REGION 1 MEDICAL CENTER

CITIZEN'S CHARTER

2024 (1st Edition)

REGION 1 MEDICAL CENTER

CITIZEN'S CHARTER

2024

I. Mandate:

The Region 1 Medical Center, a DOH-accredited tertiary training, teaching and research hospital is committed to the delivery of globally competitive, accessible and affordable healthcare services in Northern Luzon through an effective Integrated Management System.

R1MC also commits to provide safe and healthy working conditions, eliminate hazards and reduce risks to ensure occupational safety and health, and to advocate consultation and participation of workers.

The R1MC continually improves its quality of service and occupational safety and health programs in accordance with regulatory, statutory and industry requirements and standards.

II. Vision:

The Region 1 Medical Center is the Premier tertiary end-referral hospital in Northern Luzon by 2024.

III. Mission:

The Region 1 Medical Center shall provide affordable and quality healthcare services enhanced by education, training, and research relevant to the needs of the people of Northern Luzon.

IV. Service Pledge:

- **To provide excellent healthcare services to R1MC clients through continuous improvements of quality healthcare services.**
- **To enhance the skills and competencies of the human resource through training and research.**
- **To ensure availability of adequate resources to maintain the quality assurance programs of the Medical Center and continually improve its effectiveness.**

LIST OF SERVICES

External Services

Internal Services

External Services

SERVICE NAME: PROFILING OF PATIENT/ PATIENT REGISTRY FOR CHECK-UP AND ADMISSION

Description: Registration of patient and issuance of Hospital Record No. and Hospital ID or Medico-Legal Form and Medico-Legal ID in the Emergency Room.

Office or Division:	Admitting Section
Classification:	Simple
Type of Transaction:	Government to Client/ Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Emergency Room Record	(1) Emergency Room Triage Doctor on duty
(2) Philhealth ID of member/Philhealth member data record (for admitted patient)	(2) Patient/ Watcher/ Immediate relative

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. The patient/ watcher proceeds to the Admitting Section for interview concerning patient's personal information needed by the Admitting Staff to be encoded in the Visual MEDSYS – Emergency Room.	1. Admitting Staff writes hospital number of the patient in the Emergency Room Record. For new patients, admitting staff will issue a hospital ID; For old patients, admitting staff will only update patient's personal information unless hospital ID is requested by the patient/ watcher due to loss or damage.	None	5 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
2. The patient/ watcher presents Philhealth ID or Membership Data Record of the member for checking of eligibility in the Philhealth Portal.	2. Admitting Staff will ask for the PhilHealth ID or Membership Data Record of the patient, his or her spouse (*if married),* Parents (*if the patient has no Philhealth record and is below 20 years old),* Child (*if patient has no Philhealth record and is a senior citizen*). Afterwards, the admitting staff will check the eligibility in the Philhealth Portal and encodes PIN in the Visual MEDSYS Emergency Room.	None	3 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*

3. The patient/ watcher waits for the issuance of Emergency Room Record and patient's Hospital ID, or Medico-Legal Form and Medico- Legal ID and will proceed to the assigned Emergency Room Area.	3. Admitting Staff will give the Emergency Room Record and Hospital ID (*for new patients*) or Medico-Legal form and Medico-Legal ID to the patient/ watcher.	None	2 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
TOTAL			**10 minutes**	

SERVICE NAME: PREPARATION AND PRINTING OF CLINICAL COVER SHEET FOR ADMISSION

Description: Patient's final assessment and diagnosis.

Office or Division:	Admitting Section
Classification:	Simple
Type of Transaction:	G2C-Government to Client
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Notice of Admission (NOA)	(1) Emergency Room Nurse on Duty/ Encoder.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Admitting Staff receives the Notice of Admission (NOA) from the Emergency Room nurse on duty/ Encoder or OPD clinic nurse on duty.	None	1 minute	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
	2. Admitting Staff encodes and prints Clinical Cover Sheet and attach Philhealth forms needed.	None	5 minutes	Kharmina Lorena V. Talaue *(Administrative Officer IV)*
1. The patient/ authorized representative fills out Philhealth Forms needed and affixes his/her signature on the same. (**PBEF, CSF, CF-1,** and **PMRF**).	3. Admitting Staff proceeds to the assigned area (*Medical, Pediatric, Surgery, and OB-Gyne Section*) of the patient to affix patient's/ authorized representative's signature on Philhealth Forms needed.	None	3 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
	4. Admitting Staff issues Clinical Cover Sheet to MSS for classification.		1 minute	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
	5. Emergency Room Nurse on duty receives Clinical Cover Sheet.			

TOTAL			**10 minutes**	

SERVICE NAME: ISSUANCE OF WATCHER'S ID OR TEMPORARY PASS

Description: Upon admission of a patient, a Watcher's ID shall be issued to the watcher of the patient.

Office or Division:	Admitting Section
Classification:	Simple
Type of Transaction:	G2C-Government to Client
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Government-issued ID	(1) Admitting Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Upon admission of a patient, the watcher shall deposit/hand any government-issued ID to the Admitting Section.	1. Upon receipt of any government-issued ID by the watcher or patient, the Admitting Staff shall issue a Watcher's ID or a Temporary Pass.	None	2 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
2. In case of loss watcher's ID or Temporary Pass, a fine/penalty of P500.00 shall be charged to the patient or watcher. Payment of loss watcher's ID shall be paid at the cashier.	2. In case of loss watcher's ID or Temporary Pass, the Admitting Section shall issue charge slip to the watcher or patient and the watcher shall pay at the cashier.	None	3 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
TOTAL			**5 minutes**	

SERVICE NAME: ISSUANCE OF PATIENT'S CLEARANCE SLIP

Description: Issuance of clearance slip to patient before leaving the hospital.

Office or Division:	Admitting Section
Classification:	Simple
Type of Transaction:	G2C-Government to Client
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Statement of Account from Billing	(1) Billing Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Upon settlement of the patient's bill. The Billing Section shall place remarks on the Statement of Account as "OK for Discharge", the watcher of the patient shall process to the Admitting Section to surrender the Watcher's ID issued by the Admitting Staff. The Admitting staff shall return the valid ID of the patient or the watcher.	1. Admitting Staff shall ask the watcher to return the issued Watcher's ID. The Admitting Staff shall also return the valid ID of the watcher that was temporarily stored or kept at the Admitting Section.	None	2 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
2. The admitting staff shall issue Patient's Clearance Slip which the watcher shall present at the ward and to the Security Officers before finally leaving the hospital premises.	2. The Admitting Staff sign and issue Patient's Clearance Slip to the watcher	None	3 minutes	*Kharmina Lorena V. Talaue (Administrative Officer IV)*
TOTAL			**5 minutes**	

SERVICE NAME: OUTPATIENT CONSULTATION

Description: The outpatient department is a health care facility designed for diagnosis, observation, consultation, treatment and intervention services to people with health problems, but does not require admission at the moment.

Office or Division:	Out-Patient Department - Animal Bite Treatment Center
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Online Appointment Code	Customer Service
(1) From the system (MedSys)	Registration
(1)Anti-Rabies Vaccine Schedule	Animal Bite Treatment Center
Proof of Payment (1) Official Receipt	Cashier Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient comes in for History taking	1. Nurses performs assessment on the patient	None	4 minutes	*GAUDENCIO BENITO* *GILLE ALEXIS D. SOLAR* *KAREN P. PAGSOLINGAN*
2. Patient proceeds to the doctors for consultation	2. Doctors attends to the patients	None	5 minutes	*DR. ALBERTO GONZALES*
3. Patient receives prescription and charge slip. Then proceed to injection of meds after settling of hospital bills.	3. The Doctors and Nurses provides and explains medications and instructions to the client	Anti Rabies Vaccine – ₱749.00 Injection fee – ₱15.00 Insulin Syringe – ₱8.45	5 minutes	*DR. ALBERTO GONZALES* *GAUDENCIO BENITO* *GILLE ALEXIS D. SOLAR* *KAREN P. PAGSOLINGAN*

		10cc syringe – ₱7.54 5cc Syringe – ₱7.28 3cc Syringe – ₱5.78 G25 needle - ₱8.71		
4. Patient settles the bill	4. Cashier accepts the payment and issues official receipt	None	*Refer to concerned department's Citizen Charter	*Cashier/Philhealth/Billing Section*
5. Patient presents the official receipt	5. Presents official receipt	None	1 minute	*GAUDENCIO BENITO GILLE ALEXIS D. SOLAR KAREN P. PAGSOLINGAN*
6. Patient receives injection of Anti Rabies Vaccine and other medications prescribed by the Physician on Duty.	6. Nurses injects needed medications.	None	Maximum of 45 minutes for patients with skin testing of needed medication before injection	*GAUDENCIO BENITO GILLE ALEXIS D. SOLAR KAREN P. PAGSOLINGAN*
7. Patient is reassessed by nurse on duty.	7. Doctor/Nurses reassess the patient after the procedure	None	5 minutes	*DR. ALBERTO GONZALES GAUDENCIO BENITO GILLE ALEXIS D. SOLAR KAREN P. PAGSOLINGAN*
8. Patient receives the schedule and appointment code for the next vaccine.	8. Doctors and nurses provides and explains home instructions and medications.	None	5 minutes	*DR. ALBERTO GONZALES GAUDENCIO BENITO GILLE ALEXIS D. SOLAR KAREN P. PAGSOLINGAN*

9. (if patient is not for referral) Patient receives the schedule for the next doses of their vaccine. 10. (if the patient is for referral/admission) patient proceeds to other department	9. Doctors and nurses provides and explains home instructions and medications 10. The Doctor/Nurses endorses the patient to another department	None None	5 minutes 5 minutes	*DR. ALBERTO GONZALES* *GAUDENCIO BENITO* *GILLE ALEXIS D. SOLAR* *KAREN P. PAGSOLINGAN*
TOTAL		**Anti Rabies Vaccine – ₱749.00** **Injection fee – ₱15.00** **Insulin Syringe – ₱8.45** **10cc syringe – ₱7.54** **5cc Syringe – ₱7.28** **3cc Syringe – ₱5.78** **G25 needle - ₱8.71**	**1 hour 20 minutes**	

SERVICE NAME: DEPARTMENT OF LABORATORIES and TRANSFUSION MEDICINE

Description: AUTOPSY (Post mortem Examination of Cadaver)

Office or Division:	Anatomical Laboratory
Classification:	Complex
Type of Transaction:	Government to Client
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (depends on examination requested) (original)	Department of Laboratories (Anatomical Laboratory)
Official Receipt (1 original)	Cash Operations
Charge Slip (1 original)	Histopathology Reception Area
Claim Stub (1 original)	Histopathology Reception Area
Satisfaction Survey (1 original)	Histopathology Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Consent for Autopsy.	1. Receive Consent for Autopsy with written name and signature of the immediate next of kin of legal age.	None	2 minutes	*Resident Pathologist* *Consultant Pathologist*
2. Pay the required laboratory processing and reader's fees at the Cashier by showing the charge slip. Make sure to secure Official Receipt that will be issued upon payment.	2. Issue charge slip of laboratory processing and reader's fees to the watcher.	Processing Fee / Reader's Fee: Autopsy (8,100.00 / 8,000.00) **Pap's Stain Smear** (350.00 / 350.00) **Tzanck** (300.00 / 250.00)	5 minutes	*Cashier on duty*
3. Return to the Histopathology Reception Area for verification of the Official Receipt.	3. Copy the Official Receipt Number to the entry log book.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*

4. Secure Claim Stub and fill up Satisfaction Survey and drop it to the suggestion box.	4. Issue Claim Stub and Satisfaction Survey.	None	2 minutes	*Jerick Cayabyab* *Reynaldo Sangalang* *Maricar Abalos*
5. Examination.	5. Post mortem examination and processing of Tissue	None	20 days	*Resident Pathologist* *Consultant Pathologist*
6. Present Official Receipt together with the Claim Stub for release of the Official Result.	6.1 The Staff checks if the result is already available and ready for releasing. 6.2 Write the Name with Signature of the claimant in the Logbook & release the Official Result.	None	7 minutes 2minutes	*Jerick Cayabyab* *Reynaldo Sangalang* *Maricar Abalos*
Total	**End of transaction**		20 days	

SERVICE NAME: DEPARTMENT OF LABORATORIES and TRANSFUSION MEDICINE

Description: CYTOLOGY (Paps smears, Cell Cytology / Cell Block, FNAB (CT/Ultrasound Guided), Tzanck Smear)

