



**JOSE R. REYES MEMORIAL MEDICAL CENTER**

**CITIZEN'S CHARTER**  
**(5<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.



## TABLE OF CONTENTS

### EXTERNAL SERVICES

#### **1. EMERGENCY SERVICE COMPLEX (ESC)**

A. Observation Status (OBS) in the Emergency Service Complex	1
B. Admission in the Emergency Service Complex (ESC)	4
C. Admission to Isolation Room in the Emergency Service Complex (ESC)	6
D. Conduct of Surgical Procedure in the Emergency Service Complex	9

#### **2. CENTRAL ADMITTING SECTION - HIMD**

A. Issuance/Updating of Hospital Number (Card)	11
B. Admission of Patients in the Emergency Service Complex	12
C. Admission of Suspected /Probable/ Confirmed COVID-19 patient	14
D. Admission of Elective Patients	15
E. Discharge of Patient	17
F. Release of Cadaver	18
G. Processing of Death Certificate - from Medical Records	20

#### **3. OUTPATIENT DEPARTMENT**

A. Outpatient Consultation via Telemedicine	21
B. Outpatient Consultation and Treatment	23

#### **4. RADIOTHERAPY**

A. Radiotherapy (RT) Outpatient Consultation	25
B. Outpatient RT Treatment Planning	27
C. Outpatient External Beam Radiotherapy Treatment	29
D. Scheduling for Brachytherapy Treatment	31
E. Outpatient Brachytherapy Treatment	33

#### **5. MEDICAL ONCOLOGY**

A. Outpatient Oncology Consultation	35
B. Outpatient Chemotherapy Treatment	37
C. Admission Chemotherapy Treatment	39

#### **6. SURGERY**

A. Outpatient Online Consultation	41
B. Outpatient Face to Face Consultation	43



## 7. INTERNAL MEDICINE

- A. Outpatient Face to Face General Medicine Consultation 45
- B. Outpatient Face to Face Subspecialty Clinics 47

## 8. OB-GYNE

- A. Outpatient Consultation via Telemedicine 49
- B. Outpatient Face to Face Consultation 51
- C. Outpatient Ultrasound Section Process 53
- D. Emergency Ultrasound Examination Process 55

## 9. PEDIATRICS

- A. Outpatient Consultation via Telemedicine 57
- B. Outpatient Face to Face Consultation 59
- C. Outpatient Subspecialty Clinic Consultation 61

## 10. NEUROLOGY

- A. Outpatient Face to Face Consultation 63
- B. Outpatient Neuro Ancillary Procedures 65

## 11. UROLOGY

- A. Urology OPD Treatment 67

## 12. ORTHOPEDICS

- A. Outpatient Consultation via Telemedicine 69
- B. Outpatient Consultation via Face to Face Consultation 70

## 13. OPHTHALMOLOGY

- A. Ophthalmology Consultation and Treatment for New and Old OPD Patients 72
- B. Ophthalmology Consultation and Treatment for Follow-Up and Sub-specialty OPD Patients 74
- C. Ophthalmology Diagnostic Procedures 76
- D. Ophthalmology Fluorescein Angiography Procedure 78
- E. Ophthalmology Laser Procedure 79

## 14. ENT-HNS

- A. ENT-HNS Consultation and Treatment for New and Old OPD Patients 81
- B. ENT-HNS Consultation and Treatment for Follow-Up and Sub-specialty OPD Patients 82



C. ENT Diagnostic Procedures	
a. Pure Tone Audiometry (PTA)	83
b. Otoacoustic Emission	85
c. Auditory Brainstem Response (ABR) & Auditory Steady-State Response (ASSR)	87
D. ENT Endoscopic Procedures with Biopsy (FNAB, Punch Biopsy)	91

## 15. DIALYSIS CENTER

A. Dialysis Consultation via Telemedicine	93
B. Scheduling of New Patient in Dialysis	95
C. Issuance of Medical Records Out-Patient Department	96

## 16. MEDICAL EXAMINATION AND DENTAL INFIRMARY (MEDI)

A. Procedure on Medical Examination and Dental Infirmary	97
--	----

## 17. TB-DOTS

A. Tuberculosis (TB) Consultation and Treatment	100
---	-----

## 18. DEPARTMENT OF PATHOLOGY AND LABORATORIES

A. Receiving of Specimen and Laboratory Request for Body Fluid Examination at Outpatient Department	102
B. Extraction of Blood at Outpatient Department	105
C. Processing of Blood and other Body Fluids for Culture and Sensitivity from Outpatients	107
D. Processing of Blood and Other Body Fluids from Outpatients	108
E. Processing of Blood for Peripheral Blood Smear and Malarial Smear from Outpatients	109
F. Issuance of Results of Blood and other Body Fluids from Outpatients	110
G. Issuance of Results of Charge Slip from Outpatients	112
H. Receiving of Blood and Other Body Fluids from Emergency Service Complex Patients	114
I. Processing of Blood and Other Body Fluids from Emergency Service Patients	116
J. Issuance of Results of Blood and other Body Fluids from Emergency Service Complex Patients	118
K. Receiving of Blood and other Body Fluids from Inpatients	119
L. Processing of Blood and other Body Fluids for Culture and Sensitivity from Inpatients	121
M. Processing of Blood and other Body Fluids from Inpatients	122
N. Processing of Blood for Peripheral Blood Smear and Malarial Smear from Inpatients	123
O. Issuance of Results of Blood and other Body Fluids from Inpatients	125
P. Screening/Bleeding of Blood Donors	126
Q. SARS-CoV-2 Real Time Polymerase Chain (RT PCR) Testing	129



R.	Receiving of Bone Marrow Aspiration Biopsy	132
S.	Processing of Bone Marrow Aspiration Biopsy	134
T.	Receiving of Tissue Biopsy Specimen from Outpatient Department	136
U.	Receiving of Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy from In-Patient	139
V.	Receiving of Surgical Pathology Specimen for routine Histopathologic Examination from In-Patient	141
W.	Receiving of Gynecologic and Non-Gynecologic Cytology Specimens for Out-Patient	144
X.	Processing of Gynecologic and Non-Gynecologic	147
Y.	Cytology Specimens Processing of Coordinated Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy	149
Z.	Processing of Surgical Pathology and Cytology Specimens with Cell Block	150
AA.	Issuance of Gynecologic, Non-Gynecologic Cytology and Surgical Results	151

## 19. PHARMACY

A.	Dispensing of Medicine and/or Medical Supplies (Cash)	153
B.	Dispensing of Medicine and/or Medical Supplies (Medical Assistance/Philhealth/OPD Onco)	154
C.	Dispensing of Medicine and/or Medical Supplies (Medical Assistance)	156
D.	Dispensing of Medicine and/or Medical Supplies under Basic Accommodation (Philhealth)	158
E.	Dispensing of Medicine and/or Medical Supplies under Pay Accommodation	159
F.	Filing and Dispensing of Prescription for Service Inpatient (Non-Philhealth)	160
G.	Filing and Dispensing of Prescription for Donated Medicines	161
H.	Filing and Dispensing of Prescription of Pediatric Unit Dose Drug Distribution System (PUDDDS)	162
I.	Filing and Dispensing of Prescription for Dangerous/Regulated Drugs for Inpatient Service	163
J.	Receiving of Deliveries from External Suppliers thru Materials Management Department (MMD)	165

## 20. DERMATOLOGY

A.	Dermatology consultation via Telemedicine (Derma)	167
B.	Dermatology Consultation for New Patients	169
C.	Follow-up Consultation for Old Patients	171
D.	Scheduling for Biopsy/Dermatologic Surgery	173
E.	Biopsy Reading	174

## 21. MEDICAL SOCIAL WORK DEPARTMENT (MSWD)

A.	Availment of MSWD Services for Outpatient	176
B.	Availment of Guarantee Letters for Medical and Financial Assistance	179
C.	Availment of MSWD Services for ER and Inpatient	181



## 22. RADIOLOGY

- A. Request for Radiologic Procedure with Contrast 183
- B. Request for Radiologic Procedure without Contrast 191

## 23. NDMD

- A. Provision for Diet Counseling in time of Pandemic 198
- B. Provision of Diet Counseling 200

## 24. DENTAL

- A. Dental Consultation and Treatment 202
- B. Dental Online Consultation and Treatment 205

## 25. REHAB

- A. Physical/Occupation Therapy Consultation via Telemedicine 206
- B. Availment of Physical/Occupational Therapy Services through Telerehabilitation 207
- C. Procedure in Receiving and Physical/Occupational Therapy Consultation in the Outpatient Department 208
- D. Procedure in Receiving and Physical/Occupational Therapy Services in the Outpatient Department 210
- E. Cost of Services Table 211

## 26. NUCLEAR MEDICINE

- A. Nuclear Medicine Diagnostic Services 214
- B. Nuclear Medicine Consultation Services 220

## 27. PULMONARY

- A. Request of Pulmonary Function Test for Outpatient 222
- B. Procedure for Pulmonary Function Test (Simple Spirometry) for Outpatient 223
- C. Procedure of Pulmonary Function Test (Pre and Post Bronchodilator Study) for Outpatient 225
- D. Release of Pulmonary Function Test Result for Outpatient 227
- E. Request of Pulmonary Function Test for Inpatients 228
- F. Procedure for Pulmonary Function Test (Simple Spirometry) for Inpatient 230
- G. Procedure for Pulmonary Function Test (Pre and Post Bronchodilator) for Inpatient 232
- H. Release of Pulmonary Function Test Result for Inpatient 234
- I. Request for Use Mechanical Ventilator/BIPAP Machine 235
- J. Request for In-Line Nebulization, Incentive Spirometry Rapid Shallow Breathing Index, Chest Physiotherapy and PEFr Monitoring 238
- K. Request for Use of Transport Ventilator 240
- L. Request for Use of Transport Ventilator for Ambulance Conduction 242





## 28. CARDIOVASCULAR UNIT (CVU)

- A. Cardiovascular Treatment for Outpatient 245
- B. Cardiovascular Procedure for Inpatient 249

## 29. FAMILY MEDICINE

- A. Medical Consultation of Department of Family and Community Medicine 251
- B. Telehealth Consultation of Department of Family Medicine and Community Medicine 253
- C. Availment of Medical Assistance 255
- D. Ambulatory Service Consultation 257

## 30. WOUND CARE

- A. Request for Wound Care Treatment 259

## 31. HEALTH INFORMATION MANAGEMENT DEPARTMENT-MEDICAL RECORDS SECTION

- A. Issuance of Medical Records/Information (Medical/Medico-Legal Certificate, Insurance/SSS Benefit Claims) 261
- B. Processing of Certificate of Live Birth 263

## 32. BEHAVIORAL MEDICINE

- A. Scheduling of Client/s and Patient/s 264
- B. Releasing of Neuropsychiatric, Psychometric, and Psychological Examination Reports 266
- C. Procedure on Neuro-Psychiatric Evaluation, Psychological and Psychometric Examination 268

## 33. NURSING EDUCATION TRAINING AND RESEARCH UNIT (NETRU)

- A. Conduct of Written Pre-employment Examination for Nursing/Nursing Attendant/Midwife Applicants 271
- B. Orientation of Nursing Student Affiliates 273

## 34. CLINICAL AREAS

- A. Procedure for Receiving Patient and Provision of Care to Clinical Areas 274
- B. Discharge Process/Discharging a Patient from Clinical Areas 277
- C. Process in Preparation of Patient for Surgical Procedure 282
- D. Trans-out of Patient from other Service/Ward 286
- E. Trans-in of Patient from other Unit/Ward 289
- F. Procedures in Medication Administration 291
- G. Procedure for Facilitation of Requisition Forms 293
- H. Process on Refusal for Medical Treatment/Procedures/Resuscitative Measures 295
- I. Procedures on Transfer of Cadaver after Post Mortem Care 297



J. Process on Requisition of Medical Supplies to CSSD	299
K. Process on Securing Medicine and/or Medical Supplies to Pharmacy	301
<b>35. MAIN OR</b>	
A. Procedure for Surgical Operation	303
<b>36. HUMAN RESOURCE MANAGEMENT DEPARTMENT (HRMD)</b>	
A. Pre-employment Procedure	307
<b>37. PUBLIC ASSISTANCE AND COMPLAINTS DESK (PACD)</b>	
A. General Inquiries and Assistance	310
B. Filing of Complaints	311
<b>38. CENTRAL COMMUNICATION UNIT (CCU)</b>	
A. Receiving and Transferring of Incoming Telephone Calls	312
B. Handling of Letters/ Correspondence Received Thru Email/ Courier/Personal Delivery	313
<b>39. MATERIALS MANAGEMENT DEPARTMENT (MMD)</b>	
A. Receipt of Supplies	315
B. Receipt of Equipment	317
<b>40. BIDS AND AWARDS COMMITTEE-SECRETARIAT (BAC-SEC)</b>	
A. Processing of Procurement for Public Bidding	321
B. Processing of alternative Mode of Procurement	326
C. Selling of Abstract of Bids as Read/Minutes of Meeting (PRE-BIDDING CONFERENCE/ OPENING OF BIDS)	329
<b>41. INSPECTION AND ACCEPTANCE UNIT (IAU)</b>	
A. Inspection and Acceptance of Delivered Goods	331
B. Pre-Repair Inspection of Goods	333
C. Post-Repair Inspection of Goods	335
<b>42. STATISTICS</b>	
A. Issuance of Hospital Statistical Reports	337
<b>43. CLAIMS UNIT</b>	
A. Filing of Philhealth Benefit	338
<b>44. DISBURSING</b>	



A. Execution of Promissory Note	343
B. Request for Refund	345
C. 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	347

## 45. BILLING

A. Issuance of Temporary Statement of Account (SOA)	349
B. Issuance of Final Statement of Account (SOA) Inpatient	350
C. Issuance of Final Statement of Account (SOA) ER Patient	351
D. Issuance of Final Statement of Account (SOA) OPD Patient	352

## 46. COLLECTING

A. Payment Collection at Outpatient Department	353
B. Payment Collection for Emergency Service Complex (ESC) and Inpatients	355
C. Request for Refund	357

## 47. JOSE R. REYES MEMORIAL MEDICAL CENTER - DOÑA EVA MACARAEG-MACAPAGAL NATIONAL CENTER FOR GERIATRIC HEALTH

A. Out-Patient Service	358
B. Availment of MSWD Services for Outpatient	361
C. Receiving of Specimen & Laboratory Request for Body Fluid Examination	363
D. Request for General Cleaning	366
E. Request for Replenishment of Oxygen Tanks	367
F. Request for collection and Transport of General and Hazardous Waste	368
G. Deliveries and Clean Linen	369
H. Issuance of Clean Linen	370
I. Replacement of Curtains and other Linens	371
J. Provision of Diet Counseling	372
K. Trip Conduction (Administrative)	373
L. Trip Conduction (Ambulance)	374
M. Pre-employment	375
N. Issuance of Hospital Cards for All Out-Patients.	376

## 48. LEGAL

A. Handling of Complaints	377
B. Rendering Legal Opinion	379
C. Request for Contract Review and Memorandum of Agreement	380

## 49. MEDICAL TRAINING AND RESEARCH UNIT (MTRO)

A. Admission to Residency/Fellowship Training	382
B. Acceptance of Application for Affiliation of Medical/Paramedical Internship Training (Clerkship, Radiology, Physical Therapy, Occupational Therapy, Medical Technology, Pharmacy & Psychology)	384
C. Admission of Postgraduate Interns	386



## **50. HEALTH EMERGENCY MANAGEMENT COMMITTEE (HEMC)**

- A. Deployment of Emergency Response Team (ERT) 388

## **INTERNAL SERVICES**

### **1. PHARMACY**

- A. Dispensing of Medicine and/or Medical Supplies for Stock of Ward/Special Areas 390

### **2. FAMILY MEDICINE**

- A. Availment of Employee Medical Service (EMS) 391
- B. Employee Medical Services (EMS) COVID-19 Telehealth Consultation 393

### **3. STATISTICS**

- A. Issuance of Hospital Statistical Reports 395

### **4. CENTRAL SUPPLY AND STERILIZATION DEPARTMENT (CSSD)**

- A. Dispensing of Medical Supplies 396
- B. Issuance of Borrowed Sterile Instrument 398

### **5. HUMAN RESOURCE MANAGEMENT DEPARTMENT (HRMD)**

- A. Issuance of Identification and/or Service Card (Permanent/Temporary) 401
- B. Issuance of Appointment 402
- C. Issuance of Service Records and Certifications 405
- D. Preparation of Voucher for First Salaries 406
- E. Preparation of Payroll 408
- F. Leave Administration 411
- G. Issuance of Certification for GSIS Loan Application 414

### **6. CHIEF ADMINISTRATIVE OFFICE (CAO)**

- A. Approving of GSIS Loans 415

### **7. PROCUREMENT MANAGEMENT DEPARTMENT (PMD)**

- A. Preparation of Purchase Order/Job Order/Delivery Order Contract 416
- B. Preparation of Call off 418
- C. Preparation of Disbursement Voucher 419
- D. Processing of Petty Cash 421

### **8. MATERIALS MANAGEMENT DEPARTMENT (MMD)**



A. Issuance of Supplies and Materials	423
<b>9. BIDS AND AWARDS COMMITTEE-SECRETARIAT (BAC-SEC)</b>	
A. Preparation of Annual Procurement Plan	424
<b>10. ENGINEERING AND FACILITIES MANAGEMENT DEPARTMENT (EFMD)</b>	
A. Trip Conduction (Administrative)	426
B. Trip Conduction (Ambulance)	427
C. Application of Service Request	428
D. Preventive Maintenance and Calibration of Biomedical Equipment	429
E. Printing of Forms	430
<b>11. HOUSEKEEPING</b>	
A. Request for General Cleaning	431
B. Request for Replenishment of Oxygen Tanks	432
C. Request for Collection and Transport of General and Hazardous Waste	433
<b>12. LINEN</b>	
A. Deliveries of Clean Linen	434
B. Issuance of Clean Linen	435
C. Replacement of Curtains and other Linens	436
<b>13. ACCOUNTING</b>	
A. Processing of Disbursement Voucher (DV) for Public Bidding	437
B. Processing of Disbursement Voucher (DV) for Direct Contracting	439
C. Processing of Disbursement Voucher (DV) for Negotiated-Agency to Agency	442
D. Processing of Disbursement Voucher (DV) Shopping Method	444
E. Processing of Disbursement Voucher (DV) for Repeat Order	447
F. Processing of Disbursement Voucher (DV) for Negotiated- 53.2- 53.9	449
G. Processing of Call-Off (CO) for Public Bidding	452
H. Processing of Purchase Order (PO) for Direct Contracting	454
I. Processing of Purchase Order (PO) for Shopping Method	456
J. Processing of Purchase Order (PO) for Repeat Order	458
K. Processing of Purchase Order for Negotiated-Agency to Agency	460
L. Processing of Purchase Order for Negotiated 53.2-53.9	462
<b>14. BUDGET</b>	
A. Funding of Disbursement Vouchers, Purchase Orders, and Call-Offs through Obligation Request Status and Budget Utilization Request Status	464
B. Processing and Issuance of Certificate of Availability of Fund (CAF)	466
C. Special Budget Request	468
<b>15. INTEGRATED HOSPITAL OPERATION MANAGEMENT UNIT (IHOMU)</b>	



- A. Procedure on Software Repair of ICT Equipment 469
- B. Procedure on Hardware Repair of ICT Equipment 471

## **16. HEALTH EMERGENCY MANAGEMENT COMMITTEE (HEMC)**

- A. Basic Life Support (BLS) Training Seminar 473

## **17. QUALITY MANAGEMENT UNIT (QMU)**

- A. Registration of Documents for Quality Management System 474

## **18. Medical Records- DEMM-NCGH**

- A. Issuance of Hospital Cards for All Out-Patients. 475
- B. Retrieval of Old Medical Charts. 476



# **EXTERNAL SERVICES**



## EMERGENCY SERVICE COMPLEX (ESC)

<b>A. Observation Status (OBS) in the Emergency Service Complex</b>				
This process covers patients classified as being in observation status in the emergency service complex.				
<b>OFFICE</b>	<b>Medical Service - Emergency Service Complex (ESC)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All ambulatory patients needing immediate management as being in</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Number (1 original)		Information section at the 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. Proceeds to triage area for interview and assessment.	1. Interviews patients and accomplishes ER brief history.	None	5 minutes	Triage officer ESC
	1.1 Accomplishes Screening Checklist to assess suspected/probable and confirmed Covid-19 patients.		1 hour	Triage officer ESC Nurse/NA
	1.2 Request for Chest x-ray for suspected Covid-19 patients.			
	1.3 Assists to ER -ISO radiology area.			
	1.4 Evaluates initial chest x-ray reading. If cleared, may proceed to the designated clinical service department.			
	1.5 Affix stamp to determine respective clinical department.			





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

<p>2. Proceeds to designated clinical service department.</p>	<p>2. Directs and accompanies patients to designated clinical departments for observation of chief complaints.</p>	<p>None</p>	<p>3 minutes</p>	<p>Nurse/Nursing Attendant/ ESC</p>
	<p>2.1 Examines and assesses a patient's condition for any injury and/or illness.</p> <p>2.2 Accomplishes ER Blotter/ER Registry form.</p>	<p>None</p>	<p>30 minutes</p>	<p>Medical Officer ESC</p>
	<p>2.3 Renders initial treatment and intervention.</p> <p>2.4 Prepares prescription and or request/s for ancillary procedures.</p> <p>2.5 Checks prescription and /or request/s and instructs patient/relative.</p> <p>2.6 Gives definitive medication and treatment.</p> <p>2.7 Extracts specimens indicated in the ancillary request and forward to the laboratory department.</p>		<p>3 hours</p>	<p>Medical Officer/ Nurse ESC</p>
<p>3. Proceeds to the clinical service department.</p>	<p>3. Accompanies patients to the clinical department and places patients on ER beds.</p> <p>3.1 Assesses and takes vital signs.</p> <p>3.2 Gives initial medication and treatment.</p>	<p>None</p>	<p>25 minutes</p>	<p>Nurse/ Nursing Attendant ESC</p>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

4. Transfers to designated ward.	4. Checks for completeness of chart.  4.1 Informs ROD regarding transfer.  4.2 Endorses patient to NOD	None	1 hour, 30 minutes	Medical Officer/ Nurse/ Nursing Attendant ESC
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>5 hours, 18 minutes</b>	



<b>B. Admission in the Emergency Service Complex (ESC)</b>				
This process covers admission of patients in the emergency service complex. The service is open 24/7 in response to those patients needing emergency consultation.				
<b>OFFICE</b>	<b>Medical Service - Emergency Service Complex (ESC)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients with symptoms associated to COVID-19</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Number (1 original)		Information Section at the 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>
2. Proceeds to tent 1/ 2 for disposition of designated service department.	2. Directs and accompanies patient to assigned Tents.  2.1 Examines and assesses patient's condition.	None	3 minutes	Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping Personnel ESC
3. Proceeds to ER ISO area for Chest X-ray.	3. Accompanies and assists patient at ER ISO Area. Facilitates X-Ray of patient.	None	10 minutes	Nurse/ Radiology Technician Nursing Attendant/ Housekeeping Personnel ESC
4.Wait for result of Chest X-Ray and disposition of ROD of designated service department.	4. Instructs to wait for the initial reading and final disposition of ROD.  4.1 Evaluates result of X-ray.	None	2 hours	Medical Officer/ Radiology ROD ESC
5. Wait for disposition for admission.	5. Refers to IM ROD for clearance prior to admission.  5.1 Accomplishes Admission Order Slip/Doctors order sheet	None	3 hours and 30 minutes	Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping Personnel ESC



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>5.2 Coordinates to admitting regarding admission.</p> <p>5.3 Proceed to admitting for hospital card and cover sheet of patient.</p>			
6. Proceeds to ER ISO Area	<p>6. Accompanies and assists patient at ER ISO.</p> <p>6.1 Places comfortably on bed.</p> <p>6.2 Assesses and takes vital signs.</p> <p>6.3 Renders care and gives medication and treatment as ordered.</p> <p>6.4 Charts and documents care/medication/treatment given.</p>	None	30 minutes	<p>Nurse/ Nursing Attendant/</p> <p>Housekeeping Personnel ESC</p>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 hours</b>	



**C. Admission to Isolation Room in the Emergency Service Complex (ESC)**

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

<b>OFFICE</b>	<b>Medical Service - Emergency Service Complex (ESC)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing minor surgical procedure/ operation in the ESC.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Number (1 original)		Information Section at the Hospital's right-wing entrance.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Written physician order for surgical operation/ procedure	1. Receives written physician order for surgical operation in ESC.	None	20 minutes	Nurse 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			
	1.5 Informs Anesthesia ROD for Operation	None	10 minutes	Medical Officer ESC
	1.6 Prepares patients for operation	None	10 minutes	Medical Officer/ Nurse ESC
	1.7 Instructs on nothing per orem			
	1.8 Gives pre-medications as ordered			



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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<p>2. Proceeds to Operating Room</p>	<p>2. Notifies NOD</p> <p>2.1 Checks completeness of Charts and OR materials if any</p> <p>2.3 Checks patient's identity and takes vital signs</p> <p>2.4 Transports patients to Operating Room</p>	<p>None</p>	<p>10 minutes</p>	<p>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping personnel ESC</p>
<p>3. Proceeds to ER ISO area for Chest X-ray.</p>	<p>3. Accompanies and assists patient at ER ISO Area. Facilitates X-Ray of patient.</p>	<p>None</p>	<p>10 minutes</p>	<p>Nurse/ Radiology Technician Nursing Attendant/ Housekeeping Personnel ESC</p>
<p>4. Wait for result of Chest X-Ray and disposition of ROD of designated service department.</p>	<p>4. Instructs to wait for the initial reading and final disposition of ROD.</p> <p>4.1 Evaluates result of X-ray.</p>	<p>None</p>	<p>2 hours</p>	<p>Medical Officer/ Radiology ROD ESC</p>
<p>5. Wait for disposition for admission.</p>	<p>5. Refers to IM ROD for clearance prior to admission.</p> <p>5.1 Accomplishes Admission Order Slip/Doctors order sheet</p> <p>5.2 Coordinates to admitting regarding admission.</p> <p>5.3 Proceed to admitting for hospital card and cover sheet of patient.</p>	<p>None</p>	<p>3 hours, 30 minutes</p>	<p>Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping Personnel ESC</p>
<p>6. Proceeds to ER ISO Area</p>	<p>6. Accompanies and assists patient at ER ISO.</p> <p>6.1 Places comfortably on bed.</p> <p>6.2 Assesses and takes vital signs.</p>	<p>None</p>	<p>30 minutes</p>	<p>Nurse/ Nursing Attendant/ Housekeeping Personnel ESC</p>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>6.3 Renders care and gives medication and treatment as ordered.</p> <p>6.4 Charts and documents care/medication/treatment given.</p>			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>6 hours, 28 minutes</b>	



**D. Conduct of Surgical Procedure in the Emergency Service Complex**

This process covers the conduct of surgical procedure/ operation in the Emergency Service Complex. All surgical procedures 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 procedures/operations shall be done in the main operating room.

<b>OFFICE</b>	<b>Medical Service - Emergency Service Complex (ESC)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing minor surgical procedure/ operation in the ESC.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Hospital Number (1 original)</b>		<b>Information Section at the Hospital's right-wing entrance.</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Written physician order for surgical operation/ procedure	1. Receives written physician order for surgical operation in ESC.  1.1 Checks the availability of operating rooms.  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





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

2. Proceeds to Operating Room	<p>2. Notifies NOD</p> <p>2.1 Checks completeness of Charts and OR materials if any</p> <p>2.3 Checks patient's identity and takes vital signs</p> <p>2.4 Transports patients to Operating Room</p>	None	10 minutes	Medical Officer/ Nurse/ Nursing Attendant/ Housekeeping personnel ESC
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>50 minutes</b>	



**CENTRAL ADMITTING SECTION - HIMD**

**A. 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>	<b>Health Information Management Department - Central Admitting Section (CAS)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government of Government</b>			
<b>WHO MAY AVAIL</b>				
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
For Emergency Patient One (1) original Patient Information Sheet (PIS)		Emergency Service Complex (ESC), Main Entrance, left wing of Main Building		
For Out-Patient Department One (1) original Patient Information Sheet (PIS)		Out-Patient Department (OPD) Main Entrance, right wing of 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. Fill-up Patient Information Sheet (PIS)	1.1 Receives PIS form	None	1 minute	Admin Staff, Central Admitting Section
	1.2 Verifies the Patient Information Sheet for existing hospital record	None	1 minute	Admin Staff, Central Admitting Section
	1.3 Issuances of Hospital Card	None	1 minute	Admin Staff Central Admitting Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>5 minutes</b>	



**B. 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>	<b>Health Information Management Department - Central Admitting Section (CAS)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing admission for thorough observation, examination, treatment and care</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
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  1.4 Encodes to Hospital Information System.	None	20 minutes	Admin Staff Central 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.  2.3 Verbalized hospital's rules and regulations;	None	3 minutes	Admin Staff Central Admitting Section



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	PHIC application and the Data Privacy Act of 2012			
3. Receives hospital cover sheet and signs the admission logbook.	<p>3.1 Issues Hospital cover sheet and let patient/relative/ Informant received it in the admission logbook</p> <p>3.2 Instructs patient/ relative to proceed to Social Worker for interview &amp; assessment and to return to the concerned ESC clinical area.</p>	None	2 minutes	Admin Staff Central Admitting Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>25 minutes</b>	



## C. Admission of Suspected /Probable/ Confirmed COVID-19 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>	<b>Health Information Management Department - Central Admitting Section (CAS)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients classified as suspected, probable, confirmed covid19</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Admission order/request for admission Thru phone call		Emergency Service Complex (ESC) Nurse on Duty		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 Encodes to Hospital Information System.	None	20 minutes	Admin Staff Central Admitting Section
2. Receives Hospital Cover Sheet Receives Hospital Cover Sheet	2. Issues Hospital Cover sheet	None	5 minutes	Admin Staff Central Admitting Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>25 minutes</b>	



## D. 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>	<b>Health Information Management Department - Central Admitting Section (CAS)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing elective admission for thorough observation, examination, treatment and care.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 Interviews patient/relative  1.3 Encodes to Hospital Information System (HIS)	None	20 minutes	Admin Staff Central 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  2.2 Prints the hospital cover sheet.  2.3 Verbalizes and issue copy of hospital's rules and regulations; PHIC application and the Data Privacy Act of 2012  2.4 Instructs patient/relative to	None	5 minutes	Admin Staff Central Admitting Section



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>proceed at the waiting area.</p> <p>2.5 Informs concerned ward regarding admission and issues clinical cover sheet and let the Nursing Attendant to receive in the admission logbook</p>			
2. Checks the correctness of the encoded data of patient	<p>2.1 Shows the computer monitor to confirm the correctness of encoded data</p> <p>2.2 Prints the hospital cover sheet.</p> <p>2.3 Verbalizes and issue copy of hospital's rules and regulations; PHIC application and the Data Privacy Act of 2012</p> <p>2.4 Instructs patient/relative to proceed at the waiting area.</p> <p>2.5 Informs concerned ward regarding admission and issues clinical cover sheet and let the Nursing Attendant to receive in the admission logbook</p>	None	5 minutes	Admin Staff Central Admitting Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>25 minutes</b>	



## E. Discharge of Patient

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

<b>OFFICE</b>	<b>Health Information Management Department - Central Admitting Section (CAS)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients for discharge</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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.	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>condition specific:</b>  1. E.R. Patients: Present stamped clearance slip cleared by Billing and Collecting Sections.	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	Admin Staff Central Admitting Section
<b>condition specific:</b>  1.2. Admitted. Patients: Present stamped clearance slip cleared by Billing, Collecting, Laboratory, Radiology and Nurse on Duty (N.O.D.)	1.2 Checks clearance slip if cleared by Billing, Collecting, Laboratory, Radiology and N.O.D.  1.3 Removes patients index card at the locators file.	None	3 minutes	Admin Staff Central Admitting Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 minutes</b>	





## F. Release of Cadaver

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

<b>OFFICE</b>	<b>Health Information Management Department - Central Admitting Section (CAS)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>				
<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  Condition-specific <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 Funeral Service is not NBI accredited, cadaver release waiver must be undertaken.</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	1. Checks clearance slip if cleared by Billing and	None	3 minutes	Admin Staff Central



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

Billing, Collecting Sections and N.O.D.	Collecting Sections and signed by N.O.D			Amitting Section
<b>1.1 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	Admin Staff Central Amitting Section
2. Funeral Service representatives present a calling card.	2.1 Checks and verifies Funeral Service calling card.	None	1 minute	Admin Staff Central Amitting Section
3. Present government issued I.D. and proof of filiation of the relative/claimant	3.1 Interviews claimant, checks and verifies government issued I.D. and proof of filiation.	None	5 minutes	Admin Staff Central Amitting Section
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 claimants for the needed documents in claiming the death certificate.	None	10 minutes	Admin Staff Central Admitting Section
5. Proceeds to morgue.	5.1 Instructs claimants to proceed to the morgue for the release of cadaver.	None	1 minute	Admin Staff Central Amitting Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>20 minutes</b>	



## G. Processing of Death Certificate

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

<b>OFFICE</b>	<b>Health Information Management Department - Central Admitting Section (CAS)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients; Legal/Authorize Representative of Patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Principal:</b> 1. 1 valid ID (1 original)		BIR, post Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
<b>Legal/ Authorized representative</b> 1. 1 valid ID of the person being represented (1 photocopy) 2. 1 valid ID of the representative (1 photocopy)		BIR, post Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Relative/ Claimant to proceed to HIMD-CAS to claim the typewritten death certificate	1. Clarifies/Interviews relative for additional information deemed necessary in the registration of death certificate  1.2 Transcribes/Checks for the correctness based on the given information.	None	20 minutes	Admin Staff Central Admitting Section  Admin Officer Central Admitting Section
2. Receives of death certificate	2. Releases death certificate to immediate relative/authorized representative	None	5 minutes	Admin Staff Central Admitting Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>25 minutes</b>	



## OUTPATIENT DEPARTMENT

### A. Outpatient Consultation via Telemedicine

This process covers the Out-Patient Department (OPD) consultation via telemedicine using electronic means such as Facebook, Viber, SMS and Email. 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, 8:00am to 5:00pm (closed on weekends & holidays)

<b>OFFICE</b>	<b>OPD Telemedicine</b>			
	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Out Patients</b>			
<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 through Facebook, Viber, SMS and E-mail	1. Receives notification of request for consultation 1.1 Initial Assessment of Patient's Chief Complaint (triage) Citizen specific: <i>Should a patient's condition pertain to a different sub specialty, refer the patient to the appropriate Department concerned by sending a link to access the needed services.</i>	None	10 minutes	<i>Medical Officer</i>
	1.2 Consultation		40 minutes	<i>Medical Officer</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

2. Receives electronic prescription, ancillary/diagnostic request and other referrals necessary.	2. Provides electronic prescription (e-prescription), ancillary/diagnostic request and other referrals necessary.	None	10 minutes	<i>Medical Officer</i>
2. Receives electronic prescription, ancillary/diagnostic request and other referrals necessary.	2. Provides electronic prescription (e-prescription), 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>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour</b>	



**B. Outpatient Consultation and Treatment**

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

<b>OFFICE</b>	<b>OPD Face to Face Consultation</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing physical outpatient consultation, assessment, evaluation and treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital card (1 original)		Information Section at Hospital's right wing entrance		
Scheduled appointment		Online telemedicine Facebook page		
Ancillary results requested (optional)		Laboratories		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Patient Information Slip (PIS)	1. Triage-Quick assessment /issuance of PIS	None	2 minutes	Triage Officer 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	Nurse/Nursing Attendant Outpatient Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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<p>3. Proceeds to designated clinic for consultation</p>	<p>3. Preparation of chart, physician notes, appointment and order form            3.1 Assessment/Examine the patient            3.2 Prescribes/requests ancillary procedures, laboratory exams. if any            3.3 Check and instruct on prescribed medication/ancillary procedure laboratory request, schedule of the next visit and health education</p>	<p>None</p>	<p>36 minutes</p>	<p>Medical Officer            Nurse/            Midwife/            Nursing Attendant            Outpatient Department</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>40 minutes</b></p>	



## RADIOTHERAPY

<b>A. Radiotherapy (RT) Outpatient Consultation</b>				
<b>OFFICE</b>	<b>Medical Service - Department of Radiotherapy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients (oncological and some benign requiring radiotherapy) requiring consultation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
Diagnostic Imaging Results (1original)		Referring Agency/Hospital/Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 Area/Consultation Area	3. History Taking, physical Examination, and review of histopathologic, laboratory, and diagnostic imaging results. Explains if there is a need for radiation therapy, the radiation treatment plan, makes prescription and	None	30 minutes	<i>Medical Office</i>  Department of Radiotherapy





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	additional laboratory requests if necessary.			
4. Proceeds to treatment scheduling	4. Creates patient records/charts and provides treatment schedules. Explains needed requirements and instruct regarding the necessary preparation prior to their scheduled treatment	None	15 minutes	<i>Medical Office</i>  Department of Radiotherapy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour, 10 minutes</b>	



<b>B. Outpatient Treatment Planning</b>				
<b>OFFICE</b>		<b>Medical Service - Department of Radiotherapy</b>		
<b>CLASSIFICATION</b>		<b>Simple</b>		
<b>TYPE OF TRANSACTION</b>		<b>G2C - Government to Citizen G2G - Government to Government</b>		
<b>WHO MAY AVAIL</b>		<b>Patients requiring outpatient treatment planning</b>		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card (1 original)		Information Section of the Main Hospital Entrance		
Latest laboratory Results (1 original)		Hospital/Accredited Laboratory Facility		
Histopathological Results (1 original)		Referring Agency/Hospital/Physician		
Diagnostic Imaging Results (1 original)		Referring Agency/Hospital/Physician		
PHIC 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. 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 instructs to settle applicable fees.	None	5 minutes	<i>Radiologic Technologist/ Medical Officer</i>  Cancer Center
2. Proceeds to the cashier to pay applicable fees	2. Issues official receipt and advice to return back to Department of Radiotherapy	<i>See table of fees and charges</i>	10 minutes	<i>Cashier staff</i>  Collecting section
3. Submits official receipt and proceed to waiting area	3. Receives official receipt and instruct to wait until their number will be called		15 minutes	<i>Radiologic Technologist</i>  Cancer Center
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	None	10 minutes	<i>Medical Officer</i>  Cancer Center



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5<sup>TH</sup> EDITION

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	written order in CT simulation request, site to be scanned, and if contrast is needed  4.1 Secures informed consent.			
	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</i>  Cancer Center
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</i>  Cancer Center
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour, 45 minutes</b>	



<b>C. Outpatient External Beam Radiotherapy Treatment</b>				
<b>OFFICE</b>		<b>Medical Service - Cancer Center</b>		
<b>CLASSIFICATION</b>		<b>Simple</b>		
<b>TYPE OF TRANSACTION</b>		<b>G2C - Government to Citizen G2G - Government to Government</b>		
<b>WHO MAY AVAIL</b>		<b>Patients requiring outpatient treatment planning</b>		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
Diagnostic Imaging Results (1 original)		Referring Agency/Hospital/Physician		
PHIC Routing Slip (1 original)		Philhealth Section		
Treatment Booklet		Medical Officer III/IV-in-charge		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Registration/Log in at LINAC or Cobalt 60 Daily Treatment Logbook	1.Gives assigned schedule of treatment and health declaration forms	None	5 minutes	<i>Radiologic Technologist/ Medical Officer</i>  Cancer Center
2. Instructs to settle amount according to the procedure/ complete PHIC form	2. Instructs to wait until their number will be called	<i>See table of fees and charges</i>	15 minutes	<i>Radiologic Technologist/ Medical Officer</i>  Cancer Center
3. Proceeds to patient waiting room	3. Attending physician will complete all necessary documents and complete the Patient Treatment Booklet/Patient Chart as well as approve the treatment plan. Informed consent will be secured	None	1 hour	<i>Medical Officer</i>  Cancer Center
4. Proceeds to treatment area for external beam radiation treatment (Cobalt 60 Teletherapy	4. Patient will undergo the external beam radiation therapy under the watchful eye of	None	20 minutes	<i>Radiologic Technologist/ Medical Officer</i>



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Machine or Linear Accelerator)	attending physician and a radiologic technologist			Cancer Center
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</i> Cancer Center
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour, 45 minutes</b>	



<b>D. Scheduling of Brachytherapy Treatment</b>				
<b>OFFICE</b>	<b>Medical Service - Department of Radiotherapy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Oncology patients clinically prescribed brachytherapy treatment services in an out-patient setting</b>			
<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) (1 original)		Internal Medicine (IM) OPD and Pain Clinic		
Post-EBRT Treatment Summary (as required) (1 original)		Hospital/Accredited Radiotherapy Facility		
Latest Laboratory Results (1 photocopy)		Hospital/Accredited Radiotherapy Facility		
Histopathology/Biopsy Result (1 photocopy)		Hospital/Accredited Radiotherapy 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. 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 clients by performing history taking, physical examination, and review of medical/anesthesia clearances and laboratory results. Discusses and explains the procedure, accomplishes prescription and additional laboratory requests, which includes an RT PCR swab test, as necessary.	None	30 minutes	<i>Attending Physician</i> Department of Radiotherapy



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<p>3. Proceeds to brachytherapy unit for scheduling of treatment</p>	<p>3. Checks and secure required documents</p> <p>3.1 Provides a treatment schedule.</p> <p>3.2 Discusses and provides pertinent pre-brachytherapy instructions and preparation prior to their scheduled treatment.</p> <p>3.3 Creates patient records/chart</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Nurse</i></p> <p>Department of Radiotherapy</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>1 hour and 10 minutes</b></p>	



<b>E. Outpatient Brachytherapy Treatment</b>				
<b>OFFICE</b>	<b>Medical Service - Department of Radiotherapy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Oncology patients clinically prescribed brachytherapy treatment services in an out-patient setting</b>			
<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 Radiotherapy Facility		
Histopathology/Biopsy Result (1 photocopy)		Hospital/Accredited Radiotherapy 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. Review and evaluate submitted documents, and make written orders of brachytherapy procedure, prescription.  2.1 Secure informed consent	None	10 minutes	<i>Medical Officer</i> Department of Radiotherapy





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5<sup>TH</sup> EDITION

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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</i>  Department of Radiotherapy
4. Settles necessary bill at the cashier	4. Receives payment and prepares the corresponding official receipt.	<i>See table of fees and charges</i>	15 minutes	<i>Nurse/Nursing Attendant</i> Department of Radiotherapy
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</i>  Department of Radiotherapy
6. Proceeds to waiting area	6. Instructs to wait until their name will be called	None	1 hour	<i>Nursing Attendant</i>  Department of Radiotherapy
7. Proceeds to brachytherapy treatment room	7. Obtains baseline vital signs and initial assessment.  7.1 Explains procedure and performs 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</i>  Department of Radiotherapy
8. Discharges from the hospital	8. Provides home instructions and next schedule of treatment	None	5 minutes	<i>Nurse</i>  Department of Radiotherapy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 hour and 13 minutes</b>	



## MEDICAL ONCOLOGY

### A. Outpatient Oncology Consultation

Process Description-This process covers patients 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>	<b>Medical Service – Section of Medical Oncology</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients requiring outpatient chemotherapy treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Copy of Updated Hospital Card		Information Section at the Hospital's right wing entrance.		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Registration/Log in to the Daily Check Up Logbook	1.1. Gives queuing patient number	None	2 minutes	<i>Nursing Attendant</i> Medical Oncology Section
2. Proceeds to Nurse on Duty for the chart	2.1 Creates patient records/chart	None	3 minutes	<i>Nurse</i> Medical Oncology Section
3. Proceeds to Waiting area	3.1. Instructs to wait until their number will be called	None	15 minutes	<i>Medical Officer</i> Medical Oncology Section



# CITIZEN'S CHARTER

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4. Proceeds to designated Consultation room	4.1 History Taking, physical Examination, and review of Laboratory results.	None	10 minutes	<i>Medical Officer</i> Medical Oncology Section
	4.2 Explains plan, makes prescription and additional laboratory requests if necessary.		3 minutes	
	4.3 Explains needed requirements and instructions regarding the necessary preparation prior to their scheduled treatment.		5 minutes	
	4.4 Provide treatment schedule.		2 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>40 minutes</b>	



## B. Outpatient Chemotherapy Treatment

Process Description - This process covers patients 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 a treatment schedule will not be accommodated.

