Department
END OF TRANSACTION		TOTAL	N/A	1 hour



Finance Service Internal Services



CITIZEN'S CHARTER

FILING OF PHILHEALTH BENEFIT FILING

This process covers application of PhilHealth members and/or their dependents for availment of their PhilHealth benefit. Required document/s may vary depending on their PhilHealth membership status at the time of application and/or as required by existing PhilHealth policies. The service is offered Mondays thru Fridays from 7:00am-5:00pm, and Saturdays, Sundays and Holidays 8:00am-5:00pm.

OFFICE	Finance Service - Philhealth Section	
CLASSIFICATION	Simple	
TYPE OF TRANSACTION	G2C-Government to Citizen G2G- Government to Government	
WHO MAY AVAIL	All PhilHealth member/s and/or their dependent/s who are admitted and those scheduled for OPD procedures	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Proof of PhilHealth Membership 1. Membership Data Record (MDR) (1 original) 2. PhilHealth ID (1 photocopy)	PhilHealth Local Health Insurance Office
	Requirements for Employed Members/Dependents with 'Not Eligible' Result on Eligibility Check 1. Proof of PhilHealth Contribution for Employed Members(1 original) 2. Report of Employee Members (ER2)(1 photocopy)	Employer
	Official Receipt of PhilHealth Contribution, if applicable (1 photocopy)	PhilHealth Local Health Insurance Office or PhilHealth Accredited Collecting Agents (e.g. Bayad Center, SM Bills Payment, Banks, etc.)
	Certificate of Eligibility for Indigent Members (CE1), if applicable (1 original)	PhilHealth Local Health Insurance Office
	Birth Certificate, if applicable (1 photocopy)	Philippine Statistics Authority
	Draft Birth Certificate, if applicable(1 photocopy)	Medical Records at Main Hospital for Newborn Patients born in the Hospital
	Marriage Certificate, if applicable (1 photocopy)	Philippine Statistics Authority
	Senior Citizen ID, if applicable (1 photocopy)	Local Government Unit



<p>Dialysis Package Requirements</p> <ol style="list-style-type: none"> 1. PhilHealth Dialysis Database Certificate, if applicable (1 photocopy) 2. Chronic Kidney Disease 5 Certificate, if applicable (1 photocopy) 	<p>Dialysis Center/Institution where Patient first availed PhilHealth Dialysis Package</p>
<p>Cataract Pre-Surgery Authorization Checklist, if applicable (2 photocopy)</p>	<p>Ophthalmology Eye Center at OPD Building</p>
<p>Point-of-Service (POS) Certification, if applicable (1 photocopy)</p> <ol style="list-style-type: none"> 1. Request/ Referral Slip for JRRMMC-MSW enrolled POS Members/Dependents 2. Point-of-Service (POS) Certification for POS Members/Dependents enrolled outside JRRMMC 	<p>Hospital/Institution where Patient was registered as Point-of-Service Member or Dependent</p>
<p>Cover Sheet of Medical Chart for admitted patients, if applicable (1 original)</p>	<p>Nurse Station of the Ward or Room where the Patient is confined</p>
<p>OPD Documents, if applicable</p> <ol style="list-style-type: none"> 1. OPD Chart (1 photocopy) 2. Schedule of OPD Procedure (1 original) 3. RVS Code of Procedure (1 original) 	<p>Area or OPD Department at OPD Building where OPD Procedure was scheduled</p>
<p>Monitoring Lists for Repetitive OPD Procedures</p> <ol style="list-style-type: none"> 1. Dialysis/ Debridement Monitoring List (1 original) 2. Chemotherapy/Radiotherapy Monitoring List (1 original) 	<p>Claims Section Counter at Main Hospital (given for the first session of OPD procedure)</p>
<p>Statement of Account/Hospital Bill (within 90 days prior to confinement) (1 photocopy)</p>	<p>Hospital of most recent admission</p>
<p>Original Affidavits, if applicable</p> <ol style="list-style-type: none"> 1. Affidavit of Two Disinterested Persons, if applicable (1 original) 2. Affidavit of Discrepancy, if applicable (1 original) 	<p>Notary Public</p>
<p>Two (2) Government Issued ID, (e.g. PRC License, UMID, Passport, Driver's License, Postal ID, Voter's ID, etc.) (1 photocopy)</p>	<p>Government Agencies (e.g. PRC, SSS, GSIS, PhilPost, DFA, Commission on Elections, etc.)</p>



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Gets queue number from queuing kiosk	1. Instructs Patient/ Representative to get number from queuing kiosk. Priority numbers are designated for Senior Citizens, Pregnant Women and PWD.	None	10 seconds	<i>Admin Staff Philhealth Section</i>
2. Proceeds to waiting area until number is called	2. Instructs Patient/ Representative to proceed to waiting area	None	3 hours	<i>Admin Staff Philhealth Section</i>
3. Proceeds to the designated counter for interview	<p>3. Interviews patient regarding most recent previous admission, reason for current admission, scheduled procedure, other on-going medical treatment (e.g Dialysis, Chemotherapy, Radiotherapy, etc.) and other factors that may deem availment of the PhilHealth Benefit uncompensable as based on existing PhilHealth policies on time of application</p> <p>condition specific:</p> <p>If patient's benefit availment is uncompensable, patient/representative is endorsed to the Medical Social Service</p> <p>If Patient's benefit availment is found compensable,</p>	None	10 minutes	<i>Admin Staff Philhealth Section</i>



	patient/representative proceeds to next step			
4. Fills Out Claim Signature Form (CSF) and PhilHealth Member Registration Form (PMRF).	4. Verifies Patient's information on filled out CSF and PMRF against existing philhealth record and submitted IDs. Generates eligibility results and prints PhilHealth Benefit Eligibility Form (PBEF).			<i>Admin Staff Philhealth Section</i>
5. Presents required supporting documents to support eligibility if generated result is 'Not Eligible'. Signs PhilHealth Benefit Eligibility Form (PBEF).	5. If found eligible, encodes Patient's details in BAMS	None	15 minutes	<i>Admin Staff Philhealth Section</i>
condition specific: For Inpatients: Presents note to Nurse Station. Takes actual cover sheet of the medical chart	condition specific: For Inpatients: Issues note to nurse on duty for stamping of membership category on cover sheet of medical chart and for correction of Patient's Information in the coversheet if discrepancies are found			
For outpatients: Proceeds to billing section and presents routing slip and charge slip for billing of appropriate charges	For outpatients: Issues routing slip/special charges with date of procedure scheduled by OPD. Writes date of procedure on the monitoring list for			



	dialysis, debridement, chemotherapy and radiotherapy patients. Patient/representative is then instructed to proceed to billing section for billing of procedure			
6. For Inpatients: Presents actual cover sheet	6. Stamps Cover Sheet or Routing Slip with PhilHealth Membership Type for deduction of PhilHealth Benefit in the statement of account prior to discharge and/or billing	None	5 seconds	<i>Admin Staff Philhealth Section</i>
END OF TRANSACTION	TOTAL	N/A	3 hours 25 minutes, 15 seconds	