Office or Division:	Anatomical Laboratory
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (depends on examination requested) (original)	All Departments / Wards
Official Receipt (1 original)	Cash Operations
Charge Slip (1 original)	Histopathology Reception Area
Claim Stub (1 original)	Histopathology Reception Area
Satisfaction Survey (1 original)	Histopathology Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request together with the Specimen for Verification to the Histopathology Reception Area.	1. Receive laboratory requests and specimens by the staff on duty.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
2. Pay the required laboratory processing and reader's fees at the Cashier by showing the charge slip. Make sure to secure Official Receipt that will be issued upon payment.	2. Issue charge slip of laboratory processing and reader's fees to the watcher / patient.	Processing Fee / Reader's Fee: **CT / Ultrasound Guided FNAB** (1,500.00 / 1,500.00) **Cytology / Cell Block** (500.00 / 500.00) **Fine Needle Aspiration Biopsy** (1,000.00 / 1,000.00) **Pap's Stain Smear** (350.00 / 350.00)	5 minutes	*Collection unit*

		Tzanck (300.00 / 250.00)		
3. Return to the Histopathology Reception Area for verification of the Official Receipt.	3. Copy the Official Receipt Number to the entry log book.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
4. Secure Claim Stub and fill up Satisfaction Survey and drop it to the suggestion box.	4. Issue Claim Stub and Satisfaction Survey.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
5. Examination.	5. Processing of Fluids and Smears Specimen	None	14 days	*Marlon N. Sampaga, Arnel Justin Z. Camacho, Jason M. Soy, David Tapiador, Jan Trina L. Castillo*
6. Present Official Receipt together with the Claim Stub for release of the Official Result.	6.1 The Staff on duty checks if the result is already available and ready for releasing. 6.2 Write the Name with Signature of the claimant in the Logbook & release the Official Result.	None	7 minutes 2minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
Total	**End of transaction**		**14 days and 20 minutes**	

SERVICE NAME: DEPARTMENT OF LABORATORIES

Description: FROZEN SECTION (Rush Frozen Section)

Office or Division:	Anatomical Laboratory
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory Request (original)	All Cutting Departments
Charge Slip (1 original)	Histopathology Reception Area (through Medsys System)
Claim Stub (1 original)	Histopathology Reception Area
Satisfaction Survey (1 original)	Histopathology Reception Area

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present Laboratory Request together with the Specimen for Verification.	1.1 Receive laboratory requests and specimens by the staff on duty.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
2. Issuance of Charge Slip	1.2 Issue charge slip of laboratory processing and reader's fees through Medsys System.	Processing Fee / Reader's Fee: **Rush Frozen Section** (4,100.00 / 4,000.00)	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
3. Secure Claim Stub and fill up Satisfaction Survey and drop it to the suggestion box.	2. Issue Claim Stub and Satisfaction Survey.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*

4. Examination.	3. Processing of Tissue and Reading	None	30 minutes	*Pathologists and Residents*
5. Present the Claim Stub for release of the Official Result.	4.1 The Staff on duty releases the final results after validation of the Pathologists.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
	4.2 Write the Name with Signature of the claimant in the Logbook & release the Official Result.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
TOTAL	End of transaction		40 minutes	

SERVICE NAME: DEPARTMENT OF LABORATORIES

Description: IMMUNOHISTOCHEMISTRY (ER, PR, HER-2, NEU)

Office or Division:	Anatomical Laboratory
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen, G2G - Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (original)	All Cutting Departments
Charge Slip (1 original)	Histopathology Reception Area (through Medsys System)
Claim Stub (1 original)	Histopathology Reception Area
Satisfaction Survey (1 original)	Histopathology Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request together with the Specimen for Verification	1.1 Receive laboratory requests and specimens by the staff on duty	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
	2. Issue charge slip of laboratory processing and reader's fees through Medsys System	Processing Fee / Reader's Fee: **Estrogen Receptor/ER** (4,800.00 / 500.00) **Progesterone Receptor/ER** (4,800.00 / 500.00) **HER-2 NEU** (8,000.00/500.00 **Package (ER, PR, HER-2 neu)** (11,600.00/1,500.00	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*

2. Secure Claim Stub and fill up Satisfaction Survey and drop it to the suggestion box	2. Issue Claim Stub and Satisfaction Survey	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
3. Examination.	3. Process of Tissue and Reading of Processed Tissue	None	30 minutes	*Marlon N. Sampaga, Arnel Justin Z. Camacho, Jason M. Soy, David Tapiador, Jan Trina L. Castillo Resident Pathologist on duty/Consultants*
4. Present the Claim Stub for release of the Official Result	4.1 The Staff on duty releases the final results after validation of the Pathologists. 4.2 Write the Name with Signature of the claimant in the Logbook & release the Official Result	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
TOTAL	**End of Transaction**		**40 minutes**	

SERVICE NAME: DEPARTMENT OF LABORATORIES and TRANSFUSION MEDICINE

Description: ROUTINE BIOPSY (Core Needle Biopsy, Routine Tissue Biopsy, CT- Guided / Ultrasound Guided Needle Aspiration Biopsy)

Office or Division:	Anatomical Laboratory
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (depends on examination requested) (original)	All Departments / Wards
Official Receipt (1 original)	Cash Operations
Charge Slip (1 original)	Histopathology Reception Area
Claim Stub (1 original)	Histopathology Reception Area
Satisfaction Survey (1 original)	Histopathology Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Request together with the Specimen for Verification to the Histopathology Reception Area.	1. Receive laboratory requests and specimens by the staff on duty.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
2. Pay the required laboratory processing and reader's fees at the Cashier by showing the charge slip. Make sure to secure Official Receipt that will be issued upon payment.	2. Issue charge slip of laboratory processing and reader's fees to the watcher.	Processing Fee / Reader's Fee: **Biopsy-Small** (500.00 / 500.00) **Biopsy-Medium** (750.00 / 750.00) **Biopsy-Large** (1,000.00 / 1,000.00) **Biopsy-Extra Large** (1,750.00/ 1,750.00)	5 minutes	*Collection unit*

		Core Needle Biopsy (1,500.00/ 1,500.00)		
3. Return to the Histopathology Reception Area for verification of the Official Receipt.	3. Copy the Official Receipt Number to the entry log book.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
4. Secure Claim Stub and fill up Satisfaction Survey and drop it to the suggestion box.	4. Issue Claim Stub and Satisfaction Survey.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
5. Examination.	5. Processing of Tissue and Reading of Processed Tissue	None	19 days	*Marlon N. Sampaga, Arnel Justin Z. Camacho, Jason M. Soy David Tapiador, Jan Trina L. Castillo* *Resident Pathologist on Duty/Consultants*
6. Present Official Receipt together with the Claim Stub for release of the Official Result.	6.1 The Staff checks if the result is already available and ready for releasing.	None	7 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
	6.2 Write the Name with Signature of the claimant in the Logbook & release the Official Result.	None	2 minutes	*Jerick Cayabyab, Rey I. Sangalang, Maricar Q. Abalos*
Total	**End of transaction**		**19 days and 20 minutes**	

SERVICE NAME: HEARING TEST

Description: To identify and classify patients with hearing impairments

Office or Division:	Audiometry unit
Classification:	Simple (Routine)
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Official Receipt	Cash Operation

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient presents hospital ID and official receipt	1. Accepts and validate the Official receipt.	PHP 500	5 minutes	*Marife D. Agsaoay* *Department Secretary/* Audiometry Unit
2. Patient comes in for Physical Examination and Assessment	2. Doctor performs Physical Examination and Assessment to the patient	None	5 minutes	*Doctors on Duty- Audiometry Unit* *CONSULTANTS* *1. Walfrido C. Adan Jr.* *2. Gerick Jose C. Parayno* *3. Mona Rolaida A. Mamaril* *4. Eduardo Francisco V. Tanlapco* *5. Jaja Mae R. Diwa* *6. Johann Sebastian M. Wi* *7. Heidi Jesse A. Moya-Mendoza* *RESIDENTS* *1. Charles Eric T. Floro* *2. Kristoffer P. Enriquez* *3. Zachary George R. Venzon* *4. Michael Francis M. Mangahas* *5. Austin John J. Cabrera*
3. Patient undergoes the procedure	3. Doctor performs the procedure	None	30 minutes	*Doctors on Duty- Audiometry Unit* *CONSULTANTS* *1. Walfrido C. Adan Jr.* *2. Gerick Jose C. Parayno*

4. Patient receives home instruction	4. Doctor and nurses provides and explains Initial results and advise schedule for follow-up	None	5 minutes	3. *Mona Rolaida A. Mamaril* 4. *Eduardo Francisco V. Tanlapco* 5. *Jaja Mae R. Diwa* 6. *Johann Sebastian M. Wi* 7. *Heidi Jesse A. Moya-Mendoza* *RESIDENTS* 1. *Charles Eric T. Floro* 2. *Kristoffer P. Enriquez* 3. *Zachary George R. Venzon* 4. *Michael Francis M. Mangahas* 5. *Austin John J. Cabrera* 6. *Duanne Q. Dela Cruz* *Nurse on Duty* *(ENT-HNS Clinic)* 1. *Jo Mari B. Loresco* 2. *Manuel Ervin V. Dasigan*
TOTAL:			45 minutes	

SERVICE NAME: BILLING OF PATIENTS

Description: Generates Statement of Account through verifying Discharge Notice Order, retrieving patient's files, checking of previous admissions, verifying hospital charges and deductions to come up with the amount to be paid by patients.

Office or Division:	Billing Section
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Client
Who may avail:	All citizens

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1 Philhealth Records and Other Pertinent Records and Documents	Philhealth Section and/or Medical Social Services
1 Official Receipt	Cashier
1 Statement of Account	Billing Section-Window 3 (Near Emergency Room)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Nurse Ward encodes the Discharge Notice Order at Medsys and notifies the Billing Clerk	1. Billing Clerk verifies Discharge Notice Order at the electronic hospital records(Medsys). 2. Retrieves patient's ledger along with the documentary requirement from Philhealth and Claims Department. 3. Checks previous admissions and diagnosis of patients. 4. Verifies all hospital charges and deductions of applicable benefits 4.1 Charity patients 4.2 Pay patients 5. Generates Statement of Account (SOA).	None None None None None	1 minute 1 minute 2 minutes 5 minutes 45 minutes 1 minute	*Billing staff on Duty (Mary Jane G. Castillo)*

Client pays to the Cashier for payment of charged bill	Instructs the watcher to proceed to the Cashier for payment	None	1 minute	*Billing staff on Duty (Mary Jane G. Castillo)*
Patient/Watcher shows the Official Receipt to the Billing Clerk.	Acknowledges proof of payment on the SOA and releases patient's copy of SOA.	None	2 minutes	*Billing staff on Duty (Mary Jane G. Castillo)*
	Total		55 minutes	

SERVICE NAME: Document Processing

Description: This is located at the 2nd floor of the Cancer Institute building. The personnel assigned receives and disseminates the documents to the proper authority

Office or Division:	Cancer Institute Administrative Office
Classification:	Simple
Type of Transaction:	G2G- Government to Government
Who may avail:	Internal employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in to submit a document	1.1 The staff receives the documents and write it down in the logbook (incoming)	None	3 minutes	*Gladys De Guzman (Administrative Officer I) and Vanessa Zamora (Administrative Aide IV)*
1. The staff determines if the document is for filing, initial signing or to be signed directly by the administrative head	2.1 The staff will file the documents if it is for filing; 2.2 The staff will give it to the administrative head for initial signing; or 2.3 The staff will give it to the administrative head for signing	None	5 minutes	*Gladys De Guzman (Administrative Officer I), Vanessa Zamora (Administrative Aide IV) and Wilvida Gonzales (Administrative Officer V)*
2. The documents will be handed to the head of the Cancer Institute or to be disseminated to specific end use	1.1 The head of the Cancer Institute will review and sign the documents; or 1.2 The staff will disseminate the documents to the proper end user.	None	20 minutes	*Gladys De Guzman (Administrative Officer I), Vanessa Zamora (Administrative Aide IV) and Dr. Ralph Lazarus Rapacon (Medical Specialist II)*
TOTAL		NONE	28 minutes	

SERVICE NAME: CONSULTATION OF CLIENTS AT CLINICAL ONCOLOGY – CANCER INSTITUTE

Description: The Clinical Oncology Clinic is a health care facility under Cancer Center designed for comprehensive cancer screening, diagnostic and therapeutic procedures to provide a comprehensive service to cancer patients, but does not require admission for the moment

Office or Division:	Cancer Center – Clinical Oncology Clinical
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
N/A	N/A

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient comes in for Physical examination and assessment	Nurse and doctor performs Physical examination and assessment to the patient	None	15 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***Surgery*** *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
2. Patient proceeds to the doctor for consultation	Doctor attends to the patient	None	30 minutes	***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval*

				Surgery *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
3. Patient receives information regarding his/her specific treatment or management	Doctor and/or nurses explains treatment or management (Chemotherapy procedure, subcutaneous/intravenous injections, blood transfusion and laboratory work ups)	Please refer to the charge slip	30 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***Surgery*** *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
4. Patient receives request for diagnostic tests and/or prescriptions	The doctor or nurse provides and explains home instructions and medications written in the Alagang Pinoy Tagubilin	None	30 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval*

				Surgery *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
5. Patient receives Alagang Pinoy Tagubilin (if the patient is not for referral/ admission) Patient proceeds to other department (if the patient is for referral/admission)	Doctor or nurse provides and explains home instructions and medications written in the Alagang Pinoy Tagubilin The doctor/nurse endorses the patient to other department	None None	15 minutes 10 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***Surgery*** *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
TOTAL			2hrs. and 10 minutes	

SERVICE NAME: PERFORMING THERAPEUTIC PROCEDURE TO CANCER PATIENTS

Description: This covers the procedures involve in systemic and targeted therapy, bone therapy, bone marrow aspiration and blood transfusion that maybe less likely life-threatening side effects to patients receiving specific treatments.