<b>OFFICE</b>	<b>Medical Service – Section of Medical Oncology</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients requiring outpatient chemotherapy treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Copy of Updated Hospital Card		Information Section at the Hospital's right-wing entrance.		
One (1) Latest Laboratory Result (photocopy)		Hospital/Accredited Laboratory Facility		
One (1) Original PHIC Routing Slip		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. Registration/Log in to the Daily Check Up Logbook	1.1 Gives queuing patient number	None	2 minutes	<i>Nursing Attendant</i>  Medical Oncology Section
2. Proceeds to Waiting area	2.1 Instructs to wait until their number will be called	None	15 minutes	<i>Nursing Attendant</i>  Medical Oncology Section
3. Proceeds to Consultation room	3.1 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>	10 minutes	<i>Collecting officer</i>  Collecting section



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5<sup>TH</sup> EDITION

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		<p>None</p> <p><b>Basic Accommodation without PHIC:</b> 1,200.00</p> <p><b>Pay with PHIC:</b> 3,000.00</p> <p><b>Pay without PHIC:</b> 4,200.00</p>		
5. Presents proof of payment to Staff on Duty and Proceed to Treatment Room	5.1 Checks and carries out doctor orders for completeness of prescriptions and secure medicines from the pharmacy.	None	10 minutes	<p><i>Nurse/ Nursing Attendant</i></p> <p>Medical Oncology Section</p>
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	<p><i>Nurse</i></p> <p>Medical Oncology Section</p>
7. Discharge from the hospital	7.1 Provides take home instruction and treatment follow up	None	5 minutes	<p><i>Nurse</i></p> <p>Medical Oncology Section</p>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 hours and 52 minutes</b>	



**C. Admission Chemotherapy Treatment**

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

<b>OFFICE</b>	<b>Medical Service – Section of Medical Oncology</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients requiring admission chemotherapy treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) RT- PCR RESULT		Referring Agency/Hospital/Physician		
One (1) CHEST X-RAY RESULT		Referring Agency/Hospital/Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Patient's Information Sheet or Patient's Identification Card	1.1 Evaluates and Encode the patient's information Sheet 1.2 Instruct patient to proceed to their assigned clinic and patient number	None	5 minutes	<i>Nurse/ Nursing Attendant</i>  Medical Oncology Section
2. Waits for the name to be called at the assigned clinic	2.1. Encode patient's information for consultation based on the endorsement of the nurse.	None	10 minutes	<i>Nurse/ Nursing Attendant</i>  Medical Oncology Section
3. Proceeds to Consultation room	3.1 History, Physical Exam, Checking of Laboratory result	None	10 minutes	<i>Medical officer</i>  Medical Oncology Section



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5<sup>TH</sup> EDITION

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	<p>3.2 Explains plan, makes prescription and additional laboratory requests</p> <p>3.3 Makes Written order for admission</p> <p>3.4 Explains needed requirements for patient's treatment</p>		<p>5 minutes</p> <p>10 minutes</p> <p>5 minutes</p>	
4. Admission of patient	4. 1 Inquire at the admission office concerning available bedrooms.	NONE	5 minutes	<p><i>Nurse/ Nursing Attendant</i></p> <p>Medical Oncology Section</p>
5. Transfer to Chemotherapy room	5.1 Explains procedure and administer prescribed chemotherapy. Provide assessment and monitor vital signs for any untoward adverse reaction.	None	10 minutes	<p><i>Nurse/ Nursing Attendant</i></p> <p>Medical Oncology Section</p>
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		<p><i>Nurse</i></p> <p>Medical Oncology Section</p>
7. Discharge from the hospital	7.1 Provides take home instruction and treatment follow up	None		<p><i>Nurse</i></p> <p>Medical Oncology Section</p>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>60 minutes</b>	



**SURGERY**

**A. Outpatient Online Consultation**

This process covers the Out-Patient online consultation of the Department of Surgery using the Facebook platform. It is the initiative of the Hospital to provide teleconsult to patients during the time of pandemic. The service is offered daily from Monday to Friday, 8:00 AM - 12:00 NN (closed on weekends and holidays).

<b>OFFICE</b>	<b>Department of Surgery - OPD Teleconsult</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>Out Patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Internet connection Facebook Messenger		Patient		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCSS ING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send inquiries through Facebook Messenger A. Department of Surgery – Jose R. Reyes Memorial Medical Center B. Jose R. Reyes Memorial Medical Center – Surgical Oncology C. Liver, Biliary, Pancreas and Minimally Invasive Surgery – Jose Reyes D. Section of Colon and Rectal Surgery – Jose R. Reyes Memorial Medical Center E. Thoracic and Cardiovascular Surgery – Jose R. Reyes Memorial Medical Center	1. Receives notification of request for consultation  1.1 Initial assessment of patient’s chief complaint by resident in-charge  1.2 Initial interview for medical history	None	30 minutes	Medical Officer





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JRRMMC Plastic Surgery G. Pediatric Surgery – Jose R. Reyes Memorial Medical Center H. Neurosurgery and Spine Care – Jose R. Reyes Memorial Medical Center				
	1.3 Consultation	None	40 minutes	Medical Officer
	1.4 Referral to senior resident or service fellow	None	10 minutes	Medical Officer
2. Receives electronic prescription, diagnostic laboratory request and other referral forms as indicated.	2. Provides electronic prescription, diagnostic laboratory request and other referral forms.  2.1 Instructs regarding follow-up.	None	10 minutes	Medical Officer
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>1 hour 30 minutes</b>	



**B. Outpatient Face to Face Consultation**

This process covers the face-to-face out-patient consultation and management of the Department of Surgery to all scheduled and walk-in patients to provide quality promotive, preventive and patient-oriented care. The face-to-face outpatient consultation is available every Tuesday to Friday from 8:00am to 5:00pm, excluding holidays.

<b>OFFICE</b>	<b>Department of Surgery - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing outpatient consultation, assessment, evaluation and treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at the Out-patient Department Complex Entrance		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Patient Information Slip (PIS)	1. Triage-Quick assessment / issuance of PIS	None	5 minutes	<i>Triage Officer</i>
2. Presents the PIS and/or hospital card	2. Queuing of Patient and checking of hospital card	None	5 minutes	<i>Nurse/ Nursing Attendant</i>
3. Proceeds to waiting area	3. Patient will wait until name will be called	None	30 minutes	<i>Nurse/ Nursing Attendant</i>



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5<sup>TH</sup> EDITION

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<p>4. Proceeds to designated cubicle for consultation</p>	<p>4.1 Interview of patient history</p> <p>4.2 Physical examination of the patient</p> <p>4.3 Refer to senior resident or service fellow</p> <p>4.4 Request imaging studies or laboratory examination</p>	<p>None</p>	<p>50 minutes</p>	<p><i>Medical Officer/ Nurse</i></p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>1 hour and 30 minutes</b></p>	



## INTERNAL MEDICINE

### A. Outpatient Face to Face General Medicine Consultation

This process covers the face-to-face out-patient consultation and management of the Department of Internal Medicine to all scheduled and walk-in patients in order to provide quality supportive care to patients who do not need hospitalization, inclusive of promotive, preventive and primary health care in support of the DOH program. The face-to-face outpatient consultation is every Monday, Tuesday, Wednesday, and Thursday excluding holidays from 8:00am to 5:00pm

<b>OFFICE</b>	Department of Internal Medicine - OPD			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen			
<b>WHO MAY AVAIL</b>	All patients needing outpatient consultation, assessment, evaluation and treatment			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's right-wing entrance		
Scheduled appointment		Call Medicine OPD loc 328		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Patient Information Slip (PIS)	1.Triage-Quick assessment / issuance of PIS	None	2 minutes	<i>Triage Officer</i>



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2. Presents the PIS and/or hospital card	2. Queuing of Patient and checking of hospital card	None	2 minutes	<i>Nurse/ Nursing Attendant</i>
3. Proceeds to waiting area	3. Patient will wait until name will be called	None	30 minutes	<i>Nurse/ Nursing Attendant</i>
4. Proceeds to designated cubicle for consultation	4.1 Review of history 4.2 Assessment/ Examine the patient 4.3 Refer to senior-on-duty and consultant-on-duty 4.4 Request ancillary procedures, laboratory exams	None	30 minutes	<i>Medical Officer/ Nurse</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 04 minutes</b>	



**B. Outpatient Face to Face Subspecialty Clinics**

This process covers the face-to-face out-patient consultation and management of the patients of the Department of Internal Medicine, both scheduled and walk-in patients, in order to provide quality supportive care to Risk Stratification, Rheumatology, Nephrology, Cardiology, Pulmonology, Hematology, Endocrinology, Gastroenterology, and Infectious Diseases patients. The face-to-face outpatient subspecialty clinics are as follows:

- 1.) Risk Stratification – Monday to Thursday 8:00 AM to 3:00 PM
- 2.) Rheumatology – Monday to Thursday 1:00 PM to 4:00 PM
- 3.) Nephrology – Monday to Thursday 8:00 AM to 10:00 AM
- 4.) Cardiology - Monday to Thursday 10:00 AM to 12:00 PM
- 5.) Pulmonology – Tuesday 10:00 AM to 12:00 PM
- 6.) Hematology - Tuesday 10:00 AM to 12:00 PM
- 7.) Endocrinology – Wednesday 1:00 PM to 3:00 PM
- 8.) Gastroenterology – Thursday 1:00 PM to 3:00 PM
- 9.) Infectious Diseases - Thursday 1:00 PM to 3:00 PM

<b>OFFICE</b>	<b>Internal Medicine Outpatient Department - Subspecialty Clinics</b>	
<b>CLASSIFICATION</b>	<b>Simple</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>	
<b>WHO MAY AVAIL</b>	<b>All patients needing outpatient consultation, assessment, evaluation and treatment</b>	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	<b>One (1) Hospital card</b>	<b>Information Section at the Out-patient Department Complex Entrance</b>



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5<sup>TH</sup> EDITION

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Scheduled appointment		Call Medicine OPD loc 328		
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	5 minutes	<i>Triage Officer</i>
2. Presents the PIS and/or hospital card	2. Queuing of Patient and checking of hospital card	None	5 minutes	<i>Nurse/ Nursing Attendant</i>
3. Proceeds to waiting area	3. Patient will wait until name will be called	None	30 minutes	<i>Nurse/ Nursing Attendant</i>
4. Proceeds to designated cubicle for consultation	4.1 Interview of patient history 4.2 Physical examination of the patient 4.3 Refer to senior resident or service fellow 4.4 Request imaging studies or laboratory examination	None	30 minutes	<i>Medical Officer/ Nurse</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 10 minutes</b>	



**OB-GYNE**

**A. Outpatient Consultation via Telemedicine**

This process covers the Out-Patient consultation of the Department of Obstetrics and Gynecology via telemedicine using electronic means such as Facebook (JRRMMC OBGYN Telekonsulta). It is the initiative of the Hospital to provide telemedicine services (consultation) to patients during the time of pandemic. The service is offered every Tuesday and Friday, 8:00 am-2:00 pm (*closed on weekends & holidays*).

<b>OFFICE</b>	<b>OB GYN - OPD Telemedicine</b>					
<b>CLASSIFICATION</b>	<b>Simple</b>					
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>					
<b>WHO MAY AVAIL</b>	<b>Out Patients</b>					
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>				
Internet connection Facebook website/application		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 App (JRRMMC OBGYN Telekonsulta)	1. Receives notification of request for consultation	None	10 minutes	<i>Medical Officer</i>		
	1.1 Initial Assessment of Patient's Chief Complaint (Resident Triage)					
	1.2 Fill-out Consent Form					
	1.3 Consultation				40 minutes	<i>Medical Officer</i>
	1.4 Referral to first call then to senior-on-duty				10 minutes	<i>Medical Officer</i>
	1.5 Referral to consultant-on-duty	None	30minutes			





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5<sup>TH</sup> EDITION

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2. Receives electronic prescription, ancillary/diagnostic request and other referrals.	2. Provides electronic prescription (e-prescription), ancillary/diagnostic request and other referrals necessary.  2.1 Instructs regarding follow-up.	None	10 minutes	<i>Medical Officer</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	None	<b>1 hour 40 minutes</b>	



## B. Outpatient Face to Face Consultation

This process covers the face-to-face out-patient consultation and management of Department of Obstetrics and Gynecology to all scheduled patients initially seen at our online consultation 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 face-to-face outpatient consultation is every Monday, Wednesday, Thursday excluding holidays from 8:00am to 5:00pm

<b>OFFICE</b>	<b>OB GYN - Outpatient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing outpatient consultation, assessment, evaluation and treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's right-wing entrance		
Scheduled appointment		Online telemedicine Facebook page (JRRMMC OBGYN Telekonsulta)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Patient Information Slip (PIS)	1. Triage-Quick assessment / issuance of PIS	None	2 minutes	<i>Triage Officer</i>
2. Presents the PIS and/or hospital card	2. Queuing of Patient and checking of hospital card	None	2 minutes	<i>Nurse/ Nursing Attendant</i>
3. Proceeds to waiting area	3. Patient will wait until name will be called	None	30 minutes	<i>Nurse/ Nursing Attendant</i>
4. Proceeds to designated cubicle for consultation	4.1 Review of history 4.2 Assessment/ Examine the patient 4.3 Refer to senior-on-duty and consultant-on-duty	None	56 minutes	<i>Medical Officer/ Nurse</i>



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5<sup>TH</sup> EDITION

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	4.4 Perform necessary minor procedures (Pap smear, biopsy)  4.5 Request ancillary procedures, laboratory exams			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 30 minutes</b>	



## C. Outpatient Ultrasound Section Process

This process covers the out-patient process of the Ultrasound Section of Department of Obstetrics and Gynecology to all scheduled patients initially seen at our online consultation 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 ultrasound schedule of outpatient recipients of care only opens on Monday to Fridays, excluding holidays from 8:00am to 5:00pm.

<b>OFFICE</b>	<b>OB GYN – Ultrasound Section</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>Patient who consulted through telekonsulta and Walk in patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's right-wing entrance		
Scheduled appointment		Online telemedicine Facebook page (JRRMMC OBGYN Telekonsulta)		
Request for ultrasound		Physician in charge		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Signs informed consent and health declaration form prior to procedure	Queueing of patient and checking of hospital card and  Checking of patient's temperature prior to entry to the ultrasound room	None	5 minutes	<i>Ultrasound Rotator/ Secretary</i>
2. Proceeds to Cashier/ Social service to settle ultrasound fees	2. Instructing the patient on ways of payment of the procedure done and offering social assistance thru our Malasakit/ Social service section	None to procedure based	30 minutes	<i>Ultrasound Fellow/ Ultrasound Rotator/ Secretary</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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3. Proceeds to ultrasound room	3. Entering of patient information in the ultrasound machine  Preparing the patient prior to ultrasound	None	10 minutes	<i>Ultrasound Rotator</i>
4. Proceeds to the designated bed	4. Scanning of patient	None	30 minutes	<i>Consultant/ Ultrasound Fellow/ Ultrasound Rotator/ Secretary</i>
5. Proceeds to waiting area	5. Cleaning and sanitizing of the bed, ultrasound screen, keyboard, track ball, cords, and probes. Disposal of used condoms, used under pad, and gloves Typing of result to be checked by the consultant before release	None	45 minutes	<i>Consultant/ Ultrasound Fellow/ Ultrasound Rotator/ Secretary</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours</b>	



## D. Emergency Ultrasound Examination Process

This process covers the process of the Ultrasound Section of Department of Obstetrics and Gynecology to all coordinated patients initially seen at our Emergency room in order to provide quality supportive care to patient who may or may not need hospitalization, inclusive of promotive, preventive and primary health care in support to the DOH program. The ultrasound schedule of emergency room patients is open 24/7.

<b>OFFICE</b>	<b>OB GYN - Ultrasound Section</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing emergency ultrasound coordinated to the ultrasound rotator and fellow</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's right-wing entrance		
Ultrasound Request		Provided by the Resident in charge of the case		
<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 ER for assessment	1. Eliciting proper, complete and accurate history and physical examination  Screening for signs and symptoms of COVID-19 infection  Requesting chest radiograph  Referring of case to the first call on duty and senior on duty  The first call on duty refers to service consultant	None	30 minutes	ER Resident/ First Call on Duty/ Senior on Duty



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5<sup>TH</sup> EDITION

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2. Proceeds to the Ultrasound section	2. Accompanying the patient with safe transport protocols in place	None	5 minutes	Nurse/ Nurse Attendant
3. Signs informed consent and health declaration form prior to procedure	3. Queueing of patient and checking of hospital card  Entering of patient information in the ultrasound machine  Checking of patient's temperature prior to the entry of the ultrasound room	None	5 minutes	Ultrasound Rotator
4. Proceeds to the designated bed	4. Scanning of patient	None	30 minutes	Consultant/ Ultrasound Fellow
	5. 5. Cleaning and sanitizing of the bed, ultrasound screen, keyboard, track ball, cords, and probes. Disposal of used condoms, used under pad, and gloves Typing of result to be checked by the consultant before release Entering the patient's data and procedure done to hospital BIZBOX to charge the procedure.	None to procedure based	35 minutes	Consultant/ Ultrasound Fellow/ Ultrasound Rotator/ Secretary
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 45 minutes</b>	



**PEDIATRICS**

<b>A. Outpatient Telemedicine Consultation</b>				
<p>This process covers the Out-Patient consultation of the Department of Pediatrics via telemedicine using electronic means such as Facebook (Pedia e-OPD Jose Reyes and Well Baby/Vaccination Jose Reyes Pedia). It is the initiative of the Hospital to provide telemedicine services (consultation) to patients during the time of pandemic. The service is offered every day, Monday to Friday, 8:00 am-5:00 pm <i>(closed on weekends &amp; holidays)</i>.</p>				
<b>OFFICE</b>	<b>Department of Pediatrics - Outpatient Telemedicine Consultation</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>Out Patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Internet connection Facebook Messenger			Patient	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCCSING TIME</b>	
1. Send inquiries through Facebook Messenger A. Pedia e-OPD Jose Reyes A. Well Baby/Vaccination Jose Reyes Pedia	1. Receives notification of request for consultation  1.1 Initial assessment of patient's chief complaint by resident in-charge  1.2 Initial interview for medical history	None	20 minutes	
	1.3 Consultation	None	30 minutes	





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	1.4 Referral to senior resident or service fellow	None	10 minutes	
2. Receives electronic prescription, diagnostic laboratory request and other referral forms as indicated.	2. Provides electronic prescription, diagnostic laboratory request and other referral forms.  2.1 Instructs regarding follow-up.	None	10 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>1 hour 10 minutes</b>	



## B. Outpatient Face to Face Consultation

This process covers the face-to-face out-patient consultation and management of the patients of the Department of Pediatrics, both scheduled and walk-in patients, in order to provide quality supportive care to patients who do not need hospitalization, inclusive of promotive, preventive and primary health care in support of the DOH program. The face-to-face outpatient consultation is every day excluding weekends and holidays, from 8:00am to 4:00pm.

<b>OFFICE</b>	<b>Pediatric Outpatient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing outpatient consultation, assessment, evaluation and treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at the Out-patient Department Complex Entrance		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Patient Information Slip (PIS)	1. Triage-Quick assessment / issuance of PIS	None	5 minutes	<i>Triage Officer</i>
2. Presents the PIS and/or hospital card	2. Queuing of Patient and checking of hospital card	None	5 minutes	<i>Nurse/ Nursing Attendant</i>
3. Proceeds to waiting area	3. Patient will wait until name will be called	None	30 minutes	<i>Nurse/ Nursing Attendant</i>
4. Proceeds to designated cubicle for consultation	4.1 Interview of patient history  4.2 Physical examination of the patient	None	50 minutes	<i>Medical Officer/ Nurse</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>4.3 Refer to senior resident or service fellow</p> <p>4.4 Request imaging studies or laboratory examination</p>			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 30 minutes</b>	



**C. Outpatient Face to Face Subspecialty Clinics**

This process covers the face-to-face out-patient consultation and management of the patients of the Department of Pediatrics, both scheduled and walk-in patients, in order to provide quality supportive care to Cardiology, Hematology-Oncology, and Neurology patients. The face-to-face outpatient subspecialty clinics are as follows: 1.) Pediatric Cardiology every Tuesday; 2.) Pediatric Hematology-Oncology, everyday 3.) Pediatric Neurology, every Thursday, excluding weekends and holidays, from 8:00am to 4:00pm.

<b>OFFICE</b>	<b>Pediatric Outpatient Department - Subspecialty Clinics</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing outpatient consultation, assessment, evaluation and treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at the Out-patient Department Complex Entrance		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Patient Information Slip (PIS)	1. Triage-Quick assessment / issuance of PIS	None	5 minutes	<i>Triage Officer</i>
2. Presents the PIS and/or hospital card	2. Queuing of Patient and checking of hospital card	None	5 minutes	<i>Nurse/ Nursing Attendant</i>
3. Proceeds to waiting area	3. Patient will wait until name will be called	None	30 minutes	<i>Nurse/ Nursing Attendant</i>
4. Proceeds to designated cubicle for consultation	4.1 Interview of patient history  4.2 Physical examination of the patient	None	50 minutes	<i>Medical Officer/ Nurse</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>4.3 Refer to senior resident or service fellow</p> <p>4.4 Request imaging studies or laboratory examination</p>			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 30 minutes</b>	



**NEUROLOGY**

**A. Outpatient Face to Face Consultation**

This process pertains to the outpatient consultation and management by the Department of Neurology for patients who do not require urgent neurological intervention or admission. This aims to provide medical care to a range of neurological diseases including cerebrovascular diseases, epilepsy, dementia on an outpatient basis. The face-to-face outpatient consultation is every Monday, Tuesday, Wednesday, and Friday from 8:00 to 5:00 PM.

<b>OFFICE</b>	<b>Department of Neurology- Outpatient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing outpatient neurological assessment and management</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's right-wing entrance		
Scheduled appointment		Online telemedicine Facebook page (Department of Neurology-JRRMMC)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Patient Information Slip (PIS)	Triage-Quick assessment/issuance of PIS	None	2 minutes	Triage officer
2. Presents the PIS and/or hospital card	Queuing of patient and checking of hospital card	None	2 minutes	Nurse Nursing attendant
3. Proceeds to the waiting area	Instructs to wait until their number will be called	None	1 hour	Nurse Nursing attendant
4. Proceeds to the designated consultation room	4.1 Review of history 4.2 General and neurologic assessment 4.3 Review of ancillary procedures available 4.4 Explains diagnosis and treatment plan, makes prescription, and gives additional laboratory requests if necessary	None	30 minutes	Medical Office Nurse Nursing attendant



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	4.5 Provide follow-up schedule			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>1 hour and 34 minutes</b>	



<b>B. Outpatient Neuro Ancillary Procedures</b>				
<b>OFFICE</b>	<b>Department of Neurology- Outpatient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing outpatient neuroancillary procedures as follows: Transcranial Doppler sonography (TCD), carotid doppler sonography (CDS), electroencephalogram (EEG), electromyography-nerve conduction studies (EMG-NCV), nerve ultrasound</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's right-wing entrance		
Diagnostic request form		Request given during OPD consultation at the Department of Neurology		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present diagnostic request form	1.1 Acknowledge request  1.2 Confirm schedule of procedure  1.3 Issuance if Order of Payment  1.4 Instructs patient to proceed at the Billing for issuance of charge slip	None	5 minutes	Medical equipment technician
2. Proceed to Billing	2.1 Receive request form and issue charge slip  2.2 Instruct patient to proceed to Cashier for payment	None	5 minutes	Billing staff





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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3. Proceed to Cashier	3. Collects payment and issue an official receipt	Procedure: EEG - P2985.00 TCD - P2300.00 CDS - P2400.00	5 minutes	Cashier
4. Proceeds back to the designated diagnostic area (EEG room in the 2nd floor of the OPD complex, Neurophysiology room in the 3rd floor of the Medical Arts Building, Neurosonology area at the 5th floor of Central block), and presents official receipt	4.1 Receives official receipt 4.2 Encodes patient data and medical history 4.3 Gives instructions regarding the procedure	None	5 minutes	Medical equipment technician
5. Start procedure	5.1 Performs the diagnostic procedure	None	1 hour	Medical officer IV (Stroke fellow, neurophysiology fellow)  Medical equipment technician
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>EEG - P2985.00 TCD - P2300.00 CDS - P2400.00</b>	<b>1 hour and 20 minutes</b>	



**UROLOGY**

<b>A. UROLOGY OPD TREATMENT</b>				
<b>OFFICE</b>	<b>Medical Service-Urology Out-Patient Clinic</b>			
<b>CLASSIFICATION</b>	<b>SIMPLE</b>			
<b>TYPE OF TRANSACTION</b>	<b>Government to Citizen, Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients/clients needing urology consult and treatment.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
For Telemedicine: (DOH Employees thru landline)	Answers patient's calls	None	12 minutes	Physician
1. Fills out patient's chart if new	1. Advise patient to fill out form if new patient 1.1 Look for patient's chart (if old patient)	None	5 minutes	Nurse Aide/ Administrative staff
2. Subjects to determination of vital signs	2. Check vital signs	None	4 minutes	Nurse Aide/ Administrative staff
3. Patient proceeds to waiting area	3. Instruct patient to be seated at the waiting area	None	5 minutes	Nurse Aide/ Administrative staff
4. Patient undergoes history taking and physical examination	4. History taking and physical examination  Requests for ancillary examinations for verification of diagnosis  Determines diagnosis	None	30 minutes	Physician



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	Prescribes medication and advise patients for follow – up			
5. Follow – up	5. Re-assessment of patient  5.1 Issues medical certificate (if needed)	None	8 minutes	Physician
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 13 minutes</b>	



## ORTHOPEDICS

### A. Outpatient Consultation via Telemedicine

This process covers the Out-Patient consultation of the Department of Orthopaedics via telemedicine using electronic means such as Facebook (JRRMMC ORTHO Teleconsult). It is the initiative of the Hospital to provide telemedicine services (consultation) to patients during the time of pandemic. The service is offered Monday to Friday, 8:00 am-5:00 pm (closed on weekends & holidays).

<b>OFFICE</b>	<b>Medical Service - Department of Orthopaedics</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen, G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing consultation/assessment/evaluation and treatment</b>			
<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>
Triaging and scheduling via Teleconsult	History and PE done via FB Page teleconsult. Will schedule face-to-face consultation if necessary	None	10 minutes	Orthopaedic Resident
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>10 minutes</b>	



**B. Outpatient Consultation via Face to Face Consultation**

This process covers the Out-Patient consultation and management of the Department of Orthopaedics to all initially seen at our online consultation in order to provide quality supportive care to patients as well as to walk-in's patients. The service is offered Monday, Tuesday, Wednesday and Friday 7:00 am - 5:00 pm.

<b>OFFICE</b>	<b>Medical Service - Department of Orthopaedics</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen, G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing consultation/assessment/evaluation and treatment</b>			
<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. Fills out patient's chart if new	1. Advise patient to fill out form if new patient 1.1. Look for patient's chart (if old patient)	None	5 minutes	Nurse Aide/ Nurse
2. Patient proceeds to waiting area	2. Instruct patient to be seated at the waiting area	None	5 minutes	Nurse Aide/ Nurse
3. Patient undergoes history taking and physical examination	3. Inquires the presence of: Deformity, Pain on extremities, change of cast, musculoskeletal pains. History and complete physical examination taken, picture may also be taken depending on	None	20 minutes	Orthopaedic Resident



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	the case, patient prescribed diagnostics and medications			
4. Follow-up	Files chart and releases card, advises patient when to come back for admission or for follow-up	None	10 minutes	Nurse Aide/Nurse
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>40 minutes</b>	



## OPHTHALMOLOGY

A. Ophthalmology Consultation and Treatment for New and Old OPD patients				
<b>OFFICE</b>	<b>MEDICAL SERVICE - OPHTHALMOLOGY DEPARTMENT</b>			
<b>CLASSIFICATION</b>	<b>SIMPLE</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - GOVERNMENT TO CITIZEN G2G - GOVERNMENT TO GOVERNMENT</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing ophthalmic consultation, assessment, evaluation, and treatment</b>			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital Card		Information Section at the Main Hospital Entrance		
Internet connection		Care of Patient		
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE
Send message to Optha Facebook page for Teleconsultation (JR Eye MD)	Requires the patient to fill out a consent form.	none	1 minute	Resident-on-duty
Answers the consent form	Assess and Evaluate patients. <ul style="list-style-type: none"> <li>• If the patient can manage through tele-consultation, there is no need to seek advice for face-to-face treatment. Consultation may proceed online.</li> <li>• If the patient needed further evaluation, they should fill out the Health Declaration Form.</li> </ul>	none	5 minutes	Resident-on-duty
Answers declaration form	Give the patient's schedule for a face-to-face consultation.	none	1 minute	Resident-on-duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

On the scheduled day, proceed to the triage area and wait until your name is called.	Checks the patient's name on the list of scheduled patients.	none	2 minutes	Nursing Attendant
Proceed to the Eye Center / Ophtha OPD (5th Floor) and present a hospital card.	Prepare the patient's chart, followed by taking a history and measuring visual acuity	None	10 minutes	Nursing Attendant / Resident on duty
Proceed to the waiting area until name is called	Instruct the patient to proceed to the waiting area.	none	1 hour	Nursing Attendant
Proceed to the designated slit lamp chair for treatment.	Conduct an initial assessment / evaluation / treatment. Provide appropriate care management and administer prescribed medication.	none	1 hour	Medical Officers III / IV
Return to the receiving area with the patient's chart and discharge from the hospital	Provide take-home instructions and the next treatment schedule.	none	3 minutes	Nursing attendant
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours and 22 minutes</b>	





<b>B. Ophthalmology Consultation and Treatment for Follow up and Subspecialty OPD Patients</b>				
<b>OFFICE</b>	<b>MEDICAL SERVICE - OPHTHALMOLOGY DEPARTMENT</b>			
<b>CLASSIFICATION</b>	<b>G2C - GOVERNMENT TO CITIZEN G2G - GOVERNMENT TO GOVERNMENT</b>			
<b>TYPE OF TRANSACTION</b>	<b>SIMPLE</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing ophthalmic consultation, assessment, evaluation, and treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
HOSPITAL CARD		Information Section at Main Hospital Entrance		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
On the scheduled day, proceed to the triage area and wait until your name is called.	Checks the patient's name on the list of scheduled patients.	None	2 minutes	Nursing Attendant
Proceed to the Eye Center / Ophtha OPD (5th Floor) and present a hospital card.	Prepare the patient's chart, followed by taking a history and measuring visual acuity	none	10 minutes	Nursing Attendant / Resident on duty
Proceed to the waiting area until name is called	Instruct the patient to proceed to the waiting area.	none	1 hour	Nursing attendant
Proceed to the designated slit lamp chair or treatment.	Conduct an initial assessment / evaluation / treatment. Provide appropriate care management and administer prescribed medication.	none	1 hour	Medical Officers III / Medical Officers IV / Subspecialty Medical Specialist



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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Return to the receiving area with the patient's chart and discharge from the hospital	Provide take-home instructions and the next treatment schedule.	none	3 minutes	Nursing Attendant
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours and 15 minutes</b>	



C. Ophthalmology Diagnostic Procedures				
<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		Information Section at Main Hospital Entrance		
Eye Center Request Form		After consultation <i>with</i> General OPD, if <i>need</i> further evaluation using diagnostic procedures, the doctor will issue a request from		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present Eye Center Request Form with respective schedule of diagnostic.	Interview the patient and check the procedures indicated on the request	none	2 minutes	Medical Equipment Technician II and III
Proceed to the billing section for the case number.	Checks the patient's records at the hospital's BizBox and notes the case number on the patient's request.	none	10 minutes	Billing staff
Return to Eye Center for the Charge Slip	Issuance of a charge slip	none	5 minutes	Medical Equipment Technician II and / III
Proceed to Malasakit for a discount on payment (depending on the patient's classification) (optional).	Interviews and evaluation of the patient	Depends on the requested procedure.  ○ AVF: P600/eye ○ OCT (Macula/ Optic Nerve: P1000/ eye)	1 hour	Social Worker



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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		<ul style="list-style-type: none"> <li>○ AR: P100 both eyes</li> <li>○ Pachymetry: P500/eye</li> <li>○ Fundus Photo: P400/eye</li> <li>○ Disc Photo: P400/eye</li> </ul>		
Present proof of payment and/or an Eye Center request form. Proceed to the waiting area until your name is called.	Verifies and records an official receipt. Instruct the patient to proceed to the waiting area.	none	2 minutes	Medical Equipment Technician II / Medical Equipment Technician III
Proceed to the designated chair for an ophthalmic procedure.	Starts the procedure and monitors the treatment process.	none	30 minutes	Medical Equipment Technician II / Medical Equipment Technician III
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 49 minutes</b>	



<b>D. Ophthalmology Fluorescein Angiography Procedure</b>				
<b>OFFICE</b>	<b>MEDICAL SERVICE - OPHTHALMOLOGY DEPARTMENT</b>			
<b>CLASSIFICATION</b>	<b>SIMPLE</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - GOVERNMENT TO CITIZEN G2G - GOVERNMENT TO GOVERNMENT</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing Fluorescein Angiography procedure.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card		Information Section at Main Hospital Entrance		
Eye Center Request Form		After consultation <i>with</i> General OPD, if <i>need</i> further evaluation using Fluorescein Angiography procedure, the doctor will issue a request from		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Present Eye Center Request Form with respective schedule of diagnosis.	Interviews the patient and inquires if he or she is a Philhealth member. Provide the RVS code, tentative schedule, and patient's chart.	none	10 minutes	Medical Equipment Technician II/III
Proceed to the PhilHealth office for filing.	Encodes data in the Philhealth database	none	1 hour and 30 minutes	PhilHealth Officer
Proceed to the Eye Center and present filed PhilHealth documents.	Check the document if it is completed. Give final instructions.	none	3 minutes	Medical Equipment Technician II / Medical Equipment Technician III
Proceed as scheduled. Present your hospital card and PhilHealth routing slip.	Starts the procedure and monitors the treatment process.	none	2 hours	Medical Equipment Technician II / Medical Equipment Technician III
Proceed to the billing section for the signature of the statement of account (SOA).	Prepares a Statement of Accounts (SOA) for the signature of the patient.	none	5 minutes	Billing Staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 hours and 48 minutes</b>	



<b>E. Ophthalmology Laser Procedure</b>				
<b>OFFICE</b>	<b>MEDICAL SERVICE - OPHTHALMOLOGY DEPARTMENT</b>			
<b>CLASSIFICATION</b>	<b>SIMPLE</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - GOVERNMENT TO CITIZEN G2G - GOVERNMENT TO GOVERNMENT</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing Laser procedure.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card		Information Section at Main Hospital Entrance		
Eye Center Request Form		After consultation <i>with</i> General OPD, if <i>need</i> further evaluation using Fluorescein Angiography procedure, the doctor will issue a request from		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Present Eye Center Request Form	Interviews the patient and inquires if he or she is a Philhealth member. Provide the RVS code, tentative schedule, and patient's chart.	none	10 minutes	Medical Equipment Technician II  Medical Equipment Technician III
Proceed to the PhilHealth office for filing.	Encodes data in the Philhealth database	none	1 hour and 30 minutes	PhilHealth Officer
Proceed to the Eye Center and present filed PhilHealth documents.	Check the document if it is completed. Give final instructions.	none	3 minutes	Medical Equipment Technician II / Medical Equipment Technician III
Proceed as scheduled. Present your hospital card and PhilHealth routing slip.	Starts the procedure and monitors the treatment process.	none	2 hours	Medical Equipment Technician II / Medical Equipment Technician III



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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Proceed to the billing section for the signature of the statement of account (SOA).	Prepares a Statement of Accounts (SOA) for the signature of the patient.	none	5 minutes	Billing Staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 hours and 48 minutes</b>	



## ENT-HNS

A. ENT- HNS Consultation and Treatment for New and Old OPD Patients				
<b>OFFICE</b>	ENT-HNS			
<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 ENT-HNS consultation, assessment, evaluation, and treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital Card		Information Section at the Main Hospital Entrance		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The patient may proceed to the triage area to secure the queue number. Patient has to wait for their number to be called.	List the name of the patient for OPD consultation.	none	2 minutes	Nursing Attendant
2. Proceed to the ENT OPD/ENT Center (5th Floor) and present their hospital card.	Prepare the patient's chart, followed by taking a history and physical examination. Patients will undergo endoscopy or biopsy if indicated. Assessment is made based on history, physical examination and ancillaries (if available). Patient provided with prescription and/or lab requests (if indicated).	None	15 minutes	Nursing Attendant / Medical Officer
3. Return to the receiving area with the patient's chart and discharge from the hospital	Provide take-home instructions and the next treatment schedule.	none	3 minutes	Nursing attendant
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>20 minutes</b>	





<b>B. ENT-HNS Consultation and Treatment for Follow Up and Subspecialty OPD Patients</b>				
<b>OFFICE</b>	<b>ENT-HNS</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing ENT subspecialty consultation, assessment, evaluation, and treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Hospital Card			Information Section at Main Hospital Entrance	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. On the scheduled day, proceed to the triage area and wait until your name is called.	Checks the patient's name on the list of scheduled patients.	None	2 minutes	Nursing Attendant
2. Proceed to the ENT OPD (5th Floor) and present a hospital card.	Prepare the patient's chart, followed by taking a history and physical examination.	none	5 minutes	Nursing Attendant / Resident on duty
3. Proceed to the waiting area until name is called	Instruct the patient to proceed to the waiting area.	none	30 minutes	Nursing attendant
4. Proceed to the ENT Center once the name is called.	Patient is referred to the subspecialty consultant and an appropriate plan is made.	none	1 hour	Medical Officers III / Medical Officers IV / Subspecialty Medical Specialist
5. Return to the receiving area with the patient's chart and discharge from the hospital	Provide take-home instructions and the next treatment schedule.	none	3 minutes	Nursing Attendant
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 40 minutes</b>	



**C. ENT Diagnostic Audio Procedures**

**a. Pure Tone Audiometry (PTA)**

This process covers out-patients diagnosed with hearing impairment requiring a hearing test. The service is offered Monday to Friday thru 7:00am – 4:00pm except holidays

<b>OFFICE</b>	<b>ENT-HNS Center</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All (7 years old and above)</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card		Information		
Scheduled appointment		ENT-HNS Medical Officer		
Official receipt		Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present an electronic request, ancillary/ diagnostic request and other referrals of Pure Tone Audiometry	1.1 Acknowledge request for Pure Tone Audiometry  1.2 Confirm schedule of patient  1.3 Issuance of Order of Payment.  1.4 Instructs client to pay the procedure at the cashier	None	5 minutes	Medical Equipment Technician
2. Received order of payment and Proceed to Cashier	2. Collects payment and issues an official receipt.	250	15 minutes	Cashier
3. Proceeds back to ENT-HNS Center and present the official receipt.	3. Receive the official receipt.	None	5 minutes	Medical Equipment Technician



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>3.1 Encodes Patients Data and Medical history</p> <p>3.2 Instruct procedure to patient before testing</p>			
4. Proceed to testing area and follow instructions	4. Performs Pure Tone Audiometry Testing	None	1 hour and 30 minutes	Medical Equipment Technician
5. Receives official receipt with scheduled release of PTA result	5. Issuance of Official receipt	None	2 Minutes	Medical Equipment Technician
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>250</b>	<b>1 hour and 52 minutes</b>	



**b. Otoacoustic Emission Test (OAE) Inpatient**

This process covers outpatient hearing tests for all infants. The service is offered Monday to Friday thru 7:00am – 4:00pm except holidays

<b>OFFICE</b>	<b>ENT-HNS</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Infants and Pediatric patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
24 hours after birth			Patient's Chart	
Non-covid			Patient's Chart	
Referral and/ physician's order			Medical officer and/ Physician	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Written physician's order or Referral form for Otoacoustic emission test	1. Checking or receiving order of physicians  1.2 check designated area for testing and prepares OAE machine  1.3 encodes patient's data  1.4 Instructs procedure to patient's guardian for testing	None	10 minutes	Medical Officer
2. Proceed to Testing area	2. Performs Otoacoustic emission Testing  2.1 Relaying of Result to Guardian	None	35 minutes	Medical Equipment Technician



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	2.2 Writing in Newborn slip the date of test			
3. Proceed back to room	3. Instruct Nurse or Nursing attendant to assist the patients  3.1 Notify Nurse that the OAE was done and ready to be charged for the procedure	None  350	5 minutes	Nurse in-charge
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>325</b>	<b>50 minutes</b>	



### c. Auditory Brainstem Response (ABR)

This process covers outpatients diagnosed with hearing impairment requiring a hearing test. The service is offered by appointment. (weekdays only) 7:00am – 4:00pm

<b>OFFICE</b>	<b>ENT-HNS Center</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Hospital Card			Information	
Scheduled appointment			ENT-HNS Medical Officer	
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. Present an electronic request, ancillary/ diagnostic request and other referrals of Auditory Brainstem Response	1.1 Acknowledge request for Auditory Brainstem Response (ABR) 1.2 Confirm schedule of patient 1.3 Issuance of Request form. 1.4 Instruct client to go to billing for charge slip number	None	5 minutes	Medical Equipment Technician
2. Proceed to billing	2.1 Received a request form and issued a charge slip number to the client.  2.2 instruct client to go to cashier for payment	None	5 minutes	Billing staff
3. Proceed to cashier	3.1 Receive charge slip from client  3.2 Collects payment and issued official receipt	2,500	5 minutes	Cashier



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	3.3 instruct client to go back at the testing area (ENT CENTER)			
4. Proceeds back to the testing area (ENT CENTER) and present the official receipt.	4.1 Receive the official receipt. 4.2 Encodes Patients Data and Medical history 4.3 Instruct procedure to patient before testing	None	5 Minutes	Medical Equipment Technician
5. Follow instructions and start the procedure	5. Performs Auditory Brainstem Response (ABR) 5.2 after the procedure Advice client that the official result will be available after seven working days	None	2 hours and 2 minutes	Medical Equipment Technician
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>2500</b>	<b>2 hours and 22 minutes</b>	



## c.1. Auditory Steady-State Response (ASSR)

This process covers outpatients diagnosed with hearing impairment requiring a hearing test. The service is offered by appointment. (weekdays only) 7:00am – 4:00pm

<b>OFFICE</b>	<b>ENT-HNS CENTER</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen</b> <b>G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card		Information		
Scheduled appointment		ENT-HNS Medical Officer		
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. Present an electronic request, ancillary/ diagnostic request and other referrals of Auditory Steady-State Response	1.1 Acknowledge request for Auditory Steady-State Response (ASSR) 1.2 Confirm schedule of patient 1.3 Issuance of Request form. 1.4 Instruct client to go to billing for charge slip number	None	5 minutes	Medical Equipment Technician
2. Proceed to billing	2.1 Received a request form and issued a charge slip number to the client. 2.2 instructs the client to go to the cashier for payment.	None	5 minutes	Billing staff
3. Proceed to cashier	3.1 Receive charge slip from client  3.2 Collects payment and issued official receipt	2,500	5 minutes	Cashier





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	3.3 instruct client to go back at the testing area (ENT CENTER)			
4. Proceeds back to the testing area (ENT CENTER) and present the official receipt.	4.1 Receive the official receipt. 4.2 Encodes Patients Data and Medical history 4.3 Instruct procedure to patient before testing	None	5 Minutes	Medical Equipment Technician
5. Follow instructions and start the procedure	5. Performs Auditory Steady-State Response (ASSR)  5.1 after the procedure Advice client that the official result will be available after seven working days	None	2 hours and 2 minutes	Medical Equipment Technician
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>2500</b>	<b>2 hours and 22 minutes</b>	



## D. ENT ENDOSCOPIC PROCEDURES WITH BIOPSY (FNAB, Punch Biopsy)

This process covers outpatients requiring endoscopy services. The service is offered Monday to Friday thru 7:00am – 4:00pm except holidays

<b>OFFICE</b>	<b>ENT-HNS</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Out-patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Order of payment slip		ENT OPD staff		
Non-covid		Patient's Chart		
Referral and/or physicians order		Medical officer and/ Physician		
<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's order or Referral form for endoscopy	1. Checking or receiving order of physicians  1.2 Encodes patient's data  1.3 Instructs procedure to patient or patient's guardian	None	10 minutes	Medical Officer
2. Proceed to endoscopy area	2. Performs endoscopy  2.1 Relaying of Result to patient or guardian  2.2 Writing of initial result on patient's chart or referral form	None	15 minutes	Medical Officer
3. Proceed back to room	3. Instruct Nurse or Nursing attendant to assist the patient  3.1 Notify nursing attendant that the endoscopy was done and	None  350 (Otoendoscopy)	5 minutes	Nurse in-charge



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	ready to be charged for the procedure	500 (Nasal endoscopy /laryngoscopy)		
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>500</b>	<b>35 minutes</b>	



## DIALYSIS CENTER

### A. DIALYSIS CONSULTATION VIA TELEMEDICINE

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

<b>OFFICE</b>	<b>Medical Service - Dialysis Center</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing dialysis consultation</b>			
<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 page: JoseReyesDialysis or email at jrrmmc.hd@gmail.com	<p>1. Received notification of request for consultation</p> <p>1.1 Checks and verify if the requests for consultation is related to kidney problem or dialysis</p> <p><b>citizen specific:</b> For other inquiries not related to kidney problems, refer the patient to other specialty services by sending a link to access the needed service.</p> <p>1.2 Approved the request for consultation and assisted the patient regarding their chief complaint/concern.</p>	None	10 minutes	Medical Officer  Dialysis center



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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<p>1. Receives electronic prescription, ancillary/diagnostic request and other referrals.</p>	<p>2. Provides brief history, management, electronic prescription, ancillary/diagnostic request and other referrals if possible.</p> <p>2.1 Instructs regarding follows up</p>	<p>Non</p>	<p>50 minutes</p>	<p>Medical Officer Dialysis Center</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>1 hour</b></p>	



## B. SCHEDULING OF NEW PATIENT IN DIALYSIS

This process covers patients securing dialysis treatment schedules. The service is offered Monday thru Saturday 6:00 am - 10:00 pm, except Sunday.