CITIZEN'S CHARTER

PROCESSING OF DISBURSEMENT VOUCHER (DV) FOR PUBLIC BIDDING

This process covers checking and evaluating the submitted request for processing of disbursement voucher for public bidding to determine correctness and completeness of documentary requirement attached in the disbursement voucher. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Materials Management Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Disbursement voucher (1 original) (3 photocopy)	Materials Management Department
Inspection and Acceptance Unit Report (1 original)	Materials Management Department
MMD Inspection and Acceptance Report (1 original)	Materials Management Department
Sales Invoice (1 original)	Materials Management Department
Delivery receipt, if applicable (1 original)	Materials Management Department
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)	Materials Management Department
Purchase Order (5 original)	Materials Management Department
Approved purchase request (1 original)	Materials Management Department
Stock Position Sheet (1 original)	Materials Management Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the DV with complete documents to the receiving staff of	1. Receives the DV with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department



accounting department				
	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific:</p> <p>If with findings, return to originating office.</p>	None	3 days	<i>Processor Accounting Department</i>
	<p>1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.</p> <p>1.4 Affixes initial in the DV document.</p>	None	8 hours	<i>Accountant Accounting Department</i>
2. Receives the DV for signing.	2. Forwards the DV to financial management office for signing.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Signs the submitted DV.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved DV to accounting office for releasing.	3. Releases the signed DV and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF DISBURSEMENT VOUCHER (DV) FOR DIRECT CONTRACTING

This process covers checking and evaluating the submitted request for processing of disbursement voucher for direct contracting to determine correctness and completeness of documentary requirement attached in the disbursement voucher. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Materials Management Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Disbursement voucher (1 original) (3 photocopy)	Materials Management Department
Inspection and Acceptance Unit Report (1 original)	Materials Management Department
MMD Inspection and Acceptance Report (1 original)	Materials Management Department
Sales Invoice (1 original)	Materials Management Department
Delivery receipt, if applicable (1 original)	Materials Management Department
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)	Materials Management Department
Purchase Order (5 original)	Materials Management Department
BAC Resolution of alternative mode of procurement, if Direct Contracting is not indicated in the approved APP (1 original)	Materials Management Department
Stock Position Sheet (1 original)	Materials Management Department
Price monitoring from three (3) leading Hospitals/drugstores - for DOH Botika (1 original)	Materials Management Department
Certificate of no suitable substitute (1 original)	Materials Management Department



Certification of mode of procurement for Direct Contracting (1 original)	Materials Management Department			
Approved price quotation (1 original)	Materials Management Department			
Certificate of exclusive distributorship from manufacturer (1 original)	Materials Management Department			
Certified true copy of APP (Annual Procurement Plan) (1 original)	Materials Management Department			
CAF if not included in the regular approved APP (1 original)	Materials Management Department			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the DV with complete documents to the receiving staff of accounting department	1. Receives the DV with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements. 1.2 Attaches routing slip and specify appropriate action for the submitted documents. condition specific:	None	3 days	<i>Processor</i> Accounting Department



	If with findings, return to originating office.			
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings. 1.4 Affixes initial in the DV document.	None	8 hours	<i>Accountant</i> Accounting Department
2. Receives the DV for signing.	2. Forwards the DV to financial management office for signing.	None	15 minutes	<i>Admin Staff</i> Accounting Department
	2.1 Signs the submitted DV.	None	1 day	<i>Financial Management Officer</i> Office of the Financial Management
3. Returns the approved DV to accounting office for releasing.	3. Releases the signed DV and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff</i> Accounting Department
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF DISBURSEMENT VOUCHER (DV) SHOPPING METHOD

This process covers checking and evaluating the submitted request for processing of disbursement voucher for shopping method to determine correctness and completeness of documentary requirement attached in the disbursement voucher. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department	
CLASSIFICATION	Complex	
TYPE OF TRANSACTION	G2G - Government to Government	
WHO MAY AVAIL	Materials Management Department	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Disbursement voucher (1 original) (3 photocopy)	Materials Management Department
	Inspection and Acceptance Unit Report (1 original)	Materials Management Department
	MMD Inspection and Acceptance Report (1 original)	Materials Management Department
	Sales Invoice (1 original)	Materials Management Department
	Delivery receipt, if applicable (1 original)	Materials Management Department
	Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)	Materials Management Department
	Purchase Order (5 original)	Materials Management Department
	Approved purchase request (1 original)	Materials Management Department
	Approved price quotation (1 original); if from DOH Botika, certified true copy	Materials Management Department
	Price quotations from at least three reputable suppliers (1 original)	Materials Management Department
	Abstract of canvass (1 original)	Materials Management Department
	HBAC Resolution recommending award (1 original)	Materials Management Department
	HBAC Resolution of alternative mode of procurement (1 original)	Materials Management Department



CAF if not included in the regular approved APP (1 original)		Materials Management Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the DV with complete documents to the receiving staff of accounting department	1. Receives the DV with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements. 1.2 Attaches routing slip and specify appropriate action for the submitted documents. condition specific: If with findings, return to originating office.	None	3 days	<i>Processor</i> Accounting Department
	1.3 Evaluates and countercheck to determine completeness,	None	8 hours	<i>Accountant</i> Accounting Department



	correctness and any other missed findings. 1.4 Affixes initial in the DV document.			
2. Receives the DV for signing.	2. Forwards the DV to financial management office for signing.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Signs the submitted DV.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved DV to accounting office for releasing.	3. Releases the signed DV and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF DISBURSEMENT VOUCHER (DV) FOR REPEAT ORDER

This process covers checking and evaluating the submitted request for processing of disbursement voucher for repeat order to determine correctness and completeness of documentary requirement attached in the disbursement voucher. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department		
CLASSIFICATION	Complex		
TYPE OF TRANSACTION	G2G - Government to Government		
WHO MAY AVAIL	Materials Management Department		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Disbursement voucher (1 original) (3 photocopy)		Materials Management Department	
Inspection and Acceptance Unit Report (1 original)		Materials Management Department	
MMD Inspection and Acceptance Report (1 original)		Materials Management Department	
Sales Invoice (1 original)		Materials Management Department	
Delivery receipt, if applicable (1 original)		Materials Management Department	
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)		Materials Management Department	
Purchase Order (5 original)		Materials Management Department	
Approved purchase request (1 original)		Materials Management Department	
Stock Position Sheet (1 original)		Materials Management Department	
Price validity from supplier (1 original)		Materials Management Department	
BAC Resolution of the repeat order (1 original)		Materials Management Department	
CAF if not included in the regular APP (1 original)		Materials Management Department	



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the DV with complete documents to the receiving staff of accounting department	1. Receives the DV with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements. 1.2 Attaches routing slip and specify appropriate action for the submitted documents. condition specific: If with findings, return to originating office.	None	3 days	<i>Processor</i> Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.	None	8 hours	<i>Accountant</i> Accounting Department