Office or Division:	Cancer Center – Clinical Oncology Clinic
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient comes in for physical examination and assessment	Nurse performs Physical examination and assessment to the patient	None	15 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***Surgery*** *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
2. Patient signs consent for procedure/s	The nurse obtains the signed consent from the patient after explaining the procedure/s	None	10 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde,*

				Jophet Lomibao ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***Surgery*** *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
3. Patient receives charge slip	Nurse provides the charge slip for procedure/s to the patient, request medicine, instruct patient to proceed to pharmacy, social service/philhealth and billing section	Please refer to the charge slip	5 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***Surgery*** *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*

4. Patient settles the bill	Accepts the payment and issues official receipt c/o Malasakit (for patients without Philhealth) Or issues Statement of Account (for patients with Philhealth)	None	Refer to concerned department's Citizen Charter	*Cashier/Philhealth/Billing Section/ Malasakit Center*
5. Compounding of Chemotherapeutic drugs	Nurse prepares chemo medicines, IV fluids and chemotherapeutic order form and bring it to pharmacy compounding section	Please refer to pharmacy section	32 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao*
6. Patient undergoes the procedure	Doctor/ Nurse performs the procedure	None	= 8 hours (Note; time varies depending on the procedure to be done)	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph*

7. Patient is reassessed	Doctor/ Nurses reassess the patient after the procedure	None	15 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph*
8. Patient receives Alagang Pinoy Tagubilin	Doctor/ Nurses provide and explain home instructions and medications written in the Alagang Pinoy Tagubilin	None	15 minutes	***Oncology Nurses*** *Hermogina Montemayor & Lianne Liceralde, Jophet Lomibao* ***Oncologist*** ***Medical*** *- Dr. Rosario Pitargue & Dr. Sharon Sandoval* ***Surgery*** *– Dr. Jefferson Cayabyab & Dr. Ralph Rapacon* ***OB Gyne****- Dr. Victorino Garcia & Dr. Gladdy Facun* ***Pediatrics****- Dr. Melanie Dar-Joseph* ***Palliative****- Dr. Fatima Caguioa*
TOTAL			9 hours and 32 minutes	

SERVICE NAME: Consultation for Brachytherapy Referral

Description: Evaluate and prepare patients with referral for Brachytherapy; Inform and discuss best possible brachytherapy technique for the case and explain the side effects of radiation.

Office or Division:	CANCER INSTITUTE – Radiation Oncology
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients for Brachytherapy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral Letter/Sheet (1 original copy)	Referring Health Care Provider or Clinic
Surgical Pathology Report (1 original copy)	Histopathology Laboratory or Pathologist
Laboratory Tests Results (if any,1 original copy)	Referring Clinical Laboratory or Department of Laboratories
Patient Information Sheet; Hospital ID	HIMS Clerk Table, 1st floor Cancer Institute
Previous Imaging Result	Diagnostic Imaging Clinics or Department of Radiology
EBRT Treatment Summary	Radiation Therapy Section
Clinical Abstract	Attending Physician
PhilHealth Slip, PhilHealth Benefit Eligibility Form (PBEF) (1 original copy)	PhilHealth Processing Clerk Table, 1st floor Cancer Institute

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
EVALUATION AND QUEUEING FOR CONSULTATION 1. Fill out the data required in the Radiotherapy Patient Information Logsheet. 2. Submit the following documents: • Referral Letter/Sheet • Surgical Pathology Report • Laboratory Test Results	1.1 Assist patient in filling-out the Radiotherapy Patient Information Logsheet. 2.1 Receive documents submitted by the patient and evaluate for completeness.	None	10 Minutes	***Radiation Oncology Nurse:*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III) ***Medical Secretary*** Ms. Vanessa P. Zamora (Nursing Assistant II)

• Previous Imaging Result • EBRT Treatment Summary • Clinical Abstract 3. Submit self for taking vital signs. 4. Wait for name to be called.	3.1 Interview patient and obtain vital signs and enter data in the patient's Brachytherapy treatment chart. 4.1 Queue patient for consultation.			***Radiation Oncology Nurse:*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)
CONSULTATION 1. Proceed to the consultation room.	1.1. Interview the patient and perform clinical examination. 1.2. Discuss to the patient the best possible Brachytherapy treatment technique and explain the side effects of radiation. 1.3. Accomplish Brachytherapy Prescription Form and endorse to the Radiation Oncology Nurse.	None	30 Minutes	***Radiation Oncologist:*** Dr. Angela P. Camacho (Medical Specialist III) Dr. Thomas Jason Chaking A. Ngelangel (Medical Specialist II) Dr. Leonardo S. Infante (Medical Specialist II) ***Radiation Oncology Nurse:*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)

SCHEDULING FOR FIRST DAY OF BRACHYTHERAPY TREATMENT 1. Proceed to Radiation Oncology Nurse and obtain the following: • treatment quotation • charge slip for all applicable fees generated through the Hospital Information System (HIS) • schedule and instructions for preparation prior to first fraction 2. Process requirements for applicable medical assistance for cancer treatment.	1.1. Provide the following to the patient: • treatment quotation • HIS-generated charge slip for all applicable fees • instructions and schedule for Brachytherapy treatment 2.1. Instruct patient to submit requirements for the processing of medical assistance at the Malasakit Center.	None None	5 MInutes 5 Minutes	***Radiation Oncology Nurse:*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III) ***Medical Secretary*** **(Radiation Oncology Receiving Area)** Ms. Vanessa P. Zamora (Nursing Assistant II)
			TOTAL: **EVALUATION AND QUEUEING FOR CONSULTATION:** 10 MINUTES **CONSULTATION:** 30 MINUTES **SCHEDULING FOR FIRST DAY OF BRACHYTHERAPY TREATMENT:** 10 MINUTES	

SERVICE NAME: Brachytherapy Treatment Delivery
Description: Delivery of prescribed treatment plan parameter and dose using Brachytherapy machine.

Office or Division:	Cancer Institute – Radiation Oncology
Classification:	Simple / Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients for Brachytherapy

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Referral Letter/Sheet (1 original copy) Surgical Pathology Report (1 original copy) Laboratory Tests Results (if any,1 original copy) Patient Information Sheet; Hospital ID Previous Imaging Result PhilHealth Slip, PhilHealth Benefit Eligibility Form (PBEF) (1 original copy)	Referring Health Care Provider or Clinic Histopathology Laboratory or Pathologist Referring Clinical Laboratory or Department of Laboratories HIMS Clerk Table, 1st floor Cancer Institute Diagnostic Imaging Clinics or Department of Radiology PhilHealth Processing Office, 1st floor Cancer Institute

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
DAILY TREATMENT				
1. Report compliance to patient preparation instructions.	1.1 Assess clearances and other laboratory results (if applicable).	None	5 Minutes	***Radiation Therapy Technologist*** Mr. Fedencio T. Lopez, Jr. (Radiologic Technologist IV)
2. Present Official Receipt to the scheduling/receiving RTT.	2.1 Check official receipts of payment to all applicable fees and endorse the patient to the Radiation Oncology Nurse assigned for Brachytherapy.	None	5 Minutes	Mr. Mark Raymund V. Hispano (Radiologic Technologist III)
3. Submit self for vital signs.	3.1 Take vital signs and record in the patient Brachytherapy Chart. 4.1 Explain to the patient the process of Brachytherapy. Guide the patient in signing the consent form, and sign as a witness.	None	5 Minutes	***Radiation Oncology Nurse*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)
4. Sign patient consent.		None	5 Minutes	

	4.2 Guide the patient to the preparation area.			***Radiation Oncology Nurse***
	5.1 Perform all necessary pre-operative preparations.			Mr. Rolando E. Mandapat (Nurse III)
5. Proceed to the patient preparation area.	6.1 Transport the patient to the Brachytherapy Treatment Room.	None	10 Minutes	Mr. John John M. Mislang (Nurse III)
6. Proceed to the Brachytherapy Treatment Room.	6.2 Administer Anesthesia (if needed for the procedure)	None	2 Minutes	***Anesthesiologist***
	6.3 Position the patient for insertion. Insert the applicators	None	20 Minutes	***Radiation Oncology Nurse*** Mr. Rolando E. Mandapat (Nurse III)
	6.4 Obtain orthogonal radiographs to confirm correct placement of applicators.	None	20 Minutes	Mr. John John M. Mislang (Nurse III)
				Radiation Therapy Technologist
	6.5 Export the approved radiographs to the Brachytherapy Treatment Planning System (TPS)	None	5 Minutes	Mr. Fedencio T. Lopez, Jr. (Radiologic Technologist IV)
	6.6 Create a treatment plan using the exported radiographs.			Mark Raymund V. Hispano (Radiologic Technologist III)

	6.7 Evaluate and approve the treatment plan. 6.8 Deliver the prescribed daily dose in the approved treatment plan. Monitor the patient while treatment is on-going. 6.9 Remove the applicators.	None None None None	1 Minute 1 Hour 2 Minutes 20 Minutes 10 Minutes	***Radiation Oncologist and Medical Physicist*** Dr. Angela P. Camacho (Medical Specialist III) Ms. Eleanor D. Salvador (Health Physicist III) ***Radiation Therapy Technologist*** Mr. Fedencio T. Lopez, Jr. (Radiologic Technologist IV) Mark Raymund V. Hispano (Radiologic Technologist III) ***Radiation Oncologist or Gynecologic Oncologist, and Radiation Oncology Nurse***
PATIENT RECOVERY 1. Patient will be transported to the recovery room.	1.1 Transport the patient to the recovery room. 1.2 Perform all necessary post-operative steps. Follow discharge orders. 1.3 If numbing due to anesthetic subdued, discharge the patient.	None None None	3 Minutes 2 Hours 5 Minutes	***Nursing Attendant*** Ms. Marianne April P. Ubando ***Radiation Oncology Nurse*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)

HEALTH TEACHING 1. Receive post-procedural Instructions. 2. Go home and return on the scheduled treatment for the next fraction.	1.1 Instruct patient regarding home medication. Instruct patient to return on the schedule of next treatment.	None None	30 Minutes 2 Minutes	***Radiation Oncology Nurse*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)
LAST DAY OF TREATMENT Receive Treatment Summary and post-treatment instructions.	Issue Treatment Summary and instruct patient for follow-up checkup.	None	30 Minutes	***Radiation Oncologist*** Dr. Angela P. Camacho (Medical Specialist III) ***Radiation Oncology Nurse*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)
TOTAL:	Price may vary		**DAILY TREATMENT:** 1 hour and 50 minutes **PATIENT RECOVERY:** 10 minutes **HEALTH TEACHING:** 31 minutes **LAST DAY OF TREATMENT:** 30 minutes **Fletcher Suit -** 5 Hours and 10 Minutes for 4 fractions (1 fraction per week); **Vaginal Cylinder -** 5 Hours and 10 Minutes for 3 fractions (1 fraction per week)	

SERVICE NAME: Consultation for External Beam Radiation Therapy (EBRT) referral
Description: Evaluate and prepare patients with referral for External Beam Radiation Treatment; Inform and discuss best possible radiotherapy technique for the case and explain the side effects of radiation.

