



Republic of the Philippines  
Department of Health  
**JOSE R. REYES MEMORIAL MEDICAL CENTER**



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# CITIZEN'S CHARTER MANUAL



ISO 9001:2015 CERTIFIED



4<sup>th</sup> EDITION



ANTI RED TAPE AUTHORITY



**JOSE R. REYES MEMORIAL MEDICAL CENTER**

**CITIZEN'S CHARTER  
(4<sup>TH</sup> 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.

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**Office of the Medical Center Chief  
External Services**



# CITIZEN'S CHARTER

## Handling of Complaints

This process covers handling administrative disciplinary complaints and cases filed by concerned parties to the Legal Unit.

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

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Files customer complaint form/letter at Public Assistance and Complaint Desk	1. Receives customer complaint form/letter	None	10 minutes	<i>Admin Staff</i> PACD
	1.1 Forwards to Legal Unit for appropriate action	None	15 minutes	<i>Admin Staff</i> PACD
	1.2 Endorses complaint to the department concerned for comments/response	None	30 minutes	<i>Complaints Coordinator</i> Legal Unit
	1.3 Drafts comment/response letter and forwards to the Division Chief for	None	1 day	<i>Concerned Employee</i> Department Concerned

	notation, copy furnished Legal Unit			
	1.4 Conduct investigation upon receipt of the comment/response from the department	None	1 day and 2 hours	<i>Complaints Coordinator/ Legal officer Legal Unit</i>
	1.5 Draft response letter addressed to the Complainant	None	4 hours	<i>Complaints Coordinator/ Legal officer Legal Unit</i>
2. Receives response letter with action taken by the medical center	2. Notifies Complainant of the Action Taken and forward the response letter	None	1 hour	<i>Admin Staff Legal Unit</i>
	2.1 Files Record		5 minutes	<i>Admin Staff Legal Unit</i>
END OF TRANSACTION		TOTAL	N/A	3 days



# CITIZEN'S CHARTER

## Rendering Legal Opinion

This process covers rendering legal opinion for documents that entails application of law

<b>OFFICE</b>	Office of the Medical Center Chief - Legal Unit
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	Clients and Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request 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. Request for review of document/ legal clearance/ opinion	1. Checks completeness of submitted documents <i>(Note: Incomplete documents will not be received)</i>	None	30 minutes	<i>Admin Staff</i> Legal Unit
	1.1. Receives documents and forwards to the Legal Officer for Review	None	20 minutes	<i>Admin Staff</i> Legal Unit
	1.2 Reviews and evaluates the submitted documents for legal opinion	None	18 days	<i>Legal Officer</i> Legal Unit
	1.3 Drafts letter/ memorandum with Legal Opinion	None	6 hours	<i>Legal Officer</i> Legal Unit

	1.4 The letter/ memorandum is forwarded to the Unit Head for approval and signature	None	1 day	<i>Legal Officer</i> Legal Unit
	1.5 Records the signed legal opinion in the logbook	None	10 minutes	<i>Admin Staff</i> Legal Unit
2. Receive legal opinion	2. Forwards the signed legal opinion to the requesting office.	None	1 hour	<i>Admin Staff</i> Legal Unit
END OF TRANSACTION		TOTAL	N/A	20 days



# CITIZEN'S CHARTER

## Request for Contract Review and Memorandum of Agreement

This process covers review of contract and Memorandum of Agreement (MOA)				
<b>OFFICE</b>	Office of the Medical Center Chief - Legal Unit			
<b>CLASSIFICATION</b>	Complex			
<b>TYPE OF TRANSACTION</b>	G2B - Government to Business G2G - Government to Government			
<b>WHO MAY AVAIL</b>	Clients and Employees			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Request Letter/Endorsement Letter (1 original)			Originating Office	
Draft Contract/MOA (1 original)			Originating Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for review of contract/MOA	1. Checks completeness of submitted documents <i>(Note: Incomplete documents will not be received)</i>	None	30 minutes	<i>Admin Staff</i> Legal Unit
	1.1. Receives draft contract/MOA and forwards to the Legal Officer for review	None	20 minutes	<i>Admin Staff</i> Legal Unit
	1.2 Reviews and evaluates the submitted contract/MOA	None	5 days	<i>Legal Officer</i> Legal Unit



	1.3 Drafts letter/ memorandum with the comments and/or recommendation and clearance or disapproval of the contract/MOA.	None	6 hours	<i>Legal Officer</i> Legal Unit
	1.3 The letter/ memorandum is forwarded to the Unit Head for approval and signature	None	1 day	<i>Legal Officer</i> Legal Unit
	1.4 Records the signed legal opinion in the logbook	None	10 minutes	<i>Admin Staff</i> Legal Unit
2. Receives letter/memorandum with comments/ recommendation	2. Forwards the letter/memorandum with comments/ recommendation to the requesting office.	None	1 hour	<i>Admin Staff</i> Legal Unit
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>7 days</b>



# 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

<b>OFFICE</b>	Medical Service - Medical Training and Research Office(MTRO)
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen
<b>WHO MAY AVAIL</b>	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</i> MTRO
	1.2 Evaluates the completeness of the required documents for application	None	5 minutes	<i>Training Assistant</i> MTRO
2. Pays application fee at the cashier	2. Instructs applicant to pay the residency training application fee.	Php 150.00	5 minutes	<i>Cashier</i> Collecting section
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</i> MTRO
	3.2 Forwards all documents of applicants for pre-residency evaluation and assessment based on standards	None	1 day	<i>Chairperson/</i> <i>Department</i> <i>Secretary</i> <i>Clinical</i> <i>Department</i>
	3.3 Consolidation of all results and recommendation letter of accepted selected applicants to residency training program	None	1 month	<i>Chairperson/</i> <i>Department/Over</i> <i>all Coordinator/</i> <i>Training Officer</i> <i>Clinical</i> <i>Department</i>
	3.4 Final review and approval from the appointing authority.	None	2 days	<i>Medical Center</i> <i>Chief II</i> <i>Office of the</i> <i>Medical Center</i> <i>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</i> HRMD
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 month, 5 days, 14 minutes</b>



# 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.

<b>OFFICE</b>	Medical Service - Medical Training and Research Office(MTRO)
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>9 days</b>



# 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.

<b>OFFICE</b>	Medical Service - Medical Training and Research Office (MTRO)			
<b>CLASSIFICATION</b>	Simple Transaction			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL</b>	All applicants of Postgraduate Internship Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Student registers to user account( <a href="http://apmcf-ph.net/enips">http://apmcf-ph.net/enips</a> ) 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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 month,17 days, 6 minutes</b>



# 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.

<b>OFFICE</b>	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business G2G - Government to Government
<b>WHO MAY AVAIL</b>	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</i> Chief MCC</p>
<p>3. Receives of hospital order from HRMD.</p> <p><b>situation specific:</b> 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/</i> <i>Assistant</i> <i>Manager</i> DRRMH</p>
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>1 day, 9 hours, 2 minutes</p>

# **Office of the Medical Center Chief Internal Services**



# CITIZEN'S CHARTER

## PROCEDURE ON SOFTWARE REPAIR OF ICT EQUIPMENT

- This process covers employee/department requesting for a technical support at IHOMU to provide assessment/evaluation and technical action to software related issue/s. This service is offered 24/7 to ensure functionality of ICT Equipment used to support the internal and external services of the hospital.

<b>Office or Division:</b>	<b>Integrated Hospital Operations and Management Unit (IHOMU)</b>
<b>Classification:</b>	Simple Transaction
<b>Type of Transaction:</b>	G2G - Government to Government
<b>Who may avail:</b>	Employees/Department requesting for technical assistance

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Support Request Slip		Integrated Hospital Operations and Management Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Department/Area call to request for IT support	1. Prepares support request slip stating the details of the support needed and location of the area.	None	1 minute	IHOMU Staff
	Respond to the area and give initial assessment, explain the nature of error and possible causes.	None	5 minutes	IHOMU Staff
	Fix the problem immediately, may apply additional configuration of the software.	None	10 minutes	IHOMU Staff
	Prepare a report of the problem encountered based on the assessment.	None	5 minutes	IHOMU Staff
	Issuance of service report indicated in the support request slip.	None	30 seconds	IHOMU Staff

2. Acceptance of service report	2. Accept and sign the service report issued by the technical staff.	None	30 seconds	Department/Area
<b>TOTAL:</b>		None	22 minutes	



# CITIZEN'S CHARTER

## PROCEDURE ON 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. This service is offered 24/7 to ensure functionality of ICT Equipment used to support the internal and external services of the hospital.

<b>Office or Division:</b>	<b>Integrated Hospital Operations and Management Unit (IHOMU)</b>
<b>Classification:</b>	Complex Transaction
<b>Type of Transaction:</b>	G2G - Government to Government
<b>Who may avail:</b>	Employees/Department requesting for technical assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Support Request Slip 2. IT Equipment Evaluation Form	Integrated Hospital Operations and Management Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Department/Area call to request for IT support	1. Prepares support request slip stating the details of the support needed and location of the area.	None	1 minute	IHOMU Staff
	Respond to the area and give initial assessment, explain the nature of the problem and possible causes.	None	5 minutes	IHOMU Staff
	Pull out the defective hardware for repair.	None	5 minutes	IHOMU Staff
	Conduct further evaluation/repair and replace defective parts or peripherals.	None	1-3 days	IHOMU Staff



	<p><b>If functional:</b></p> <ul style="list-style-type: none"> <li>a. Prepare service report indicated in the support request slip.</li> <li>b. Return and install the newly repaired unit of the requesting department.</li> </ul> <p><b>If Obsolete:</b></p> <ul style="list-style-type: none"> <li>a. Prepare evaluation report based on the assessment.</li> <li>b. Return and recommend for condemn if the unit is beyond economical repair.</li> </ul>	None	10 minutes	IHOMU Staff
2. Acceptance of service	2. Accept and sign the service report or the IT equipment evaluation form issued by the technical staff.	None	30 seconds	Department/Area
<b>TOTAL:</b>		None	3 days, 21 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.

<b>OFFICE</b>	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.

<b>OFFICE</b>	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All employee			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Previous BLS ID / Certification in the last 2-year Period. (1 photocopy)			Employee	
Medical Certificate (1 original)			Family & Community Medicine Clinic	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	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.

<b>OFFICE</b>	Office of the Medical Center Chief - Health Emergency Management Committee (HEMC)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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
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# 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.

<b>OFFICE</b>		Office of the Medical Center Chief – Quality Management Unit		
<b>CLASSIFICATION</b>		Complex		
<b>TYPE OF TRANSACTION</b>		G2G-Government to Government		
<b>WHO MAY AVAIL</b>		All departments/ service/ units		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	<i>Document Control Officer QMU</i>
2. Receives controlled documents.	2. Issues JRRMMC documents to process owner	None	5 minutes	<i>Document Control Officer QMU</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>7 days, 5 minutes</b>

# **Medical Service External Services**



# 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. The service is open Monday to Sunday (24/7)

<b>OFFICE</b>	Health Information Management Department - Central Admitting Section (CAS)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government of Government
<b>WHO MAY AVAIL</b>	All patients needing consultation/assessment/evaluation and treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<b>For Emergency Patient</b> One (1) original Patient Information Sheet (PIS)	Emergency Service Complex (ESC), Main Entrance, left wing of Main Building
<b>For Out-Patient Department</b> One (1) original Patient Information Sheet (PIS)	Out-Patient Department (OPD) Main Entrance, right wing of Main Building

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up Patient Information Sheet (PIS)	1.1 Provides PIS form	None	3 minutes	OPD/ESC, Triage officer
	1.2 Verify the Patient Information Sheet for existing hospital record	None	1 minute	<i>Admin Staff,</i> Information Section
<b>situation-specific:</b> In Case of Loss or unable to present Hospital Card Proceed to cashier for payment	Instructs patient to bring the PIS and pay applicable fees in the cashier	PHP 50.00	1 minute	<i>Cashier</i> Collecting Section
2. Presents the accomplished PIS form/proof of payment.	2.1 Validates accomplished PIS/proof of payment and encode in the hospital information system (HIS).	None	1 minute	<i>Admin Staff</i> Information Section
	2.2 Issuance of Hospital Card	None	1 minute	<i>Admin Staff</i> Information Section

<b>condition-specific:</b> For Update Present Hospital Number (card) for update.	2.3 Encodes and update in the Hospital Information System	None	2 minutes	<i>Admin Staff Information Section</i>
END OF TRANSACTION		TOTAL	N/A	9 minutes



# CITIZEN'S CHARTER

## ADMISSION OF PATIENTS IN THE EMERGENCY SERVICE COMPLEX

This process covers patients requiring admission and thorough observation, examination, treatment and care. The service is open 24/7 from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Central Admitting Section (CAS)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients needing admission for thorough observation, examination, treatment and care.

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents requirements to the Central Admitting Section	1.1 Receives and checks completeness of admission order and patient's personal data.  1.2 Assesses Accommodation  1.3 Interviews patient/relative and verbalized hospital's rules and regulations; PHIC application and the Data Privacy Act of 2012  1.4 Encode to Hospital Information System.	None	20 minutes	<i>Admin Staff</i> Admitting Section
2. Checks the correctness of the encoded data of patient	2.1 Shows the computer monitor to the patient/relative/ informant for the correctness of encoded data  2.2 Print the hospital cover sheet.	None	3 minutes	<i>Admin Staff</i> Admitting Section

3. Receives hospital cover sheet and sign the admission logbook.	3.1 Issues Hospital cover sheet and let patient/relative/ Informant received it in the admission logbook  3.2 Instructs patient/ relative to proceed to Social Worker for interview & assessment and proceed to ESC afterward.	None	2 minutes	<i>Admin Staff</i> Admitting Section
4. Proceeds to Medical Social Work Department	4.1 Assess and Interviews patient to determine classification	None	5 minutes	<i>Medical Social Worker</i> Medical Social Work Department
5. Proceeds to ESC	5.1 Instructs patient/relative to proceed to ESC.	None	5 minutes	<i>Admin Staff</i> Admitting Section
END OF TRANSACTION		TOTAL	N/A	30 minutes



# CITIZEN'S CHARTER

## ADMISSION OF SUSPECTED /PROBABLE/ CONFIRMED COVID19 PATIENT

This process covers patients classified as SUSPECTED/PROBABLE/CONFIRMED COVID 19 requiring admission. The service is open 24/7 from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Central Admitting Section (CAS)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients classified as suspected, probable, confirmed covid19

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Admission order/request for admission Thru phone call	Emergency Service Complex (ESC) Nurse on Duty

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform admitting staff thru phone call about the admission order by Nurse on duty.	1. Assess and Interviews nurse on duty regarding the required data and other available information of the patient.  1.1 Encode to Hospital Information System.	None	20 minutes	<i>Admin Staff</i> Admitting Section
2. Receives Hospital Cover Sheet	2. Issues Hospital Cover sheet  2.1 Instruct to proceed to Medical Social Service.	None	5 minutes	<i>Admin Staff</i> Admitting Section
3. Return to ESC	Endorse to appropriate ward.	None	5 minutes	Nurse on Duty
END OF TRANSACTION		TOTAL	N/A	30 minutes





# CITIZEN'S CHARTER

## ADMISSION OF ELECTIVE PATIENTS

This process covers patients from Out-Patient Department (OPD) and Pay consultation for admission. The service is open 24/7 from Monday to Sunday including holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For basic accommodation: One (1) original Admission order/request for admission	OPD, Nurse on Duty of respective Department
For pay accommodation: One (1) original Admission order/request for admission	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	1.1 Receives and checks completeness of admission order and patient's personal data.  1.2 Checks room availability and Assesses Accommodation  1.3 Interviews patient/ relative and verbalized and issue copy of hospital's rules and regulations; PHIC application and the Data Privacy Act of 2012  1.4 Encodes to Hospital Information System (HIS)	None	20 minutes	<i>Admin Staff</i> Admitting Section
2. Checks the correctness of the encoded data of patient	2.1 Shows the computer monitor to confirm the correctness of encoded data	None	3 minutes	<i>Admin Staff</i> Admitting Section

	2.2 Prints the hospital cover sheet.			
3. Receives hospital cover sheet and sign the admission logbook.	3. Issues Hospital cover sheet and let patient/relative/ Informant received it in the admission logbook  3.1 Instructs patient/ relative to proceed to Social Worker for Interview & assessment and proceed to ESC afterward.	None	2 minutes	<i>Admin Staff Admitting Section</i>
4. Proceeds to Medical Social Service	4. Assess and Interviews patient to determine classification  4.2 Instructs to proceed to PHIC section	None	10 minutes	<i>Social Worker Medical Social Work Department</i>
5. Goes back to admitting section	5.1 Process documentary requirement for admission. 5.2 Instruct patient/relative to proceed at the waiting area. 5.3 Informs concerned ward regarding admission and issues clinical coversheet	None	10 minutes	<i>Admin Staff Admitting Section</i>
6. Proceeds to waiting area and wait to be wheeled to the respective war	6.1 Accompanies and wheeled the patient to the respective ward	None	10 minutes	<i>Nurse/ Nursing attendant Clinical Area</i>
END OF TRANSACTION		TOTAL	N/A	55 minutes



# CITIZEN'S CHARTER

## DISCHARGE OF PATIENT

This covers processing of documentation to facilitate patient discharged. The service is open 24/7 from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Central Admitting Section (CAS)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	All patients for discharge

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives notice of discharge/ discharge clearance slip from the nurse	1.1 Writes Discharge order  1.2 informs notice of discharge  1.3 Instructs to accomplish discharge process/ clearance slip  1.4 Prepares all required documents  1.5 Tag as May Go Home (MGH) in the Hospital Information System (HIS)  1.6 Forwards patient chart to the billing section.	None	1 hour	<i>Attending Physician/ Nurse Clinical Area</i>
2. Proceeds to Blood bank, billing and cashier for clearance	2.1 Stamped the clearance slip	None	1 hour	<i>Medical Technician Laboratory Department</i>

<b>situation specific:</b> 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</i> Medical Social Work Department
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</i> Collecting Section
<b>condition specific:</b>  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, Tag as May go home (MGH) in the Hospital Information System (HIS)	None	3 minutes	<i>Admin Staff</i> Information Section
<b>condition specific:</b> 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	3 minutes	<i>Admin Staff</i> Information Section
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</i> Clinical Area
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	Variable	4 hours



# CITIZEN'S CHARTER

## RELEASE OF CADAVER

This process covers documentation of releasing of cadaver. The service is open Monday to Sunday (24/7)

<b>OFFICE</b>	Medical Service - Central Admitting Section (CAS)			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All nearest of kin of the deceased patient.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original copy of Clearance Slip		Nurse-on-duty (N.O.D.)		
Funeral Service representative with calling card  <b>Condition-specific</b> <ul style="list-style-type: none"> <li>In case of Medico-Legal without cause of death or undetermined NBI Accredited Funeral Service</li> <li>In case the of Funeral Service is not NBI accredited, cadaver release waiver must be undertake.</li> </ul>		By choice of authorized claimant  NATIONAL BUREAU OF INVESTIGATION Accreditation Section  Central Admitting Section		
One (1) Photocopy of Government Issued I.D.  <b>Condition-specific:</b> In case of NO Government issued I.D Barangay Certificate stating proof relationship to the deceased patient		SSS, GSIS, PAG-IBIG, PHIC, DFA, COMELEC, LTO, POST OFFICE, NCRPO  Respective Barangay Hall.		
Proof of filiation (1 original)  <b>Condition-specific:</b> Affidavit of sole survivorship		Philippine Statistics Authority (PSA)  Notary Public		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. <b>E.R. Patients:</b> 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	3 minutes	<i>Admin Staff Information Section</i>
1.1 <b>Admitted Patients:</b> 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	3 minutes	<i>Admin Staff Information Section</i>
2. Funeral Service representative present calling card.	2.1 Checks and verifies Funeral Service calling card.	None	1 minute	<i>Admin Staff Information Section</i>
3. Present government issued I.D. and proof of filiation.	3.1 Interviews claimant, checks and verifies government issued I.D. and proof of filiation.	None	5 minutes	<i>Admin Staff Information Section</i>
4. Sign cadaver release forms, logbook and back of clearance slip for documentation.	4.1 Issues cadaver release forms for signature of claimant and funeral service representative. 4.2 Lets the claimant and the funeral service representative sign in the cadaver's logbook for documentation. 4.3 Verbalizes and instructs claimant for the needed documents in claiming the death certificate.	None	10 minutes	<i>Admin Staff Information Section</i>
5. Proceeds to morgue.	5.1 Instructs claimant to proceed to morgue for the release of cadaver.	None	1 minute	<i>Admin Staff Information Section</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>20 minutes</b>



# CITIZEN'S CHARTER

## OBSERVATION STATUS (OBS) IN THE EMERGENCY SERVICE COMPLEX

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

<b>OFFICE</b>	Medical Service - Emergency Service Complex (ESC)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients seeking emergency care and management

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Updated Hospital Card	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.	1.1 Interviews patient and accomplishes ER brief history.  1.2 Affix stamp to determine respective clinical department.	None	5 minutes	Triage officer ESC
2. Proceeds to designated clinical service department.	2.1 Directs and accompanies patient to designated area/clinical department	None	3 minutes	Nurse/Nursing Attendant/ ESC
	2.2 Examines and assesses patient's condition for any injury and/or illness.  2.2 Accomplishes ER Blotter/ER Registry form.	None	30 minutes	Medical Officer ESC
	2.3 Renders initial treatment and intervention.  2.4 Prepares prescription and or request/s for ancillary procedures.  2.5 Checks prescription and /or request/s and instructs patient/relative.	None	3 hours	Medical Officer/ Nurse ESC

	<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>			
3. Forward specimen to laboratory department.	3.1 Receives and process laboratory requests.	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	<p>3.2 Checks and verify availability of laboratory results in the laboratory information system (LIS).</p> <p>3.3 Evaluates result of ancillary.</p> <p>3.4 Determines disposition of patient</p> <p>3.5 Accomplishes OPD slip/ home meds prescription if for discharge</p> <p><b>condition specific:</b> For admission, follow admission process</p>	None	30 minutes	<i>Duty Medical Officer</i> ESC
4. Discharge from hospital	<p>4.1 Gives ER clearance slip.</p> <p>4.2 Provides take home instruction and OPD follow up schedule.</p>	None	5 minutes	<i>Nurse</i> ESC
END OF TRANSACTION		TOTAL	N/A	4 hours, 18 minutes





# CITIZEN'S CHARTER

## ADMISSION IN THE EMERGENCY SERVICE COMPLEX (ESC)

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

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Updated Hospital Card	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.	1.1 Interviews patient and accomplishes ER brief history.  1.2 Examines and assesses patient's condition if admission is deemed necessary.  1.3 Prepares admitting slip and written physician order.  1.4 Instructs and endorse to nurse on duty.	None	1 hour	Medical Officer ESC
	1.5 Checks for completeness of pertinent data and admitting orders.  1.6 Affixes signature at the back of admitting slip.  <b>condition specific:</b> For direct admission - no need to affix signature. Instructs relative to go to admitting.	None	1 hour	Nurse/ Nursing Attendant ESC

2. Proceeds to Information/Admitting Department.	2. Checks and determine for room/ ward vacancies.	None	5 minutes	<i>Admin Staff Admitting Section</i>
3. Proceeds to clinical service department.	3.1 Accompanies patient to clinical department and place patient on ER beds.  3.2 Assesses and takes vital signs.  3.3 Gives initial medication and treatment.	None	25 minutes	<i>Nurse/ Nursing Attendant ESC</i>
4. Transfers to designated ward.	4.1 Checks for completeness of chart.  4.2 Informs ROD regarding transfer.  4.3 Endorses patient to NOD	None	1 hour, 30 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant ESC</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>4 hours</b>	<b>N/A</b>



# CITIZEN'S CHARTER

## ADMISSION TO ISOLATION ROOM IN THE EMERGENCY SERVICE COMPLEX(ESC)

This process covers admission of patients classified as communicable diseases in the isolation room of emergency service complex. The service is open 24/7 in response to those

<b>OFFICE</b>	Medical Service - Emergency Service Complex (ESC)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients classified as communicable diseases

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Updated Hospital Card	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.	1.1 Interviews patient, accomplishes clearance checklist slip and physicians observation order sheet.  1.2 Examines and assesses patient's condition if classified as communicable  1.3 Accomplishes ER blotter/ER registry form.  1.4 Request for necessary ancillary and diagnostic procedures  1.5 Refers to designated medical officer on duty.  condition specific: For COVID 19 cases: Accomplishes COVID-19 investigation form.  Accomplishes waiver for admission.	None	15 minutes	<i>Triage Officer</i> ESC

2. Proceeds to tent 1/ 2 for disposition of designated service department.	2.1 Directs and accompanies patient to assigned Tents.  2.2 Examines and assesses patient's condition.	None	3 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping Personnel ESC</i>
3. Proceeds to ER ISO area for Chest X-ray and other necessary ancillary procedure	3.1 Accompanies and assists patient at ER ISO Area.  3.2 Facilitates X-Ray of patient.	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.	4.1 Instructs to wait for the initial reading and final disposition of ROD.  4.2 Evaluates result of X-ray.	None	2 hours	<i>Medical Officer/ Radiology ROD ESC</i>
5. Wait for disposition for admission.	5.1 Refers to IM ROD for clearance prior to admission.  5.2 Accomplishes Admission Order Slip/Doctors order sheet  5.3 Coordinates to admitting regarding admission.  5.4 Proceed to admitting for cover sheet of patient and vacancy of bed	None	3 hours, 30 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping Personnel ESC</i>
6. Proceeds to clinical department	6.1 Accompanies patient to clinical department and place patient on ER beds  6.2 Assesses and takes vital signs  6.3 Renders care and gives medication and treatment as ordered.  6.4 Charts and documents care/medication/ treatment given.  6.5 Inform ROD regarding transfer  6.6 Endorses patient to NOD			
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>5 hours, 58 minutes</b>



# CITIZEN'S CHARTER

## CONDUCT OF SURGICAL PROCEDURE IN THE EMERGENCY SERVICE COMPLEX

This process covers the conduct of surgical procedure/ operation. All surgical procedure 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.

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

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Signs written consent for surgical procedure	1.1 Receives signed consent and written physician order for surgical operation.  1.2 checks the availability of operating room.  1.3 Carries out Doctor's order  1.4 Secures written consent for operation  1.5 Sends OR notification in the Main Operating Room	None	20 minutes	Nurse ESC
	1.6 Informs Anesthesia ROD for Operation	None	10 minutes	Medical Officer ESC
	1.7 Prepares patients for operation	None	10 minutes	Medical Officer/ Nurse ESC

	1.8 Provides health instruction and administer any medications as ordered.			
2. Proceeds to Operating Room	2.1 Notifies NOD  2.2 Checks patients identity, completeness of Charts and OR materials if any.  2.3 -takes vital signs and transports patients to Operating Room	None	10 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping personnel  ESC</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>50 minutes</b>

## CITIZEN'S CHARTER

### 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.				
<b>OFFICE</b>	Medical Service - Emergency Service Complex (ESC)			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All patients needing minor surgical procedure/ operation in the ESC.			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Updated Hospital Card			Information Section at Hospital's right wing entrance.	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

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 1.3 Secures written consent for operation 1.4 Sends OR notification	None	20 minutes	Nurse ESC
	1.5 Informs Anesthesia ROD for Operation	None	10 minutes	Medical Officer ESC
	1.6 Prepares patients for operation  1.7 Instructs on nothing per orem  1.8 Gives pre medications as ordered	None	10 minutes	Medical Officer/ Nurse ESC
2. Proceeds to Operating Room	2. Notifies NOD  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	None	10 minutes	<i>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping personnel ESC</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>50 minutes</b>



# 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 a.m.- 11:00 a.m. except Saturday, Sunday and holiday.

<b>OFFICE</b>	Medical Service - Dialysis Center
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	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.	<p>1. Receives notification of request for consultation</p> <p>1.1 Checks and verify if the request for consultation is related to kidney problem or dialysis.</p> <p><b>citizen specific:</b> For other inquiries not related to kidney problem, refer the 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>	None	10 minutes	<i>Medical Officer</i> Dialysis Center



2. Receives electronic prescription, ancillary/diagnostic request and other referrals.	2. Provides brief history, management, electronic prescription, ancillary/diagnostic request and other referrals if possible.  2.1 Instructs regarding follow up.	None	50 minutes	Medical Officer Dialysis Center
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	1 hour

# CITIZEN'S CHARTER

## SCHEDULING OF 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.	
<b>OFFICE</b>	Medical Service - Dialysis Center
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	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) 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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	22 minutes



# 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

<b>OFFICE</b>	Medical Service - Dialysis Center
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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) <ul style="list-style-type: none"> <li>2.1 CBC</li> <li>2.2 Creatinine, BUN</li> <li>2.3 Hepatitis Profile (Hbsag, Anti HBC, Anti HCV)</li> <li>2.4 Latest X-ray result</li> </ul>	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 patient rights and obligations.	None	2 minutes	<i>Admin staff/ Nurse</i> Dialysis Center
2. Pays applicable fees  <b>condition specific:</b> 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</i> Dialysis Center
3. Presents proof of payment/ routing slip/ guarantee letter	3. Verifies and records official receipt.	None	2 minutes	<i>Admin staff/ Nurse</i> Dialysis Center

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

## 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

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription Dialysis	Nephrologist/ Fellow/ Medical resident
Latest laboratory and diagnostic result (1 photocopy) 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</i> Dialysis Center
4. Proceeds to designated dialysis	4. Conducts initial assessment including weight, starts procedure,	None	4 hours	<i>Medical officer/ Nurse</i> Dialysis Center

chair/stretchers for treatment	monitors treatment process, provide appropriate care management, administer prescribed medication and conduct of post HD assessment			
	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</i> Dialysis Center
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 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 is 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.

<b>OFFICE</b>	Medical Service - Dialysis Center
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	31 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).

<b>OFFICE</b>	OPD Telemedicine			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	Out Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Internet connection			Patient	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)  <b>citizen specific:</b> <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>
2. Receives electronic prescription, ancillary/ diagnostic request and other referrals.	2. Provides electronic prescription (ePrescription), ancillary/ diagnostic request and other referrals necessary.	None	10 minutes	<i>Medical Officer</i>



	2.1 Instructs regarding follow up.(may schedule for face to face consultation if necessary)			
	<b>TOTAL</b>	<b>NONE</b>	<b>1 hour</b>	



# 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.

<b>OFFICE</b>	OPD Face to Face Consultation
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients needing physical 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
Ancillary results requested (optional)	Laboratories

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  3.1 Assessment/ Examine the patient	None	36 minutes	<i>Medical Officer/ Nurse/midwives/ Nursing Attendant</i> Outpatient Department

	<p>3.2 Prescribes/ request ancillary procedures, laboratory exams. If any</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	NONE	40 minutes	



# CITIZEN'S CHARTER

## PROCEDURE ON MEDICAL EXAMINATION AND DENTAL INFIRMARY

### SERVICE NAME: MEDICAL EXAMINATION AND DENTAL INFIRMARY

- This process covers patient requiring consultation/ assessment/ evaluation and treatment.
- This process covers clients requiring medical certificates for pre-employment, naturalization, adoption process.
- This process also facilitates issuance of bonds to government employees.
- This process also covers patients requiring dental procedures.