	1.4 Affixes initial in the DV document.			
2. Receives the DV for signing.	2. Forwards the DV to financial management office for signing.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Signs the submitted DV.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved DV to accounting office for releasing.	3. Releases the signed DV and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF DISBURSEMENT VOUCHER (DV) FOR NEGOTIATED- AGENCY TO AGENCY

This process covers checking and evaluating the submitted request for processing of disbursement voucher for negotiated (agency- agency) to determine correctness and completeness of documentary requirement attached in the disbursement voucher . This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Materials Management Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Disbursement voucher (1 original) (3 photocopy)	Materials Management Department
Inspection and Acceptance Unit Report (1 original)	Materials Management Department
MMD Inspection and Acceptance Report (1 original)	Materials Management Department
Sales Invoice (1 original)	Materials Management Department
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)	Materials Management Department
Purchase Order (5 original)	Materials Management Department
Approved purchase request (1 original)	Materials Management Department
Stock Position Sheet (1 original)	Materials Management Department
Price list/quotation from government agency/entity or downloaded copy of price list from Procurement Service (1 original)	Materials Management Department
BAC Resolution, if Negotiated (Agency to Agency) mode of procurement is not indicated in the approved APP (1 original)	Materials Management Department
CAF if not included in the regular APP (1 original)	Materials Management Department



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the DV with complete documents to the receiving staff of accounting department	1. Receives the DV with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific:</p> <p>If with findings, return to originating office.</p>	None	3 days	<i>Processor</i> Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.	None	8 hours	<i>Accountant</i> Accounting Department



	1.4 Affix initial in the DV document.			
2. Receives the DV for signing.	2. Forwards the DV to financial management office for signing.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Signs the submitted DV.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved DV to accounting office for releasing.	3. Releases the signed DV and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF DISBURSEMENT VOUCHER (DV) FOR NEGOTIATED- 53.2- 53.9

This process covers checking and evaluating the submitted request for processing of disbursement voucher for negotiated (53.2- 53.9) to determine correctness and completeness of documentary requirement attached in the disbursement voucher. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Materials Management Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Disbursement voucher (1 original) (3 photocopy)	Materials Management Department
Inspection and Acceptance Unit Report (1 original)	Materials Management Department
MMD Inspection and Acceptance Report (1 original)	Materials Management Department
Sales Invoice (1 original)	Materials Management Department
Delivery receipt, if applicable (original copy)	Materials Management Department
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)	Materials Management Department
Purchase Order (5 original)	Materials Management Department
Approved purchase request (1 original)	Materials Management Department
Stock Position Sheet (1 original)	Materials Management Department
Price quotations from at least three reputable suppliers	Materials Management Department
Abstract of canvass (original copy)	Materials Management Department
BAC Resolution of alternative mode of procurement	Materials Management Department
BAC Resolution recommending award	Materials Management Department
CAF if not included in the regular APP (1 original)	Materials Management Department



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the DV with complete documents to the receiving staff of accounting department	1. Receives the DV with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific:</p> <p>If with findings, return to originating office.</p>	None	3 days	<i>Processor</i> Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.	None	8 hours	<i>Accountant</i> Accounting Department



	1.4 Affixes initial in the DV document.			
2. Receives the DV for signing.	2. Forwards the DV to financial management office for signing.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Sign the submitted DV.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved DV to accounting office for releasing.	3. Releases the signed DV and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF PURCHASE ORDER (PO) FOR PUBLIC BIDDING

This process covers checking and evaluating the submitted request for processing of purchase order for public bidding to determine correctness and completeness of documentary requirement attached in the purchase order. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Budget Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 photocopies)	Procurement Management Department/ BAC Secretariat Office
Purchase Order (5 original)	Procurement Management Department/ BAC Secretariat Office
Approved purchase request (1 original)	Procurement Management Department/ BAC Secretariat Office
Stock Position Sheet (1 original)	Procurement Management Department/ BAC Secretariat Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the PO with complete documents to the receiving staff of accounting department	1. Receives the PO with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.	None	3 days	<i>Processor</i> Accounting Department



	<p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific:</p> <p>If with findings, return to originating office.</p>			
	<p>1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.</p> <p>1.4 Affixes initial in the PO document.</p>	None	8 hours	<i>Accountant</i> Accounting Department
2. Receives the PO for signing.	2. Forwards the PO to financial management office for signing.	None	15 minutes	<i>Admin Staff</i> Accounting Department
	2.1 Signs the submitted PO.	None	1 day	<i>Financial Management Officer</i> Office of the Financial Management
3. Returns the approved PO to accounting office for releasing.	3. Releases the signed PO and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff</i> Accounting Department
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF PURCHASE ORDER (PO) FOR DIRECT CONTRACTING

This process covers checking and evaluating the submitted request for processing of purchase order for direct contracting to determine correctness and completeness of documentary requirement attached in the purchase order. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department		
CLASSIFICATION	Complex		
TYPE OF TRANSACTION	G2G - Government to Government		
WHO MAY AVAIL	Budget Department		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Purchase Order (Direct Contracting) Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)		Procurement Management Department/ BAC Secretariat Office	
Purchase Order (5 original)		Procurement Management Department/ BAC Secretariat Office	
BAC Resolution of alternative mode of procurement, if Direct Contracting is not indicated in the approved APP (1 original)		Procurement Management Department/ BAC Secretariat Office	
Approved price quotation (1 original)		Procurement Management Department/ BAC Secretariat Office	
Approved purchase request (1 original)		Procurement Management Department/ BAC Secretariat Office	
Stock Position Sheet (1 original)		Procurement Management Department/ BAC Secretariat Office	
Price monitoring from three (3) leading Hospitals/drugstores - for DOH Botika (1 original)		Procurement Management Department/ BAC Secretariat Office	
Certificate of no suitable substitute (1 original)		Procurement Management Department/ BAC Secretariat Office	
Certification of mode of procurement for Direct Contracting (1 original)		Procurement Management Department/ BAC Secretariat Office	
Certificate of exclusive distributorship from manufacturer (1 original)		Procurement Management Department/ BAC Secretariat Office	



Annual Procurement Plan (1 original)		Procurement Management Department/ BAC Secretariat Office		
CAF if not included in the regular approved APP (1 original)		Procurement Management Department/ BAC Secretariat Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the PO with complete documents to the receiving staff of accounting department	1. Receives the PO with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements. 1.2 Attaches routing slip and specify appropriate action for the submitted documents. condition specific: If with findings, return to originating office.	None	3 days	<i>Processor</i> Accounting Department
	1.3 Evaluates and countercheck to determine	None	8 hours	<i>Accountant</i> Accounting Department



	<p>completeness, correctness and any other missed findings.</p> <p>1.4 Affix initial in the PO document.</p>			
2. Receives the PO for signing.	2. Forwards the PO to financial management office for signing.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Signs the submitted PO.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved PO to accounting office for releasing.	3. Releases the signed PO and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF PURCHASE ORDER (PO) FOR SHOPPING METHOD