Office or Division:	Cancer Institute – Radiation Oncology
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients for External Beam Radiation Therapy

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Referral Letter/Sheet (1 original copy) Surgical Pathology Report (1 original copy) Laboratory Tests Results (if any,1 original copy) Patient Information Sheet; Hospital ID Previous Imaging Result PhilHealth Slip, PhilHealth Benefit Eligibility Form (PBEF) (1 original copy)	Referring Health Care Provider or Clinic Histopathology Laboratory or Pathologist Referring Clinical Laboratory or Department of Laboratories HIMS Clerk Table, 1st floor Cancer Institute Diagnostic Imaging Clinics or Department of Radiology PhilHealth Processing Office, 1st floor Cancer Institute

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
EVALUATION AND QUEUEING FOR CONSULTATION 1. Fill out the data required in the Radiotherapy Patient Information Logsheet. 2. Submit the following documents: • Referral Letter/Sheet • Surgical Pathology Report • Laboratory Test Results • Previous Imaging Result 3. Submit self for taking vital signs.	1.1. Assist patient in filling-out the Radiotherapy Patient Information Logsheet. 2.1. Receive documents submitted by the patient and evaluate for completeness. Register new patient in the LINAC Oncology Information System (OIS). 3.1. Interview patient and obtain vital signs. Enter information in the Electronic Medical Record (EMR).	None	10 minutes	**Radiation Oncology Nurse:** *Mr. Rolando E. Mandapat (Nurse III)* *Mr. John John M. Mislang (Nurse III)*

4. Wait for name to be called.	4.1. Check-in the patient for consultation to the OIS.			***Nursing Attendant:*** *Mrs. Mariane April P. Ubando* *(Nursing Attendant II)* *Mr. Abraham Acub* *(Nursing Attendant II)*
CONSULTATION 2. Proceed to the consultation room.	2.1. Interview the patient and perform clinical examination. 2.2. Discuss to the patient the best possible radiotherapy technique for the case and explain the side effects of radiation. 2.3. Accomplish CT Simulation Endorsement Form and request forms for clearances and other medical examinations if necessary.	None	30 minutes	***Radiation Oncologist:*** Dr. Angela P. Camacho (Medical Specialist III) Dr. Thomas Jason Chaking A. Ngelangel (Medical Special II) Dr. Leonardo S. Infante (Medical Specialist II) **Radiation Oncology Nurse:** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)
TOTAL			40 minutes	

SERVICE NAME: CT-Simulation and Treatment Planning

Description: Perform treatment simulation with the use of immobilization devices and parameters suitable for the specified radiation treatment of the patient; Using CT-Simulation for gathering the data needed to Contour and Create a Treatment plan.

Office or Division:	Cancer Institute – Radiation Oncology
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients for External Beam Radiation Therapy

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Referral Letter/Sheet (1 original copy) Surgical Pathology Report (1 original copy) Laboratory Tests Results (if any,1 original copy) Patient Information Sheet; Hospital ID Previous Imaging Result PhilHealth Slip, PhilHealth Benefit Eligibility Form (PBEF) (1 original copy)	Referring Health Care Provider or Clinic Histopathology Laboratory or Pathologist Referring Clinical Laboratory or Department of Laboratories HIMS Clerk Table, 1st floor Cancer Institute Diagnostic Imaging Clinics or Department of Radiology PhilHealth Processing Office, 1st floor Cancer Institute

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
CT SIMULATION AND TREATMENT PLANNING				
7. Report compliance to patient preparation instructions.	5.1 Assess clearances and other laboratory results (if applicable).	None	5 minutes	***Radiation Therapy Technologist:*** *Mr. Fedencio T. Lopez, Jr.* *(Radiologic Technologist IV)*
8. Present Official Receipt to the scheduling Radiation Therapy Technologist.	6.1 Check official receipts of payment to all applicable fees and endorse the patient to RTT assigned for CT Simulation. 2.2 Check-in the patient for CT Simulation to the OIS.	None None	5 minutes 5 minutes	*Mr. Mark Raymund V. Hispano* *(Radiologic Technologist III)* *Mr. Jesus E. Bauzon* *(Radiologic Technologist III)* *Mr. Ricky C. Taminaya* *(Radiologic Technologist II)*

9. Submit self for vital signs.	3.1 Take vital signs and record in the EMR.	None	5 minutes	*Mr. Carl Angelo T. De Sola (Radiologic Technologist II)*
10. Sign the Consent Form.	4.1 Assist the patient in signing the Consent Form and ensure that all needed information is provided. Sign as witness.	None	30minutes	
11. Undergo CT Simulation.	5.1 Skin test for contrast media (If needed for the simulation)			***Radiation Oncology Nurse:***
	5.2 Position the patient according to the instruction in the CT Simulation Endorsement Form. Scan the patient using established protocols.	None	1 Hour	Mr. Rolando E. Mandapat (Nurse III)
		None	5 minutes	Mr. John John M. Mislang (Nurse III)
12. Receive post-procedural instruction (for patients who underwent CT Simulation with intravenous contrast)	6.1 Explain to patient the post procedural instructions for contrast-enhanced CT Simulation. Request patient to sign a receiving copy.	None	5 minutes	
13. Receive instruction for first day of treatment.	7.1 Instruct the patient to return on the first day of treatment.			***Radiation Oncologist:***
	8.1 Contour target volume and organs-at-risk.	None	5 Working Days	Dr. Angela P. Camacho (Medical Specialist III)
14. Go home and wait for the schedule of first day treatment.		None		Dr. Thomas Jason Chaking A. Ngelangel (Medical Specialist II)
				Dr. Leonardo S. Infante (Medical Specialist II)

	8.2 Calculate and Create Treament plan	None	15 Working Days	***Medical Physicist:*** *Ms. Eleanor D. Salvador* *(Health Physicist III)* *Mr. Nathaniel T. Macayan* *(Health Physicist III)* *Mr. Richard P. Yadao* *(Health Physicist III)*
TOTAL			**CT-Simulation:** 2 Hours **Treatment Planning:** 20 Working Days	

SERVICE NAME: External Beam Radiation Therapy (EBRT) Treatment Delivery
Description: Delivery of prescribed treatment plan parameter and dose using Linear Accelerator Machine.

Office or Division:	Cancer Institute – Radiation Oncology
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients for External Beam Radiation Therapy

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Referral Letter/Sheet (1 original copy) Surgical Pathology Report (1 original copy) Laboratory Tests Results (if any,1 original copy) Patient Information Sheet; Hospital ID Previous Imaging Result PhilHealth Slip, PhilHealth Benefit Eligibility Form (PBEF) (1 original copy)	Referring Health Care Provider or Clinic Histopathology Laboratory or Pathologist Referring Clinical Laboratory or Department of Laboratories HIMS Clerk Table, 1st floor Cancer Institute Diagnostic Imaging Clinics or Department of Radiology PhilHealth Processing Office, 1st floor Cancer Institute

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
FIRST DAY SET-UP				
1. Present Official Receipt to the Radiation Oncology Information desk.	1.1. Check the official receipt and endorse the patient chart to the EBRT Treatment Room.	None	10 minutes	***Radiation Oncology Nurse:*** Mr. Rolando E. Mandapat (Nurse III)
	1.2. Check-in the patient for first day treatment in the LINAC Medical System (ARIA)	None	5 minutes	Mr. John John M. Mislang (Nurse III)
2. Submit self for vital signs.	2.1. Take vital signs and record in the EMR.	None		
3. Proceed to the LINAC Treatment Room.				

	3.1. Initiate Approval of treatment plan 3.2. Position the patient according to the treatment planning set-up and target localization 3.3. Obtain Portal Image and have it approved by the attending Radiation Oncologist. 3.4. Deliver prescribed daily treatment dose according to the approved treatment plan. Accomplish patient's treatment monitor chart.	None None None	5 minutes 5 minutes 15 minutes 45 minutes 15 minutes	***Medical Physicist:*** *Ms. Eleanor D. Salvador* *(Health Physicist III)* *Mr. Nathaniel T. Macayan* *(Health Physicist III)* *Mr. Richard P. Yadao* *(Health Physicist III)* ***Radiation Therapy Technologist:*** *Mr. Fedencio T. Lopez, Jr.* *(Radiologic Technologist IV)* *Mr. Mark Raymund V. Hispano* *(Radiologic Technologist III)* *Mr. Jesus E. Bauzon* *(Radiologic Technologist III)* *Mr. Ricky C. Taminaya* *(Radiologic Technologist II)* *Mr. Carl Angelo T. De Sola* *(Radiologic Technologist II)*
DAILY TREATMENT 1. Present Official Receipt and Submit self for vital signs.	1.1. Obtain vital sign and record in the EMR	None	5 minutes	***Radiation Oncology Nurse:*** Mr. Rolando E. Mandapat (Nurse III)

2. Proceed to the LINAC Treatment Room.	2.1. Position the patient according to the approved treatment set-up and deliver the daily prescribed treatment dose according to the approved plan. 2.2. Accomplish the EBRT Treatment Chart and Patient Treatment Daily Monitor Form.	Price May Vary	20 – 45 minutes	Mr. John John M. Mislang (Nurse III) ***Radiation Therapy Technologist:*** *Mr. Fedencio T. Lopez, Jr.* *(Radiologic Technologist IV)* *Mr. Mark Raymund V. Hispano* *(Radiologic Technologist III)* *Mr. Jesus E. Bauzon* *(Radiologic Technologist III)* *Mr. Ricky C. Taminaya* *(Radiologic Technologist II)* *Mr. Carl Angelo T. De Sola* *(Radiologic Technologist II)*
WEEKLY CHECK-UP 1. Proceed to the consultation room and submit self for clinical assessment.	1.1. Radiation Oncologist monitors the progress of Radiation Therapy Treatment with the assistance of Radiation Oncology Nurse.	None	30 Minutes	***Radiation Oncologist:*** Dr. Angela P. Camacho (Medical Specialist III) Dr. Tomas Jason Chaking A. Ngelangel (Medical Specialist II) Dr. Leonardo S. Infante (Medical Specialist II) ***Radiation Oncology Nurse:***

				Mr. Rolando E. Mandapat (Nurse IV) Mr. John John M. Mislang (Nurse III)
LAST DAY OF TREATMENT 1. Receive Treatment Summary and post-treatment instructions.	1.1. Treatment Summary is issued by the Radiation Oncologist, Radiation Oncology Nurse will be giving the treatment summary and instruct patient for follow-up checkup.	None		***Radiation Oncologist:*** Dr. Angela P. Camacho (Medical Specialist III) Dr. Thomas Jason Chaking A. Ngelangel (Medical Specialist II) Dr. Leonardo S. Infante (Medical Specialist II) ***Radiation Oncology Nurse:*** Mr. Rolando E. Mandapat (Nurse III) Mr. John John M. Mislang (Nurse III)
TOTAL			**First Day/Target Checking Treatment:** 1 Hour and 40 minutes **Daily Treatment:** 50 minutes **Weekly Check-up:** 30 Minutes	

SERVICE NAME: COLLECTION OF PAYMENT

Description: Collecting Officer collects payment and issues receipt to clients of R1MC.

Office or Division:	Cash Operations/Finance
Classification:	Simple
Type of Transaction:	G2C (Government to Client)
Who may avail:	All Citizens

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Charge Slip	Cost Center/Billing
(2) Senior Citizen ID/PWD ID/Solo Parent ID (If applicable)	Patient/Watcher

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the Charge Slip/SOA	1.1 Receive charge slip/statement of account (SOA) 1.2 Double check the amount to be paid and deduct applicable discount	None	2 minutes	*Collecting Officer on duty* *(Narlyn Severo)*
2. Pay the amount to be paid	2.1 Collect the payment and issue Official	None	2 minutes	*Collecting Officer on duty* *(Narlyn Severo)*
3. Receives the Official Receipt and change, if any	3.1 For Charge Slips – patient is advised to proceed to the concerned revenue center for the requested procedure 3.2 For Statement of Accounts-watcher is advised to proceed to Billing	None	2 minutes	*Collecting Officer on duty* *(Narlyn Severo)*
	TOTAL		6 minutes	

SERVICE NAME: ON-THE-JOB TRAINING (OJT) PROGRAM FOR STUDENTS FROM SCHOOLS AND UNIVERSITIES

Description: Used for applicants to the On-the-Job Training Programs which includes all activities from query to actual submission of requirements and conduct of the OJT Proper. This also includes the post-deployment activities which includes the evaluation of the Trainees until they are cleared and issued their Certificates of Completion.