The service is offered from 7:00am – 4pm, Monday – Friday excluding holidays

<b>OFFICE</b>	Medical Examination and Dental Infirmary	
<b>CLASSIFICATION</b>	SIMPLE	
<b>TYPE OF TRANSACTION</b>	Government to Citizen, Government to Government	
<b>WHO MAY AVAIL</b>	All patients/clients needing medical and dental consultation/ assessment/ evaluation, treatment, and certificates.	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	1. One (1) Valid ID	Patients
	2. Hospital Card	Information Section at Main Hospital Entrance
	3. Latest laboratory result 3.1. CBC/ blood typing 3.2. Urinalysis 3.3. Drug test 3.4. Pregnancy test (for females) 3.5. ECG (40y/o and above) 3.6. RPR; HIV screening; HBsAg (for naturalization/ adoption, visa purposes and fellowship training) 3.7. Neuropsychiatric examination	Hospital/ Accredited Laboratory Facility

3. Latest Chest X-ray result	Hospital/Accredited Laboratory Facility
4. Referral Form/Endorsement Letter	Referring Hospital/Agency

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present endorsement letter	1. Interviews patient	None	5 minutes	Nurse Aide
2. Issues laboratory/ ancillary request forms	2. Prepares necessary forms and gives proper instruction to clients	None	10 minutes	Nurse Aide/ Administrative staff
3. Fill out Patient Information Sheet after presentation of complete laboratory results	3. Prepares patients/clients for physical and dental examination	None	10 minutes	Nurse Aide/ Administrative staff
4. Proceed to waiting area until name is called	4. Instruct patient to proceed to waiting area	None	5 minutes	Nurse Aide/ Administrative staff
5. Proceeds to consultation room for assessment	5. Ushers patient/clients to physician	None	10 minutes	Nurse Aide/ Administrative staff
6. Undergoes physical assessment of the Doctor in Charge	6. Conduct initial assessment/ administer prescribed medication	None	15 minutes	Doctor/Dentist

7. Proceed to the Dental Clinic for Assessment	7. Usher patient or client to Dentist	None	1 minute	Dental Aide
7.1 Filling out of Dental Form	7.1 Give out Dental form	None	2 minutes	Dental Aide
	7.2 Conduct check-up of Oral Cavity and documentation of Dental Record	None	3 minutes	Dentist
	7.3 Recommend needed Oral Procedures	None	2 minutes	Dentist
8. Return the Medical Unit	8. Instruct the patient to go back to the medical unit for further instructions	None	1 minute	Dental Aide
9. Patient/client return one day after	9. Issuance of sealed medical certificate	None	2 minutes	Administrative Aide
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour and 6 minutes</b>



# 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.

<b>OFFICE</b>	Medical Service – TB DOTS Clinic
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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 Form for clinical diagnosed TB case	2. Issuance of form	None	5 minutes	Nurse TB DOTS Clinic
3. Proceeds to waiting area until name is called	3. Instructs patient to proceed to waiting area	None	15 minutes	Nurse 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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>NONE</b>	<b>1 hour, 2 minutes</b>





# CITIZEN'S CHARTER

## RECEIVING OF SPECIMEN AND LABORATORY REQUEST FOR BODY FLUID EXAMINATION AT OUTPATIENT DEPARTMENT

This covers all outpatients needing laboratory examination of 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.

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

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pays applicable fees	None	See table of fees and charges	3 Minutes	<i>Client</i>
2. Client presents hospital card with request, specimen and official receipt at the reception area	2.Receives hospital card and checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification and official receipt	None	2 minutes	<i>Medical Technologist Department of Pathology and Laboratories</i>

<b>Citizen specific:</b> Special lane for senior citizens, persons with disability and pregnant women				
3. Client receives claim stub	3.Informs patient about the date and time to claim the laboratory results.  <b>condition specific:</b>  For requests received before 10:00 am. claim results from 2:00 - 4:00 pm of the same day  For requests received after 10:00 am claim results on the following day at 2:00 pm - 4:00 pm	None	10 minutes	<i>Client</i>
None	4. Floats specimen to the main laboratory for processing	None	10 minutes	<i>Medical Technologist  Department of Pathology and Laboratories</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	25 minutes

LIST OF LABORATORY SERVICES AND FEES (OPD)	
CLINICAL MICROSCOPY AND PARASITOLOGY	PRICE
Urinalysis	210
Fecalysis	40
Fecal Occult Blood Test (FOBT)	80
Pregnancy Test	180
Semen Analysis	90
Body Fluid Analysis (Cell Count and Differential Count)	95
BACTERIOLOGY	PRICE
Gram Stain	80
Acid Fast Stain	80
KOH Smear	75
India Ink	175



# CITIZEN'S CHARTER

## RECEIVING OF LABORATORY REQUEST FOR BLOOD EXAMINATION AT OUTPATIENT DEPARTMENT

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

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

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

CLIENT STEPS	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pays applicable fees	None	See table of fees and charges	3 Minutes	<i>Client</i>
2. Drops hospital card to designated tray and waits to be called  <b>Citizen specific:</b> Special lane for senior citizens, persons with	None	None	1 minute	<i>Client</i>

disability and pregnant women				
3. Client proceeds to the waiting area to wait for his or her turn to be called	None	None	10 minutes	<i>Client</i>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>15 minutes</b>	

LIST OF LABORATORY SERVICES AND FEES (OPD)	
<b>HEMATOLOGY</b>	
	<b>PRICE</b>
Complete Blood Count (CBC)	130
Prothrombin Time (PT)	225
Activated Partial Thromboplastin Time (PTT)	260
Erythrocyte Sedimentation Rate (ESR)	80
Clotting Time/ Bleeding Time (CT/BT)	50
Schilling's Hemogram / Peripheral Blood Smear (PBS)	195
Reticulocyte count	75
<b>CLINICAL MICROSCOPY AND PARASITOLOGY</b>	
	<b>PRICE</b>
Malarial Smear	130
<b>BLOOD BANKING AND SEROLOGY</b>	
	<b>PRICE</b>
ABO RH Typing	130
Direct Coombs Test	196
Anti-Streptolysin O (ASO)	130
C- Reactive Protein (CRP)	130
Hepatitis B Surface Antigen /HBsAg (EIA)	130
Anti-HCV (EIA)	415
HIV (EIA)	310
Rheumatoid Factor (RF)	130
Rapid Plasma Reagin (RPR)	110
<b>CLINICAL CHEMISTRY</b>	
	<b>PRICE</b>
Alkaline Phosphatase	95
Amylase	180
Arterial Blood Gas	200
Bilirubin (TB, B1, B2)	195
Blood Urea Nitrogen	80
Blood Uric Acid	90
Calcium	140
Chloride	140
Potassium	140
Sodium	140
CKMB	955
Creatinine	90
FBS/ RBS	80
HBA1C	635
Lipid Profile	675
HDL	390
LDH	195
OGTT	585
Total Protein	80
Albumin	80
SGOT	140
SGPT	140
Total Cholesterol	90
Total Protein Albumin Globulin (TPAG)	155



# CITIZEN'S CHARTER

## EXTRACTION OF BLOOD AT OUTPATIENT DEPARTMENT

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

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

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to blood extraction area	1.1. Calls client and receives hospital card and checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient	None	2 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories

	classification including official receipt			
	1.2 Interviews client if he/she has undergone fasting.	None	2 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
	1.3 Prepares materials for extraction	None	1 minute	<i>Medical Technologist</i> Department of Pathology and Laboratories
	1.4 Performs blood extraction from client	None	10 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
2. Client receives claim stub	2.1 Informs patient about the date and time to claim the laboratory results. <b>condition specific:</b> For requests received before 10:00 am. claim results from 2:00 - 4:00 pm of the same day  For requests received after 10:00 am claim results on the following day at 2:00 pm - 4:00 pm	None	10 minutes	<i>Client</i>
	2.2 Floats Specimen to the main laboratory for processing	None	10 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
END OF TRANSACTION		TOTAL	N/A	25 minutes



## RECEIVING OF SPECIMEN AND LABORATORY REQUEST FOR BLOOD EXAMINATION AT OUTPATIENT DEPARTMENT

This covers all outpatients needing laboratory examination of 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.

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

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1.1 Receives laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification and official receipt	None	2 minutes	<i>Medical Technologist Department of Pathology and Laboratories</i>
	1.2 Checks adequacy of specimen. Encodes in the Laboratory Information System (LIS)	None	3 minutes	<i>Medical Technologist / Encoder Department of Pathology and Laboratories</i>
	1.3 Submits laboratory request with specimen to the respective laboratory section for analysis	None	2 minutes	<i>Medical Technologist/ Encoder Department of Pathology and Laboratories</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	12 minutes



# CITIZEN'S CHARTER

## PROCESSING OF BODY FLUIDS FOR GRAM STAINING, AFB STAINING, KOH, AND INDIA INK FROM OUTPATIENTS

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

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Microbiology Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All outpatients needing laboratory examinations for gram stain, AFB staining, KOH, and India Ink of body fluids.

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	4 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	5 hours



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FOR CULTURE AND SENSITIVITY FROM OUTPATIENTS

This covers all inpatients needing laboratory examinations for culture and sensitivity of body fluids (other than blood) that will help in the diagnosis of disease.				
<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Microbiology Laboratory			
<b>CLASSIFICATION</b>	Complex			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All inpatients needing laboratory examinations of blood and other body fluids for analysis			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Laboratory Request			Requesting physician or charged Nurse	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	6 days 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	7 days



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM OUTPATIENTS

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

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

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	4 hours 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>5 hours</b>	<b>N/A</b>



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD FOR PERIPHERAL BLOOD SMEAR AND PROCESSING OF BLOOD FOR PERIPHERAL BLOOD SMEAR AND MALARIAL SMEAR FROM OUTPATIENTS

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

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory			
<b>CLASSIFICATION</b>	Complex			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All outpatients needing laboratory examinations for peripheral blood smear			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Laboratory Request			Requesting physician or charged Nurse	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	6 days 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	7 days



# CITIZEN'S CHARTER

## ISSUANCE OF RESULTS OF BLOOD AND OTHER BODY FLUIDS FROM OUTPATIENTS

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

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
None	None

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client hands over claim stub	1. Gets claim stub and checks for name, age, gender of patient and laboratory tests requested	None	3 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Client proceeds to the waiting area and waits for her turn to be called.	2.1. Prints and issues laboratory results.	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	2.2 Calls out client and hands over results	None	2 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories



# CITIZEN'S CHARTER

## RECEIVING OF BLOOD AND OTHER BODY FLUIDS FROM EMERGENCY SERVICE COMPLEX PATIENTS (NON-COVID)

This covers all emergency service complex patients not diagnosed with COVID needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Satellite Laboratory / Main Laboratory			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All emergency service complex patients needing laboratory examinations done on blood.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Laboratory Request		Requesting physician or charged Nurse		
One (1) copy of Hospital Card		Information Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Nursing attendant from Emergency Service Complex (ESC) submits laboratory request with specimen	1. Receives, checks, and renders laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification	See table of fees and charges	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Nursing attendant remains in the receiving area until called	2.1. Checks adequacy of specimen and if properly labelled. Encodes in the Laboratory Information System (LIS)	None	3 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	2.2. Submits laboratory request with specimen to the respective laboratory section for analysis	None	2 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	2.3 Accept specimen from encoder and attaches barcode number to the request for checking specimen against request	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	15 minutes

LIST OF LABORATORY SERVICES AND FEES	
<b>HEMATOLOGY</b>	
	<b>PRICE</b>
Complete Blood Count (CBC)	130
Prothrombin Time (PT)	225
Activated Partial Thromboplastin Time (PTT)	260
Clotting Time/ Bleeding Time (CT/BT)	50
<b>BLOOD BANKING AND SEROLOGY</b>	
	<b>PRICE</b>
Crossmatching	195
ABO RH Typing	130
Direct Coombs Test	196
Hepatitis B Surface Antigen /HBsAg (Kit)*	235
Dengue Duo IgG / IgM	750
Screening Fee	
Fresh Whole Blood	1700
Packed Red Blood Cell (pRBC)	1300
Platelet Concentrate / Fresh Frozen Plasma	900
<b>CLINICAL CHEMISTRY</b>	
	<b>PRICE</b>
Alkaline Phosphatase	95
Amylase	180
Arterial Blood Gas	200
Bilirubin (TB, B1, B2)	195
Blood Urea Nitrogen	80
Blood Uric Acid	90
Calcium	140
Chloride	140
Potassium	140
Sodium	140
CKMB	955
Creatinine	90
RBS	80
HBA1C	635
Lipid Profile	675
HDL	390
LDH	195
OGTT	585
Total Protein	80
Albumin	80
SGOT	140
SGPT	140
Total Cholesterol	90
Total Protein Albumin Globulin (TPAG)	155
Troponin I (Quantitative)	1800
24 Hr. Urine Protein	220
Body Fluid Protein	80
Body Fluid Glucose	80
Body Fluid LDH	195
<b>POCT</b>	
	<b>PRICE</b>
ABG*	1070
D-DIMER**	530
<b>CLINICAL MICROSCOPY</b>	
	<b>PRICE</b>
<b>AND</b>	
<b>PARASITOLOGY</b>	
Urinalysis	210
Fecalalysis	40
Fecal Occult Blood Test (FOBT)	80
Pregnancy Test	180





# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM EMERGENCY SERVICE PATIENTS (NON-COVID)

This covers all emergency service complex patients not diagnosed with COVID needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Sattelite Laboratory / Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All emergency service complex needing laboratory examinations of blood and other body fluids for analysis

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	1 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	5 hours



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD FOR COMPLETE BLOOD COUNT AND FOR ANALYSIS OF OTHER BODY FLUIDS FROM EMERGENCY SERVICE PATIENTS (NON-COVID)

This covers all emergency service complex patients not diagnosed with COVID needing laboratory examinations for complete blood count of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Satellite Laboratory / Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All emergency service complex patients needing laboratory examinations of blood and other body fluids for analysis

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	1 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	2 hours



# CITIZEN'S CHARTER

## ISSUANCE OF RESULTS OF BLOOD AND OTHER BODY FLUIDS FROM EMERGENCY SERVICE COMPLEX PATIENTS (NON-COVID)

This covers emergency service complex patients not diagnosed with COVID needing results of laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Satellite Laboratory / Main Laboratory			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All emergency service complex patients needing laboratory examinations of blood and other body fluids for analysis			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			None	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Nursing attendant or attending physician claims results	1. Prints and issues laboratory results.	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Nursing attendant or attending physician receives the results in the laboratory releasing logbook	2. Hands over laboratory releasing logbook	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	10 minutes



# CITIZEN'S CHARTER

## RECEIVING OF BLOOD AND OTHER BODY FLUIDS FROM EMERGENCY SERVICE COMPLEX PATIENTS (COVID SUSPECT/PROBABLE/CONFIRMED)

This covers all emergency service complex patients diagnosed with COVID needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Satellite Laboratory / Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All emergency service complex patients needing laboratory examinations done on blood.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Laboratory Request	Requesting physician or charged Nurse
One (1) copy of Hospital Card	Information Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nursing attendant from Emergency Service Complex (ESC) 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	See table of fees and charges	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Nursing attendant remains in the receiving area until called	2.1. Checks adequacy of specimen and if specimen is placed inside a Ziploc bag (or any equivalent) and properly labelled. Encodes in the Laboratory Information System (LIS)	None	3 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	2.2. Submits laboratory request with specimen with barcode to the respective laboratory section	None	2 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	2.3 Receives specimen from the encoder and attaches barcode sticker to the request for checking specimen against the request	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>15 minutes</b>

HEMATOLOGY		PRICE
Complete Blood Count (CBC)		130
Prothrombin Time (PT)		225
Activated Partial Thromboplastin Time (PTT)		260
Clotting Time/ Bleeding Time (CT/BT)		50
BLOOD BANKING AND SEROLOGY		PRICE
Crossmatching		195
ABO RH Typing		130
Direct Coombs Test		196
Hepatitis B Surface Antigen /HBsAg (Kit)*		235
Dengue Duo IgG / IgM		750
Screening Fee		
Fresh Whole Blood		1700
Packed Red Blood Cell (pRBC)		1300
Platelet Concentrate / Fresh Frozen Plasma		900
CLINICAL CHEMISTRY		PRICE
Alkaline Phosphatase		95
Amylase		180
Arterial Blood Gas		200
Bilirubin (TB, B1, B2)		195
Blood Urea Nitrogen		80
Blood Uric Acid		90
Calcium		140
Chloride		140
Potassium		140
Sodium		140
CKMB		955
Creatinine		90
FBS/ RBS		80
HBA1C		635
Lipid Profile		675
HDL		390
LDH		195
OGTT		585
Total Protein		80
Albumin		80
SGOT		140
SGPT		140
Total Cholesterol		90
Total Protein Albumin Globulin (TPAG)		155
Troponin I (Quantitative)		1800
24 Hr. Urine Protein		220
Body Fluid Protein		80
Body Fluid Glucose		80
Body Fluid LDH		195
POCT		PRICE
ABG*		1070
D-DIMER**		530



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM EMERGENCY SERVICE PATIENTS (COVID SUSPECT/PROBABLE/CONFIRMED)

This covers all emergency service complex patients diagnosed with COVID needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Satellite Laboratory / Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All emergency service complex patients needing laboratory examinations of blood and other body fluids for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Laboratory Request	Requesting physician or charged Nurse
One (1) Ziploc Bag or any equivalent	Laboratory

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	3 Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	1 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>5 hours</b>



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD FOR COMPLETE BLOOD COUNT AND FOR ANALYSIS OF OTHER BODY FLUIDS FROM EMERGENCY SERVICE PATIENTS (COVID SUSPECT / PROBABLE / CONFIRMED)

This emergency service complex patients diagnosed with COVID needing laboratory examinations for complete blood count of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Satellite Laboratory / Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All emergency service complex patients needing laboratory examinations of blood and other body fluids for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Laboratory Request	Requesting physician or charged Nurse
One (1) Ziploc Bag or any equivalent	Laboratory

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	1 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories

END OF TRANSACTION	TOTAL	N/A	2 hours
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# CITIZEN'S CHARTER

## RECEIVING OF BLOOD AND OTHER BODY FLUIDS FROM INPATIENTS (NON-COVID)

This covers all emergency service complex patients diagnosed with COVID needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Emergency Service Complex Satellite Laboratory / Main Laboratory			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All emergency service complex patients needing laboratory examinations of blood and other body fluids for analysis			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			None	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Nursing attendant or attending physician claims results	1. Prints and issues laboratory results in accordance with the following:  <b>Condition Specific:</b>  • Stat laboratory test - 2 hours	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Nursing attendant or attending physician receives the results in the laboratory releasing logbook	2. Hands over laboratory releasing logbook	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	10 minutes

\*In cases of admitted patients that cannot be accommodated to their respective wards yet (ER-Squat).





# CITIZEN'S CHARTER

## PROCESSING OF BODY FLUIDS FOR GRAM STAINING, AFB STAINING, KOH, AND INDIA INK FROM INPATIENTS (NON-COVID)

This covers all inpatients not diagnosed with COVID needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All inpatients not diagnosed with COVID needing laboratory examinations of blood and other body fluids for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Laboratory Request	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, checks and renders laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification	See tables of fees and charges	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Nursing attendant remains in the receiving area until called	2.1. Checks adequacy of specimen and if properly labelled. Encodes in the Laboratory Information System (LIS)	None	3 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
	2.2. Submits laboratory request with specimen to the respective laboratory section for analysis	See table of fees and charges	2 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>15 minutes</b>

HEMATOLOGY		PRICE
Complete Blood Count (CBC)		130
Prothrombin Time (PT)		225
Activated Partial Thromboplastin Time (PTT)		260
Erythrocyte Sedimentation Rate (ESR)		80
Clotting Time/ Bleeding Time (CT/BT)*		50
Schilling's Hemogram / Peripheral Blood Smear (PBS)*		195
Reticulocyte count*		75
CLINICAL MICROSCOPY AND PARASITOLOGY		PRICE
Malarial Smear		130
Urinalysis*		210
Fecalalysis		40
Fecal Occult Blood Test (FOBT)*		80
Pregnancy Test		180
Semen Analysis*		90
Body Fluid Analysis (Cell Count and Differential Count)*		95
BACTERIOLOGY		PRICE
Culture and Sensitivity Test*		
Blood (per site)*		650
Cerebrospinal fluid (CSF), urine, stool, Exudate*		325
Exudates*		325
Gram Stain*		80
Acid Fast Stain*		80
KOH Smear*		75
India Ink*		175
BLOOD BANKING AND SEROLOGY		PRICE
Crossmatching		195
ABO RH Typing		130
Direct Coombs Test		196
Anti-Streptolysin O (ASO)*		130
C- Reactive Protein (CRP)*		130
Hepatitis B Surface Antigen /HBsAg (EIA)*		130
Anti-HCV (EIA)*		415
HIV (EIA)*		310
Rheumatoid Factor (RF)*		130
Rapid Plasma Reagin (RPR)*		110
Screening Fee		
Fresh Whole Blood		1700
Packed Red Blood Cell (pRBC)		1300
Platelet Concentrate / Fresh Frozen Plasma		900
CLINICAL CHEMISTRY		PRICE
Alkaline Phosphatase		95
Amylase		180
Arterial Blood Gas		200
Bilirubin (TB, B1, B2)		195
Blood Urea Nitrogen		80
Blood Uric Acid		90
Calcium		140
Chloride		140
Potassium		140
Sodium		140
CKMB		955
Creatinine		90
FBS/ RBS		80
HBA1C		635
Lipid Profile		675
HDL		390
LDH		195
OGTT		585

Total Protein	80
Albumin	80
SGOT	140
SGPT	140
Total Cholesterol	90
Total Protein Albumin Globulin (TPAG)	155
Troponin I (Quantitative)	1800
24 Hr. Urine Protein	220
Body Fluid Protein	80
Body Fluid Glucose	80
Body Fluid LDH	195
<b>POCT</b>	<b>PRICE</b>
ABG**	1070
D-DIMER***	530

\*\*Utilized if Arterial Blood Gas is not available in the main laboratory upon consent of requesting physician or nurse on duty after appraisal of the said cost of the test.

\*\*\*Utilized as requested.



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FOR CULTURE AND SENSITIVITY FROM INPATIENTS (NON-COVID)

This covers all inpatients not diagnosed with COVID needing laboratory examinations of body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All inpatients not diagnosed with COVID needing laboratory examinations for gram stain, AFB staining, KOH, and India Ink of body fluids.			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Laboratory Request			Requesting physician or charged Nurse	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	4 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	5 hours

This covers all inpatients not diagnosed with COVID needing laboratory examinations for culture and sensitivity of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory			
<b>CLASSIFICATION</b>	Complex			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All inpatients not diagnosed with COVID needing laboratory examinations of blood and other body fluids for culture and sensitivity			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Laboratory Request			Requesting physician or charged Nurse	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	6 days 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	7 days



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM INPATIENTS (NON-COVID)

This covers all inpatients not diagnosed with COVID needing laboratory examinations for culture and sensitivity of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All inpatients not diagnosed with COVID needing laboratory examinations of blood and other body fluids for analysis			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Laboratory Request			Requesting physician or charged Nurse	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	4 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>5 hours</b>



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD FOR PERIPHERAL BLOOD SMEAR AND MALARIAL SMEAR FROM INPATIENTS (NON-COVID)

This covers all inpatients not diagnosed with COVID needing laboratory examinations for peripheral blood smear and malarial smear.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All inpatients not diagnosed with COVID needing peripheral blood smear and malarial smear

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	6 days 50 minutes	<i>Pathology Resident/ Pathology Consultant</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories

<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>7 days</b>
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# CITIZEN'S CHARTER

## ISSUANCE OF RESULTS OF BLOOD AND OTHER BODY FLUIDS FROM INPATIENTS (NON-COVID)

This covers all inpatients not diagnosed with COVID needing laboratory results of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All inpatients not diagnosed with COVID needing results for laboratory examinations of blood and other body fluids.

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nursing attendant claims results	1. Prints and issues laboratory results in accordance with the following:  <b>Condition Specific:</b>  • Stat laboratory test - 2 hours	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. Nursing attendant or attending physician receives the results in the laboratory releasing logbook	2. Hands over laboratory releasing logbook	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	10 minutes





# CITIZEN'S CHARTER

## RECEIVING OF BLOOD AND OTHER BODY FLUIDS FROM INPATIENTS (COVID SUSPECT/PROBABLE/CONFIRMED)

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

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All inpatients diagnosed with COVID needing laboratory examinations of blood and other body fluids for analysis.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Laboratory Request	Requesting physician or charged Nurse
One (1) Ziploc Bag or Any Equivalent	Laboratory

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nurse / Attending Physician requests laboratory examination via Bizbox	None	See table of fees and charges	5 minutes	<i>Nurse or attending Physician Pay Ward II Ward</i>
2. Nursing attendant from ESC*/ ward submits specimen	2. Receives, checks, and renders 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 Department of Pathology and Laboratories</i>
3. Nursing attendant remains in the receiving area until called	3.1. Checks adequacy of specimen and if specimen is placed inside a Ziploc bag and properly labelled then encodes in the Laboratory Information System (LIS)	None	5 minutes	<i>Medical Technologist/ Encoder Department of Pathology and Laboratories</i>
	3.2 Submits laboratory request with specimen to the respective laboratory section for analysis	None	2 minutes	<i>Medical Technologist/ Encoder</i>

				Department of Pathology and Laboratories
	3.3 Receives specimen from the encoder and assigns barcode number to the specimen	None	5 hours	<i>Medical Technologist</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	5 hours, 25 minutes

\*In cases of admitted patients that cannot be accommodated to their respective wards yet (ER-Squat).

HEMATOLOGY		PRICE
Complete Blood Count (CBC)		130
Prothrombin Time (PT)		225
Activated Partial Thromboplastin Time (PTT)		260
Erythrocyte Sedimentation Rate (ESR)		80
Clotting Time/ Bleeding Time (CT/BT)*		50
Schilling's Hemogram / Peripheral Blood Smear (PBS)*		195
Reticulocyte count*		75
CLINICAL MICROSCOPY AND PARASITOLOGY		PRICE
Malarial Smear		130
Urinalysis		210
Fecalalysis		40
Fecal Occult Blood Test (FOBT)		80
Pregnancy Test		180
Semen Analysis		90
Body Fluid Analysis (Cell Count and Differential Count)		95
BACTERIOLOGY		PRICE
Culture and Sensitivity Test		
Blood (per site)		650
Cerebrospinal fluid (CSF), urine, stool, Exudate		325
Exudates		325
Gram Stain		80
Acid Fast Stain		80
KOH Smear		75
India Ink		175
BLOOD BANKING AND SEROLOGY		PRICE
Crossmatching		195
ABO RH Typing		130
Direct Coombs Test		196
Anti-Streptolysin O (ASO)*		130
C- Reactive Protein (CRP)*		130
Hepatitis B Surface Antigen /HBsAg (EIA)*		130
Anti-HCV (EIA)*		415
HIV (EIA)*		310
Rheumatoid Factor (RF)*		130
Rapid Plasma Reagin (RPR)*		110
Screening Fee		
Fresh Whole Blood		1700
Packed Red Blood Cell (pRBC)		1300
Platelet Concentrate / Fresh Frozen Plasma		900
CLINICAL CHEMISTRY		PRICE
Alkaline Phosphatase		95

Amylase	180
Arterial Blood Gas	200
Bilirubin (TB, B1, B2)	195
Blood Urea Nitrogen	80
Blood Uric Acid	90
Calcium	140
Chloride	140
Potassium	140
Sodium	140
CKMB	955
Creatinine	90
FBS/ RBS	80
HBA1C	635
Lipid Profile	675
HDL	390
LDH	195
OGTT	585
Total Protein	80
Albumin	80
SGOT	140
SGPT	140
Total Cholesterol	90
Total Protein Albumin Globulin (TPAG)	155
Troponin I (Quantitative)	1800
24 Hr. Urine Protein	220
Body Fluid Protein	80
Body Fluid Glucose	80
Body Fluid LDH	195
<b>POCT</b>	<b>PRICE</b>
ABG**	1070
D-DIMER***	530
<b>COVID-19 LABORATORY</b>	<b>PRICE</b>
Covid-19 RT-PCR	3850

\*\*Utilized if Arterial Blood Gas is not available in the main laboratory upon consent of requesting physician or nurse on duty after appraisal of the said cost of the test.

\*\*\*Utilized as requested.



# CITIZEN'S CHARTER

## PROCESSING OF BODY FLUIDS FOR GRAM STAINING, AFB STAINING, KOH, AND INDIA INK FROM INPATIENTS (COVID SUSPECT/PROBABLE/CONFIRMED)

This covers all inpatients diagnosed with COVID needing laboratory examinations of body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All inpatients diagnosed with COVID needing Igram staining, AFB staining, KOH, and India Ink of body fluids.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Laboratory Request	Requesting physician or charged Nurse
One (1) Ziploc bag or any equivalent	Laboratory

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	2 Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	4 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	5 hours



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FOR CULTURE AND SENSITIVITY FROM INPATIENTS (COVID SUSPECT/PROBABLE/CONFIRMED)

This covers all inpatients diagnosed with COVID needing laboratory examinations for culture and sensitivity of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service – Department of Pathology and Laboratories Microbiology Laboratory
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	All inpatients diagnosed with COVID needing culture and sensitivity of blood and other body fluids for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Laboratory Request	Requesting physician or charged Nurse
One (1) Ziploc bag or any equivalent	Laboratory

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	6 days 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories

END OF TRANSACTION	TOTAL	N/A	7 days
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# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM INPATIENTS (COVID SUSPECT / PROBABLE/CONFIRMED)

This covers all inpatients diagnosed with COVID needing laboratory examinations for culture and sensitivity of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory.			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All inpatients diagnosed with COVID needing laboratory examinations of blood and other body fluids for analysis.			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Laboratory Request			Requesting physician or charged Nurse	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	4 hours, 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	5 hours



# CITIZEN'S CHARTER

## PROCESSING OF BLOOD AND OTHER BODY FLUIDS FOR PERIPHERAL BLOOD SMEAR AND MALARIAL SMEAR FROM INPATIENTS (COVID SUSPECT/PROBABLE/ CONFIRMED)

This covers all inpatients diagnosed with COVID needing laboratory examinations for culture and sensitivity of blood and other body fluids that will help in the diagnosis of disease.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All inpatients diagnosed with COVID needing peripheral blood smear and malarial smear.