This process covers checking and evaluating the submitted request for processing of purchase order for shopping method to determine correctness and completeness of documentary requirement attached in the purchase order. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department	
CLASSIFICATION	Complex	
TYPE OF TRANSACTION	G2G - Government to Government	
WHO MAY AVAIL	Budget Department	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original) CAF if not included in the regular approved APP	Procurement Management Department/ BAC Secretariat Office	
Purchase Order (5 original)	Procurement Management Department/ BAC Secretariat Office	
Approved purchase request (1 original)	Procurement Management Department/ BAC Secretariat Office	
Approved price quotation (1 original); if from DOH Botika (1 original)	Procurement Management Department/ BAC Secretariat Office	
Price quotations from at least three reputable suppliers (1 original)	Procurement Management Department/ BAC Secretariat Office	
Abstract of canvass (1 original)	Procurement Management Department/ BAC Secretariat Office	
HBAC Resolution recommending award (1 original)	Procurement Management Department/ BAC Secretariat Office	
HBAC Resolution of alternative mode of procurement (1 original)	Procurement Management Department/ BAC Secretariat Office	
CAF if not included in the regular approved APP (1 original)	Procurement Management Department/ BAC Secretariat Office	



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the PO with complete documents to the receiving staff of accounting department	1. Receives the PO with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department
	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific:</p> <p>If with findings, return to originating office.</p>	None	3 days	<i>Processor</i> Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.	None	8 hours	<i>Accountant</i> Accounting Department



	1.4 Affixes initial in the PO document.			
2. Receives the PO for signing.	2. Forwards the PO to financial management office for signing.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Signs the submitted PO.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved PO to accounting office for releasing.	3. Releases the signed PO and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF PURCHASE ORDER (PO) FOR REPEAT ORDER

This process covers checking and evaluating the submitted request for processing of purchase order for repeat order to determine correctness and completeness of documentary requirement attached in the purchase order. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Budget Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)	Procurement Management Department/ BAC Secretariat Office
Purchase Order (5 original)	Procurement Management Department/ BAC Secretariat Office
Approved purchase request (1 original)	Procurement Management Department/ BAC Secretariat Office
Stock Position Sheet (1 original)	Procurement Management Department/ BAC Secretariat Office
Price validity from supplier (1 original)	Procurement Management Department/ BAC Secretariat Office
BAC Resolution of the repeat order (1 original)	Procurement Management Department/ BAC Secretariat Office
CAF if not included in the regular APP (1 original)	Procurement Management Department/ BAC Secretariat Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the PO with complete documents to the receiving staff of accounting department	1. Receives the PO with complete attached documentary requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department



	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific:</p> <p>If with findings, return to originating office.</p>	None	3 days	Processor Accounting Department
	<p>1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.</p> <p>1.4 Affixes initial in the PO document.</p>	None	8 hours	Accountant Accounting Department
2. Receives the PO for signing.	2. Forwards the PO to financial management office for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted PO.	None	1 day	Financial Management Officer Office of the Financial Management
3. Returns the approved PO to accounting office for releasing.	3. Releases the signed PO and forward to the office of the medical center chief.	None	4 hours	Admin Staff Accounting Department
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

PROCESSING OF PURCHASE ORDER FOR NEGOTIATED- AGENCY TO AGENCY

This process covers checking and evaluating the submitted request for processing of purchase order for negotiated (agency- agency) to determine correctness and completeness of documentary requirement attached in the purchase order. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Budget Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 photocopies)	Procurement Management Department/ BAC Secretariat Office
Purchase Order (5 original)	Procurement Management Department/ BAC Secretariat Office
Approved purchase request (1 original)	Procurement Management Department/ BAC Secretariat Office
Stock Position Sheet (1 original)	Procurement Management Department/ BAC Secretariat Office
Price list/quotation from government agency/entity or downloaded copy of price list from Procurement Service (1 original)	Procurement Management Department/ BAC Secretariat Office
BAC Resolution, if Negotiated (Agency to Agency) mode of procurement is not indicated in the approved APP (1 original)	Procurement Management Department/ BAC Secretariat Office
CAF if not included in the regular APP (1 original)	Procurement Management Department/ BAC Secretariat Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the PO with complete	1. Receive the PO with complete attached	None	1 hour	<i>Admin Staff</i> Accounting Department



documents to the receiving staff of accounting department	documented requirements.			
	<p>1.1 Checks and verify correctness in each attached documented requirements.</p> <p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific:</p> <p>If with findings, return to originating office.</p>	None	3 days	Processor Accounting Department
	<p>1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.</p> <p>1.4 Signs the document.</p>	None	8 hours	Accountant Accounting Department



2. Receives the PO for approval.	2. Forwards the signed document to financial management office for approval.	None	15 minutes	<i>Admin Staff Accounting Department</i>
	2.1 Signs and approve the submitted PO.	None	1 day	<i>Financial Management Officer Office of the Financial Management</i>
3. Returns the approved PO to accounting office for releasing.	3. Receives the approve PO. 3.1 Releases The approved PO and forward to the office of the medical center chief.	None	4 hours	<i>Admin Staff Accounting Department</i>
END OF TRANSACTION	TOTAL	N/A	4 days, 13 hours, 15 minutes	



CITIZEN'S CHARTER

PROCESSING OF PURCHASE ORDER FOR NEGOTIATED 53.2-53.9

This process covers checking and evaluating the submitted request for processing of purchase order for negotiated (53.2- 53.9) to determine correctness and completeness of documentary requirement attached in the purchase order. This procedure ensures that all attached documents are in accordance with government procurement law and requirement of commission on audit.

OFFICE	Finance Service - Accounting Department
CLASSIFICATION	Complex
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Budget Department

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 photocopies)	Procurement Management Department/ BAC Secretariat Office
Purchase Order (5 original)	Procurement Management Department/ BAC Secretariat Office
Approved purchase request (1 original)	Procurement Management Department/ BAC Secretariat Office
Stock Position Sheet (1 original)	Procurement Management Department/ BAC Secretariat Office
Price list/quotation from government agency/entity or downloaded copy of price list from Procurement Service (1 original)	Procurement Management Department/ BAC Secretariat Office
BAC Resolution, if Negotiated (Agency to Agency) mode of procurement is not indicated in the approved APP (1 original)	Procurement Management Department/ BAC Secretariat Office
CAF if not included in the regular APP (1 original)	Procurement Management Department/ BAC Secretariat Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the PO with complete documents to the receiving staff of	1. Receives the PO with complete attached documented requirements.	None	1 hour	<i>Admin Staff</i> Accounting Department



accounting department				
	<p>1.1 Checks and verify correctness in each attached documented requirements.</p> <p>1.2 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p>condition specific: If with findings, return to originating office.</p>	None	3 days	Processor Accounting Department
	<p>1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.</p> <p>1.4 Signs the document.</p>	None	8 hours	Accountant Accounting Department
2. Receives the PO for approval.	2. Forwards the signed document to financial management office for approval.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs and approve the submitted PO.	None	1 day	Financial Management Officer Office of the Financial Management
3. Returns the approved PO to accounting office for releasing.	<p>3. Receives the approve PO.</p> <p>3.1 Releases The approved PO and forward to the office of the medical center chief.</p>	None	4 hours	Admin Staff Accounting Department
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



CITIZEN'S CHARTER

EXECUTION OF PROMISSORY NOTE

This covers the facilitation of the discharge of patients with pending financial assistance, temporary statement of account, and those who cannot settle in full the amount of bill through the execution of promissory note. This service is from Mondays thru Fridays excluding holidays from 8:00AM to 5:00PM.