Office or Division:	Center for Education, Training and Research (CETAR)
Classification:	Complex
Type of Transaction:	Government to Client/Government to Government
Who may avail:	Students required to undergo On-the-Job Training in their Curriculum with Course Program Available in the Hospital

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Pre-OJT Requirements: 1. Letter of Intent and Endorsement for OJT from School/University to R1MC addressed to the Medical Center Chief (MCC) thru the Chief of the Center for Education, Training and Research (CETAR) 2. Resume/Biodata of Student (w 2x2 Recent Picture) 3. COVID Vaccination Card (Photocopy) 4. PhilHealth Membership Form/ID (Photocopy) 5. Proof of PhilHealth Payments for at least three (3) months (Photocopy) 6. Four (4) Original Copies of Memorandum of Agreement (MOA) between R1MC and Partner School/University 7. Agreement and Liability Training Waiver of Student/s (Two (2) Original Copies) **Post-OJT Requirements:** 8. On-the-Job Training Evaluation Form 9. Trainee Evaluation Sheet 10. Weekly Task Report 11. Daily Timekeeping Records duly signed by the Student and Area Supervisor 12. OJT Clearance Form	Center for Education, Training and Research Rm. 410, 4/Floor, OPD Building Region 1 Medical Center Arellano Street, Dagupan City
(3) Senior Citizen ID/PWD ID/Solo Parent ID (If applicable)	Patient/Watcher

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**

1.On-the-Job Training Coordinator of the School/University meets the OJT Coordinator of R1MC-CETAR for the discussion on the process and basic requirements for the OJT Training Program	1. Attends to queries of the OJT Coordinator of the School/University and provides the checklist for OJT Initial Requirements	None	15 minutes	*Ms. Rubirose B. Salazar/Ms. Marie Kathleen S. Tomas*
2. Submit requirements to the CETAR Office, refer to list on Pre-OJT Requirements	2. Receives the requirements for review of completeness and prepares the Individual School Folder for routing, signing and for filing	None	2 hours	*Ms. Rubirose B. Salazar*
3.Wait for the notification of the approval of request for OJT Training Program	3.Routing of request letter for OJT Program	None	3-5 working days	*Ms. Rubirose B. Salazar*
4.Upon receipt of approval notification, the OJT Trainees should attend the Orientation scheduled	4.Notify the OJT Coordinator or OJT Team Leader on the approval and date of orientation	None	10 minutes	*Ms. Rubirose B. Salazar*
5.Attendance to the OJT Training Program Orientation	5.1Conduct of Orientation in the OJT Training Guidelines and Hospital Policies 5.2Assist the OJT's in securing their respective areas	None	Half-day	*Ms. Rubirose B. Salazar & Ms. Marie Kathleen S. Tomas*
6.Deployment and introduction of OJT Trainees to their respective area of assignment	6.1Deploys the Trainees to their area of Assignment 6.2Schedule of duties shall be submitted to the supervisors of their respective areas	None	1 hour 1 day	*Ms. Rubirose B. Salazar*
7.OJT Trainees shall follow their schedule of duties	7.Monitoring of OJT Trainees	None	Once a week	*Ms. Rubirose B. Salazar & Ms. Marie Kathleen S. Tomas*
8.After fulfilling the OJT Period, the OJT Trainee shall accomplish the POST-OJT Training Requirements.	8.1Checks and verifies submitted documents required for end of OJT Period	None None	15 minutes 30 minutes	*Ms. Rubirose B. Salazar & Ms. Marie Kathleen S. Tomas* *Ms. Rubirose B. Salazar*

	8. 2 Issues OJT Clearance for routing and signing of signatories 8.3 Prepares the Certificate of Completion for signing of Area Supervisor			
9. Submit all required documents to the CETAR Office for issuance of OJT Certificate of Completion	9.1 Receives and checks all documents 9.2 Issues signed and sealed Certificate of Completion	None None	10 minutes 5 minutes	*Ms. Rubirose B. Salazar*
TOTAL:				

SERVICE NAME: RECEIVING/CHECKING OF CLAIMS ELIGIBILITY DOCUMENTS

Description: Receive Philhealth records and other documents to check if the patient is illegible to avail Philhealth benefits.

Office or Division:	Claims Section			
Classification:	Simple			
Type of Transaction:	G2C (Government to Client)			
Who may avail:	All Citizens			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
(1) CSF, diagnostic results, Statement of Account and other requirement needed		Philhealth Office Counter		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Patient/Watcher accomplish all Philhealth requirements and submit to Philhealth Office	1.1 Receive the required documents	None	1 minute	*Counter Staff on duty/ Ronaldo A. Molano*
	1.2 Check if eligible to avail Philhealth benefits	None	1 minute	
	1.3 Ensure that all documents are fully accomplished	None	2 minutes	
	1.4 Endorse fully accomplished requirements to Billing Section for the process of Bill of the patient	None	1 minute	
TOTAL			**5 minutes**	

SERVICE NAME: ISSUANCE OF CERTIFICATES OF NON-AVAILMENT OF PHILHEALTH BENEFIT

Description: Receive Issuance Certificates of Non-Availment of Philhealth Benefit and/or Hemodialysis Sessions required by or as needed by the patient.

Office or Division:	Claims Section			
Classification:	Simple			
Type of Transaction:	G2C (Government to Client)			
Who may avail:	All Citizens			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1. Request Form		Philhealth Office Counter		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Patient/Watcher requests for certificate of non-availment of Philhealth benefit and/or hemodialysis sessions	1.1 Receive and check the validity of the request	None	2 minutes	*Counter Staff on duty/ Ailyn C. De Vera*
	1.2 Issue the charge slip for payment at the cashier	P130.00	1 minute	
	1.3 Release the requested certificate to patient/watcher	None	1 minute	
TOTAL		**P 130.00**	**4 minutes**	

SERVICE NAME: DEPARTMENT OF LABORATORIES AND TRANSFUSION MEDICINE

Description: ACID FAST BACILLI STAIN (SLIT SKIN SMEAR), PERIPHERAL BLOOD SMEAR, MALARIAL SMEAR, RHIVDA, GENXPERT, DOTS AND THYROID PROFILE (ROUTINE PATIENTS)

Office or Division:	Clinical Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Resibo (1 original)	Cash Operations
Statement of Account (1 original)	Billing Section
Charge Slip	OPD Clinic / Laboratory Reception Area (Counter 1 or 2)
Laboratory Request (depende sa eksaminasyon na ipapagawa) (original)	Laboratory Reception Area (Counter 1 or 2)
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang resibo , charge slip o "Statement of Account" at "sample" (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	1. Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na) at bibigyan ang pasyente ng color-coded na verification number.	<u>Hematology:</u> Peripheral Blood Smear (160.00 + Reader's Fee 150.00), <u>Immunology:</u> Ft3 (700.00), Ft4 (700.00), TSH (700.00), Thyroid Profile (1,900.00),	5 minuto	*Step 1,2,3 &,5* *Geraldine A. Bautista, RMT* *Section Chief, Reception and Phlebotomy*

		<u>Clinical Microscopy:</u> Malarial Smear (290.00), <u>Bacteriology</u> Acid Fast Bacilli Stain (Slit Skin Smear) (210.00), <u>RHIVDA, DOTS, GenXpert (Free)</u>		
2.Kunin ang numero o letra, claim stub at satisfaction survey	2.Tatawagin ang verification number at bibigyan ng numero o letra, claim stub at satisfaction survey ang pasyente	None	3 minuto	
3.Ipakita ang numero o letra para makuhanan ng “sample”	3. Tatawagin ang numero o letra para makuhanan ng “sample” ang pasyente	None	10 minuto	
4.Pagsusuri	4.Susuriin ang mga ipinapagawang eksaminasyon	None	GenXpert: 2 araw DOTS: 3 araw Thyroid Profile: 3 oras Peripheral Blood Smear at Malarial Smear: 2 araw nang may trabaho RHIVDA: 7 oras Acid Fast Bacilli Stain (Slit Skin	*Step 4* *Marlon T. Katubig, RMT Supervisor, Clinical Microscopy and DOTS* *Ronie V. Caballero,RMT,MPH Supervisor, Serology Section* *Belinda R. Tandoc, RMT Supervisor, Bacteriology Section* *Sheldon Steven C. Aquino, MD, FPSP*

			Smear): 3 oras	*Department Manager*
5. Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	5.0 Susuriin ang resibo at yong tatatangap ng resulta at papipirmahin ang kukuha ng resulta 5.1Pasasagutan ang satisfaction survey na ihuhulog sa suggestion box.	None	5 minuto	
TOTAL	Dulo ng Transaksyon	Eksaminasyon na pinagawa	GenXpert: 2 araw at 23 minuto DOTS: 3 araw at 23 minuto Thyroid Profile: 3 oras at 23 minuto Peripheral Blood Smear at Malarial Smear: 2 araw nang may trabaho at 23 minuto RHIVDA: 7 oras at 23 minuto Acid Fast Bacilli Stain (Slit Skin Smear): 3 orasat 23 minuto	

SERVICE NAME: DEPARTMENT OF LABORATORIES AND TRANSFUSION MEDICINE

Description: ACID FAST BACILLI STAIN (SLIT SKIN SMEAR), PERIPHERAL BLOOD SMEAR, MALARIAL SMEAR, RHIVDA, GENXPERT, DOTS AND THYROID PROFILE (WALK-IN PATIENTS)

Office or Division:	Clinical Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Resibo (1 original)	Cash Operations
Statement of Account (1 original)	Billing Section
Charge Slip	OPD Clinic / Laboratory Reception Area (Counter 1 or 2)
Laboratory Request (depende sa eksaminasyon na ipapagawa) (original)	Laboratory Reception Area (Counter 1 or 2)
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang laboratory request at "sample" (kung may nakolekta na) sa reception area para mabigyan ng charge slip	1. Tatanggapin at susuriin and laboratory request (at "sample" kung may nakolekta na) bago bigyan ng charge slip	None	5 minuto	*Step 1,3, 4, 5 &,7* *Geraldine A. Bautista, RMT* *Section Chief, Reception and Phlebotomy*

2. Magbayad sa kahera	2. c/o Cash Operations	<u>Hematology:</u> Peripheral Blood Smear (160.00 + Reader's Fee 150.00), Immunology: Ft3 (560.00), Ft4 (560.00), TSH (600.00), Thyroid Profile (1,670.00), <u>Clinical Microscopy:</u> Malarial Smear (290.00), <u>Bacteriology</u> Acid Fast Bacilli Stain (Slit Skin Smear) (210.00), <u>RHIVDA, DOTS, GenXpert (Free)</u>	c/o Cash Operations	*Step 2* *Collecting Officer*
3. Ipakita ang resibo , charge slip o "Statement of Account" at "sample" (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	3. Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na) at bibigyan ang pasyente ng color-coded na verification number.	<u>None</u>	5 minuto	
4.Kunin ang numero o letra, claim stub at satisfaction survey	4.Tatawagin ang verification number at bibigyan ng numero o letra, claim stub at satisfaction survey ang pasyente	None	3 minuto	
5.Ipakita ang numero o letra ng kard ng pagpila para makuhanan ng "sample"	5. Tatawagin ang numero o letra para makuhanan ng "sample" ang pasyente	None	10 minuto	

6.Pagsusuri	6.Susuriin ang mga ipinapagawang eksaminasyon	None	GenXpert: 2 araw DOTS: 3 araw Thyroid Profile: 3 oras Peripheral Blood Smear at Malarial Smear: 2 araw nang may trabaho RHIVDA: 7 oras Acid Fast Bacilli Stain (Slit Skin Smear): 3 oras	*Step 6* *Marlon T. Katubig, RMT Supervisor, Clinical Microscopy and DOTS* *Ronie V. Caballero,RMT,MPH Supervisor, Serology Section* *Belinda R. Tandoc, RMT Supervisor, Bacteriology Section* *Sheldon Steven C. Aquino, MD, FPSP* *Department Manager*
7. Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	7.1.Susuriin ang resibo at yong tatatangap ng resulta at papipirmahin ang kukuha ng resulta 7.2 Pasasagutan ang satisfaction survey na ihuhulog sa suggestion box.	None	5 minuto	

TOTAL	**Dulo ng Transaksyon**	**Eksaminasyon na pinagawa**	**GenXpert: 2 araw at 28 minuto** **Thyroid Profile: 3 oras at 28 minuto** **Peripheral Blood Smear at Malarial Smear: 2 araw nang may trabaho at 28 minuto** **RHIVDA: 7 oras at 28 minuto** **Acid Fast Bacilli Stain (Slit Skin Smear): 3 oras at 28 minuto**	

SERVICE NAME: DEPARTMENT OF LABORATORIES AND TRANSFUSION MEDICINE

Description: BONE MARROW ASPIRATE (ROUTINE PATIENTS)