<b>OFFICE</b>	<b>Medical Service - Dialysis Center</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing hemodialysis treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card (1 original)		Information Section at the Hospital's right-wing entrance.		
Hemodialysis Order from affiliated Nephrologist (1 original)		Nephrologist		
Latest laboratory and diagnostic result (1 photocopy) 2.1 CBC 2.2 Creatinine, BUN 2.3 Hepatitis Profile (Hbsagm Abti HBC, Anti HCV) 2.4 Latest X-ray result 2.5 RT-PCR result done within 1 week		Hospital/Accredited Laboratory Facility		
Referral Form/Endorsement Letter (1 original)		Referring Hospital/Agency		
Photocopy of the last three (3) dialysis sessions (1 photocopy each)		Referring Hospital/Agency		
Philhealth Dialysis Database Confirmation Letter and CKD 5 Certification (1 photocopy each)		Referring Hospital/Agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present 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	Admin Staff / Nurse Dialysis Center
1. Fill out Patient Information Sheet (PIS)	2. Issuance of PIS	None	10 minutes	Admin Staff / Nurse Dialysis Center
	2.1 Instructs and provide final schedule of dialysis treatment	None	10 minutes	Admin Staff / Nurse Dialysis Center
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>22 minutes</b>	



**C. ISSUANCE OF MEDICAL RECORDS OUT-PATIENT DEPARTMENT**

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

<b>OFFICE</b>	<b>Medical Service - Dialysis Center</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing hemodialysis treatment</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request		Dialysis Center		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Service request for issuance of medical record.	1. Receives the request	None	1 minute	Admin Staff Dialysis Center
	1.1 Prepares the documents needed for the requested medical record	None	15 minutes	Admin Staff Dialysis Center
	1.2 Receives, reviews and signs the requested medical records	None	10 minutes	Medical Officer Dialysis Center
2. Receives the requested medical records.	2. Releases the requested medical records.	None	5 minutes	Admin Staff Dialysis Center
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>31 minutes</b>	



## MEDICAL EXAMINATION AND DENTAL INFIRMARY (MEDI)

### A. PROCEDURE ON MEDICAL EXAMINATION AND DENTAL INFIRMARY

- This process covers patients requiring consultation/ assessment/ evaluation and treatment.
- This process covers clients requiring medical certificates for pre-employment, naturalization, and the 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>	<b>Medical Examination and Dental Infirmary</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>Government to Citizen, Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients/clients needing medical and dental consultation/ assessment/ evaluation, treatment, and certificates.</b>			
<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 <ul style="list-style-type: none"> <li>• CBC/ blood typing</li> <li>• Urinalysis</li> <li>• Drug test</li> <li>• Pregnancy test (for females)</li> <li>• ECG (40y/o and above)</li> <li>• RPR; HIV screening; HBsAg (for naturalization/ adoption, visa purposes and fellowship training)</li> <li>• Neuropsychiatric examination</li> </ul>	Hospital/ Accredited Laboratory Facility		
4.	Latest Chest X-ray result	Hospital/Accredited Laboratory Facility		
5.	Referral Form/Endorsement Letter	Referring Hospital/Agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>





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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		2 minutes	Dental Aide
	7.2 Conduct check-up of Oral Cavity and documentation of Dental Record		3 minutes	Dentist
	7.3 Recommend needed Oral Procedures			Dentist



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			2 minutes	
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>	



**TB-DOTS**

<b>A. TUBERCULOSIS (TB) CONSULTATION AND TREATMENT</b>				
<b>OFFICE</b>	<b>MEDICAL SERVICE - TB DOTS CLINIC</b>			
<b>CLASSIFICATION</b>	<b>SIMPLE</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>ALL TB CASES AND ALL REFERRED TB CASES NEEDED CONSULTATION/ASSESSMENT/ EVALUATION AND TREATMENT</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital card (1 original)		Information section at hospital's right wing		
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 original)		Hospital/accredited laboratory facility		
Hiv screening (1 original)		Hospital/accredited laboratory facility		
Referral form / endorsement letter (1 original)		Referring hospital/ agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presents requirement to tb dots clinic	1. Interviews patient, checks for completeness of requirements	None	2 minutes	Nurse tb dots clinic
2.Fill out initial patient information sheet (pis) and/or tbdc referral form for clinical diagnosed tb case	Issuance of form	None	5 minutes	Nurse tb dots clinic
3.Proceeds to waiting area until name is called	Instructed patient to proceed to waiting area	None	15 minutes	Nurse tb dots clinic
4.Proceeds to consultation room for the assessment of the doctor-in-charge	Conducts initial assessment, administer prescribed medication	None	30 minutes	Attending physician/ nurse tb dots clinic



# CITIZEN'S CHARTER

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Discharge from the hospital	Provides take home instruction and next follow up schedule	None	10 minutes	Attending physician/ nurse tb dots clinic
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>62 MINUTES</b>	



**DEPARTMENT OF PATHOLOGY AND LABORATORIES**

**A. RECEIVING OF SPECIMEN AND LABORATORY REQUEST FOR BODY FLUID EXAMINATION AND BLOOD SAMPLES AT OUTPATIENT DEPARTMENT**

This covers all outpatients needing laboratory examination of blood and body fluid samples that will help in the diagnosis of disease. The service is open from Monday to Friday 6:00 am- 4:00 pm excluding holidays.

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
One (1) Hospital Card		Information Section		
One (1) Official Receipt of Payment		Cashier		
One (1) Guarantee Letter, if applicable		PCSO, DOH, LGU, etc		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client pays applicable fees	2.Receives payment and issues receipt	See Table of fees and charges	3 minutes	Cashier Outpatient Department Complex



# CITIZEN'S CHARTER

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<p>2.Submits hospital card to designated drop box and awaits tube called</p> <p>Citizen specific: Special lane for senior citizens, person with disability and pregnant women</p>	<p>2.1 Retrieves hospital card in drop box</p> <p>2.2 Calls-out patient name and directs to designated window</p>	<p>None</p> <p>None</p>	<p>1 minute</p> <p>2 minutes</p>	<p><i>Medical Technologist / Laboratory Encoder</i></p> <p><i>OPD Laboratory Medical Technologist / Laboratory Encode</i></p> <p><i>OPD Laboratory</i></p>
<p>3. Client presents request, specimen and official receipt or guarantee letter at the reception area</p>	<p>3. Receives and checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification and official receipt and inspects quality of specimen</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Medical Technologist / Laboratory encoder</i></p> <p><i>OPD Laboratory</i></p>
<p>4. Client receives hospital card</p>	<p>4. Informs the patient about the date and time to claim the laboratory results.</p> <p>Condition specific: For requests received before 10:00 am. claim results from 2:00 - 4:00 pm of the same day</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Medical Technologist / Laboratory encoder</i></p> <p><i>OPD Laboratory</i></p>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	For requests received after 10:00 am claim results on the following day at 2:00 pm - 4:00 pm.			
5. None	5. Delivers specimen to the main laboratory for processing	None	10 minutes	<i>Medical Technologist / Encoder Department of Pathology and Laboratories</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>26 minutes</b>	



<b>B. EXTRACTION OF BLOOD AT OUTPATIENT DEPARTMENT</b>				
<p>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 6:00 am- 4:00 pm excluding holidays</p>				
<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
One (1) Hospital Card		Information Section		
One (1) Official Receipt of Payment		Cashier		
One (1) Guarantee Letter, if applicable		PCSO, DOH, LGU, etc		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client proceeds to extraction area	1. Calls client and receives hospital card, laboratory requests and receipt of payment. Checks as completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification	None	2 minutes	<i>Medical Technologist /Laboratory Encoder</i>  Department of Pathology and Laboratories





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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2. Proceed to extraction area	2.1 Evaluates client's condition based on the requirement of requested examination	None	2 minutes	<i>Medical Technologist</i>  Department of Pathology and Laboratories
	2.2 Prepares materials for extraction	None	1 minutes	<i>Medical Technologist</i>  Department of Pathology and Laboratories
	2.3 Performs blood extraction	None	10 minutes	<i>Medical Technologist</i>  Department of Pathology and Laboratories
3. Client receives hospital card	3. Informs the patient about the date and time to claim the laboratory results. Condition specific: 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	5 minutes	<i>Phlebotomist /Medical Technologist</i>  OPD Laboratories
	Delivers Specimen to the main laboratory for processing	None	10 minutes	<i>Medical Technologist / Laboratory Personnel</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>30 minutes</b>	



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

This covers all out-patients needing laboratory examinations for culture and sensitivity of body fluids except 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>	<b>Medical Service - Department of Pathology and Laboratories - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The OPD laboratory personnel delivers specimen and request to Bacteriology Section	1. Accepts specimen from OPD laboratory personnel	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	6 days 50 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	3. Releases laboratory results	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>7 days</b>	



## D. PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM OUTPATIENTS

This covers all out-patients needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease. The service is open from Monday to Friday 6:00 am- 4:00 pm excluding holidays

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The OPD laboratory personnel delivers specimen and request to Main Laboratory	Accepts specimen and request from OPD laboratory personnel	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
2. None	2. Analyses specimen	None	4 hours 50 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
3. None	3.Releases laboratory result	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>5 hours</b>	



<b>E. PROCESSING OF BLOOD FOR PERIPHERAL BLOOD SMEAR AND MALARIAL SMEAR FROM OUTPATIENTS</b>				
This covers all outpatients needing laboratory examinations of blood for peripheral smear and malarial smear that will help in the diagnosis of disease				
<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The OPD laboratory personnel delivers specimen and request to Main Laboratory	Accepts specimen and request from OPD laboratory personnel	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
2. None	2. Process and analyzes specimen	None	6 days 50 minutes	<i>Medical Technologist / Pathologist</i> Department of Pathology and Laboratories
3. None	3. Releases of laboratory result	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>7 days</b>	



<b>F. ISSUANCE OF RESULTS OF BLOOD AND OTHER BODY FLUIDS FROM OUT-PATIENTS</b>				
<p>This covers all out-patients needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease. The service is open from Monday to Friday 2:00 pm- 4:00 pm excluding holidays.</p>				
<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) 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. Client submits claim stub and hospital card	1. Receives claim stub and hospital card. Checks client's name, age, gender of patient and laboratory tests requested	None	1 minute	<i>Medical Technologist/ Laboratory Encoder</i> Department of Pathology and Laboratories
2. Client proceeds to the waiting area	2.1. Prints laboratory results	None	5 minutes	<i>Medical Technologist/ Laboratory Encoder</i> Department of Pathology and Laboratories



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	2.2 Calls-out client and issues results	None	2 minutes	<i>Medical Technologist/ Laboratory Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>8 minutes</b>	



<b>G. ISSUANCE OF RESULTS OF CHARGE SLIP FROM OUT-PATIENTS</b>				
This covers all out-patients needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease. The service is open from Monday to Friday 9:30 pm- 4:00 pm excluding holidays.				
<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Out Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
One (1) 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. Client submits laboratory request and hospital card	1. Receives laboratory request and hospital card. Checks client's name, age, gender of patient and laboratory tests requested	None	1 minute	<i>Medical Technologist/ Laboratory Encoder</i>
2. Client proceeds to the waiting area	2.1. Encode laboratory requests to Bizbox. Prints laboratory charge slips	None	5 minutes	<i>Medical Technologist/ Laboratory Encoder Department of Pathology and Laboratories</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	2.2 Calls-out client and issues charge slips	None	2 minutes	<i>Medical Technologist/ Laboratory Encoder Department of Pathology and Laboratories</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>8 minutes</b>	





<b>H. RECEIVING OF BLOOD AND OTHER BODY FLUIDS FROM PATIENTS AT EMERGENCY SERVICE COMPLEX</b>				
This covers all emergency service complex patients needing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease.				
<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Emergency Service Complex</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
One (1) Updated 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 and specimen	1. Receives and checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification	None	5 minutes	<i>Medical Technologist/ Laboratory Encoder Department of Pathology and Laboratories</i>
None	2.1 Checks adequacy and quality of specimen.	None	1 minute	<i>Medical Technologist/ Laboratory Encoder Department of Pathology and Laboratories</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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None	2.2 Renders request to Hospital Information System (HIS) and Laboratory Information System (LIS)	See table of fees and charges	3 minutes	<i>Medical Technologist/ Laboratory Encoder</i>  Department of Pathology and Laboratories
None	2.3 Delivers laboratory request and specimen to the Main Laboratory	None	5 minutes	<i>Medical Technologist/ Laboratory Encoder</i>  Department of Pathology and Laboratories
None	2.4 Accepts specimen and request	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>16 minutes</b>	



## I. PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM EMERGENCY SERVICE PATIENTS

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

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - Emergency Service Complex</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. ER laboratory personnel delivers request and sample to Main Laboratory	1. Accepts specimen from ER Laboratory (Emergency Laboratory)	None	5 minutes	<i>Medical Technologist / Laboratory Encoder</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	1 hours, 50 minutes	<i>Medical Technologist / Laboratory Encoder</i> Department of Pathology and Laboratories



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5<sup>TH</sup> EDITION

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None	3.Releases laboratory result	None	5 minutes	<i>Medical Technologist / Laboratory Encoder</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours</b>	



## J. ISSUANCE OF RESULTS OF BLOOD AND OTHER BODY FLUIDS FROM EMERGENCY SERVICE COMPLEX PATIENTS

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			
<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 body fluids samples 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. ER Medical personnel claims results	1. Prints requested laboratory results.	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
2. ER Medical personnel receives the results and acknowledges receipt by signing the laboratory releasing logbook	2. Issues laboratory results	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>7 minutes</b>	



## K. RECEIVING OF BLOOD AND OTHER BODY FLUIDS FROM IN-PATIENTS

This covers all in-patients requesting laboratory examinations of blood and other body fluids that will help in the diagnosis of disease. The service is open 24 hours a day including holidays.

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - In Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All in patients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<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 ESC*/ ward submits laboratory request with specimen at the Main Laboratory	1. Receives and checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification	None	5 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	2.1. Checks label and adequacy of specimen	None	1 minute	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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None	2.2 Renders request in the Hospital Information System and Laboratory Information System (LIS)	See table of fees and charges	2 minutes	<i>Medical Technologist/ Encoder</i> Department of Pathology and Laboratories
None	2.3 Delivers laboratory request and specimen to respective laboratory section for analysis	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>10 minutes</b>	



## L. PROCESSING OF BLOOD AND OTHER BODY FLUIDS FOR CULTURE AND SENSITIVITY FROM IN-PATIENTS

This covers all in-patients requesting laboratory examinations for culture and sensitivity of blood and other body fluids that will help in the diagnosis of disease. The service is open Sunday to Saturday 8:00 am to 5:00pm including holidays.

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - In Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All in patients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Laboratory reception personnel delivers request and specimen to Bacteriology Section	1. Accepts specimen and 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</i> Department of Pathology and Laboratories
None	3. Releases laboratory result	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>7 days</b>	





<b>M. PROCESSING OF BLOOD AND OTHER BODY FLUIDS FROM IN-PATIENTS</b>				
This covers all in-patients requesting laboratory examinations for blood and other body fluids that will help in the diagnosis of disease. The service is open 24 hours a day including holidays.				
<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - In Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All in patients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Laboratory reception personnel delivers request and specimen to respective section	1. Accepts specimen	None	5 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	2. Analyses specimen	None	4 hours, 50 minutes	<i>Medical Technologist</i> Department of Pathology and Laboratories
None	3. Releases laboratory result	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>5 hours</b>	



**N. PROCESSING OF BLOOD FOR PERIPHERAL BLOOD SMEAR AND MALARIAL SMEAR FROM IN-PATIENTS**

This covers all in-patients requesting laboratory examinations for peripheral blood smear and malarial smear. This service is open 24 hours a day including holidays.

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories - In Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All in patients needing laboratory examinations of blood and body fluids samples for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Laboratory reception personnel delivers request and specimen to respective section	1. Accepts specimen	None	5 minutes	<i>Medical Technologist Department of Pathology and Laboratories</i>
None	2. Analyses specimen	None	6 days 50 minutes	<i>Medical Technologist, Pathology Resident and Pathology Consultant Department of Pathology and Laboratories</i>



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None	3.Releases laboratory result	None	5 minutes	<i>Pathology Resident and Medical Technologist of Pathology and Laboratories</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>7 days</b>	



<b>O. ISSUANCE OF RESULTS OF BLOOD AND OTHER BODY FLUIDS FROM INPATIENTS</b>				
<b>OFFICE</b>	Medical Service - Department of Pathology and Laboratories - In 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 in patients needing laboratory examinations of blood and body fluids samples 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. Ward Medical personnel claims results	1. Prints laboratory results	None	5 minutes	<i>Medical Technologist/ Encoder</i>  Department of Pathology and Laboratories
2. Ward Medical personnel receives the results and acknowledges receipt by signing the laboratory releasing logbook	2. Issues laboratory results	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>7 minutes</b>	



## P. SCREENING/BLEEDING OF BLOOD DONORS

This shall apply to all voluntary, non-remunerated blood donors and blood donors who are willing to donate blood to patients who are in direct need of blood transfusion. The scope covers receiving of blood requests, screening and bleeding of donors and blood units to storage of blood.

<b>OFFICE</b>	<b>Medical Service - Blood Transfusion Service Department of Pathology and Laboratories - OPD Laboratories</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All voluntary donors</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Blood Request (for donors with patient)		Requesting physician		
One (1) Valid Identification Card		Government issued ID, NBI Clearance, Company/School		
One (1) Covid Vaccination Card		Vaccination Facility		
Parent's or Guardian's Consent (For Minor Donor)		Parent or Guardian		
<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 Bleeding / Screening Area at the OPD Complex and presents requirements	1.Receives requirements from donors	None	1 minute	<i>Medical Technologist</i>  Department of Pathology and Laboratories



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2. Receives and fills up the donor questionnaire.	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 interviews of possible donors and performs physical examinations.	None	15 minutes	<i>Examining Physician</i>  Medical Division
4. Donor proceeds to medical technologist for blood analysis	4. Analyses blood of donor	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 donation	5. Performs bleeding of qualified donors. Citizen specific For non-qualified donors, donations 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 donors initial)	None	15 minutes	<i>Medical Technologist</i>  Department of Pathology and Laboratories
7. Get the blood deposit slip.	7. Issues blood deposit slip	None	3 minutes	<i>Medical Technologist</i>



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				Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour 14 minutes</b>	



<b>Q. SARS-CoV-2 Real Time Polymerase Chain (RT PCR) Testing</b>				
<p>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 Wednesday and holidays.</p>				
<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories at Out-Patient Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing laboratory examinations of oropharyngeal and nasopharyngeal swab for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
CIF (Case Investigation Form)		HEIC		
PHILHEALTH Membership		HEIC		
Updated 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.Nurses, Nursing Attendants and Job Order Medical Technologists delivers swab samples to COVID Laboratory	1. Receives sample inside the pass box	2,450	5 minutes	<i>COVID Analyst Medical Technologist Department of Pathology and Laboratories COVID</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		5 minutes	<i>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</i>  Department of Pathology and Laboratories
3. None	3. Prepares samples for testing	None	5 minutes	<i>COVID Analyst Medical Technologist</i>  Department of Pathology and Laboratories
4. None	4. Process samples	None	8 hours	<i>COVID Analyst Medical Technologist</i>  Department of Pathology and Laboratories
5. None	5. Encodes laboratory results	None	5 minutes	<i>COVID Analyst Medical Technologist</i>  Department of Pathology and Laboratories
6. None	6. Validates results of analysis	None	5 minutes	<i>Pathology Consultant with training of Bio- Risk and Bio- Safety Management</i>  Department of Pathology and Laboratories
7. None	7. Uploads the Final Line list, CIF (Case Information Form) and individual laboratory results (ILR) to CDRS	None	15 minutes	<i>COVID Laboratory Encoder</i>  Department of Pathology and Laboratories



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	(COVID-19 Document Repository System)			
8. None	8. Release results via the official email address.	None	5 minutes	<i>COVID Laboratory Encoder</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>8 hours, 48 minutes</b>	



## R. RECEIVING OF BONE MARROW ASPIRATION SMEARS

This covers all inpatients not needing laboratory examinations of bone marrow aspiration biopsy that will help in the diagnosis of disease.

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories Main Laboratory</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All inpatients needing laboratory examinations of bone marrow aspiration biopsy that will help in the diagnosis of disease.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Surgical Pathology Request form		Requesting physician or charged Nurse		
One (1) copy of Medical Abstract		Requesting Physician		
One (1) request form for Bone Marrow Aspiration		Requesting Physician		
<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 ESC*/ ward submits laboratory request with specimen	1. Receives, checks laboratory requests as to completeness of data such as name, birthday, age, hospital number, diagnosis, requesting physician, patient classification and renders	520	5 minutes	<i>Medical Technologist/ Encoder</i>  Department of Pathology and Laboratories



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<p>2. Nursing attendant remains in the receiving area until called</p>	<p>2.1. Checks adequacy of specimen and if properly labeled. Encodes in the Laboratory Information System (LIS)</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Medical Technologist/ Encoder</i>  Department of Pathology and Laboratories</p>
	<p>2.2. Submits laboratory request with specimen to the respective laboratory section for analysis</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Medical Technologist/ Encoder</i>  Department of Pathology and Laboratories</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>15 minutes</b></p>	



## S. PROCESSING OF BLOOD FOR BONE MARROW ASPIRATION BIOPSY

This covers all patients needing laboratory examinations for bone marrow smear for the diagnosis of their disease.

<b>OFFICE</b>	<b>Medical Service - Department of Pathology and Laboratories Pathology Office / Main Laboratory</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All needing bone marrow aspiration biopsy for the diagnosis of their disease.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Surgical Pathology Request form		Requesting physician or charged Nurse		
One (1) copy of Medical Abstract		Requesting Physician		
One (1) request form for Bone Marrow Aspiration		Requesting Physician		
<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 laboratory aide  Logs specimen in the receiving logbook	None	5 minutes	<i>Laboratory Aide Department of Pathology and Laboratories</i>
None	Processes the specimen	None	50 minutes	<i>Pathology Resident/ Pathology Consultant</i>



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				Department of Pathology and Laboratories
None	3. Analyses specimen	None	6 days	<i>Pathology Resident/ Pathology Consultant</i> Department of Pathology and Laboratories
None	4. Releasing of laboratory result	None	5 minutes	<i>Medical Technologist/ Laboratory Aide</i>  Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>7 days</b>	



**T. Receiving of Tissue Biopsy Specimens from Out-Patient Department**

This covers all Out-Patients needing laboratory examinations of Tissue Biopsy that will help in the diagnosis of disease. The Service is open from Monday to Friday 8:00 am to 5:00 pm except holidays.

<b>OFFICE</b>	<b>Medical Service - Pathology Office - Ground Floor, Main Building</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Out-Patients needing tissue biopsy for the diagnosis of disease</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Surgical Pathology Request Form		Requesting Physician		
Receipt of payment		OPD Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient or relative of patient submits laboratory request and specimen	1. Checks laboratory request as to completeness of data such as name, birthday, age, hospital number, diagnosis, medical history, requesting physician and patient classification and issues price for payment	None	5 minutes	Laboratory Aide/ Pathology Resident on Duty  Department of Pathology and Laboratories
2. Patient or relative of patient proceeds to cashier for payment	2. Receives payment and issues receipt	See tables of fees and charges	3 minutes	Cashier  OPD Collecting Section



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3. Patient or relative of patient remains in the receiving area until called	3.1 Receives and checks label, quality and adequacy of specimen		3 minutes	<i>Laboratory Aide / Pathology Resident on Duty</i>  Department of Pathology and Laboratories
	3.2 Enters request to specific logbooks and assigns laboratory number to request and specimen		5 minutes	<i>Laboratory Aide / Pathology Resident on Duty</i>  Department of Pathology and Laboratories
	3.3 Issues claim stub to patients or relative of patients		3 minutes	<i>Laboratory Aide / Pathology Resident on Duty</i>  Department of Pathology and Laboratories
	3.4 Forwards laboratory request and specimen to designated area		3 minutes	<i>Laboratory Aide / Pathology Resident on Duty</i>  Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>22 minutes</b>	

<b>Routine Surgical Specimen:</b>	<b>PRICE</b>
- Small vial specimen <ul style="list-style-type: none"> <li>· Incision Biopsies</li> <li>· Excision Biopsies</li> <li>· Core Needle Biopsies</li> </ul>	325/vial





<ul style="list-style-type: none"> <li>• Punch Biopsies</li> <li>• Curettage</li> <li>• Wedge Biopsies</li> </ul>	
<ul style="list-style-type: none"> <li>- Medium sized specimen (500ml/IV dextrose bottle)             <ul style="list-style-type: none"> <li>• Excision Biopsies</li> </ul> </li> </ul>	455/container
<ul style="list-style-type: none"> <li>- Large size specimen (in containers &gt;1L) any kind of procedure</li> </ul>	715/container
<p>Review of slides</p>	500 / 5 slides



**U. Receiving of Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy from In-Patient**

This covers all Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy that will help in the diagnosis of disease from Monday to Friday 8 am to 5 pm except holidays

<b>OFFICE</b>	<b>Medical Service – Pathology Office – Ground Floor, Main Building</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All In-Patients needing Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy for the diagnosis of their disease.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Coordinated Surgical Pathology Request Form		Requesting Physician		
Imaging		Requesting Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Resident from requesting service submits Coordinated Surgical Pathology Request Form and specimen	1. Receives and checks laboratory request as to completeness of data such as name, birthday, age, hospital number, diagnosis, medical history, requesting physician and patient classification	None	5 minutes	Laboratory Aide / Pathology Resident on Duty  Department of Pathology and Laboratories



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2. Resident from requesting service remains in the receiving area until called	2.1 Checks label, quality and adequacy of specimen	None	3 minutes	<i>Laboratory Aide / Pathology Resident on Duty</i> Department of Pathology and Laboratories
	2.2 Enters request to specific logbooks and assigns laboratory number to request and specimen		5 minutes	
	2.3 Bills or charges the patient using BizBox		5 minutes	
	2.4 Forwards laboratory request and specimen to designated area		3 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>21 minutes</b>	

<b>HISTOPATHOLOGY PROCESSING PRICE LIST</b>	
<b>Routine Surgical Specimen:</b>	<b>PRICE</b>
- Frozen Section (In Patient)	715/≤5 slides
CT- Guided Biopsy	715



## V. Receiving of Surgical Pathology Specimen for routine Histopathologic Examination from In-Patient

This covers all In-Patients needing tissue Surgical Pathology for Routine Histopathologic examination that will help in the diagnosis of disease from Monday to Sunday.

<b>OFFICE</b>	<b>Medical Service - Pathology Office - Ground Floor, Main Building</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All In-Patients needing Tissue Biopsy for the diagnosis of their disease.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Pap's smear request for Pap's smear examination		Requesting Physician		
Cytology request for Cytology examination		Requesting Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Nursing attendant submits laboratory request and specimen	1. Receives and checks laboratory request as to completeness of data such as name, birthday, age, hospital number, diagnosis, medical history, requesting physician and patient classification	None	5 minutes	Laboratory Aide / Pathology Resident on Duty  Department of Pathology and Laboratories



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	2.1 Checks label, quality and adequacy of specimen	See table of fees and charges	3 minutes	Laboratory Aide / Pathology Resident on Duty
	2.2 Enters request to specific logbooks and assigns laboratory number to request and specimen		5 minutes	Department of Pathology and Laboratories
	2.3 Bills or charges the patient using BizBox		5 minutes	
	2.4 Issues claim stub to Nursing attendant		3 minutes	
	2.5 Forwards laboratory request and specimen to designated area		3 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>24 minutes</b>	

## HISTOPATHOLOGY PROCESSING PRICE LIST

<b>Routine Surgical Specimen:</b>	<b>PRICE</b>
- Small vial specimen <ul style="list-style-type: none"> <li>• Incision Biopsies</li> <li>• Excision Biopsies</li> <li>• Core Needle Biopsies</li> <li>• Punch Biopsies</li> </ul>	325/vial



<ul style="list-style-type: none"> <li>· Curettage</li> <li>· Wedge Biopsies</li> </ul>	
<ul style="list-style-type: none"> <li>- Medium sized specimen (500ml/IV dextrose bottle)             <ul style="list-style-type: none"> <li>· Excision Biopsies</li> </ul> </li> </ul>	455/container
<ul style="list-style-type: none"> <li>- Large size specimen (in containers &gt;1L) any kind of procedure</li> </ul>	715/container
<ul style="list-style-type: none"> <li>- Frozen Section (In Patient)</li> </ul>	715/≤5 slides



## W. Receiving of Gynecologic and Non-Gynecologic Cytology Specimens for Out-Patient

This covers all Out-Patients needing laboratory examinations of Gynecologic and Non-Gynecologic Cytology smear that will help in the diagnosis of disease from Monday to Friday 8:00 am to 5:00 pm except holiday.

<b>OFFICE</b>	<b>Medical Service – Pathology Office – Ground Floor, Main Building</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Out-Patients needing laboratory examinations of Gynecologic and Non-Gynecologic Cytology smear</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Pap's smear request for Pap's smear examination		Requesting Physician		
Cytology request for Cytology examination		Requesting Physician		
Receipt of payment		OPD Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient or relative of patient submits laboratory request and specimen	1. Checks laboratory request as to completeness of data such as name, birthday, age, hospital number, diagnosis, medical history, requesting physician and patient classification and issues price for payment	None	5 minutes	Laboratory Aide / Pathology Resident on Duty  Department of Pathology and Laboratories



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2. Patient or relative of patient proceeds to cashier for payment	2. Receives payment and issues receipt	See tables of fees and charges	5 minutes	Cashier OPD Collecting Section
3. Patient or relative of patient remains in the receiving area until called	3.1 Receives and checks label, quality and adequacy of specimen 3.2 Enters request to specific logbooks and assigns laboratory number to request and specimen 3.3 Issues claim stub to patients or relative of patients 3.4 Forwards laboratory request and specimen to designated area	None	14 minutes	<i>Laboratory Aide / Pathology Resident on Duty</i> Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>24 minutes</b>	

<b>HISTOPATHOLOGY PROCESSING PRICE LIST</b>	
<b>Routine Surgical Specimen:</b>	<b>PRICE</b>
Pap Smear	130
Cytology (Fluid)	325/vial
Cytology (FNAB)	325/site





## Reminders:

- All cases (Cytology Fluid and FNAB, CT-guided Biopsies, pap smear,) that are needed to be passed around to the other consultants are classified as highly technical which will take up to 20 working days.
- The range of days indicated above is meant for “working days” meaning holidays and weekends are not counted on the processing time.



**X. Processing of Gynecologic and Non-Gynecologic Cytology Specimens**

This covers all Patients needing laboratory examinations of Gynecologic and Non-Gynecologic Cytology Specimens that will help in the diagnosis of disease from Monday to Saturday, except holidays. 8:00am to 5:00pm

<b>OFFICE</b>	<b>Medical Service – Histopathology Section – Second Floor, Central Block Building</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Patients needing laboratory examinations of Pap’s and Cytology smear</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Pap’s smear request for Pap’s smear examination		Requesting Physician		
Cytology request for Cytology examination		Requesting Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. None	1.1 Accepts, checks request and specimen from encoder	None	5 minutes	Medical Technologist Department of Pathology and Laboratories
	1.2 Processes specimen	None	5 hours and 30 minutes	Medical Technologist Department of Pathology and Laboratories



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5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	1.3 Records processed specimen	None	15 minutes	Medical Technologist  Department of Pathology and Laboratories
	1.4 Releases processed specimen to Pathology Resident in charge	None	10 minutes	Medical Technologist  Department of Pathology and Laboratories
	1.5 Reads, interprets processed specimen and Refers to Consultant	None	5 days	Pathology Resident in charge/ Consultant  Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>5 days and 6 hours</b>	



**Y. Processing of Coordinated Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy**

This covers all patients with coordinated Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy that will help in the diagnosis of disease from Monday to Friday, except holidays.

<b>OFFICE</b>	<b>Medical Service – Histopathology Section – Second Floor, Central Block Building</b>
<b>CLASSIFICATION</b>	<b>Complex</b>
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>
<b>WHO MAY AVAIL</b>	<b>All Patients with coordinated Surgical Specimens for Frozen Section, Touch Imprint Cytology, and CT-Guided Biopsy that will help in the diagnosis of disease from Monday to Friday, except holidays.</b>

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Coordinated Surgical Pathology Request examination		Requesting Physician		
Imaging (X-ray / Ct-Scan/ MRI)		Requesting Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
None	1. Receives and Processes specimen	None	30 minutes	Pathology Resident/ Department of Pathology and Laboratories
	2. Reads, interprets processed specimen and Refers to Consultant	None	30 minutes	Pathology Resident/ Department of Pathology and Laboratories
	3. Relays Results to Resident of Requesting Service	None	5 minutes	Pathology Resident/ Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour, 5 minutes</b>	



<b>Z. Processing of Surgical Pathology and Cytology Specimens with Cell Block</b>				
This covers all Patients needing laboratory examinations of Surgical and Cytology specimens with cell blocks that will help in the diagnosis of disease from Monday to Saturday, except holidays.				
<b>OFFICE</b>	<b>Medical Service – Histopathology Section – Second Floor, Central Block Building</b>			
<b>CLASSIFICATION</b>	<b>Highly Technical</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Patients needing laboratory examinations of Surgical and Cytology specimens with cell block</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Surgical and / Cytology request		Requesting Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
	1.1 Receives grossed specimen from Pathology Resident in charge	None	5 minutes	Medical Technologist  Department of Pathology and Laboratories
	1.2 Process Specimen	None	5 days 40 minutes	Medical Technologist Department of Pathology and Laboratories
	2. Reads, interprets processed specimen and Refers to Consultant	None	14 days	Pathology Resident in charge/ Consultant Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>19 days 45 minutes</b>	



## AA. Issuance of Gynecologic, Non-Gynecologic Cytology and Surgical Results

This covers all Patients needing Results for Gynecologic and Non-Gynecologic Cytology and Surgical examinations that will help in the diagnosis of disease from Monday to Friday, 9:00 am to 4:00 pm except holidays.