OFFICE	Finance Service - Disbursing Department
CLASSIFICATION	Highly Technical
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government
WHO MAY AVAIL	All patients with pending financial assistance, temporary statement of account, and those who cannot settle in full the amount of bill at the time of discharge

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Statement of Account (1original)	Billing Department
2 valid IDs of Guarantor/Co-Maker (1 photocopy)	Guarantor/Co-Maker
Notes signed by doctors allowing the execution of promissory note for professional fees	Doctors/Resident Physicians
Promissory Note Form (1original)	Disbursing Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents statement of account and intention of executing promissory note	1. Checks statement of account & classification of patient 1.1 Educates on the required documentary requirements in the execution of promissory note 1.2 Instructs to proceed to Medical Social	None	5 minutes	<i>Disbursing Staff</i> Disbursing Department



	Service Department (MSWD) for financial assistance.			
2. Proceeds to MSWD to seek for financial assistance	2. Interviews, gathers data and conducts psychosocial assessment and evaluation of walk-in or referred patient and facilitate assistance. (See MSWD charter)	None	10 minutes	Social Welfare Officer Disbursing Department
3. Presents Statement of Account with indicated discount by MSWD and other required documentary requirements	3. Checks and evaluate completeness of documentary requirements	None	2 minutes	Disbursing Staff Disbursing Department
4. Fill up Promissory note form	4. Issues Promissory note form and Instructs to fill up the necessary information needed	None	5 minutes	Disbursing Staff Disbursing Department
5. Photocopy the duly accomplished promissory note form and valid IDs of guarantor/co-maker	5. Checks the filled up promissory note form and instructs to have it photocopied as well as the valid IDs of guarantor/co-maker	None	10 minutes	Disbursing Staff Disbursing Department
6. Proceeds to Cashier/Collecting Department for clearance	6. Instructs to proceed to Cashier/Collecting Department for clearance	None	2 minutes	Disbursing Staff Disbursing Department
END OF TRANSACTION		TOTAL	N/A	34 minutes



CITIZEN'S CHARTER

REQUEST FOR REFUND

This process covers return of payments made by clients for procedures not done & medicines not used, and overpayment on hospital bill. This service is from Mondays thru Fridays excluding holidays from 8:00AM to 5:00PM.

OFFICE	Finance Service - Disbursing Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government Employee
WHO MAY AVAIL	All patients with payments made for procedures not done & medicines not used, and overpayment on hospital bill

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Official Receipt (1original)	Claimant
1 valid ID of patient (1 photocopy)	Claimant
Statement of Account; if applicable (1original)	Billing Department
Laboratory Request/Radiology Request/Order of Payment Form; if applicable (1original)	Claimant
Duly accomplished Certification for Refund; if applicable (1original)	Disbursing Office/Clinical Areas concerned
Certification from Pharmacy; if applicable (1original)	DOH Botika
Photocopy of proof of relationship (Birth Certificate/Death Certificate); if applicable (1original)	Claimant
1 valid ID of authorized to claim the check; if applicable (1photocopy)	Authorized Representative

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquiries on the refund process	1. Informs client on the refund process	None	12 minutes	<i>Disbursing Staff</i> Disbursing Department
2. Secures/ complete the necessary documents	2. Instructs client to secure/ complete the documentary requirements	None	15 minutes	<i>Disbursing Staff</i> Disbursing Department



3. Presents the complete necessary documents	3. Checks the documentary requirements presented	None	4 minutes	<i>Disbursing Staff</i> Disbursing Department
4. For refund amounting 3,000.00 and below condition specific: For refund amounting 3,001.00 and above	4. Instructs client to fill-out petty cash voucher condition specific: Informs that refund is thru check and gives client contact number for follow up and list of requirements to be presented in claiming the check.	None	4 minutes	<i>Disbursing Staff</i> Disbursing Department
5. Receive cash	5. Releases cash	None	3 minutes	<i>Disbursing Staff</i> Disbursing Department
END OF TRANSACTION		TOTAL	N/A	38 minutes



CITIZEN'S CHARTER

RELEASING OF CHECKS & SECURING OFFICIAL AND/OR COLLECTION RECEIPT FOR LDDAP-ADA PROCESSED

This covers return of payments made by clients for procedures not done & medicines not used, and overpayment on hospital bill. This service is from Mondays thru Fridays excluding holidays from 8:00AM to 5:00PM.

OFFICE	Finance Service - Disbursing Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government
WHO MAY AVAIL	All clients with outstanding receivables from the hospital

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Official and/or Collection Receipt; if applicable (1 original)	Concerned Business Entity/Government
Authority to Collect; if applicable (1 original)	Concerned Business Entity
Proof of Identification (Valid ID) (1 original)	Claimant
Authorization Letter; if applicable (1 original)	Claimant
Photocopy of Special Power of Attorney; if applicable (1 photocopy)	Claimant

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquires in the availability of check/s and/or payment/s credited to account thru LDDAP-ADA	1. Verifies the availability of check/s and/or payment/s credited to account thru LDDAP-ADA	None	5 minutes	<i>Disbursing Staff</i> Disbursing Department
2. Presents the complete necessary documents	2. Checks the documentary requirements presented	None	1 minute	<i>Disbursing Staff</i> Disbursing Department
3. Issues official collection receipt/s	3. Presents voucher/s and instruct client to	None	5 minutes	<i>Disbursing Staff</i> Disbursing Department



(for company representatives only)	issue official/ collection receipt/s (for company representatives only)			
4. Affixes signature, date, printed name and OR number on the BOX E portion of the voucher/s	4. Instructs client to accomplish the BOX E portion of the voucher/s	None	1 minute	<i>Disbursing Staff</i> Disbursing Department
5. Affixes signature, date, and printed name on the logbook/s	5. Instructs client to affix signature, date, and printed name opposite the details of check/s to be issued/ LDDAP-ADA receipted on the logbook	None	1 minute	<i>Disbursing Staff</i> Disbursing Department
6. Receives check/s and copy of disbursement voucher/s	6. Releases check/s and copy of disbursement voucher/s	None	2 minutes	<i>Disbursing Staff</i> Disbursing Department
END OF TRANSACTION		TOTAL	N/A	30 minutes



CITIZEN'S CHARTER

ISSUANCE OF TEMPORARY STATEMENT OF ACCOUNT (SOA)

A detailed running report of necessary charges incurred by patient during the course of hospital stay. The request of SOA can be done anytime as per the request of patient/ relative.