Office or Division:	Clinical Laboratory
Classification:	Highly technical
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Resibo (1 original)	Cash Operations
Statement of Account (1 original)	Billing Section
Charge Slip	OPD Clinic / Laboratory Reception Area (Counter 1 or 2)
Laboratory Request (depende sa eksaminasyon na ipapagawa) (original)	Laboratory Reception Area (Counter 1 or 2)
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Ipakita ang resibo , charge slip o "Statement of Account" at "sample" (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	1. Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na) at bibigyan ang pasyente ng color-coded na verification number.	Bone Marrow Aspirate with Readers Fee (600.00)	5 minuto	*Step 1,2 & 4* *Geraldine A. Bautista, RMT* *Section Chief, Reception and Phlebotomy*
2.Kunin ang numero o letra, claim stub at satisfaction survey	2.Tatawagin ang verification number at bibigyan ng claim stub at satisfaction survey ang pasyente	None	3 minuto	*Laboratory Receptionist*
3.Pagsusuri	3.Susuriin ang mga ipinapagawang eksaminasyon	None	c/o Hematologist	*Step 3* *Anne Meredith Garcia Trinidad, MD, MCM, FPCP, FPSMO, FPSO*

4. Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	4.1 Susuriin ang resibo at ang tatatangap ng resulta at papipirmahin ang kukuha ng resulta 4.2 Pasasagutan ang satisfaction survey naihuhulog sa suggestion box.	None	5 minuto	
TOTAL	Dulo ng Transaksyon	Eksaminasyonna pinagawa	13 minuto	

SERVICE NAME: DEPARTMENT OF LABORATORIES AND TRANSFUSION MEDICINE

Description: BONE MARROW ASPIRATE (WALK IN)

Office or Division:	Clinical Laboratory
Classification:	Highly technical
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Resibo (1 original)	Cash Operations
Statement of Account (1 original)	Billing Section
Charge Slip	OPD Clinic / Laboratory Reception Area (Counter 1 or 2)
Laboratory Request (depende sa eksaminasyon na ipapagawa) (original)	Laboratory Reception Area (Counter 1 or 2)
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang laboratory request at "sample" (kung may nakolekta na) sa reception area para mabigyan ng charge slip	1. Tatanggapin at susuriin and laboratory request (at "sample" kung may nakolekta na) bago bigyan ng charge slip	None	5minuto	*Step 1,3,4 & 6* *Geraldine A. Bautista, RMT* *Section Chief, Reception and Phlebotomy*
2. Magbayad sa kahera	2. c/o Cash Operations	Bone Marrow Aspirate with Readers Fee (600.00)	c/o Cash Operations	*Step 2* *Collecting Officer*

3 Ipakita ang resibo , charge slip o “Statement of Account” at “sample” (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	3.Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na), ipi-print ang laboratory request form at bibigyan ang pasyente ng color-coded na verification number.	None	3 minuto	
4.Kunin ang numero o letra, claim stub at satisfaction survey	4.Tatawagin ang verification number at bibigyan ng claim stub at satisfaction survey ang pasyente	None	3minuto	
5.Pagsusuri	5.Susuriin ang mga ipinapagawang eksaminasyon	None	c/o Hematologist	*Step 5* *Anne Meredith Garcia Trinidad, MD, MCM, FPCP, FPSMO, FPSO*
6. Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	6.1 Susuriin ang resibo at ang tatatangap ng resulta at papipirmahin ang kukuha ng resulta 6.2 Pasasagutan ang satisfaction survey na ihuhulog sa suggestion box.	None	5 minuto	
TOTAL	Dulo ng Transaksyon	Eksaminasyon na pinagawa	16 minuto	

SERVICE NAME: DEPARTMENT OF LABORATORIES

Description: CLINICAL CHEMISTRY, HEMATOLOGY, IMMUNOLOGY, CLINICAL MICROSCOPY, BACTERIOLOGY (ROUTINE PATIENTS)

Office or Division:	Clinical Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Resibo (1 original)	Cash Operations
Statement of Account (1 original)	Billing Section
Charge Slip	OPD Clinic / Laboratory Reception Area (Counter 1 or 2)
Laboratory Request (depende sa eksaminasyon na ipapagawa) (original)	Laboratory Reception Area (Counter 1 or 2)
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang resibo , charge slip o "Statement of Account" at "sample" (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	1.Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na) at bibigyan ang pasyente ng color-coded na verification number.	<u>Clinical Chemistry:</u> 2 hrs Post Prandial(160.00), Albumin (210.00), Amylase (230.00), Blood Uric Acid (160.00), CSF Sugar (160.00), Fasting Blood Sugar (160.00), HbA1C(800.00), Random Blood Sugar (160.00), Lactate Dehydrogenase (310.00), Oral Glucose Challenge Test(210.00), Oral	5 minuto	*Step 1,2,3 &,5* *Geraldine A. Bautista, RMT* *Section Chief, Reception and Phlebotomy*

		Glucose Tolerance Test (650.00), Serum Electrolyte—Na, K, Cl, iCa (750.00), Serum Electrolyte—Na, K, Cl (600.00),Total Protein (210.00), Lipid Profile (800.00),Cholesterol (210.00), Triglyceride (310.00), HDL (310.00), Kidney Profile (350.00), BUN (160.00), Creatinine (190.00), Liver Profile (600.00), Bilirubin (210.00), SGOT (210.00), SGPT (210.00), <u>Hematology:</u> Activated Partial Thromboplastin Time (530.00), Clotting Time / Bleeding Time (65.00), Complete Blood Count (260.00), Erythrocyte Sedimentation Rate (160.00), Prothrombin Time (500.00), Reticulocyte Count (310.00) <u>Immunology:</u> Anti-Streptolysin O Titer (260.00), Blood Typing		

		(160.00), C-Reactive Protein (430.00), Dengue Test (1,100.00), HBsAg Rapid Test (260.00), Syphilis Rapid Test (260.00), H. pylori(650.00), HAV Rapid Test(525.00), HCV Rapid Test (530.00), HIV Rapid Test (530.00), Leptospira Test (480.00), Rheumatoid Factor Test(380.00), Salmonella-Typhoid Test (850.00), Troponin I Rapid Test (Qualitative) (600), Troponin I Quantitative Test (1000), COVID-19 Antigen Rapid Test, Quantitative (310), COVID-19 IgM/IgG Antibody Rapid Test (2,000), COVID-19 Antibody Test (800.00) Dengue NAAT-LAMP (2,000.00), Procalcitonin (2,000.00), D-Dimer (1,400.00), Hs-CRP (1,400.00), CK-MB (1,100.00) <u>Clinical Microscopy:</u> CSF and other Body Fluid Count (160.00), CSF Analysis (310.00), Fecalysis (60.00), Fecal Occult Blood		

		Test (140.00), Micral Test (190.00), Pregnancy Test (210.00), Seminal Fluid Analysis (210.00), Urinalysis (160.00) <u>Bacteriology:</u> Acid Fast Bacilli Stain (All fluids except Slit Skin Smear) (210.00), Fernings Test (120.00), India Ink (160.00), KOH (160.00), Gram Stain (160.00), Cervico Vaginal Discharge (160.00 + Readers Fee 150.00)		
2. Kunin ang numero o letra, claim stub at satisfaction survey	2.Tatawagin and verification number at bibigyan ng numero o letra, claim stub at satisfaction survey ang pasyente	None	3 minuto	
3. Ipakita ang numero o letra para makuhanan ng “sample”	3. Tatawagin ang numero o letra para makuhanan ng “sample” ang pasyente	None	10 minuto	
4. Pagsusuri	4. Susuriin ang mga ipinapagawang eksaminasyon	None	95 minuto	*Lloyd Q. Felix, RMT MPH* *Supervisor* *Clinical Chemistry Section* *Rodina D. Basadre, RMT,MDM* *Supervisor, Hematology Section* *Ronie V. Caballero,RMT,MPH* *Supervisor, Serology Section*

				Marlon T. Katubig, RMT *Supervisor, Clinical Microscopy and DOTS* *Belinda R. Tandoc, RMT* *Supervisor, Bacteriology Section*
5. Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	5.1 Susuriin ang resibo at yong tatatangap ng resulta at papipirmahin ang kukuha ng resulta 5.1 Pasasagutan ang satisfaction survey na ihuhulog sa suggestion box.	None	7 minuto	
TOTAL	**Dulo ng Transaksyon**	**Eksaminasyon na pinagawa**	**120 minuto**	

SERVICE NAME: DEPARTMENT OF LABORATORIES

Description: CLINICAL CHEMISTRY, HEMATOLOGY, IMMUNOLOGY, CLINICAL MICROSCOPY, BACTERIOLOGY (WALK-IN PATIENTS)

Office or Division:	Clinical Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (depende sa eksaminasyon na ipapagawa)	Other Hospitals
Charge Slip (1 original)	OPD Clinic / Laboratory Reception Area (Counter 1 or 2)
Resibo (1 original)	c/o Cash Operations
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang laboratory request at "sample" (kung may nakolekta na) sa reception area para mabigyan ng charge slip	1. Tatanggapin at susuriin and laboratory request (at "sample" kung may nakolekta na) bago bigyan ng charge slip	None	5 minuto	*Step 1,3,4,5 & 7* *Geraldine A. Bautista, RMT* *Section Chief, Reception and Phlebotomy*
2. Magbayad sa kahera	2. c/o Cash Operations	<u>Clinical Chemistry:</u> 2 hrs Post Prandial(160.00), Albumin (210.00), Amylase (230.00), Blood Uric Acid (160.00), CSF Sugar (160.00), Fasting Blood Sugar (160.00), HbA1C(800.00), Random	c/o Cash Operations	*Step 2* *Collecting Officer*

		Blood Sugar (160.00), Lactate Dehydrogenase (310.00), Oral Glucose Challenge Test(210.00), Oral Glucose Tolerance Test (650.00), Serum Electrolyte—Na, K, Cl, iCa (750.00), Serum Electrolyte—Na, K, Cl (600.00),Total Protein (210.00), Lipid Profile (800.00),Cholesterol (210.00), Triglyceride (310.00), HDL (310.00), Kidney Profile (350.00), BUN (160.00), Creatinine (190.00), Liver Profile (600.00), Bilirubin (400.00), SGOT (210.00), SGPT (210.00), <u>Hematology:</u> Activated Partial Thromboplastin Time (530.00), Clotting Time / Bleeding Time (65.00), Complete Blood Count (260.00), Erythrocyte Sedimentation Rate (160.00), Prothrombin Time (500.00), Reticulocyte Count (310.00)		

		<u>Immunology:</u> Anti-Streptolysin O Titer (260.00), Blood Typing (160.00), C-Reactive Protein (430.00), Dengue Test (1,100.00), HBsAg Rapid Test (260.00), Syphilis Rapid Test (260.00), H. pylori(650.00), HAV Rapid Test(525.00), HCV Rapid Test (530.00), HIV Rapid Test (530.00), Leptospira Test (480.00), Rheumatoid Factor Test(380.00), Salmonella-Typhoid Test (850.00), Troponin I Rapid Test (Qualitative) (600), Troponin I Quantitative Test (1,000), COVID-19 Antigen Rapid Test, Quantitative (310) ,COVID-19 IgM/ IgG Antibody Rapid Test (2,000.00), COVID-19 Antibody Test (800.00), Dengue NAAT-LAMP (2,000.00), Procalcitonin (2,000.00), D-Dimer (1,400.00), Hs-CRP (1,400.00), CK-MB (1,100.00)		

		<u>Clinical Microscopy:</u> CSF and other Body Fluid Count (160.00), CSF Analysis (310.00), Fecalysis (60.00), Fecal Occult Blood Test (140.00), Micral Test (190.00), Pregnancy Test (210.00), Seminal Fluid Analysis (210.00), Urinalysis (160.00) <u>Bacteriology:</u> Acid Fast Bacilli Stain (All fluids except Slit Skin Smear) (210.00), Fernings Test (120.00), India Ink (160.00), KOH (160.00), Gram Stain (160.00), Cervico Vaginal Discharge (160.00 + Readers Fee 150.00)		
3 Ipakita ang resibo , charge slip o “Statement of Account” at “sample” (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	3.Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na), ipi-print ang laboratory request form at bibigyan ang pasyente ng color-coded na verification number.	None	3 minuto	
4. Kunin ang numero o letra, claim stub at satisfaction survey	4.Tatawagin and verification number at bibigyan ng numero o letra, claim stub at satisfaction survey ang pasyente	None	3 minuto	
5. Ipakita ang numero o letra para makuhanan ng “sample”	5.Tatawagin ang numero o letra para makuhanan ng “sample” ang pasyente	None	7 minuto	