<b>OFFICE</b>	<b>Medical Service - Pathology Office - Ground Floor, Main Building</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Patients needing Results for Pap's, Cytology and Surgical examinations that will help in the diagnosis of disease.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Claim stub		Pathology Office		
Authorization Letter, if applicable		Patient (If he / she is not the one claiming the result, not required if patient is the one claiming the result)		
Photocopy of valid identification card of Patient		Patient		
Photocopy of valid identification card of Authorized Person		Person authorized to claim the result		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient or authorized relative of patient presents Claim stub, authorization letter, photocopy of valid identification cards	1.1 Checks claim stub, authorization letter, photocopy of valid identification cards	None	5 minutes	Laboratory Aide Department of Pathology and Laboratories



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	1.1 Checks claim stub, authorization letter, photocopy of valid identification cards	None	5 minutes	Laboratory Aide Department of Pathology and Laboratories
	1.2 Accepts, checks search and verifies Laboratory result			
	1.3 Issues Laboratory results	None	5 minutes	Laboratory Aide Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>15 minutes</b>	



## PHARMACY

### A. DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES (CASH)

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

<b>OFFICE</b>	<b>Medical Service - Pharmacy Section (DOH BOTIKA)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Prescription (completely filled) (1 original)</b>		<b>Prescribing doctor</b>		
<b>Will avail discount: 1. PWD/Senior ID and booklet 2. For Gov't Employee: Work ID and Certificate of employment (1 original)</b>		<b>1. City Hall (DSWD/OSCA) 2. Government Agency (Employer)</b>		
<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)  1.1 Prepares cash slip  1.2 Applies corresponding discount.	See Menu Card/ Price List	5 minutes	Pharmacist Commercial Pharmacy
2. Settles payment and waits for the official receipt and medicine/s.	2. Prepares the corresponding Official Receipt	None	2 minutes	Cashier Collecting Section
3. Receives the medicines/medical supplies and listen to the dispensing information	3. Prepare and dispense the medicine/medical supplies.  3.1 Explains to the client the proper use of the medicine/s	None	5 minutes	Pharmacist Commercial Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>12 inutes</b>	





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

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

<b>OFFICE</b>	<b>Medical Service - Pharmacy (DOH BOTIKA)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Out-patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Prescription (completely filled) (1 original)</b>		<b>Prescribing Doctor</b>		
<b>Charge slip (1 original)</b>		<b>Claims Department (Philhealth)</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient/Relative will bring their routing slip, RX to the Pharmacy upon updating their hospital card	1. Check if the name of the patient is included in the master list sent by the Oncology Department to the Pharmacy	None	5 minutes	Pharmacist Commercial Pharmacy
2. Presents the required documents	2. Check the required documents if complete.  2.1 Verifies authenticity of documents presented.	None	5 minutes	Pharmacist Commercial Pharmacy
3. Wait for the Charge slip issued by the dispensing pharmacist	3. Charge in triplicate copy (Patient/Relative, Billing, Pharmacy copy)	None	5 minutes	Pharmacist Commercial Pharmacy
4. Proceed to the waiting area until name is called.	4. Prepare the medicines/medical supplies  4.1 Call the patient's name and have the charge slip signed by the patient/relative	None	30 minutes	Pharmacist Commercial Pharmacy



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

<p>5. Receives the medicines/ medical supplies and listen to the dispensing information, sign the charge slip and the prescription</p>	<p>5. Dispense and give the patient/relative one (1) copy of the charge slip only</p> <p><i>NOTE: Routing slip will be kept by the pharmacy and will be claimed by the Oncology nursing attendant later of the day</i></p> <p>5.1 Tick the dispensed Checkbox (Pharmacy Column) in the Google Sheet</p>	<p>None</p>	<p>5 minutes</p>	<p>Pharmacist Commercial Pharmacy</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>50 minutes</b></p>	



**C. DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES (MEDICAL ASSISTANCE)**

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

<b>OFFICE</b>	<b>Medical Service - Pharmacy Section (DOH BOTIKA)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Out-patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Prescription (completely filled) (1 original)</b>		<b>Prescribing Doctor</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presents the prescription.	2. Check the availability of the prescribed medicine/s.  1.1 verifies authenticity of prescription presented.	None	2 minutes	Pharmacist Commercial Pharmacy
3. Proceeds to Information for registry update	2. Updates/enroll registration in Hospital Information System (HIS)	None	1 minute	Admin Staff Information Section
4. Proceeds to Pharmacy (DOH Botika)	3. Prepares and issue charge slip and instruct to go to Medical Social Work Department (MSWD)	None	5 minutes	Pharmacist Commercial Pharmacy
5. Proceeds to MSWD and present the prescription and charge slip from the pharmacy for notation.	4. Records the transaction (Refer to MSW process) and instruct to go back to pharmacy	None	20 minutes	Medical Social Worker Medical Social Work Department
6. Go back to the pharmacy (DOH Botika) and present the stamped prescription from MSWD.	5. Verifies document/s from MSWD and prepare the medicine/s	None	3 minutes	Pharmacist Commercial Pharmacy



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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7. Gets the medicines/ medical supplies	6. Dispenses the medicines/ medical supplies  6.1 Explains to the client the proper use of the medicine/medical supplies	None	5 minutes	Pharmacist Commercial Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>36 minutes</b>	



## D. 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 Monday thru Sunday including holidays

<b>OFFICE</b>	<b>Medical Service - Pharmacy Section (DOH BOTIKA)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>In-patients with Philhealth under basic accommodation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Prescription (completely filled) (1 original)		Prescribing Doctor		
Charge slip (1 original)		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. Presents the prescription and charge slip to the Pharmacist.	1. Reviews the prescription and check the availability of the medicines/ medical supplies  1.1 Prepares charge slip and the requested medicines/medical supplies	None	20 minutes	Pharmacist Commercial Pharmacy
2. Get the medicines/ medical supplies and sign the prescription and the charge slip.	2. Dispenses the medicines/medical supplies and record	None	10 minutes	Pharmacist Commercial Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>30 minutes</b>	



## E. DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES UNDER PAY ACCOMMODATION

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

<b>OFFICE</b>	<b>Medical Service - Pharmacy Section (DOH BOTIKA)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>In-patients under pay accommodation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Prescription (completely filled) (1 original)		Prescribing Doctor		
Charge slip (1 original)		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. Encodes the requested medicines/ medical supplies from the Hospital Information System (HIS)	1. Renders the requested medicines/ medical supplies in the HIS  1.1 Prepares charge slip and the requested medicines/ medical supplies	None	20 minutes	Pharmacist Commercial Pharmacy
2. Get the medicines/ medical supplies and sign the charge slip.	2. Dispenses the medicines/ medical supplies	None	5 minutes	Pharmacist Commercial Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>25 minutes</b>	



<b>F. FILING AND DISPENSING OF PRESCRIPTION FOR SERVICE INPATIENT (NON-PHILHEALTH)</b>				
<b>OFFICE</b>	<b>Medical Service - Welfare Pharmacy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients admitted under basic accommodation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Duly accomplished prescription (1 original)</b>		<b>Wards nurse's station</b>		
<b>Abstract of medicine (1 original)</b>		<b>Wards nurse's station</b>		
<b>With Antibiotic Request Form (ARF) and empty vials (if applicable) (1 original)</b>		<b>Wards nurse's station</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Brings the prescription and other documentary requirement	1. Receives, checks and verifies content on prescription  1.1 Checks the availability of medicines and supplies  1.2 Prepares Charge Slip  1.3 Prepares Medicines and Supplies	None	15 minutes	Pharmacist Welfare Pharmacy
2. Receives medicines	2. Dispenses medicines	None	2 minutes	Pharmacist Welfare Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>17 minutes</b>	



<b>G. FILING AND DISPENSING OF PRESCRIPTION FOR DONATED MEDICINES</b>				
<b>OFFICE</b>	<b>Medical Service - Welfare Pharmacy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients with prescriptions which are available as donated medicines</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Duly accomplished prescription (1 original)</b>		<b>Employees Medical Services (EMS)</b>		
<b>Hospital Card (1 original)</b>		<b>Information/Admitting</b>		
<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  1.1 Checks availability of Medicines/Supplies  1.2 Filling of utilization report form	None	10 minutes	Pharmacist Welfare Pharmacy
2. Receives Medicines	2.Dispenses medicines  2.1 Records dispenses medicines	None	2 minutes	Pharmacist Welfare Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>12 minutes</b>	





<b>H. FILING AND DISPENSING OF PEDIATRIC UNIT DOSE DRUG DISTRIBUTION SYSTEM (PUDDDS)</b>				
<b>OFFICE</b>	<b>Medical Service - Welfare Pharmacy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All admitted patients in Pedia Ward, NICU and PICU</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>PUDDDS Form (1 original)</b>		<b>Nurses Station</b>		
<b>Routine Slip (For Phic Rx), Abstract of Medicines (1 original)</b>		<b>Nurses Station</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Brings PUDDDS Form to the Pharmacy	1. Receives, checks, verifies the completeness of the PUDDDS Form  1.1 Checks for the availability of medicines/Supplies  1.2 Computes dosage used and prepares medicines	None	10 minutes	Pharmacist Welfare Pharmacy
2. Receives medicines	2. Dispenses medicines and prepares charge slip	None	2 minutes	Pharmacist Welfare Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>12 minutes</b>	



<b>I. FILING AND DISPENSING OF PRESCRIPTION FOR DANGEROUS/REGULATED DRUGS FOR IN-PATIENT SERVICE</b>				
<b>OFFICE</b>	<b>Medical Service - Welfare Pharmacy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All clinical areas</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Replacement charge slips (1 original)</b>		<b>Nurses Station</b>		
<b>Requisition for dangerous drug preparation (1 original)</b>		<b>Nurses Station</b>		
<b>Record of dangerous drug preparations containing controlled chemical dispensed to in-patients (1 original)</b>		<b>Nurses Station</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Brings completed requisition for dangerous drug preparation, replacement charge slips and records of dangerous drug preparation together with empty vials/ampules	1. Receives, checks, verifies the completeness of submitted documents  1.1 Checks availability of prescribed dangerous/regulate d drugs  1.2 Checks returned empty vials/ampules  1.3 Prepares medicine and label them with date dispensed and ward  1.4 Records and file submitted documents accordingly	None	15 minutes	Pharmacist Welfare Pharmacy



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

2. Receives medicines and new Annex B form of requisition and record of dangerous/regulated drugs	2. Dispenses medicine issue new copy of Annex B for dangerous drug and record for dangerous drugs preparation	None	2 minutes	Pharmacist Welfare Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>17 minutes</b>	



<b>J. RECEIVING OF DELIVERIES FROM EXTERNAL SUPPLIERS THRU MATERIALS MANAGEMENT DEPARTMENT(MMD)</b>				
<b>OFFICE</b>	<b>Medical Service - Central Pharmacy</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Business G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>External Suppliers</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Sales Invoice / Delivery Report		External Suppliers		
Purchase Order (PO)		External Suppliers		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
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		2 minutes	
	1.2 Generate barcodes/scan barcodes for the delivered goods and encode it in the system		2 minutes	
	1.3 Properly label and store the delivered goods/products in the respective shelves		5 minutes	



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	1.4 Signs the delivery receipts indicating that the goods will be accepted as to required technical specification		2 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>16 minutes</b>	



**DERMATOLOGY**

**A. DERMATOLOGY CONSULTATION VIA TELEMEDICINE (DERMA)**

This process covers patients requiring dermatology consultation/ assessment and evaluation via teledermatology using Facebook. The service is offered Mondays to Fridays excluding holidays 8:00AM -5:00PM

<b>OFFICE</b>	<b>Medical Service – Dermatology Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C–Government to Citizen G2G–Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All new/ old patients needing teledermatology consult/assessment and evaluation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Scheduled appointment		Online Telemedicine Facebook Page		
Hospital Card (1 original) for old patient		Information Section at Hospital's right-wing entrance		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Request for consultation appointment thru JRRMMC DOC Facebook Telederm page	1.Receives notification of request for consultation and confirms consultation appointment	None	1 minute	Triage Officer Dermatology Department
	1.2 Sends consent to patient	None	1 minute	Medical officer Dermatology Department
	1.3. Assess patients, provide consultations	None	20 minutes	Medical officer Dermatology Department
2. Receives electronic prescription, ancillary/ diagnostic request and other referrals.	2. Provides electronic prescription / ancillary procedures/ laboratory request, schedule of next visit and provide health education.	None	3 minutes	Medical officer Dermatology Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	2.1 If referral to other service is needed, sends electronic referral form			
	2.2 Files chart/ informs patient of hospital number	None	5 minutes	Admin Staff Dermatology Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>30 minutes</b>	



## B. DERMATOLOGY CONSULTATION FOR NEW PATIENTS

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

<b>OFFICE</b>	<b>Medical Service - Dermatology Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All new patients needing dermatology consult/assessment and evaluation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Hospital Card (1 original)			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. Fill-up patient information sheet (PIS)	1. Issuance of PIS	NONE	3 minutes	Admin Staff Dermatology Department
2. Proceeds to waiting area until name is called	2. Preparation of patient's chart	NONE	3 minutes	Admin Staff Dermatology Department
3. Proceeds to Triage Desk for quick assessment to classify infectious or non-infectious consult	3. Conducts initial assessment and classifies patients whether infectious or non-infectious.	NONE	3 minutes	Triage Officer Dermatology Department
3. Proceeds to Triage Desk for quick assessment to classify infectious or non-infectious consult	3. Conducts initial assessment and classifies patients whether infectious or non-infectious.	NONE	3 minutes	Triage Officer Dermatology Department
4. Proceeds to assigned physician	4. Assess patients, provide consultation, prescribes/requests ancillary procedures and laboratory exams	NONE	20 minutes	Medical officer Dermatology Department
	4.1 If referral to other service is needed, fills up referral form and instructs patient	NONE	5 minutes	Medical officer Dermatology Department





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	4.2 Instructs on prescribed medication/ ancillary procedures/ laboratory request, schedule of next visit and provide health education.	NONE	3 minutes	Medical officer Dermatology Department
5. Proceeds to front desk.	5. Files chart/ releases hospital card with instructions on follow up date and time.	NONE	2 minutes	Admin Staff Dermatology Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>39 minutes</b>	



## C. 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>	<b>Medical Service – Dermatology Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C–Government to Citizen G2G–Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All old patients for follow-up needing dermatology consult/assessment and evaluation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Hospital Card (1original)</b>		<b>Information Section at Hospital's right-wing entrance</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Drop the hospital card in a 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	Admin Staff Dermatology Department
2. Proceeds to waiting area until name is called by physician	2. Retrieves patient's chart/ record	NONE	3 minutes	Admin Staff Dermatology Department
3. Proceeds to assigned physician	3. Assess patients, provide consultation, prescribes/requests ancillary procedures and laboratory exams	NONE	20 minutes	Medical officer Dermatology Department
	3.1 If referral to another service is needed, fill up the referral form and instruct the patient.	NONE	5 minutes	Medical officer Dermatology Department
	3.2 Instructs on prescribed medication/ ancillary procedures/ laboratory request, schedule of next visit and provide health education.	NONE	3 minutes	Medical officer Dermatology Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

4. Consult with physician	4. Files chart/ releases hospital card with instructions on follow up date and time	NONE	2 minutes	Admin Staff Dermatology Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>36 minutes</b>	



## D. 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>	<b>Medical Service – Dermatology Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C–Government to Citizen G2G–Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing biopsy or dermatologic surgical procedures</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>Hospital Card (1 original)</b>			<b>Information Section at Hospital's right-wing entrance</b>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Signs informed consent	1. Discuss the procedure and secures informed written consent	None	3 minutes	Medical officer Dermatology Department
2. Signs biopsy request form	2. Provides biopsy request form (if for biopsy)	None	3 minutes	Medical officer 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	Medical officer Dermatology Department
4. Proceeds to the cashier for payment	4. Gives charge slip and instruct to pay at the OPD cashier	Biopsy fee: 750 Electrocautery:540 extraction : 480	5 minutes	Admin Staff Dermatology Department
5. Presents official receipt <b>END OF TRANSACTION</b>	5. Releases hospital card with instructions on scheduled date and time	None	3 minutes	Admin Staff Dermatology Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>34 inutes</b>	



## E. BIOPSY READING

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

<b>OFFICE</b>	<b>Medical Service - Dermatology Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients undergone biopsy</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card (1 original)		Information Section at the Hospital's right-wing entrance.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Admin Staff Dermatology Department
2. Patient proceeds to histopathology section	2. Verifies patient name/ retrieves patient slides	NONE	3 minutes	Admin Staff Dermatology Department
	2.1 Examine patients. Read and record histopathologic result	NONE	20 minutes	Medical officer 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	Medical officer Dermatology Department
4. Proceeds to front desk for scheduling	4. Files chart/ releases hospital card with instructions on follow up	NONE	3 minutes	Admin Staff Dermatology Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	date and time/ schedule of release of official biopsy results			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>34 minutes</b>	



**MSWD**

**A. AVAILMENT OF MSWD SERVICES FOR OUTPATIENT**

This process covers availability of MSWD services for out-patients. The office is open Monday-Friday, 8:00 am to 5:00 pm

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

<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) Original Issued MSWD Card (if previous patient)	Previously issued to Patient /relative
One (1) Original Order of Payment and/or Prescription/Laboratory/diagnostic requests with case number	Attending Physician/Clinical area/ Cost Center and Billing Section
One (1) Original Treatment Protocol (for Oncology, Dialysis, Phototherapy)	Attending Physician
One (1) Original Medical Abstract for special diagnostic procedure	Attending Physician
One (1) Original PHIC Routing slip as needed	PhilHealth Section
Senior Citizen ID, as needed	Patient
PWD ID, as needed	Patient

<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 MSWD for medical assistance	1.1 Screens completeness of patient's requirements, instructs accordingly and gives out queueing numbers to patients and/or relative	None	2 minutes	Social Welfare Assistant MSWD
2. Proceeds to waiting area until number is called	2. Instructs patient to proceed to waiting area	None	10 minutes	Social Welfare Assistant MSWD
3. Provides comprehensive psychosocial history	3.2 Interviews, gathers data conducts psychosocial assessment and encodes the data at MSWD Data Based	None	15 minutes	Social Welfare Officer MSWD



	<p>System of the walk in or referred new patient</p> <p>3.3 Validates on the Hospital Information system the requested medicines/ laboratory/diagnostic procedures</p> <p>3.4 Signs and indicates classification at OPD admission chart for elective service cases.</p> <p>3.5 Informs and orient patient and/or relatives regarding hospital policies, available social services, scope and limitations of MSWD services depending on the patient's category.</p> <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> <p>if patient is previous MSWD recipient with expired MSWD card, conducts re-evaluation and assessment</p> <p>3.6 Prepares Social Case Summary, Acknowledgement Form of assistance given and encodes amount of assistance in the Hospital's Information System</p>			
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4. Receives issued MSWD card and assistance	4. Issues MSWD Card for new service patients and explains the assistance provided.	None	2 minutes	Social Welfare Officer MSWD
	4.1 Advises patient/relative to proceed to the concerned office/ cost areas to submit the approved assistance.	None	1 minute	Social Welfare Officer MSWD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>30 minutes</b>	



## B. AVAILMENT OF GUARANTEE LETTERS FOR MEDICAL AND FINANCIAL ASSISTANCE

This process covers patients 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>	<b>Medical Service-Medical Social Work Department</b>			
<b>CLASSIFICATION</b>	<b>(MSWD) Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing medical and financial assistance with guarantee letters</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
If JRRMMC patient: <ol style="list-style-type: none"> <li>Hospital Card (1 original)</li> <li>Mswd Card (if old patient)</li> <li>Hospital Bill/ Statement of Account (1 original)</li> <li>Certification (for Pay Admission)</li> <li>Order of Payment and/or Laboratory/Diagnostic requests</li> <li>Updated Prescription(s) (1 original)</li> <li>Treatment Protocol (Oncology/Dialysis) (1 original)</li> <li>PHIC Routing slip (1 original)</li> </ol>		<ol style="list-style-type: none"> <li>Information Section</li> <li>Medical Social Work Dept.</li> <li>Billing Section</li> <li>Attending Physician</li> <li>Attending Physician/Clinical area/ Cost Center</li> <li>Attending Physician</li> <li>Attending Physician</li> <li>Philhealth Section</li> </ol>		
If consultation not done at JRRMMC <ol style="list-style-type: none"> <li>Hospital card (1 original)</li> <li>MAIP Guarantee letter/ Endorsement Letter (1 original)</li> <li>Referral and/or Accomplished Inter-agency Referral (1 original)</li> <li>Approval of Inter-agency Referral (1 original)</li> <li>Laboratory/diagnostic requests (1 original)</li> <li>Updated prescription(s) (1 original)</li> <li>Updated Medical Abstract or Medical Certificate (1 original)</li> <li>Updated Treatment Protocol for Oncology or Dialysis (1 original)</li> <li>DSWD/LGU Social Case Report or Summary (1 original)</li> </ol>		<ol style="list-style-type: none"> <li>Information Section</li> <li>Referring Party</li> <li>Referring Health Facility</li> <li>Medical Center Chief, Receiving Health Facility</li> <li>Attending Physician</li> <li>Attending Physician</li> <li>Attending Physician</li> <li>Attending Physician</li> <li>Local Government Unit (LGU) Social Welfare Office</li> </ol>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presents referral/endorsement/guarantee letter and other	1.Verifies existing JRRMMC patient/MSWD recipient.	None	2 minutes	Social Welfare Assistant



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5<sup>TH</sup> EDITION

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documentary requirements	1.1 Checks completeness of documentary requirements and instructs accordingly  <b>condition specific:</b>  Patients with consultation not done at JRRMMC, and with complete documentary requirements.			
2. Proceeds to Family Medicine Clinic for consultation	2. Advices for consultation at Family Medicine or OPD prior to queueing at MSWD.	None	2 minutes	Physician
3. Proceeds to MSWD for validation of Guarantee Letter	2.1 Validates Guarantee Letter or referral and encodes at DOH Medical Assistance Information System (DOH-MAIS)	None	5 minutes	Social Welfare Assistant MSWD
4. Provides patient's basic information and medical needs	3. Conducts brief interview and evaluation and encodes the data at MSWD Data Based System of the walk in or referred new patient	None	8 minutes	Social Welfare Officer MSWD
5. Receives approved guarantee letter and present it to the concerned office or Cost Center.	4. Prepares Acknowledgement Form of assistance given and encodes amount of assistance in the Hospital's Information System  4.1 Instructs/ advise patient/relative on the next step or to proceed to a concerned office or Cost Center.	None	3 minutes	Social Welfare Officer MSWD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>20 minutes</b>	



## C. AVAILMENT OF MSWD SERVICES FOR ER AND INPATIENT

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

<b>OFFICE</b>	<b>Medical Service- Medical Social Work Department</b>			
<b>CLASSIFICATION</b>	<b>Simple Transaction</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All ER and Inpatients needing social work services</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card (1 original)		Information Section		
ER Clearance (1original)		ER Nurse on Duty		
Statement of Account (SOA) (1 original)		Billing Section		
If for Admission: Admitting Slip/Order or Clinical Cover Sheet (1 original)		Attending Physician/ ER Nurse on Duty		
MSWD Service Card if a previous MSWD recipient (1 original)		Patient/relative		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Receives referral from ER/ Admitting Section and proceeds to MSWD	1.Interviews, gathers data conducts psychosocial assessment and evaluation and encodes the data at MSWD Data Based System of the walk in or referred new patient  1.1 Signs and indicates classification in the clinical cover sheet for admitted service patients.  situation specific:  Re-validates and updates MSWD card and re-assessment of previous MSWD recipient-patient.	None	10 minutes	Social Welfare Officer MSWD



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	1.2 Issues pre-numbered MSWD card for new service patients	None	3 minutes	Social Welfare Officer MSWD
	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	Social Welfare Officer MSWD
	1.4 Validates hospital charges of patients for discharge  1.5 Prepares Social Case Summary, Acknowledgement Form of assistance given and encodes amount of assistance in the Hospital's Information System	None	4 minutes	Social Welfare Officer MSWD
	1.6 Instructs/advise patient/relative on the next step or to proceed to a concerned office as needed.	None	1 minute	Social Welfare Officer MSWD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>		<b>20 minutes</b>	



## RADIOLOGY

### A. 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 involve low doses of radiation to create highly detailed images of an area.

<b>OFFICE</b>	<b>Medical Service - Radiology Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing radiological procedures</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Updated Hospital Card (1 original)		Information Section at the 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) 1. BUN 2. 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)  For In-patient and ER		Collecting/Cashier  Bizbox charging (Radiology Department)		
Guarantee Letter; if applicable (1 original)		PCSO, DOH, MALASAKIT, LGU, Medical Social Service		
<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 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	Radiologic Technologist on duty / Radiology Department
2. Patient obtains prescription <ul style="list-style-type: none"> <li>• Bowel preparation</li> <li>• Materials needed</li> <li>• Non-IV for most special x-ray procedures (Barium enema, Cholangiogram, colonogram, etc.)</li> </ul>	2. Issuance of prescription from the radiologist/resident on duty and instruct patient/relative/hospital staff to come back once the prescription has been purchased for instruction.	none	2 minutes	Resident / Radiology Department
3. Patient goes back to the radiology information desk	3. Checks completeness of materials needed and costing of procedure	none	2 minutes	Radiologic Technologist / Radiology Department
4. 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)	See table of fees and charges	See Cashier/Medical Social Service charter	Radiologic Technologies / 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	Radiologic Technologist / Radiology Department



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6. Proceeds to the assigned examination room on the date of examination.	6. Performs procedures examination process (Short Patient interview and PE and interview will be done by Radiology Resident)	none	15 minutes for common procedure  Special Procedure (30 mins-1 hour)	Radiologic Technologist / Radiology Resident / Radiology Department
7. Post procedure	7. Issuance of claim Stub	none	2 minutes	Radiologic Technologist / Radiology Department
8. Release of Results	8. Release the result to the patient on the scheduled date upon presentation of the claim stub and hospital card.  If relative or representative; authorization letter with photocopy of patient's and claimant's valid ID with signature will be presented	none	3-5 minutes	Radiology Record's secretary / Clerk X-ray Records
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>43 MINUTES / 1 HOUR AND 28 MINUTES</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	4800	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)	2,650	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	4800	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



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Esophagram/M eglumine Swallow	2,760	Prostate	600	Cranial w/ orbital (plain)	4,250	Lumbosac ral (plain)	6,230
Femur/Thigh	530	Transrectal	800	Cranial w/ PNS (contrast )	7,100	Lumbosac ral (contrast)	12,560
Fistulography	3,840	Inguinoscrotal	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 stomogra m	2,680	Pelvis	6,230
Humerus/Arm	530	Cardiac	770	CT urogram	7,920	Pelvis (contrast)	12,560
Hystero salphingo graphy	3,840	Breast/Sonom ammogram	860	Extremiti es (lower- plain)	2,650	Shoulder (plain)	6,230
IVP	4,690	Biopsy	2620	Extremiti es (lower- contrast)	6,120	Shoulder (contrast)	12,560



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KUB	390	-END-		Extremities (upper-plain)	2,650	Elbow	6,230
LEG	530			Facial (contrast)	5,580	Hand/Wrist (plain)	6,230
LUMBO SACRAL	990			Facial (plain)	2,350	Hand/Wrist (contrast)	12,560
MANDIBLE	530			Lower Abdomen (contrast)	6,970	Upper Extremity (plain)	7,550
MASTOIDS	530			Lower Abdomen (plain)	2,350	Upper Extremity (contrast)	13,880
NOSE STL	530			Lumbosacral (contrast)	7,340	Femur/Leg (plain)	7,550
NECK	530			Lumbosacral (plain)	2,680	Femur/Leg (contrast)	13,880
Operative cholangiography	1,000			Oral Cavity (contrast)	7,340	Knee (plain)	6,230
Pelvis	360			Oral Cavity (plain)	2,650	Knee (contrast)	12,560
Plain Abdomen	530			Neck (contrast)	7,340	Foot/Ankle (plain)	6,230
Retrograde Pyelography	4,800			Neck (plain)	2,650	Foot/Ankle (contrast)	12,560



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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)	6,470			Temporal bone (contrast )	5,580	Prostate (plain)	6,230
Small Intestinal Series (Barium Enema)	3,590			Temporal bone (plain)	2,350	Prostate (contrast)	12,560
T-Tube Cholangiograph y	3,860			Thoracic spine (contrast )	7,340	-END-	
Thoracolumbar Spine	990			Thoracic spine (plain)	2,350		
T-cage	300			Upper Abdomen (contrast )	6,970		
Urethrogram	1,000			Upper Abdomen (plain)	2,350		
Voiding Cystourethrogr am	1,000			Whole Abdomen (triphasic )	12,900		
Wrist joint	530			Pelvis (plain	2,350		



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				Pelvis (contrast )	6,970		
-END-							



## B. 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 involve low doses of radiation to create highly detailed images of an area.

<b>OFFICE</b>	<b>Medical Service - Radiology Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing radiological procedures</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Updated Hospital Card (1 original)		Information Section at the Hospital's right-wing entrance.		
X-ray/ Ultrasound/ CT- Scan /MRI request form (1 original)		Requesting Physician		
Previous X-ray, Ultrasound, CT-scan, MRI result (for reference) (1 original)		Hospital/Accredited Radiological Facility		
Referral Form Endorsement Letter (1 original)		Referring Hospital/Agency		
Official Receipt (for OPD patient only) (1 original)		Collecting Unit		
Guarantee Letter; if applicable (1 original)		PCSO, DOH, MALASAKIT, LGU, Social Service		
<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 Hospital Card and Request Form to the Radiology Department Information Area	1. Interviews patient, check for completeness of request and requirements	None	2 minutes	Radiologic Technologist on duty / Radiology Department
2. Securing applicable fees (for Out Patient)	2. Issuance of Charge slip/ order of payment and	See table of fees and charges	See Cashier/ Medical Social service charter	Radiologic Technologist /



	<p>instruct patient to proceed to OPD cashier/Medical Social Service</p> <p>Bizbox Charges (In-Patient and ER)</p>			Radiology Department
3. Patient goes back to the radiology information area and present proof of payment (OPD) and scheduling.	<p>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</p> <p>ER and Inpatient (Proceed to next step)</p>	None	15 minutes	Radiologic Technologist / Radiology Department
4. Proceeds to the assigned examination room	<p>4. Performs procedures examination process (Short Patient interview and PE will be done by Radiology Resident</p>	none	<p>15 minutes for common procedure</p> <p>30 mins-1 hour Special Procedure</p>	Radiologic Technologist / Radiology Resident / Radiology Department
5. Post procedure	<p>5. Issuance of claim stub</p>	none	2 minutes	Radiologic Technologist / Radiology Department
6. Release of Results	<p>6. Release the result to the patient on the scheduled date upon presentation of the claim stub and hospital card. If relative or representative; authorization letter with photocopy of patient's and claimant's valid ID</p>	none	3-5 minutes	Radiology Record's secretary/ Clerk X-ray Records



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	with signature will be presented.			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>39 MINUTES / 1 HOUR AND 24 MINUTES</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	4800	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)	2,650	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	4800	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





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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	Lumbosac ral (plain)	6,230
Femur/Thigh	530	Transrectal	800	Cranial w/ PNS (contrast)	7,100	Lumbosac ral (contrast)	12,560
Fistulography	3,840	Inguinoscrotal	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/Sonogram	860	Extremities (lower-plain)	2,650	Shoulder (plain)	6,230
IVP	4,690	Biopsy	2620	Extremities (lower-contrast)	6,120	Shoulder (contrast)	12,560
KUB	390	-END-		Extremities (upper-plain)	2,650	Elbow	6,230



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LEG	530			Facial (contrast)	5,580	Hand/Wrist (plain)	6,230
LUMBO SACRAL	990			Facial (plain)	2,350	Hand/Wrist (contrast)	12,560
MANDIBLE	530			Lower Abdomen (contrast)	6,970	Upper Extremity (plain)	7,550
MASTOIDS	530			Lower Abdomen (plain)	2,350	Upper Extremity (contrast)	13,880
NOSE STL	530			Lumbosacral (contrast)	7,340	Femur/Leg (plain)	7,550
NECK	530			Lumbosacral (plain)	2,680	Femur/Leg (contrast)	13,880
Operative cholangiography	1,000			Oral Cavity (contrast)	7,340	Knee (plain)	6,230
Pelvis	360			Oral Cavity (plain)	2,650	Knee (contrast)	12,560
Plain Abdomen	530			Neck (contrast)	7,340	Foot/Ankle (plain)	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)	6,470			Temporal bone (contrast)	5,580	Prostate (plain)	6,230
Small Intestinal Series (Barium Enema)	3,590			Temporal bone (plain)	2,350	Prostate (contrast)	12,560
T-Tube Cholangiogr aphy	3,860			Thoracic spine (contrast)	7,340	-END-	
Thoracolum bar Spine	990			Thoracic spine (plain)	2,350		
T-cage	300			Upper Abdomen (contrast)	6,970		
Urethrogra m	1,000			Upper Abdomen (plain)	2,350		
Voiding Cystourethr ogram	1,000			Whole Abdomen (triphasic)	12,900		



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Wrist joint	530			Pelvis (plain	2,350		
				Pelvis (contrast)	6,970		
<b>-END-</b>							



**NDMD**

**A. PROVISION OF DIET COUNSELING IN TIME OF PANDEMIC**

This process aims to provide patients, employees and their families who want to avail of diet counseling from Monday to Friday excluding holidays and weekends from 8:00 am to 5:00 pm.

<b>OFFICE</b>	<b>Nutrition and Dietetics Management Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Inpatient, Out-patient and Personnel</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Fully accomplished Referral form		Attending Physician		
Latest Laboratory result		Hospital or Any DOH accredited Laboratory Facility		
Strictly follow minimum public health standards		physical distancing, hand hygiene, and wearing of masks, regardless of vaccination status		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient present referral form and Latest laboratory result to Clinical Dietitian on duty	Clinical Dietitian will receive the referral form and Latest laboratory result	None	2 min	Clinical Dietitian on Duty
2. Conduct Nutritional assessment	Clinical Dietitian on duty will conduct nutritional assessment based on the anthropometric data, medical diagnosis, laboratory results and patient actual food intake	None	10 min	Clinical Dietitian on Duty
3. Interpret Nutritional assessment of the patient	Clinical Dietitian on duty will formulate nutrition diagnosis as well as nutrition intervention of the patient	None	5 min	Clinical Dietitian on Duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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4. Preparation of Patient's meal plan	Clinical Dietitian on duty will prepare a meal plan based on the nutritional assessment.	None	10 min	Clinical Dietitian on Duty
5. Nutrition Counselling for Nutrition Intervention	Clinical Dietitian on duty will Interpret the meal plan to the patient with diet IEC materials	None	20 min	Clinical Dietitian on Duty
6. Patient Satisfaction Survey	NDMD patient satisfaction survey will be given by clinical dietitian to patient to determine the effectiveness of clinical dietitian in the provision of diet counselling	None	5 min	Clinical Dietitian on Duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>52 min</b>	



## B. PROVISION OF DIET COUNSELING

This process aims to provide patients, employees and their families who want to avail of diet counseling from Monday to Friday excluding holidays and weekends from 8:00 am to 5:00 pm.

<b>OFFICE</b>	<b>Nutrition and Dietetics Management Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Inpatient, Out-patient and Personnel</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Fully accomplished Referral form		Attending Physician		
Latest Laboratory result		Hospital or Any DOH accredited Laboratory Facility		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient present referral form and Latest laboratory result to Clinical Dietitian on duty	Clinical Dietitian will receive the referral form and Latest laboratory result	None	2 min	Clinical Dietitian on Duty
2. Conduct Nutritional assessment	Clinical Dietitian on duty will conduct nutritional assessment based on the anthropometric data, medical diagnosis, laboratory results and patient actual food intake	None	10 min	Clinical Dietitian on Duty
3. Interpret Nutritional assessment of the patient	Clinical Dietitian on duty will formulate nutrition diagnosis as well as nutrition intervention of the patient	None	5 min	Clinical Dietitian on Duty
4. Preparation of Patient's meal plan	Clinical Dietitian on duty will prepare a meal plan based on the nutritional assessment.	None	10 min	Clinical Dietitian on Duty
5. Nutrition Counselling for Nutrition Intervention	Clinical Dietitian on duty will Interpret the meal plan to the patient with diet IEC materials	None	20 min	Clinical Dietitian on Duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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6. Patient Satisfaction Survey	NDMD patient satisfaction survey will be given by clinical dietitian to patient to determine the effectiveness of clinical dietitian in the provision of diet counselling	None	5 min	Clinical Dietitian on Duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>50 min</b>	





## DENTAL

### A. DENTAL CONSULTATION AND TREATMENT

This process covers patients 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>		<b>Medical Service - Dental Department</b>		
<b>CLASSIFICATION</b>		<b>Simple</b>		
<b>TYPE OF TRANSACTION</b>		<b>G2C-Government to Citizen G2G-Government to Government</b>		
<b>WHO MAY AVAIL</b>		<b>All patients seeking dental consultation</b>		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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



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4. Proceeds to waiting area	4. Gives assigned patient numbers and instructed to wait until their number to be called.	None	30 Minutes	<i>Dental Aide</i> <i>Dental Department</i>
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> <i>Dental Department</i>
6. Settles necessary bill to the cashier	6. Gives order of payment to settle bill at the cashier for the treatment/procedure rendered	See table of fees and charges	5 Minutes	<i>Dental Aide</i> <i>Dental Department</i>
7. Presents proof of payment to Dental Aid	7. Provides written prescription and take-home instruction	None	3 minutes	<i>Dentist/</i> <i>Dental Aide</i> <i>Dental Department</i>
<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 370.00
Temporary Filling	Php 420.00
Permanent Filling	Php 490.00
Extraction	Php 320.00
Dental Fluoride	Php 360.00
Epulis Fissuratum Removal	Php 2,510.00
Alveolectomy/ Alveoloplasty	Php 2,510.00
Odontectomy	Php 2,760.00

**NOTE:**

Government Employees Senior Citizen and PWD (ID Provided) can avail 20% discount Minor surgical procedures for updated Philhealth members may be covered by Philhealth



**B. DENTAL ONLINE CONSULTATION AND TREATMENT**

This process covers online dental consultation and treatment to patients 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>	<b>Medical Service – Dental Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients seeking dental consultation</b>			
<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, Request consultation thru Facebook/messenger	1.1. Receives notification of request for consultation  1.2 Initial assessment of patient's chief complaint	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>	<b>N/A</b>	<b>30 minutes</b>	



**REHAB**

<b>A. PHYSICAL/OCCUPATIONAL THERAPY CONSULTATION VIA TELEMEDICINE</b>				
This process covers new and old patients for teleconsultation to undergo outpatient physical and occupational therapy telerehabilitation.				
<b>OFFICE</b>	<b>Department of Physical Medicine and Rehabilitation</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing teleconsultation and needing physical and occupational therapy telerehabilitation</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Patient Consultation Referral		From OPD clinics where patient previously was checked up		
Hospital Card		JRRMMC Information Dept		
Internet Connection		Personal		
Facebook and Messenger Account		Personal		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Communicates with patient/relative on the scheduled Physiatrist Teleconsultation	1.1 Logs the patient and forwards the electronic copies of the patient chart to the physiatrist via google drive.	None	3 minutes	Physical/ Occupational Therapist
2. Patient undergoes teleconsultation with the physiatrist	2.1 Checks up on the patient and prescribes an appropriate physical and occupational therapy plan of care.	None	10 minutes	Physiatrist
3. Telerehabilitation Schedule	3.1 Provides physical/occupational therapy schedule	None	5 minutes	Physical/ Occupational Therapist
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>18 inutes</b>	



## B. AVAILMENT OF PHYSICAL/OCCUPATIONAL THERAPY SERVICES THROUGH TELEREHABILITATION

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

<b>OFFICE</b>	<b>Department of Physical Medicine and Rehabilitation</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing physical and occupational therapy</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Patient Consultation Referral		From OPD clinics where patient previously was checked up		
Hospital Card		JRRMMC Information Dept		
Internet Connection		Personal		
Facebook and Messenger Account		Personal		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient connects online to personal Facebook/Messenger account and is notified by the PT/OT in charge for the telerehabilitation	1.1 Logs the patient in the Computer database and logbook	None	2 minutes	Physical/Occupational Therapist
2. Physical/Occupational Therapy Service	2.1 Provides the prescribed physical/occupational therapy telerehabilitation	None	60 minutes	Physical/Occupational Therapist
3. Logging of the service	3.1 Documents the evaluation and services rendered to the patient in Google Drive	None	3 minutes	Physical/Occupational Therapist
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>65 minutes</b>	



**C. 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>	<b>Department of Physical Medicine and Rehabilitation</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing physical and occupational therapy</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Patient Consultation Referral		From OPD clinics where patient previously was checked up		
Hospital Card		From OPD clinics where patient previously was checked up		
Charge Slip		Dept. Of Physical Medicine and Rehabilitation		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 an 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	4.1 IF CASH PAYMENT: Provides physical/occupational therapy cost of service, indicated on the charge slip.	None	5 minutes	Physical/ Occupational Therapist



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	<p>4.2 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>			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>		<b>23 minutes</b>	





**D. PROCEDURE IN RECEIVING AND PHYSICAL/OCCUPATIONAL THERAPY SERVICES IN THE OUTPATIENT DEPARTMENT**

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

<b>OFFICE</b>	<b>Department of Physical Medicine and Rehabilitation</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients needing physical and occupational therapy</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card		JRRMMC Information Dept		
Rehab Card		Dept. of Physical Medicine and Rehabilitation		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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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
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>72 minutes</b>	

## COST OF SERVICES TABLE

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



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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



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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 Ankle 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



## NUCLEAR MEDICINE

### A. 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			
<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) 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		
<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 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/ Nuclear Medicine Resident</i>



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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</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>
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>
5. Secures claim stub for result	5. Instructs patients on proper follow up of results and expected date of release	None	2 minutes	<i>Admin staff/ Nuclear Medicine Technologist/ Nuclear Medicine Resident</i>
6. Confirms availability of result, surrenders claim stub and requirements if result will be claimed by authorized representative	6. Releases result	None	2 minutes	<i>Admin staff/ Nuclear Medicine Technologist</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>7 hours</b>	



## LIST OF NUCLEAR MEDICINE SERVICES AND FEES

TYPE	DESCRIPTION	AMOUNT
<b>RADIOIMMUNOASSAYS:</b>		
Free triiodothyronine (FT3)	RIA	Php 280.00
Thyroxine (FT4)	RIA	Php 280.00
Thyroid Stimulating Hormone (TSH)	IRMA	Php 290.00
Thyroglobulin (Tg)	IRMA	Php 450.00
Anti-Thyroglobulin (A-Tg)	RIA	Php 370.00
Anti-Thyroid Peroxidase (A-TPo)	RIA	Php 450.00
Thyroid Receptor Antibody (TRAb)	RIA	Php 790.00
Cortisol	RIA	Php 350.00
Insulin-like Growth Factor 1 (IGF-1)	RIA	Php 580.00
Alpha Fetoprotein (AFP)	IRMA	Php 410.00
Human Chorionic Gonadotropin (B-HCG)	IRMA	Php 440.00
Parathyroid Hormone (PTH)	IRMA	Php 470.00
Estradiol (E2)	RIA	Php 350.00
Follicle Stimulating Hormone (FSH)	IRMA	Php 330.00



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Luteinizing Hormone (LH)	IRMA	Php 330.00
Prolactin (PRL)	IRMA	Php 330.00
Testosterone	RIA	Php 340.00
CA 15-3	IRMA	Php 440.00
CA 19-9	IRMA	Php 610.00
CA 125	IRMA	Php 570.00
Carcinoembryonic Antigen (CEA)	IRMA	Php 320.00
Prostate Specific Antigen (PSA)	IRMA	Php 360.00
ENDOCRINE TESTS:		
In-vitro GFR Study		Php 4,440.00.00





## LIST OF NUCLEAR MEDICINE SERVICES AND FEES

TYPE	DESCRIPTION	AMOUNT
<b>RADIONUCLIDE IMAGING:</b>		
Thyroid Scan	Tc99m Pertechnetate	Php 2,820.00
	I-131	Php 3,450.00
Thyroid Perfusion Scan		Php 2,540.00
Thyroid Uptake with Scan		Php 4,980.00
Radioactive Iodine Uptake		Php 1,850.00
Parathyroid Scan	Single Isotope Method	Php 14,070.00
	Dual Isotope Method	Php 14,790.00
Sentinel Lymph Node Scintigraphy		Php 23,920.00
Lymphoscintigraphy		Php 23,790.00
Dacryoscintigraphy		Php 2,500.00
Salivary Gland Scan		Php 3,410.00
Bone Scan	Planar (Whole Body)	Php 7,000.00
	3-Phase	Php 8,160.00
Whole Body Survey I-131	3 mCi	Php 5,830.00
	5 mCi	Php 5,830.00



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Post Radioactive Iodine Scan		Php 1,710.00
Whole Body Scan SESTAMIBI		Php 8,760.00
Scintimammography with Bone Scan		Php 8,250.00
Renal System	Renal GFR scan (DTPA)	Php 4,470.00
	Diuretic /Lasix scan (DTPA)	Php 4,290.00
	Renal scan (MAG3)	Php 10,180.00
	Diuretic /Lasix (MAG3)	Php 10,290.00
	Renal Cortical scan (DMSA)	Php 6,110.00
	Renovascular Hypertension scan (Captopril)	Php 4,130.00
Liver and Spleen Scan		Php 22,640.00
Hepatobiliary (HIDA) Scan		Php 15,100.00
Gastrointestinal Bleeding/RBC Tagging		Php 9,180.00
Meckels Diverticulum Scan		Php 2,460.00
<b>INTRAOPERATIVE MAPPING:</b>		
Intraoperative Parathyroid localization		Php 7,170.00
Sentinel Lymph Node Mapping		Php 23,920.00
<b>RADIOGRAPHIC IMAGING:</b>		
Bone Densitometry Scan (DXA)		Php 1,480.00



## B. NUCLEAR MEDICINE CONSULTATION SERVICES

This process covers the Nuclear Medicine consultation services which are available on various platforms (Telephone/ Mobile, Email 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>FEE 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 Nuclear Medicine Resident	None	10 minutes	Nuclear Medicine Resident



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<p>2. Participates to actual or virtual consultation</p>	<p>2.1. Resident interviews patient and performs actual or virtual physical exam</p> <p>2.2. Referral to Attending Medical Specialist</p> <p>2.2. Provides health advice and gives actual or electronic copy of prescription, ancillary/ diagnostic requests and/or other necessary referrals.</p> <p>2.3. Charging of Professional Fee (if applicable)</p>	<p>See Table of fees (if applicable )</p>	<p>30 minutes</p>	<p>Nuclear Medicine Resident/ Specialist/ Admin Staff</p>
<p>3. Receives actual or electronic copy of prescription, ancillary/diagnostic request and other referrals</p>	<p>3. Instructs patient for subsequent follow ups</p>	<p>None</p>	<p>20 minutes</p>	<p>Nuclear Medicine Resident</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>		



## PULMONARY

<b>A. REQUEST OF PULMONARY FUNCTION TEST FOR OUTPATIENTS</b>				
This process covers outpatients 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		
One (1) copy of Referral Slip/ Pulmonary Unit Request Form		Referring Physician		
<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 Pulmonary Unit and present requirements	1.1 Receives and checks completeness of request form, updated hospital card and negative RT-PCR swab test result (if available)  1.2 Provide available schedule  1.3 Write the schedule at the back of the referral form  1.4 Instruct the patient/ relative on the preparations prior to the procedure	None	5 minutes	Respiratory Therapist on Duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>5 minutes</b>	



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

This process covers outpatients 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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Updated Hospital Card		Information Section at the Hospital's right-wing entrance.		
One (1) copy of Referral Slip / Pulmonary Unit Request form		Referring Physician		
Negative RT-PCR swab test result valid within 14 days		Accredited Swab/ Laboratory Facility		
For pay patients: Official receipt		Cashier (Ground floor, OPD building)		
For service patients: Pulmonary Unit request form stamped with Medical Assistance Fund (MAFP)		Medical Social Service Department/ Malasakit Center (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. Proceeds to Pulmonary Unit and present requirements on the scheduled date	1.1 Receives and checks completeness of request form, hospital card with Negative RT PCR swab test result valid within 14 days	None	2 minutes	Respiratory Therapist on duty
2. Pays applicable fees  condition specific: - <i>For pay patients</i>	2.1 Collects fees			
	2.1.1 Simple spirometry test	Php 890.00	5 minutes	Cashier
	2.1.2 Reader's fee			
	2.2 Issuance of official receipt	Php 120.00	15 minutes	Medical social worker
- <i>For service patients</i>	2.1 Interviews patient and stamps the	None		



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	pulmonary Unit Request Form			
3. Presents proof of payment/ Pulmonary Unit Request Form with stamp from Social Service	3.1 Verify and record official receipt	None	2 minutes	Respiratory Therapist on duty
4. Performs test	4.1 Interviews patient and gather information that is needed on the procedure  4.2 Explains and demonstrate the procedure to the patient  4.3 Perform the procedure	None	5 minutes  5 minutes  30 minutes	Respiratory Therapist on duty
5. Inform the patient on the schedule of release of official result	5.1 Schedule the date of release; 3 working days from the scheduled date	None	2 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>Php 1,010.00</b>	<b>1 hour and 6 minutes</b>	



## C. PROCEDURE OF PULMONARY FUNCTION TEST (PRE - AND POST - BRONCHODILATOR STUDY) FOR OUTPATIENT

This process covers outpatients 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>	<b>Medical Service - Pulmonary Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients requiring Pulmonary Function Testing (Pre- and Post-Bronchodilator)</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Updated Hospital Card		Information Section at the Hospital's right-wing entrance.		
One (1) copy of Referral Slip / Pulmonary Unit Request form		Referring Physician		
Negative RT-PCR swab test result valid within 14 days		Accredited Swab/ Laboratory Facility		
For pay patients: Official receipt		Cashier (Ground floor, OPD building)		
For service patients: Pulmonary Unit request form stamped with Medical Assistance Fund (MAFP)		Medical Social Service Department/ Malasakit Center (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. Proceeds to Pulmonary Unit and present requirements on the scheduled date	1.1 Receives and checks completeness of request form, hospital card with Negative RT PCR swab test result valid within 14 days	None	2 minutes	Respiratory Therapist on duty
2. Pays applicable fees  condition specific: - <i>For pay patients</i>	2.1 Collects fees	Php 1,230.00	5 minutes	Cashier
	2.1.1 Pre- and Post-bronchodilator test			
	2.1.2 Reader's fee	Php 150.00		
- <i>For service patients</i>	2.2 Issuance of official receipt	None	15 minutes	Medical social worker
	2.1 Interviews patient and stamps			





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	the Pulmonary Unit Request Form			
3. Presents proof of payment/ Pulmonary Unit Request Form with stamp from Social Service	3.1 Verify and record official receipt	None	2 minutes	Respiratory Therapist on duty
4. Performs test	4.1 Interviews patient and gather information that is needed on the procedure  4.2 Explains and demonstrate the procedure to the patient  4.3 Perform the procedure	None	5 minutes  5 minutes  45 minutes	Respiratory Therapist on duty
5. Inform the patient on the schedule of release of official result	5.1 Schedule the date of release; 3 working days from the scheduled date	None	2 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>Php 1,380.00</b>	<b>1 hour and 21 minutes</b>	



## D. RELEASE OF PULMONARY FUNCTION TEST RESULT FOR OUTPATIENT

This process covers the release of Pulmonary Function Testing (PFT) results of outpatients after three (3) working days from the date of procedure.