OFFICE	Finance Service – Billing Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government			
WHO MAY AVAIL	All admitted patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Patient's Chart			Nurses' Station	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for issuance of statement of account (SOA)	1. Forwards patient's chart to billing section	None	10 minutes	<i>Nurse on duty/ Nursing Attendant Clinical Area</i>
	1.1 Preparation of SOA	None	20 Minutes	<i>Admin Staff Billing Section</i>
	1.2 Notifies ward nurse on duty once SOA is available	None	5 Minutes	<i>Admin Staff Billing Section</i>
2. Receives SOA	2. Issues SOA and explain the charges posted in the hospital bill	None	10 Minutes	<i>Admin Staff Billing Section</i>
END OF TRANSACTION		TOTAL	N/A	45 Minutes



CITIZEN'S CHARTER

ISSUANCE OF FINAL STATEMENT OF ACCOUNT (SOA)

A detailed report of final charges incurred by patient during the course of stay in the hospital. This SOA will be issued upon discharge of patient.

OFFICE	Finance Service – Billing Section			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C - Government to Citizen G2G - Government to Government			
WHO MAY AVAIL	All admitted patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Patient's Chart			Nurse's Station	
Clearance Slip (1original)			Nurse's Station	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Written order of physician for discharge	1. Forwards patient's chart to billing section	None	10 minutes	<i>Nurse on duty/ Nursing Attendant Clinical Area</i>
	1.1 Preparation of Statement of Account (SOA)	None	20 Minutes	<i>Admin Staff Billing Section</i>
2. Presents clearance slip	2. Issues Statement of Account, Stamp clearance slip, explain bill and instruct on the next process.	None	10 Minutes	<i>Admin Staff Billing Section</i>
END OF TRANSACTION		TOTAL	N/A	40 Minutes



Finance Service Internal Services



CITIZEN'S CHARTER

FUNDING OF DISBURSEMENT VOUCHERS AND PURCHASE ORDERS THROUGH OBLIGATION REQUEST STATUS AND BUDGET UTILIZATION REQUEST STATUS

This process is to allocate available funds for the received Disbursement Vouchers and Purchase Orders.

OFFICE	Finance Service - Budget Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G- Government to Government
WHO MAY AVAIL	All employees of the Agency or End User

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
BURS/ORS signed by Service Chief (3 copies)	Service Chief Office (Chief Administrative Office, Chief of Medical Professional Staff, Nursing Office)
Signed Disbursement voucher and Purchase Order in five (5) and six (6) copies respectively	Originating Office : PMD/MMD- for payment of goods, outsourced services, capital outlays (Infrastructure and Equipment) HRMD- for payment of personnel benefits/allowances/salaries.
Other documentary requirements which vary depending on the type of claim	PMD, MMD,HRMD, End user

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards Purchase Orders and Disbursement Voucher with attached requirements.	1. Receives and record Purchase Order (PO)/ Disbursement Voucher (DV)	None	2 Minutes	<i>Admin Staff</i> Budget Section
	1.1 Checks accuracy, completeness and validity of all supporting documents	None	15 Minutes	<i>Admin Staff</i> Budget Section



	1.2 Assign BUR/ORS No. and records to Registry of Budget Utilization and Disbursement (RBUD)/Registry of Allotments, Obligations and Disbursements (RAOD)	None	5 Minutes	Admin Staff Budget Section
	1.3 Reviews BURS/ORS if properly funded and if complies with UACS	None	2 Minutes	Admin Staff Budget Section
	1.4 Signs BURS/ORS	None	2 Minutes	Admin Staff Budget Section
	1.5 Forwards signed BURS/ORS to other signatories	None	2 Minutes	Admin Staff Budget Section
END OF TRANSACTION	Total	None	33 Minutes	



CITIZEN'S CHARTER

PROCESSING AND ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUND (CAF)

This process covers preparation and issuance of CAF that shall be reflected or attached in the Contract as part of the contract award and execution stage of the procurement process

OFFICE	Finance Service - Budget Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2B - Government to Business Entity G2G - Government to Government
WHO MAY AVAIL	BAC-SEC and Contracting Party

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Approved Purchase Request (PR)(3 original)	BAC-SEC /End user
Approved Project Procurement Management Plan (PPMP)(1 original)	BAC-SEC/End user
Approved Stock Position Sheet (SPS)(1 original)	BAC-SEC/End user

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards approved Purchase Request (PR) with attached requirements	1. Receives and record approved PR	None	2 Minutes	<i>Admin Staff</i> Budget Section
	1.1 Checks accuracy, completeness and validity of all supporting documents	None	15 Minutes	<i>Admin Staff</i> Budget Section
	1.2 Prepares CAF according to funding source	None	5 Minutes	<i>Admin Staff</i> Budget Section



	1.3 Reviews prepared CAF	None	2 Minutes	<i>Admin Staff</i> Budget Section
	1.4 Signs prepared CAF	None	2 Minutes	<i>Admin Staff</i> Budget Section
	1.5 Forwards signed CAF to other signatories	None	2 Minutes	<i>Admin Staff</i> Budget Section
END OF TRANSACTION		Total	None	28 Minutes



CITIZEN'S CHARTER

SPECIAL BUDGET REQUEST

This process covers preparation of letter requesting a Special Budget for Terminal Leave Benefits and other benefits

OFFICE	Finance Service- Budget Department
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All employees of the Agency

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
BURS/ORS signed by Chief Administrative Officer (3 original)	Chief Administrative Office
Disbursement Voucher signed by Chief Administrative Officer (5 original)	Human Resource Management Department
Documentary requirements (2 sets)	Human Resource Management Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards Disbursement Voucher with attached requirements	1. Receives and record Disbursement Voucher (DV)	None	2 Minutes	<i>Admin Staff</i> Budget Section
	1.1 Checks accuracy, completeness and validity of all supporting documents	None	3 Minutes	<i>Admin Staff</i> Budget Section
	1.2 Prepares Special Budget Request	None	5 Minutes	<i>Admin Staff</i> Budget Section



	1.3 Reviews Special Budget Request	None	2 Minutes	<i>Admin Staff</i> Budget Section
	145 Initial Approval	None	1 Minute	<i>Admin Staff</i> Budget Section
	1.5 Forwards Special Budget Request to other signatories	None	2 Minutes	<i>Admin Staff</i> Budget Section
END OF TRANSACTION		Total	None	15 Minutes