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Accept specimen from the encoder and attaches barcode number to the request for checking specimen against request.	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	6 days 50 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	3. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
END OF TRANSACTION	TOTAL	N/A	7 days	



# CITIZEN'S CHARTER

## ISSUANCE OF RESULTS OF BLOOD AND OTHER BODY FLUIDS FROM INPATIENTS (COVID SUSPECT / PROBABLE/ CONFIRMED)

This covers all inpatients diagnosed with COVID needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.					
<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Main Laboratory				
<b>CLASSIFICATION</b>	Simple				
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government				
<b>WHO MAY AVAIL</b>	All inpatients diagnosed with COVID who need results of laboratory examinations of blood and other body fluids.				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
None			None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
1. Nursing attendant claims results	1. Prints and issues laboratory results in accordance with the following:  <b>Condition Specific:</b>  • Stat laboratory test - 2 hours	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories	
2. Nursing attendant or attending physician receives the results in the laboratory releasing logbook	2. Hands over laboratory releasing logbook	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories	
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	10 minutes	





# CITIZEN'S CHARTER

## COORDINATION OF BLOOD DONORS FOR SCHEULE

This shall apply to all relatives of JRRMMC patients who would like to schedule blood donors who are willing to donate blood to patients who are in direct need of blood transfusion. Prospective donors are always coordinated a day before their schedule for donation Service is available from Sundays to Thursdays except holidays starting from 8:30 am until the maximum allotted slots for each shift are filled up.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.
Blood typing result or any equivalent of prospective donors	Other laboratories, Red Cross donation card, LTO, etc.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Falls in Line outside Window 1	1.1. Receives and checks blood requests from client / relative / prospective blood donor	None	1 minute	<i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories
None	1.2. Verifies details in request such as name of patient, age, sex, diagnosis, blood type, blood component requested and number of components requested	None	1 minute	<i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories
None	1.3. Advices client that she can only schedule two donors per day	None	1 minute	<i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories

<p>2. Gives a maximum of two (2) names of blood donors</p> <p>Note:</p> <ul style="list-style-type: none"> <li>Client / Relative / Prospective Blood Donor may opt to write the names of the prospective blood donor</li> </ul>	<p>2.1.Asks preferred time where their donors can come:</p> <p>Case Specific:</p> <ul style="list-style-type: none"> <li>8AM</li> <li>1PM</li> </ul>	None	2 minutes	<p><i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories</p>
	<p>2.2Lists down name of donor in schedule for the day succeeding the coordination</p> <p>Note:</p> <ul style="list-style-type: none"> <li>Blood typing result or any equivalent (e.g. Red Cross donation card, Drivers' License or any valid I.D. with blood type) of prospective donors may be demanded prior to listing if <ul style="list-style-type: none"> <li>Components like platelet concentrate are requested</li> <li>There is low supply in blood pool and / or if there is increased demand or utilization of the blood type in the request</li> </ul> </li> </ul>	None	5 minutes	<p><i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories</p>
<p>3. Waits for appointment slip</p>	<p>3.1. Writes the following details in the appointment slip: date of appointment,</p>	None	5 minutes	<p><i>Medical Technologist /Receptionist</i></p>

	name of patient, name of prospective donor (s)			Department of Pathology and Laboratories
None	3.2 Asks the relatives to read the terms and conditions enumerated on the appointment slip and asks him or her to sign at the space provided below if the client / relative / prospective donor agrees	None	5 minutes	<i>Medical Technologist /Receptionist</i> Department of Pathology and Laboratories
None	3.3 Attaches the appointment slip together with the blood request	None	1 minute	<i>Medical Technologist /Receptionist</i> Department of Pathology and Laboratories
4. Gets the blood request with attached appointment slip then leaves	4. 1. Gives the blood request with attached appointment slip.	None	1 minutes	<i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories
None	4.2 Gives the client / relative / prospective donor verbal or written instruction regarding the requirements that need to be presented by the patient, patient preparation, and some donor deferral criteria	None	5 minutes	<i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories
None	1.3. Instructs the client / relative / prospective donor that their donors to head straight to the out patient department security guard on the exact time and date that they are scheduled for screening	None	5 minutes	<i>Medical Technologist/ Receptionist</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>32 minutes</b>



# 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.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.
Blood typing result or any equivalent	Other laboratories, Red Cross, LTO, etc.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Proceeds to the OPD Guard at the scheduled time and date presents blood request with attached appointment slip	1.1. Security guard gets temperature Case specific • If patient's temperature is 37.8 degrees Celsius or above, the patient won't be allowed to proceed to the outpatient department and lto the outpatient laboratory thereafter.	None	1 minute	Security Guard Outpatient department
1.2 Fills up the donor questionnaire	1.2 Security guard gets a donor questionnaire and writes the temperature on the upper left-hand corner	None	1 minute	Security Guard Outpatient department

2. Shows Blood Request with attached appointment slip and Registers at Blood Transfusion Service (BTS) at OPD Laboratory	2. Receives and checks blood requests from possible blood donor and collects donor's registration form	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
3. Donor remains at BTS for interview and screening	3. Conducts interview of possible donor and checks the general health and condition of the possible donor by getting the BP, weight, pulse rate,	None	15 minutes	<i>Examining Physician</i> Medical Division
4. Donor proceeds to medical technologist for hematocrit determination	4. Gets hematocrit of the patient	None	15 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
5. Proceeds to waiting area and wait until called and be informed if qualified or not for bleeding	5. Performs bleeding of qualified donor.  <b>citizen specific:</b>  For non-qualified donor, donation will be deferred.	None	20 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
6. Stays in donor's bed to take a rest and stabilize the condition after bleeding	6.1. 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)	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 Window 4 of Main Laboratory and gives the deposit slip	6. Gets and files the deposit slip	None	2 minutes	<i>Medical Technologist /Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour, 17 minutes</b>



# CITIZEN'S CHARTER

## DRUG TESTING (SCREENING)

This covers all patients/clients who voluntarily subjected themselves to drug testing and those who were required to undergo drug test. The drug test (screening) utilizes a monoclonal antibody to selectively detect elevated levels of Methamphetamine (MET) and Tetrahydrocannabinol (THC) in urine. The said service is available from Monday to Friday 8:00 am to 5:00 pm except holidays

<b>OFFICE</b>	Medical Service – Department of Pathology and Laboratories Drug Testing Laboratories (For Relocation)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients and clients needing MET and THC determinations in urine samples

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request	Requesting physician
Hospital Card	Information Section at Hospital's right wing entrance.
Official Receipt of payment (for OPD patient)	Cashier at OPD Department
Two valid IDs	Government issued ID and or Company ID

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits drug test request to the receptionist	1.1. Receives and record the drug test request to logbook	None	5 minutes	<i>Receptionist</i> Drug Test Laboratory
	1.2 Instructs client to pay the procedure at the cashier	None	2 minutes	Receptionist Drug Test Laboratory
2. Client proceeds to Cashier for payment	2. Collects payment and issue official receipt.	Php 200.00	15 minutes	<i>Cashier</i> OPD Collecting Section
3. Client returns to Drug Test Laboratory and presents official receipt.	3. Receives the official receipt.	None	5 minutes	<i>Receptionist</i> Drug Test Laboratory

4.1 Client fills up an d submits drug test form	4.1 Checks and verifies completeness of accomplished drug test form.	None	15 minutes	<i>Receptionist Drug Test Laboratory</i>
4.2 Client presents two (2) valid ID	4.2 Verifies the client's identification by checking the presented two (2) valid IDs.	None	3 minutes	<i>Receptionist Drug Test Laboratory</i>
5. Client collects and submits urine sample	5.1 Observes the client during urine collection, checks the sufficiency of urine sample and submits sample to analyst  Note: A female collector is assigned to a female client and male collector is assigned to a male client respectively	None	8 minutes	<i>Authorized Specimen Collector Drug Test Laboratory</i>
6. Client proceeds to receiving area and instructs to prepare for picture taking and demographics	6.1 Analyses sample	None	10 minutes	<i>Analyst Drug Testing Laboratory</i>
	6.2 Encodes client's data and uploads client's picture and fingerprints to IDTOMIS (Integrated Drug Test Operation Management Information System)	None	10 minutes	<i>Analyst Drug Testing Laboratory</i>
	6.3 Issues claim stub and instructs client on releasing of result Prints and records results in the logbook.	None 123	5 minutes	<i>Analyst Drug Testing Laboratory</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour 18 minutes</b>



# CITIZEN'S CHARTER

## RELEASING OF NEGATIVE DRUG TESTING (SCREENING) RESULTS

This covers all patients/clients who voluntarily subjected themselves for drug testing and those who were required to undergo drug tests that tested negative. Service is available from Monday to Friday 8:00 am to 5:00 pm except holidays.

<b>OFFICE</b>	Medical Service – Department of Pathology and Laboratories Drug Testing Laboratories (For Relocation)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	All patients and clients needing MET and THC determinations in urine samples.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Drug Test Claim Stub	Drug Testing Laboratory
Official receipt for Drug Test	Cashier at OPD

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Clients claims result on the same day if in the morning. If done in the afternoon, claim result on the following day	1.1 Verifies claim stub and official receipt submitted	None	3 minutes	<i>Drug Test Analyst</i> Drug Test Laboratory
	1.2 Releases result to client and asks to sign in at releasing logbook	None	2 minutes	<i>Drug Test Analyst</i> Drug Test Laboratory
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	5 minutes





# CITIZEN'S CHARTER

## PROCESSING OF SURGICAL PATHOLOGY SPECIMENS FROM INPATIENTS AND OUTPATIENTS

This shall apply to all tissues submitted for surgical pathology examination submitted from the wards and outpatient department.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Ground Floor
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients who needs surgical pathology examination for the diagnosis of their disease

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) copy of Surgical Pathology Request with complete data		Ward or Outpatient Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1.1. Verifies data in surgical pathology request like: name, age, sex, ward, specimen clinical impression	None	5 minutes	<i>Pathology Resident Department of Pathology and Laboratories</i>
	1.2. Writes template of gross description of specimen and does gross description and measurements of tissues submitted. Writes down gross description and measurements of tissues	None	1 hour	<i>Pathology Resident Department of Pathology and Laboratories</i>
None	2. Cuts sections of surgical pathology specimens and places them inside tissue cassettes, fixes specimen for	None	2 hours	<i>Pathology Resident Department of Pathology and Laboratories</i>

	loading in tissue processor			
None	3. Awaits for slides of processed specimen	None	3 days	<i>Pathology Resident</i> Department of Pathology
None	4. Screens slides for referral/sign out with consultant	None	1 day	<i>Pathology Resident</i> Department of Pathology
None	5. Refers / Signs out slides with Consultants	None	7 days	<i>Pathology Resident/ Pathology Consultant</i> Department of Pathology
None	6. Encodes and prints and makes necessary revisions on final histopathologic report for checking by consultants	None	2 days	<i>Pathology Resident</i> Department of Pathology
None	7. Signs the final histopathology report for release	None	1 day	<i>Pathology Consultant</i> Department of Pathology
END OF TRANSACTION		TOTAL	N/A	14 days, 3 hours, 5 minutes



# CITIZEN'S CHARTER

## PROCESSING OF FLUID CYTOLOGY SPECIMENS FROM INPATIENTS AND OUTPATIENTS

This shall apply to all tissues submitted for cytologic examination submitted from the wards and outpatient department.				
<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Ground Floor			
<b>CLASSIFICATION</b>	Highly Technical			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All patients who need surgical pathology examination for the diagnosis of their disease			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Surgical Pathology Request with complete data			Ward or Outpatient Department	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Awaits for slides and cell blocks of processed specimen	None	3 days	<i>Pathology Resident</i> Department of Pathology
None	2. Screens slides for referral/sign out with consultant	None	1 day	<i>Pathology Resident</i> Department of Pathology
None	3. Refers / Signs out slides with Consultants	None	7 days	<i>Pathology Resident/ Pathology Consultant</i> Department of Pathology
None	4. Encodes and prints and makes necessary revisions on final histopathologic report for checking by consultants	None	2 days	<i>Pathology Resident</i> Department of Pathology
None	5. Signs the final histopathology report for release	None	1 day	<i>Pathology Consultant</i> Department of Pathology
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	14 days



# CITIZEN'S CHARTER

## PROCESSING OF FINE NEEDLE ASPIRATION CYTOLOGY SPECIMENS FROM INPATIENTS AND OUTPATIENTS

This shall apply to all tissues submitted for cytologic examination submitted from the wards and outpatient department.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Ground Floor
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients who need surgical pathology examination for the diagnosis of their disease

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Surgical Pathology Request with complete data	Ward or Outpatient Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Awaits for slides and of processed specimen	None	3 days	<i>Pathology Resident</i> Department of Pathology
None	2. Screens slides for referral/sign out with consultant	None	1 day	<i>Pathology Resident</i> Department of Pathology
None	3. Refers / Signs out slides with Consultants	None	7 days	<i>Pathology Resident/ Pathology Consultant</i> Department of Pathology
None	4. Encodes and prints and makes necessary revisions on final cytology report for checking by consultants	None	2 days	<i>Pathology Resident</i> Department of Pathology

None	5. Signs the final cytology report for release	None	1 day	<i>Pathology Consultant</i> Department of Pathology
END OF TRANSACTION		TOTAL	N/A	14 days



# CITIZEN'S CHARTER

## PROCESSING OF GYNECOLOGIC CYTOLOGY SPECIMENS FROM INPATIENTS AND OUTPATIENTS

This shall apply to all tissues submitted for gynecologic cytology (PAPS Smear) examination submitted from the wards and outpatient department.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories Ground Floor
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients who needs surgical pathology examination for the diagnosis of their disease

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Gynecologic Cytology (PAPS Smear) Request with complete data	Obstetrics and Gynecology / Gynecologic Oncology Ward and Outpatient Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Awaits for slides and of processed specimen	None	3 days	<i>Pathology Resident</i> Department of Pathology
None	2. Screens slides for referral/sign out with consultant	None	1 day	<i>Pathology Resident</i> Department of Pathology
None	3. Refers / Signs out slides with Consultants	None	7 days	<i>Pathology Resident/ Pathology Consultant</i> Department of Pathology
None	4. Fills up gynecologic cytology form	None	5 minutes	<i>Pathology Resident</i> Department of Pathology
None	5. Signs the final cytology report for release	None	5 minutes	<i>Pathology Consultant</i> Department of Pathology

END OF TRANSACTION	TOTAL	N/A	11 days, 10 minutes
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# CITIZEN'S CHARTER

## SARS-CoV-2 Real Time Polymerase Chain (RT PCR) Testing

This covers all patients needing laboratory examinations of oropharyngeal, nasopharyngeal swab and/ or nasopharyngeal/oropharyngeal swab that will help in the diagnosis of disease. The service is open from Monday to Friday 8:00 am- 5:00 pm excluding holidays.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories at Out-Patient Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients needing laboratory examinations of naso, pharyngeal and nasopharyngeal swab for analysis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
CIF (Case Investigation Form)	HEMS
PHILHEALTH Membership	HEMS
Updated Hospital Card	Information Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Nurses, Nursing Attendants and Job Order Medical Technologists delivers swab samples to COVID Laboratory	1.1 Receives sample inside the pass box	None	5 minutes	<i>COVID Analyst Medical Technologist Department of Pathology and Laboratories</i>
1.2 HEMS (Hospital Emergency Management Service) sends copy of CIF, PhilHealth membership and updated hospital number using email	1.2 Receives CIF, PhilHealth membership and Hospital number via email and encodes billing statement using Bizbox	3,800	5 minutes	<i>COVID Laboratory Encoder Department of Pathology and Laboratory</i>

2. None	2. Inspects the integrity of the sample	None	3 minutes	<i>COVID Analyst Medical Technologist Department of Pathology and Laboratories</i>
3. None	3. Prepares samples for testing	None	5 minutes	<i>COVID Analyst Medical Technologist Department of Pathology and Laboratories</i>
4. None	4. Process samples	None	8 hours	<i>COVID Analyst Medical Technologist Department of Pathology and Laboratories</i>
5. None	5. Encodes laboratory results	None	5 minutes	<i>COVID Analyst Medical Technologist Department of Pathology and Laboratories</i>
6. None	6. Validates results of analysis	None	5 minutes	<i>Pathology Consultant with training of Bio-Risk and Bio-Safety Management Department of Pathology and Laboratories</i>
7. None	7. Uploads the Final Linelist, CIF (Case Information Form) and RT-PCR results to CDRS (COVID-19 Document Repository System)	None	15 minutes	<i>COVID Laboratory Encoder Department of Pathology and Laboratories</i>



8. None	8. Release results to CSU (Central Surveillance Unit) using email	None	5 minutes	<i>COVID Laboratory Encoder</i>
END OF TRANSACTION		TOTAL	N/A	8 hour, 48 minutes

# CITIZEN'S CHARTER

## HISTOPATH INPATIENT

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.

<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All patients who are in need of blood transfusion			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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.		
Blood typing result or any equivalent		Other laboratories, Red Cross, LTO, etc.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 qualified or not for bleeding	3. Performs bleeding of qualified donor.  <b>citizen specific:</b>  For non-qualified donor, donation will be deferred.	None	20 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories

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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour</b>



# 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 from 6 AM-6 PM Monday to Sunday including holidays.				
<b>OFFICE</b>	Medical Service - Pharmacy Section (DOH Botika)			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government			
<b>WHO MAY AVAIL</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Duly accomplished prescription One (1) Duly accomplished E-prescription (under community quarantine period)			Prescribing doctor Prescribing doctor	
Will avail discount: 1. PWD/Senior ID, booklet, authorization letter for representative 2. For Gov't Employee: Work ID and Certificate of employment (One (1) original copy)			1. City Hall (DSWD/OSCA) 2. Government Agency (Employer)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)	See Menu Card/ Price List	2 minutes	Pharmacist Commercial Pharmacy
	1.1 Prepares cash slip	See Menu Card/ Price List	2 minutes	Pharmacist Commercial Pharmacy
	1.2 Applies corresponding discount.	See Menu Card/ Price List	1 minute	Pharmacist Commercial Pharmacy

2. Settles payment and wait for the official receipt and medicine/s.	2. Prepares the corresponding Official Receipt	<i>See Menu Card/ Price List</i>	2 minutes	<i>Cashier</i> Collecting Section
	2.1 Prepares and dispenses 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 from 8 AM-5 PM Monday to Friday excluding holidays.

<b>OFFICE</b>	Medical Service - Pharmacy Section (DOH Botika)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	All out patients with Philhealth

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Duly accomplished prescription	Prescribing Doctor
PHIC Routing slip	Claims department (Philhealth)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the required documents.	1. Checks the required documents if complete.	None	2 minutes	Pharmacist Commercial Pharmacy
	1.1 Verifies authenticity of documents presented.	None	1 minute	Pharmacist Commercial Pharmacy
	1.2 Calculates the cost of medicine/s and medical supplies.	None	2 minutes	Pharmacist Commercial Pharmacy
2. Proceeds to Billing Section.	2. Indicates the amount to be charged to Philhealth.	None	5 minutes	Admin Staff Billing Section
3. Proceeds to Pharmacy and present the PHIC routing slip from Billing section.	3. Verifies and encode document/s from billing section	None	2 minutes	Pharmacist Commercial Pharmacy
	3.1 Prepares the charge slip	None	2 minutes	Pharmacist Commercial Pharmacy

Pays applicable fees at the cashier <b>condition specific:</b> If the total amount exceeds the approved charged to Philhealth and medical assistance, the client needs to 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 Collecting Section</i>
4. Proceeds to waiting area until the name is called	4. Instructs client to proceed to waiting area. 4.1 Prepares the medicines/ medical supply	None  None	5 minutes  25 minutes	<i>Pharmacist Commercial Pharmacy</i>  <i>Pharmacist Commercial Pharmacy</i>
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 Commercial Pharmacy</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>51 minutes</b>



# 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 from 6 AM-6 PM Monday to Friday excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Duly accomplished prescription	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.	None	2 minutes	<i>Pharmacist</i> Commercial Pharmacy
	1.1 Verifies authenticity of prescription presented.	None	1 minute	<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 MSWD 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</i> Commercial Pharmacy

6. Gets the medicines/ medical supplies	6. Dispenses the medicines/ medical supplies	None	2 minutes	<i>Pharmacist Commercial Pharmacy</i>
	6.1 Explains to the client the proper use of the medicine/ medical supplies	None	3 minutes	<i>Pharmacist Commercial Pharmacy</i>
END OF TRANSACTION		TOTAL	N/A	37 minutes





# CITIZEN'S CHARTER

## DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES UNDER BASIC ACCOMMODATION (PHILHEALTH)

This process covers dispensing of medicine and medical supplies to all inpatients with Philhealth under basic accommodation. The Pharmacy is open from 6 AM-6 PM Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Pharmacy Section (DOH Botika)			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government			
<b>WHO MAY AVAIL</b>	In-patients with Philhealth under basic accommodation			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Duly accomplished prescription			Prescribing Doctor	
PHIC Routing slip			Claims department (Philhealth)	
*With Antibiotic: One (1) Original Antimicrobial Request Form (ARF)			Prescribing Doctor	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presents the prescription and charge slip to the Pharmacist.	1. Reviews the prescription and check the availability of the medicines/ medical supplies	None	10 minutes	Pharmacist Commercial Pharmacy
	1.1 Prepares charge slip and the requested medicines/ medical supplies	None	10 minutes	Pharmacist Commercial Pharmacy
2. Gets the medicines/ medical supplies and sign the prescription and the charge slip.	2. Dispenses the medicines/ medical supplies to the nursing attendant and record	None	10 minutes	Pharmacist Commercial Pharmacy
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	30 minutes



# CITIZEN'S CHARTER

## DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES UNDER PAY ACCOMMODATION (COVID-19 PATIENTS)

This process covers dispensing of medicine and medical supplies to all inpatients under pay accommodation (COVID-19 Patients). The Pharmacy is open 24 hours daily from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Pharmacy Section (Welfare Pharmacy)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	In-patients under pay accommodation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request of Medicines thru Hospital Information System (Bizbox)	Nurses' Station
*With Antibiotic: One (1) Original Antimicrobial Request Form (ARF)	Prescribing Doctor

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	None	3 minutes	Pharmacist Welfare Pharmacy
	1.1 Prepares charge slip and the requested medicines/ medical supplies	None	15 minutes	Pharmacist Welfare Pharmacy
2. Gets the medicines/ medical supplies and sign the charge slip.	2. Dispenses the medicines/ medical supplies to the nursing attendant.	None	2 minutes	Pharmacist Welfare Pharmacy
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	20 minutes



# CITIZEN'S CHARTER

## FILING AND DISPENSING OF PRESCRIPTION FOR SERVICE INPATIENT (NON-PHILHEALTH)

This process covers filing and dispensing of prescription for service inpatient. The service is open 24 hours daily from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Pharmacy Section (Welfare Pharmacy)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	All patients admitted under basic accommodation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Duly accomplished prescription	Prescribing Doctor
One (1) Original Abstract of medicine	Nurses' Station
*With Antibiotic: One (1) Original Antimicrobial Request Form (ARF)	Prescribing Doctor

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	None	3 minutes	<i>Pharmacist</i> Welfare Pharmacy
	1.1 Checks the availability of medicines and supplies	None	2 minutes	<i>Pharmacist</i> Welfare Pharmacy
	1.2 Checks returned empty vials and IV Fluids		5 minutes	
	1.3 Prepares Charge Slip	None		<i>Pharmacist</i> Welfare Pharmacy
	1.4 Records the medication order in the abstract of medicines		2 minutes	
	1.5 Prepares medicines and properly label vials and	None	3 minutes	<i>Pharmacist</i>

	IV Fluids with Patient's Name, Ward and Signature of Pharmacist on Duty	None	5 minutes	Welfare Pharmacy <i>Pharmacist</i> Welfare Pharmacy
		None		<i>Pharmacist</i> Welfare Pharmacy
2. Receives medicines	2. Dispenses medicines to the nursing attendant.	None	2 minutes	<i>Pharmacist</i> Welfare Pharmacy
END OF TRANSACTION		TOTAL	N/A	22 minutes



# CITIZEN'S CHARTER

## FILING AND DISPENSING OF PRESCRIPTION FOR DONATED MEDICINES

This process covers filing and dispensing of prescription for donated medicines available at the pharmacy. The service is open 24 hours daily from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Pharmacy Section (Welfare Pharmacy)			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government			
<b>WHO MAY AVAIL</b>	Patients with prescriptions which are available as donated medicines			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Duly accomplished prescription			Prescribing Doctor	
One (1) Original Hospital Card			Information/Admitting	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Brings prescription to the Pharmacy	1. Receives prescription or Doctor's Order	None	3 minutes	Pharmacist Welfare Pharmacy
	1.1 Checks availability of Medicines/Supplies	None	2 minutes	Pharmacist Welfare Pharmacy
	1.2 Filling of utilization report form	None	3 minutes	Pharmacist Welfare Pharmacy
2. Receives Medicines	2. Dispenses medicines	None	2 minutes	Pharmacist Welfare Pharmacy
	2.1 Records dispensed medicines	None	2 minutes	Pharmacist Welfare Pharmacy
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	12 minutes



# CITIZEN'S CHARTER

## FILING AND DISPENSING OF PEDIATRIC UNIT DOSE DRUG DISTRIBUTION SYSTEM (PUDDDS)

This process covers filing and dispensing of Pediatric Unit Dose Drug Distribution System (PUDDDS). The service is open from 7 AM-4 PM from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Pharmacy Section (Welfare Pharmacy)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	All admitted patients in Pedia Ward, NICU and PICU

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original completely filled PUDDDS Form	Nurses' Station
PHIC Routing Slip (For Philhealth patients); One (1) Original Abstract of Medicines (For Non-Philhealth patients)	Nurses' Station
*With Antibiotic: One (1) Original Antimicrobial Request Form (ARF)	Prescribing Doctor

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings PUDDDS Form to the Pharmacy	1. Receives, checks, verifies the completeness of the PUDDDS Form	None	3 minutes	Pharmacist Welfare Pharmacy
	1.2 Checks for the availability of medicines/Supplies	None	2 minutes	Pharmacist Welfare Pharmacy
	1.3 Computes dosage needed, prepares the charge slip and medicines	None	15 minutes	Pharmacist Welfare Pharmacy
2. Receives medicines	2. Dispenses medicines to the nursing attendant	None	2 minutes	Pharmacist Welfare Pharmacy
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>22 minutes</b>



# CITIZEN'S CHARTER

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

This process covers filing and dispensing of prescription for dangerous/ regulated drugs for inpatient. The service is open 24 hours daily from Monday to Sunday including holidays.

<b>OFFICE</b>	Medical Service - Pharmacy Section (Welfare Pharmacy)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	All clinical areas

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Replacement charge slips	Nurses' Station
One (1) Original Requisition for dangerous drug preparation	Nurses' Station
One (1) Original Record of dangerous drug preparations containing controlled chemical dispensed to in-patients	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	None	5 minutes	Pharmacist Welfare Pharmacy
	1.1 Checks availability of prescribed dangerous/regulating drugs	None	2 minutes	Pharmacist Welfare Pharmacy
	1.2 Checks returned empty vials/ampules	None	2 minutes	Pharmacist Welfare Pharmacy
	1.3 Prepares medicine and label them with date dispensed, ward	None	5 minutes	Pharmacist Welfare Pharmacy

	and signature of Pharmacist on duty.  1.4 Records and file submitted documents accordingly.	None	3 minutes	<i>Pharmacist Welfare Pharmacy</i>
2. Receives medicines and new Annex B form of requisition and record of dangerous/regulated drugs	2. Dispenses medicine; Issue a new copy of Annex B for dangerous drug and record for dangerous drugs preparation sheet	None	3 minutes	<i>Pharmacist Welfare Pharmacy</i>
END OF TRANSACTION		TOTAL	N/A	20 minutes





# CITIZEN'S CHARTER

## RECEIVING OF DELIVERIES FROM EXTERNAL SUPPLIERS THRU MATERIALS MANAGEMENT DEPARTMENT(MMD)

This process covers receiving of deliveries for all medicines and medical supplies from external suppliers. The Pharmacy is open 8 AM-5 PM Monday to Friday excluding holidays.

<b>OFFICE</b>	Medical Service – Pharmacy Section (Central Pharmacy)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2B-Government to Business G2G- Government to Government
<b>WHO MAY AVAIL</b>	External Suppliers

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Sales Invoice /Delivery Receipt	External Suppliers
Purchase Order (PO)	External Suppliers

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings the goods/products in the Central Pharmacy	1. Receives delivered goods/products from external suppliers	None	5 minutes	Pharmacist/ Stock Officer
	1.1 Checks the delivered goods/products as to the required technical specifications in the sales invoice/delivery receipt/PO	None	2 minutes	Pharmacist/ Stock Officer
	1.2 Generate barcodes/scan barcodes for the delivered goods and encode it in the system	None	2 minutes	Pharmacist/ Stock Officer
	1.3 Properly label and store the delivered goods/products in the respective shelves.	None	5 minutes	Pharmacist/ Stock Officer
	1.4 Signs the delivery receipts indicating that the goods will be accepted as to required technical specification	None	2 minutes	Pharmacist/ Stock Officer

<b>END OF TRANSACTION</b>	<b>TOTAL</b>	N/A	16 minutes
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# CITIZEN'S CHARTER

## DERMATOLOGY CONSULTATION VIA TELEMEDICINE

This process covers the Out-Patient Department (OPD) consultation via telemedicine using electronic means such as Facebook. 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*).

<b>OFFICE</b>	OPD Telemedicine
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	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	1. Receives notification of request for consultation  1.1 Initial Assessment of Patient's Chief Complaint (Triage)  <b>citizen specific:</b> <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>
2. Receives electronic prescription, ancillary/	2. Provides electronic prescription (ePrescription),	None	10 minutes	<i>Medical Officer</i>

diagnostic request and other referrals.	<p>ancillary/ diagnostic request and other referrals necessary.</p> <p>2.1 Instructs regarding follow up either through telemedicine or physical consult, depending on the discretion of the attending physician.</p>			
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>1 hour</b>	



# 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.

<b>OFFICE</b>	Medical Service – Dermatology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C–Government to Citizen G2G–Government to Government
<b>WHO MAY AVAIL</b>	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.