<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 outpatients requiring Pulmonary Function Testing			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Hospital Card			Information Section at the 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. Patient returns on the release date/time and presents requirements	1.1 Release official result	None	2 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>2 minutes</b>	



## E. 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>	<b>Medical Service - Pulmonary Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All inpatients requiring Pulmonary Function Testing</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Pulmonary Unit Request Form		Referring physician		
Written doctor's order on the patient's chart		Referring physician		
One (1) copy of Negative RT-PCR swab test result valid within 14 days		Accredited Swab/Laboratory Facility		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> The Nurse on Duty (NOD) will coordinate the requested procedure with the Respiratory Therapist on duty (RTOD) thru phone call and will provide a Pulmonary Unit Request Form with a valid Negative RT-PCR swab test result	1.1 Receives and checks completeness of request form	None	2 minutes	Respiratory Therapist on duty
	1.2 Checks validity of RT-PCR swab result if available;  *If not yet available, inform the NOD/Referring Physician with the required test result prior to procedure.		2 minutes	
	1.3 Check the doctor's order on the patient's chart		2 minutes	
	1.3 Assess the patient, check if the patient can tolerate the procedure and instruct the preparation prior to testing provided with the "Alintuntunin bago mag PFT" form		5 minutes	
	1.3 Inform the NOD on the available schedule of		2 minutes	



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	the test and instruct the preparations prior to scheduled date/time			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>13 minutes</b>	



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

This process covers inpatients 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 inpatients requiring Pulmonary Function Testing			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Pulmonary Unit Request Form		Referring physician		
Written doctor's order on the patient's chart		Referring physician		
One (1) copy of Negative RT-PCR swab test result valid within 14 days		Accredited Swab/Laboratory Facility		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requesting area prepares the patient on the scheduled date and time with the patient's chart	1.1 Nursing attendant will accompany the patient to Pulmonary Unit	None	15 minutes	Nurse and Nursing attendant
	1.2 Review patient's chart and check validity of RT-PCR swab result		2 minutes	Respiratory Therapist on duty
	1.3 Interview the patient and gather required information prior to procedure		5 minutes	Respiratory Therapist on duty
2. Performs Test	2.1 Explains and demonstrate the procedure to the patient  2.2 Perform requested procedure	None	30 minutes	Respiratory Therapist on duty
3. Patient returns to the service ward/ICU	3.1 Call and inform the Nurse on duty (NOD) about the end of the test and patient may return to ward	None	1 minute	Respiratory Therapist on duty



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5<sup>TH</sup> EDITION

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4. Charge applicable fees	4.1 Inputs procedure fees/ charges on Bizbox to include on the patient's bill	Php 890.00	2 minutes	Respiratory Therapist on duty
5. Provide schedule of release of official result	5.1 Respiratory Therapist on duty will inform the respective area on the scheduled release date of the official result and can be claimed at the Pulmonary Unit	None	2 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>Php 890.00</b>	<b>57 minutes</b>	



**G. PROCEDURE FOR PULMONARY FUNCTION TEST (PRE- AND POST BRONCHODILATOR) FOR INPATIENT**

This process covers inpatients 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>	<b>Medical Service - Pulmonary Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All inpatients requiring Pulmonary Function Testing</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Pulmonary Unit Request Form		Referring physician		
Written doctor's order on the patient's chart		Referring physician		
One (1) copy of Negative RT-PCR swab test result valid within 14 days		Accredited Swab/Laboratory Facility		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requesting area prepares the patient on the scheduled date and time with the patient's chart	1.1 Nursing attendant will accompany the patient to Pulmonary Unit	None	15 minutes	Nurse and Nursing attendant
	1.2 Review patient's chart and check validity of RT-PCR swab result		2 minutes	Respiratory Therapist on duty
	1.3 Interview the patient and gather required information prior to procedure		5 minutes	Respiratory Therapist on duty
2. Performs Test	2.1 Explains and demonstrate the procedure to the patient  2.2 Perform requested procedure	None	45 minutes	Respiratory Therapist on duty
3. Patient returns to the service ward/ICU	3.1 Call and inform the Nurse on duty (NOD) about the end of the test and patient may return to ward	None	1 minute	Respiratory Therapist on duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

4.Charge applicable fees	4.1 Inputs procedure fees/ charges on Bizbox to include on the patient's bill	Php 1,230.00	2 minutes	Respiratory Therapist on duty
5.Provide schedule of release of official result	5.1 Respiratory Therapist on duty will inform the respective area on the scheduled release date of the official result and can be claimed at the Pulmonary Unit	None	2 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>Php 1,230.00</b>	<b>1 hour and 12 minutes</b>	





**H. RELEASE OF PULMONARY FUNCTION TEST RESULT FOR INPATIENT**

This process covers the release of Pulmonary Function Testing (PFT) results for inpatients after three (3) working days from the date of procedure.

<b>OFFICE</b>	<b>Medical Service - Pulmonary Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All inpatients requiring Pulmonary Function Testing</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Hospital Card		Information Section at the 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. The Respiratory Therapist on duty will inform the nurse station that the official result is available for pick up at the Pulmonary Unit.	1.1 Release official result	None	2 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>2 minutes</b>	



## I. Request for Use of Mechanical Ventilator/BIPAP Machine

This process covers inpatients requiring mechanical ventilation or Non-invasive ventilation.

<b>OFFICE</b>	<b>Medical Service - Pulmonary Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All inpatients requiring mechanical ventilation/ BIPAP machine</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of Pulmonary Unit Request Form		Referring physician		
Written doctor's order on the patient's chart		Referring physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Nurse on duty (NOD) will inform the Respiratory Therapist on duty (RTOD) for the mechanical ventilator/ BIPAP hooking provided with a Pulmonary Unit Request Form	1.1 Receives and checks completeness of Pulmonary Unit 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 Check the patient's information and verify the doctor's order	<i>*See table of fees and charges</i>	2 minutes	Respiratory Therapist on duty
	1.5 Connect the machine to the patient			
	1.6 Secures mechanical ventilator and assess the patient before leaving			



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5<sup>TH</sup> EDITION

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	1.7 Inputs procedure fees/ charges on Bizbox to include on the patient's bill			
	1.8 Patient monitoring twice per shift			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>*varies</b>	<b>32 minutes</b>	



LIST OF PULMONARY SERVICES AND FEES		
PROCEDURE	DESCRIPTION	AMOUNT
Mechanical ventilator	<ul style="list-style-type: none"> <li>● Adult/ Pediatric use</li> <li>● Infant use</li> </ul> <p>*mechanical ventilator consumables</p>	<p>Php 2,540.00 Php 2,180.00</p> <p><i>*Total price of consumable varies depending on the need of the patient</i></p>
BIPAP machine	<ul style="list-style-type: none"> <li>● Non- invasive ventilation</li> <li>● Corrugated tubings (10 pre-cut)</li> <li>● BIPAP mask                             <ul style="list-style-type: none"> <li>○ vented mask</li> <li>○ non-vented mask</li> </ul> </li> </ul>	<p>Php 2,190.00 Php 210.00 (21.00/ pre-cut)</p> <p>Php 2,457.14 Php 4,114.29</p>
Transport ventilator	<ul style="list-style-type: none"> <li>● Use of transport ventilator</li> <li>● Consumable                             <ul style="list-style-type: none"> <li>- Bacterial filter</li> <li>- Transport ventilator tubings used may vary depending on the machine</li> </ul> </li> </ul>	<p>Php 740.00</p> <p>Php 114.29</p> <p><i>*Total price of consumable varies depending on the need of the patient</i></p>
In- line nebulization	Nebulization	Php 35.00
Incentive Spirometry	Incentive Spirometry procedure	Php 50.00
	Incentive Spirometer	Php 564.29
RSBI	Rapid Shallow Breathing Index (RSBI)	Php 60.00
PEFR Monitoring	<ul style="list-style-type: none"> <li>● Peak Expiratory Flow Meter</li> <li>● PEFR Monitoring</li> </ul>	<p>Php 1,400.00</p> <p>Php 60.00</p>
Chest Physiotherapy	- Use of Electric Percussor	Php 100.00
High Flow Oxygen Machine	<ul style="list-style-type: none"> <li>● Use of High Flow Oxygen Therapy Machine</li> <li>● consumables may vary depending the machine use</li> </ul>	<p>Php 2,350.00</p> <p><i>*Total price of consumable varies depending on the machine</i></p>





LIST OF PULMONARY SERVICES AND FEES		
PROCEDURE	DESCRIPTION	AMOUNT
Mechanical ventilator	<ul style="list-style-type: none"> <li>● Adult/ Pediatric use</li> <li>● Infant use</li> </ul> <p>*mechanical ventilator consumables</p>	<p>Php 2,540.00 Php 2,180.00</p> <p><i>*Total price of consumable varies depending on the need of the patient</i></p>
BIPAP machine	<ul style="list-style-type: none"> <li>● Non- invasive ventilation</li> <li>● Corrugated tubings (10 pre-cut)</li> <li>● BIPAP mask               <ul style="list-style-type: none"> <li>○ vented mask</li> <li>○ non-vented mask</li> </ul> </li> </ul>	<p>Php 2,190.00 Php 210.00 (21.00/ pre-cut)</p> <p>Php 2,457.14 Php 4,114.29</p>
Transport ventilator	<ul style="list-style-type: none"> <li>● Use of transport ventilator</li> <li>● Consumable               <ul style="list-style-type: none"> <li>- Bacterial filter</li> <li>- Transport ventilator tubings used may vary depending on the machine</li> </ul> </li> </ul>	<p>Php 740.00</p> <p>Php 114.29</p> <p><i>*Total price of consumable varies depending on the need of the patient</i></p>
In- line nebulization	Nebulization	Php 35.00
Incentive Spirometry	Incentive Spirometry procedure	Php 50.00
	Incentive Spirometer	Php 564.29
RSBI	Rapid Shallow Breathing Index (RSBI)	Php 60.00
PEFR Monitoring	<ul style="list-style-type: none"> <li>● Peak Expiratory Flow Meter</li> <li>● PEFR Monitoring</li> </ul>	<p>Php 1,400.00 Php 60.00</p>
Chest Physiotherapy	- Use of Electric Percussor	Php 100.00
High Flow Oxygen Machine	<ul style="list-style-type: none"> <li>● Use of High Flow Oxygen Therapy Machine consumables may vary depending the machine use</li> </ul>	<p>Php 2,350.00</p> <p><i>*Total price of consumable varies depending on the machine</i></p>



<b>K. REQUEST FOR USE OF TRANSPORT VENTILATOR</b>				
This process covers transport of intubated patients from ward/ICUs to certain procedures such as radiology procedures, cardiovascular procedures and hemodialysis using the transport ventilator.				
<b>OFFICE</b>	<b>Medical Service - Pulmonary Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All inpatients requiring transport ventilator</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) copy of Pulmonary Unit Request Form			Referring physician	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Nurse on duty (NOD) will inform the Respiratory Therapist on duty (RTOD) for the procedure provided with a Pulmonary Unit Request Form	1.1 Receives and checks completeness of Pulmonary Unit Request Form  1.2 Prepares the equipment and consumables needed  1.3 Check the patient's information 1.4 Connect the transport ventilator and assess the patient before leaving the ward/ICU  1.5 Secure transport ventilator on the stretcher  1.6 Accompany the patient to required procedure; patient must be accompanied with resident on duty/nurse and nursing attendant during transport  1.7 Inputs procedure fees/ charges on Bizbox to include on the patient's bill	None	40 minutes	Respiratory Therapist on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	may vary	40 minutes	



LIST OF PULMONARY SERVICES AND FEES		
PROCEDURE	DESCRIPTION	AMOUNT
Mechanical ventilator	<ul style="list-style-type: none"> <li>● Adult/ Pediatric use</li> <li>● Infant use</li> </ul> <p>*mechanical ventilator consumables</p>	<p>Php 2,540.00            Php 2,180.00</p> <p><i>*Total price of consumable varies depending on the need of the patient</i></p>
BIPAP machine	<ul style="list-style-type: none"> <li>● Non- invasive ventilation</li> <li>● Corrugated tubing's (10 pre-cut)</li> <li>● BIPAP mask               <ul style="list-style-type: none"> <li>○ vented mask</li> <li>○ non-vented mask</li> </ul> </li> </ul>	<p>Php 2,190.00            Php 210.00 (21.00/ pre-cut)</p> <p>Php 2,457.14            Php 4,114.29</p>
Transport ventilator	<ul style="list-style-type: none"> <li>● Use of transport ventilator</li> <li>● Consumable               <ul style="list-style-type: none"> <li>- Bacterial filter</li> <li>- Transport ventilator tubing's used may vary depending on the machine</li> </ul> </li> </ul>	<p>Php 740.00</p> <p>Php 114.29  <i>*Total price of consumable varies depending on the need of the patient</i></p>
In- line nebulization	Nebulization	Php 35.00
Incentive Spirometry	Incentive Spirometry procedure	Php 50.00
	Incentive Spirometer	Php 564.29
RSBI	Rapid Shallow Breathing Index (RSBI)	Php 60.00
PEFR Monitoring	<ul style="list-style-type: none"> <li>● Peak Expiratory Flow Meter</li> <li>● PEFR Monitoring</li> </ul>	<p>Php 1,400.00</p> <p>Php 60.00</p>
Chest Physiotherapy	- Use of Electric Percussor	Php 100.00
High Flow Oxygen Machine	<ul style="list-style-type: none"> <li>● Use of High Flow Oxygen Therapy Machine</li> <li>● consumables may vary depending the machine use</li> </ul>	<p>Php 2,350.00</p> <p><i>*Total price of consumable varies depending on the machine</i></p>







# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

2. Nurse on duty will inform the Pulmonary Unit once the patient comes back from the procedure	2.1 Respiratory Therapist on duty will go to the ER to accompany and assist the patient going back to its ward/ICU	None	20 minutes	Nurse on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>may vary</b>	<b>time may vary depending on the procedure and place</b>	



LIST OF PULMONARY SERVICES AND FEES		
PROCEDURE	DESCRIPTION	AMOUNT
Mechanical ventilator	<ul style="list-style-type: none"> <li>• Adult/ Pediatric use</li> <li>• Infant use</li> </ul> <p>*mechanical ventilator consumables</p>	<p>Php 2,540.00 Php 2,180.00</p> <p><i>*Total price of consumable varies depending on the need of the patient</i></p>
BIPAP machine	<ul style="list-style-type: none"> <li>• Non- invasive ventilation</li> <li>• Corrugated tubing's (10 pre-cut)</li> <li>• BIPAP mask               <ul style="list-style-type: none"> <li>○ vented mask</li> <li>○ non-vented mask</li> </ul> </li> </ul>	<p>Php 2,190.00 Php 210.00 (21.00/ pre-cut)</p> <p>Php 2,457.14 Php 4,114.29</p>
Transport ventilator	<ul style="list-style-type: none"> <li>• Use of transport ventilator</li> <li>• Consumable               <ul style="list-style-type: none"> <li>- -Bacterial filter</li> <li>- Transport ventilator tubing's used may vary depending on the machine</li> </ul> </li> </ul>	<p>Php 740.00</p> <p>Php 114.29</p> <p><i>*Total price of consumable varies depending on the need of the patient</i></p>
In- line nebulization	Nebulization	Php 35.00
Incentive Spirometry	Incentive Spirometry procedure	Php 50.00
	Incentive Spirometer	Php 564.29
RSBI	Rapid Shallow Breathing Index (RSBI)	Php 60.00
PEFR Monitoring	<ul style="list-style-type: none"> <li>• Peak Expiratory Flow Meter</li> <li>• PEFR Monitoring</li> </ul>	<p>Php 1,400.00</p> <p>Php 60.00</p>
Chest Physiotherapy	- Use of Electric Precursor	Php 100.00
High Flow Oxygen Machine	<ul style="list-style-type: none"> <li>• Use of High Flow Oxygen Therapy Machine</li> <li>• consumables may vary depending the machine use</li> </ul>	<p>Php 2,350.00</p> <p><i>*Total price of consumable varies depending on the machine</i></p>



**Cardiovascular Unit (CVU)**

**A. CARDIOVASCULAR TREATMENT FOR OUT-PATIENT**

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

<b>OFFICE</b>	<b>Paramedical Service – Cardiovascular Unit</b>	
<b>CLASSIFICATION</b>	<b>Simple</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen, G2G-Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>All cardiovascular patients needing assessment, evaluation and treatment.</b>	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
<p>1. Diagnostic request form: Must be completely filled up: Name, age, sex, diagnosis, hospital number, properly checked procedure to be done, case number (optional).</p> <p>1.1 For Vascular procedures: a) Proper evaluation by specialist for an appropriate test.</p>	1.Department/Referring Hospital/ Agency	
<p>2. Negative RAT (Rapid Antigen Test)</p> <p>2.1 Fully vaccinated (completed the primary two (2) doses.</p> <p>2.2 Vaccination card and/or vaccine certificate.</p> <p>2.3 Clinically asymptomatic and no current history (about 2 weeks) of travel from COVID19 surge areas.</p> <p>2.4 RAT results will only be honored if officially interpreted from any DOH-tertiary hospital signed by a Medical Physician.</p> <p>2.5 Validity three (3) days only.</p>	2.Referring Hospital/Agency	



3. Negative RT-PCR (Reverse Transcription Polymerase Chain Reaction); (Oropharyngeal and Nasopharyngeal) 3.1 Patient is NOT vaccinated. 3.2 Partially vaccinated (1st dose; primary vaccine only)3.3 Clinically symptomatic or with history of current travel from COVID 19 surge areas. 3.4 Validity 14 days.		3.Referring Hospital/Agency		
4.One (1) copy of Hospital Card		4. Information Section at Hospital Main Building right wing entrance.		
5.One (1) copy of Official Receipt		5.Cashier (OPD ground floor/Main Lobby)		
6.One copy of Guarantee Letter; if applicable		6.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	None	2 minutes	Admin staff Heart Station
	1.2 Costing of procedure	None		
	1.3 Instruct patient to proceed to cashier (for OPD patients only)	None		
	1.4 Schedule patient	None		
*For scheduled procedure: 2D echo, Vascular, 24-Hour Holter Monitor and Treadmill Exercise Test proceed to step no.3 *For ECG skip step no.3				
2. Pays applicable fees	2. Instructs patient to proceed to cashier	See table of fees and charges	5 minutes	Cashier Collecting section



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5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

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	ECG:10mins 2d echo: 45mins Vascular:2hrs 24Hour Holter: 24hours Treadmill: 45mins	Medical Equipment Technician  Medical Equipment Technician
4. Proceed to treatment area	4. Performance of procedure	None	2 hours	Medical Equipment Technician
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	Medical Equipment Technician
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours, 11 minutes</b>	



## LIST OF CARDIOVASCULAR SERVICES AND FEES

TYPE	DESCRIPTION	AMOUNT	READERS FEE (FOR PAY PATIENT'S ONLY)
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



**B. CARDIOVASCULAR PROCEDURE FOR IN-PATIENT**

This process covers rendering cardiovascular procedures for inpatients. 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 5:00 pm excluding holidays.

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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
4. Negative RAT (Rapid Antigen Test) or Negative RT-PCR (Reverse Transcription Polymerase Chain Reaction);	

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Arrival of patient to Cardiovascular Unit	1.1 Interviews patient/relative  1.2 Check the patient's identity and for the correctness of information from the chart.	None  None	45 minutes	Medical Equipment Technician Heart Station





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

2. Proceeds to treatment area	2.1 Assists the patient to the treatment area.  2.2 Perform the requested procedure	None	2 hours	Medical Equipment Technician Heart Station
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	Medical Equipment Technician Heart Station
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours, 47 minutes</b>	



## FAMILY MEDICINE

### A. MEDICAL CONSULTATION OF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

This process aims to provide patients, employees and their families who want to avail of 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 waiting area besides Medical Arts Building			
<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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Original Hospital card		Information Section at Hospital's ground floor right-wing entrance main building		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.1 Secure updated hospital card	1.1 Provide patient chart form	None	30 seconds	Nursing Attendant/ Nurse
1.2 Fill-out patient chart	1.2 Gather information like medical, personal, and social history, including a family assessment tool	None	10 seconds	
	1.3 Obtain vital signs, anthropometric measurements, and physical examination	None	5 minutes	Administrative Assistant/ Resident-On-Duty
2. Fill-out issuance of necessary ancillary and laboratory requests	2. Issuances of necessary ancillary laboratory requests	None	2 minutes	Resident-On-Duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

3.Presentation of ancillary and laboratory results	3.1 Interpretation of results	None	2 minutes	Resident-On-Duty
	3.2 Prescribes medications and/or issuance of additional ancillary procedures	None	3 minutes	
	3.3 Counselling/Health education	None	10 minutes	
	3.4 Referral to a medical specialist if warranted with a referral form	None	1 minute	
	3.5 Schedules follow-up visits via Telehealth or Face to Face	None	30 seconds	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>34 minutes</b>	



**B. TELEHEALTH CONSULTATION OF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE**

This process aims to provide online medical teleconsultation to all patients, including employees. Patients will use their Facebook accounts and they will go to Jose R. Reyes Memorial Medical Center and click the 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.

<b>OFFICE</b>	Medical Service - Family & Community Medicine Clinic- Out-Patient Department extension waiting area in front of Hospital Lobby
<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 who seeking online medical consultation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Internet connection (Facebook account)	Patient

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESsing TIME	PERSON RESPONSIBLE
1. Request for online consultation	1. Sends electronic medical disclaimer consent	None	1 minute	Resident-On-Duty
1.1 Agreed consent from electronic medical disclaimer before the start of the consultation	1.1 Send electronic information form including past medical, family, and personal history, and other assessment tools	None	5 minutes	
1.2 Patient fill-out necessary information	1.2 Assess 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 departments	None	1 minute	



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

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



## C. AVAILMENT OF MEDICAL ASSISTANCE

This process aims to assist patients and employees who avail of medical assistance programs 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- Out-Patient Department extension waiting area in front of Hospital Lobby			
<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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's ground floor right-wing entrance of the main building the main building		
Original updated prescriptions less than 3 months		From his/her Attending physicians/Hospital		
Original ancillary and/or laboratory procedures request form		From his/her Attending physicians/Hospital		
Original clinical abstract		From his/her Attending physicians/Hospital or provided by JRRMMC Family Medicine		
One (1) Original Indigency certificate		From their Barangay Hall		
One (1) Original per treatment protocol when necessary		From Attending physicians/Hospital or Center		
One (1) Original and Valid Guarantee Letter		From Congress and Senate		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Availment of medical assistance	1 Asks patient to secure and/or update hospital card	None	1 minute	Nursing attendant
1.1 Secure and/or updated hospital card	1.1 Assess necessary documents for validity and completeness	None	2 minutes	Resident-On-Duty
1.2 Present necessary documents	1.2 Provides medical abstracts to those who needed	None	1 minute	
	1.3 Instructs patient to proceed to the pharmacy	None	1 minute	



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>for availability and pricing of medicines</p> <p>1.4 Provides prescriptions and/or ancillary laboratory procedures</p> <p>1.5 Outdated prescriptions more than 3 months from their physicians are advised to seek consultation and securely updated prescriptions and/or ancillary laboratory procedures</p>	<p>None</p> <p>None</p>	<p>1 minute</p> <p>1 minute</p>	
2. Patients proceed to medical social service before avail medicine and/or ancillary laboratory procedures	2. Instructs patients to proceed to the medical social service department	None	2 minutes	Resident-On-Duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>9 minutes</b>	



## D. AMBULATORY SERVICE CONSULTATION

This process aims to provide our patients, employees, and their families who avail medical consultation from Monday to Sunday from 8:00 am to 5:00 pm.

<b>OFFICE</b>	Medical Service - Family & Community Medicine Clinic- Ambulatory-Emergency Room 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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Hospital card		Information Section at Hospital's ground floor right-wing entrance.		
One (1) Blotter form		Triage is located in a tent beside the emergency room entrance		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patients secure blotter form from triage	1. Prioritize the patient as to the urgency	None	15 minutes	Triage-Officer
1.1 Patient or companions secure hospital card	1.1 Assess patient, provide patient chart form			Triage-Officer
1.2 Employee and/or their relatives fill-out patient chart	1.2 Gather information, history including a family assessment tool			Resident-On-Duty
	1.3 Obtain anthropometric measurements and conduct a physical examination			Resident-On-Duty
	1.4 Issuance of necessary ancillary and laboratory requests			Resident-On-Duty





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

<p>2.Presentation of ancillary and laboratory results</p>	<p>2. Interpretation if results</p> <p>2.1 Counselling/Health education</p> <p>2.2 Prescribes medications and/or issuance of additional ancillary procedures</p> <p>2.3 Referral to a medical specialist if warranted</p> <p>2.4 Schedules follow-up visits via Telehealth or Face to Face</p>	<p>None</p>	<p>15 minutes</p>	<p>Resident-On-Duty</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>23 minutes</b></p>	



**WOUND CARE**

<b>A. REQUEST FOR WOUND CARE TREATMENT</b>				
<b>OFFICE</b>	WOUND CARE UNIT			
<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 WHO NEEDS ADVANCED WOUND CARE MANAGEMENT			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) copy of updated hospital card		Information section		
Referral form/ endorsement letter		From referring medical services (e.g. im, surgery, ortho service and etc.)		
Latest laboratory results and x-ray, if available		Once warranted by referring medical service.		
Philhealth member data record		Philhealth office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>WOUND CARE NURSEPERSON RESPONSIBLE</b>
Patients will give the referral/endorsement letter to nurse on duty with the updated hospital card	Prepares necessary forms and interviews patient for history and patient information, Takes all available copies of laboratory and/or x-ray results and attached to charts	None	5 minutes	Wound care nurse
Present member data record	Will give instruction for the patients relative to file for philhealth for the procedure	None	10 minutes	Wound care nurse, billing, and philhealth section
Proceed to treatment rooms for assessment and evaluation	Ushers patients to the treatment room  Orients the rules in the clinic  Conducts initial assessment/ and proceeds to proposed procedure	None	30 minutes	Wound care nurse



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	Documentation of the wound assessment			
Philhealth health routing slip	<p>Completes necessary data and fills out special procedure records</p> <p>Fills out the cf4 requirement</p> <p>Submits accomplished routine slip, special procedure record, and SOA to billing section</p>	None	5 minutes	Wound care nurse/ attending physician
Discharge from the hospital	Provides home instructions and next follow up schedule	None	10 minutes	Wound care nurse
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>60 MINUTES</b>	



## HEALTH INFORMATION MANAGEMENT DEPARTMENT - MEDICAL RECORDS SECTION

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

Process Description: This process covers the issuance of health records/information to patients/relatives as documentary evidence to be used for filing of benefits in SSS/GSIS/other insurance companies or any other purpose it may serve. The service is offered from Monday to Friday 8:00 AM- 5:00 PM excluding h3. Present Official Receipt at the HIMD MRS-OPD (Room 8) holidays.

<b>OFFICE</b>	<b>HEALTH INFORMATION MANAGEMENT DEPARTMENT - MEDICAL RECORDS SECTION</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients; Legal/Authorized Representative of Patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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 (1 photocopy) 2. 1 valid ID of the representative (1 photocopy) 3. Authorization Letter (1 original)		BIR, post Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
<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 medical record/ information	1. Issues order of payment and indicate the price depending on the type of documents needed.	None	5 minutes	Admin Staff Medical Records Section
2. Proceed to the cashier to pay applicable fees	2. Instructs the patient to return upon payment of applicable fees	See table of fees and charges	5 minutes	Admin Staff Medical Records 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: condition specific: For OPD patient - 1 working day	None	8 minutes	Admin Staff Medical Records Section



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	For Inpatient - 3 working days For ER patient - 3 working days			
	3.1 Retrieves the records of the patient to be the basis of any issuances in favor of the patient	None	5 days	Admin Staff Medical Records Section
	3.2 Transcribes/ prepares/ fill-up the Medical Certificate/Medico-Legal Certificate/ Insurance/SSS Benefit Claims	None	15 minutes	Admin Staff Medical Records Section
	3.3 Checks for the conformity of the information in the prepared documents vs. the patient's records	None	10 minutes	Supervising Administrative Officer Medical Records Section
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	Admin Staff Medical Records Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>5 days and 48 minutes</b>	



## B. PROCESSING OF CERTIFICATE OF LIVE BIRTH

Process Description: This procedure covers the processing of Certificate of Live Birth of newborn babies born in the hospital.

<b>OFFICE</b>	<b>HEALTH INFORMATION MANAGEMENT DEPARTMENT - MEDICAL RECORDS SECTION</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients; Legal/Authorized Representative of Patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Principal: 1. 1 valid ID (1 original) 1. 2 Marriage Certificate (photocopy)		BIR, post Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
Legal/ Authorized representative 1. 1 valid ID of the person being represented (1 photocopy) 2. 1 valid ID of the representative (1 photocopy) 3. Authorization Letter (1 original)		BIR, post Office, DFA, PSA, SSS, GSIS, Pag-IBIG		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
	1. Receives the draft of Certificate of Live Birth	None	1 minute	Admin Staff Medical Records Section
	2. Transcribes/ encodes the Certificate of Live Birth	None	10 minutes	Admin Staff Medical Records Section
1. Proceed to HIMD-MRS within one week after discharge to verify/correct the information in the birth certificate.	3. Clarifies/Interviews mother for additional information deemed necessary pertaining to Certificate of Live Birth	None	20 minutes	Admin Staff Medical Records Section
	4.1 Transcribes/Checks for the correctness based on the given information.	None	15 minutes	Supervising Administrative Officer Medical Records Section
	4.2 Registers Certificate of Live Birth at the Local Civil Registrar	None	30 minutes	Admin Staff Medical Records Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hours and 16 minutes</b>	



**BEHAVIORAL MEDICINE**

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Hospital Card (1) original	Information Section at the 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

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to the Dept. of Behavioral Medicine and present Referral Slip.	1.1 Verifies Referral Slip and provides available schedule, examination requirements and fees.	None	5 minutes	Admin Aide I and VI
	1.2 Issues schedule Slip/slot and inform the clients or patients what to bring during	None	5 minutes	Admin Aide I and VI



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	the scheduled day of examination.			
2. Take note of the Scheduled date/time.	2.1 Advise the client/s or patient/s to come back on the scheduled date/time.	None	5 minutes	Admin Aide I and VI
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>15 minutes</b>	





**B. 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>	<b>Medical Service – Department of Behavioral Medicine</b>			
<b>CLASSIFICATION</b>	<b>Highly Technical</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2B – Government to Business G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Client/s or Patient/s; Legal/Authorize Representative of Patient/s or Client/s</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 release 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	None	5 minutes	Admin Aide I and VI



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	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.	Php 300.00	10 minutes	Admin Aide I and VI
2. Client/s or Patient/s and or Patient/s Legal Guardian proceed to the department waiting area.	2.1 Prepare and Issues Psychological Report. For Clinical patients, a report will be released to the patient or authorized guardian. For Psychometric Examination, a report will be forwarded to the Human Resource Management. For NPE, a report will be released to the Client but in-sealed and addressed to the requesting agency or attending Physician.	None	5 minutes	Admin Aide I and VI
	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	Admin Aide I and VI
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>23 minutes</b>	



## C. 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>	<b>Medical Service – Department of Behavioral Medicine</b>			
<b>CLASSIFICATION</b>	<b>Simple Transaction</b>			
<b>TYPE OF TRANSACTION</b>	<b>Government to Citizen Government to Business Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Clients requiring Neuropsychiatric Evaluation, Psychological and Psychometric Examination</b>			
<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 (Dept. of Behavioral Medicine) 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 the schedule indicated in the hospital card and issues the order of payment.	None	5 minutes	Admin Aide I and VI
	1.2 Instructs client to	None	5 minutes	Admin Aide I and VI



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



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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5. Take note of the scheduled date of release.	5.1 Provides schedule date of the release of result.	None	5 minutes	Admin Aide I and VI
6. Returns on the scheduled day/time of release of Psychological Report and Present hospital card	<p>6.1 Verifies schedule of release of Official Report and documents submitted.</p> <p>6.2 Issues Psychological Report. For Clinical patients, a report will be released to the patient or authorized guardian. For Psychometric Examination, a report will be forwarded to the Human Resource Management. For NPE, a report will be released to the Client but in-sealed and addressed to the requesting agency or attending Physician.</p>	None	10 minutes	Admin Aide I and VI
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>5 hours, 40 minutes</b>	



## Nursing Education Training and Research Unit (NETRU)

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

This process covers all applicants taking a 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>		
Letter of Application		Applicant		
Resume with ID pic (2x2)		Applicant		
Diploma, Authenticated (1 original)		School		
Transcript of records (1 original)		School		
Good Moral Character from the School		School		
Board Rating, Authenticated (1 Original)		School		
PRC ID, Authenticated (1 Original)		PRC		
NBI Clearance (1 original)		NBI		
Birth Certificate, PSA copy (1 original)		PSA		
Certificates of seminars, trainings, attended (1 photocopy)		Applicant		
<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. Receives list of applicants and documents from HR  1.2 Checks for completeness of	None	5 minutes	Secretary, Chief Nurse Office



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	requirements / documents as to list.			
1. CNO Secretary forward complete documents of applicants to NETRU	2.Receives list of applicants and documents from CNO	None	15 minutes	Secretary, NETRU
	2.1 Reviews documents of Applicants			
	2.2 Schedules date of Examination	None	2 minutes	Head, NETRU
2. Applicant receives notification via text message/ email	3.Notifies applicant regarding the following: <ul style="list-style-type: none"> <li>• Date, Time and Exam Venue</li> <li>• Attire</li> <li>• What to bring</li> </ul>	None	2 minutes	Secretary, NETRU
	3.1 Prepares the test questionnaire and answer sheet	None	5 minutes	Nurse Training Officer, NETRU
	3.2 Assigns Nurse Training Officer who will oversee the conduct of the examination.	None	2 minutes	Head, NETRU
3. Applicant proceed to designated examination room	4. Checks attendance and validates applicant's identity	None	2 minutes	Nurse Training Officer, NETRU
4. Applicant undergo examination	5. Gives instructions and facilitates the examination	None	1 hour	Nurse Training Officer, NETRU
	5.1. Instructs applicant to follow up result at HR	None	5 days	Nurse Training Officer, NETRU
	5.2. Checks answer sheet	None	15 minutes	Nurse Training Officer, NETRU
	5.3. Reviews answer sheet and finalize result of exam	None	5 minutes	Head, NETRU
	5.4. Encodes final examination result	None	30 minutes	Secretary, NETRU
	5.5. Reviews the accuracy of the encoded examination result	None	5 minutes	Head, NETRU
	5.6. Forwards final result to the Chief Nurse for approval	None	5 minutes	Secretary, NETRU
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>5 days 2 hours 55 minutes</b>	



## B. ORIENTATION OF NURSING STUDENTS AFFILIATES

This process covers the orientation program of student affiliates prior to clinical duty. The schedule of orientation is every 1st Tuesday of the month, from 8:00 am – 12:00 pm. In case Tuesday is declared a holiday, the schedule shall be coordinated by NETRU Officers to respective schools.

<b>OFFICE</b>	<b>Nursing Service - Nursing Education Training and Research Unit (NETRU)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All nursing student affiliates prior to clinical duty</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Communication letter from school (2 copies)		Affiliating school		
Schedule of duty		Affiliating school		
Attendance sheet		NETRU		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Affiliating school forwards list of students for orientation	1. Receives communication letter from school with list of students.	None	2 minutes	Secretary, NETRU
2. Receives notification of schedule of orientation	2. Notify school of schedule of orientation	None	5 minutes	Secretary, NETRU
3. Student affiliates with their Clinical Instructor proceed to orientation venue	3. Checks proper grooming and attendance of students as to forwarded list	None	4 hours	Nurse Training Officer, NETRU
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>		





**CLINICAL AREAS**

**A. PROCEDURE FOR RECEIVING PATIENT AND PROVISION OF CARE TO CLINICAL AREAS**

This process covers the receiving process provided to all patients 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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Written Admission Order		Nurse’s Station, Written on Patient’s Medical Records		
Out-Patient Department admission / Elective Admission: Written Doctor’s Order and Admission Slip Accomplished Checklist for OPD Admission Medical record /chart  Emergency Service Complex Admission  Written Doctor’s Order and Admission Slip Wrist identification tag Medical records/chart		Admitting Unit Nurse’s Station		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request information on Notification of admission	For emergency service complex admission:	None	15 minutes	



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	<p>1.1. ESC Nurse on Duty informs ward NOD regarding admission</p> <p>For elective admission:</p> <p>1.2 Admitting staff informs ward NOD regarding admission</p>			<p>ESC NOD /Nurse Clinical Area</p> <p>Admitting Staff/Nurse Clinical Area</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>	None	15 Minutes	Ward Nurse/ attendant on duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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5. Informed of Status in the completeness of records.	5. Evaluates and validates doctor's written order and checks for completeness of chart 5.1. Notifies attending physician 5.2. Entry of patient data to the Hospital Information System	None	10 Minutes	Physician In charge  Nurse on duty
6. Receives satisfying Care Management	6. Assesses patient condition and establishes plan of care 6.1. Implements care management needed. 6.2. Carries out physician order intelligently. 6.3. Administer medication and treatment as per standard 6.4. Monitors patient 6.5. Makes necessary referral for further management 6.6. Evaluates outcome of care. 6.7. Documents are rendered.	None	15 minutes	Nurse on duty  Physician in charge  Nurse clinical area  Physician in charge
7. Informed of attending physician's Disposition of care  (For surgical procedure, Isolation, transfer, etc.)	7. Evaluates patient condition 7.1. For Improved condition and for discharge 7.2. For surgical operation /preparation for surgery 7.3. For isolation for communicable disease, 7.4. For transfer of other services 7.5. Death	None	48 hours	Nurse Clinical Area  Physician in charge
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>		



## B. DISCHARGE PROCESS / DISCHARGING A PATIENT FROM CLINICAL AREAS

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

<b>OFFICE</b>	<b>Nursing Service – Clinical Area</b>	
<b>CLASSIFICATION</b>	<b>Simple</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G – Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>Patient(s) Patient's Representative: Relative(s) of the patient or Legal Guardian(s) of the patient</b>	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Written Discharge Order	Nurse's Station, Written on Patient's Medical Records
	Philhealth Forms:	
	Primary Requirements:	
	PBEF	Admitting Unit / Phil.C.A.R.E.S
	CF2 (Surgery and Gyne – D&C, TAHBSO)	Nurse's Station
	CF3 (NSD and CS)	Nurse's Station
	CF4 (ALL)	Nurse's Station
	CSF (Internal Medicine)	
	(Updated)PMRF	
	Secondary Requirement:	
	MDR (1 original)	Philhealth Main / Satellite Offices



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	Philhealth Main / Satellite Offices
Certificate of Contribution / Official Receipt of	Admitting Unit / Phil.C.A.R.E.S
Contribution Payment (1 photocopy)	
Secondary Requirement:	Personal Property / PSA / Local Civil
Birth Certificate (1 photocopy)	Registrar's Office
Marriage Certificate (1 photocopy)	Personal Property / PSA / Local Civil
	Registrar's Office
Point of Service (POS) Certificate	Personal Property / Medical Social Service
(1 photocopy)	Office
Medical Abstract / Discharge Summary (1	Nurse's Station
photocopy)	
OR Technique / Surgical Memo (1 photocopy)	Nurse's Station
All Laboratory/Radiology/Diagnostics Results	Nurse's Station/ Laboratory/Radiology/
(1 photocopy)	Diagnostics
Senior Citizen Identification Card/	Personal Property / MSWD / OSCA
PWD Identification Card/	Personal Property / MSWD
Certificate of Employment, for Government	Personal Property / Government Agency
Employees (1 original)	
Patient / Customer Satisfaction Survey	Nurse's Station



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5<sup>TH</sup> EDITION

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(1 original)				
Official Receipts (for medicines)		Cashier Section		
Official Receipt (for hospital bill)(1 original)		Cashier Section		
Statement of Account (1 original)		Philhealth / Billing Claims Office		
Discharge Clearance / Notice of Discharge		Nurse's Station		
Discharge Notice (1 original)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Receives notice of discharge/ discharge clearance slip</p> <p>citizen specific: 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 slips and instruct to</p> <p>proceed to blood bank for clearance</p>	None	1 hour	<i>Attending Physician/ Nurse Clinical Area</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

2. Proceeds to blood bank	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>	<b>situation specific:</b>			
If the client needs further financial assistance: Proceed to MSWD for assistance/clarification/discount.	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 of signatories (blood bank, billing,	None	15 minutes	<i>Nurse Clinical Area</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	collecting) in the clearance slip			
7. Receives the discharge summary and completes the 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>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 hours</b>	





**C. PROCESS IN PREPARATION OF PATIENT FOR SURGICAL PROCEDURE**

This process covers preparation of patients 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 are offered Monday thru Fridays, excluding holidays according to services schedule mandated, while Direct operation are procedures that need 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>	<b>Medical / Surgical and Nursing Service – Clinical Areas</b>	
<b>CLASSIFICATION</b>	<b>Simple</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G - Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>All patients needing surgical operation.</b>	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	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 X-ray 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



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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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 orders.  1.1. Explains the procedure to patient /relative /watcher	None	15 minutes	Physician in charge  Nurse on duty
2. Signs Informed consent  citizen specific:  For patients under legal age/minor, a presence of a parent/immediate 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	2. Secure voluntary informed consent	None	5 minutes	Physician in charge  Nurse on duty  Chief of Clinics  Officer of the day
3. Informed of Operation Notification	3. Determine the urgency of the procedure  For the direct operations coordination with the anesthesiologist is a requirement  For elective and emergency operations notification slip is needed.  1. Accomplishes notification slip 2. Checks for the completeness of records	None	15 minutes	Physician in charge  Nurse on duty  Anesthesiology  Surgeon



	including clearances, needed blood, diagnostic work up results and consent 3. Check for patient's pertinent data condition, operation to be performed, contraptions/s and medications to be given if any.			
4. Compliance to Preparation for surgical procedures	4. Provides pre-operative Care 4.1 Checks and verifies information given by the patient and ensure completeness of patient record. <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> 4.2 Checks proper placement and patency of all contraptions 4.3 Ensures amount of IV fluid and blood components appropriate during period of transfer	None	8 hours	Nurse Clinical areas/  Nursing Attendant  Main Operating Room  Surgeon/  Anesthesiologist
5. Safe Transport	5. Transfer patient to wheelchair / stretcher with side rails up and locked	None	15 minutes	Nurse Clinical areas/  Nursing Attendant  Utility personnel
6. Endorsement	6. Ward / Clinical Nurse Informs OR nurse regarding assessment, patient's condition, diagnosis, contraptions, special needs, and pre-op medications if any 6.1 OR nurse receives patients 6.2 Or nurse checks and validates patient's identity	None	5 minutes	Nurse Clinical areas/  OR nurse on duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	and completeness of patient's records.			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>8 hours and 55minutes</b>	



D. TRANS-OUT OF PATIENTS FROM ANOTHER 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 the Information section for transfer of service in the Hospital Information System (HIS).	None	25 minutes	<i>Attending Physician/</i>  <i>Nurse</i>  Clinical Area



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>Citizen specific:</p> <p>For basic accommodation: proceed to step 2.</p> <p>For pay patient: Provide clearance slip and settle hospital bills prior to transfer.</p>			
<p>citizen specific: Settles hospital bill</p>	<p>citizen specific: Receives the payment, prints and issues the official receipt to the client and affix signature in the clearance slip</p>			
<p>citizen specific: For isolation of infectious disease patients</p>	<p>1.4 Endorses and provide pertinent information and important precautions to the receiving ward nurse on duty</p>			
<p>2. Safe transfer patient</p>	<p>2. Receives the patient and transfer to bed assignment</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Nurse on Duty/ Nursing Attendant Clinical Area</i></p>
<p>3. Verbalizes past medical history</p>	<p>3. Performs assessment, history taking and initial vital signs.</p>	<p>None</p>	<p>20 minutes</p>	<p><i>Nurse on Duty/ Attending Physician Clinical Area</i></p>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

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</i> Clinical Area
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 15 minutes</b>	



## E. TRANS- IN OF PATIENTS FROM ANOTHER UNIT/ WARD

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

<b>OFFICE</b>	<b>Nursing Service – Clinical Area</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All in-patients</b>			
<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 the Information section for transfer of service in the Hospital Information System (HIS).	None	25 minutes	<i>Attending Physician/ Nurse Clinical Area</i>





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	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>	



## F. PROCEDURES IN MEDICATION ADMINISTRATION

This procedure for medication receipt, storage and administration. In promoting safety, maximizing benefits and reducing 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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Written physician Order for specific medication.		Attending Physician		
Patient's chart/ nursing assessment form for drug history Prescription Abstract of charges (for pay patients) Entry of charges at bizbox.		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. Compliance for Informed prescribed medication.	1. Discuss by attending physician the benefit and risk involved. 1.1. Written order for medication Encouraged compliance to medication regimen.	None	15 minutes	Attending Physician/  Nurse Clinical Area
2. Informed of medication availability.	2. Determine the availability of prescribed medication in the pharmacy. 2.1 Securing medications from the pharmacy	None	35 minutes	<i>Attending Physician/</i>  <i>Nurse</i> Clinical Area



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>2.2 Accomplished prescription and or abstract of charges</p> <p>2.3 Charge at bizbox.</p> <p>2.4 Claiming of medications at the pharmacy.</p> <p>2.5 Checked for identification and integrity.</p> <p>2.6 Checked for quantity</p>			Nursing attendant on duty
3. Receiving medication as per standards of care.	<p>3. Facilitate medication administration</p> <p>3.1 Follow the (10 golden rules) as standards of medication administration.</p> <p>3.2 If a skin test is needed, the physician in charge should assess 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>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour and 35 minutes</b>	



## G. 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>	<b>Nursing Service – Clinical Area</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All in-patients</b>			
<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 involved. Written order of planned referral, examination, and diagnostics	None	15 minutes	<i>Attending Physician/  Nurse Clinical Area</i>
2. Informed of the availability of the referred examination.	2 Informs patients 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/  Nurse Clinical Area</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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<p>3. Informed of schedule examination</p>	<p>3. Secure schedule of examination.            3.1 Forwarding of request or referral to referring unit            3.2 Checked for prescribed preparation prior to examination.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Attending Physician/ Nurse Clinical Area Nursing Attendant on duty</i></p>
<p>4.Prepared for scheduled examination.             Citizen specific:            For diagnostic examinations like X-ray, UTZ, CT scans etc. safe transport to the referring unit.</p>	<p>4.Forwarding of specimens and or safe of sending patients to the referring unit.             4.1. monitor and evaluate for tolerance of the examination and or untoward reactions.</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Nurse clinical area Nursing Attendant on duty Utility personnel</i></p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>40 minutes</b></p>	



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

<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 involved. 2.1. Written order of planned treatment. 2.2. Encouraging participation to undergo specific medical procedures or treatment. Securing signed consent if amenable; waiver if refused.	None	15 minutes	<i>Attending Physician/  Nurse Clinical Area</i>
2. Signs waiver.  citizen specific:	3. Informs patient and relatives of the benefit, risk involved and released hospital authorities, all	None	15 minutes	<i>Attending Physician/  Nurse Clinical Area</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

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



## I. PROCEDURES ON TRANSFER OF CADAVER AFTER POST MORTEM CARE

This procedure covers all patients pronounced clinically dead.