VI. Feedback and Complaints

FEEDBACK AND COMPLAINTS	
How to send a feedback	<p>Answer the client feedback form and drop it at the designated drop box in the designated Department/Office/Ward.</p> <p>Contact info: 711-94-91 local 361</p>
How feedback is processed	<p>Every Friday, the assigned administrative staff opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback.</p> <p>The answer of the office is then relayed to the citizen.</p>
How to file a complaint	<p>Answer the Customer Complaint Form</p> <p>Complaints can also be filed via telephone/email. Make sure to provide the following information:</p> <ul style="list-style-type: none"> - Name of complainant - Email address & Contact Number - Complaint Date and Time -Location of Incident -Complaint Details <p>For inquiries and follow-ups, clients may contact the following telephone number: 711-94-91 local 361 or 375</p>



How complaints are processed	<p>The Complaints Officer receive the complaints on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 711-94-91 local 361 or 375</p>
Contact Information of CCB, PCC, ARTA	<p>ARTA: complaints@arta.gov.ph 8478 5093</p> <p>PCC: 8888 CCB: 0908-881-6565 (SMS)</p>



VII. List of Offices

Office	Address	Contact Information
Admitting, Chief	Ground Floor, Main Building	209
Admitting Section	Ground Floor, Main Building	210
Admitting Section	Ground Floor, Main Building	259
Auditing Office (COA)	Ground Floor, Main Building	271
BAC Office	Ground Floor, Main Building	245
Billing Section	Ground Floor, Main Building	217
Botika	Ground Floor, Main Building	329
Central Comm. Unit (CCU), Chief	Ground Floor, Main Building	204
Central Comm. Unit (CCU)	Ground Floor, Main Building	361
CMPS II	Ground Floor, Main Building	206
CMPS Office, Staff	Ground Floor, Main Building	205
Collecting (Cashier Lobby)	Ground Floor, Main Building	201
COOP	Ground Floor, Main Building	222
Dietary Chief (NDMD)	Ground Floor, Main Building	225
Dietary Department (NDMD)	Ground Floor, Main Building	272
Director's Office (MCC II)	Ground Floor, Main Building	202
Director's Office (MCC II)	Ground Floor, Main Building	203
Disbursing, Chief	Ground Floor, Main Building	335
Disbursing Office	Ground Floor, Main Building	215
Dormitory, Ladies	Ground Floor, Main Building	226
ER-CT Scan & X-Ray	Ground Floor, Main Building	369
ER-EENT	Ground Floor, Main Building	364
ER-Medicine	Ground Floor, Main Building	237
ER-Neurology	Ground Floor, Main Building	365
ER-OD Room	Ground Floor, Main Building	323
ER-Nurse Supervisor Office	Ground Floor, Main Building	1942
ER-OB Gynecology	Ground Floor, Main Building	228
ER-Orthopedics	Ground Floor, Main Building	366
ER-Pediatrics	Ground Floor, Main Building	362
ER-Surgery	Ground Floor, Main Building	227
ER-Security Guard	Ground Floor, Main Building	276
ER-TRIAGE	Ground Floor, Main Building	274
ESC Office	Ground Floor, Main Building	314
Engineering Office	Ground Floor, Main Building	242
Engineering (Bio-Med)	Ground Floor, Main Building	326



Office	Address	Contact Information
Engineering (Maintenance Dept.)	Ground Floor, Main Building	223
Engineering (Motorpool)	Ground Floor, Main Building	214
Heart Station (Cardiovascular Unit)	Ground Floor, Main Building	327
HEMC Office	Ground Floor, Main Building	368
Housekeeping Section	Ground Floor, Main Building	229
IHOMU	Ground Floor, Main Building	370
Information Unit	Ground Floor, Main Building	230
QMU (ISO)	Ground Floor, Main Building	301
LAB-Blood Bank & Main Lab.	Ground Floor, Main Building	218
LAB-Chemistry	Ground Floor, Main Building	291
LAB-Chief Med. Tech Office	Ground Floor, Main Building	231
Legal Office	Ground Floor, Main Building	375
Linen Section	Ground Floor, Main Building	232
Medical Records (Main)	Ground Floor, Main Building	246
Medical Social Service	Ground Floor, Main Building	233
Medical Social Service	Ground Floor, Main Building	207
MSWD, Chief	Ground Floor, Main Building	247
Nursing Office	Ground Floor, Main Building	212
Pathology Office	Ground Floor, Main Building	299
Pharmacy	Ground Floor, Main Building	243
PhilHealth, Chief	Ground Floor, Main Building	305
PhilHealth Section	Ground Floor, Main Building	211
Printing Unit	Ground Floor, Main Building	333
Procurement Department (PMD)	Ground Floor, Main Building	244
Property Department (MMD)	Ground Floor, Main Building	273
Pulmonary Unit	Ground Floor, Main Building	317
Security Guard, Chief	Ground Floor, Main Building	319
Security Guard, Lobby	Ground Floor, Main Building	371
Security Guard, Information	Ground Floor, Main Building	372
Statistics Unit	Ground Floor, Main Building	213
Alliance Health Workers Office	2 nd Floor, Main Building	284
Anesthesiology Office	2 nd Floor, Main Building	298
Burn Unit	2 nd Floor, Main Building	318
Central Supply Room	2 nd Floor, Main Building	251



Office	Address	Contact Information
Delivery Room	2 nd Floor, Main Building	224
Main Operating Room	2 nd Floor, Main Building	254
Main Operating Room	2 nd Floor, Main Building	309
NICU	2 nd Floor, Main Building	235
OB Extension	2 nd Floor, Main Building	300
OB Gyne Office	2 nd Floor, Main Building	249
OB Gyne Ward	2 nd Floor, Main Building	238
Orthopedic Office	2 nd Floor, Main Building	221
Orthopedic Ward	2 nd Floor, Main Building	277
Recovery Room/PACU	2 nd Floor, Main Building	256
SICU	2 nd Floor, Main Building	308
Surgery Office	2 nd Floor, Main Building	321
Surgery Quarters	2 nd Floor, Main Building	250
Surgery Ward – Female	2 nd Floor, Main Building	258
Surgery Ward – Male	2 nd Floor, Main Building	255
Medicine Solarium	3 rd Floor, Main Building	324
Medical Ward – Female	3 rd Floor, Main Building	262
Medical Ward – Male	3 rd Floor, Main Building	263
MICU	3 rd Floor, Main Building	252
Pediatrics Office	3 rd Floor, Main Building	261
Pediatrics Ward	3 rd Floor, Main Building	265
PICU	3 rd Floor, Main Building	316
ENT Office	4 th Floor, Main Building	320
EENT Ward	4 th Floor, Main Building	267
Ophthalmology Office	4 th Floor, Main Building	266
Telephone Operator	4 th Floor, Main Building	0
Telephone Operator	4 th Floor, Main Building	340
Telephone Operator	4 th Floor, Main Building	341
Overall Training Office	5 th Floor, Main Building	282
Library	5 th Floor, Main Building	296
Medical Training Office	5 th Floor, Main Building	283
Nursing Training Office	5 th Floor, Main Building	289
Histopathology	Ground Floor Central Block Building	374
MRI	Ground Floor Central Block Building	381
X-Ray(Radiology Department)	Ground Floor Central Block Building	220
X-Ray (Radiology Department)	Ground Floor Central Block Building	295