6. Pagsusuri	6.Susuriin ang mga ipinapagawang eksaminasyon	None	95 minuto	*Step 6* *Lloyd Q. Felix, RMT MPH* *Supervisor* *Clinical Chemistry Section* *Rodina D. Basadre, RMT,MDM* *Supervisor, Hematology Section* *Ronie V. Caballero,RMT,MPH* *Supervisor, Serology Section* *Marlon T. Katubig, RMT* *Supervisor, Clinical Microscopy and DOTS* *Belinda R. Tandoc, RMT* *Supervisor, Bacteriology Section*
7.Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	7.1 Susuriin ang resibo at yong tatatangap ng resulta at papipirmahin ang kukuha ng resulta 7.2 Pasasagutan ang satisfaction survey na ihuhulog sa suggestion box.	None	7 minuto	
TOTAL	**Dulo ng Transaksyon**	**Eksaminasyon na pinagawa**	**120 minuto**	

SERVICE NAME: DEPARTMENT OF LABORATORIES

Description: CULTURE AND SENSITIVITY, WATER ANALYSIS, G6PD CONFIRMATORY TEST, TUMOR MARKERS AND HEPATITIS PROFILE (ROUTINE PATIENTS)

Office or Division:	Clinical Laboratory
Classification:	Complex
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Resibo (1 original)	Cash Operations
Statement of Account (1 original)	Billing Section
Charge Slip	OPD Clinic / Laboratory Reception Area (Counter 1 or 2)
Laboratory Request (depende sa eksaminasyon na ipapagawa) (original)	Laboratory Reception Area (Counter 1 or 2)
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang resibo , charge slip o "Statement of Account" at "sample" (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	1.Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na) at bibigyan ang pasyente ng color-coded na verification number.	<u>Clinical Chemistry:</u> G6PD Confirmatory Test (400.00) <u>Immunology:</u> AFP (1,000.00), BHCG (1,000.00), CA 12-5 (1,000.00), CA 15-3 (1,000.00), CA 19-9 (1,000.00), CEA (1,000.00), tPSA (1,000.00), Ferritin (800) Hepatitis	5 minuto	*Step 1,2 ,3 & 5* *Geraldine A. Bautista, RMT* *Section Chief, reception and Phlebotomy*

		Profile with Hepatitis A Virus (2,090.00), Hepatitis B Profile with Hepatitis C Virus (2,500.00), Complete Hepatitis B Profile (3,300.00), Anti-Hepatitis B Core Enzyme Immuno Assay (780.00), Ant-Hepatitis B Envelope Enzyme Immuno Assay (600.00), Anti-Hepatitis B Surface Enzyme Immuno Assay (780.00), Anti Hepatitis A Virus IgM Enzyme Immuno Assay (700.00), Hepatitis B Envelope Antigen Enzyme Immuno Assay (525.00), Hepatitis B Surface Antigen Enzyme Immuno Assay (400.00), (Anti-Hepatitis C Virus Enzyme Immuno Assay (530.00), <u>Bacteriology</u> Culture and Sensitivity – Blood (2,750.00), Culture and Sensitivity – Urine and Other Body Fluids (2,100.00), Water Analysis (393.00)		

2.Kunin ang numero o letra, claim stub at satisfaction survey	2.Tatawagin and verification number at bibigyan ng numero o letra, claim stub at satisfaction survey ang pasyente	None	3 minuto	
3.Ipakita ang numero o letra para makuhanan ng “sample”	3. Tatawagin ang numero o letra para makuhanan ng “sample” ang pasyente	None	5 minuto	
4.Pagsusuri	4.Susuriin ang mga ipinapagawang eksaminasyon	None	G6PD Confirmatory Test: 1 araw Ginagawa tuwing Martes at Biyernes. Cut-Off Time: 9:00 ng umaga. Resulta tuwing Miyerkules at Sabado mula 8:00 ng umaga <u>Immunology:</u> Tumor Markers: 4 oras Ginagawa tuwing Huwebes at sa 1:00 ng hapon ng parehong araw ang resulta. Cut-off time 9:00 ng umaga Hepatitis Profile: 4 oras Ginagawa tuwing Biyernes at sa 1:00 ng hapon ng	*Step 4* *Lloyd Q. Felix, RMT, MPH* *Supervisor, Clinical Chemistry Section* *Ronie Caballero, RMT, MPH* *Supervisor, Serology Section* *Belinda R. Tando, RMT* *Supervisor, Bacteriology and Water Analysis Section*

			parehong araw ang resulta. Cut-off time 9:00 ng umaga <u>Bacteriology</u> Culture & Sensitivity at Water Analysis: 5 araw	
5. Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	5.0 Susuriin ang resibo at yong tatatangap ng resulta at papipirmahin ang kukuha ng resulta 5.1 Pasasagutan ang satisfaction survey na ihuhulog sa suggestion box.	None	5 minuto	
TOTAL	Dulo ng Transaksyon	Eksaminasyon na pinagawa	G6PD Confirmatory Test: 1 araw at 18 minuto <u>Immunology:</u> Tumor Markers at Hepatitis Profile: 4 na oras at 18 minuto <u>Bacteriology</u> Culture & Sensitivity at Water Analysis: 5 araw at 18 minuto	

SERVICE NAME: DEPARTMENT OF LABORATORIES

Description: CULTURE AND SENSITIVITY, WATER ANALYSIS, G6PD CONFIRMATORY TEST, TUMOR MARKERS AND HEPATITIS PROFILE (WALK-IN PATIENTS)

Office or Division:	Clinical Laboratory
Classification:	Complex
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request (depende sa eksaminasyon na ipapagawa) (original)	Other Hospitals
Charge Slip (1 original)	Laboratory Reception Area (Counter 1 or 2)
Resibo (1 original)	c/o Cash Operations
Verification number	Laboratory Reception Area (Counter 1 or 2)
Queuing number or letter (1 original)	Laboratory Reception Area (Counter 1 or 2)
Claim Stub (1 original)	Laboratory Reception Area (Counter 1 or 2)
Satisfaction Survey (1 original)	Laboratory Reception Area (Counter 1 or 2)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang laboratory request at "sample" (kung may nakolekta na) sa reception area para mabigyan ng charge slip	1. Tatanggapin at susuriin and laboratory request (at "sample" kung may nakolekta na) bago bigyan ng charge slip	None	5 minuto	*Step 1,3,4,5 & 7* *Geraldine A. Bautista, RMT* *Section Chief, reception and Phlebotomy*
2. Magbayad sa kahera	2. c/o Cash Operations	<u>Clinical Chemistry:</u> G6PD Confirmatory Test (400.00) <u>Immunology:</u>	c/o Cash Operations	*Step 2* *Collecting Officer*

		AFP (1,000.00), CA 12-5 (1,000.00), CA 15-3 (1,000.00), CA 19-9 (1,000.00), CEA (1,000.00), tPSA (1,000.00), Hepatitis Profile with Hepatitis A Virus (2,090.00), Hepatitis B Profile with Hepatitis C Virus (2,500.00), Complete Hepatitis B Profile (3,300.00), Anti-Hepatitis B Core Enzyme Immuno Assay (780.00), Ant-Hepatitis B Envelope Enzyme Immuno Assay (600.00), Anti-Hepatitis B Surface Enzyme Immuno Assay (600.00), Anti Hepatitis A Virus IgM Enzyme Immuno Assay (700.00), Hepatitis B Envelope Antigen Enzyme Immuno Assay (525.00), Hepatitis B Surface Antigen Enzyme Immuno Assay (400.00), (Anti-Hepatitis C Virus Enzyme Immuno Assay (530.00), <u>Bacteriology</u>		

		Culture and Sensitivity – Blood (2,750.00), Culture and Sensitivity – Urine and Other Body Fluids (2,100.00), Water Analysis (393.00)		
3 Ipakita ang resibo , charge slip o “Statement of Account” at “sample” (kung may nakolekta na) sa Reception Area para mabigyan ng color-coded na verification number	3.Tatanggapin at susuriin ang resibo, charge slip o statement of account at sample (kung may nakolekta na), ipi-print ang laboratory request form at bibigyan ang pasyente ng color-coded na verification number.	None	3 minuto	
4. Kunin ang numero o letra, claim stub at satisfaction survey	4.Tatawagin and verification number at bibigyan ng numero o letra, claim stub at satisfaction survey ang pasyente	None	3 minuto	
5. Ipakita ang numero o letra para makuhanan ng “sample”	5.Tatawagin ang numero o letra para makuhanan ng “sample” ang pasyente	None	3 minuto	

6.Pagsusuri	6.Susuriin ang mga ipinapagawang eksaminasyon	None	G6PD Confirmatory Test: 1 araw Ginagawa tuwing Martes at Biyernes Cut-Off Time: 9:00 ng umaga. Resulta tuwing Miyerkules at Sabado mula 8:00 ng umaga <u>Immunology:</u> Tumor Markers 4 oras Ginagawa tuwing Huwebes at sa 1:00 ng hapon ng parehong araw ang resulta. Cut-off Time 9:00 ng umaga Hepatitis Profile: 4 oras Ginagawa tuwing Biyernes at sa 1:00 ng hapon ng parehong araw ang resulta. Cut 0ff time 9:00 ng umaga <u>Bacteriology</u> Culture & Sensitivity at Water Analysis: 5 araw	*Step 6* *Lloyd Q. Felix, RMT, MPH* *Supervisor, Clinical Chemistry Section* *Ronie Caballero, RMT, MPH* *Supervisor, Serology Section* *Belinda R. Tando, RMT* *Supervisor, Bacteriology and Water Analysis Section*

7.Kunin ang resulta sa oras na itinakda. Ipakita ang claim stub at binigay na numero at ihulog sa suggestion box ang Satisfaction Survey	7.0 Susuriin ang resibo at yong tatatangap ng resulta at papipirmahin ang kukuha ng resulta 7.1 Pasasagutan ang satisfaction survey na ihuhulog sa suggestion box.	None	5 minuto	
TOTAL		Eksaminasyon na pinagawa	G6PD Confirmatory Test: 1 araw at 19 minuto <u>Immunology:</u> Tumor Markers at Hepatitis Profile: 4 oras at 19 minuto <u>Bacteriology</u> Culture & Sensitivity at Water Analysis: 5 araw at 19 minuto	

SERVICE NAME: CUSTOMER ASSISTANCE (INFORMATION DESK, OPD BUILDING CROWD CONTROL, SIDE ENTRANCE, EMERGENCY ROOM)

Description: It provides assistance to minor and major inquiries of patients which includes check-up processes, laboratory testing, direction assistance and other hospital processes**.**

Office or Division:	Customer Service Representatives			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Hospital Identification card (if any) Other related information or documents related to their inquiry(if any) Diagnostic results (if any) Diagnostic request (if any) Discharge plan, *Tagubilin*(if any)		R1MC – Registration, Admitting Section other hospitals/agencies R1MC – Laboratory, Radiology R1MC – Outpatient clinics, other hospitals/agencies R1MC		
CLIENT STEPS *steps may vary depending on the concern of the patient and they may approach any CSR staff.	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Approaches CSR staff in the Information Desk.	1. Ask relevant questions to client's inquiry.	None	1 minute	*Ms. Jeny Rose Mejia (Admin. Aide VI) or Ms. Jeny Decano (NA II)* *CSR Information Desk*
2. Provides documents that might be necessary for inquiry.	2. Checks documents related to client's inquiry.	None	2 minutes	
3. May ask process for consultation	3. Determines patient if with card (regular/e-card) or not 3.1 Regular card and non-card holders will proceed to Triage, Queuing, Registration, and Clinic Designation.	None	2 minutes	
TOTAL:		**None**	**5 minutes**	

SERVICE NAME: R1MC ELECTRONIC CARD (E-CARD)

Description: Electronic Card is highly innovative card system of Region 1 Medical Center wherein it uses unique barcode that can pass a scanner so patients can easily registered. There are benefits being discussed upon inquiry of any person interested to avail.

Office or Division:	Customer Service Representatives			
Classification:	Simple			
Type of Transaction:	G2C - Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Hospital Identification Card (if any)		R1MC – Registration, Admitting Section		
Government issued Identification card		BIR, Post office, DFA, PSA, SSS, GSIS, Pag-IBIG		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Asks about E-card	1. Informs the benefits of having E-card	None	5 minutes	*E-CARD CSR Staff*
2. Avails E-card	2. Inputs patient data to generate barcode, processes payment to cashier and logs E-Card availed	For regular patients – PHP 200.00 For Seniors, PWDs – PHP 160.00	12 minutes	*E-CARD CSR Staff*
3. Uses the E-card immediately	3. Assists in using E-card	None	3 minutes	*E-CARD CSR Staff*
TOTAL		**For regular patients – PHP 200.00** **For Seniors, PWDs – PHP 160.00**	**20 minutes**	

SERVICE NAME: OUT-PATIENT DEPARTMENT QUEUING AREA

Description: Customer service staff assists in providing queuing number to patients or watchers registering for their consultation or follow up.