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

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 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	NONE	3 minutes	<i>Medical Officer</i> Dermatology Department

	visit and provide health education.			
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

## 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.

<b>OFFICE</b>	Medical Service – Dermatology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C–Government to Citizen G2G–Government to Government
<b>WHO MAY AVAIL</b>	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

## BIOPSY READING

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

<b>OFFICE</b>	Medical Service – Dermatology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C–Government to Citizen G2G–Government to Government
<b>WHO MAY AVAIL</b>	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
3. Proceeds to attending physician	3. Schedules given for the release of official biopsy result/ sends out to attending physician  3.1 Prescribes take home medications/ Requests additional laboratory or staining as needed	NONE	5 minutes	<i>Medical Officer</i> Dermatology Department

4. Proceeds to front desk for scheduling	4. Files chart/ releases hospital card with instructions on follow up date and time/ schedule of release of official biopsy results	NONE	3 minutes	<i>Admin staff</i> Dermatology Department
END OF TRANSACTION		TOTAL	N/A	34 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		
<b>OFFICE</b>	Medical Service – Medical Social Work Department	
<b>CLASSIFICATION</b>	Simple	
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen	
	G2G-Government to Government	
<b>WHO MAY AVAIL</b>	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	/diagnostic requests with "Case number" from Billing Section/ Clinical area.  1.1 If with valid and updated MSWD card,
1. Proceeds to MSWD for medical assistance	1. Screens and gives out queueing number to patient or his relative needing assistance for their laboratory	

FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	2 minutes	<i>Social Welfare Assistant</i> MSWD



	<p>validates data and hospital charges at data-base system to facilitate assistance.</p> <p><b>situation specific:</b></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</i> MSWD
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</i> MSWD
	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</i> MSWD

	<p><b>situation specific:</b></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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>42 minutes</b>



# 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.

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

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



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  <b>condition specific:</b>	1. Verifies whether existing JRRMMC patient/ MSWD recipient.  1.1 Checks documentary requirements.  <b>condition specific:</b>  If consultation not done at JRRMMC, and with complete documentary requirements.	None	2 minutes	<i>Social Welfare Assistant</i> MSWD
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</i> MSWD

	<p>DOH E-WEB data system</p> <p><b>situation specific:</b></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

## AVAILMENT OF MSWD SERVICES FOR ER AND INPATIENT

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

<b>OFFICE</b>	Medical Service – Medical Social Work Department
<b>CLASSIFICATION</b>	Simple Transaction
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	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>

	<b>situation specific:</b> 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</i> MSWD
	1.4 Conducts psycho-social counselling as needed	None	5 minutes	<i>Medical Social Officer</i> MSWD
	1.5 Administers social work case management to patients to address their various needs and concerns	None	10 minutes	<i>Medical Social Officer</i> MSWD
	1.6 Validates hospital charges of patients for discharge at data base system to facilitate assistance.	None	2 minutes	<i>Medical Social Officer</i> MSWD
	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</i> MSWD
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>33 minutes</b>



# 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 being imaged.

<b>OFFICE</b>	Medical Service - Radiology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	All patients needing radiological procedures

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Updated Hospital Card (1 original)	Information Section at Hospital's right wing entrance.
X-ray/ Ultrasound/ CT- Scan /MRI request form (1 original)	Requesting Physician
Referral Form Endorsement Letter (1 original)	Referring Hospital/Agency
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; if available) (1 original)	Hospital/Accredited Radiological Facility
Official Receipt (for OPD patient only)(1 original)	Collecting/Cashier
For In patient and ER	Bizbox charging (Radiology Department)
Guarantee Letter ; if applicable (1 original)	PCSO, DOH, MALASAKIT, LGU, Medical 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/relative; hospital staff for ER and In patient, check for completeness of request and requirements	none	2 minutes	<i>Radiologic Technologist on duty/ Radiology Department</i>
2. Patient obtains prescription * Bowel Preparation * Materials needed * Non-IV for most special X-ray	2. Issuance of prescription from the radiologist/resident on duty and instruct patient to come back once the prescription has been purchased	none	2 minutes	<i>Resident/ Radiology Department</i>

procedures (Barium enema, Cholangiogram, Colonogram etc.)				
3. Patient goes back to the radiology information desk	3. Checks completeness of materials needed and costing of procedure	none	2 minutes	<i>Radiologic Technologist</i> Radiology Department
4. Securing applicable fees (for Out Patient)	4. Issuance of Charge slip/ order of payment and instruct patient to proceed to OPD cashier/Medical social service Bizbox Charges (In-Patient and ER)	<i>See table of fees and charges</i>	<i>See Cashier/ Medical Social service charter</i>	<i>Radiologic Technologist</i> Radiology Department
5. Patient goes back to the radiology information area and present proof of payment (OPD) and scheduling.  ER and In patient (Proceed to next step)	5. Verifies OR receipt, PDAF, MAFP etc. from Social Service.  Input data for Routine X-ray, CT-scan) or scheduling for (special X-ray procedures, Ultrasound, CT-Scan, and MRI)	none	15 minutes	<i>Radiologic Technologist</i> Radiology Department
6. Proceeds to the assigned examination room on the date of examination.	6. Performs procedures examination process (Short Patient interview and PE will be done by Radiology Resident)	none	15 minutes for common procedure  1 hr Special Procedure	<i>Radiologic Technologist</i> <i>Radiology Resident</i> Radiology Department
7. Post procedure	7. Issuance of claim Stub	none	2 minutes	<i>Radiologic Technologist</i> Radiology Department
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>38 mins / 1 hr 23 mins</b>

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	Lumbo sacral plain	6,230
Femur/Thigh	530	TRANSRECTAL	800	Cranial w/ pns (contrast)	7,100	Lumbo sacral (contrast)	12,560
Fistulography	3,840	INGUINOSCRO TAL	1060	Cranial w/ pns(plain)	4,250	Whole abdomen (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/SONOMA MOGRAM	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-	-
Thoraco lumbar 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 being imaged.

<b>OFFICE</b>	Medical Service - Radiology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	All patients needing radiological procedures

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Updated 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, if available) (1 original)	Hospital/Accredited Radiological Facility
Referral Form Endorsement Letter (1 original)	Referring Hospital/Agency
Official Receipt (for OPD patient only)(1 original) For Inpatient and ER	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/relative; hospital staff for ER and Inpatient, check for completeness of request and requirements	None	2 minutes	<i>Radiologic Technologist on duty</i> Radiology Department
2. Securing applicable fees (for Out Patient)	2. Issuance of Charge slip/ order of payment and instruct patient to proceed to OPD cashier/Medical Social Service  Bizbox Charges	<i>See table of fees and charges</i>	<i>See Cashier/ Medical Social service charter</i>	<i>Radiologic Technologist</i> Radiology Department

	(In-Patient and ER)			
3. Patient goes back to the radiology information area and present proof of payment (OPD) and scheduling.	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)  ER and In patient (Proceed to next step)	None	15 minutes	<i>Radiologic Technologist</i> Radiology Department
4. Proceeds to the assigned examination room	4. Performs procedures examination process (Short Patient interview and PE will be done by Radiology Resident)	none	15 minutes for common procedure  1 hr Special Procedure	<i>Radiologic Technologist</i> <i>Radiology Resident</i> Radiology Department
5. Post procedure	5. Issuance of claim stub	none	2 minutes	<i>Radiologic Technologist</i> Radiology Department
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>34 minutes / 1hr and 17 mins</b>

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	Lumbo sacral plain	6,230
Femur/Thigh	530	TRANSRECTAL	800	Cranial w/ pns (contrast)	7,100	Lumbo sacral (contrast)	12,560
Fistulography	3,840	INGUINOSCRO TAL	1060	Cranial w/ pns(plain)	4,250	Whole abdomen (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/SONOMA MOGRAM	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-	-
Thoraco lumbar 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).

<b>OFFICE</b>	Medical Service – Ophthalmology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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 designated basket at OPD.	1. Prepares patient's chart, followed by taking a history and Visual Acuity.	None	2 minutes	<i>Nursing Attendant/ Medical Interns/Clerks</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	3 minutes	<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).

<b>OFFICE</b>	Medical Service – Ophthalmology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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	Nursing Attendant 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.

<b>OFFICE</b>	Medical Service – Ophthalmology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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	Medical Equipment Technician/ Nursing Attendant Ophthalmology Department
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	See Table of fees and charges	15 minutes	Cashier Collecting Section

3. Presents proof of payment. Proceed	3. Verifies and records official receipt. Instruct	None	2 minutes	Nursing Attendant
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to waiting area until your name is called.	the patient to proceed to waiting area.			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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>49 minutes</b>

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.

<b>OFFICE</b>	Medical Service – Ophthalmology Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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



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



# CITIZEN'S CHARTER

## OPHTHALMOLOGY LASER PROCEDURE

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

<b>OFFICE</b>		Medical Service – Ophthalmology Department
<b>CLASSIFICATION</b>		Simple
<b>TYPE OF TRANSACTION</b>		G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>		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

## 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 every Thursdays (8am – 5pm – for face to face consultation). Mondays to Fridays, 8am – 4pm (for teleconsultation).

<b>Office or Division:</b>	Medical Service – Ophthalmology Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	All patients needing ophthalmic consultation/assessment/evaluation and treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> <li>Hospital Card</li> <li>Internet connection</li> </ul>		<ul style="list-style-type: none"> <li>Information Section at Main Hospital Entrance</li> <li>Care of Patient</li> </ul>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to Ophtha Facebook page for Teleconsultation	Requires the patient to fill up consent form.	None	1 minutes	Resident-on-duty
2. Answers consent form	Assess and Evaluate patient. <ul style="list-style-type: none"> <li>If the patient can manage through tele-consultation, no need to advice for face to face treatment. Consultation may proceed via online.</li> <li>If the patient needed further evaluation: Will ask the patient to fill up Health Declaration Form</li> </ul>	None	5 minutes	Resident-on-duty
3. Answers declaration form	Give the patient's schedule for face to face consultation.	None	1 minute	Resident on duty

4. On the day of schedule, drop the hospital card or Patient Information Sheet (PIS) in the basket.	Prepare patient's chart, followed by taking a history and Visual Acuity.	None	2 minutes	Nursing Attendant/ Resident on duty
5. Proceed to waiting area until name is called	Instruct patient to proceed to waiting area.	None	1 hour	Nursing Attendant
6. Proceed to designated slit lamp chair for treatment.	Conduct initial assessment/ evaluation/ treatment. Provide appropriate care management, administer prescribed medication.	None	1 hour	Medical Officers III / Medical Officers IV
7. Return to the receiving area with patient's chart and discharge from the hospital.	Provide take home instructions and next treatment schedule.	None	3 minutes	Nursing Attendant
<b>TOTAL:</b>		Procedure based	2 hours and 12 minutes	





# CITIZEN'S CHARTER

## OPHTHALMOLOGY DIAGNOSTIC PROCEDURES

### 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 every Thursdays (7am – 5pm) by appointment basis.

**Office or Division:** 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
- Eye Center Request Form
- Negative RT-PCR (7 days prior on the day of test)

- Information Section at Main Hospital Entrance
- 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

### PERS ON RESP ONSIB LE

1. Present Eye Center Request Form and NEGATIVE Swab Test Result (7 days prior on the day of test)

Interviews patient and check the procedures indicated on the request.

None

2 minutes

Medical Equipment Technician II and III

2. Proceed to the Billing and Cashier Section and pay for applicable fees or proceed to Social Service for discount of payment (optional)

Issuance of order of payment

Depends on the requested procedure

- AVF: P600/eye
- OCT (Macula / Optic Nerve: P1000/eye
- AR: P100 both eyes

15 minutes

Cashier

		<ul style="list-style-type: none"> <li>• Pachymetry: P500/eye</li> <li>• Fundus Photo: P400/eye</li> <li>• Disc Photo: P400/eye</li> </ul>		
3. Present proof of payment. Proceed to waiting area until your name is called.	Verifies and records official receipt. Instruct the patient to proceed to waiting area.	None	2 minutes	Administrative Aide III
4. Proceed to designated chair for ophthalmic procedure	Starts procedure, monitors treatment process.	None	30 minutes	Medical Equipment Technician II / Medical Equipment Technician III
<b>TOTAL:</b>		Procedure based	49 minutes	



# CITIZEN'S CHARTER

## OPHTHALMOLOGY FLUORESCEIN ANGIOGRAPHY PROCEDURE

### OPHTHALMOLOGY FLUORESCEIN ANGIOGRAPHY PROCEDURE

- This process covers patient requiring Fluorescein Angiography procedures. The service is offered every Thursdays (7am – 4pm) by appointment basis.

Office or Division: 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

- Hospital Card
- Eye Center Request Form
- Negative RT-PCR (7 days prior on the day of test)

### WHERE TO SECURE

- Information Section at Main Hospital Entrance
- After consultation *with* General OPD, if *need* further evaluation using Fluorescein Angiography procedure, the doctor will issue a request from

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Eye Center Request Form and RT-PCR Result (7 days prior on the day of test)	Interviews patient and ask if Philhealth Member. Provide RVS code, tentative schedule, and Patient's chart.	None	10 minutes	Medical Equipment Technician II Medical Equipment Technician III Administrative Aide III
2. Proceed to the Philhealth office for filing	Encodes data on Philhealth database	None	1 hour and 30 minutes	Philhealth Officer
3. Proceed to Eye Center and present filed Philhealth documents	Checks the document if completed. Give final instructions.	None	3 minutes	Medical Equipment Technician II / Medical Equipment Technician III
4. Proceed on date scheduled. Present hospital card and Philhealth routing slip.	Starts procedure, monitors treatment process.	None	2 hours	Medical Equipment Technician II / Medical Equipment Technician III
<b>TOTAL:</b>		Procedure based	3 hours and 43 minutes	



# CITIZEN'S CHARTER

## OPHTHALMOLOGY FLUORESCEIN ANGIOGRAPHY PROCEDURE

### OPHTHALMOLOGY LASER PROCEDURE

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

Office or Division:	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
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<ul style="list-style-type: none"> <li>Hospital Card</li> <li>Eye Center Request Form</li> <li>Negative RT-PCR (7 days prior)</li> </ul>	<ul style="list-style-type: none"> <li>Information Section at Main Hospital Entrance</li> <li>After consultation <i>with</i> General OPD, if <i>need</i> further evaluation using Laser treatment, the doctor will issue a request from</li> </ul>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Eye Center Request Form and RT-PCR Result (7 days prior on the day of test)	Interviews patient and ask if Philhealth Member. Provide RVS code, tentative schedule, and Patient's chart.	None	10 minutes	Nursing Attendant
2. Proceed to the Philhealth office for filing	Encodes data on Philhealth database	None	1 hour and 30 minutes	Philhealth Officer
3. Proceed to Eye Center and present filed Philhealth documents	Checks the document if completed. Give final instructions.	None	3 minutes	Nursing Attendant
4. Proceed on date scheduled. Present hospital card and Philhealth routing slip.	Prepares the patient. Starts procedure, monitors treatment process.	None	1 hours	Medical Officer III Medical Officer IV
<b>TOTAL:</b>		Procedure based	2 hours and 43 minutes	



# CITIZEN'S CHARTER

## MEDICAL CONSULTATION AND TREATMENT

### UROLOGY OPD TREATMENT

SERVICE NAME: DEPARTMENT OF UROLOGY

- This process covers patient requiring consultation/ assessment/ evaluation and treatment.

The service is offered 8:00am – 5pm, Monday – Friday excluding holidays

<b>OFFICE</b>	Medical Service-Urology Out-Patient Clinic
<b>CLASSIFICATION</b>	<b>SIMPLE</b>
<b>TYPE OF TRANSACTION</b>	<b>Government to Citizen, Government to Government</b>
<b>WHO MAY AVAIL</b>	All patients/clients needing urology consult and treatment.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Hospital Card	1. Information Section at Main Hospital Entrance
2. Accomplished Patient's Chart	2. Hospital/Accredited Laboratory Facility
3. Appointment for face to face	3. Urologist via Telemedicine

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Telemedicine: (DOH Employees thru landline)	Answers patient's calls	None	12 minutes	Physician
10. Fills out patient's chart if new	10. Advise patient to fill out form if new patient  10.1 Look for patient's chart (if old patient)	None	5 minutes	Nurse Aide/ Administrative staff
11. Subjects to determination of vital signs	11. Check vital signs	None	4 minutes	Nurse Aide/ Administrative staff

12. Patient proceeds to waiting area	12. Instruct patient to be seated at the waiting area	None	5 minutes	Nurse Aide/ Administrative staff
13. Patient undergoes history taking and physical examination	13. History taking and physical examination  Requests for ancillary examinations for verification of diagnosis  Determines diagnosis  Prescribes medication and advise patients for follow – up	None	30 minutes	Physician
14. Follow – up	14. Re-assessment of patient  14.1 Issues medical certificate (if needed)	None	8 minutes	Physician
END OF TRANSACTION		TOTAL	N/A	1 hour and 13 minutes





# CITIZEN'S CHARTER

## PROVISION OF DIET COUNSELLING IN TIME OF PANDEMIC

The process covers patient and personnel who need Nutrition intervention with current or potential nutrition problem. Assess the usual dietary intake and identify areas where change is needed. Computation of total caloric requirement, preparation of individual meal plan. Sharing of ideas, beliefs, attitudes and understanding about food. The service is offered Monday – Friday from 8:00 am – 5:00 pm thru “TeleNutrisyon – Jose R. Reyes Memorial Medical Center” Facebook Page.

<b>OFFICE</b>	Medical Service - Nutrition and Dietetics Management Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All out patient with dietary referral that needs nutrition counselling.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
(1) Scanned / Screen shot of Referral form	Attending physician
Electronic copy of disease specific Information Education and Communication - IEC materials and individual meal plan.	Nutrition and Dietetics Management Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request consultation thru “Telenutrisyon – Jose R. Reyes Memorial Medical Center” FB Page and send E-referral provided by the physician for Dietary counselling.	1.1 Receives E-referral form.	None	1 Minute	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
	1.2 Begin with the Nutritional Assessment based on the anthropometric data and medical diagnosis, interviews patients on food intake/preference thru interview.	None	10 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>



	1.3 Inform client to wait/return after 20 minutes while the RND is preparing for the Dietary Meal Plan in relation to the patient's medical condition.	None	1 Minute	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
	1.4 Computes for patient's body mass index (BMI) determine Nutritional status and calculate recommended energy intake (REI)	None	10 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
	1.5 Prepares patients meal plan.	None	10 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
	1.6 Nutrition counselling for intervention via online communication. 1.7 Provision of Electronic copy of IEC materials by sending to the patient's provided online account.	None	20 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>52 minutes</b>



# CITIZEN'S CHARTER

## PROVISION OF DIET COUNSELLING

The process covers patient and personnel who need Nutrition intervention with current or potential nutrition problem. Assess the usual dietary intake and identify areas where change is needed. Computation of total caloric requirement, preparation of individual meal plan. Sharing of ideas, beliefs, attitudes and understanding about food. The service is offered Monday- Friday from 8:00 am- 5:00 pm

<b>OFFICE</b>	Medical Service - Nutrition and Dietetics Management Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All In and Out patient with dietary referral that needs dietary counselling.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral slip (1 original)	Attending physician
Copy of disease specific Information Education and Communication materials (IEC)	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>Registered Nutritionist Dietitian on Duty (RND)</i>
	1.1 Performs Nutritional Assessment based on the anthropometric data and medical diagnosis, interviews patients on food intake/preference	None	10 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
	1.2 Computes for patient's body mass index (BMI) determine Nutritional status and calculate recommended energy intake (REI)	None	5 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>

	1.3 Prepares patients meal plan.	None	10 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
	1.4 Nutrition counselling for intervention/provision of IEC materials	None	20 Minutes	<i>Registered Nutritionist Dietitian on Duty (RND)</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>46 minutes</b>



# CITIZEN'S CHARTER

## DENTAL CONSULTATION AND TREATMENT

This process covers patient requiring dental consultation, treatment and evaluation. The service is offered Monday thru Fridays excluding holiday from 7:00 am-4:00 pm. Dental extraction is performed only in the Morning to ensure patient stability.

<b>OFFICE</b>	Medical Service – Dental Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	All patients seeking dental consultation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy Hospital Card	Information Section at Hospital's right wing entrance
One (1) original Personal Information Sheet	Triage (OPD entrance)
One (1) original Medical Clearance (Medically Compromised)	Medical Officer on duty
One (1) original Informed Consent Form	Dental Aide
Senior Citizen/PWD ID (for discount)	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up the Personal Information Sheet (PIS)	1. Issuance of PIS	None	3 Minutes	Triage Officer Out-patient Department
2. Proceed to information for registration in Management Information System (MIS)	2. Registration, encoding, updating and releasing of Hospital card	None	5 minutes	Admin staff Information Section
3. Drops hospital cards on designated box	3.1. Secures all hospital cards for classification of New or Old patients.  3.2 For old: Retrieve Dental Chart in the Medical Records	None	3 Minutes	<i>Dental Aide</i> Dental Department

4. Proceeds to waiting area	4. Gives assigned patient number and instruct to wait until their number to be called.	None	30 Minutes	<i>Dental Aide</i> Dental Department
5. Proceeds to designated dental chair for oral assessment/evaluation and treatment	5.1 Completion of dental chart, evaluation of chief complaint, secures informed consent and performance of required dental procedures. 5.2 For medically compromised patients is referred to appropriate medical department for clearance prior to procedure 5.3 If procedure cannot be performed on that day patient will be given request for further diagnostic procedure or pre medication given a scheduled date for the determined treatment procedure	None	1 hour	<i>Dentist</i> Dental Department
6. Settles necessary bill to the cashier	6. 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
7. Presents proof of payment to Dental Aid	7. Provides written prescription and take home instruction	None	3 minutes	<i>Dentist/ Dental Aide</i> Dental Department
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour, 49 minutes</b>

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

NOTE: Government Employees Senior Citizen and PWD (ID Provided) can avail 20% discount  
 Minor surgical procedures for PHIC members will be covered by PHIC

# CITIZEN'S CHARTER

## DENTAL ONLINE CONSULTATION AND TREATMENT

This process covers online dental consultation and treatment to patient during the community quarantine implemented by the government. The service is offered Monday thru Fridays excluding holiday from 7:00 am-4:00 pm.

<b>OFFICE</b>	Medical Service – Dental Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	All patients seeking dental consultation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Internet connection	patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1, Request consultation thru Facebook/messenger	1.1.Receives notification of request for consultation 1.2 Initial assessment of patient's chief complains	none	10 minutes	Dentist Dental Department
2. Receives electronic prescription/diagnostic request	2.1. Provides electronic prescription diagnostic request if necessary 2.2. Instruct regarding follow up	none	20 minutes	Dentist Dental Department

<b>END OF TRANSACTION</b>	<b>TOTAL</b>	N/A	30 minutes
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# 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.

<b>OFFICE</b>	Medical Service - Department of Radiotherapy
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	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
3. Proceeds back to the Reception	3. History Taking, physical Examination, and review of histopathologic and laboratory results. Explains if there is a need for	None	30 minutes	<i>Medical Office</i> Department of Radiotherapy

Area/Consultation Area	radiation therapy, the radiation treatment plan, makes prescription and additional laboratory requests if necessary.			
4. Proceeds to treatment scheduling	4. Creates patient records/chart and provide treatment schedule. Explains needed requirements and instruct regarding the necessary preparation prior to their scheduled treatment	None	15 minutes	<i>Medical Office</i> Department of Radiotherapy
END OF TRANSACTION		TOTAL	N/A	1 hour, 10 minutes





# 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.

<b>OFFICE</b>	Medical Service - Department of Radiotherapy
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	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 minutes	<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 including RT PCR swab test 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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour, 45 minutes</b>

<b>LIST OF RT TREATMENT PLANNING SERVICES AND FEES</b>		
<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
Treatment Planning	CT Simulation for Cranium (with contrast)	5,500.00
	CT Simulation for Cranium (without contrast)	3,900.00
	CT Simulation for Neck or NP (with contrast)	5,260.00
	CT Simulation for Neck or NP (without contrast)	2,760.00
	CT Simulation for Neck and NP (with contrast)	5,260.00
	CT Simulation for Neck and NP (without contrast)	2,760.00
	CT Simulation for Whole Abdomen (with contrast)	11,300.00
	CT Simulation for Whole Abdomen (without contrast)	10,100.00
	CT Simulation for Chest/Pelvis (with contrast)	6,800.00
	CT Simulation for Chest/Pelvis (without contrast)	5,300.00
	CT Simulation for Thorax/Extremity (with contrast)	7,900.00
	CT Simulation for Thorax/Extremity (without contrast)	5,500.00
NOTE: Professional fees is not included for patients under pay accommodation.		



# 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.

<b>OFFICE</b>	Medical Service - Cancer Center
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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 and health declaration forms	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	2,470.00	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 Treatment Booklet/Patient Chart	None	1 hour	<i>Medical Officer Cancer Center</i>

	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

## 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.

<b>OFFICE</b>	Medical Service - Department of Radiotherapy
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G- Government to Government
<b>WHO MAY AVAIL</b>	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
2. Proceeds to designated consultation room	2. Assesses client by performing history taking, physical examination, and review of medical/anesthesia clearances and laboratory results. Discusses and	None	30 minutes	<i>Attending Physician</i> Department of Radiotherapy

	explains the procedure, accomplishes prescription and additional laboratory requests, which includes an RT PCR swab test, as necessary.			
3. Proceeds to brachytherapy unit for scheduling of treatment	<p>3. Checks and secure require 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>	None	30 minutes	<i>Nurse</i> Department of Radiotherapy
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour and 10 minutes</b>



# 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.

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 brachytherapy procedure, prescription.  2.1 Secure informed consent	None	10 minutes	<i>Medical Officer</i> Department of Radiotherapy

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.  7.2 Monitors vital signs for any untoward adverse reaction.  7.3 Provides post-brachytherapy assessment and care	None	1 hour 30 minutes	<i>Medical Officer/ Anesthesiologist/ Health Physicist/ Nurse/ Radiation Therapy Technologist/ Nursing Attendant Department of Radiotherapy</i>
8. Discharges from the hospital	8. Provides home instructions and next schedule of treatment.	None	5 minutes	<i>Nurse Department of Radiotherapy</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>3 hour and 13 minutes</b>



**LIST OF BRACHYTHERAPY SERVICES AND FEES**

<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
External Radiation Therapy	Intracavitary Brachytherapy	10,540.00
	Vaginal Brachytherapy	13,600.00
	Image Guided Brachytherapy	15,100.00
	Image Guided Brachytherapy (Succeeding Session)	13,600.00

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



# CITIZEN'S CHARTER

## PHYSICAL/OCCUPATIONAL THERAPY CONSULTATION VIA TELEMEDICINE

This process covers new and old patients for consultation via telemedicine through electronic means through Facebook and Messenger to undergo physical and occupational telerehabilitation during the Community Quarantine period. The service is offered from Monday to Friday, 8:00AM to 4:00PM (*Closed on weekend and holidays*)

<b>OFFICE</b>	Medical Service - Department of Physical Medicine and Rehabilitation
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All Outpatients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Soft copy of patient Consultation Referral	Referring Hospital/Agency
Soft copy of prescribed medicine (Optional)	Referring Agency/Hospital/Physician
Soft copy of the latest laboratory results (e.g., X-ray, CT scan, MRI)	Referring Agency/Hospital/Physician
Stable internet connection (e.g., WiFi, Data)	Patient
Facebook and Messenger account	Patient
Communication device with speaker and camera	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request consultation schedule through the department's official Facebook page.	1. Receives request for consultation and provides consultation schedule	None	5 minutes	<i>Physical/ Occupational Therapist on duty</i>
2. Attend to the Medical Doctor (MD) consultation on scheduled date and time.	2.1 Checks up on the patient and prescribes appropriate physical and occupational therapy plan of care  2.2 Refers patient to other services  2.3 Provides diagnostics and/or pharmacologic prescription	None	15 minutes	<i>Physiatrist on duty</i>
3. Take note of the given schedule for physical and/or occupational therapy telerehabilitation	3. Provides telerehabilitation schedule	None	5 minutes	<i>Physical/ Occupational Therapist on duty</i>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	None	25 Minutes	



# CITIZEN'S CHARTER

## AVAILMENT OF PHYSICAL/OCCUPATIONAL THERAPY SERVICES THROUGH TELEREHABILITATION

This process covers provision of physical and occupational therapy services to new and old patients through telerehabilitation using electronic means through Facebook and Messenger during the Community Quarantine period. The service is offered from Monday to Friday, 8:00AM to 4:00PM (*Closed on weekend and holidays*)

<b>OFFICE</b>	Medical Service - Department of Physical Medicine and Rehabilitation
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients referred for physical and/or occupational therapy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Soft copy of referral from physiatrist	Department of Physical Medicine and Rehabilitation
Informed consent	Department of Physical Medicine and Rehabilitation
Communication device with speaker and camera	Patient
Facebook and Messenger account	Patient
Stable internet connection (e.g., WiFi, Data)	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log in to preferred telecommunication applications	1. Prepares teletherapy resources needed for session	None	5 minutes	<i>Physical/ Occupational Therapist on duty</i>
2. Attend to Physical/ Occupational Therapy Telerehabilitation	2. Conduct prescribed online physical/occupational therapy services	None	60 minutes	<i>Physical/ Occupational Therapist on duty</i>
3. Log out of the service	3. Documents the evaluation and services rendered to the patient	None	5 minutes	<i>Physical/ Occupational Therapist on duty</i>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	None	1 hour and 10 Minutes	



# CITIZEN'S CHARTER

## PROCEDURE IN RECEIVING AND PHYSICAL/OCCUPATIONAL THERAPY CONSULTATION IN THE OUTPATIENT DEPARTMENT

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

<b>OFFICE</b>	Department of Physical Medicine and Rehabilitation
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen
<b>WHO MAY AVAIL</b>	All patients needing consultation and needing physical and occupational therapy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient Consultation Referral Hospital Card  Charge Slip	From OPD clinics where patient previously was checked up  Dept. of Physical Medicine and Rehabilitation

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient arrives on the scheduled Physiatrist Consultation	1.1 Logs the patient and forwards the patient chart to the physiatrist.	None	3 minutes	Physical/ Occupational Therapist
2. Patient undergoes consultation with the physiatrist	2.1 Checks up on the patient and prescribes appropriate physical and occupational therapy plan of care.	None	10 minutes	Physiatrist
3. Therapy Schedule	3.1 Provides physical/occupational therapy schedule, indicated on the Rehab Card.	None	5 minutes	Physical/ Occupational Therapist
4. Costing of Service	4.2.1 IF CASH PAYMENT: Provides physical/occupational therapy cost of service, indicated on the charge slip.	None	5 minutes	Physical/ Occupational Therapist

	<p>4.2.2 IF SOCIALIZE:  Provides physical/occupational therapy cost of service, indicated on the charge slip. Client/guardian is instructed to submit the charge slip to the Medical Social Service.</p>			
END OF TRANSACTION	TOTAL	None	23 minutes	



# CITIZEN'S CHARTER

## PROCEDURE IN RECEIVING AND PHYSICAL/OCCUPATIONAL THERAPY CONSULTATION IN THE OUTPATIENT DEPARTMENT

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

<b>OFFICE</b>	Department of Physical Medicine and Rehabilitation
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen
<b>WHO MAY AVAIL</b>	All patients needing physical and occupational therapy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card	From OPD clinics where patient previously was checked up
Rehab Card	Provided by the Dept. of Physical Medicine and Rehabilitation on the day of consultation

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient arrives, submits Rehab Card	1.1 Logs the patient in the Computer database and logbook; makes the appropriate charges in the charge slip	None	2 minutes	Physical/Occupational Therapist
2. Payment	2.1 IF CASH PAYMENT: Gives the charge slip; instructs patient to pay the appropriate amount to the Cashier  2.2 IF SOCIALIZED: Client provides the charge slip with remarks from the Social Service Department	(See Table)	5 minutes	Physical/Occupational Therapist
3. Submission of Receipt	3.1 Logs the patient's receipt and endorses patient to the therapist in charge	None	2 minutes	Physical/Occupational Therapist
4. Physical/Occupational Therapy Service	4.1 Provides the prescribed physical/occupational therapy service	None	60 minutes	Physical/Occupational Therapist

5. Signs to log out of the service	5.1 Documents the evaluation and services rendered to the patient	None	3 minutes	Physical/Occupational Therapist
END OF TRANSACTION		TOTAL	(See Table)	72 minutes



# CITIZEN'S CHARTER

## DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION: COST OF SERVICES

PROCEDURE	FEES / CHARGES (Php)
Continuous Passive Motion	80.00
Body Weigh Support with Treadmill	130.00
Tecar Therapy	390.00
Cryotherapy	60.00
Electric Muscle Stimulation	80.00
High Intensity LASER Therapy	80.00
Hot Moist Pack	80.00
Infrared Lamp	60.00
Paraffin Wax Bath	60.00
Parallel Bars Exercises and Assistive Devices Training	50.00
Shockwave Therapy	220.00
Traction	80.00
Therapeutic Ultrasound	80.00
Electric Tilt Table	70.00
Faradism Under Pressure	130.00
Manual Techniques	80.00
Endurance Training	60.00
Resistance Exercises (Gross)	50.00
Resistance Exercises (Fine)	50.00
Balance Training	50.00
Kinesiotaping	90.00
Myofascial Release	100
Initial Evaluation	120.00
OT Dysphagia Management	320
OT ADL and IADL Re-training	210
OT Neuro-reeducation	250
OT Pediatric – Psychosocial and Behavioral Management	280
OT Pediatric – Developmental Skills Training	290
OT Initial Evaluation - Adult	300
Orthotics and Splinting (Small-Functional/Resting/Antispastic)	1,650.00
Orthotics and Splinting (Medium-Functional/Resting/Antispastic)	1,890.00
Orthotics and Splinting (Large-Functional/Resting/Antispastic)	2,200.00
Orthotics and Splinting (Small-Ankle-Foot Orthosis/ Posterior Ankle Support)	2,950.00
Orthotics and Splinting (Medium-Ankle-Foot Orthosis/ Posterior Anle Support)	3,560.00
Orthotics and Splinting (Large-Ankle-Foot Orthosis/ Posterior Ankle Support)	4,520.00



Orthotics and Splinting (Small-Forearm Based Spica/ Radial Gutter/ Cock-up)	1,330.00
Orthotics and Splinting (Medium-Forearm Based Spica/ Radial Gutter/ Cock-up)	1,690.00
Orthotics and Splinting (Large-Forearm Based Spica/ Radial Gutter/ Cock-up)	1,910.00
Orthotics and Splinting (Small-Hand-Based Thumb Spica)	980
Orthotics and Splinting (Medium-Hand-Based Thumb Spica)	1,340.00
Orthotics and Splinting (Large-Hand-Based Thumb Spica)	1,680.00
Orthotics and Splinting (FINGER ORTHOSES)	580
OT- Musculoskeletal Management	230
OT Initial Evaluation– Pedia	320



# CITIZEN'S CHARTER

## NUCLEAR MEDICINE DIAGNOSTIC SERVICES

This process covers the radioimmunoassay tests and diagnostic imaging services which are available on Mondays to Fridays, from 8:00 am to 5:00 pm except holidays. All imaging procedures are performed by appointment.