<b>OFFICE</b>	<b>Nursing Service – Clinical Area</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All in-patients</b>			
<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 the pronouncement of death.	1. Make pronouncements of clinical death and inform 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	None	35 minutes	2. Receives post-mortem Care





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>use of PPE in handling cadavers.</p> <p>2.3. Attaches required cadaver identification tag.</p> <p>2.4. Accomplishes necessary nursing documentation and checked for completeness of patients records.</p>			
<p>3. Understand/ listen to facility rules and policies including in Safely transfer of cadaver to morgue.</p>	<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 the 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>
<p>4. Endorsement</p>	<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>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>1 hour and 20 minutes</b></p>	



## J. PROCESS ON REQUISITION OF MEDICAL SUPPLIES TO CSSD

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

<b>OFFICE</b>	<b>Nursing Service – Clinical Area to CSSD</b>
<b>CLASSIFICATION</b>	<b>Simple</b>
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>
<b>WHO MAY AVAIL</b>	<b>All Clinical Areas</b>

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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Requisition and Issue Slip (2 original)	Clinical Areas
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<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Encodes requested supplies thru Materials Management System (MMS) and submit official RIS.	1. Receives and checks 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>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

				Central Supply and Sterilization Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>32 minutes</b>	



**K. 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>	<b>Nursing Service - Clinical Areas</b>
<b>CLASSIFICATION</b>	<b>Simple</b>
<b>TYPE OF TRANSACTION</b>	<b>G2G- Government to Government</b>
<b>WHO MAY AVAIL</b>	<b>In-patients with Philhealth under basic accommodation and /or Pay Accommodation</b>

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Prescription (completely filled) (1 original)	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>For Basic Accommodation 1. Presents the prescription and charge slip to the Pharmacist for review and checking the availability of the medicines/ medical supplies.</p> <p>For Pay Accommodation 2. Encodes the requested medicines/ medical supplies from the Hospital</p>	None	20 minutes	<p>Nursing attendant on duty</p> <p>Pharmacist Welfare or Commercial Pharmacy</p>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	Information System (HIS)			
2. Informed receipt of medicines under the custody of the nurse station.	<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. Place medicines on the designated medicine rack for individual patients.</p>	None	10 minutes	<p>Nursing attendant on duty</p> <p>Nurse on duty</p>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>30 minutes</b>	



**MAIN OR**

**A. PROCEDURE FOR SURGICAL OPERATION**

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

<b>OFFICE</b>	<b>Medical and Nursing Service - Main Operating Room</b>	
<b>CLASSIFICATION</b>	<b>Simple</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>All clients needing surgical operation</b>	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
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 X-ray result / MRI / CT scan / ECG, 2-D Echo / Ultrasound, etc.)		Hospital/Accredited Radiology Facility
Covid 19 RT-PCR Result (1 original)		Hospital/Accredited Laboratory Facility



Pre-operative Checklist of Materials		Attending Surgeon and Anesthesiologist / Nurse on Duty (OPD/ER/Clinical Ward/OR)		
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
<p>1.1 Brought to OR complex don in in white gown via stretcher</p> <p><b>Citizen specific:</b> 1.2. For patients categorized as Covid suspect / probable / confirmed case, will be brought to Covid-19 designated OR (Endoscopy Room)</p> <p>1.2. For patients under legal age/minor, presence of parent/immediate kin of legal age is mandatory</p>	<p>1. Receives and checks correct patient identification vis-a-vis wrist identification band, contraction(s) and completeness of OR materials/requirements needed</p>	None	1 min	Nurse / Nursing Attendant (Ward/ Main Operating Room)
<p>2. Provides information about personal history</p>	<p>2. Checks and verifies information given by the patient and ensures completeness of patient record: Name Date of Birth Allergy, if any Procedure Consent (surgical and anesthesia) NPO status (minimum of 8 hours)</p>	None	1 min	OR Nurse / Nursing Attendant / Institutional Worker  Main Operating Room
<p>3. Proceeds to operating theater</p>	<p>3. Safely transports patient inside the operating theater and assists in transferring to OR table</p>	None	Depends on the type of procedure and operative duration	Surgeon / Anesthesiologist / OR Nurse / Nursing Attendant / Institutional Worker



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>3.1. Validates patient's information (name, date of birth) and interviews for other related medical condition</p> <p>3.2. Explains the intraoperative 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> <p>3.5. Enters patient's data in the monitor for recording</p> <p>3.6 Performs Surgical "Timeout" prior to start of procedure. Initiates patient "Sign-out" prior to closing of operative incision</p> <p>3.7. Performs surgical procedure</p>		(15 mins to 1 day)	Main Operating Room
<p><b>Situation specific:</b></p> <p>Relative acknowledges receipt of specimen in the logbook</p>	<p>3.8. Provides postoperative management to patient</p> <p>If with specimen: Places specimen in tight-sealed bottle with proper label</p> <p>Provides instructions where to send off specimen with</p>	None	10 mins	<p>Surgeon / Anesthesiologist / OR Nurse / Nursing Attendant / Institutional Worker</p> <p>Main Operating Room</p>





	attached ancillary request(s) (Hospital/affiliated Pathology/Laboratory )			
<p><b>Citizen specific:</b></p> <p>For patients under legal age/minor, should be accompanied by parent/immediate kin of legal age in transit to Post Anesthesia Care unit (PACU) / Clinical Ward</p>	<p>3.9. Transfers patient safely to Post Anesthesia care Unit (PACU) via stretcher</p> <p><b>Situation specific:</b></p> <p>For procedures under local anesthesia, infectious cases on aerosol/droplet precaution, and suspected / probable / confirmed cases of Covid-19, will be transferred back to clinical ward</p>	None	5 mins	<p>OR Nurse</p> <p>Main Operating Room</p>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>32 minutes to 1 day and 17 minutes</b>	



**Human Resource Management Department (HRMD)**

**A. 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>	<b>Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Applicants</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Admin Staff Concerned Office



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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2. Receives a notice for written examination	2. Notifies applicants for written examination	None	5 minutes	Admin Staff Concerned Office
3. Receives a notice for interview	3. Schedules applicants for initial interview with the HR department head 3.1. Checks the authenticity of the submitted requirements 3.2 After interview, refers applicants for pre-employment evaluation 3.3 Schedules and notifies applicants who passed the written exam for interview with the chief nurse 3.1. Notifies applicants who failed the written exam thru e-mail or text message	None	50 minutes	Admin Staff Concerned Office
4. Receives notice for practical test	4. Notifies applicants on their schedule for practical test 4.1. Prepares and submits the result of pre-employment evaluation at the HR Department	None	10 minutes	Admin Staff Concerned Office
5. Receives notice for initial interview at HR Department	5. Schedules and notifies applicants who passed the pre-employment evaluation for initial interview with the HR Department Head	None	10 minutes	Admin Staff Concerned Office
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	Admin Staff Concerned Office



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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7. Receives notice of screening	7. Prepares and issues notice of screening	None	15 minutes	Admin Staff 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	Admin Staff 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	Admin Staff Concerned Office
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>		



## Public Assistance and Complaints Desk (PACD)

<b>A. GENERAL INQUIRIES AND ASSISTANCE</b>				
This process covers attending to patient's inquiries, concerns, location and direction of the department/office/unit. This service is open from Monday – Friday (7:00AM-5:00PM)				
<b>OFFICE</b>	<b>Hospital Operations and Patient Support Service: Central Communication Unit- Public Assistance and Complaints Desk (PACD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All patients/clients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			N/A	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Public Assistance and Complaints Desk (PACD)	1.1 Acknowledge the client's query and request.	None	1 minute	Administrative Staff on Duty
	1.2 Analyzes client's inquiries and concern	None	1 minute	
	1.3 Provide 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>	<b>N/A</b>	<b>5 minutes</b>	



<b>B. FILING OF COMPLAINTS</b>				
This process covers attending to client's complaints. This service is open from Monday – Friday (7:00AM-5:00PM)				
<b>OFFICE</b>	<b>Hospital Operations and Patient Support Service: Central Communication Unit- Public Assistance and Complaints Desk (PACD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All patients/clients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
(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>● Main Building</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Public Assistance Complaint Desk (PACD)	1.1. Acknowledge the client's concern/ complaints	None	1 minute	Administrative Staff on Duty
2. Fill out the Complaint Form	2.1 Give the Customer Complaint Form to the Client	None	1 minute	Administrative Staff on Duty
	2.2 Assists client in filling out the form	None	1 minute	
	2.3 Assists client and verify the details/ nature of his complaint	None	2 minutes	
	2.4 Analyzes clients concerns/ complaints	None	1 minute	
	2.5 Discuss possible action regarding complaints and coordinate to the concerned unit, office or department <i>situation specific:</i> If not resolved, refer to Legal Unit	None	5 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>11 minutes</b>	



## Central Communication Unit (CCU)

### A. RECEIVING AND TRANSFERRING OF INCOMING TELEPHONE CALLS

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

<b>OFFICE</b>	<b>Hospital Operations and Patient Support Service: Central Communication Unit- Public Assistance and Complaints Desk (PACD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G-Government to Government G2B-Government to Business</b>			
<b>WHO MAY AVAIL</b>	<b>All patients/clients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		N/A		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call the JRRMMC Hotline 871194-91-98 and/or dial 0	1. Receives and attend to the inquiry of the client	None	1 minute	Telephone Operator on Duty
2. Request to connect/transfer the call to specific local or department	2. Connect or transfer the call to the requested local or department	None	2 minutes	Telephone Operator on Duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 minutes</b>	



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

This 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 from Monday to Friday (7:00AM-5:00PM)

<b>OFFICE</b>	Hospital Operations and Patient Support Service: Central Communication Unit			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C- Government to Citizen G2G-Government to Government G2B-Government to Business			
	All clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
<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:ccu@jrrmmc.gov.ph">ccu@jrrmmc.gov.ph</a>	1. Open/check email. Acknowledge/forwarded to and coordinate with offices/persons concerned for appropriate action (following flow of	None	1 day	CCU Head or Administrative Officer I





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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



**Materials Management Department (MMD)**

<b>A. RECEIPT OF SUPPLIES</b>				
<b>OFFICE</b>	<b>Hospital Operation and Patient Support Service (HOPSS)- Materials Management Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Supplier of supplies</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved Purchase Order (1 original)		Procurement 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.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



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	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>	



<b>B. RECEIPT OF EQUIPMENT</b>	
<b>OFFICE</b>	<b>Materials Management Department</b>
<b>CLASSIFICATION</b>	<b>Highly Technical</b>
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business G2G - Government to Government</b>
<b>WHO MAY AVAIL</b>	<b>Supplier of Equipment (Medical/Office)</b>
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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



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5<sup>TH</sup> EDITION

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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 equipment purchased) in a conspicuous space of the equipment but will not affect its function (sticker)		Winning Bidder		
Standard nominal voltage and frequency 220v, 60Hz (stated in User Manual)		Winning Bidder		
Tax Receipts (including the Bill of Lading/Airway Bill) for direct importer; if winning bidder is reseller, certification from importer as authorized reseller/distributor (1 photocopy-certified true copy)		Bureau of Customs for direct importer; for reseller certification from importer as an authorized reseller/distributor.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secures contract from Procurement Management Department (PMD) upon delivery of equipment. Presents the required documents including delivery receipt/sales invoice.	1. Checks required documents prior to receipt of equipment.  conditional specific:  Incomplete required documents for the delivered equipment shall be rejected until all required documents are submitted.  Complete documents shall proceed with the following:	None	15 minutes	<i>Admin Officer/ Admin Staff MMD</i>
	1.1 Prepares request for inspection to	None	10 minutes	<i>Admin Officer/ Admin Staff MMD</i>



	inspection and biomedical engineering			
	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 Prepare and submit 24 Hours report of deliveries to commission on audit.	None	30 minutes	<i>Admin Officer/ Admin Staff MMD</i>
2.Demo and training of end-user/s and Biomedical staff	2.Coordinates schedule of demo and training of end-users and biomedical 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/ Biomedical Staff Concerned Area</i>
	2.2 For highly technical equipment demo and training.	None	14 days	<i>End-users/ Biomedical Staff Concerned Area</i>
3.Submits Certificate of Trainings of End-user/s and Biomedical Staff	3.Receives training certificates of end-user/s and biomedical 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 the Inspection and Acceptance Unit (IAU) for the Inspection and	None	5 minutes	<i>Admin Officer/ Admin Staff MMD</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	Acceptance Report (IAR).			
	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 reports of deliveries to the accounting department and 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>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>17 days 5 hours and 28 minutes</b>	



## Bids and Awards Committee-Secretariat (BAC-SEC)

### A. PROCESSING OF PROCUREMENT FOR PUBLIC BIDDING

This process covers all the items with an ABC of Above One Million Pesos (Php1,000,000). All eligible bidders who are interested to join may avail the Public Bidding Documents.

<b>OFFICE</b>	<b>PMD-BAC SECRETARIAT</b>			
<b>CLASSIFICATION</b>	<b>Highly Technical</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B- Government to Business Entity G2G- Government to Government Agency</b>			
<b>WHO MAY AVAIL</b>	<b>All interested suppliers/ business entity</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Purchase Request (PR)	End-User			
2. Project Procurement Management Program (PPMP)	End-User			
3. EXECOM Resolution	Director's Office			
4. Certificate of Availability of Funds (CAF)	Budget Department			
5. Annual Procurement Plan (APP)	BAC-Secretariat			
6. Order of Payment Form	BAC-Secretariat Office			
7. Bidding Documents	BAC-Secretariat Office			
8. Bid Bulletin	BAC-Secretariat Office			
9. Eligibility and Financial Proposal	Bidder who purchased Bidding Documents			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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Submission of Approved Purchase Request with attached PPMP, Execom Reso and CAF	Receipt of Documents	None	2 minutes	BAC-Secretariat
Attending to pre-Procurement Conference	Conducting of Pre-Procurement Conference <i>(As per Section 20 of 2016 IRR of RA 9184)</i>	None	Depending on the quantity or line items to be bided	BAC-Secretariat
Checking of Bid Opportunities Posted on PhilGEPS Website, and on Procuring Entity's Website and Social Media	Posting of Bid Opportunities on PhilGEPS Website, Procuring Entity's Website and Social Media	None	within 5 minutes	BAC-Secretariat/ IHOM Unit
Attending of Pre-Bidding of Pre-Bidding Conference for the clarifications and inquiries on the specification/ terms of reference of the items or items to be bid	Conducting of Pre-Bidding Conference <i>(As per Section 22 of 2016 IRR of RA 9184)</i>	None	Depending on the quantity or line items to be bided	BAC-Secretariat/ BAC Members/ Technical Working Group
Purchase of Public Bidding Documents	Issuance of Order Request form and issuance of receipt of the purchased bidding documents	Depending on the total ABC of the items to be bid	10-15 minutes	BAC-Secretariat/ Collecting Department
Submission of Certified True Copy of the Receipt of the purchased bidding documents	Issuance of Bidding documents through email/ USB	None	5 minutes	BAC-Secretariat
Securing Copy of Bid Bulletin	Posting of Bid Bulletin on PhilGEPS and Procuring Entity's Website	None	5 minutes	BAC-Secretariat



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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Submission of Eligibility Requirements and Proposal	Acceptance of the submitted Eligibility Requirements and Proposal	None	2 minutes	BAC-Secretariat
Attending on Opening of Bids	Conducting of Opening of Bids <i>(As per Section 23 of 2016 IRR of RA 9184)</i>	None	Depending on the number of submitted Eligibility Requirements and proposal	BAC-Secretariat/ BAC-Members
Receipt of Notice of Eligibility/ Ineligibility	Issuance of Notice of Eligibility/ Ineligibility	None	2 minutes	BAC-Secretariat/ BAC Member
None	Conducting Bid Evaluation	None	within 7 calendar days	Technical Working Group
Submission of necessary documents/ sample if required during post-qualification process	Conducting of post-qualification and Issuance of letter in connection with the post-qualification process through email/ fax	None	within 45 calendar days	BAC-Secretariat/ Technical Working Group/ BAC Members
Receipt of Notice of Post-Disqualification	Issuance of Notice of Post-Disqualification through email/ fax if the bidder did not meet the specific requirements of the procuring agency	None	within 2 minutes	BAC-Secretariat/ BAC Member/ Technical Working Group
Submission of Motion for Reconsideration	Receipt of Motion for Reconsideration	None	within 3 calendar days	BAC-Secretariat
Receipt of Letter granting/ denying the Motion for reconsideration	Issuance of letter granting/ denying the filed Motion for Reconsideration	None	within 7 Calendar Days	BAC-Secretariat/ BAC Member/ Technical Working Group



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Filing a verified position paper at the Director's Office, accompanied by the payment of a non-refundable protest fee (If the Motion for reconsideration was denied)	Receipt of the Protest together with the CTC (Certified True Copy) of the Receipt as the proof of payment for the protest fee	0.01%-0.75% of the ABC	within 7 calendar days	Head of the Procuring Entity
Receipt of the decision of the protest	Issuance of the decision on the field protest	None	Within 7 calendar days	Head of the Procuring Entity
Receipt of Notice of Award	Preparation and approval of the recommendation of the award to the bidder with Single Calculated and Responsive Bid/ Lowest Calculated and Responsive Bid and Issuance of Notice of Award	None	Within 15 calendar days	BAC-Secretariat/ BAC Members/ Head of the Procuring Entity
Submission/ Payment of Performance Bond in form of Cash, cashier's/manager's check, bank draft/guarantee confirmed by a Universal or Commercial Bank, Irrevocable letter of credit issued by a Universal or Commercial Bank, or Surety Bond	Receiving of performance Bond or Certified True Copy of the Receipt of payment if in form of Cash or cashier's/manager's check and Contract Preparation and Signing	Depending on the Amount of Award	Within 10 calendar days	BAC-Secretariat/ Legal Unit/ Financial Management Officer II/ Head of the Procuring Entity
Receiving of Notice to Proceed	Issuance of Notice to Proceed	None	Within 7 calendar days	BAC-Secretariat/ BAC Member/ Head of the



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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				Procuring Entity
None	Posting of Notice of Award Contract Agreement and Notice to Proceed on Procuring Entity's Website and Social media and PhilGEPS Website	None	Within 10 minutes	BAC-Secretariat
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>Depending on the Amount of ABC and Award</b>	<b>Depending on the quantity of line items to be bid</b>	



## B. PROCESSING OF ALTERNATIVE MODE OF PROCUREMENT

This process covers all purchase requests with an ABC of less than One Million Pesos (Php1,000,000.00) and items with a sole distributor. All eligible and interested bidders may secure the document that was available from Mondays to Fridays from 8:00am-5:00pm.

<b>OFFICE</b>	<b>PMD-BAC Secretariat</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B- Government to Business Entity</b>			
<b>WHO MAY AVAIL</b>	<b>All interested bidders</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Purchase Request (PR)		End-User		
2. Project Procurement Management Plan (PPMP)		End-User		
3. EXECOM Resolution		Director's Office		
4. Certificate of Availability of Funds (CAF)		Budget Department		
5. Request for Quotation		BAC-Secretariat		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submission of Approved Purchase Request with attached PPMP, Execom Reso and CAF	Receipt of Documents	None	2 minutes	BAC-Secretariat



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5<sup>TH</sup> EDITION

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None	Preparation and Signing of Resolution Recommending of Change of Mode of Procurement	None	Within 3 working days	BAC-Secretariat/ Medical Center Chief II
None	Preparation and signing of Request for quotation	None	Within 1 day	BAC-Secretariat/ BAC-Chairman
Securing a copy of Request for quotation form and Checking of posted bid opportunities in PhilGEPS Website	Posting of bid opportunities in PhilGEPS Website and Procuring entity's Website and Social Media for items with ABC of above 50,000.00	None	Within 3-7 calendar days	BAC-Secretariat
Submission of the sealed proposal/ quotation together with the brochure (if applicable), Certificate of Exclusive Distributorship- Foreign and Local (for Direct Contracting) to the BAC-Secretariat Office	Receipt of the sealed proposal/ quotation and all necessary documents required or indicated in the Request for Quotation form	None	Within 2 minutes	BAC-Secretariat
None	Opening of Sealed Bid	None	Depends on the quantity of the sealed bid to be opened	BAC-Secretariat/ BAC Members
Submission of Sample if required	Acceptance/ Evaluation of Proposal	None	Within 3 calendar days	End-User
None	Preparation, signing and Approval of Resolution of Award	None	Within 3 calendar days	BAC-Secretariat/ BAC Members/ Medical Center Chief II



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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None	Forwarding of the Resolution of Award and other pertaining documents to Procurement Management Department for the preparation of Purchase Order	None	within 1 hour	BAC-Secretariat
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>Depending on the Alternative Mode of Procurement used</b>	



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

This process covers all eligible bidders which were PhilGEPS registered. The service was available from Mondays to Fridays from 8:00am-5:00pm.

<b>OFFICE</b>	<b>PMD-BAC Secretariat</b>			
<b>CLASSIFICATION</b>	<b>G2B- Government to Business Entity</b>			
<b>TYPE OF TRANSACTION</b>	<b>Simple</b>			
<b>WHO MAY AVAIL</b>	<b>All interested Bidder</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter Request		Company of interested bidder		
Order of Payment Form		BAC- Secretariat		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submission of the written request for a copy of minutes of the meeting	Receiving the written request from the bidder for a copy of the minutes of meeting	None	Within 2 minutes	BAC-Secretariat
Securing of the Order of Payment Form	Filing and issuing of Order of Payment Form	None	Within 2 minutes	BAC-Secretariat
Payment and Submission of certified true copy of the receipt as proof of payment	Collecting of payment and Accepting of Certified True Copy of Receipt	Depending on the Amount that will be set by the BAC	Depends on the Cue on the Cashier Section	Collecting Department/ BAC-Secretariat





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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Receiving of the CTC (Certified True Copy) of Abstract of Bids/ Minutes of the Meeting	Reproduction and issuance of the CTC (Certified True Copy) of Abstract of Bids/ Minutes of the Meeting	None	Within 5 minutes	BAC-Secretariat
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>Depending on the Amount that will be declared by the BAC</b>	<b>Within 9-30 minutes depending on the cue on the Cashier Section</b>	



**Inspection and Acceptance Unit (IAU)**

**A. INSPECTION AND ACCEPTANCE OF DELIVERED GOODS**

This process covers inspection of delivered goods based on the approved Purchase Order/Call Off/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>	<b>Hospital Operation and Patient Support Service - Inspection and Acceptance Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government G2B - Government to Business</b>			
<b>WHO MAY AVAIL</b>	<b>All end-users; Materials Management Department (MMD), Engineering Facilities Management Department (EFMD)</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original copy of Request for Inspection		MMD		
One (1) Approved Original copy of the following: 1. Purchase Order/Call Off/Contract Agreement 2. Property Transfer Receipt/deed of donation (for donations) 3. Advance delivery letter (if applicable) 4. Sales Invoice/ Delivery Receipt/ Acknowledgement Receipt		Procurement Management Department (PMD) Supplier/philanthropist  PMD Supplier/philanthropist		
One (1) approved copy of Purchase Request (if applicable)		End user		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits request for inspection upon receipt of notification for deliveries.	1. Receives request for inspection from MMD	None	3 minutes	Inspector on duty
	1.1 Checks for the completeness of documents presented	None	5 minutes	Inspector on duty
2. Presents an approved original Purchase Order (P.O.)/ Call Off/ Contract Agreement together with original Sales Invoice (S.I)/ Deliver Receipts (D.R.), Approved Advance	2. Inspects the goods delivered; verifies against P.O./contract agreement  <b>condition specific:</b>	None	1 hour	Inspector on duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

<p>Delivery Letter (if applicable)</p> <p><b>condition specific:</b></p> <p>For donations- Property Transfer Receipt; Deed of donation</p> <p>For Petty Cash- Purchase Request and Sales Invoice/Official Receipt</p> <p>For Cash Advance- Purchase Request (PR) and Sales Invoice (SI)</p> <p>Upon delivery of supplies to MMD for presentation of documents prior to inspection of goods.</p>	<p>If ten (10) line items and below</p> <p>If eleven (11) line items and above</p> <p>If 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, notes the findings in the S.I. and returns all documents to MMD</p>		<p>3 hours</p> <p>4 hours</p>	<p>Inspector on duty</p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>4 hours, 12 minutes</b></p>	



## B. PRE-REPAIR INSPECTION OF GOODS

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

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<ol style="list-style-type: none"> <li>Three (3) Original Request for Inspection</li> <li>One (1) photocopy of Quotation</li> <li>One (1) photocopy of Property Card</li> </ol>	EFMD EFMD/Supplier MMD

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Inspector on duty
	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	None	3 minutes	Inspector on duty
	1.2 Records the documents received in the pre/post inspection logbook	None	5 minutes	Inspector on duty
	1.3 Inspects the item, verifies serial number and parts to be replaced. If not conforming, returns all documents to EFMD for completion/corrections	None	15 minutes	Inspector on duty
	1.4 Records the findings and signs the Inspection Report.  If Quotation is more than 30% of the acquisition	None	10 minutes	Inspector on duty and Unit Head



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	cost, unit is beyond economical repair			
	1.5 Returns all the signed documents to EFMD	None	5 minutes	Inspector on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>41 minutes</b>	



**C. POST REPAIR INSPECTION OF GOODS**

This process covers post repair inspection of 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>	<b>Hospital Operation and Patient Support Service - Inspection and Acceptance Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government G2B - Government to Business</b>			
<b>WHO MAY AVAIL</b>	<b>Materials Management Department (MMD), and Engineering Facilities Management Department (EFMD)</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Three (3) original copy of Request for Post-Repair Inspection		EFMD		
2. One (1) photocopy of Quotation		EFMD/Supplier		
3. One (1) Photocopy of Property Card		MMD		
4. Three (3) original copies of COA Memo 33-333		EFMD		
5. One (1) original copy of approved Purchase Order		EFMD		
6. One (1) original copy of Waste Material Report		EFMD		
7. One (1) original copy of Service Report		EFMD/Supplier		
8. One (1) photocopy of Annual Procurement Plan (APP)/ Project Procurement Management Plan		EFMD		
9. One (1) original copy of approved Purchase Request		EFMD		
10. One (1) original copy of Certificate for Outsource Repair		EFMD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits request for post repair inspection	1. Receives request for post repair inspection from Engineering Facilities Management Department (EFMD)	None	3 minutes	Inspector on duty
	1.1 Checks for the completeness of documents presented	None	5 minutes	Inspector on duty
	1.2 Records the documents received in the Pre/Post Inspection Logbook	None	5 minutes	Inspector on duty
	1.3 Inspects the item, verifies serial number, parts replaced and the functionality of the goods	None	20 minutes	Inspector on duty



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	If not conforming, returns all documents to EFMD for completion/corrections			
	1.4 Records the findings and signs the Post-repair inspection request	None	10 minutes	Inspector on duty/Unit Head
	1.5 Submits all the documents to EFMD for the preparation of voucher	None	5 minutes	Inspector on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>48 minutes</b>	



## STATISTICS

<b>A. ISSUANCE OF HOSPITAL STATISTICAL REPORTS</b>				
<b>OFFICE</b>	<b>HIMD - Statistics Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple Transaction</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Physicians, Researchers, Employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request letter indicating purpose or intent to secure copies of hospital statistical report		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Researchers / Physicians to submit approved letter indicating the needed data and purpose of request	1.Receives the request letter and assess availability of data	None	2 minutes	HIMD - Statistics Unit Staff
	1.1 Search and extract the needed information in the database	None	1- 2 days	HIMD - Statistics Unit Staff
	1.2 Issuance of the requested statistical report	None	1 minute	HIMD - Statistics Unit Staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>		





**CLAIMS UNIT**

**A. FILING OF PHILHEALTH BENEFIT**

This process covers application of PhilHealth members and/or their dependents for availment of their PhilHealth benefit. Required documents 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 from 7:00am-5:00pm, including Holidays 7:00am-5:00pm.

<b>OFFICE</b>	Finance Service - Claims Unit
<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
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Proof of PhilHealth Membership  1. Membership Data Record (MDR) (1 original) 2. PhilHealth ID (1 copy)	1. PhilHealth Local Health Insurance Office or PhilHealth Member Portal 2. PhilHealth Local Health Insurance Office
Requirements for Employed Members/Dependents with 'Not Eligible' Result on Eligibility Check  1. CSF (Part II) signed by employer – 2 copies for mother/baby 2. Proof of PhilHealth Contribution for Employed Members (1 original) 3. Report of Employee Members (ER2) (1 photocopy)	1. Employer  2. Employer or PhilHealth Member Portal  3. Employer
Official Receipt of PhilHealth Contribution, if applicable (1 photocopy)	PhilHealth Local Health Insurance Office or PhilHealth Accredited Collecting Agents (e.g. Bayad Center, SM Bills Payment, Banks, etc.)
Certificate of Eligibility for Indigent Members (CE1), if applicable (1 original)	PhilHealth Local Health Insurance Office
Birth Certificate, if applicable (1 photocopy)	Philippine Statistics Authority or Office of the Civil Registrar General with Registry Number
Draft Birth Certificate, if applicable (1 photocopy)	Medical Records at Main Hospital for Newborn Patients born in the Hospital or from Lying-in Clinic/Hospital born outside the hospital



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

Marriage Certificate, if applicable (1 photocopy)	Philippine Statistics Authority or Office of the Civil Registrar General with Registry Number			
Senior Citizen ID, if applicable (1 photocopy)	Local Government Unit			
Dialysis Package Requirements 1. PhilHealth Dialysis Database Certificate, if applicable (1 photocopy) 2. Chronic Kidney Disease Stage V Certificate, if applicable (1 photocopy)	Dialysis Center/Institution where Patient first availed PhilHealth Dialysis Package			
Cataract Pre-Surgery Authorization Checklist, if applicable (2 photocopy)	Ophthalmology Eye Center at OPD Building			
Point-of-Service (POS) Certification, if applicable (1 photocopy) 1. Request/ Referral Slip for JRRMMC-MSW enrolled POS Members/Dependents 2. Point-of-Service (POS) Certification for POS Members/Dependents enrolled outside JRRMMC	Hospital/Institution where Patient was registered as Point-of-Service Member or Dependent			
Cover Sheet of Medical Chart for admitted patients, if applicable (1 original)	Nurse Station of the Ward or Room where the Patient is confined			
OPD Documents, if applicable 1. OPD Chart (1 copy) 2. Schedule of OPD Procedure (1 original) 3. RVS Code of Procedure	Area or OPD Department Building where procedure was scheduled			
Monitoring List for Repetitive Procedures 1. Dialysis/ Debridement Monitoring List (1 original) 2. Chemotherapy/Radiotherapy Monitoring List (1 original)	Claims Section Counter at Main Hospital (given for the first session of OPD procedure)			
Statement of Account/Hospital Bill (within 90 days prior to confinement) (1 photocopy)	Hospital of most recent admission			
Original Affidavits, if applicable 1. Affidavit of Two Disinterested Persons, if applicable (1 original) 2. Affidavit of Discrepancy, if applicable (1 original)	Notary Public			
Two (2) Government Issued ID, (e.g. National ID, PRC License, UMID, Passport, Driver's License, Postal ID, Voter's ID, etc.) (1 photocopy)	Government Agencies (e.g. National ID, PRC, SSS, GSIS, PhilPost, DFA, Commission on Elections, etc.)			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Gets queue number from queuing kiosk	1. Instructs Patient/ Representative to get number from queuing kiosk. Priority	None	10 seconds	Admin Staff Claims Unit



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	numbers are designated for Senior Citizens, Pregnant Women and PWD.			
2. Proceeds to waiting area until number is called	2. Instructs Patient/ Representative to proceed to waiting area	None	45 minutes	Admin Staff Claims Unit
3. Proceeds to the designated counter for interview	3. Interviews patient regarding most recent previous admission, reason for current admission, scheduled procedure, other on-going medical treatment (e.g Dialysis, Chemotherapy, Radiotherapy, etc.) and other factors that may deem availment of the PhilHealth Benefit not compensable as based on existing PhilHealth policies on time of application	None	10 minutes	Admin Staff Claims Unit
	condition specific:			
	If patient's benefit availment is not compensable, patient/representative is endorsed to the Medical Social Service			
	If Patient's benefit availment is found compensable, patient/representative proceeds to next step			
4. Fills Out Claim Signature Form (CSF) and PhilHealth Member Registration Form (PMRF).	4. Verifies Patient's information on filled out CSF and PMRF against existing philhealth record and submitted IDs.	None	5 minutes	Admin Staff Claims Unit



	Generates eligibility results and prints PhilHealth Benefit Eligibility Form (PBEF).			
5. Presents required supporting documents to support eligibility if the generated result is 'Not Eligible'. Signs PhilHealth Benefit Eligibility Form (PBEF).	5. If found eligible, encodes Patient's details in BAMS	None	5 minutes	Admin Staff Claims Unit
<b>condition specific:</b> For Inpatients: Presents note to Nurse Station. Takes actual cover sheet of the medical chart	<b>condition specific:</b> For Inpatients: Issues note to nurse on duty for stamping of membership category on cover sheet of medical chart and for correction of Patient's Information in the cover sheet if discrepancies are found			
For outpatients:  Proceed to billing section and presents routing slip and charge slip for billing of appropriate charges	For outpatients:  Issues routing slip/special charges with date of procedure scheduled by OPD. Writes date of procedure on the monitoring list for dialysis, debridement, chemotherapy and radiotherapy patients. Patient/representative is then instructed to proceed to billing section for billing of procedure			
6. For Inpatients:  Present actual cover sheet	6. Stamps Cover Sheet or Routing Slip with PhilHealth Membership Type for deduction of PhilHealth Benefit in	None	3 minutes	Admin Staff Claims Unit



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	the statement of account prior to discharge and/or billing			
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour 8 minutes, 10 seconds</b>	



## DISBURSING

### A. 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>	Highly Technical			
<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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Statement of Account (1 Original)		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 (1 Original)		Disbursing Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Presents statement of account and intention of executing promissory note	1.Checks statement of account & classification of patient  1.1 Educates on the required documentary requirements in the execution of promissory note  1.2 Instructs to proceed to Medical Social Service Department	None	5 minutes	Disbursing Staff Disbursing Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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



## B. 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.

<b>OFFICE</b>	Finance Service - Disbursing Department			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizen G2G - Government to Government Employee			
<b>WHO MAY AVAIL</b>	All patients with payments made for procedures not done & medicines not used, and overpayment on hospital bill.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Official Receipt (1 Original)		Claimant		
1 valid ID of patient (1 Photocopy)		Claimant		
Statement of Account; if applicable (1 Original)		Billing Department		
Laboratory Request/Radiology Request/Order of Payment Form; if applicable (1 Original)		Claimant		
Duly accomplished Certification for Refund; if applicable (1 Original)		Disbursing Office/Clinical Areas concerned		
Certification from Pharmacy; if applicable (1 Original)		DOH Botika		
Photocopy of proof of relationship (Birth Certificate/Death Certificate); if applicable (1 Original)		Claimant		
1 valid ID of authorized to claim the check; if applicable (1 Photocopy)		Authorized Representative		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inquiries on the refund process	1.Informs client on the refund process	None	12 minutes	Disbursing Staff Disbursing Department
2. Secures/complete the necessary documents	2.Instructs client to secure/complete the documentary requirements	None	15 minutes	Disbursing Staff Disbursing Department
3.Presents the complete necessary documents	3.Checks the documentary requirements presented	None	4 minutes	Disbursing Staff Disbursing Department





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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



## C. 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 cover 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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Official and/or Collection Receipt; if applicable (1 Original)		Concerned Business Entity/Government		
Authority to Collect; if applicable (1 Original)		Concerned Business Entity		
Proof of Identification (Valid ID) (1 Original)		Claimant		
Authorization Letter; if applicable (1 Original)		Claimant		
Photocopy of Special Power of Attorney; if applicable (1 Photocopy)		Claimant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inquires in the availability of check/s and/or payment/s credited to account thru LDDAP-ADA	1. Verifies the availability of check/s and/or payment/s credited to account thru LDDAP-ADA	None	5 minutes	Disbursing Staff Disbursing Department
2. Presents the complete necessary documents	2. Checks the documentary requirements presented	None	1 minute	Disbursing Staff Disbursing Department
3. Issues official collection receipt/s	3. Presents voucher/s and instruct client to	None	5 minutes	Disbursing Staff Disbursing Department
(for company representatives only)	issue official/collection receipts			



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	(for company representative only)			
4. Affixes signature, date, printed name and OR number on the BOX E portion of the voucher/s	4. Instructs client to accomplish the BOX E portion of the voucher/s	None	1 minute	Disbursing Staff Disbursing Department
5. Affixes signature, date, and printed name on the logbook/s	5. Instructs client to affix signature, date, and printed name opposite the details of check/s to be issued/LDDAP-ADA receipted on the logbook	None	1 minute	Disbursing Staff 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	Disbursing Staff Disbursing Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>15 minutes</b>	



## BILLING

### A. ISSUANCE OF TEMPORARY STATEMENT OF ACCOUNT (SOA)

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

<b>OFFICE</b>	<b>Finance Service- Billing Section</b> ( <i>Serbisyong Pananalapi</i> )			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All admitted patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Patient's Chart			Nurses' Station	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for issuance of Statement of Account (SOA)	1. Forward 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 Staff Billing Section
	1.2 Notifies ward nurse on duty once SOA is available	None	3 minutes	Admin Staff Billing Section
2. Gets queuing number from counter and wait until the number is called	2. Instructs relative/guardian to get number. Priority numbers are given for Senior Citizens, Pregnant Women and PWDs	None		Admin Staff Billing Section
3. Receives SOA	3. Issues SOA and explains the charges posted in the hospital bill.	None	5 minutes	Admin Staff Billing Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>38 minutes</b>	



## B. ISSUANCE OF FINAL STATEMENT OF ACCOUNT (SOA) INPATIENTS

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

<b>OFFICE</b>	<b>Finance Service- Billing Section</b> ( <i>Serbisyong Pananalapi</i> )			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All admitted patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Patient's Chart		Nurse's Station		
Clearance Slip (1 original)		Nurse's Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Written order of physician for discharge	1. Forwards complete patients' chart to Billing Section.	None	10 minutes	Nurse on duty/Nursing Attendant Clinical Area
	1.1 Check the completeness of the patient chart.	None	30 minutes	Admin Staff Billing Section
	1.2 Preparation of SOA	None	19 minutes	Admin Staff Billing Section
	1.3 Notifies ward nurse on duty once SOA is available	None	3 minutes	Admin Staff Billing Section
2. Gets queuing number from counter and wait until the number is called	2. Instructs relative/guardian to get number. Priority numbers are given for Senior Citizen, Pregnant Women and PWDs	None		Admin Staff Billing Section
3. Present clearance slip	3. Issues Statement of Account, stamp clearance slip, explain bill and instruct on the next process.	None	5 minutes	Admin Staff Billing Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>67 inutes</b>	



## C. ISSUANCE OF FINAL STATEMENT OF ACCOUNT (SOA) ER PATIENT

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

<b>OFFICE</b>	<b>Finance Service- Billing Section</b> ( <i>Serbisyong Pananalapi</i> )			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Emergency Room patients</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Clearance Slip			Nurse Station	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Physician order may go home	1.Issuance of clearance slip	None	10 Minutes	Nurse on duty Clinical Area
2.Gets queuing number from counter and wait until the number is called	2.Instructs relative/ guardian to get number. Priority numbers are given for Senior Citizen, Pregnant Women and PWDs	None		Admin Staff Billing Section
3.Present clearance slip	3. Preparation of SOA	None	10 minutes	Admin Staff Billing Section
	3.1 Issues Statement of Account, stamp clearance slip, explain bill and instruct on the next process.	None	5 minutes	Admin Staff Billing Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>25 minutes</b>	



## D ISSUANCE OF FINAL STATEMENT OF ACCOUNT (SOA) OPD PATIENT

A detailed report of final charges incurred by patients during the procedure. This SOA will be issued upon discharge of a patient.