Office	Address	Contact Information
X-Ray Records	Ground Floor Central Block Building	248
Accounting	2 nd Floor Central Block Building	280
Budget Office	2 nd Floor Central Block Building	383
Finance Office	2 nd Floor Central Block Building	281
Urology Office	3 rd Floor Central Block Building	257
Urology Ward	3 rd Floor Central Block Building	311
Philhealth Ward	4 th Floor Central Block Building	376
Acute Stroke Unit	5th Floor Central Block Building	377
Neurology ICU	5th Floor Central Block Building	378
Neurology Office	6 th Floor Central Block Building	292
Neurology Ward	6 th Floor Central Block Building	379
Administrative Office, Chief	7 th Floor Central Block Building	285
Administrative Office Staff	7 th Floor Central Block Building	208
HRMD-Chief	7 th Floor Central Block Building	294
HRMD-Payrolling	7 th Floor Central Block Building	219
HRMD-Personnel	7 th Floor Central Block Building	241
Nursing Division Operation	7 th Floor Central Block Building	373
Dialysis Center	2 nd Floor Medical Arts Building	380
Pay Consultation	2 nd Floor Medical Arts Building	240
Billing & Cashier	OPD 1 st Floor	302
Dental	OPD 1 st Floor	275
Family Planning	OPD 1 st Floor	216
Laboratory	OPD 1 st Floor	322
Medical Records	OPD 1 st Floor	331
Medical Social Service	OPD 1 st Floor	330
Medicine/EMS/DOTS	OPD 1 st Floor	328
Neurology/EEG	OPD 1 st Floor	325
Nuclear Medicine Chief	OPD 1 st Floor	315
Nuclear Medicine	OPD 1 st Floor	236
OB-Gynecology	OPD 1 st Floor	312
OB Oncology	OPD 1 st Floor	310
Orthopedic	OPD 1 st Floor	293
Public Assistance Desk	OPD 1 st Floor	279



Office	Address	Contact Information
Primary Care Unit (PCU)	OPD 1 st Floor	303
Physical Medicine (Rehab)	OPD 1 st Floor	287
Surgery	OPD 1 st Floor	288
TB DOTS	OPD 1 st Floor	367
Urology	OPD 1 st Floor	306
Behavioral Medicine	Opd 2 nd Floor	278
Dermatology Office	Opd 2 nd Floor	334
Dermatology Records	Opd 2 nd Floor	336
ENT	Opd 2 nd Floor	307
ENT Center	Opd 2 nd Floor	297
Eye Center	Opd 2 nd Floor	264
Minor OR (Ambulatory Sx)	Opd 2 nd Floor	234
OPD Chief	Opd 2 nd Floor	313
Ophthalmology	Opd 2 nd Floor	239
Pediatrics – Sick Baby	Opd 2 nd Floor	304
Pediatrics – Well Baby	Opd 2 nd Floor	332
Wound Care Unit	Opd 2 nd Floor	260
Pay I, Nurse Station	4 th Floor, Payward I , Main Building	268
Room 4101 – Suite A	4 th Floor, Payward I , Main Building	269
Room 4102 – Suite B	4 th Floor, Payward I , Main Building	270
Room 4103	4 th Floor, Payward I , Main Building	354
Room 4105	4 th Floor, Payward I , Main Building	356
Room 4107	4 th Floor, Payward I , Main Building	360
Room 4108	4 th Floor, Payward I , Main Building	357
Room 4109	4 th Floor, Payward I , Main Building	358
Room 4111	4 th Floor, Payward I , Main Building	359
Room 4114	4 th Floor, Payward I , Main Building	355
Pay Ward II, Nurse Station	4 th Floor, Payward II , Main Building	253
Room 4201	4 th Floor, Payward II , Main Building	337
Room 4202	4 th Floor, Payward II , Main Building	338
Room 4203	4 th Floor, Payward II , Main Building	339
Room 4204	4 th Floor, Payward II , Main Building	342

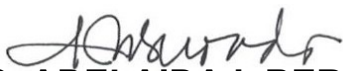


Office	Address	Contact Information
Room 4205	Main Building	344
Room 4206	4 th Floor, Payward II ,	345
Room 4207	Main Building	346
Room 4208	4 th Floor, Payward II ,	347
Room 4209	Main Building	348
Room 4210	4 th Floor, Payward II ,	349
Room 4211 (Male Infirmary)	Main Building	350
Room 4212	4 th Floor, Payward II ,	351
Room 4213 (Female Infirmary)	Main Building	352
Room 4214	4 th Floor, Payward II ,	353
Radiotherapy Department	Ground Floor, Radiotherapy Building	286
Med Oncology (Tumor Board)	2 nd Floor, Radiotherapy Building	290



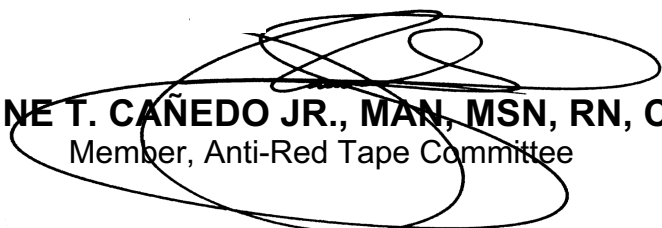
Prepared by:


MR. ANTHONY G. ARDEÑA, MPMG
Member, Anti-Red Tape Committee


MS. ADELAIDA I. BERONDO
Member, Anti-Red Tape Committee


MS. TEODORA BAVIERA, MPA
Member, Anti-Red Tape Committee

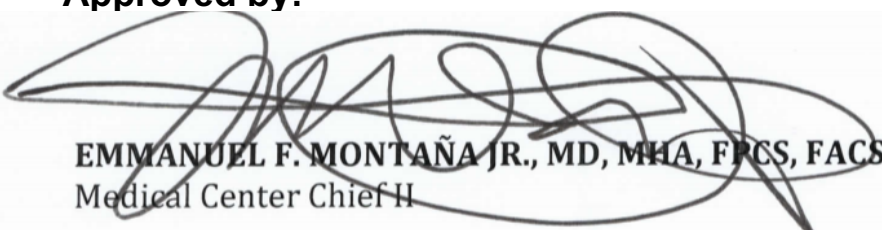

MS. AUREA GEMMA ALVAREZ
Member, Anti-Red Tape Committee


JUNE T. CAÑEDO JR., MAN, MSN, RN, CNN
Member, Anti-Red Tape Committee

Reviewed by:


MARIA ESPERANZA P. LUGTU, DMD, MPA
Chair, Anti-Red Tape Committee

Approved by:


EMMANUEL F. MONTAÑA JR., MD, MHA, FRCGS, FACS
Medical Center Chief II