<b>OFFICE</b>	Medical Service - Nuclear Medicine
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	In-patients and Out-Patients requiring Nuclear medicine services

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original - Hospital Card	Information Section at Hospital's right wing entrance.
One (1) original - Nuclear Medicine Order/Request	Requesting Physician
One (1) photocopy - Previous Scan, Histopathology and other Radiographic results	Nuclear Medicine Filing Cabinet/ Patient's copy
One (1) original - Official Receipt (for OPD patient)	OPD Collecting unit
One (1) original - Referral Form/Endorsement Letter (for OPD patient)	Referring Hospital/Service
Guarantee Letter one (1) original	DOH, MAFP, PCSO, Malasakit Center

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the Hospital Card and Request Form at the Department of Nuclear Medicine	1. Interviews patient, checks for completeness of request and requirements presented; (Short patient interview and physical exam will be done by Nuclear Medicine Resident)	None	10 minutes	<i>Admin staff/ Nuclear Medicine Technologist/ Resident Nuclear Medicine</i>
2. Pays applicable fees or Processes approval of guarantee letter	2. Issuance of charge slip/order of payment	<i>See Table of fees and charges</i>	10 minutes <u>variable</u>	<i>Cashier Collecting Section Social Service Medical Social Work Department</i>
3. Presents proof of payment	3. Verifies and records official receipt or approved MAFP request, instructs patients for blood extraction or schedules patients for imaging procedures	None	5 minutes	<i>Admin staff/ Nuclear Medicine Technologist Nuclear Medicine</i>

4.1. For Radioimmunoassay procedure: Proceeds to waiting area for blood extraction	4.1. Performs blood extraction	None	15 minutes	<i>Nuclear Medicine Technologist</i> Nuclear Medicine
4.2. For Nuclear Imaging procedures: Returns on the scheduled date and time	4.2. Injection of radiopharmaceutical for Imaging procedure, performs scintigraphy or x-ray (Bone Densitometry)	None	<u>variable</u>	<i>Nuclear Medicine Technologist/ Nuclear Medicine Resident</i> Nuclear Medicine
5. Secures claim stub for result	6. Instructs patients on proper follow up of results and expected date of release	None	2 minutes	<i>Admin staff/ Nuclear Medicine Technologist/ Resident</i> Nuclear Medicine
6. Confirms availability of result, surrenders claim stub and requirements if result will be claimed by authorized representative	7. Releases result	None	3 minutes	<i>Admin staff/ Nuclear Medicine Technologist</i> Nuclear Medicine
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>7 hours</b>

<b>LIST OF NUCLEAR MEDICINE SERVICES AND FEES</b>		
<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
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

## NUCLEAR MEDICINE CONSULTATION SERVICES

This process covers the Nuclear Medicine consultation services which are available on various platforms (Telephone/ Mobile, E-mail and Facebook) on Mondays thru Fridays, from 8:00 am to 5:00 pm except holidays. Face to face consultation services are every Wednesdays 1:00 pm by appointment.

<b>OFFICE</b>	Medical Service - Nuclear Medicine			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	In-patients and Out-Patients requiring Nuclear medicine consultation services			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original – Hospital Card		Information Section at Hospital's right wing entrance.		
One (1) photocopy – Recent laboratory and diagnostic or radiographic results		Patient's copy		
One (1) original – Referral Form/Letter		Referring Hospital/Service		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests consultation thru Jose R. Reyes Memorial Medical Center Department of Nuclear Medicine Mobile/Telephone, Email or Facebook page.  Or  Requests Face-to-face consultation at the Outpatient Department by appointment.	1.1.Receives notification request for consultation  1.2. Initial Assessment of patient's chief complaint (Triage)  1.2.1 Citizen specific: Should a patient's condition pertain to a different sub-specialty, refer the patient to the appropriate Department concerned	None	10 minutes	<i>Nuclear Medicine Resident</i>
2. Participates to actual or virtual consultation	2.1. Resident interviews patient and performs actual or virtual physical exam  2.2. Referral to Attending Medical Specialist  2.2. Provides health advice and gives actual or electronic copy of prescription, ancillary/	<i>See Table of fees (if applicable)</i>	30 minutes	<i>Nuclear Medicine Resident/ Specialist/ Admin Staff</i>

	diagnostic requests and/or other necessary referrals.			
	2.3. Charging of Professional Fee (if applicable)			
3. Receives actual or electronic copy of prescription, ancillary/diagnostic request and other referrals	3. Instructs patient for subsequent follow ups	None	20 minutes	<i>Nuclear Medicine Resident</i>
END OF TRANSACTION		TOTAL	N/A	1 hour

LIST OF NUCLEAR MEDICINE SERVICES AND FEES		
TYPE	DESCRIPTION	AMOUNT
Professional Fee	Pay Consultation (Medical Specialist)	Php 500.00



# CITIZEN'S CHARTER

## PROCEDURE FOR PULMONARY FUNCTION TEST ( SIMPLE SPIROMETRY) FOR OUTPATIENT

This process covers outpatient requiring Pulmonary Function Testing (Simple Spirometry). This service is available from Monday to Friday 8:00 AM to 5:00 PM excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Updated Hospital Card	Information Section at Hospital's right wing entrance.
One (1) copy of Referral Slip / Pulmonary Unit Request form	Referring Physician
Negative Sars CoVid -19 swab test result	Accredited Swab/Laboratory Facility
Official Receipt	Cashier (Ground Floor Main Building)
For service patients: Request form stamped with Medical Assistance Fund (MAFP)	Medical Social Service Department (Ground floor main building)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to Pulmonary Unit and present requirements	1.1 Receives and checks completeness of request form, hospital card and swab test result	None	2 Minutes	Respiratory Therapist on duty
2. Pays applicable fees	2.1 Collects fees 2.1.1 Simple spirometry test 2.1.2 Readers Fee 2.2 Issuance of official receipt	Php 890.00 Php 120.00	5 Minutes	Cashier
<b>condition specific:</b> For Pay patients	<b>condition specific:</b> Issuance of Charge Slip/ Official Receipt			
For Service patients	Interviews patient and stamps the request form	None	15 Minutes	Medical Social Worker

3. Presents proof of payment	3.1 Verify and record official receipt	None	2 minutes	Respiratory Therapist on duty
4. Performs Test	4.1 Interviews patient; gather information that is needed on the procedure	None	5 minutes	Respiratory Therapist on duty
	4.2 Explains and demonstrate the procedure to the patient		5 minutes	
	4.3 Perform requested test		50 minutes	
5. Inform the patient of schedule of release of result	5.1 Schedule the date of release	None	2 minutes	Respiratory Therapist on duty
END OF TRANSACTION		TOTAL	Php 1,010.00	1 hour, 26 minutes





# CITIZEN'S CHARTER

## PROCEDURE OF PULMONARY FUNCTION TEST ( PRE – AND POST – BRONCHODILATOR STUDY) FOR OUTPATIENT

This process covers outpatient requiring Pulmonary Function Testing (Pre- and Post- Bronchodilator study). This service is available from Monday to Friday 8:00 AM to 5:00 PM excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Updated Hospital Card	Information Section at Hospital's right wing entrance.
One (1) Referral Slip / Pulmonary Unit Request form	Referring Physician
Negative Sars CoVid -19 swab test result	Accredited Swab/Laboratory Facility
Official Receipt	Cashier (Ground Floor Main Building)
For service patients: Request form stamped with Medical Assistance Fund (MAFP)	Medical Social Service Department (Ground floor main building)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to Pulmonary Unit and present requirements	1.1 Receives and checks completeness of request form, hospital card and swab test result	None	2 Minutes	Respiratory Therapist on duty
2. Pays applicable fees	2.1 Collects fees  2.0.1 Pre and post bronchodilator test  2.0.2 Readers Fee  2.1 Issuance of official receipt	None  Php 1,230.00  Php 150.00	5 Minutes	Cashier
<b>condition specific:</b> For Pay patients	<b>condition specific:</b> Issuance of Charge Slip/ Official Receipt			
For Service patients	Interviews patient and stamps the request form	None	15 Minutes	Medical Social Worker

3. Present s proof of payment	3.1 Verify and record official receipt	None	2 minutes	Respiratory Therapist on duty
4. Performs Test	4.1 Interviews patient; gather information that is needed on the procedure  4.2 Explains and demonstrate the procedure to the patient  4.3 Perform requested test	None	5 minutes  5 minutes  1 hour 20 minutes	Respiratory Therapist on duty
5. Inform the patient of schedule of release of result	5.1 Schedule the date of release	None	2 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	Php 1,380.00	1 hour, 56 minutes

**LIST OF PULMONARY SERVICES AND FEES**

<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
In- line Nebulization		Php 35.00
Incentive Spirometry	Incentive Spirometer	Php 546.00
	Incentive Spirometry	Php 50.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 100.00
Pulmonary Function Test	Simple Spirometry (Pre-test)	Php 890.00
	Pre and Post- test	Php 1,230.00
	Reader's Fee (pre test)	Php 120.00
	Reader's Fee (pre and post test)	Php 150.00
Mechanical Ventilator	Adult and Pediatric use  *mechanical ventilator consumables	Php 2,540.00  Total price of consumable varies depending on the need of the patient
	Infant use  *mechanical ventilator consumables	Php 2,180.00  Total price of consumable varies depending on the need of the patient
	Use of Transport ventilator	Php 740.00
	*Transport ventilator consumables - Transport tubings - Bacterial filter	Php 1,430.00 Php 168.00



# CITIZEN'S CHARTER

## RELEASE OF PULMONARY FUNCTION TEST RESULT FOR OUTPATIENT

This process covers outpatient requiring Pulmonary Function Testing (PFT). This service is available from Monday to Friday 8:00 AM to 5:00 PM excluding holidays.

<b>OFFICE</b>	Medical Service- Pulmonary Unit			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All outpatient requiring pulmonary function testing			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of updated Hospital Card			Information Section at Hospital's right wing entrance.	
Official Receipt			Cashier, Ground floor Main Building	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Patient returns on the scheduled date and time and presents requirements	1.1 Release Official Result	None	2 Minutes	<i>Respiratory Therapist on Duty</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	None	2 minutes



# CITIZEN'S CHARTER

## REQUEST OF PULMONARY FUNCTION TEST FOR INPATIENTS

This process covers inpatients requiring Pulmonary Function Testing (PFT). This service is available from Monday to Friday 8:00 AM to 5:00 PM excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Referral Slip / Pulmonary Unit Request form	Referring physician
Patient referred to IM pulmonary rotator	Patients chart
One (1) copy of Negative Sars CoVid -19 swab test result	Accredited Swab/Laboratory Facility

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nurse on Duty (NOD) will inform Respiratory Therapist on duty for the requested procedure provided with a request form	1.1 Receives and checks completeness of request form  1.2 Provide available schedule  1.3 Inform the NOD on the schedule of the test and appropriate preparations prior to testing	None	5 Minutes	Respiratory Therapist on duty
	1.4 Visits patient and give instructions on the preparations prior to testing	None	5 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	None	10 minutes	



# CITIZEN'S CHARTER

## PROCEDURE FOR PULMONARY FUNCTION TEST ( SIMPLE SPIROMETRY) FOR INPATIENT

This process covers inpatient requiring Pulmonary Function Testing (Simple Spirometry). This service is available from Monday to Friday 8:00 AM to 5:00 PM excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) copy of Referral Slip / Pulmonary Unit Request form	Referring physician
Patient referred to IM pulmonary rotator	Patients chart
Patient's chart	Nurse Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings the patient with the requirements to the Pulmonary Unit on the scheduled date and time.	1.1 Nursing attendant will bring the patient to the Pulmonary Unit.	None	10 Minutes	Nursing Attendant
	1.2 Review patient's chart  1.3 Interviews patient; gather information that is needed on the procedure	None	10 minutes	Respiratory Therapist on duty
2. Performs Test	2.1 Explains and demonstrate the procedure to the patient	None	1 hour	Respiratory Therapist on duty
	2.2 Perform requested test			
3. Patient returns to the service ward	3.1 Call and inform the NOD about the end of the test and may patient may return to the ward	None	5 minutes	Respiratory Therapist on duty
4. Charges Applicable Fees	4.1 Inputs procedure fees/ charges on Bizbox to include on patient's bill	<i>See table of fees and charges</i>	2 Minutes	Respiratory Therapist Pulmonary Unit

5. NOD will follow-up on the official result	5.1 Release of official result will be forwarded to respective areas	None	5 Minutes	Respiratory Therapist Pulmonary Unit
END OF TRANSACTION		TOTAL	N/A	1 hour, 32 minutes



# CITIZEN'S CHARTER

## PROCEDURE FOR PULMONARY FUNCTION TEST ( PRE- AND POST BRONCHODILATOR) FOR INPATIENT

This process covers inpatient requiring pulmonary function testing (Pre- and Post- Bronchodilator study). This service is available from Monday to Friday 8:00 AM to 5:00 PM excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Referral Slip / Pulmonary Unit Request form	Referring physician
Patient referred to IM pulmonary rotator	Patient's chart
Patient's chart	Nurse Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings the patient with the requirements to the Pulmonary Unit on the scheduled date and time.	1.1 Nursing attendant will bring the patient to the Pulmonary Unit.	None	10 Minutes	Nursing Attendant
	1.2 Review patient's chart  1.3 Interviews patient; gather information that is needed on the procedure	None	10 minutes	Respiratory Therapist on duty
2. Performs Test	2.1 Explains and demonstrate the procedure to the patient  2.2 Perform requested test	None	1 hour and 30 minutes	Respiratory Therapist on duty
3. Patient returns to the service ward	3.1 Call and inform the NOD about the end of the test and may patient may return to the ward	None	5 minutes	Respiratory Therapist on duty
4. Charges Applicable Fees	4.1 Inputs procedure fees/ charges on Bizbox to include on patient's bill	See table of fees and charges	2 Minutes	Respiratory Therapist on duty Pulmonary Unit



5. NOD will follow-up on the official result	5.1 Release of official result will be forwarded to respective areas	None	5 Minutes	Respiratory Therapist on duty Pulmonary Unit
END OF TRANSACTION		TOTAL	N/A	2 hours, 2 minutes

**LIST OF PULMONARY SERVICES AND FEES**

<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
In-line Nebulization		Php 35.00
Incentive Spirometry	Incentive Spirometer	Php 546.00
	Incentive Spirometry	Php 50.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 100.00
Pulmonary Function Test	Simple Spirometry (Pre-test)	Php 890.00
	Pre and Post- test	Php 1,230.00
	Reader's Fee (pre test)	Php 120.00
	Reader's Fee (pre and post test)	Php 150.00
Mechanical Ventilator use	Adult and Pediatric use  *mechanical ventilator consumables	Php 2,540.00  Total price of consumable varies depending on the need of the patient
	Infant use  *mechanical ventilator consumables	Php 2,180.00  Total price of consumable varies depending on the need of the patient
	Use of Transport ventilator  *Transport ventilator consumables	Php 740.00
	- Transport tubings	Php 1,430.00
	- Bacterial filter	Php 168.00



# CITIZEN'S CHARTER

## REQUEST FOR USE OF MECHANICAL VENTILATOR

This process covers inpatient requiring mechanical ventilator.

<b>OFFICE</b>	Medical Service- Pulmonary Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	All inpatient requiring mechanical ventilator

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Referral Slip / Pulmonary Unit Request form		Referring physician		
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	1.1 Receives and checks completeness of request form	None	30 Minutes	Respiratory Therapist on duty
	1.2 Prepares and calibrate the equipment needed			
	1.3 Checks patient's chart and doctor's order			
	1.4 Verifies patient's name to the relative and explain the procedure			
	1.5 Connects the mechanical ventilator to patient			
	1.6 Secures mechanical ventilator and assess the patient before leaving			
	1.7 Inputs procedure fees/ charges on Bizbox to include on patient's bill	See table of fees and charges	2 Minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>32 minutes</b>

**LIST OF PULMONARY SERVICES AND FEES**

<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
In-line nebulization		Php 35.00
Incentive Spirometry	Incentive Spirometer	Php 546.00
	Incentive Spirometry	Php 50.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 100.00
Pulmonary Function Test	Simple Spirometry (Pre-test)	Php 890.00
	Pre and Post- test	Php 1,230.00
	Reader's Fee (pre test)	Php 120.00
	Reader's Fee (pre and post test)	Php 150.00
Mechanical Ventilator	Adult and Pediatric use *mechanical ventilator consumables	Php 2,540.00 Total price of consumable varies depending on the need of the patient
	Infant use *mechanical ventilator consumables	Php 2,180.00 Total price of consumable varies depending on the need of the patient
	Use of Transport ventilator	Php 740.00
	*Transport ventilator consumables	
	- Transport tubings - Bacterial filter	Php 1,430.00 Php 168.00



# CITIZEN'S CHARTER

## REQUEST FOR IN-LINE NEBULIZATION, INCENTIVE SPIROMETRY, RAPID SHALLOW BREATHING INDEX AND CHEST PHYSIOTHERAPY

This process covers inpatient requiring in-line nebulization (mechanically ventilated), incentive spirometry, rapid shallow breathing index and chest physiotherapy.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Referral Slip / Pulmonary Unit Request form	Referring physician

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	1.1 Receives and checks completeness of request form	None	2 Minutes	Respiratory Therapist on duty
	1.2 Prepares the equipment needed		10 minutes	
	1.3 Checks patient's chart and doctor's order		3 minutes	
	1.4 Verifies patient's name to the relative and explain the procedure		2 minutes	
	1.5 Performs requested procedure			
	Condition specific: In-line Nebulization Incentive Spirometry Rapid Shallow Breathing index Chest physiotherapy		5 minutes 15 minutes	
	1.6 Attach and accomplish the hospital		5 minutes 20 minutes	

	form for each procedure requested			
	1. 7 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	Respiratory Therapist on duty
END OF TRANSACTION		TOTAL	N/A	32 minutes

**LIST OF PULMONARY SERVICES AND FEES**

<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
In-line nebulization		Php 35.00
Incentive Spirometry	Incentive Spirometer	Php 546.00
	Incentive Spirometry	Php 50.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 100.00
Pulmonary Function Test	Simple Spirometry (Pre-test)	Php 890.00
	Pre and Post- test	Php 1,230.00
	Reader's Fee (pre test)	Php 120.00
	Reader's Fee (pre and post test)	Php 150.00
Mechanical Ventilator	Adult and Pediatric use  *mechanical ventilator consumables	Php 2,540.00  Total price of consumable varies depending on the need of the patient
	Infant use  *mechanical ventilator consumables	Php 2,180.00  Total price of consumable varies depending on the need of the patient
	Use of Transport ventilator	Php 740.00
	*Transport ventilator consumables - Transport tubings - Bacterial filter	Php 1,430.00 Php 168.00



# CITIZEN'S CHARTER

## REQUEST FOR USE OF TRANSPORT VENTILATOR

This process covers inpatient for transfer from certain ward to the designated area within the hospital premises requiring transport ventilator machine.

<b>OFFICE</b>	Medical Service- Pulmonary Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	All inpatient requiring transport ventilator

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Referral Slip / Pulmonary Unit Request form	Referring physician

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 use of transport ventilator provided with a request form	1.1 Receives and checks completeness of request form 1.2 Prepares equipment needed 1.3 Checks patient's chart and doctor's order 1.4 Verifies patient's name to the relative and explain the procedure 1.5 Connects the transport ventilator to patient 1.6 Secures transport ventilator and assess the patient before leaving the ward/ICU 1.7 Accompanies the patient to the designated area	None	30 Minutes	Respiratory Therapist on duty
	1.7 Inputs procedure fees/ charges on Bizbox to include on patient's bill	See table of fees and charges	2 Minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	32 minutes



**LIST OF PULMONARY SERVICES AND FEES**

<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
In-line nebulization		Php 35.00
Incentive Spirometry	Incentive Spirometer	Php 546.00
	Incentive Spirometry	Php 50.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 100.00
Pulmonary Function Test	Simple Spirometry (Pre-test)	Php 890.00
	Pre and Post- test	Php 1,230.00
	Reader's Fee (pre test)	Php 120.00
	Reader's Fee (pre and post test)	Php 150.00
Mechanical Ventilator	Adult and Pediatric use *mechanical ventilator consumables	Php 2,540.00 Total price of consumable varies depending on the need of the patient
	Infant use *mechanical ventilator consumables	Php 2,180.00 Total price of consumable varies depending on the need of the patient
	Use of Transport ventilator	Php 740.00
	*Transport ventilator consumables	
	- Transport tubings Bacterial filter	Php 1,430.00 Php 168.00



# CITIZEN'S CHARTER

## REQUEST FOR USE OF TRANSPORT VENTILATOR FOR AMBULANCE CONDUCTION

This process covers inpatient for ambulance conduction outside the hospital premises requiring transport ventilator machine.

<b>OFFICE</b>	Medical Service- Pulmonary Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	All inpatient requiring transport ventilator

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Referral Slip / Pulmonary Unit Request form	Referring physician
One (1) Borrower's slip	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 use of transport ventilator provided with the requirements	1.1 Receives and checks completeness of request form 1.2 Prepares equipment needed 1.3 Checks patient's chart and doctor's order 1.4 Verifies patient's name to the relative and explain the procedure 1.5 Connects the transport ventilator to patient 1.6 Secures transport ventilator and assess the patient before leaving the ward/ICU 1.7 Instruct the resident on duty who will	None	30 Minutes	Respiratory Therapist on duty

	accompany the patient regarding the machine			
	1.8 Accompanies the patient outside the hospital	<i>None</i>	2 Hours	Resident on duty
	1.9 Inputs procedure fees/ charges on Bizbox to include on patient's bill	<i>See table of fees and charges</i>	2 Minutes	Respiratory Therapist on duty
END OF TRANSACTION		TOTAL	N/A	32 minutes



## LIST OF PULMONARY SERVICES AND FEES

TYPE	DESCRIPTION	AMOUNT
In-line nebulization		Php 35.00
Incentive Spirometry	Incentive Spirometer	Php 546.00
	Incentive Spirometry	Php 50.00
Rapid Shallow Breathing Index		Php 60.00
Chest Physiotherapy		Php 100.00
Pulmonary Function Test	Simple Spirometry (Pre-test)	Php 890.00
	Pre and Post- test	Php 1,230.00
	Reader's Fee (pre test)	Php 120.00
	Reader's Fee (pre and post test)	Php 150.00
Mechanical Ventilator	Adult and Pediatric use *mechanical ventilator consumables	Php 2,540.00 Total price of consumable varies depending on the need of the patient
	Infant use *mechanical ventilator consumables	Php 2,180.00 Total price of consumable varies depending on the need of the patient
	Use of Transport ventilator	Php 740.00
	*Transport ventilator consumables	
	- Transport tubings Bacterial filter	Php 1,430.00 Php 168.00

# CITIZEN'S CHARTER

## CARDIOVASCULAR TREATMENT FOR OUT-PATIENT

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 8:00am- 5:00pm excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. One copy of Diagnostic request form: 1.1 Must be completely filled up: Name, Age, Sex, Diagnosis, Hospital number Properly Checked procedure to be done.	1.Department/ Referring Hospital/Agency
2. One (1) copy of Hospital Card	2. Information Section at Hospital Main Building right wing entrance.
3. One (1) copy of Official Receipt	3.Cashier (OPD ground floor/Main Lobby)
4. One copy of Guarantee Letter ; if applicable	4.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	1.1 Check for the completeness of request and other requirements 1.2 Costing of procedure 1.3 Instruct patient to proceed to cashier(for OPD patients only) 1.4 Schedule patient	1.None  2.None  3.None  4.None	2 minutes	<i>Admin staff</i> Heart Station

\*For scheduled procedure: 2D echo, Vascular, 24Hour Holter Monitor and Treadmill Exercise Test proceed to step no.3

\*For ECG skip step n0.3

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
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3. Patient arrived on the scheduled date and time	3.1 Verifies official receipt and completeness of request 3.2 Assists the patient to the treatment area.	None	<b>ECG:</b> 10mins <b>2d echo:</b> 45mins <b>Vascular:</b> 2hrs <b>24Hour</b> <b>Holter:</b> 24hours <b>Treadmill:</b> 45mins	<i>Medical Equipment Technician</i>  <i>Medical Equipment Technician</i>
4. Proceed to treatment area	4. Performance of procedure	None	2 hours	<i>Medical Equipment Technician</i> Heart Station
5. Receives claim stub	5. Issuance of claim stub and give instruction when to follow up date and time for release of official result.	None	2 minutes	<i>Medical Equipment Technician</i> Heart Station
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>2 hours, 11 minutes</b>

#### LIST OF CARDIOVASCULAR SERVICES AND FEES

<b>TYPE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>	<b>READERS FEE (FOR PAY PATIENT'S ONLY)</b>
2D Echocardiography	Adult	Php 4,310.00	Php 862.00
	Pedia	Php 2,600.00	Php 700.00
Electrocardiogram(ECG)		Php 600.00	Php 120.00
24-hour Holter Monitor		Php 4,870.00	Php 974.00
Treadmill Exercise test		Php 2,340.00	Php 468.00
Vascular Procedure	Arterial Duplex Scan	Php 4,500.00	Php 900.00
	Arterial and Venous Duplex Scan(Combined)	Php 8,440.00	Php 1,688.00
	Carotid Duplex Scan	Php 4,390.00	Php 878.00
	Deep Venous Thrombosis Screening (DVT)	Php 4,500.00	Php 900.00
	Venous Duplex Scan	Php 4,290.00	Php 858.00



# CITIZEN'S CHARTER

## CARDIOVASCULAR PROCEDURE FOR IN-PATIENT

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. The Unit is open Monday to Friday 8:00am to 5:00pm excluding holidays.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1.One (1) Diagnostic request form	Department/ ward
2.Patient's chart	Nurse's station
3.Two (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	1.1Interviews patient/relative	None	45 minutes	<i>Medical Equipment Technician</i> Heart Station
	1.2 Check patient's identity and for the correctness of information from the chart.	None		
2. Proceeds to treatment area	2.1 Assists the patient to the treatment area.	None	2 hours	<i>Medical Equipment Technician</i> Heart Station
	2.2 Perform the requested procedure			
3.Back to respective ward	3.1 Endorses the patient to the nurse on duty regarding the completion of procedure and necessary special precautions.	None	2 minutes	<i>Medical Equipment Technician</i> Heart Station

<b>END OF TRANSACTION</b>	<b>TOTAL</b>	N/A	2 hours, 47 minutes
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# CITIZEN'S CHARTER

## AVAILMENT OF EMPLOYEE MEDICAL SERVICE (EMS)

The aim of this process is to provide our Jose R. Reyes Memorial Medical Center employees who seek annual physical examination, pre-employment, renewal and promotion of employees from Monday to Friday excluding holidays and weekends from 8:00 am to 4:00 pm.