<b>OFFICE</b>	<b>Finance Service- Billing Section (<i>Serbisyong Pananalapi</i>)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All OPD patient with Philhealth</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Routing Slip			Nurse Station	
Operative record			Nurse Station	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. After the procedure patient/relative proceed to Billing Section for issuance of Statement of Account	1. Instruct patient /relative to bring Operative Record and routing slip to Billing Section	None	10 minutes	Nurse on duty/Nursing Attendant Clinical Area
2. Gets queuing number from counter and wait until the number is called	2. Instructs relative/ guardian to get number. Priority numbers are given for Senior Citizen, Pregnant Women and PWDs	None		Admin Staff Billing Section
	2.1 Preparation of SOA	None	10 minutes	Admin Staff Billing Section
3. Receives SOA	3. Issues Statement of Account, patient /relative sign and instruct on the next step	None	5 minutes	Admin Staff Billing Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>25 minutes</b>	



## COLLECTING

### A. 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 one counter at the OPD which serves from Monday to Friday from 7:00 AM - 4:00 PM excluding 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 Outpatients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Clinical Request Slip/Order of Payment			Nurses' Station	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Admin Staff <b>Billing Section</b>
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	Cashier-on - duty <b>Collecting Department</b>





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

<p>3. Check stamped clinical requests/order of payment, Official Receipt issued and change before leaving the counter</p>	<p>3. Issues official receipt and change if applicable and instruct to proceed to the corresponding clinical area</p>	<p>None</p>	<p>5 minutes</p>	<p>Cashier-on-duty <b>Collecting Department</b></p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>15 minutes</b></p>	



## B. 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 a 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			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Clearance Slip			Nurses' Station	
Statement of Account (SOA)			Billing	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present clearance slip and SOA	1. Checks and verifies the presented SOA	None	5 minutes	Cashier-on-duty <b>Collecting Department</b>
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	Cashier-on-duty <b>Collecting Department</b>
3. Check Official Receipt issued and change before leaving the counter	4. Issues official receipt and change if applicable and instruct to proceed to the corresponding clinical area	None	10 minutes	Cashier-on-duty <b>Collecting Department</b>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

4. Proceed to nurse-on-duty	5. Receives the stamped SOA and clearance slip and provide other necessary instructions			Nurse-on-duty <b>Nurse's Station</b>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>20 minutes</b>	



## B. REQUEST FOR REFUND

This process covers refund of payments made by clients within the day for procedures not done and 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, 7:00 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			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ol style="list-style-type: none"> <li>Original Official Receipt (OR) issued within the day               <ol style="list-style-type: none"> <li>with valid reason and authorized signatory</li> </ol> </li> <li>Laboratory Request/Radiology Request/Order of Payment Form; if applicable</li> </ol>		<ol style="list-style-type: none"> <li>Patient/client who rendered payment               <ol style="list-style-type: none"> <li>Clinical areas concerned</li> </ol> </li> <li>Patient/client who rendered payment</li> </ol>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present Official Receipt with valid reason for refund and signed by authorized signatory	1. Checks the validity of the reason and signatory  <b>Condition specific:</b> Reason and signatory should be valid; otherwise, refund is denied	None	5 minutes	Cashier-on duty  <b>Collecting Department</b>
2. Receive cash/cash equivalent	2. Cancel OR in the system and releases cash/cash equivalent	None	5 minutes	Cashier-on-duty  <b>Collecting Department</b>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>10 minutes</b>	



## JOSE R. REYES MEMORIAL MEDICAL CENTER - DR. EVA MACARAEG-MACAPAGAL NATIONAL CENTER FOR GERIATRIC HEALTH

<b>A. OUT-PATIENT SERVICE</b>				
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. Our registration is until 2:00PM.				
<b>OFFICE</b>	<b>MEDICAL SERVICE - OUT PATIENT DEPARTMENT</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>The geriatric out-patient (OPD) service will cater to all geriatric patients, ambulatory and non-ambulatory who will present with a geriatric syndrome/medical problem.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original Patient Information Sheet (PIS) for new patient		Medical Records		
One (1) original COVID Assessment Form		Medical records		
One (1) original copy of Hospital Card		Medical Records		
Senior Citizen/PWD Identification Card		Patient		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Arrives at OPD. Patient presents his/her COVID vaccination card. Patient gets his/her temperature using the digital scanner.	1. Assesses patient for presence of covid related symptoms using COVID Assessment form Verification COVID vaccination card	None	5 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 and release chart  For old patient, collects Hospital card and submits to medical records and release chart			





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

7. Proceeds to discharge area	7. Provides home instruction, follow up schedule, and referral instructions.	None	10 minutes	Nurse/Nursing Attendant on Duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours and 20 minutes</b>	



## B. AVAILMENT OF MSWD SERVICES FOR OUTPATIENT

This process covers availability of MSWD services for outpatients. The office is open Monday-Friday, 8:00AM - 5:00PM

<b>OFFICE</b>	<b>MEDICAL SERVICE - MEDICAL SOCIAL WORKER SERVICES</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients service</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Original Hospital Card		Information Section		
One (1) Original Issued MSWD Card		Previously issued to Patient/Relative		
One (1) Original Order of Payment and/or Prescription/ Laboratory/Diagnostic Requests		Attending Physician/Clinical Area/Cost Center and Billing Section		
One (1) Original Treatment Protocol (Dialysis)		Attending Physician		
One (1) Original Medical Abstract for special diagnostic procedure		Attending Physician		
One (1) Original – PHIC Routing Slip as needed		PhilHealth Section		
Senior Citizen ID, as needed		Patient		
PWD ID, as needed		Patient		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to MSWD for medical assistance	1.1 Screens completeness of patient's requirements, instructs accordingly and gives out queueing numbers to patients and/or relative	None	2 minutes	Social Welfare Assistant MSWD
2. Proceed to the waiting area until number is called	2.1 Instructs the patient to proceed to the waiting area	None	10 minutes	Social Welfare Assistant MSWD
3. Provides comprehensive psychosocial history	3.1 Interviews, gathers data and conducts psychosocial assessment and evaluation of walk-in or referred new patient.	None	15 minutes	Social Welfare Officer MSWD





	<p>3.2 Re-assessment of previous MSWD recipient with expired MSWD Card.</p> <p>3.3 Validates on the Hospital Information System the requested medicines/laboratory/ diagnostic procedure.</p> <p>3.4 Signs and indicates the classification at OPD admission chart for elective service cases.</p> <p>3.5 Informs and orients the patient and/or relatives regarding hospital policies, available social services, scope and limitations of MSWD services depending on the patient's category.</p> <p><b>SITUATION SPECIFIC:</b> As needed, makes referrals to other health facilities or GO's and NGO's for patients needing laboratory/diagnostic examinations, medicines/supplies that are not available in the hospital.</p>			
4. Receives issued MSWD card and assistance	<p>4. Issues MSWD Card for new service patients and provides needed assistance.</p> <p>4.1 Advices the patient/ relative to proceed to the concerned office to submit the approved assistance.</p>	None	<p>2 minutes</p> <p>1 minute</p>	Social Welfare Officer MSWD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>30 minutes</b>	



## C. RECEIVING OF SPECIMEN AND LABORATORY REQUEST FOR BODY FLUID EXAMINATION AT DEMM NCGH LABORATORY

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 7:00AM – 5:00PM excluding holidays.

<b>OFFICE</b>	<b>MEDICAL SERVICE - DEPARTMENT OF PATHOLOGY AND LABORATORIES (OPD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C – Government to Citizen G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All outpatients needing laboratory examinations of body fluids for analysis</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Laboratory Request		Requesting Physician		
One (1) approval from Social Service		Social Service		
One (1) Hospital Card		Information Section		
One (1) Official Receipt of payment		Cashier		
One (1) Guarantee Letter, if applicable (original)		PCSO, DOH, LGU, etc.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pays applicable fee	1. Receives payment and issues receipt	See table of fees and charges	5 minutes	Cashier
Price of test requested	Indicate price of each test to be done and total interview and approval			Cashier
Approval from Social Service	Interview and approval			Social Service personnel
2. Drops hospital card to designated tray and awaits to be	2.1 Retrieves hospital card in drop box 2.2 Call-out patient name and directs to designated window	None	3 minutes 2 minutes	Medical Technologist/ Laboratory Encoder
				OPD Laboratory
2. Client presents request, specimen and official receipt or guarantee letter at the reception area	3. Receives hospital card and checks laboratory requests as to completeness of data such as name, birthday,	None		Medical Technologist/



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	age, hospital number, diagnosis, requesting physician, patient classification and official receipt		2 minutes	Laboratory Encoder OPD Laboratory
3. Client receives claim stub	4. Informs the patient about the date and time to claim the laboratory results.  <b>CONDITION SPECIFIC:</b> For requests received before 10:00AM claim results from 2:00PM – 4:00PM of the same day.  For requests received after 10:00AM claim results on the following day at 2:00PM – 4:00PM.	None	5 minutes	Medical Technologist/ Laboratory Encoder OPD Laboratory
4. None	5. Delivers specimen to the main laboratory for processing	None	10 minutes	Medical Technologist/ Laboratory Encoder  Department of Pathology and Laboratories
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>27 minutes</b>	

<b>LIST OF LABORATORY SERVICES AND FEES (OPD)</b>	
<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>CLINICAL CHEMISTRY</b>	<b>PRICE</b>
Bilirubin (TB, B1, B2)	195
Blood Urea Nitrogen	80
Blood Uric Acid	90
Calcium	140



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

Chloride	140
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**D. REQUEST FOR GENERAL CLEANING**

The process covers requests 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>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - HOUSEKEEPING SECTION</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All departments/ offices/ centers/ unit</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request log book		Housekeeping 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 general cleaning	1.1 Receives request through phone call or personal request at the housekeeping office of the different ward/ 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	1 day	<i>Janitorial Staff</i> Outsourced Janitorial Service Provider
2. Affixes signature in the service request logbook.	2. Instructs to sign in the service requests 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>	<b>N/A</b>	<b>1 day, 2 minutes</b>	



## E. REQUEST FOR REPLENISHMENT OF OXYGEN TANKS

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

<b>OFFICE</b>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - HOUSEKEEPING SECTION</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All areas requesting for refilling/ replenishment of empty oxygen tanks.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Requisition and issue slip (RIS) (3 copies)		Requesting ward		
Oxygen logbook		Materials and Management Department Office (MMD)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests for refill/ replenishment of oxygen tanks.	1. Janitorial Service Provider Staff receives the RIS  1.1 Janitorial Staff will proceed to MMD presents the RIS for issuance as per items request.  1.2 Janitorial Staff list down the serial no. of the empty and filled tanks to the oxygen logbooks.  1.3 Security guard check the correctness of the logbook.  1.4 Transport filled tanks to the designated ward.	None	1 hour	<i>Janitorial Staff Outsourced Janitorial Service Provider</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour</b>	



<b>F. REQUEST FOR COLLECTION AND TRANSPORT OF GENERAL AND HAZARDOUS WASTE</b>				
The process covers requests for collection and transport of general and hazardous waste to ensure cleanliness and sanitation of the hospital.				
<b>OFFICE</b>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - HOUSEKEEPING SECTION</b>			
<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/ unit/ food court			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Manifest form / permit to transport		Housekeeping Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests for collection of general and hazardous wastes (color coded)	1. Collects the garbage (general and hazardous wastes)  1.1 For <b>general waste:</b> it will be transported to the garbage area using the green cart.  1.2 For <b>hazardous waste:</b> it will be transported to the garbage area using the yellow cart.	None	4 hours	<i>Janitorial Staff</i> Outsourced Janitorial Service Provider
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 hours</b>	



**G. DELIVERIES OF CLEAN LINEN**

The process is covered 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>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - LINEN AND LAUNDRY SECTION</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business</b>			
<b>WHO MAY AVAIL</b>	<b>All areas requesting for clean linen</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Outsourcing Monitoring Sheet (1 original)		Outsourced Service Provider		
Shortages Receipt Form (1 original)		Outsourced Service Provider		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 short the Shortages Receipt Form shall be accomplished, acknowledged by both parties.  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).	None	2 hours	Linen Staff Outsourced Laundry Service Provider
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours</b>	





**H. ISSUANCE OF CLEAN LINEN**

The 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>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - LINEN AND LAUNDRY SECTION</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Wards</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Linen Receipt (1 original)		Requesting Ward		
Linen Requisition Issue Slip (1 original)		MMD Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests of clean linen (bed sheets, pillow case, patient gowns)	1. End-user will bring down the soiled linen at the designate 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
2. Receives issued clean linen	2. Issues clean linen as per number of surrendered soiled linen, using linen receipt and as per RIS  2.2 Number of the soiled linen will be registered to the Inventory logbook and linen receipt form.	None	2 hours	<i>Linen Staff</i> Laundry Service Provider Representative Personnel
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 hours</b>	



## I. REPLACEMENT OF CURTAINS AND OTHER LINENS

The 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>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - LINEN AND LAUNDRY SECTION</b>			
<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 (1 original)		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. Surrender all soiled curtains, towels, tray lining 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>	<b>N/A</b>	<b>1 hour</b>	



**J. PROVISION OF DIET COUNSELING**

The process covers patients and personnel who need Nutrition intervention. Computation of patients and personnel caloric requirements.

Schedule of Service: MONDAY TO FRIDAY 7:00AM - 4:00PM

<b>OFFICE</b>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - NUTRITION AND DIETETICS MANAGEMENT DEPARTMENT</b>
<b>CLASSIFICATION</b>	<b>Simple</b>
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen and G2G - Government to Government</b>
<b>WHO MAY AVAIL</b>	<b>All patients needing dietary counseling.</b>

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral for Medical Nutrition Therapy Slip		Attending Physician		
IEC materials (1 original – depends upon the number of diagnosis of the patient)		Nutrition and Dietetics 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. Presents referral form for Dietary counseling	1.1 Receives and checks the completeness of the referral slips.	None	1 minute	Clinical/ Nutritionist Dietician NDMD
	1.2 Performs nutritional assessment based on anthropometric data and medical diagnosis, interviews patients on food intake/preference.		10 minutes	
	1.3 Computes for a patient's body mass index (BMI), determine nutritional status and calculate recommended energy intake.		5 minutes	
	1.4 Prepares patient's meal plan.		10 minutes	
	1.5 Nutrition counseling for intervention.		20 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>46 minutes</b>	



## K. TRIP CONDUCTION (ADMINISTRATIVE)

The process covers carrying out administrative functions for employees.  
 Schedule of Service: MONDAY TO FRIDAY 7:00AM - 5:00PM, excluding holidays.

<b>OFFICE</b>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - ENGINEERING &amp; FACILITIES MANAGEMENT DEPARTMENT (EFMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All employees needing service vehicle conduction.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Trip Ticket (1 original)		EFMD 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 trip conduction and fill out trip ticket.	1. Issues trip ticket	None	2 minutes	EFMD Administrative Staff
	1.1 Forwards accomplished trip ticket to approving officer.		15 minutes	Approving Authority Chief of Hospital/ CAO
2. Proceeds to the waiting area/ lobby.	2. Accommodates employees and ensure safety.		5 minutes	Driver EFMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>22 minutes</b>	



## L. TRIP CONDUCTION (AMBULANCE)

The process covers carrying out ambulance conduction/ transfer of employees and patients as well as during medical mission and community services.

Schedule of Service: MONDAY TO FRIDAY 7:00AM - 5:00PM, excluding holidays.

<b>OFFICE</b>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - ENGINEERING &amp; FACILITIES MANAGEMENT DEPARTMENT (EFMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All employees and patients needing ambulance vehicle conduction.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Trip Ticket (1 original)		EFMD 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 trip conduction and fill out trip ticket.	1.Issues trip ticket	None	2 minutes	EFMD Administrative Staff
	1.1 Forwards accomplished trip ticket to approving officer.		15 minutes	Approving Authority Chief of Hospital/ CAO
2.Proceeds to the Emergency Room area.	2. Accommodates employees/patients and ensure safety.		5 minutes	Driver EFMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>22 minutes</b>	



## A. 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>	<b>Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Applicants</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
<i>Process is according to JRRMMC HRDM Pre-Employment Procedure Page. 307</i>				



## N. ISSUANCE OF IDENTIFICATION AND/OR SERVICE CARD (CONTRACTUAL)

The process covers the issuance of employee's ID and/or service card. The service is offered from Monday to Friday excluding holidays from 8:00AM - 5:00PM.

<b>OFFICE</b>	<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES (HOPSS) - HUMAN RESOURCE DEPARTMENT (HRD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Service Request Form (1 original)</b>		<b>HRD Office</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up service request form	1. Receives the service request form.	None	1 minute	Admin Staff HRD
	1.1 Release the ID/Service Card		15 minutes	
2. Receives the ID/Service Card	2. Releases the ID/Service Card		1 minute	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>		



## LEGAL

<b>A. HANDLING OF COMPLAINTS</b>				
This process covers handling administrative disciplinary complaints and cases filed by concerned parties to the Legal Unit.				
<b>OFFICE</b>	<b>Legal Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Patients; Relatives; Clients and Employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>Customer Complaint Form/Letter (1 original)</b>			<b>Legal Unit</b>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Files customer complaint form/letter at Public Assistance and Complaint Desk	1. Receives customer complaint form/letter	None	10 minutes	Admin Staff PACD
	1.1 Forwards to Legal Unit for appropriate action	None	15 minutes	Admin Staff PACD
	1.2 Endorses complaint to the department concerned for comments/response	None	30 minutes	Complaints Coordinator Legal Unit
	1.3 Drafts comment/response letter and forwards to the Division Chief for notation, copy furnished Legal Unit	None	1 day	Concerned Employee Department Concerned
	1.4 Conduct investigation upon receipt of the comment/response from the department	None	1 day and 2 hours	Complaints Coordinator/ Legal officer Legal Unit





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	1.5 Draft response letter addressed to the Complainant	None	4 hours	Complaints Coordinator/ Legal officer Legal Unit
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	Admin Staff Legal Unit
	2.1 Files Record	None	5 minutes	Admin Staff Legal Unit
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 days</b>	



<b>B. RENDERING LEGAL OPINION</b>				
This process covers rendering legal opinion for documents that entails application of law				
<b>OFFICE</b>	<b>Office of the Medical Center Chief - Legal Unit</b>			
<b>CLASSIFICATION</b>	<b>Highly Technical</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B – Government to Business G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Clients and Employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Letter/Endorsement Letter (1 original)		Originating Office		
Documents for Legal Opinion (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 document/ legal clearance/ opinion	1. Checks completeness of submitted documents (Note: Incomplete documents will not be received)	None	30 minutes	Admin Staff Legal Unit
	1.1. Receives documents and forwards to the Legal Officer for Review	None	20 minutes	Admin Staff Legal Unit
	1.2 Reviews and evaluates the submitted documents for legal opinion	None	18 days	Legal Officer Legal Unit
	1.3 Drafts letter/ memorandum with Legal Opinion	None	6 hours	Legal Officer Legal Unit
	1.4 The letter/ memorandum is forwarded to the Unit Head for approval and signature	None	1 day	Legal Officer Legal Unit
	1.5 Records the signed legal opinion in the logbook	None	10 minutes	Admin Staff Legal Unit
2. Receive legal opinion	2. Forwards the signed legal opinion to the requesting office.	None	1 hour	Admin Staff Legal Unit
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>19 days</b>	



<b>C. REQUEST FOR CONTRACT REVIEW AND MEMORANDUM OF AGREEMENT</b>				
This process covers review of contract and Memorandum of Agreement (MOA)				
<b>OFFICE</b>	<b>Office of the Medical Center Chief - Legal Unit</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Clients and Employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Request Letter/Endorsement Letter (1 original)</b>		<b>Originating Office</b>		
<b>Draft Contract/MOA (1 original)</b>		<b>Originating Office</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for review of contract/MOA	1. Checks completeness of submitted documents (Note: Incomplete documents will not be received)	None	30 minutes	Admin Staff Legal Unit
	1.1. Receives draft contract/MOA and forwards to the Legal Officer for review	None	20 minutes	Admin Staff Legal Unit
	1.2 Reviews and evaluates the submitted contract/ MOA	None	5 days	Legal Officer Legal Unit
	1.3 Drafts letter/ memorandum with the comments and/or recommendation and clearance or disapproval of the contract/MOA.	None	6 hours	Legal Officer Legal Unit
	1.4 The letter/ memorandum is forwarded to the Unit Head for approval and signature	None	1 day	Legal Officer Legal Unit
	1.5 Records the signed legal opinion in the logbook	None	10 minutes	Admin Staff Legal Unit



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

2. Receives letter/memorandum with comments/recommendation	2. Forwards the letter/memorandum with comments/recommendation to the requesting office.	None	1 hour	Admin Staff Legal Unit
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>7 days</b>	



**Medical Training and Research Office (MTRO)**

<b>A. ADMISSION TO RESIDENCY/FELLOWSHIP TRAINING</b>	
A postgraduate training/stage of medical education which allows the resident/fellow to perform as a licensed physician trainee under the supervision of experienced medical specialists	
<b>OFFICE</b>	<b>Medical Service - Medical Training and Research Office (MTRO)</b>
<b>CLASSIFICATION</b>	<b>Highly Technical</b>
<b>TYPE OF TRANSACTION</b>	<b>G2C-Government to Citizen</b>
<b>WHO MAY AVAIL</b>	<b>All applicants of Residency/Fellowship Training</b>
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Handwritten application letter (1 original)	Applicant
Passport size pictures (2 original) (colored on a white background)	Applicant
Medical School Diploma and Transcript of Records (1 Certified True Copy)	Applicant
Class ranking and General Weighted Average (GWA) from College Secretary/Dean ( 1 photocopy)	Applicant
Certificate of Postgraduate Internship (1 photocopy)	Applicant
Certificate of Residency Training for Fellowship Training applicants (1 photocopy)	Applicant
PRC Board Rating (1 Certified True Copy)	Applicant
PRC Certificate/Diploma (1 Certified True Copy)	Applicant
Service Record of previous employment if any (1 photocopy)	Applicant
Updated certification of good moral character from two (2) persons/official of integrity (1 photocopy)	Applicant
Valid Basic Life Support Training Certificate (1 photocopy)	Applicant
Immunization Records (1 photocopy)	Applicant
Birth Certificate from Philippine Statistics Authority (1 photocopy)	Applicant
Completely filled up Personal Data Sheet (1 original)	Applicant



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits requirements to the MTRO	<b>1.1</b> Receives required documents for application	None	2 minutes	<i>Training Assistant/ MTRO Staff</i>
	<b>1.2</b> Evaluates the completeness of the required documents for application	None	5 minutes	<i>Training Assistant/ MTRO Staff</i>
2. Pays application fee at the cashier	<b>2.1</b> Instructs the applicant to pay the residency/fellowship training application fee	Php150.00	5 minutes	<i>Cashier Collecting Section</i>
3. Presents proof of payment	<b>3.1</b> <b>Informs</b> the applicant to refer to the department's timeline/schedule of activity for further compliance	None	2 minutes	<i>Training Assistant/ MTRO Staff</i>
	<b>3.2</b> <b>Forwards</b> all documents of applicants to respective department for pre-residency/fellowship evaluation and assessment based on the department standards	None	1 day	<i>Chairperson/ Department Secretary Clinical Department</i>
	<b>3.3</b> <b>Consolidation</b> of all results and recommendation letter of accepted selected applicants to residency/fellowship training program	None	1 month	<i>Department Chairperson/ Training Officer Clinical Department</i>
	<b>3.4</b> Final review and approval from the appointing authority	None	2 days	<i>Medical Center Chief II Office of the Medical Center Chief II</i>
4. Receives notification regarding the acceptance of application	<b>4.1</b> Notifies accepted selected applicants for facilitation and submission of the original pertinent documents	None	2 days	<i>Admin. Staff HRMD</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 month, 5 days and 14 minutes</b>	



**B. ACCEPTANCE OF APPLICATION FOR AFFILIATION OF MEDICAL/PARAMEDICAL INTERNSHIP TRAINING (Clerkship, Radiology, Physical Therapy, Occupational Therapy, Medical Technology, Pharmacy & Psychology)**

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

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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Letter of intent (1 copy)	School/University/Institution
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<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits letter of intent to the department concerned	1.1 Reviews letter of intent whether to accept favorably/unfavorably	None	1 day	<i>Chairperson /Head Clinical Department</i>
	1.2 Recommends and indicates the number of affiliates it can accept per period	None	1 day	<i>Chairperson /Head Clinical Department</i>
	1.3 Endorses the letter requests for approval	None	1 day	<i>Chairperson /Head Clinical Department Overall Training Coordinator MTRO</i>
	1.4 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	2.1 Communicates decision with the concerned university/institution	None	1 day	<i>Chairperson/Head Clinical Department</i>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

3. Submits draft contract of affiliation by the school/university/institution officials	3.1 Forwards the Draft Contract of Affiliation (COA) to Legal Unit for review	None	1 day	<i>Overall Training Coordinator MTRO  Legal Unit</i>
	3.2 Facilitates the reviewed COA by Legal Unit for any amendments or corrections and coordinates with the affiliating school/university for the final copy of the COA	None	1 day	<i>MTRO Staff</i>
4. Submits signed contract of affiliation by the school/university/institution officials	4.1 Facilitates signing of the contract of affiliation	None	2 days	<i>Chairperson/Head Clinical Department Overall Training Coordinator MTRO Chief Medical Professional Staff CMPS Medical Center Chief II Office of the Medical Director</i>
	4.2 Return the signed contract of affiliation to the applicant for notarization and notifies the duration of internship	None	1 day	<i>Chairperson/Head Department Secretary Clinical Department</i>
5. Submits the notarized contract of affiliation and endorsement letter of the trainees	5.1 Endorses the trainees to the department concerned	None	1 day	<i>Chairperson/Head Clinical Department</i>
	4.2 Submits the endorsement letter to the Billing Section	None	1 day	<i>Overall Training Coordinator/ MTRO Staff Billing Section</i>
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>13 days</b>	





**C. ADMISSION OF POSTGRADUATE INTERNS (PGIs)**

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>	<b>Medical Service- Medical Training and Research Office (MTRO)</b>			
<b>CLASSIFICATION</b>	<b>Simple Transaction</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All applicants of Postgraduate Internship Program</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Application is through Association of Philippine Medical Colleges (APMC) and the applicants name must be included in the endorsement of the APMC		Electronic National Internship Program System (E-NIPS)		
<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 in APMC website ( <a href="http://apmcf-ph.net/enips">http://apmcf-ph.net/enips</a> ) in applying for postgraduate internship	1.1 Print list of applicants posted in the E-NIPS for selection and matching purposes in JRRMMC	None	3 minutes	<i>Overall Training Coordinator/ Training Assistant MTRO</i>
	1.2 Evaluates, reviews and select possible applicants for Postgraduate Internship Training	None	2 days	<i>Overall Training Coordinator/ Training Assistant MTRO</i>
2. Students checks his/her E-NIPS account to check for matching result	2.1 Submits to APMC the names of accepted/ matched interns through E-NIPS	None	2 days	<i>Overall Training Coordinator/ Training Assistant MTRO</i>
	2.2 Notify accepted PGIs through their posted email addresses in E-NIPS to report on scheduled orientation prior to start of internship training	None	15 days	<i>Training Assistant/ MTRO Staff</i>



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<p>3. Accepted PGIs' attends to the scheduled orientation prior to start of internship training</p>	<p>3.1 Submit to APMC the names of accepted/matched Postgraduate Interns (PGIs) who underwent orientation in JRRMMC</p>	<p>None</p>	<p>2 days</p>	<p><i>Overall Training Coordinator/ Training Assistant MTRO</i></p>
<p><b>END OF TRANSACTION</b></p>	<p><b>TOTAL:</b></p>	<p><b>N/A</b></p>	<p><b>21 days and 3 minutes</b></p>	



**Health Emergency Management Committee (HEMC)**

**A. DEPLOYMENT OF EMERGENCY RESPONSE TEAM (ERT)**

To augment Emergency Response Team (ERT) to any emergency or disaster or any national event as mandated/requested by the Health Emergency Management Bureau – Department of Health (HEMB-DOH)

<b>OFFICE</b>	<b>Health Emergency Management Committee</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G</b>			
<b>WHO MAY AVAIL</b>	<b>Emergency Response Team</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<ol style="list-style-type: none"> <li>1. Medical Residents</li> <li>2. EMT/HEMC Nurses</li> <li>3. Nursing Attendants</li> <li>4. Administrative Aide</li> <li>5. Ambulance Driver</li> </ol>			<ol style="list-style-type: none"> <li>1. Services</li> <li>2. Departments</li> </ol>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Department Memorandum with notation of the MCC	Call each Services/Departments for personnel	None	10 minutes	Department Secretary
2. Briefing/ Orientation for the Team to be deploy	Verifies the schedule	None	30 minutes	HEMC Coordinator
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>		



# INTERNAL SERVICES



**INTERNAL SERVICES**

**PHARMACY**

<b>A. DISPENSING OF MEDICINE AND/OR MEDICAL SUPPLIES FOR STOCK OF WARD/SPECIAL AREAS</b>				
This process covers dispensing of medicine and medical supplies to hemodialysis as ward stock.				
<b>OFFICE</b>	<b>Medical Service - Pharmacy Section (DOH Botika)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Dialysis Center</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Requisition and Issue Slip (RIS) (2 original)			Dialysis Center	
Charge slip (1original)			Dialysis Center	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Pharmacist Commercial Pharmacy
2. Gets the medicines and medical supplies.	2. Dispenses the medicines and medical supplies.	None	5 minutes	Pharmacist Commercial Pharmacy
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>15 minutes</b>	



## FAMILY MEDICINE

### A. AVAILMENT OF EMPLOYEE MEDICAL SERVICE (EMS)

This process aims 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- Out-Patient Department extension waiting area in front of Hospital Lobby			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2G - Government to Government			
<b>WHO MAY AVAIL</b>	All Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Employees secure referral form for medical examination from HRMD and Hospital card	1.1 Receives referral form and classified employment status. 1.2 Provides medical examination form	None	1 minute	Nursing Attendant Administrative Assistant
2. Employee will fill-out basic information in the medical examination form	2. Assesses employee's history, vital signs, anthropometric measurement, and physical examination.	None	5 minutes	Nurse 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 results 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	None	1 minute	



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	clearance slip to be presented to HRMD			
5. Employees with minor laboratory findings	5.1 Prescribes medicines and/or repeat laboratory for those employees with minor laboratory for 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 specialists to those employees with uncontrolled co-morbidities and infectious findings in chest radiograph	6.1 Issuances of referral form to a medical specialist	None	1 minute	Resident-On-Duty
	6.2 Obtains medical clearance from the specialist to those with uncontrolled co-morbidities and infectious findings in chest radiograph before issuance of temporary fit to work during follow-up	None	1 minute	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>20 minutes</b>	



**B. EMPLOYEE MEDICAL SERVICES (EMS) COVID-19 TELEHEALTH CONSULTATION**

This process aims to provide online medical teleconsultation to augment and cater to those employees who have a high risk of exposure and/or are manifesting mild to moderate COVID-19 symptoms. Employees will click the Family and Community Medicine Facebook page for EMS COVID-19 teleconsultation. This service is offered from Monday to Friday excluding holidays and weekends from 8:00 am to 4:00 pm.

<b>OFFICE</b>	<b>Medical Service - Family &amp; Community Medicine Clinic- Out-Patient Department extension waiting area in front of Hospital Lobby</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government G2C - Government to Citizens</b>			
<b>WHO MAY AVAIL</b>	<b>All employees who are seeking online medical consultation for COVID-19 related symptoms</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Internet connection (Facebook account)			Employee	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for online consultation 1.1 Agreed consent from electronic medical disclaimer before the start of the consultation 1.2 Employee fill-out necessary information	1.1 Sends electronic medical disclaimer consent	None	1 minute	Resident-On-Duty
	1.2 Send electronic form including personal information, Philhealth number, past medical, vaccination history, and other diagnostic procedure done	None	5 minutes	
	1.3 Assess 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/Advise Quarantine or Isolation	None	3 minutes	
	1.7 Coordination to ER nurses for those employees with moderate to severe COVID-19 symptoms that		1 minute	





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	require hospitalization, if warranted 1.8 Schedules follow-up visit via Telehealth or Face to Face visit	None	30 seconds	
2. Follow-up online consultation 2.1 Send a picture of ancillary and laboratory results	2.1 Interpretation of results 2.2 Assess employee's clinical status and determine quarantine/isolation extension, if needed 2.3 Schedules follow-up visit via Telehealth for fit to work clearance	None None  None	2 minutes 2 minutes  30 seconds	Resident-On-Duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>24 minutes</b>	



## STATISTICS

<b>A. ISSUANCE OF HOSPITAL STATISTICAL REPORTS</b>				
<b>OFFICE</b>	<b>HIMD - Statistics Unit</b>			
<b>CLASSIFICATION</b>	<b>Simple Transaction</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C- Government to Citizen G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Physicians, Researchers, Employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Request letter indicating purpose or intent to secure copies of hospital statistical report</b>		<b>Requesting Party</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Researchers / Physicians to submit approved letter indicating the needed data and purpose of request	1.Receives the request letter and assess availability of data	None	2 minutes	HIMD - Statistics Unit Staff
	1.1 Search and extract the needed information in the database	None	1- 2 days	HIMD - Statistics Unit Staff
	1.2 Issuance of the requested statistical report	None	1 minute	HIMD - Statistics Unit Staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 days and 3 minutes</b>	



**Central Supply Sterilization Department (CSSD)**

<b>A. DISPENSING OF MEDICAL SUPPLIES</b>				
<p>This process covers issuance of medical supplies to requesting Clinical and Special Areas based on requested items and quantity written at Requisition and Issue Slip forwarded. The requisition of supplies is from Monday to Thursday per scheduled day of clinical and special areas from 8:00 a.m. – 4:00 p.m. except Friday for weekly inventory, or as needs arise.</p>				
<b>OFFICE</b>	<b>Central Supply and Sterilization Department (CSSD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>Government to Government - G2G</b>			
<b>WHO MAY AVAIL</b>	<b>Clinical and Special Areas</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Requisition and Issue Slip (RIS)		Clinical and Special Areas		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Encoding of requested supplies thru Materials Management system (MMS) and submitting an official hard copy of requisition and issue slip (RIS)	Received and checked requisition and issuance slip (RIS)	N/A	2-3 minutes	CSSD staff
	Validation of requested supplies thru (MMS). Notify requesting clinical and special areas for any discrepancies (MMS vs RIS)	N/A	3-5 minutes	CSSD staff
	Preparation of requested items based on RIS	N/A	2-3 minutes	CSSD staff



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	Issuance of requested quantity of supplies per ward/area schedule	N/A	5 minutes	CSSD staff
	Recording of issued supplies on supply logbook with signature over printed name	N/A	3-5 minutes	CSSD and Clinical / Special Area staff
	Encoding to Supply Inventory Management System (SIMS) and recording to stock card	N/A	3-5 minutes	CSSD staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>26 minutes</b>	



**B. ISSUANCE OF BORROWED STERILE INSTRUMENT**

This process covers issuance of borrowed sterile instrument sets in conformity with Borrower's Slip requested by Clinical Areas / Department. The borrowing is from 6:00 a.m. – 10:00 p.m. daily or as needed. Borrowing during the night shift shall be of course to the Shifting Unit Manager.

<b>OFFICE</b>	<b>Central Supply and Sterilization Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>Government to Government - G2G</b>			
<b>WHO MAY AVAIL</b>	<b>Clinical and Special Areas</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Borrower's Slip/ Borrower's Logbook			Sterilization Area	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish Borrower's Slip accordingly stating the date, time, name of borrower's (Ward Nurse in charge and Nursing attendant) with signature over stamped name, the name and quantity of sets to be borrowed. Enters record in the Borrower's Logbook accordingly.	1. Checks for the completeness of the accomplished borrower's Slip and does proper safe keeping.	N/A	2 minutes	CSSD staff



<p>Counter checks for the integrity, validity and completeness of the received sterile instrument set. 2. Informs the Shifting Nurse Manager on duty thru phone call and follow instructions to be given. Follow the proper accomplishment of Borrower's Slip and procedure in borrowing sterile instrument sets.</p>	<p>1.1. Issues the needed sterile instrument set and ensures the integrity, validity and completeness of the sterile set.</p>	N/A	3 minutes	CSSD staff
	<p>1.2. Counter checks proper recording in the Borrower's Logbook and affixes his / her sign over stamp name for affirmation.</p>	N/A	2 minutes	CSSD staff
	<p>2. Borrowing during night shift, instructions will be given to where the ward staff shall proceed.</p>	N/A	3 minutes	Shifting Nurse Manager
	<p>2.1. Wears proper PPE</p>	N/A	3 minutes	Shifting Nurse Manager
	<p>2.2. Counter checks the completeness of the borrower's slip and does proper safe keeping.</p>	N/A	2 minutes	Shifting Nurse Manager
	<p>2.3. Dispenses the borrowed sterile items and ensures the integrity, validity and completeness of the sterile item.</p>	N/A	2 minutes	Shifting Nurse Manager



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	2.4 Counter checks proper recording in the Borrower's logbook and affixes his/her sign over stamp name for affirmation.	N/A	2 minutes	Shifting Nurse Manager
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>19 minutes</b>	



**Human Resource Management Department (HRMD)**

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

This process covers the issuance of employee's 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>	<b>Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Service Request Form (1 original)</b>		<b>HRMD</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up service request form.	1. Receives the service request form.	None	1 Minute	Admin Staff HRMD
	1.1 Prepares the ID card/service card	None	15 Minutes	Admin Staff HRMD
2. Receives the ID/Service Card	2. Releases the ID/Service Card	None	1 Minute	Admin Staff HRMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>17 minutes</b>	





## B. ISSUANCE OF APPOINTMENT

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

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)</b>	
<b>CLASSIFICATION</b>	<b>Simple</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>Newly hired employee</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



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

Online Application of Pag-IBIG ID Number		Pag-IBIG		
<p>In case of previous government employment:</p> <ol style="list-style-type: none"> <li>1. Acceptance of Resignation (1 original)</li> <li>2. Request for Transfer and Approved Transfer (1 original)</li> <li>3. Latest Approved Appointment, Salary Adjustment and Performance Rating (1 original)</li> <li>4. Service Record with cut-off date (1 original)</li> <li>5. Certificate of Clearance from Money and/or Property Accountabilities (1 original)</li> <li>6. Certificate of Last Salary Received and Verified Correct by Resident Auditor (1 original)</li> <li>7. Certificate of Leave Credits and Verified Correct by Resident Auditor (1 original)</li> </ol>		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	<i>Payroll Staff/ Appointment Preparation Staff</i> HRMD



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

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



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



## D. PREPARATION OF VOUCHER FOR FIRST SALARIES

This process covers the preparation of vouchers 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>	<b>Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Newly Hired Personnel</b>			
<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		
BIR Form 2316 (Certificate of Compensation Payment/Tax Withheld) (1original)		Previous Office		
Certificate of Available Leave Credits (1original)		Previous Office		
Service Record (1original)		Previous Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

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



## E. 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>	<b>Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Personnel</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>1. Payroll Salary</b>				
1.1 Monthly Report of Leaves (With and Without Pay) (1 original)		1.1 Leave Administration Unit		
1.2 Billing Statements (1 original)		1.2 GSIS Pag-IBIG JRRMMC Multi-Purpose Cooperative JRRMMC-AHW		
1.3 Appointment of Newly Hired/Promoted Personnel (1 original)		Appointment Unit		
1.4 List of Withholding Tax Deductions		Accounting Department		
<b>2. Payroll of PhilHealth Sharing</b>				
2.1 Monthly Report of Leaves Without Pay (1 original)		Leave Administration Section		
<b>3. Payroll of Night Shift Differential</b>				
3.1 Quarterly Report on Number of Hours Rendered of Employee from 10:00 pm –6:00 am (1 original)		Employee		
<b>4. Payroll of Job Order</b>				
4.1 Daily Time Record duly signed by the immediate supervisor (1 original)		Employee		
4.2 Accomplishment Report signed by the immediate supervisor (1 original)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

1. Submits documentary requirements	1. Receives/checks submitted documentary requirements	None	5 minutes	Admin staff HRMD
	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	Admin staff HRMD
	1.2 Encodes data from Payroll Distribution Card to the Payroll Database, including the report of applied leaves.	None	1 day	Admin staff HRMD
	1.3 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	Admin staff HRMD
	1.4 Prints the General Payroll	None	1 day	Admin staff HRMD
	1.5 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 payroll staff. If correct, initials in the General Payroll	None	2 hours	Admin staff HRMD





# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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



## F. 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>	<b>Hospital Operation and Patient Support Service - Human Resource Management Department (HRMD)</b>	
<b>CLASSIFICATION</b>	<b>Complex</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2G-Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>All Employees</b>	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	1. For Sick Leave 1.1 Leave Application Form (1 original) 1.2 Clearance from Money, Property (if leave is more than 30 days) 1.3 Medical Certificate if more than two (2) days (1 original) 1.4 Medical Clearance if fit to work (1 original)	HRMD HRMD Attending Physician Primary Care Unit
	2. For Vacation Leave 2.1 Leave Application Form (1 original) 2.2 Travel Authority (if vacation leave will be spent abroad) (1 original) 2.3 Clearance from Money, Property (if leave is more than 30 days) (1 original)	HRMD CCU HRMD
	3. For Maternity Leave (RA 11210) 3.1 Leave Application Form (1 original) 3.2 Clearance from Money, Property (1 original) 3.3 Medical Certificate with Pathological Reports (in case of miscarriage) (1 original)	HRMD HRMD Attending Physician
	4. For Paternity Leave (RA 8187) 4.1 Leave Application Form (1 original) 4.2 Certified True Copy of Marriage Contract (1 copy) 4.3 Birth Certificate of Newly Born Child (1 original)	HRMD Attending Physician Attending Physician
	5. For Parental Leave for Solo Parent (RA 8972) 5.1 Leave Application Form (1 original) 5.2 Certified True Copy of Solo Parent ID (1 copy) 5.3 Birth Certificate of the Child (1 original)	HRMD City/Municipal Social Welfare and Development Office PSA



<p>6. For Special Leave Benefits for Women (RA 9710)</p> <p>6.1 Leave Application Form (1 original)</p> <p>6.2 Clearance from Money, Property (if leave is more than 30 days) (1 original)</p> <p>6.3 Medical Certificate reflecting the period of recuperation &amp; gynecological recommendation to rehabilitation (1 original)</p>	<p>HRMD</p> <p>HRMD</p> <p>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 (1 original)</p> <p>7.2 Leave Application Form (1 original)</p> <p>7.3 Clearance from Money, Property (1 original)</p> <p>7.4 Medical Certificate (1 original)</p> <p>7.5 Police Report/Incident Report, if any</p>	<p>Employee</p> <p>HRMD</p> <p>HRMD</p> <p>Attending Physician</p> <p>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 (1 original)</p> <p>8.2 Barangay Protection Order (BPO) or</p> <p>8.3 Temporary/Permanent Protection Order (1 original)</p>	<p>HRMD</p> <p>Barangay Office</p> <p>Court</p>
<p>9. For Study Leave</p> <p>9.1 Leave Application Form (1 original)</p> <p>9.2 Clearance from Money, Property (1 original)</p> <p>9.3 Hospital Personnel Order (1 photocopy)</p> <p>9.4 Contract between the Head of (1 copy)</p>	<p>HRMD</p> <p>HRMD</p> <p>HRMD</p> <p>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 (1 original)</p> <p>10.2 Certification that the current area of residence is declared under state of calamity (1 copy)</p>	<p>HRMD</p> <p>Municipality/City/Barangay Office</p>
<p>11. For Terminal Leave (Retirement, Resignation, Completion of Residency Training)</p> <p>11.1 Approved Retirement/Resignation Letter (1 original)</p> <p>11.2 Leave Application Form (1 original)</p> <p>11.3 Clearance from Money,</p>	<p>Employee</p> <p>HRMD</p> <p>HRMD</p> <p>HRMD</p> <p>HRMD</p>



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Property (1 copy) 11.4 Statement of Assets, Liabilities and Net Worth (SALN) (1 original) 11.5 Exit Interview 11.6 Affidavit of No Pending Criminal Case (1 original)		HRMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits duly accomplished leave application form.  condition specific: <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 days, the head of service signs in the recommendation box.</li> </ul>	1. Reviews and checks the completeness of documentary attachment.	None	7 minutes	Admin staff HRMD
	1.1 Encodes in the corresponding leave card and computes leave credits.	None	3 days	Admin staff HRMD
	1.2 Reviews and signs certification of leave credits and forwards accomplished leave application form for approval	None	1 day	Admin staff HRMD
	1.3 Signs and approve application form	None	10 minutes	Section Head HRMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 days and 17 minutes</b>	



**G. ISSUANCE OF CERTIFICATION FOR GSIS LOAN APPLICATION**

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

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



**Chief Administrative Office (CAO)**

**A. 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>	<b>Hospital Operation and Patient Support Service - Office of the Chief Administrative Officer (CAO)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G-Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Regular Employees</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>GSIS Loan Application Form (1 original)</b>		<b>HRMD</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secures Service Request Form	1. Receives Certificate of GSIS Loan Application	None	1 Minute	Any CAO Staff and/or Authorized Agency Officer (AAO)
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>N/A</b>	<b>7 minutes</b>	



**Procurement Management Department (PMD)**

**A. 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>	<b>Procurement Management Department (PMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>End-user</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Public Bidding Purchase Request (3 copies) Stock Position Sheet (1 original/item)		End Users 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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>F EES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Admin staff PMD



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5<sup>TH</sup> EDITION

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	<p>1.1 Verifies Purchase Request/Stock Position Sheet</p> <p>condition specific:</p> <p>If Included in pricelist, proceed to Purchase Order Preparation</p> <p>If Alternative mode of Procurement, check supporting documents and proceed to Purchase Order Preparation</p>	None	<p>10 Minutes</p> <p>45 Minutes</p>	<p>Admin staff PMD</p> <p>Admin staff PMD</p>
	2. Checks/Review and signs Purchase Order/Job Order/Delivery Order Contract	None	10 Minutes	Administrative Officer IV/ Supervising Administrative Officer PMD
	3. Registers Purchase Order/Job Order/Delivery Order Contract in the monitoring registry for outgoing	None	5 Minutes	Admin staff PMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>55 minutes</b>	





## B. PREPARATION OF CALL OFF

This process covers on-time preparation of Call Offs within 3 working days from receipt of Purchase Request until forwarded to the concerned division.