<b>OFFICE</b>	Medical Service - Family & Community Medicine Clinic-1 <sup>st</sup> floor Out-Patient Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	All Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Hospital card	Information Section at Hospital's ground floor right wing entrance of the main building
One (1) Referral form for Complete Medical examination	Human Resource Management Development (HRMD)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employee secure referral form for medical examination from HRMD and Hospital card	1.1 Receives referral form and classify employment status. 1.2 Provide medical examination form.	None	1 minute	Nursing Attendant Administrative Assistant
2. Employee will fill-out basic information in medical examination form	2. Assesses of employee's history, vital signs, anthropometric measurement and physical examination.	None	5 minutes	Nursing attendant Resident-On-Duty
3. Employee will fill-out basic information in ancillary and laboratory requests	3. Issuances of necessary ancillary and laboratory requests.	None	2 minutes	Resident-On-Duty



4. Employee present original and photocopy of ancillary and laboratory result during follow-up	4.1 Checking for completeness and Interpretation of ancillary laboratory results.	None	5 minutes	Resident-On-Duty
	4.2 Issuances of temporary fit to work clearance slip to be presented to HRMD.	None	1 minute	
5. Employees with minor laboratory findings	5.1 Prescribes medicines and/or repeat laboratory for those employee with minor laboratory findings.	None	3 minutes	Resident-On-Duty
	5.2 Issuances of temporary fit to work clearance slip to be presented to HRMD	None	1 minute	
6. Secure medical clearance from medical specialist to those employees with uncontrolled co-morbidities and infectious findings in chest radiograph	6.1 Issuances of referral form to medical specialist	None	1 minute	Resident-On-Duty
	6.2 Obtains medical clearance from specialist for those with uncontrolled co-morbidities and infectious findings in chest radiograph prior to issuance of temporary fit to work during follow-up	None	1 minute	
END OF TRANSACTION		TOTAL	N/A	20 minutes



# CITIZEN'S CHARTER

## MEDICAL CONSULTATION OF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

The aim of this process is to provide patients, employees and their families who avail medical consultation from Monday to Friday excluding holidays and weekends from 8:00 am to 4:00 pm.

<b>OFFICE</b>	Medical Service - Family & Community Medicine Clinic-1 <sup>st</sup> floor Out-Patient Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizens G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients, employees and their families seeking medical consultation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Hospital card	Information Section at Hospital's ground floor right wing entrance of the main building

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure updated hospital card 1.1 Fill-out patient chart	1.1 Provides patient chart form	None	30 seconds	Nursing Attendant/ Administrative Assistant/Resident-On-Duty
	1.2 Gather information like medical, personal and social history, including family assessment tool	None	10 minutes	
	1.3 Obtain vital signs, anthropometric measurements and physical examination	None	5 minutes	
2. Fill-out issuance of necessary ancillary and laboratory requests	2. Issuances of necessary ancillary laboratory requests	None	2 minutes	Resident-On-Duty
3. Presentation of ancillary and laboratory results	3.1 Interpretations of results	None	2 minutes	Resident-On-Duty
	3.2 Prescribes medications and/or issuance of additional ancillary procedures	None	3 minutes	
			10 minutes	

	2.3 Counselling/Health education		1 minute	
	2.4 Referral to medical specialist if warranted with referral form		30 secs	
	2.5 Schedules follow-up visit via Telehealth or Face to Face			
END OF TRANSACTION		TOTAL	N/A	34 minutes



# CITIZEN'S CHARTER

## TELEHEALTH CONSULTATION OF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

The aim of this process is to provide online medical teleconsultation to patients, employees and their families. Patients will use his/her Facebook account and they will go to Jose R. Reyes Memorial Medical Center and click Family and Community Medicine page. This service is offered from Monday to Friday excluding holidays and weekends from 8:00 am to 4:00 pm. (except COVID-19 infection)

<b>OFFICE</b>	Medical Service - Family & Community Medicine Clinic-1 <sup>st</sup> floor Out-Patient Department Teleconsultation
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government G2C – Government to Citizens
<b>WHO MAY AVAIL</b>	All patients, employees and their families who seeking online medical consultation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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Internet connection (Facebook account)	Patient
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for online consultation 1.1 Agreed consent from electronic medical disclaimer prior to the start of consultation 1.2 Patient's fill-out necessary information	1.1 Sends electronic medical disclaimer consent	None	1 minute	Resident-On-Duty
	1.2 Send electronic information form including past medical, family, and personal history, and other assessment tool	None	5 minutes	
	1.3 Assess of patient chief complaint and history	None	5 minutes	
	1.4 Issuances of electronic necessary ancillary laboratory requests	None	2 minutes	
	1.5 Provides electronic prescriptions	None	2 minutes	
	1.6 Counselling/Health education	None	5 minutes	
	1.7. Provides link or electronic referral form to other department who are in need	None	1 minute	
			30 seconds	

	specialty service, if warranted 1.8 Schedules follow-up visit via Telehealth or Face to Face visit	None		
2. Request for online follow-up consultation	2.1 Interpretations of results	None	2 minutes	Resident-On-Duty
2.1 Send picture of ancillary and laboratory results	2.2 Issuances of additional ancillary procedures, if warranted	None	30 seconds	
	2.3 Referral to medical specialist, if warranted with electronic referral form	None	30 seconds	
	2.4 Provides electronic prescriptions	None	2 minutes	
	2.5 Counselling/Health education	None	5 minutes	
	2.6 Schedules follow-up visit via Telehealth or Face to Face visit	None	30 seconds	
END OF TRANSACTION		TOTAL	N/A	32 minutes



# CITIZEN'S CHARTER

## AVAILMENT OF MEDICAL ASSISTANCE

The aim of this process is to assist patients and employees who avail medical assistance program from Jose R. Reyes Memorial Medical Center (JRRMMC). This service is offered from Monday to Friday excluding holidays and weekends from 8:00 am to 4:00 pm.

<b>OFFICE</b>	Medical Service - Family & Community Medicine Clinic-1 <sup>st</sup> floor Out-Patient Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizens G2G - Government to Government
<b>WHO MAY AVAIL</b>	All patients seeking medical assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Hospital card	Information Section at Hospital's ground floor right wing entrance of the main building of the main building
Original updated prescriptions less than 3 months	From his/her Attending physicians/ Hospital
Original ancillary and/or laboratory procedures request	From his/her Attending physicians/ Hospital
One (1) Original clinical abstract	From his/her Attending physicians/ Hospital or provided by JRRMMC Family Medicine
One (1) Original copy of treatment protocol (for Oncology, Dialysis, Phototherapy only) when necessary	From Attending physicians/Hospital or Center
One (1) Original and Valid Guarantee Letter	From Congress and Senate

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Availment of medical assistance 1.1 Secure and/or updated hospital card 1.2 Present necessary documents	1.1 Asks patient to secure and/or updated hospital card	None	1 minute	Resident-On-Duty
	1.2 Assess necessary documents for validity and completeness	None	2 minutes	
	1.3 Provides medical abstract to those who needed	None	1 minute	
	1.4 Instructs patient to proceed to pharmacy for availability and	None	1 minute	

	pricing of medicines 1.5 Provides prescriptions and/or ancillary laboratory procedures 1.6 Outdated prescriptions more than 3 months from their physicians are advised to seek consultation and secure updated prescriptions and/or ancillary laboratory procedures	None  None	1 minute	
2. Patients proceed to medical social service prior to avail medicine and/or ancillary laboratory procedures	2. Instructs patient to proceed to medical social service department	None	2 minutes	Resident-On-Duty
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>9 minutes</b>	<b>N/A</b>



# 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.

<b>OFFICE</b>	Nursing Service - Wound Care Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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	None	10 minutes	<i>Nurse</i> Wound care



	ancillary procedure laboratory request, schedule of the next visit and Health Education			Unit
END OF TRANSACTION	TOTAL	N/A	1 hour, 39 minutes	



# CITIZEN'S CHARTER

## OUTPATIENT ONCOLOGY CONSULTATION

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

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Copy of Updated Hospital Card	Information Section at Hospital's right wing entrance of the main building
One (1) Original Referral Letter	Referring Agency/Hospital/Physician
One (1) Laboratory Result (photocopy)	Referring Agency/Hospital
One (1) Histopathology Result (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 queuing patient number	None	2 minutes	<i>Nursing Attendant</i> Medical Oncology Section
2. Proceeds to Nurse on Duty for the chart	2. Creates patient records/chart	None	5 minutes	<i>Nurse</i> Medical Oncology Section
3. Proceeds to Waiting area	3. Instructs to wait until their number will be called	None	30 minutes	<i>Nursing Attendant</i> Medical Oncology Section

4. Proceeds to designated Consultation room	4.1 History Taking, physical Examination, and review of Laboratory results.	None	20 minutes	<i>Medical Officer</i> Medical Oncology Section
	4.2 Explains plan, makes prescription and additional laboratory requests if necessary.		5 minutes	
	4.3 Explains needed requirements and instruct regarding the necessary preparation prior to their scheduled treatment.		5 minutes	
	4.4 Provide treatment schedule.		2 minutes	
END OF TRANSACTION		TOTAL	N/A	69 minutes



# CITIZEN'S CHARTER

## OUTPATIENT CHEMOTHERAPY TREATMENT

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

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Copy of Updated Hospital Card	Information Section at Hospital's right wing entrance of the main building
One (1) Latest Laboratory Result (photocopy)	Hospital/Accredited Laboratory Facility
One (1) Original PHIC Routing Slip	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 queuing patient number	None	2 minutes	<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	4.1 Gives order of payment to settle bill at the cashier	<b>Basic Accommodation with PHIC:</b> None	10 minutes	<i>Collecting officer</i> Collecting section

		<b>Basic Accommodation without PHIC:</b> 1,200.00  <b>Pay with PHIC:</b> 3,000.00  <b>Pay without PHIC:</b> 4,200.00		
5. Presents proof of payment to Staff on Duty and Proceed to Treatment Room	5.1 Checks and carry out doctor order for completeness of prescriptions and secure medicines from the pharmacy.	None	10 minutes	<i>Nurse/ Nursing Attendant</i> Medical Oncology Section
6. Receipts of prescribed Chemotherapy treatment	6.1 Explains procedure and administer prescribed chemotherapy. Provide assessment and monitor vital signs for any untoward adverse reaction.	None	4 hours	<i>Nurse</i> Medical Oncology Section
7. Discharge from the hospital	7.1 Provides take home instruction and treatment follow up	None	5 minutes	<i>Nurse</i> Medical Oncology Section
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	4 hours and 52 minutes



# CITIZEN'S CHARTER

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

These procedures 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

<b>OFFICE</b>	Medical Service - Medical Records Section
<b>CLASSIFICATION</b>	Simple Transaction
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	Patients; Legal/Authorized Representative of Patients

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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Principal: 1. 1 valid ID (1 original)	BIR, post 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, post 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. Proceed 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. Present Official Receipt at the HIMD MRS-OPD (Room 8)	3. Schedules the release of the documents needed depending on the nature of request:  <b>condition specific:</b> 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 Medical Records Section</i>
	3.2 Transcribes/ prepares/ fill-up the Medical Certificate/Medico-Legal Certificate/ Insurance/SSS Benefit Claims	None	15 minutes	<i>Admin Staff Medical Records Section</i>
	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 Medical Records Section</i>
4. Return 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 Medical Records Section</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>2 days, 43 minutes</b>

<b>LIST OF MEDICAL RECORDS SERVICES AND FEES</b>	
Medical Certificate	Php 50.00
Medico-Legal Certificate	Php 300.00
SSS / Other Insurance Form	Php 150.00



# CITIZEN'S CHARTER

## PROCESSING OF CERTIFICATE OF LIVE BIRTH

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

<b>OFFICE</b>	Medical Service and Patient Support Service (HOPSS) - Medical Records Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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 give 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. Proceed 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	Admin Staff Medical Records Section



	2.1 Transcribes/Checks 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

## PROCESSING OF DEATH CERTIFICATE

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

<b>OFFICE</b>	Hospital Operations and Patient Support Service (HOPSS) - Medical Records Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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. Relative/ Informant to give 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. Proceed to HIMD-MRS on the next working day get the typewritten death certificate	2. Clarifies/Interviews relative for additional information deemed necessary in the registration of death certificate	None	15 minutes	<i>Admin Staff</i> Medical Records Section
	2.1 Transcribes/Checks for the correctness based on the given information.	None	15 minutes	<i>Supervising Administrative Officer</i> Medical Records Section
3. Release of death certificate	3. Releases death certificate to immediate relative/authorized representative	None	5 minutes	<i>Admin Staff</i> Medical Records Section
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>50 minutes</b>



# CITIZEN'S CHARTER

## SCHEDULING OF CLIENT/S AND PATIENT/S

This process covers the client/s and patient/s on securing schedule for neuropsychiatric, psychometric and psychological examination. The service is offered Monday thru Friday 8:00 AM – 5: 00 PM except Holidays.

<b>OFFICE</b>	Medical Service – Behavioral Medicine Department
<b>CLASSIFICATION</b>	Simple Transaction
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	All clients needing examination.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Card (1) original	Information Section at Hospital's right wing entrance.
Referral Slip (1) original	Attending Physician and/or Requesting Agency
One (1) valid government issued ID	Respective issuing government agency

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to the Behavioral Medicine Dept. and presents Referral Slip.	1.1 Verifies Referral Slip and provides available schedule, examination requirements and fees.	None	5 minutes	<i>Admin Aide I and VI</i>
	1.2 Issues schedule Slip/slot and informs the client/s or patient/s what to bring during the scheduled day of examination.	None	5 minutes	<i>Admin Aide I and VI</i>
2. Takes note of the Scheduled date/time.	2.1 Advice the client/s or patient/s to come back on the scheduled date/time.	None	5 minutes	<i>Admin Aide I and VI</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	15 minutes



# CITIZEN'S CHARTER

## RELEASING OF NEUROPSYCHIATRIC, PSYCHOMETRIC AND PSYCHOLOGICAL EXAMINATION REPORTS

The Behavioral Medicine Department is tasked in releasing the original copies of neuropsychiatric, psychometric and psychological examination. The services offered by the office are available from Mondays to Fridays, 8:00 AM to 5:00 PM except Holidays.

<b>OFFICE</b>	Medical Service – Behavioral Medicine Department
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2B - Government to Business G2G - Government to Government
<b>WHO MAY AVAIL</b>	Client/s or Patients; Legal/Authorize Representative of Patient/s or Client/s

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Principal: One (1) valid government issued ID One (1) updated copy of Hospital Card	Respective issuing government agency Information Unit, at Hospital's right wing entrance
Legal/ Authorized representative 1. 1 valid ID of the client/s or patient/s (1) photocopy 2. 1 valid ID of the representative (1) photocopy 3. Authorization Letter (1) original	Respective issuing government agency  Client/s or Patient/s and or Patient/s Legal Guardian

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client/s or Patient/s proceed to Behavioral Medicine Dept. and shows the official receipt and hospital card which indicates the released date of the copy of the report.	1.1 Verifies the authenticity of the scheduled date of released noted on the hospital card and the official receipt. (For Legal Authorization Letter, the person responsible will verify the authenticity of the presented documents) and For Clinical patient/s or patient/s legal guardian, issues order of payment and instruct the patient/s or patient/s legal guardian to pay to the cashier the charge for the copy of psychological report.	None	5 minutes	<i>Admin Aide I and VI</i>
		Php 300.00	10 minutes	<i>Admin Aide I and VI</i>

2. Client/s or Patient/s and or Patient/s Legal Guardian proceed to department waiting area.	2.1 Prepare and Issues Psychological Report. For Clinical patients, report will be released to the patient or authorized guardian. For Psychometric Examination, report will be forwarded to the Human Resource Management. For NPE, report will be released to the Client but in-sealed and addressed to the requesting agency or attending Physician.	None	5 minutes	<i>Admin Aide I and VI</i>
	2.1 Ensures that the client/s or patient/s and or patient/s legal guardian has signed the releasing and receiving logbook of the department.	None	3 minutes	<i>Admin Aide I and VI</i>
END OF TRANSACTION		TOTAL	N/A	23 minutes



# CITIZEN'S CHARTER

## PROCEDURE ON NEURO-PSYCHIATRIC EVALUATION, PSYCHOLOGICAL AND PSYCHOMETRIC EXAMINATION

The Behavioral Medicine Department is tasked in administering and issuance of different neuropsychiatric, psychological and psychometric examinations that will determine cognitive and behavioral functioning of a certain individual. The services offered by the office are available from Mondays to Fridays, 8:00 AM to 5:00 PM except holidays.

<b>OFFICE</b>	Medical Service - Behavioral Medicine Department			
<b>CLASSIFICATION</b>	Simple Transaction			
<b>TYPE OF TRANSACTION</b>	Government to Citizen Government to Business Government to Government			
<b>WHO MAY AVAIL</b>	All Clients requiring Neuropsychiatric Evaluation, Psychological and Psychometric Examination			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Referral Slip/Letter		Attending Physician and/or Requesting Agency		
One (1) valid government issued ID		Respective issuing government agency		
One (1) updated copy of Hospital Card		Information unit, ground floor, main building		
One (1) copy of Schedule Slip		Room 202 (Behavioral Medicine Dept) at Outpatient Department		
Official Receipt		Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceeds to the Behavioral Medicine Dept. and presents Schedule Slip issued by the department.	1.1 Verifies scheduled indicated in the hospital card and issue order of payment.	None	5 minutes	<i>Admin Aide I and VI</i>
	1.2 Instructs client to proceed to the cashier to pay the applicable fees.	None	5 minutes	<i>Admin Aide I and VI</i>

2. Proceeds to the cashier for payment	2.1 Receives payment and issues Official Receipt.  2.2 Instructs to return to the repository office/department	300 - NPE 200 – Psychometric 100 – Psychological exam  300 - Psychological report copy	10 minutes	<i>Cashier Staff Billing and Collecting</i>
3. Returns to the Behavioral Medicine Dept. and presents Official Receipt.	3.1 Records Official Receipt and Hospital card number  3.2 Orients regarding the policies and procedures in the conduct of exam  3.3 Instructs to proceed to the testing room	None	5 minutes	<i>Admin Aide I and VI</i>
4. Proceeds to the Testing Room	4.1. Administers applicable and appropriate examinations.  4.2. Checks the completeness of the examination.  4.3. Provides schedule of interview for NPE	None	5 Hours	<i>Psychologist BMED  Admin Aide I and VI  Admin Aide I and VI</i>
5. Takes note on the scheduled date of release.	5.1 Provides schedule date of the release of result.	None	5 minutes	<i>Admin Aide I and VI</i>

<p>6. Returns on the scheduled day/time of release of Psychological Report and Present hospital card</p>	<p>6.1 Verifies schedule of release of Official Report and documents submitted.</p> <p>6.2 Issues Psychological Report.  <i>For Clinical patients, report will be released to the patient or authorized guardian.</i>  <i>For Psychometric Examination, report will be forwarded to the Human Resource Management.</i>  <i>For NPE, report will be released to the Client but in-sealed and addressed to the requesting agency or attending Physician.</i></p>	<p>None</p>	<p>10 minutes</p>	<p><i>Admin Aide I and VI</i></p>
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>5 hours, 40 minutes</p>



# **Medical Service Internal Services**



# CITIZEN'S CHARTER

## DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES FOR STOCK OF WARD/SPECIAL AREAS

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

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
----------------------------------	------------------------

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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	15 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.

<b>OFFICE</b>	Medical Service - Family & Community Medicine Clinic
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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 &amp; 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 &amp; Community Medicine Clinic</i>
	4.3 Issuance of signed medical certificate and forward to concerned office.	None		<i>Nursing Attendant Family &amp; Community Medicine Clinic</i>
END OF TRANSACTION		TOTAL	N/A	23 minutes



# CITIZEN'S CHARTER

## ISSUANCE OF HOSPITAL STATISTICAL REPORTS

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

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Statistics Unit			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Business G2G - Government to Government			
<b>WHO MAY AVAIL</b>	Physicians, Researchers			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Letter of intent (1 original)			Requesting Party	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	<i>HIMD Staff</i> Statistics Unit
	1.1 Search and extract the needed information in the database	None	2 days	<i>HIMD Staff</i> Statistics Unit
2. Receives of statistical report	2. Issuance of the requested statistical report	None	1 minute	<i>HIMD Staff</i> Statistics Unit
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	2 days and, 11minutes

# **Nursing Service External Services**



# CITIZEN'S CHARTER

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

This process covers all applicants taking written pre-employment examination.				
<b>OFFICE</b>	Nursing Service - Nursing Education Training and Research Unit (NETRU)			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All applicants seeking employment in the Nursing Service			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Application Letter	Applicant			
Personal Data Sheet	Applicant (downloadable)			
One (1) 2x2 passport picture taken not more than 6 mos.				
Authenticated Transcript of records	School			
Authenticated Diploma	School			
Original Good Moral Character from the school	School			
Board Rating (Authenticated)	PRC			
PRC ID (authenticated)	PRC			
NBI Clearance ( original)	NBI			
Birth Certificate (PSA copy)	PSA			
Certificates of Seminars, trainings attended) (1 photocopy)	Applicant			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. HR forward list of applicants to CNO	1.1 Receives list of applicants and attached documents from HR  1.2 Checks for completeness of requirements / documents as to list.  1.3 Inform the Chief of Nursing Service on the number of applicants for pre-employment examination	None	5 minutes	<i>Admin Staff Chief Nursing Office</i>

	1.4 Forward documents to NETRU			
2. CNO Secretary forward complete documents of applicants to NETRU	2.1 Receives and checks documents of applicants forwarded  2.2. Document and tabulate the names of applicants and other pertinent data for notification	None		NETRU Secretary
	2.3. Set the schedule date of examination			<i>NETRU Head</i> NETRU
3. Applicants received notification via text messages / phone calls / email	3.1 Notifies applicants regarding the following <ul style="list-style-type: none"> <li>• Date, time and venue of exam.</li> <li>• Proper attire</li> <li>• Things to bring</li> <li>• Wearing of mask and face shield</li> </ul> 3.2 List the names of applicants who confirmed	None	2 minutes	NETRU Secretary
4. Arranged needed materials for the examination	4.1 Prepares the test question and answer sheets 4.2 Prepares the contact tracing form	None		<i>Training Officer</i> NETRU
	4.3 Gives instruction to Nurse Training Officer in-charge of exam.	None		<i>NETRU Head</i> NETRU
5. Applicants proceed to designated examination room	5.1 Checks attendance and give instructions on the results of examination release at HR 5.2 Validates applicant's identity as to documents and if name is in the list	None	2 minutes	<i>Training Officer</i> NETRU
6. Applicants take the exam	6.1 Gives instructions and facilitates the exam	None	1 hour	<i>Training Officer</i> NETRU
	6.2 Checks the result of examination	None	15 minutes	<i>Training Officer</i> NETRU
	6.3 Reviews checked answer sheets and finalize results	None	5 minutes	<i>Training Officer</i> NETRU



	6.4 Types final results of exam	None	30 minutes	<i>Training Officer</i> NETRU
	6.5 Reviews typed final results and signs	None	5 minutes	<i>NETRU Head</i> NETRU
	6.6 Forwards results to Chief Nurse for approval.	None	5 minutes	<i>Admin Staff</i> NETRU
END OF TRANSACTION		TOTAL	N/A	2 hours, 9 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 1<sup>st</sup> and 3<sup>rd</sup> 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

<b>OFFICE</b>	Nursing Service - Nursing Education Training and Research Unit (NETRU)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	All students affiliated 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	1.1 Receives communication letter from school with the list of students and schedule of duty.  1.2 Checks availability of venue	None	2 minutes	<i>Training Officer/</i> NETRU Secretary
2. Receives notification of schedule date	2.1 Informs school for the schedule date	None		NETRU secretary
3. Affiliating students together with respective clinical instructor proceed to designated venue	3.1 Checks attendance of students as to list	None	3 minute	<i>Training Officer</i> NETRU

4. Attends orientation program via online platform	4.1 Facilitates the orientation program for students via	None	4 hours	<i>Training Officer</i> NETRU
5. Dismissal	5.1 Documents final total number of affiliates	None	5 minutes	<i>Training Officer</i> NETRU
END OF TRANSACTION		TOTAL	N/A	4 hours, 10 minutes



# CITIZEN'S CHARTER

## CONDUCT OF PRACTICAL PRE-EMPLOYMENT EXAMINATION

This process covers all applicants for practical examination.

<b>OFFICE</b>	Nursing Service - Nursing Education Training and Research Unit (NETRU)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	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/Training 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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>10 days, 3 hours, 56 minutes</b>



# 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 1<sup>st</sup> and 3<sup>rd</sup> 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.

<b>OFFICE</b>	Nursing Service - Nursing Education Training and Research Unit (NETRU)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	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</i>  NETRU

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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 hours, 8 minutes</b>



# CITIZEN'S CHARTER

## PROCEDURE FOR RECEIVING PATIENT AND PROVISION OF CARE TO CLINICAL AREAS

This process covers receiving process provided to all patient and representatives from OUT PATIENT DEPARTMENT / EMERGENCY SERVICE COMPLEX who are ordered for admission and for further observation and care management to the clinical areas.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Written Admission Order	Nurse's Station, Written On Patient's Medical Records
<i>Out-Patient Department admission / Elective Admission:</i>  Written Doctor's Order and Admission Slip Accomplished Checklist for OPD Admission Medical record /chart	Admitting Unit Nurse's Station
<i>Emergency Service Complex Admission</i>  Written Doctor's Order and Admission Slip Wrist identification tag Medical records/chart	
Philhealth Forms:  Primary Requirements: PBEF Secondary Requirement: Senior Citizen Identification Card/ PWD Identification Card/ Certificate of Employment, for Government Employees (1 original)	Philhealth CARES  Personal Property / MSWD / OSCA Personal Property / MSWD Personal Property / Government Agency
All Laboratory/Radiology/Diagnostics Results Blood Deposit Slip	Nurse's Station/ Laboratory/Radiology/ Diagnostics

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request information on Notification of Admission	For emergency service complex admission:	None	15 minutes	



	<p>1.1. ESC Nurse on Duty informs ward NOD regarding admission</p> <p>For elective admission:</p> <p>1.1. Admitting staff informs ward NOD regarding admission</p>			<p>ESC NOD /Nurse Clinical Area</p> <p>Admitting Staff/Nurse Clinical Are</p>
2. Safe Transport	2. Prepares patient safely on wheelchair/ stretcher and maintain safe transport	None	15 minutes	Nurse on duty Attendant on duty Utility personnel Admitting personnel
3. Endorsement	3. Endorses patient and patient's record to assigned ward staff	None	5 minutes	Nurse on duty Attendant on duty
4.Receives Admission care	<p>4. Introduces self</p> <p>1.1. Places patient on bed comfortably</p> <p>1.2. Validates patient identity as per wrist identification tag, patient records</p> <p>1.3. Checks contraption and maintains proper placement</p> <p>1.4. Takes vital signs and performs general physical assessment</p> <p>1.5. Gives brief patient and relative orientation on standard operating procedures</p> <p>1.2.</p>	None	15 Minutes	Ward Nurse/ attendant on duty





# 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.

<b>OFFICE</b>	Nursing Service – Clinical Area
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	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
<p>1. Receives notice of discharge/ discharge clearance slip</p> <p><b>citizen specific:</b> Discharged against medical advised: Signed waiver is necessary</p>	<p>1. Informs written notice of discharge</p> <p>1.1 Accomplishes Discharge clearance slip</p> <p>1.2 Tag the patient as May Go Home (MGH) in the Hospital Information System (HIS)</p> <p>1.3 Forwards patient's chart in the billing section for processing of final SOA.</p> <p>1.4 Instructs to accomplish discharge process/ clearance slip</p> <p>1.5 Handover the discharge clearance slip and instruct to proceed to blood bank for clearance</p>	None	1 hour	<p><i>Attending Physician/ Nurse</i> Clinical Area</p>

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>
<b>situation specific:</b> If client needs further financial assistance: Proceed to MSWD for assistance/ classification/ discount.	<b>situation specific:</b> 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

## PROCESS IN PREPARATION OF PATIENT FOR SURGICAL PROCEDURE

This process covers preparation of patient requiring any emergency, direct and elective surgical operation. The procedure starts upon disposition and order for procedure until transport of patient to the operating room facility. Elective OR services is offered Monday thru Fridays, excluding holidays according to services schedule mandated, while Direct operation are procedures that needs to be immediately done to save life, limb or organ. The Emergency operation are procedures that are not extremely urgent but must be done within 24-48 hours.

<b>OFFICE</b>	Medical / Surgical and Nursing Service – Clinical Areas
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C- Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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. Request Information on Written doctor's order of plan for either direct / emergency and or elective procedure.	1. Facilitates and carries out doctor's written order.  1.1. Explains the procedure to patient /relative /watcher	None	15 minutes	Physician in charge  Nurse on duty
2. Signs Informed consent  <b>citizen specific:</b>  For patients under legal age/minor, a presence of a parent/immediate	1. Secure voluntary informed consent	None	5 minutes	Physician in charge  Nurse on duty  Chief of Clinics  Officer of the day

<p>kin of legal age is mandatory  For unconscious patients , and in state of mental deficiency without immediate kin or relative : consent will be secured at the chief of clinics during weekdays office hours and to officer of the day after office hours and weekends</p>				
<p>4. Informed of Operation Notification</p>	<p>3.Determine the urgency of the procedure</p> <p>For the direct operations coordination with the anesthesiologist is a requirement</p> <p>For elective and emergency operations notification slip is needed.</p> <ol style="list-style-type: none"> <li>1. Accomplishes notification slip</li> <li>2. Checks for the completeness of records including clearances, needed blood, diagnostic work up results and consent</li> <li>3. Check for patients pertinent data condition, operation to be performed, contraptions/s and medications to be given if any.</li> </ol>	<p>None</p>	<p>15 minutes</p>	<p>Physician in charge  Nurse on duty  Anesthesiology  Surgeon</p>
<p>5. Compliance to Preparation for surgical procedures</p>	<p>4.Provides pre-operative Care</p> <ol style="list-style-type: none"> <li>4.1. Checks and verifies information given by the patient and ensure</li> </ol>	<p>None</p>	<p>8 hours</p>	<p><i>Nurse Clinical areas/  Nursing Attendant</i></p>



	<p>completeness of patient record.</p> <ul style="list-style-type: none"> <li>- Name</li> <li>- Date of Birth</li> <li>- Allergy, if any</li> <li>- Procedure</li> <li>- Consent (surgical and anesthesia procedure)</li> <li>- NPO status (minimum of 8 hours)</li> </ul> <p>4.2. Checks proper placement and patency of all contraptions</p> <p>4.3. Ensures amount of IV fluid and blood components appropriate during period of transfer</p>			<p>Main Operating Room</p> <p><i>Surgeon/</i></p> <p><i>Anesthesiologist</i></p>
5. Safe Transport	6. Transfer patient to wheelchair / stretcher with side rails up and locked	None	15 minutes	<p><i>Nurse Clinical areas/</i></p> <p><i>Nursing Attendant</i></p> <p><i>Utility personnel</i></p>
7. Endorsement	<p>1. Ward / Clinical Nurse Informs OR nurse regarding assessment, patient's condition, diagnosis, contraptions, special needs, and pre-op medications if any</p> <p>2. OR nurse receives patients</p> <p>3. Or nurse checks and validates patients identity and completeness of patient's records.</p>	None	5 minutes	<p><i>Nurse Clinical areas/</i></p> <p><i>OR nurse on duty</i></p>
END OF TRANSACTION		TOTAL	N/A	8 hours and 55minutes



# 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 .

<b>OFFICE</b>	Nursing Service – Clinical Area
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	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	FEES 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 Information System (HIS).  <b>Citizen specific:</b>	None	25 minutes	<i>Attending Physician/</i>  <i>Nurse Clinical Area</i>

	<p>For basic accommodation: proceed to step 2.</p> <p>For pay patient: provide clearance slip and settles hospital bill prior to transfer.</p>			
<b>citizen specific:</b> Settles hospital bill	<b>citizen specific:</b> Receives the payment, prints and issues the official receipt to the client and affix signature in the clearance slip			
<b>citizen specific:</b> For isolation of infectious disease patients	1.4 Endorses and provide pertinent information and important precautions to the receiving ward nurse on duty			
2. Safe 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>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>1 hour and 15 minutes</b>	



# 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.

<b>OFFICE</b>	Nursing Service – Clinical Area			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All in-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Written physician order for trans-in			Attending Physician	
Patient's chart			Nurse on duty	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 Information System (HIS).	None	25 minutes	<i>Attending Physician/ Nurse Clinical Area</i>

	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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 hour and 15 minutes</b>



# CITIZEN'S CHARTER

## PROCEDURES IN MEDICATION ADMINISTRATION

This procedure for medication receipt, storage and administration. In promoting safety, maximizing benefits and reduce to a minimum the risk of medication administration to clients according to principles and standards.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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Written physician Order for specific medication.	Attending Physician
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Patient's chart/ nursing assessment form for drug history Prescription Abstract of charges (for pay patients) Entry of charges at bizbox.	Nurse on duty
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Compliance for Informed prescribed medication.	1. Discuss by attending physician the benefit and risk involve. 1.1. Written order for medication 1.2. Encouraged compliance to medication regimen.	None	15 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area
2. Informed of medication availability.	2. Determine the availability of prescribed medication in the pharmacy. 2.1. Securing medications from the pharmacy  2.1.1 Accomplished prescription and or abstract of charges 2.1.2. Charge at bizbox. 2.1.3 Claiming of medications at the pharmacy.	None	35 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area  Nursing attendant on duty

	<p>1.1.3.1. Checked for identification and integrity.</p> <p>1.1.3.2. Checked for quantity</p>			
<p>2. Receiving of medication as per standards of care.</p>	<p>3. Facilitate medication administration</p> <p>3.1. Follow the (10 golden rules) as standards of medication administration.</p> <p>3.2. If skin test is needed, the physician in charge should assess for allergies.</p> <p>3.3. Evaluation and documentation of medication administered</p>	None	45 minutes	<p><i>Nurse clinical area</i></p> <p><i>Attending physician</i></p>
END OF TRANSACTION		TOTAL	N/A	1 hour and 35 minutes



# CITIZEN'S CHARTER

## PROCEDURE FOR FACILITATION OF REQUISITION FORMS

This procedure covers ALL in-patients with ordered ancillaries, referrals and diagnostic imaging and forms to communicate precisely what type of exam required for a medical assessment				
<b>OFFICE</b>	Nursing Service – Clinical Area			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All in-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Written physician Order and accomplished requisition forms.			Attending Physician	
Patient's chart Logbooks			Nurse on duty	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Understand/ listen to facility rules and policies regarding examinations for further medical assessment.	1. Discuss by attending physician the benefit and risk involve. 1.1. Written order of planned referral, examination, and diagnostics.	None	15 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area
2. Informed of the availability of the referred examination.	2. Informs patient and relatives of the benefit and needed physical preparation. 2.1. Check for pertinent data of patients on accomplished request.	None	15 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area



<p>3. Informed of schedule examination</p>	<p>3. Secure schedule of examination.</p> <p>2.1. Forwarding of request or referral to referring unit</p> <p>2.2. Checked for prescribed preparation prior to examination</p> <p>.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Attending Physician/</i></p> <p><i>Nurse</i> Clinical Area</p> <p>Nursing Attendant on duty</p>	
<p>3. Prepared for scheduled examination.</p> <p><b>Citizen specific:</b> For diagnostic examinations like X-ray ,UTZ, CT scans etc safe transport to referring unit.</p>	<p>4.Forwading of specimen and or safe of sending patient to referring unit.</p> <p>4.1. monitor and evaluate for tolerance of the examination and or untoward reactions.</p>	<p>None</p>	<p>30 minutes</p>	<p>Nurse clinical area</p> <p>Nursing Attendant on duty</p> <p><i>Utility personnel</i></p>	
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>40 minutes</p>	



# CITIZEN'S CHARTER

## PROCESS ON REFUSAL FOR MEDICAL TREATMENT /PROCEDURES /RESUSCITATIVE MEASURES

This procedure covers ALL in-patients refused any ordered specific medical treatment/ procedures and resuscitative measures.				
<b>OFFICE</b>	Nursing Service – Clinical Area			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All in-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Written physician Order for Medical Management			Attending Physician	
Patient's chart Waiver form signed by patient or representative			Nurse on duty	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Understand/ listen to facility rules and policies regarding treatment.	1.Discuss by attending physician the benefit and risk involve. 2.1. Written order of planned treatment. 2.2. Encouraging participation to undergo specific medical procedures or treatment. 2.3. Securing signed consent if amenable ; waiver if refused.	None	15 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area
2. Signs waiver.  <b>citizen specific:</b>  For patients under legal age/minor, a presence of a parent/immediate	3. Informs patient and relatives of the benefit, risk involve and released hospital authorities, all physician in-charge from liabilities for any	None	15 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area

<p>kin of legal age is mandatory.</p> <p>For unconscious patients , and in state of mental deficiency without immediate kin or relative.</p> <p>For refuse to sign a waiver.</p>	<p>consequences resulting from such act.</p> <p>3.1. Determine the basis or reason of clients refusal</p> <p>3.2. Secure waiver and Accomplishes necessary nursing documentation</p> <p>3.3. The physician in charge will complete the form or make notes on the physician's order sheet.</p> <p>3.4. The nurse in charge shall document on the nurses notes.</p>				
<p>3. Endorsement</p>	<p>3. Makes an order for final disposition.</p> <p>3.1. Endorses particular medical treatment refused.</p> <p>Eg. Medications refused to take Do not resuscitate, Do not Intubate,etc...</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Attending Physician/</i></p> <p><i>Nurse</i> Clinical Area</p>	
<p>END OF TRANSACTION</p>		<p>TOTAL</p>	<p>N/A</p>	<p>40 minutes</p>	



# CITIZEN'S CHARTER

## PROCEDURES ON TRANSFER OF CADAVER AFTER POST MORTEM CARE

This procedure covers ALL patients pronounced clinically dead.				
<b>OFFICE</b>	Nursing Service – Clinical Area			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All in-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Written physician pronouncement of death			Attending Physician	
Patient's chart Cadaver's Tag			Nurse on duty	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. informed of pronouncement of death.	1. Make pronouncement of clinical death and informs relatives and watchers. 1.1 Receives written order of pronouncement	None	15 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area
2. Receives post-mortem Care	2. Informs relatives of provision of post mortem care and considers relative's request if applicable 2.1. Provides dignified post mortem care 2.2. Practices standard precautions and proper use of PPE in handling cadavers.	None	35 minutes	

	<p>2.3. Attaches required cadaver identification tag.</p> <p>2.4. Accomplishes necessary nursing documentation and checked for completeness of patients records.</p>			
3. Understand/ listen to facility rules and policies including in Safely transfer of cadaver to morgue.	<p>3. Orients relatives / watchers regarding the hospital policy on discharging cadaver and transfer to morgue and Notification of patient's death</p> <p>3.1 Notifies information section.</p> <p>3.2 Tagging at the Hospital information system</p> <p>3.3 Transfer of cadaver to stretcher with side rails up and locked.</p> <p>3.4 Transport of cadaver to morgue.</p>	None	10 minutes	<p><i>Nurse on Duty/</i></p> <p><i>Nursing Attendant</i></p> <p>Utility worker on duty</p> <p>Morgue personnel</p>
4. Endorsement	<p>4. Accompanies cadaver during safe transfer to morgue</p> <p>4.1 Endorses cadaver safely to morgue</p>	None	20 minutes	<p><i>Nursing attendant on Duty</i></p> <p>Clinical Area</p> <p>Morgue personnel on duty</p>
END OF TRANSACTION		TOTAL	N/A	1 hour and 20minutes



# CITIZEN'S CHARTER

## PROCESS ON REQUISITION OF MEDICAL SUPPLIES TO CSSD

This process covers requisition of medical supplies available for clinical ward consumption.

<b>OFFICE</b>	Nursing Service – Clinical Area to CSSD
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.	None	5 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
2. Requested to wait while preparing the available supplies.	2. Prepares the requested supplies.	None	10 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
3. Receives requested supplies.	3. Issues requested supplies.	None	15 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
4. Checks and validates the quantity of supplies issued on the supply logbook.	4. Records issued supplies on supply logbook and affix required signature.	None	2 minutes	<i>Nursing Attendant</i> Central Supply and Sterilization Department
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>32 minutes</b>



# CITIZEN'S CHARTER

## PROCESS ON SECURING MEDICINE AND/OR MEDICAL SUPPLIES TO PHARMACY

This process covers dispensing of medicine and medical supplies to all inpatients with Philhealth under basic accommodation and /or Pay accommodation. The Pharmacy is open Monday thru Sunday including holidays				
<b>OFFICE</b>	Nursing Service – Clinical Areas			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2G- Government to Government			
<b>WHO MAY AVAIL</b>	In-patients with Philhealth under basic accommodation and /or Pay Accomodation			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Prescription (completely filled) (1original)			Prescribing Doctor	
Charge slip (1original)			Claims department (Philhealth)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Informed of ordered medication to be taken at the pharmacy if available.	<p><i>For Basic Accommodation</i></p> <p>1. Presents the prescription and charge slip to the Pharmacist for review and checking the availability of the medicines/ medical supplies.</p> <p><i>For Pay Accommodation</i></p> <p>2. Encodes the requested medicines/ medical supplies from the Hospital Information System (HIS)</p>	None	20 minutes	<p><i>Nursing attendant on duty</i></p> <p><i>Pharmacist Welfare or Commercial Pharmacy</i></p>

<p>2. Informed receipt of medicines under the custody of nurse station.</p>	<p>2. Gets the medicines/ medical supplies and sign the prescription and the charge slip.</p> <p>2.1. Accounts for and informs the Nurse on duty of availability of medicines.</p> <p>2.2. Places medicines on the designated medicine rack for individual patients.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Nursing attendant on duty</i></p> <p><i>Nurse on duty</i></p>
<p>END OF TRANSACTION</p>	<p>TOTAL</p>	<p>N/A</p>	<p>30 minutes</p>	





# 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.

<b>OFFICE</b>	Medical and Nursing Service - Main Operating Room
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C- Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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  <b>citizen specific:</b>  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"> <li>- Name</li> <li>- Date of Birth</li> <li>- Allergy, if any</li> <li>- Procedure</li> <li>- Consent (surgical and anesthesia procedure)</li> <li>- NPO status (minimum of 8 hours)</li> </ul>	None	1 minute	<i>OR Nurse/ Nursing Attendant Main Operating Room</i>
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	<i>Surgeon/ Anesthesiologist / OR Nurse/ Nursing Attendant/ Institutional Worker Main Operating Room</i>



	<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><b>situation specific:</b></p> <p>Relative acknowledges receipt of specimen in the logbook</p>	<p>3.8. Provides post-operative management to patient.</p> <p><b>situation specific:</b></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>
	<p>3.9 Transfers patient safely to Post Anesthesia Care Unit (PACU) via stretcher</p>	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

## 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.

<b>OFFICE</b>	Nursing Service - Central Supply and Sterilization Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.

<b>OFFICE</b>	Nursing Service - Central Supply and Sterilization Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G- Government to Government
<b>WHO MAY AVAIL</b>	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	5 minutes	<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><b>condition specific:</b> 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>3 hours, 8 minutes</b>



# CITIZEN'S CHARTER

## GENERAL INQUIRIES AND ASSISTANCE

This process covers attending to patient's inquiries, concerns, location and direction of department/office/unit. This service is open from Monday – Friday (7:00AM-5:00PM)

<b>OFFICE</b>	Hospital Operations and Patient Support Service: Central Communication Unit- Public Assistance and Complaints Desk (PACD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen
<b>WHO MAY AVAIL</b>	All patients/clients

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Public Assistance and Complaint's Desk (PACD)	1.1 Acknowledge the client's query and request.	None	1 minute	<i>Administrative Staff on Duty</i>
	1.2 Analyze client's inquiries and concern	None	1 minute	
	1.3 Provides specific instruction/explanation based on the existing policies and procedures and / or give specific directions to address concern or inquiries.	None	2 minutes	
2. Fill-up Client's Satisfaction Survey Form	2. Provides client Satisfaction Survey Form	None	1 minute	Administrative Staff on Duty
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	
			5 minutes	



# CITIZEN'S CHARTER

## FILING OF COMPLAINTS

This process covers attending to client's complaints. This service is open from Monday – Friday (7:00AM-5:00PM)

<b>OFFICE</b>	Hospital Operations and Patient Support Service: Central Communication Unit - Public Assistance and Complaints Desk (PACD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	All patients/clients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
(1 Copy) Complaint Form	Public Assistance Complaints Desk (PACD) <ul style="list-style-type: none"> <li>• Out-Patient Department</li> <li>• Central Block Building</li> <li>• Medical Arts Building</li> <li>• Main Building</li> </ul>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Public Assistance Complaint Desk (PACD)	1.1 Acknowledge the client's concern/ complaints.	None	1 minute	<i>Administrative Staff on Duty</i>
2.Fill out the Complaint Form	2.1 Gives the Customer Complaint Form to the Client	None	1 minute	<i>Administrative Staff on Duty</i>
	2.2 Assists client in filling out the form	None	1 minute	
	2.3. Assists client and verify the details/ nature of his complaints.	None	2 minutes	
	2.4 Analyzes clients concerns/complaints	None	1 minute	
	2.5 Discuss possible action regarding	None	5 minutes	

	<p>complaints and coordinate it to the concerned unit, office or department.</p> <p><b>situation specific:</b></p> <p>If not resolved, refer to Legal Unit</p>			
END OF TRANSACTION	TOTAL	N/A	11 minutes	



# CITIZEN'S CHARTER

## RECEIVING AND TRANSFERRING OF INCOMING TELEPHONE CALLS

This process covers accepting all incoming and transferring of calls to the desired local number or the area/department concern. This service is open 24/7 from Monday – Sunday including Holidays,

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

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the JRRMMC Hotline 87119491-98 and/or dial 0	1. Receives and attend to the inquiry of the client	None	1 minute	Telephone Operator CCU
2. Request to connect/ transfer the call to specific local or department	2. Connect the call to the requested local or department	None	2 minutes	Telephone Operator CCU
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	3 minutes





# CITIZEN'S CHARTER

## Handling of Letters/ Correspondence Received Thru Email/ Courier/ Personal Delivery

The process of handling letters/correspondence received thru email, courier, or personal delivery covers activities from receipt of letter up to sending a reply/response letter. This service is open Monday – Friday (7:00AM-5:00PM)

<b>OFFICE</b>	Hospital Operations and Patient Support Service: Central Communications Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government G2B-Government to Business
<b>WHO MAY AVAIL</b>	All clients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter/ Correspondence	Requesting individual/office/agency
Receiving copy or proof of receipt (whichever is applicable)	
Contact details of the sender/sender's authorized representative (as deemed necessary)	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>A. Courier/ Personal Delivery</b>  1. Present the letter/ correspondence together with the receiving copy	1. Check/screen/ receive the letter/ correspondence and forwarded/refer to or coordinate with offices/persons concerned for appropriate action (following flow of communications "thru channels")	None	1 day	Administrative Officer I Administrative Assistant II Administrative Aide IV
<b>B. Email</b>  1. Send letter/ correspondence to <a href="mailto:jrrmmc.ccs2020@gmail.com">jrrmmc.ccs2020@gmail.com</a>	1. Open/ check email. Acknowledge/ forwarded to and coordinate with offices/persons concerned for appropriate action (following flow of communications "thru channels")	None	1 day	CCU Head or Administrative Officer I

2. Confirm/ Acknowledge response to letter/ correspondence/ email	2. Provide client with the name of office, contact number/person and other details related to the letter/ correspondence, as deemed necessary	None	1 day	CCU Head or Administrative Officer I
END OF TRANSACTION		TOTAL	N/A	A. Courier/ Personal Delivery - 1 day B. Email - 2 days



# 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.

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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Specific details of the concern	Requesting individual
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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	<i>Admin Staff</i> PACD
2. Fill-up up form Client's Satisfaction Survey Form/ Complaint Form	2. Provides client satisfaction survey form.	None	2 minutes	<i>Admin Staff</i> PACD

END OF TRANSACTION	TOTAL	N/A	4 minutes
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# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service (HOPSS) - Materials Management Department Complex
<b>CLASSIFICATION</b>	
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>3 Days, 2 Hours, 23 Minutes</b>



# 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.

<b>OFFICE</b>	Materials Management
<b>CLASSIFICATION</b>	Department Highly Technical
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	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 Winning Bidder 220v, 60Hz (stated in User Manual)	
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.  <b>conditional specific:</b>  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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service – BAC Secretariat
<b>CLASSIFICATION</b>	Highly Technical
<b>TYPE OF TRANSACTION</b>	G2B - Government to Business
<b>WHO MAY AVAIL</b>	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	FEE 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</i> BAC-Secretariat
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</i> BAC-Secretariat
	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</i> BAC-Secretariat
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</i> BAC-Secretariat
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</i> BAC-Secretariat
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</i> BAC-Secretariat



Revised 2016 IRR of RA 9184)				
<b>condition specific:</b> 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 Office of the Medical Center Chief</i>
	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 BAC-Secretariat</i>
	19.2 Signing of recommendation of the award to the bidder for approval of MCC.	None	1 day	<i>BAC Members BAC-Secretariat</i>
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 Office of the Medical Center Chief</i>
	20.1 Signing and approval of the recommendation of the award to the bidder.	None	1 day	<i>Medical Center Chief Office of the Medical Center Chief</i>



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</i> BAC-Secretariat
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</i> BAC-Secretariat
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</i> BAC-Secretariat
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</i> Office of the Medical Center Chief
	24.1 Signing and approval of the contract agreement.			<i>Financial Management Officer II</i> Office of the Financial Management <i>Medical Center Chief</i> Office of the Medical Center Chief <i>Attorney</i> Legal Unit
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</i> Office of the Medical Center Chief





	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
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	N/A	72 days 1 hour 8 minutes	



# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service – BAC Secretariat
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2B- Government to Business G2G- Government to Government
<b>WHO MAY AVAIL</b>	All interested suppliers/bidders

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Purchase Request (PR)	End-user
Project Procurement Management Plan	End-user
Certificate of Availability of Fund	JRRMMC/ Budget Office
Execom Resolution for items 15,000.00 and above for equipment and 100,000.00 for repair and services.	JRRMMC
Quotation	Business Entity

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits PR for processing under alternative mode of procurement with Certificate of Availability of Fund and Execom Resolution for items amounting 15,000.00 and above for equipment and 100,000.00 above for services and repair	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	<i>Admin Staff</i> BAC Secretariat
	1.2 Preparation of documents for the request of Certificate of Availability of Fund (CAF)	None	1 day	<i>Admin Staff</i> BAC Secretariat

	1.3 Preparation of Annual Procurement Plan (APP) for those items that was with supplemental/ Additional Project Procurement Management Plan	None	1 day	<i>Admin Staff</i> BAC Secretariat
	1.4 Preparation of Resolution of request for alternative mode of procurement	None	1 day	<i>Admin Staff</i> BAC Secretariat
	1.5 Signing of Resolution for alternative mode of procurement for approval of the MCC	None	1 day	<i>BAC Members</i> BAC Secretariat
2. Receives signed documents for alternative mode of procurement.	2. Forwards to MCC the 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 Resolution 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. Preparation and Signing of request for Quotation  3.2. 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 BAC Office BAC Secretariat</i>
Submission of samples to the BAC-Secretariat	4.2 Request Sample/ Demo Unit of the items bided as required by the end-user for evaluation	None	5 days	<i>Admin Staff BAC-Secretariat</i>
	4.2 Acceptance/ Evaluation of Proposal	None	3 days	<i>End-user Concerned Areas</i>
	4.3 Preparation of the Resolution of Award	None	3 days	<i>Admin Staff BAC Secretariat</i>
	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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>25 days, 1 hour, 15 minutes</b>



# CITIZEN'S CHARTER

## SELLING OF ABSTRACT OF BIDS AS READ/ MINUTES OF MEETING (PRE-BIDDING CONFERENCE/ 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Division - PMD-BAC-Secretariat
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2B - Government to Business
<b>WHO MAY AVAIL</b>	All interested bidders

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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Letter Request (1 original)	Company of the prospective bidder
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Payment Order Form( 1 original)	BAC-Secretariat Office
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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	Depending on the Amount	15 minutes	<i>Cashier</i> Collecting Section

Abstract of Bids/		that will		
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Minutes of the Meeting of Opening of Bids (As per paragraph 3 of section 29 of the 2016 Revised IRR of RA 9184)		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
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>21 minutes</b>	



# 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

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Inspection and Acceptance Unit
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government G2B - Government to Business
<b>WHO MAY AVAIL</b>	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"> <li>1. Purchase Order/Contract Agreement (1original)</li> <li>2. Property Transfer Receipt/deed of donation (for donations)(1original)</li> <li>3. Advance delivery letter (if applicable) (1original)</li> <li>4. Sales Invoice/ Delivery Receipt/ Acknowledgement Receipt(1original)</li> </ol>	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><b>condition specific:</b></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><b>condition specific:</b></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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Inspection and Acceptance Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government G2B - Government to Business
<b>WHO MAY AVAIL</b>	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	<i>Admin staff</i> 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.  <b>condition specific:</b>	None	3 minutes	<i>Admin staff</i> 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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>48 minutes</b>



# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Inspection and Acceptance Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government G2B - Government to Business
<b>WHO MAY AVAIL</b>	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"> <li>1. Quotation (1 original)</li> <li>2. Property Card from MMD (1 original)</li> <li>3. COA Memo 33-333, (3 copies)</li> <li>4. Request for Post Repair Inspection (1 original)</li> <li>5. Purchase Order (1 original)</li> <li>6. Waste Material Report (1 original)</li> <li>7. Service Report (1 original)</li> <li>8. Annual Procurement Report (APP)/ Project Procurement Management Report (PPMP) (1 original)</li> <li>9. Purchase Request (1 original)</li> <li>10. Certificate of Outsource Repair (1 original)</li> </ol>	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 IAU</i>
	2.1 Checks for the completeness of documents presented.	None	5 minutes	<i>Admin staff IAU</i>
	2.2 Records the documents receives in the Pre/Post Inspection Logbook	None	5 minutes	<i>Admin staff IAU</i>
	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 IAU</i>
	2.4 Types and Signs the post-repair Inspection Report including the findings.	None	10 minutes	<i>Unit Head IAU</i>
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 IAU</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>50 minutes</b>



# CITIZEN'S CHARTER

## ISSUANCE OF HOSPITAL STATISTICAL REPORTS

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

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Statistics Unit
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Business G2G - Government to Government
<b>WHO MAY AVAIL</b>	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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A 2 days and, 11minutes	

# **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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G-Government to Government
<b>WHO MAY AVAIL</b>	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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)	
<b>CLASSIFICATION</b>	Simple	
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government	
<b>WHO MAY AVAIL</b>	Newly hired employee	
<b>CHECKLIST OF REQUIREMENTS</b>		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>1 day, 1 hour, 38 minutes</b>



# 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.

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

### CHECKLIST OF REQUIREMENTS

### WHERE TO SECURE

Service request form (1 original)	HRMD
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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
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	Newly Hired Personnel

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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	Admin staff 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.  <b>condition specific:</b>  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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 3 hours, 25 minutes</b>





# 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.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. For Sick Leave 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)	HRMD HRMD Attending Physician Primary Care Unit
2. For Vacation Leave 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)	HRMD CCU HRMD
3. For Maternity Leave (RA 11210) 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)	HRMD HRMD Attending Physician
4. For Paternity Leave (RA 8187) 4.1 Leave Application Form(1original) 4.2 Certified True Copy of Marriage Contract (1copy) 4.3 Birth Certificate of Newly Born Child (1original)	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 &amp; 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) 11.2 Leave Application Form (1original) 11.3 Clearance from Money, Property(1copy) 11.4 Statement of Assets, Liabilities and Net Worth (SALN) (1original) 11.5 Exit Interview 11.6 Affidavit of No Pending Criminal Case (1original)		Employee HRMD HRMD HRMD HRMD HRMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits duly accomplished leave application form.  <b>condition specific:</b>  <ul style="list-style-type: none"> <li>If leave is less than 30 days, the immediate supervisor signs in the recommendation box.</li> <li>If leave is more than 30</li> </ul>	1. Reviews and checks the completeness of documentary attachment.	None	7 minutes	<i>Admin staff</i> HRMD



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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 17 minutes</b>



# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G-Government to Government
<b>WHO MAY AVAIL</b>	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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	14 minutes



# CITIZEN'S CHARTER

## APPROVING OF GSIS LOANS

This process covers from the receipt of the certificate of GSIS loan application from Human Resource Management Department (HRMD) to check if the employee is qualified to avail loan up to the approval of the specified loan applied. The service is offered from Monday to Friday excluding holidays from 8:00 am – 5:00 pm.

<b>OFFICE</b>	Hospital Operation and Patient Support Service – Office of the Chief Administrative Officer (CAO)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G-Government to Government
<b>WHO MAY AVAIL</b>	Regular Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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 Certificate of GSIS Loan Application	None	1 Minute	<i>Any CAO Staff and/or Authorized Agency Officer (AAO)</i>
2. Approves GSIS Loan applied	2.1 Checks the GSIS Wireless Automated Processing System	None	3 minutes	AAO
	2.2 Approves the loan of the qualified employee reflected in the system	None	3 minutes	AAO
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>NONE</b>	<b>7 minutes</b>	



# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Procurement Management Department (PMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business G2G - Government to Government
<b>WHO MAY AVAIL</b>	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  <b>condition specific:</b>  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  45 Minutes	<i>Admin staff PMD  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

<b>OFFICE</b>	Procurement Management
<b>CLASSIFICATION</b>	Department Simple
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business G2G - Government to Government
<b>WHO MAY AVAIL</b>	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</i> PMD



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>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>1 hour ,47 minutes</b>	



# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Materials Management Department (MMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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

<b>END OF TRANSACTION</b>	<b>TOTAL</b>	N/A	1 day, 1 Hour, 50 Minutes	
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# CITIZEN'S CHARTER

## 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).

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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Project Procurement Management Plan (PPMP)	End-user
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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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>20 days, 12 minutes</b>



# CITIZEN'S CHARTER

## TRIP CONDUCTION (ADMINISTRATIVE)

This process covers carrying out of administrative function for employees. The administrative trips are available during Monday to Friday, excluding holidays, from 7am – 5pm.

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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Trip Ticket (1 original)	Motor Pool Unit
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for trip conduction and fill-out trip ticket	1. Issues trip ticket	None	2 Minutes	<i>Motor Pool Dispatcher</i> EFMD-Motorpool Unit
	1.1 Forwards accomplished trip ticket to approving officer	None	15 minutes	<i>Approving Authority</i> CAO office
2. Proceeds to the motor pool unit.	2. Accommodates employees and ensure safety.	None	5 minutes	<i>Driver</i> EFMD
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	22 minutes



# CITIZEN'S CHARTER

## TRIP CONDUCTION (AMBULANCE)

This process covers carrying out of ambulance conduction of employees and patients as well as during medical mission. The ambulance trips are available 24/7.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Engineering & Facilities Management Department (EFMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen G2G – Government to Government
<b>WHO MAY AVAIL</b>	All employees and patients needing service 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- Motorpool Unit
	1.1 Forwards accomplished trip ticket to approving officer	None	15 minutes	<i>Approving Authority</i> CAO Office
Pays applicable fees  <b>Citizen specific:</b> 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>Cahier</i> Collecting Section
2. Proceeds to the area.	2. Accommodates employees/patients and ensure safety.	None	5 minutes	<i>Driver</i> EFMD

<ul style="list-style-type: none"> <li>a. For Non- Covid Patient – Beside information office</li> <li>b. For Covid patient – Main Lobby Entrance</li> </ul>					
END OF TRANSACTION	TOTAL		N/A	22 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Engineering & Facilities Management Department (EFMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G – Government to Government
<b>WHO MAY AVAIL</b>	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	<i>Maintenance Staff</i> EFMD
	1.1 Proceeds to concerned areas for accomplishment of service request/ corrective action	None	2 hours	<i>Maintenance Staff</i> EFMD
2. Signs in the Service Request Slip	2. Upon completion of corrective action, fill-	None	5 minutes	<i>Maintenance Staff</i> 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.