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Services (HOPSS) - Procurement Management Department (PMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business</b>			
<b>WHO MAY AVAIL</b>	<b>End-user/Supplier</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ol style="list-style-type: none"> <li>Approved Purchase Request (1 original / 2 duplicate copies)</li> <li>Stock Position Sheet (SPS) per line item (1 original)</li> </ol>		<ol style="list-style-type: none"> <li>End User</li> <li>End User</li> </ol>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>F EES TO BE PAID</b>	<b>PROCESSI NG TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit approved Purchase Request with Stock Position Sheet per line item	1.1 Receives and records PR in the monitoring logbook	None	5 minutes	Administrative Aide
	1.2 Verifies Purchase Request/Stock Position Sheet  Condition-specific:  If included in the Notice of Award, proceed to Call Off Preparation	None	30 minutes	Administrative Aide/Assistant
	1.3 Prints a copy of Call Off  No. of Copies: Call Off (1 original/4 photocopies)	None	5 minutes	Administrative Aide/Assistant
	1.4 Reviews and initials Call Off	None	10 minutes	Administrative Officer V/ Supervising Administrative Officer
	1.5 Records Call Off in the monitoring logbook for an outgoing and attached routing slip	None	5 minutes	Administrative Aide
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>55 minutes</b>	



## C. PREPARATION OF DISBURSEMENT VOUCHER

This process covers on-time preparation of Purchase Order/Job Order/Disbursement Voucher within 7 working days from receipt of Bids and Awards Committee Resolution of Award until forwarded to the concerned division.

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Services (HOPSS) - Procurement Management Department (PMD)</b>
<b>CLASSIFICATION</b>	<b>Complex</b>
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business G2G - Government to Government</b>
<b>WHO MAY AVAIL</b>	<b>End-user</b>

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
1. Approved Purchase Request (1 original / 2 duplicate copies)	1. End Users
2. Stock Position Sheet per line item (1 original copy)	2. End Users
3. Approved Project Procurement Management Plan (PPMP) (1 Photocopy-certified true copy)	3. End Users
4. Certificate of Availability of Fund (1 Photocopy-certified true copy)	4. Bids and Award Committee Secretariat
5. Approved BAC Resolution recommending the Change in the method of procurement (1 Photocopy-certified true copy)	5. Bids and Award Committee Secretariat
6. Request for Quotation (1 Photocopy-certified true copy)	6. Bids and Award Committee Secretariat
7. Abstract of Bids (1 Photocopy-certified true copy)	7. Bids and Award Committee Secretariat
8. BAC Resolution Recommending the Award (1 Photocopy-certified true copy)	8. Bids and Award Committee Secretariat
9. Certificate of Exclusive Distributorship, if applicable (1 original/certified true copy)	9. Bids and Award Committee Secretariat

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the approved Purchase Request	1.1 Receives and Records PR in monitoring logbook	None	5 minutes	Administrative Aide
	1.2 Reviews/Examines supporting documents and proceed to Purchase Order/Job Order/Disbursement Voucher preparation	None	45 minutes	Administrative Aide/Assistant
	1.3 Prints a copy of Purchase Order/Job Order/Disbursement Voucher	None	10 minutes	Administrative Aide/Assistant
	No. of copies:			



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5<sup>TH</sup> EDITION

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	P.O./J.O. = 1 original/4 photocopies D.V. = 1 original/4 photocopies			
	1.4 Reviews and initials Purchase Order/Job Order/Disbursement Vouchers	None	10 minutes	Administrative Officer V Supervising Administrative Officer
	1.5 Record Purchase Order/Job Order/Disbursement Voucher in the monitoring logbook for an outgoing and attached routing slip	None	5 minutes	Administrative Aide
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 Hour and 15 Minutes</b>	



## D. PROCESSING OF PETTY CASH

This process covers immediate purchase of supply/ies within 4 hours upon receipt of Purchase Request

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Services (HOPSS) - Procurement Management Department (PMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business</b>			
<b>WHO MAY AVAIL</b>	<b>End-user/Supplier</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ol style="list-style-type: none"> <li>Approved Purchase Request (1 original / 2 duplicate copies)</li> <li>Stock Position Sheet (SPS) (1 original copy)</li> <li>Project Procurement Management Plan (PPMP) if necessary (1 certified true copy)</li> <li>Canvass of at least 3 suppliers</li> </ol>		<ol style="list-style-type: none"> <li>End user</li> <li>End user</li> <li>End user</li> <li>PMD Staff</li> </ol>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits 3 copies of approved Purchase Request (PR) for Petty Cash with Stock Position Sheet per line item/PPMP	1.1 Receives and record PR in the monitoring logbook	None	5 Minutes	Administrative Aide
	1.2 Verifies Purchase Request/Stock Position Sheet	None	45 Minutes	Administrative Aide/Assistant
	<p>Condition-specific: If the amount is Php 1,000.00 and above, need a canvass for at least 3 suppliers then proceed to make Petty Cash Voucher</p> <p>Quantity should be for a maximum of 3 days consumption</p> <p>If the amount is below Php 1,000.00 proceed to make Petty Cash Voucher (Canvass not required)</p>	None	30 Minutes	Administrative Aide/Assistant
	1.3 Review and sign Petty Cash Voucher	None	5 Minutes	Administrative Officer V



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				Supervising Administrative Officer
	1.4 Present Petty Cash Voucher to receive petty cash for the items	None	5 Minutes	Administrative Aide/Assistant
	1.5 Buy items at the designated supplier	None	1 Hour	Administrative Aide/Assistant
	1.6 Endorse items, copy of PR and Sales Invoice	None	15 Minutes	Administrative Aide/Assistant
	1.7 Inform the End User of the Acceptance of items then to be inspected by the Inspection and Acceptance Unit	None	5 Minutes	Administrative Aide/Assistant
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 Hour and 10 Minutes</b>	



**Material Management Department (MMD)**

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



**Bids and Awards Committee-Secretariat (BAC-Sec)**

<b>A. PREPARATION OF ANNUAL PROCUREMENT PLAN</b>				
This process covers submission of project procurement management plan (PPMP) by all end-users in each department/ office to come up with the preparation of annual procurement plan (APP).				
<b>OFFICE</b>	<b>BAC Secretariat</b>			
<b>CLASSIFICATION</b>	<b>Highly Technical</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All end-users</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>Project Procurement Management Plan (PPMP)</b>			<b>End-user</b>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. End-user submits PPMP.	1. Receipts of PPMP	None	2 minutes	Admin Staff BAC Secretariat
	1.1 Consolidation of all submitted APP per department/ offices.	None	13 days	Admin Staff BAC Secretariat
	1.2 Preparation and consolidation of all indicative APP for finalization and submission to BAC chairman for signing.	None	4 days	Supervising Administrative Officer BAC Secretariat
	1.3 Signing of APP for recommendation and approval to MCC	None	1 day	BAC Chairman BAC Secretariat
2. Forwards the signed APP to the Office of the Medical Center Chief	2. Receives submitted APP for approval.	None	1 day	Admin Staff Office of the Medical Center Chief



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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





**Engineering & Facilities Management Department (EFMD)**

**A. TRIP CONDUCTION (ADMINISTRATIVE)**

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

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Service - Engineering &amp; Facilities Management Department (EFMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All employees needing service vehicle conduction</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Trip Ticket (1 original)		EFMD- Motorpool Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests for trip conduction and fill-out trip ticket	1. Issues trip ticket	None	2 Minutes	Motorpool Dispatcher EFMD- Motorpool Unit
	1.1 Forwards accomplished trip ticket to approving officer	None	15 Minutes	Approving Authority CAO office
2. Proceeds to the motorpool unit.	2. Accommodates employees and ensure safety.	None	5 minutes	Driver EFMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>22 minutes</b>	



## B. 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>	<b>Hospital Operation and Patient Support Service - Engineering &amp; Facilities Management Department (EFMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C - Government to Citizen G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All employees and patients needing ambulance vehicle conduction</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Trip Ticket (1 original)		EFMD- Motorpool Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests for trip conduction and fill-up trip ticket	1. Issues trip ticket	None	2 Minutes	Motorpool Dispatcher EFMD- Motorpool Unit
	1.1 Forwards accomplished trip ticket to approving officer	None	15 Minutes	Approving Authority CMPS/Officer-On-Duty
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	Cashier Collecting Section
1. Proceeds to the area a. For Non-covd patient - Beside Information office b. For Covid patient - Main Lobby entrance	2. Accommodates employees/patients and ensures safety.	None	5 minutes	Driver EFMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>22 minutes</b>	



**C. APPLICATION OF SERVICE REQUEST**

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

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Service - Engineering &amp; Facilities Management Department (EFMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All areas that need evaluation and repair works.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Service Request Slip (1 original)		EFMD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Administrative Aide I EFMD
	1.1 Proceeds to concerned areas for accomplishment of service request/corrective action	None	2 hours	Maintenance Staff EFMD
1. Signs in the Service Request Slip	2. Upon completion of corrective action, fill-out the service request slip  2.1 Presents the service request slip to the end-user for signing to connote accomplishment of service request/corrective action.	None	5 minutes	Maintenance Staff EFMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours, 7 Minutes</b>	



**D. PREVENTIVE MAINTENANCE AND CALIBRATION OF BIOMEDICAL EQUIPMENT**

This process covers all equipment needing preventive maintenance and calibration. The service is open Monday thru Fridays, from 7:00AM-5:00PM excluding holiday as per scheduled maintenance and calibration.

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Service - Engineering &amp; Facilities Management Department (EFMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All hospital biomedical equipment.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Biomed Service Report (1 copy)		EFMD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Coordination with EFMD Staff	1. Confirmation on the schedule of Preventive Maintenance & Calibration	None	5 minutes	Biomedical Engineer/ Medical Equipment Technician EFMD
	1.1 Conducts preventive maintenance and calibration of medical equipment	None	1 day	Biomedical Engineer/ Medical Equipment Technician EFMD
	1.2 Affixes the date of preventive maintenance and calibration. Attach stickers to the biomedical equipment.			
1. 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	Biomedical Engineer/ Medical Equipment Technician EFMD
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 day. 15 minutes</b>	



## E. PRINTING OF FORMS

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

<b>OFFICE</b>	<b>Hospital Operation and Patient Support Service - Engineering &amp; Facilities Management Department (EFMD)</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All areas needing printed forms</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request for Forms		Printing Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests for printing of needed forms/documents.	1. Receives request from the end-user.  1.1 Checks and verifies the availability of forms/documents.	None	4 minutes	<i>Administrative Aide (Reproduction Machine Operator)</i> EFMD-Printing Unit
	situation specific:  If not available:  Print the requested forms/documents	None	5 minutes/ream	<i>Administrative Aide (Reproduction Machine Operator)</i>  EFMD-Printing Unit
2. Receives printed forms/documents in the Issuance slip.	2. Issues printed forms/documents	None	5 minutes	<i>Administrative Aide (Reproduction Machine Operator)</i>  EFMD-Printing Unit
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>14 minutes</b>	



**HOUSEKEEPING**

<b>A. REQUEST FOR GENERAL CLEANING</b>				
<b>OFFICE</b>	<b>Hospital Operations and Patient Support Services (HOPSS) Housekeeping Section</b>			
<b>CLASSIFICATION</b>	<b>SIMPLE</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2C and G2G</b>			
<b>WHO MAY AVAIL</b>	<b>ALL DEPARTMENT/OFFICES/CENTERS/UNIT</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
HOUSEKEEPING SERVICE REQUEST FORM		HOUSEKEEPING OFFICE		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Scheduled for general cleaning and disinfection.	1.Received job service request form through phone call or personal request at the housekeeping office of the different wards/offices. 2.Hospital housekeeper on duty distribute housekeeping service request form to janitorial service provider to perform task. (requesting area, requesting offices, time of request) 3.Perform general cleaning.	None	3 hours  2 minutes	Hospital Housekeeper on duty.
2 Affixes signature in the housekeeping service request forms.	2.Instruct to sign in the housekeeping service request form after completion of general cleaning.	None	2 minutes	Hospital Housekeeper on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>3 hours and 4 minutes</b>	



<b>B. REQUEST FOR REPLENISHMENT OF OXYGEN TANKS</b>				
<b>OFFICE</b>	<b>Hospital Operation and Patient Support Services (HOPSS) Housekeeping Section</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G and G2C</b>			
<b>WHO MAY AVAIL</b>	<b>All areas requesting refilling /replenishment of empty oxygen tanks.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Requisition and issue slip (RIS) (3 copies)		Requesting ward		
Oxygen logbook		Materials and Management Department Office (MMD)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Request 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 requested. 1.2 Janitorial Staff list down the serial numbers of the empty and full tanks to the oxygen logbook 1.3 Transport full tanks to the designated area.	None	10 minutes	Hospital Housekeeper on duty.
	2. The Security Guard checks the correctness of the logbook.	None	20 minutes	
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>30 minutes</b>	



<b>C. REQUEST FOR COLLECTION AND TRANSPORT OF GENERAL AND HAZARDOUS WASTE</b>				
<b>OFFICE</b>	<b>Hospital Operation and Patients Support Services (HOPSS) Housekeeping Section</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B AND G2G</b>			
<b>WHO MAY AVAIL</b>	<b>All Department offices/centers/units/food court.</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Manifest Form/Permit to transport		Housekeeping Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCES SING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Request for collection of general and hazardous wastes (color coded)	1.Collects the garbage (general and hazardous waste) 1.1 For general waste; it will be transported to the garbage house and collected by local government service providers. 1.2 For hazardous waste it will be transported to the garbage house and collected by the winning bidder of the hospital Transport Storage Disposal (TSD) service provider.	None  None  Public Bidding	4 hours	Hospital Housekeeper on duty
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>4 hours</b>	





## LINEN

### A. DELIVERIES OF CLEAN LINEN

This process is covered by the outsourced laundry service provider. The service is to deliver clean linen to be accounted for 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			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Outsourcing Monitoring Sheet (1original)			Outsourced Service Provider	
Shortages Receipt Form (1original)			Outsourced Service Provider	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 are shortages, the Shortages Receipt Form shall be accomplished, acknowledged by both parties.  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).	None	2 hours	Linen Staff Outsource Laundry Service Provider
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>6 hours</b>	



## B. 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			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Linen Receipt (1 original)			Requesting Ward	
Linen Requisition Issue Slip (1 original)			MMD Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests of clean linen (bed sheets, pillow case, patient gowns, baby wrapper)	1. End-user will bring 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	Linen Staff Laundry Service Provider Representative Personnel
2. Receives issued clean linen	2. Issues clean linen as per number of surrendered soiled linen, using linen receipt and as per RIS.  2.1 Number of the soiled linen will be registered to the Inventory logbook and linen receipt form.	None	2 hours	Linen Staff Laundry Service Provider Representative Personnel
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>2 hours</b>	



## C. 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>	<b>Hospital Operation and Patient Support Service (HOPSS)</b> - <b>Linen and Laundry Section</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G – Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All Wards and Offices of the Hospital</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Linen Receipt (1 original)</b>		<b>Linen and Laundry Section</b>		
<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	Laundry Staff Linen Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 hour</b>	



**ACCOUNTING**

**A. 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 requirements 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>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Materials Management Department</b>			
<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		
Call Off (5 original)		Materials Management Department		
Approved purchase request (1 original)		Materials Management Department		
Stock Position Sheet (1 original)		Materials 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 the DV with complete documents to the receiving staff of the Accounting Department.	1. Receives the DV with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specifies appropriate action for the submitted documents.</p> <p><b>condition specific:</b> If with findings, return to the originating office.</p>	None	3 working 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 DV document.</p>	None	3 hours	Accountant Accounting Department
2. Receives the DV for signing.	2. Forwards the DV to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted DV.	None	3 hours	Financial Management Officer 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 II.	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



## B. 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 requirements 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>	<b>Finance Service - Accounting Department</b>	
<b>CLASSIFICATION</b>	<b>Complex</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>Materials Management Department</b>	
	<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
	BAC Resolution of alternative mode of procurement, if Direct Contracting is not indicated in the approved APP (1 original)	Materials Management Department
	Approved purchase request (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



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5<sup>TH</sup> EDITION

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Certificate of exclusive distributorship from manufacturer (1 original)		Materials Management Department		
APP (Annual Procurement Plan) (1 Certified True Copy)		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 the Accounting Department.	1. Receives the DV with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.  1.2 Attaches routing slip and specifies appropriate action for the submitted documents.  <b>condition specific:</b> If with findings, return to the originating office.	None	3 working days	Processor Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.  1.4 Affixes initial in the DV document.	None	3 hours	Accountant Accounting Department
2. Receives the DV for signing.	2. Forwards the DV to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	2.1 Signs the submitted DV.	None	3 hours	Financial Management Officer 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 II.	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	





## C. 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.

<b>OFFICE</b>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Budget Department</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Disbursement voucher (1 original) (3 photocopy)		Procurement Management Department		
Inspection and Acceptance Unit Report (1 original)		Procurement Management Department		
MMD Inspection and Acceptance Report (1 original)		Procurement Management Department		
Sales Invoice (1 original)		Procurement Management Department		
Delivery receipt, if applicable (1 original)		Procurement Management Department		
Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS) approved by the signing authorities (3 original)		Procurement Management Department		
Purchase Order (5 original)		Procurement Management Department		
BAC Resolution of alternative mode of procurement, if Negotiated Procurement (Agency to Agency) is not indicated in the approved APP (1 original)		Procurement Management Department		
Approved purchase request (1 original)		Procurement Management Department		
Stock Position Sheet (1 original)		Procurement Management Department		
Price list/quotation from government agency/entity or downloaded copy of price list from Procurement Service (1 original)		Procurement Management Department		
APP (Annual Procurement Plan) (1 Certified True Copy)		Procurement Management Department		
CAF if not included in the regular approved APP (1 original)		Procurement Management Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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1. Forwards the DV with complete documents to the receiving staff of the Accounting Department.	1. Receives the DV with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.  1.2 Attaches routing slip and specifies appropriate action for the submitted documents.  <b>condition specific:</b> If with findings, return to the originating office.	None	3 working days	Processor Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.  1.4 Affixes initial in the DV document.	None	3 hours	Accountant Accounting Department
2. Receives the DV for signing.	2. Forwards the DV to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted DV.	None	3 hours	Financial Management Officer 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 II.	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 working days</b>	



## D. 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 requirements 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>	<b>Finance Service - Accounting Department</b>	
<b>CLASSIFICATION</b>	<b>Complex</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>Materials Management Department</b>	
	<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
	Stock Position Sheet (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



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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 the Accounting Department.	1. Receives the DV with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.  1.2 Attaches routing slip and specifies appropriate action for the submitted documents.  <b>condition specific:</b> If with findings, return to the originating office.	None	3 working days	Processor Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.  1.4 Affixes initial in the DV document.	None	3 hours	Accountant Accounting Department
2. Receives the DV for signing.	2. Forwards the DV to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted DV.	None	3 hours	Financial Management Officer Office of the Financial Management
3. Returns the approved DV to	3. Releases the signed DV and forward to the	None	45 minutes	Admin Staff Accounting



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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Accounting Office for releasing.	Office of the Medical Center Chief II.			Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



**E. 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 requirements 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>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Materials Management Department</b>			
<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		
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		
<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 DV with complete documents to the receiving staff of the Accounting Department.	1. Receives the DV with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specifies appropriate action for the submitted documents.</p> <p><b>condition specific:</b> If with findings, return to the originating office.</p>	None	3 working 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 DV document.</p>	None	3 hours	Accountant Accounting Department
2. Receives the DV for signing.	2. Forwards the DV to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted DV.	None	3 hours	Financial Management Officer 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 II.	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



## F. 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 requirements 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>	<b>Finance Service - Accounting Department</b>	
<b>CLASSIFICATION</b>	<b>Complex</b>	
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>	
<b>WHO MAY AVAIL</b>	<b>Materials Management Department</b>	
	<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
	Stock Position Sheet (1 original)	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





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5<sup>TH</sup> EDITION

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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards the DV with complete documents to the receiving staff of the Accounting Department.	1. Receives the DV with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specifies appropriate action for the submitted documents.</p> <p><b>condition specific:</b> If with findings, return to the originating office.</p>	None	3 working 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 DV document.</p>	None	3 hours	Accountant Accounting Department
2. Receives the DV for signing.	2. Forwards the DV to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted DV.	None	3 hours	Financial Management Officer Office of the Financial Management



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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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 II.	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



## G. PROCESSING OF CALL OFF (CO) FOR PUBLIC BIDDING

This process covers checking and evaluating the submitted request for processing of Call Off for Public Bidding to determine correctness and completeness of documentary requirements attached in the Call Off. This procedure ensures that all attached documents are in accordance with Government Procurement Law and requirement of Commission on Audit

<b>OFFICE</b>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Budget Department</b>			
<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)			Procurement Management Department	
Call Off (5 original)			Procurement Management Department	
Approved purchase request (1 original)			Procurement Management Department	
Stock Position Sheet (1 original)			Procurement 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 the CO with complete documents to the receiving staff of the Accounting Department.	1. Receives the CO with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.  1.2 Attaches routing slip and specifies appropriate action for the submitted documents.  <b>condition specific:</b> If with findings, return to the originating office.	None	3 working days	Processor Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.</p> <p>1.4 Affixes initial in the CO document.</p>	None	3 hours	Accountant Accounting Department
2. Receives the CO for signing.	2. Forwards the CO to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted CO.	None	3 hours	Financial Management Officer Office of the Financial Management
3. Returns the approved CO to Accounting Office for releasing.	3. Releases the signed CO and forward to the Chief Administrative Office	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



**H. 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 requirements 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>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Budget Department</b>			
<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)		Procurement Management Department		
Purchase Order (5 original)		Procurement Management Department		
BAC Resolution of alternative mode of procurement, if Direct Contracting is not indicated in the approved APP (1 original)		Procurement Management Department		
Approved purchase request (1 original)		Procurement Management Department		
Stock Position Sheet (1 original)		Procurement Management Department		
Price monitoring from three (3) leading Hospitals/drugstores - for DOH Botika (1 original)		Procurement Management Department		
Certificate of no suitable substitute (1 original)		Procurement Management Department		
Certification of mode of procurement for Direct Contracting (1 original)		Procurement Management Department		
Approved price quotation (1 original)		Procurement Management Department		
Certificate of exclusive distributorship from manufacturer (1 original)		Procurement Management Department		
APP (Annual Procurement Plan) (1 Certified True Copy)		Procurement Management Department		
CAF if not included in the regular approved APP (1 original)		Procurement Management Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

1. Forwards the PO with complete documents to the receiving staff of the Accounting Department.	1. Receives the PO with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.  1.2 Attaches routing slip and specifies appropriate action for the submitted documents.  <b>condition specific:</b> If with findings, return to the originating office.	None	3 working days	Processor Accounting Department
	1.3 Evaluates and countercheck to determine completeness, correctness and any other missed findings.  1.4 Affixes initial in the PO document.	None	3 hours	Accountant Accounting Department
2. Receives the PO for signing.	2. Forwards the PO to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted PO.	None	3 hours	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 Chief Administrative Office	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



## I. 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 requirements 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>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Budget Department</b>			
<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)		Procurement Management Department		
Purchase Order (5 original)		Procurement Management Department		
Approved purchase request (1 original)		Procurement Management Department		
Stock Position Sheet (1 original)		Procurement Management Department		
Approved price quotation (1 original); if from DOH Botika, certified true copy		Procurement Management Department		
Price quotations from at least three reputable suppliers (1 original)		Procurement Management Department		
Abstract of canvass (1 original)		Procurement Management Department		
HBAC Resolution recommending award (1 original)		Procurement Management Department		
HBAC Resolution of alternative mode of procurement (1 original)		Procurement Management Department		
CAF if not included in the regular approved APP (1 original)		Procurement 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 the PO with complete documents to the receiving staff of the Accounting Department.	1. Receives the PO with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.	None	3 working days	Processor Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>1.2 Attaches routing slip and specifies appropriate action for the submitted documents.</p> <p><b>condition specific:</b> If with findings, return to the 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	3 hours	Accountant Accounting Department
2. Receives the PO for signing.	2. Forwards the PO to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted PO.	None	3 hours	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 Chief Administrative Office	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	





**J. 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 requirements 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>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Budget Department</b>			
<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)		Procurement Management Department		
Purchase Order (5 original)		Procurement Management Department		
Approved purchase request (1 original)		Procurement Management Department		
Stock Position Sheet (1 original)		Procurement Management Department		
Price validity from supplier (1 original)		Procurement Management Department		
BAC Resolution of the repeat order (1 original)		Procurement Management Department		
CAF if not included in the regular APP (1 original)		Procurement 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 the PO with complete documents to the receiving staff of the Accounting Department.	1. Receives the PO with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.	None	3 working days	Processor Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>1.2 Attaches routing slip and specifies appropriate action for the submitted documents.</p> <p><b>condition specific:</b> If with findings, return to the 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	3 hours	Accountant Accounting Department
2. Receives the PO for signing.	2. Forwards the PO to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted PO.	None	3 hours	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 Chief Administrative Office	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



## K. 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 requirements 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>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Budget Department</b>			
<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)		Procurement Management Department		
Purchase Order (5 original)		Procurement Management Department		
BAC Resolution of alternative mode of procurement, if Negotiated Procurement (Agency to Agency) is not indicated in the approved APP (1 original)		Procurement Management Department		
Approved purchase request (1 original)		Procurement Management Department		
Stock Position Sheet (1 original)		Procurement Management Department		
Price list/quotation from government agency/entity or downloaded copy of price list from Procurement Service (1 original)		Procurement Management Department		
APP (Annual Procurement Plan) (1 Certified True Copy)		Procurement Management Department		
CAF if not included in the regular approved APP (1 original)		Procurement 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 the PO with complete documents to the receiving staff of the Accounting Department.	1. Receives the PO with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department
	1.1 Checks and verify correctness in each attached documentary requirements.	None	3 working days	Processor Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>1.2 Attaches routing slip and specifies appropriate action for the submitted documents.</p> <p><b>condition specific:</b> If with findings, return to the 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	3 hours	Accountant Accounting Department
2. Receives the PO for signing.	2. Forwards the PO to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted PO.	None	3 hours	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 Chief Administrative Office	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



**L. 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 requirements 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>	<b>Finance Service - Accounting Department</b>			
<b>CLASSIFICATION</b>	<b>Complex</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Budget Department</b>			
<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)		Procurement Management Department		
Purchase Order (5 original)		Procurement Management Department		
Approved purchase request (1 original)		Procurement Management Department		
Stock Position Sheet (1 original)		Procurement Management Department		
Price quotations from at least three reputable suppliers (1 original)		Procurement Management Department		
Abstract of canvass (1 original)		Procurement Management Department		
HBAC Resolution recommending award (1 original)		Procurement Management Department		
HBAC Resolution of alternative mode of procurement (1 original)		Procurement Management Department		
CAF if not included in the regular approved APP (1 original)		Procurement 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 the PO with complete documents to the receiving staff of the Accounting Department.	1. Receives the PO with complete attached documentary requirements.	None	1 hour	Admin Staff Accounting Department



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	<p>1.1 Checks and verify correctness in each attached documentary requirements.</p> <p>1.2 Attaches routing slip and specifies appropriate action for the submitted documents.</p> <p><b>condition specific:</b></p> <p>If with findings, return to the originating office.</p>	None	3 working 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	3 hours	Accountant Accounting Department
2. Receives the PO for signing.	2. Forwards the PO to Financial and Management Officer II for signing.	None	15 minutes	Admin Staff Accounting Department
	2.1 Signs the submitted PO.	None	3 hours	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 Chief Administrative Office	None	45 minutes	Admin Staff Accounting Department
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>4 working days</b>	



## BUDGET DEPARTMENT

### A. FUNDING OF DISBURSEMENT VOUCHERS, PURCHASE ORDERS, AND CALL-OFF THROUGH OBLIGATION REQUEST STATUS AND BUDGET UTILIZATION REQUEST STATUS.

This process includes allocation of available funds upon receipt of request which shall be supported with complete, valid and legal documents. Once verified and deemed proper, a BURS/ORS number shall be assigned based on the funding source. Fund utilization shall be in accordance with existing rules and regulations in government expenditure

<b>OFFICE</b>	<b>Finance Service - Budget Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>N G2G- Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All employees of the Agency or End User</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Forwards Purchase Order (PO)/Call-Off (CO)/ Disbursement Voucher (DV) with supporting documents.	1. Receives and records Purchase Order (PO)/ Call-Off (CO)/ Disbursement Voucher (DV)	None	4 Minutes	Admin Staff Budget Section
	1.1 Checks accuracy, completeness and validity of all supporting documents	None	15 Minutes	Admin Staff Budget Section
	1.2 Assign BUR/ORS No. and records to Registry of Budget Utilization and Disbursement (RBUD)/Registry of Allotments, Obligations and Disbursements (RAOD)	None	5 Minutes	Admin Staff Budget Section



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	1.3 Reviews BURS/ORS if properly funded and if complies with UACS	None	2 Minutes	Admin Staff Budget Section
	1.4 Signs BURS/ORS	None	2 Minutes	Admin Staff Budget Section
	1.5 Forwards signed BURS/ORS to other signatories	None	2 Minutes	Admin Staff Budget Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>None</b>	<b>33 Minutes</b>	





**B. PROCESSING AND ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUND (CAF)**

A Certificate of Availability of Fund is being prepared and issued by the Department which is an integral part and the basis in the signing and effectivity of any contract. The approval of funds shall be dependent on the compliance to the submission of documentary requirements by the end-user.

<b>OFFICE</b>	<b>Finance Service - Budget Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2B - Government to Business Entity G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>BAC-SEC and Contracting Party</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Call-Off (5 copies)		PMD		
Approved Purchase Request (PR) (3 original)		PMD /End user		
Approved Project Procurement Management Plan (PPMP) (1 original)		PMD /End user		
Approved Stock Position Sheet (SPS) (1 original)		PMD /End user		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Forwards Call-Off / approved Purchase Request (PR) with attached requirements	1. Receives and record Call-Off / approved PR	None	2 Minutes	Admin Staff Budget Section
	1.1 Checks accuracy, completeness and validity of all supporting documents	None	15 Minutes	Admin Staff Budget Section
	1.2 Prepares CAF according to funding source	None	5 Minutes	Admin Staff Budget Section
	1.3 Reviews prepared CAF	None	2 Minutes	Admin Staff Budget Section
	1.4 Assign BUR/ORS No. to Call-Off and records to Registry of Budget Utilization and Disbursement (RBUD)/Registry of Allotments, Obligations	None	5 Minutes	Admin Staff Budget Section



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

	and Disbursements (RAOD)			
	1.5 Reviews BURS/ORS if properly funded and if complies with UACS	None	2 Minutes	Admin Staff Budget Section
	1.6 Signs prepared CAF and BURS/ORS	None	2 Minutes	Admin Staff Budget Section
	1.6 Forwards signed CAF and BURS/ORS to other signatories	None	2 Minutes	Admin Staff Budget Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>35 Minutes</b>	



## C. SPECIAL BUDGET REQUEST

This process covers payment of terminal leave benefits of retired/resigned employees and resident physicians who have completed their residency training program that requires release of additional Special Allotment Release Order (SARO) and Notice of Cash Allocation (NCA).

<b>OFFICE</b>	<b>Finance Service- Budget Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>All separated employees of the Agency</b>			
<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 documentary requirements.	1. Receives and records Disbursement Voucher (DV)	None	2 Minutes	Admin Staff Budget Section
	1.1 Checks accuracy, completeness and validity of all supporting documents	None	3 Minutes	Admin Staff Budget Section
	1.2 Prepares Special Budget Request	None	5 Minutes	Admin Staff Budget Section
	1.3 Reviews Special Budget Request	None	2 Minutes	Admin Staff Budget Section
	1.4 Initials Approval	None	1 Minute	Admin Staff Budget Section
	1.5 Forwards Special Budget Request to other signatories	None	2 Minutes	Admin Staff Budget Section
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>15 Minutes</b>	



**Integrated Hospital Operations and Management Unit (IHOMU)**

**A. PROCEDURE ON SOFTWARE REPAIR OF ICT EQUIPMENT**

This process covers employee/department requesting for 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</b>	<b>Integrated Hospital Operations and Management Unit (IHOMU)</b>			
<b>CLASSIFICATION</b>	<b>Simple Transaction</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Employees/Department requesting for technical assistance</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Support Request Slip		Integrated Hospital Operations and Management Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Department/Area call to request for IT support	1.1 Prepares support request slip stating the details of the support needed and location of the area.	None	1 minute	IHOMU Staff
	1.2 Respond to the area and give initial assessment, explain the nature of error and possible causes.	None	5 minutes	IHOMU Staff
	1.3 Fix the problem immediately, may apply additional configuration of the software.	None	10 minutes	IHOMU Staff
	1.4 Prepare a report of the problem encountered based on the assessment.	None	5 minutes	IHOMU Staff
	1.5 Issuance of service report indicated in the support request slip.	None	30 seconds	IHOMU Staff
2. Acceptance of service report	2.1 Accept and sign the service report issued by the technical staff.	None	30 seconds	Department/



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

JOSE R. REYES MEMORIAL MEDICAL CENTER

				Area
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>22 minutes</b>	



## A. PROCEDURE ON HARDWARE REPAIR OF ICT EQUIPMENT

This process covers employee/department requesting for 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</b>	<b>Integrated Hospital Operations and Management Unit (IHOMU)</b>			
<b>CLASSIFICATION</b>	<b>Complex Transaction</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G - Government to Government</b>			
<b>WHO MAY AVAIL</b>	<b>Employees/Department requesting for technical assistance</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Support Request Slip		Integrated Hospital Operations and Management Unit		
IT Equipment Evaluation Form		Integrated Hospital Operations and Management Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESsing TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Department/Area call to request for IT support	1.1 Prepares support request slip stating the details of the support needed and location of the area.	None	1 minute	IHOMU Staff
	1.2 Respond to the area and give initial assessment, explain the nature of the problem and possible causes.	None	5 minutes	IHOMU Staff
	1.3 Pull out the defective hardware for repair.	None	5 minutes	IHOMU Staff
	1.4 Conduct further evaluation/repair and replace defective parts or peripherals.	None	1-3 days	IHOMU Staff
	<b>If functional:</b>  a. Prepare a service report indicated in the support request slip.	None	10 minutes	IHOMU Staff



# CITIZEN'S CHARTER

5<sup>TH</sup> EDITION

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	<p>b. Return and install the newly repaired unit of the requesting department</p> <p><b>If Obsolete:</b></p> <p>a. Prepare an evaluation report based on the assessment</p> <p>b. Return and recommend for condemn if the unit is beyond economical repair.</p>			
2. Acceptance of service report	2.1 Accept and sign the service report issued by the technical staff.	None	30 seconds	Department/Area
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>3 days, 21 minutes, and 30 seconds</b>	



**Health Emergency Management Committee (HEMC)**

**A. BASIC LIFE SUPPORT (BLS) TRAINING SEMINAR**

This is a 1-day course which aims to enhance the capability of participants in acquiring the basic knowledge, attitude, and skills in Basic Life Support techniques. 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>	<b>Health Emergency Management Committee</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G</b>			
<b>WHO MAY AVAIL</b>	<b>All healthcare provider in this institution</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. BLS ID/Certification within 2-year period		Previous BLS		
2. Medical Certificate		Chosen consultant for health restrictions		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirement to the HEMC Office	Check authenticity of the requirements	None	1 minute	Department Secretary
2. Schedule the employee for the training	Verifies the schedule	None	1 minute	Department Secretary
3. Training Date Training	Training	None	1-day	BLS Facilitators
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>		





**QMU**

**A. REGISTRATION OF DOCUMENTS FOR QUALITY MANAGEMENT SYSTEM**

The QMS registration of JRRMMC documents (e.g. procedure, work instructions, forms and master list) is processed as requested (i.e. as a new document, a document for revision or for deletion) and issued to the process owner before the effectivity date.

<b>OFFICE</b>	Document Control Office			
<b>CLASSIFICATION</b>	Complex			
<b>TYPE OF TRANSACTION</b>	G2G-Government to Government			
<b>WHO MAY AVAIL</b>	All JRRMMC Services, Departments, Unit			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ol style="list-style-type: none"> <li>Accomplished Document Control Form</li> <li>Print out of reviewed and approved JRRMMC document</li> </ol>		Document Control Office 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. Submit the Document Control Form and printout of JRRMMC Documents for QMS Registration	<ol style="list-style-type: none"> <li>Process the request for QMS Registration of JRRMMC Documents                             <ol style="list-style-type: none"> <li>Follow the Procedure on Control Documented Information</li> <li>Issue JRRMMC documents to process owner</li> </ol> </li> </ol>	None	7 days	Document Control Officer and Staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>7 days</b>	



## Medical Records- DEMM-NCGH

### A. Issuance of Hospital Cards for All Out-Patients.

This cover securing a Hospital Card. The service is open from Monday to Friday 7:00am-5:00pm excluding Holidays.

<b>OFFICE</b>	<b>Medical Records Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G-Government to Government G2C- Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All Out-Patients needing Follow-Up Consultation, Medication Refill and Medical Certificate</b>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. One (1) Hospital Card 2. One (1) Valid Senior ID			Triage Officer/ Nurse Attendant on Duty Respective Senior Citizens Affairs/Local Government 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 Accomplished Patient Information Sheet (PIS)	1. Receives and checks submitted Patient Information Sheet	None	3 Minutes	Medical Records Staff
2. Patient waits for a Hospital Card at the Waiting Area.	2.1 Checks the patient's name in the database. <ul style="list-style-type: none"> <li>If the database, issuance of a card with the same hospital number.</li> <li>If not, issuance of new card with new hospital number</li> </ul> 2.2 Releases hospital card to Triage Officer	None	5 Minutes	Medical Records Staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>8 Minutes.</b>	



**B. Retrieval of Old Medical Charts.**

This covers all out-patients needing follow-up consultation, medication refill and medical certificate. The service is open from Monday to Friday 7:00 am - 5:00 pm excluding holidays.

<b>OFFICE</b>	<b>Medical Records Department</b>			
<b>CLASSIFICATION</b>	<b>Simple</b>			
<b>TYPE OF TRANSACTION</b>	<b>G2G-Government to Government G2C- Government to Citizen</b>			
<b>WHO MAY AVAIL</b>	<b>All Out-Patients needing Follow-Up Consultation, Medication Refill and Medical Certificate</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Hospital Card 2. One (1) Valid Senior ID		Triage Officer/ Nurse Attendant on Duty Respective Senior Citizens Affairs/Local Government 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 a Hospital Card.	1. Receives Hospital Card & Retrieves Old Medical Charts (Follow-Up Check Up, Medication Refill, and Medical Certificate).	None	Within One (1) Hour	Medical Records Staff
2. Patient waits for His/her Medical Chart to be Released at the Waiting Area.	2. Log in Medical Chart in the Logbook.  2.1 Releases Medical chart/Blank Medical Chart to Nursing Staff	None	5 Minutes	Medical Records Staff
<b>END OF TRANSACTION</b>	<b>TOTAL:</b>	<b>N/A</b>	<b>1 Hour and 5 Minutes.</b>	