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

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Biomed Service Report (1 copy)		EFMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordination with the EFMD staff	1. Confirmation on the schedule of Preventive Maintenance & Calibration	None	5 minutes	<i>Biomedical Engineer/ Medical Equipment Technician</i> EFMD
	1.1 Conducts preventive maintenance and calibration of medical equipment  1.2 Affixes the date of preventive maintenance and calibration. Attach stickers to the biomedical equipment.	None	1 day	<i>Biomedical Engineer/ Medical Equipment Technician</i> EFMD
2. Signs in the Biomed service Report	2. Presents the Biomed Service Report to the end-user for signing to connote accomplishment of preventive maintenance and calibration of biomedical equipment.	None	10 Minutes	<i>Biomedical Engineer/ Technician</i> EFMD
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A 1 day, 15 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service - Engineering & Facilities Management Department (EFMD)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G – Government to Government
<b>WHO MAY AVAIL</b>	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>Administrative Aide (Reproduction Machine Operator) EFMD – Printing Unit</i>
	<b>situation specific:</b> If not available: Print the requested forms/documents (if not available)	None	5 minutes/ ream	<i>Administrative Aide (Reproduction Machine Operator) EFMD – Printing Unit</i>
2. Receives printed forms/documents in the Issuance Slip	2. Issues printed forms/documents	None	5 minutes	<i>Administrative Aide (Reproduction Machine Operator) EFMD – Printing Unit</i>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>14 minutes</b>	



# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service (HOPSS) – Housekeeping Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G – Government to Government
<b>WHO MAY AVAIL</b>	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
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service (HOPSS) – Housekeeping Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G – Government to Government
<b>WHO MAY AVAIL</b>	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	1. Janitorial Service Provider Staff receives the RIS.  1.1 Janitorial Staff will proceed to Materials Management Dept. presents the RIS for issuance as per items request.  1.2 Janitorial Staff list down the serial	None	1 hour	<i>Janitorial staff</i> Outsourced Janitorial Service Provider

	<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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service (HOPSS) – Housekeeping Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business G2G – Government to Government
<b>WHO MAY AVAIL</b>	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
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# 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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service (HOPSS) - Linen and Laundry Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business
<b>WHO MAY AVAIL</b>	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	1. Receives and counts deliveries through collection delivery receipts versus actual counting.  1.1 After counting, if there is shortages, the Shortages Receipt Form shall be accomplished, acknowledged by both parties.	None	2 hours	<i>Linen Staff</i> 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).</p>			
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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service (HOPSS) - Linen and Laundry Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G – Government to Government
<b>WHO MAY AVAIL</b>	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.

<b>OFFICE</b>	Hospital Operation and Patient Support Service (HOPSS) - Linen and Laundry Section			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2G – Government to Government			
<b>WHO MAY AVAIL</b>	All Wards and Offices of the Hospital			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Linen Receipt (1original)		Linen and Laundry Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	1 hour

# **Finance Service External Services**



# CITIZEN'S CHARTER

## FILING OF PHILHEALTH BENEFIT

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 Sundays, including Holidays from 7:00am-5:00pm.

<b>OFFICE</b>	Finance Service - Claims Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	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. One (1) photocopy of Membership Data Record (MDR) 2. One (1) photocopy of PhilHealth ID	PhilHealth Local Health Insurance Office
One (1) original Claim Signature Form, signed by employer if applicable	Claims Section Counter at Main Hospital
One (1) photocopy of Official receipt/s of PhilHealth contribution/s, if applicable	PhilHealth Local Health Insurance Office or PhilHealth Accredited Collecting Agents (e.g. Bayad Center, SM Bills Payment, Banks, etc.)
One (1) original Certificate of contribution for employed, if applicable	Employer
One (1) original Report of Employee Members (ER2), if applicable	Employer
One (1) original Certificate of Eligibility for Indigent members/dependents (CE1), if applicable	PhilHealth Local Health Insurance Office
One (1) photocopy of Birth certificate, if applicable	Philippine Statistics Authority
One (1) photocopy of Draft of birth certificate, with certified true copy for newborn patients if applicable	Medical Records of the Hospital where the Newborn Patient was delivered
One (1) photocopy of Marriage certificate, if applicable	Philippine Statistics Authority (PSA)
One (1) photocopy of Senior citizen ID, if applicable	Local Government Unit
Dialysis Package Requirements 1. One (1) photocopy of Chronic Kidney Disease 5 (CKD 5) Certificate, if applicable 2. One (1) photocopy of PhilHealth Dialysis Database (PDD) Confirmation Letter	Dialysis Center/Institution where Patient first availed PhilHealth Dialysis Package
Two (2) photocopies of Cataract Pre-Surgery Authorization Checklist, if applicable	Ophthalmology Eye Center at OPD Building
One (1) photocopy of Point-of-Service (POS) certification, if applicable 1. Request/referral slip for JRRMMC-MSW enrolled POS members/dependents	Hospital/Institution where patient was registered as Point-of-Service member or dependent

2. Point-of-Service (POS) certification for POS members/dependents enrolled outside JRRMMC	
One (1) original of Cover Sheet of medical chart for admitted patients, if applicable	Nurse Station of the ward where the Patient is confined
OPD documents, if applicable 1. One (1) photocopy of OPD Chart 2. One (1) photocopy of Schedule of OPD Procedure 3. One (1) photocopy of RVS Code of Procedure	Department at OPD Building where the procedure was scheduled
Monitoring Lists for Repetitive OPD Procedures 1. One (1) original of Dialysis Monitoring List 2. One (1) original of Debridement Monitoring List 2. One (1) original of Chemotherapy/ Radiotherapy/Brachytherapy Monitoring List	Claims Section, Counter at Main Hospital (given on the first session of OPD procedure)
One (1) photocopy of Statement of Account/Hospital Bill (within 90 days prior to confinement), if applicable	Hospital where the patient was confined within 90 days prior to confinement
Notarized Affidavit, if applicable 1. One (1) original of Affidavit of Two Disinterested Persons, if applicable 2. One (1) original of Affidavit of Discrepancy, if applicable	Notary Public
One (1) photocopy of Two (2) Government Issued IDs, (e.g. PRC License, UMID, Passport, Driver's License, Postal ID, Voter's ID, etc.), if applicable	Government Agencies (e.g. PRC, SSS, GSIS, PhilPost, DFA, Commission on Elections, etc.)

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 patients with disability (PWD)	None	10 seconds	<i>Admin Staff, Counter Unit/ Claims Section</i>
2. Proceeds to waiting area until number is called	2. Instructs patient/ representative to proceed to waiting area until number is called	None	20 minutes	<i>Admin Staff, Counter Unit/ Claims Section</i>
3. Proceeds to the designated counter for interview and submission of requirements	3.1 Interviews and assesses patient regarding Philhealth Benefit Availment  <b>condition specific:</b>  If patient's benefit availment is not compensable, patient/ representative is endorsed to the Medical Social Service  If patient's benefit availment is found eligible, patient/	None	10 minutes	<i>Admin Staff, Counter Unit/ Claims Section</i>



	<p>representative submits all required documents</p> <p>3.2 Receives all required documents</p>			
<p>4. Fills out Philhealth forms</p> <p><b>condition specific:</b></p> <p>For Inpatients: Presents notification slip to Nurse Station. Endorses actual cover sheet of the medical chart to Claims section, counter unit</p> <p>For out-patients: Proceeds to information and billing section, presents routing/ special charges slips for billing of appropriate charges</p>	<p>4.1 Verifies patient's information on filled out Philhealth forms against existing Philhealth record and submitted IDs</p> <p>4.2 Generates eligibility results, prints and signs PhilHealth Benefit Eligibility Form (PBEF)</p> <p><b>condition specific:</b></p> <p>For inpatients: Issuance of notification slip to nurse on duty for stamping of membership category on cover sheet of medical chart. In case of discrepancy, correction slip will be given to Nurse Station and shall forwarded at Information Section for revision. Upon completion, presents revised coversheet to Counter Unit for stamping</p> <p>For out-patients: Issuance of filled out routing slip and special charges form. Records date of procedure/s on the monitoring list. Patient/representative is then instructed to proceed to information section for updating of record and to billing section for charging of procedure</p> <p>Patient will proceed to assigned area for procedure.</p>	None	15 minutes	<i>Admin Staff, Counter Unit/ Claims Section</i>
END OF TRANSACTION		TOTAL	N/A	45 minutes, 10 seconds



# 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.

<b>OFFICE</b>	Finance Service - Disbursing Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	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	1.1 Checks statement of account & classification of patient	None	5 minutes	<i>Disbursing Staff</i> Disbursing Department
	1.2 Educates on the required documentary requirements in the execution of promissory note	None	2 minutes	
	1.3 Instructs to proceed			

to Medical Social Service Department (MSWD) for financial assistance	None	1 minute	<i>Social Worker</i> MSWD
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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 Worker MSWD
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	Administrative Aide I Disbursing Department
4. Fill up Promissory note form	4. Issues Promissory note form and Instructs to fill up the necessary information needed	None	10 minutes	Administrative Aide I 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	Administrative Aide I Disbursing Department
6. Proceeds to Collecting Department for Clearance  <b>condition specific:</b>  For Pay patients	6. Instructs to proceed to Cashier/Collecting Department for clearance  <b>condition specific:</b>  Informs the client to proceed to Collecting for partial payment and clearance (See Collecting Department charter)	None	5 minutes	Collecting Officer  Collecting Department
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>42 minutes</b>



# 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
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
One (1) Original Official Receipt	Claimant
One (1) valid ID of patient	Claimant
One (1) Original Statement of Account; if applicable	Billing Department
One (1) Original Laboratory Request/Radiology Request/ One (1) Photocopy of Order of Payment Form; if applicable	Claimant
One (1) Duly accomplished Certification for Refund; if applicable	Disbursing Office/Clinical Areas concerned
One (1) Certification for Drug Refund from Pharmacy; if applicable	DOH-Botika
One (1) Photocopy of proof of relationship (Birth Certificate/Death Certificate/Marriage Certificate); if applicable	Claimant
One (1) valid ID of authorized representative to claim the check; if applicable	Authorized Representative
One (1) Duly signed Authorization Letter; if applicable	Claimant

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquires the refund process	1. Informs client on the refund process	None	12 minutes	<i>Administrative Aide I</i> Disbursing Department
2. Secures certification for refund and other necessary documents(if applicable)	2. Instructs client to secure certification for refund and other documentary requirements(if applicable)	None	20 minutes	<i>Administrative Aide I</i> Disbursing Department/ Clinical Areas concerned

3. Presents the complete necessary documents	3. Checks the documentary requirements presented	None	7 minutes	<i>Administrative Aide I</i> Disbursing Department
4. For refund amounting 3,000.00 and below  <b>condition specific:</b>  For refund amounting 3,001.00 and above	4. Instructs client to fill- out petty cash voucher  <b>condition specific:</b>  Informs the client that refund will be for disbursement voucher and check preparation.	None	4 minutes	<i>Administrative Aide I</i> Disbursing Department
5. Receive cash	5. Releases cash	None	3 minutes	<i>Administrative Aide I</i> Disbursing Department
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>46 minutes</b>



# CITIZEN'S CHARTER

## RELEASING OF CHECKS & SECURING OFFICIAL AND/OR COLLECTION RECEIPT FOR CHECKS AND LIST OF DUE AND DEMANDABLE ACCOUNTS PAYABLE-AUTHORITY TO DEBIT ACCOUNTS (LDDAP-ADA) PROCESSED

This covers releasing of checks to clients & securing official receipts (for business entities/ government agencies) for payments of services rendered, supplies/equipment purchased, utilities, remittances, benefits of personnel, and refund. This service is from Mondays thru Fridays excluding holidays from 8:00AM to 5:00PM.

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

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

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquires 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	7 minutes	<i>Administrative Assistant III</i> Disbursing Department
2. Presents the complete necessary documents	2. Checks the documentary requirements presented	None	3 minutes	<i>Administrative Assistant III</i> Disbursing Department
3. Issues official collection receipt/s  (for company representatives only)	3. Presents voucher/s and instruct client to issue official/ collection receipt/s (for company representatives only)	None	5 minutes	<i>Administrative Assistant III</i> Disbursing Department
4. Affixes signature, date, printed name and OR number on the BOX	4. Instructs client to accomplish the BOX E portion of the voucher/s	None	1 minute	<i>Administrative Assistant III</i> Disbursing Department

E portion of the voucher/s				
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>Administrative Assistant III</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>Administrative Assistant III</i> Disbursing Department
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>19 minutes</b>





# 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. This service is from Mondays thru Sundays including holidays from 8:00AM to 5:00PM.

<b>OFFICE</b>	Finance Service – Billing Section
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All Inpatients

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	Nurse on duty/ Nursing Attendant Clinical Area	
	1.1 Preparation of SOA	None	20 Minutes	Admin Aide I Billing Section	
	1.2 Notifies ward nurse on duty once SOA is available	None	2 Minutes	Admin Aide I Billing Section	
2. Receives SOA	2. Issues SOA and explain the charges posted in the hospital bill	None	5 Minutes	Admin Aide I Billing Section	
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	37 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. This service is from Mondays thru Sundays including holidays from 8:00AM to 5:00PM.

<b>OFFICE</b>	Finance Service – Billing Section				
<b>CLASSIFICATION</b>	Simple				
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government				
<b>WHO MAY AVAIL</b>	All Inpatients/Emergency Room Patients				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
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 Aide I Billing Section</i>	
	1.2 Notifies ward nurse on duty once SOA is available	None	2 Minutes	<i>Admin Aide I Billing Section</i>	
2. Presents clearance slip	2. Issues Statement of Account, Stamp clearance slip, explain bill and instruct on the next process.	None	5 Minutes	<i>Admin Aide I Billing Section</i>	
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	37 Minutes	



# CITIZEN'S CHARTER

## PAYMENT COLLECTION AT OUTPATIENT DEPARTMENT

This process covers patients who are issued order of payment and/or clinical requests for payment and either chose to pay in full, not qualified for discounts or given a discount by Medical Social Service after or during consultation at the Out-Patient Department. We have two counters at the OPD which serves from Monday to Friday. Counter 1 opens from 6:00 AM - 1:00 PM while Counter 2 opens from 7:00 AM - 4:00 PM.

<b>OFFICE</b>	Finance Service – Collecting Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All Outpatients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Clinical Request Slip/Order of Payment	Nurses' Station

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present clinical requests/order of payment to Billing Counter	1. Check stamped clinical requests/order of payment and Issue case number	None	5 minutes	<i>Admin Staff Billing Section</i>
2. Pay applicable fees  <b>condition specific:</b> For medical assistance: Present clinical requests/order of payment at Medical Social Work Department for discount	2. Collects payment  2.1 Prepares official receipt issued and provide change if applicable  <b>condition specific:</b> Instruct to proceed to Medical Social Service	Vary depending on the clinical request	5 minutes	<i>Cashier-on - duty Collecting Department</i>
3. Check stamped clinical requests/order of payment, Official Receipt issued and change before leaving the counter	3. Issues official receipt and change if applicable and instruct to proceed to the corresponding clinical area	None	5 minutes	<i>Cashier-on - duty Collecting Department</i>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	None	15 Minutes	



# CITIZEN'S CHARTER

## PAYMENT COLLECTION FOR INPATIENTS

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.

<b>OFFICE</b>	Finance Service – Collecting Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All admitted patients in the emergency room and clinical wards

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Clearance Slip	Nurses' Station
Statement of Account (SOA)	Billing

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present clearance slip and SOA	Checks and verifies the presented SOA	None	5 minutes	<i>Cashier-on - duty Collecting Section</i>
Pay applicable fees	1. Collects payment  1.1 Prepares official receipt issued and provide change if applicable  <b>condition specific:</b> Instruct to proceed to Medical Social Service	Vary depending on the clinical request	5 minutes	<i>Cashier-on - duty Collecting Section</i>
Check Official Receipt issued and change before leaving the counter	Issues official receipt and change if applicable and instruct to proceed to the corresponding clinical area	None	10 minutes	<i>Cashier-on - duty Collecting Section</i>
Proceed to nurse-on-duty	Receives the stamped SOA and provide other necessary instructions			<i>Nurse on Duty Nurse's Station</i>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>20 Minutes</b>	



# CITIZEN'S CHARTER

## PAYMENT COLLECTION FOR EMERGENCY SERVICE COMPLEX (ESC) AND INPATIENTS

This process covers patients seen and admitted in the Emergency Service Complex and clinical wards and are issued Clearance Slip by Nurse-on-duty for discharge. The counters are open for 24 hours including holidays.

<b>OFFICE</b>	Finance Service – Collecting Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All admitted patients in the Emergency Service Complex and clinical wards

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Clearance Slip	Nurses' Station
Statement of Account (SOA)	Billing

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present clearance slip and SOA	1. Checks and verifies the presented SOA	None	5 minutes	<i>Cashier-on -duty Collecting Department</i>
2. Pay applicable fees  <b>condition specific:</b> For medical assistance: Present SOA at Medical Social Work Department for discount	2. Collects payment  2.1 Prepares official receipt issued and provide change if applicable  <b>condition specific:</b> Instruct to proceed to Medical Social Service	Vary depending on the SOA	5 minutes	<i>Cashier-on -duty Collecting Department</i>
3. Check Official Receipt issued and change before leaving the counter	3. Issues official receipt and change if applicable and instruct to proceed to the corresponding clinical area	None	10 minutes	<i>Cashier-on -duty Collecting Department</i>

4.Proceed to nurse-on-duty	4.Receives the stamped SOA and clearance slip and provide other necessary instructions			<i>Nurse on Duty</i> <b>Nurse's Station</b>
END OF TRANSACTION		TOTAL	None	20 Minutes



# CITIZEN'S CHARTER

## REQUEST FOR REFUND

This process covers refund of payments made by clients within the day for procedures not done & medicines not used. The counters are open for 24 hours including holidays for patients in the Emergency Service Complex, clinical wards and non-patients and from Monday to Friday, 6:00 AM – 4:00 PM for Out-Patients.

<b>OFFICE</b>	Finance Service – Collecting Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government
<b>WHO MAY AVAIL</b>	All Patients/Clients who rendered payment within the day

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Original Official Receipt (OR) issued within the day 1.1 with valid reason and authorized signatory 2. Laboratory Request/Radiology Request/Order of Payment form; if Applicable	1.1 Patient/Client who rendered payment 1.2 Clinical Areas Concerned 2. Patient/Client who rendered payment

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Official Receipt with valid reason for refund and signed by authorized signatory	1. Checks for the validity of the reason and signatory  <b>Condition specific:</b> Reason and signatory should be valid; otherwise, refund is denied	None	5 minutes	<i>Cashier-on - duty Collecting Department</i>
2. Receive cash/cash equivalent	2. Cancel OR in the system and Releases cash/cash equivalent	None	5 minutes	<i>Cashier-on - duty Collecting Department</i>

<b>END OF TRANSACTION</b>	<b>TOTAL</b>	None	10 Minutes
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# **Finance Service Internal Services**





# 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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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	<i>Admin Staff Accounting Department</i>

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><b>condition specific:</b></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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.  <b>condition specific:</b>	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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>



# CITIZEN'S CHARTER

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

This process covers checking and evaluating the submitted disbursement voucher for negotiated (agency- agency) to determine correctness and completeness of documentary requirements attached in the disbursement voucher. This procedure ensures that all attached documents are in accordance with government procurement law and requirements of commission on audit. This service is from Mondays thru Fridays excluding Holidays from 8:00AM – 5:00PM

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

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original and three (3) photocopies of Disbursement Voucher (DV)	Materials Management Department
One (1) original copy of Inspection and Acceptance Unit Report	Inspection and Acceptance Unit
One (1) original copy of MMD Inspection and Acceptance Report	Materials Management Department
One (1) original copy of Sales Invoice	Supplier
Three (3) original copies of Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities	Requesting Service
Five (5) original copies of Purchase Order	Procurement Management Department
One (1) original copy of Approved purchase request	Requesting Office/Department
One (1) original copy of Stock Position Sheet	Requesting Office/Department
One (1) original copy of Price list/quotation from government agency/entity or downloaded copy of price list from Procurement Service	Supplier
One (1) original copy of BAC Resolution, if Negotiated (Agency to Agency) mode of procurement is not indicated in the approved Annual Procurement Plan (APP)	Bids and Awards Committee
One (1) original copy of Certificate of Availability of Fund (CAF) if not included in the regular APP	Budget 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	1.1 Receives the DV with complete attached documentary requirements.	None	1 hour	<i>Receiving Staff Accounting</i>

	<p>1.2 Checks and verify correctness in each attached documentary requirements.</p> <p>1.3 Attaches routing slip and specify appropriate action for the submitted documents.</p> <p><b>condition specific:</b></p> <p>If with findings, return to originating office.</p>	None	3 days	<i>Processing Staff Accounting</i>
	<p>1.4 Evaluates and countercheck to determine completeness, correctness and any other missed findings.</p> <p>1.5 Affix initial in the DV document.</p>	None	3 hours	<i>Accountant Accounting</i>
2. Receives the DV for signing.	2.1 Forwards the DV to financial management office for signing.	None	15 minutes	<i>Receiving Staff Accounting</i>
	2.2 Evaluates and Signs the submitted DV.	None	3 hours	<i>Financial Management Officer II Office of the Financial Management Officer</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	45 minutes	<i>Receiving Staff Accounting</i>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	None	4 days



# 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.

<b>OFFICE</b>	Finance Service - Accounting Department	
<b>CLASSIFICATION</b>	Complex	
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government	
<b>WHO MAY AVAIL</b>	Materials Management Department	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	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	FEE 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.  <b>condition specific:</b>  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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>



# 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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.  <b>condition specific:</b>  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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>



# 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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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
	1.1 Checks and verify correctness in each attached documentary requirements.  1.2 Attaches routing slip and specify appropriate action for the submitted documents.  <b>condition specific:</b>  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 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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>





# 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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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
	1.1 Checks and verify correctness in each attached documentary requirements.  1.2 Attaches routing slip and specify appropriate action for the submitted documents.  <b>condition specific:</b>  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 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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>



# 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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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><b>condition specific:</b></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 Accounting Department</i>
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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>



# 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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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.  <b>condition specific:</b>  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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>





# 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.

<b>OFFICE</b>	Finance Service - Accounting Department	
<b>CLASSIFICATION</b>	Complex	
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government	
<b>WHO MAY AVAIL</b>	Budget Department	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	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><b>condition specific:</b></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>
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>



# 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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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><b>condition specific:</b></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
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	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.

<b>OFFICE</b>	Finance Service - Accounting Department
<b>CLASSIFICATION</b>	Complex
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government
<b>WHO MAY AVAIL</b>	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><b>condition specific:</b></p> <p>If with findings, return to originating office.</p>	None	3 days	<i>Processor</i> 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	<i>Accountant</i> 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>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>N/A</b>	<b>4 days, 13 hours, 15 minutes</b>	





# 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.

<b>OFFICE</b>	Finance Service - Accounting Department			
<b>CLASSIFICATION</b>	Complex			
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government			
<b>WHO MAY AVAIL</b>	Budget Department			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
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			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 Accounting Department</i>



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><b>condition specific:</b> If with findings, return to originating office.</p>	None	3 days	<i>Processor</i> 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	<i>Accountant</i> 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</i> Accounting Department
	2.1 Signs and approve 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.	<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	<i>Admin Staff</i> Accounting Department
END OF TRANSACTION		TOTAL	N/A	4 days, 13 hours, 15 minutes



# 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.

<b>OFFICE</b>	Finance Service - Budget Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2G- Government to Government
<b>WHO MAY AVAIL</b>	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	<i>Admin Staff Budget Section</i>
	1.3 Reviews BURS/ORS if properly funded and if complies with UACS	None	2 Minutes	<i>Admin Staff Budget Section</i>
	1.4 Signs BURS/ORS	None	2 Minutes	<i>Admin Staff Budget Section</i>
	1.5 Forwards signed BURS/ORS to other signatories	None	2 Minutes	<i>Admin Staff Budget Section</i>
<b>END OF TRANSACTION</b>		<b>Total</b>	<b>None</b>	<b>33 Minutes</b>



# 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

<b>OFFICE</b>	Finance Service - Budget Department
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2B - Government to Business Entity G2G - Government to Government
<b>WHO MAY AVAIL</b>	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

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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





# CITIZEN'S CHARTER

## JOSE R. REYES MEMORIAL MEDICAL CENTER GERIATRIC & GENERAL HEALTH SERVICES OUT-PATIENT SERVICE

This process covers geriatric patients requiring outpatient consultation, treatment and evaluation. The service is offered Monday thru Fridays excluding Holidays from 7:00 am-4:00 pm.

<b>OFFICE</b>	Outpatient Service
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C-Government to Citizen G2G-Government to Government
<b>WHO MAY AVAIL</b>	The geriatric out-patient (OPD) service will cater to all geriatric patients, ambulatory and non-ambulatory who will present with a medical problem

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original Patient Information Sheet (PIS) for new patient	Medical Records
One (1) original Health Declaration Form	Triage Area
One (1) original copy of Hospital Card	Medical Records
Senior Citizen/PWD Identification Card	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrives at OPD. Fills up Health Declaration Form Patient gets his/her temperature using the digital scanner	1. Assesses patient for presence of covid related symptoms using Health Declaration Form	None	10 minutes	Nurse/Nursing Attendant on Duty
2. For new patient, fills up Patient Information Sheet and submit with Senior Citizen ID  For old patient, submits hospital card	2. For new patient, collects PIS with Senior Citizen ID and submits to medical records  For old patient, collects Hospital card and submits to medical records	None	5 minutes	Nurse/Nursing Attendant on Duty
3. For new patient, signs Consent Form	3. Assists patient in signing Consent Form  4. Prepares patient's records and OPD Chart	None	10 minutes	Nurse/Nursing Attendant on Duty  Medical Records Officer

<p>4. For new patient, undergoes MGS, classified and managed based on MGS score</p> <p>Or</p> <p>For Old patient, undergoes reassessment</p>	<p>5. Performs MGS and classifies patients</p> <p>5.1 If patient has MGS <math>\geq 2.5</math>, performs CGA, patient assessment, recommendation, prescription and/or referral</p> <p>5.2. If patient has MGS <math>&lt; 2.5</math>, performs history and PE patient assessment, recommendation, prescription and/or referral</p> <p>5.3. For follow-up, review course, patient assessment, recommendation, prescription and/or referral</p>	None	1 hour and 30 minutes	Resident Rotator Geriatric Fellow on Duty Geriatric Consultant	
<p>5. Proceeds to Social Service for evaluation and assistance</p> <p>5.1 Those with Laboratory requests, proceed to cashier prior to social service</p>	<p>6. Conducts patient interview for assistance</p> <p>6.1 Pricing of laboratory request</p>	None	15 minutes	Social Worker  Cashier	
<p>6. Proceeds to pharmacy for receipt of medication, if available</p>	<p>7. Dispenses prescribed medication</p>	None	10 minutes	Pharmacy	
<p>7. Proceeds to discharge area</p>	<p>8. Provides home instruction, follow-up schedule, and referral instructions</p>	None	10 minutes	Nurse/Nursing Attendant on Duty	
<b>END OF TRANSACTION</b>		<b>TOTAL</b>	N/A	2 hours	



# Feedback and Complaints

FEEDBACK AND COMPLAINTS	
<b>How to send a feedback</b>	<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>
<b>How feedback is processed</b>	<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>
<b>How to file a complaint</b>	<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"> <li>- Name of complainant</li> <li>- Email address &amp; Contact Number</li> <li>- Complaint Date and Time</li> <li>-Location of Incident</li> <li>-Complaint Details</li> </ul> <p>For inquiries and follow-ups, clients may contact the following telephone number: 711-94-91 local 361 or 375</p>



<p><b>How complaints are processed</b></p>	<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>
<p><b>Contact Information of CCB, PCC, ARTA</b></p>	<p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> 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



<b>Office</b>	<b>Address</b>	<b>Contact Information</b>
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 <sup>nd</sup> Floor, Main Building	284
Anesthesiology Office	2 <sup>nd</sup> Floor, Main Building	298
Burn Unit	2 <sup>nd</sup> Floor, Main Building	318
Central Supply Room	2 <sup>nd</sup> Floor, Main Building	251



<b>Office</b>	<b>Address</b>	<b>Contact Information</b>
Delivery Room	2 <sup>nd</sup> Floor, Main Building	224
Main Operating Room	2 <sup>nd</sup> Floor, Main Building	254
Main Operating Room	2 <sup>nd</sup> Floor, Main Building	309
NICU	2 <sup>nd</sup> Floor, Main Building	235
OB Extension	2 <sup>nd</sup> Floor, Main Building	300
OB Gyne Office	2 <sup>nd</sup> Floor, Main Building	249
OB Gyne Ward	2 <sup>nd</sup> Floor, Main Building	238
Orthopedic Office	2 <sup>nd</sup> Floor, Main Building	221
Orthopedic Ward	2 <sup>nd</sup> Floor, Main Building	277
Recovery Room/PACU	2 <sup>nd</sup> Floor, Main Building	256
SICU	2 <sup>nd</sup> Floor, Main Building	308
Surgery Office	2 <sup>nd</sup> Floor, Main Building	321
Surgery Quarters	2 <sup>nd</sup> Floor, Main Building	250
Surgery Ward – Female	2 <sup>nd</sup> Floor, Main Building	258
Surgery Ward – Male	2 <sup>nd</sup> Floor, Main Building	255
Medicine Solarium	3 <sup>rd</sup> Floor, Main Building	324
Medical Ward – Female	3 <sup>rd</sup> Floor, Main Building	262
Medical Ward – Male	3 <sup>rd</sup> Floor, Main Building	263
MICU	3 <sup>rd</sup> Floor, Main Building	252
Pediatrics Office	3 <sup>rd</sup> Floor, Main Building	261
Pediatrics Ward	3 <sup>rd</sup> Floor, Main Building	265
PICU	3 <sup>rd</sup> Floor, Main Building	316
ENT Office	4 <sup>th</sup> Floor, Main Building	320
EENT Ward	4 <sup>th</sup> Floor, Main Building	267
Ophthalmology Office	4 <sup>th</sup> Floor, Main Building	266
Telephone Operator	4 <sup>th</sup> Floor, Main Building	0
Telephone Operator	4 <sup>th</sup> Floor, Main Building	340
Telephone Operator	4 <sup>th</sup> Floor, Main Building	341
Overall Training Office	5 <sup>th</sup> Floor, Main Building	282
Library	5 <sup>th</sup> Floor, Main Building	296
Medical Training Office	5 <sup>th</sup> Floor, Main Building	283
Nursing Training Office	5 <sup>th</sup> 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



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





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



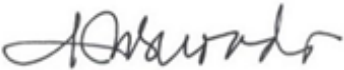
<b>Office</b>	<b>Address</b>	<b>Contact Information</b>
Room 4205	Main Building	344
Room 4206	4 <sup>th</sup> Floor, Payward II ,	345
Room 4207	Main Building	346
Room 4208	4 <sup>th</sup> Floor, Payward II ,	347
Room 4209	Main Building	348
Room 4210	4 <sup>th</sup> Floor, Payward II ,	349
Room 4211 (Male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




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