Office or Division:	Customer Service Representatives
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Identification card (if any) Government issued Identification card (if any)	R1MC – Registration, Admitting Section BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Gives the paper from Triage Section	1. Provides queuing number based on age. 1.1 Will ask for client to prepare a government issued identification card for registration. 1.2 Will ask for date of birth and complete address to be written at the back of the paper from Triage section in the absence of a government issued identification card.	None	2 minutes	*CSR Staff*
2. Gives the paper from Triage Section and Hospital Identification card.	2. Provides queuing number based on age.	None	1 minute	*CSR Staff*
3. Asks for the counter corresponding to their queuing number.	3. Directs clients to counters based on their queuing number.	None	1 minute	*CSR Staff*
TOTAL:		**None**	**4 minutes**	

SERVICE NAME: R1MC HANDLING SIMPLE EXTERNAL COMPLAINTS

Description: All complaints received by each area concerning their respective processes and / or personnel shall be entertained, processed and disposed by the same concerned unit / office

Office or Division:	Customer Service Representative			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Clients, patients, watchers			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Client log sheet		R1MC Employee		
Request form		R1MC Employee		
Employee identification card		HRMO, CAO/ MCC		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Filing or Raising of complaint (External) – refers to complaints filed by clients, patients, and watchers filed or raised through complaints to the Customer Service Representative Section	1. Receiving of Complaints (External) – The assigned/ designated staff of the CSR shall facilitate the receiving of complaints and process immediate advise to the CSR Head. 1.1. The Head of CSR shall initially interview the complainant and thoroughly scrutinize the gist of the complaint to determine office/ unit concerned 1.2. Upon determination of the concerned office/ unit, the Head of CSR shall immediately endorse	None None None	5 minutes 10 minutes 5 minutes	*Mr. Eric Duyon* *Patient Action Center Unit (CSR)* *Krystle Mae J. Reamon* *Administrative Officer II* / *Dr. Ramon Ramos* *Medical Specialist IV* *CSR Head*

	the complaint to the Head of the Concerned Office (CO) 1.3. Upon receipt of endorsed complaint, the Head of the CO shall immediately assume authority to investigate the complaint *If the complainant merely raised his/ her complaint without preparing written/ documented complaint, the CSR Office must require them to prepare their written/ letter of complaint for proper documentation and reference.	None	5 minutes	*Mr. Eric Duyon* *Patient Action Center Unit (CSR)*
2. Interview/ Proper Investigation – the complainant is expected to participate in the conduct of proper interview and investigation	2. The Head of the CO shall facilitate proper course of investigation, and thorough interview with the complainant, and with the person complained-of separately in order to determine and establish the facts and the circumstances of the complaint. Facts such as basic personal information of both parties, gist of the complaint, and concrete pieces of evidences shall be collected	None	1-3 hours	*Head of the Concerned Office (CO)*

3. Mediation	3. The Head of the CO shall act as mediator to make the necessary intervention in order to settle or reconcile the conflicting parties, and address issues and concerns.	None	1 minute	*Head of the Concerned Office (CO)*
4. Reconciliation	4.1. If reconciliation is successfully attained by both parties – Settlement Agreement must be voluntarily signed both parties. The Mediator shall confirm/ attest to the attainment of the same. 4.2. If reconciliation is not reached – the matter shall be escalated and endorse to the higher office/ authority. *Endorsement – Mediator shall endorse the matter with the proper authorities or offices together with the pertinent documents and evidences already obtained	None None	1-3 hours 1-3 hours	*Head of the Concerned Office (CO)* *Head of the Concerned Office (CO)* *Mr. Eric Duyon* *Patient Action Center Unit (CSR)* *Dr. Ramon Ramos* *Medical Specialist IV*
TOTAL		**None**	**1-3 working days**	

SERVICE NAME: DENTAL SURGERY

Description: Procedure includes Alveoloplasty, Apicoectomy, Biopsy, Enucleation, Intermaxillary Fixation, Incision and Drainage, Implant (without bone graft), Odontectomy, Tooth Extraction.

OPERATIVE DENTAL PROCEDURES

This covers Fluoride Treatment, Oral Prophylaxis, Orthodontic Treatment, Pits and Fissure Sealant, Root Planing(Deep Scaling), Prosthesis, Root Canal Treatment, Dental Restoration or Dental Filling, Dental Splint.

Office or Division:	Dental Section			
Classification:	Simple to Highly Technical Transaction			
Type of Transaction:	Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
ID Queuing number Medical Clearance if needed		Registration Registration Medical Clinic		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. ASSESSMENT:				
1.1. Patient arrives at the clinic, and present hospital ID and Queuing number.	1.1.1. **FOR NEW PATIENTS** - Dental Aide will give form and ask the patient to fill it out and submit once done. 1.1.2. **FOR OLD PATIENTS** - Dental Aide will locate and prepare the record of the patient.	None	2 minutes 10 minutes	*Mrs. Catherine E. Sales Dental Aide*
1.2 Patient will return to their seat	1.2. Instruct the patient to wait for the queue	None	1 minutes	*Mrs. Catherine E. Sales Dental Aide*

1.3. Wait for the dental aide to call patient's name/number.	1.3. Dental aide will call the patient's name/number will direct to their assigned cubicle	None	2 minutes	*Mrs. Catherine E. Sales* *Dental Aide*
1.4. Proceeds to their assigned cubicle	1.4.1. Taking vital signs (BP, PR, RR, Temp.) 1.4.2. Dentist/Intern discusses Advocacy on Dental Health.	None	5 minutes 5 minutes	*Mrs. Catherine E. Sales* *Dental aide* *Dr. Edelburg V. Palma Head*
2. TREATMENT AND PROCEDURE OF PATIENT				
2.1. Patients listen and answers all the questions	2.1. Dentist/Intern will interview the patient for any medical history.	None	5 minutes	*Dr. Edelburg V. Palma Head*
2.2. Patient sit at the dental chair and open the mouth for dentist evaluation	2.2. Dentist will perform clinical examination	None	5 minutes	*Dr. Edelburg V. Palma Head*
2.3. Patient will listen to the proposed treatment plan	2.3. Dentist will discuss the possible treatment plan for the patient	None	10 minutes	*Dr. Edelburg V. Palma Head*
2.4. Patient signs the consent form	2.4. Dental Aide / Dentist will secure the consent form of the patient	None		*Dr. Edelburg V. Palma Head*
	2.5. Dentist will prepare for the instruments needed and perform the procedure for the agreed treatment plan a. Alveoloplasty b. Apicoectomy c. Gingivoplasty d. Biopsy e. Enucleation f. Incision and Drainage	 P8,400.00 P8,400.00 P8,400.00 P1,176.00 P9,600.00 P1,176.00	 P9600.00 P9600.00 P9600.00 P3976.00 P8400.00 P2800.00	 1 Hour 2 Hours 1 Hour 1 Hour 2 Hours 4 hours initial visit	

	g. Implant (without bone graft) h. Odontectomy i. Orthodontic Treatment (Impression Taking Only) j. Pits and Fissure Sealant k. Prosthesis (Impression Taking Only) l. Root Canal Treatment m. Dental Restoration or Dental Filling n. Dental Splint ***Note**: For Procedure listed below, Step 3.4 & 3.4.1 will precede. a. Root Planing (Deep Scaling) b. Fluoride Treatment c. Oral Prophylaxis d. Tooth Extraction	P50,000.00 P12,500.00 P400.00 P5,500.00 P250.00 P9,500.00 P700.00 P500.00 P350.00	P3000.00 P2500.00 P300.00 P200.00 P200.00 P500.00 P350.00 P500.00 P500.00 P500.00 P250.00 P140.00	4 Hours 1 Hour 45 minutes 20 minutes 30 minutes 45 minutes per canal per visit 45 minutes per cavity 4 hours 1 hour 1 hour 30 mins 1 hour	*Dr. Edelburg V. Palma Head*
3. POST TREATMENT AND PROCEDURE					
3.1. Patient Listens to the instructions on his prescribed medicines.	3.1. Explain prescribed medication (mechanism of action, possible adverse side effects, dosage and time) and advised for follow up checkup, if any.	None		2 minutes	*Dr. Edelburg V. Palma Head*

3.3. Patients receives the form	3.3. Provide OPD- Alagang Pinoy Tagubilin	None	30 seconds	*Dr. Edelburg V. Palma Head*
3.4. Patients approach the Dental Aide	3.4.1. Dental Aide will encode in the system and print charge slip 3.4.2. Dental Aide will transfer the name of the patient to other clinic in the system.	None None	1 minute 1 minute	*Mrs. Catherine E. Sales Dental aide*
TOTAL		None	47 minutes 30 second. *****Note: Total time may vary depending on the procedure**	

SERVICE NAME: OUT-PATIENT CONSULTATION

Description: Starts from the arrival of patient for assessment, consultation, treatment and final disposition which include derma procedure until the patient leaves the clinic with proper instruction.

Office or Division:	Out-Patient Department – Dermatology Department			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Queuing number (1)		R1MC – Came from Registration		
Hospital ID (1)		R1MC – Came from Registration		
Diagnostic results (if any)		R1MC – Laboratory, Radiology		
Diagnostic request (if any)		R1MC – Outpatient clinics – Dermatology Clinic		
Discharge plan, Tagubilin, Prescription		R1MC – Outpatient clinics – Dermatology Clinic		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient comes in for physical examination and assessment.	1. Nurses prepare and position patients for physical examination.	None	5 minutes	Lee Marvin Padilla, RN, MAN (Nurse IV/Supervisor)
2. Patient proceeds to the doctors for consultation.	2. Doctors obtain complete history and perform physical examination.	None	25 minutes	May F. Gonzales, MD, FPDS, FPDMD, MPH (Department Manager)
3. Patient receives initial evaluation and request for diagnostic tests.	3. Doctors give initial assessment and provide laboratory request as needed.	None	5 minutes	May F. Gonzales, MD, FPDS, FPDMD, MPH (Department Manager)
4. Patient receives drug prescription from doctors.	4. Doctors explain medications and give instructions on how to take the medicine.	None	5 minutes	May F. Gonzales, MD, FPDS, FPDMD, MPH (Department Manager)
5. If patient is not for referral/admission. Patient receives Alagang pinoy tagubilin.	5.1. Doctors and/or Nurses provide home instructions and medical follow-	None	5 minutes	May F. Gonzales, MD, FPDS, FPDMD, MPH

If patient is for referral/ admission. Patient proceeds to the department.	up written in the Alagang pinoy tagubilin. 5.2. Doctors and/or Nurses endorse the patients to another department.			(Department Manager) Lee Marvin Padilla, RN, MAN (Nurse IV/Supervisor)
6. Patient answers hospital client experience survey.	6. Nurses provide hospital client experience survey form.	None	5 minutes	Lee Marvin Padilla, RN, MAN (Nurse IV/Supervisor)
TOTAL:		**None**	**195 minutes**	

SERVICE NAME: OUTPATIENT CONSULTATION

Description: The Outpatient Department is a health care facility designed for diagnosis, observation, consultation, treatment, and intervention services to people with health problems, but does not require admission at the moment.

Office or Division:	Outpatient Department – Diabetes Clinic
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Queuing Number (1)	Registration
Hospital ID Card (1)	Registration

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient presents the queuing number and Hospital ID Card and comes in for physical examination and assessment	1. Nurses performs physical examination and assessment to the patient. 1.1 Fills up the Patient Information Sheet and Follow-up Assessment form.	None	10 minutes – Newly Diagnosed patient 5 minutes – Previously Diagnosed patient	*Ma. Cecilia Biascan Nurse Supervisor*
2. Patient proceeds to the doctors for consultation, receives request/s for diagnostics tests and/or prescription	2. Doctors attends to the patients, provides the diagnostics request/s needed and gives prescription.	See list of charges (from Clinical Laboratory)	20 minutes	*Consultant / IM Resident Rotator*
3. (if patient is not for referral/admission) Patient receives Diabetes Clinic Discharge Instructions Form	3. Nurses provides and explains home instructions and medications written in the Diabetes Clinic Discharge Instructions Form.	None	10 minutes	*Ma. Cecilia Biascan Nurse Supervisor*

Patient will be provided with Clinic codes for their scheduled follow up check-up as ordered by physician. (if the patient is for referral/admission) patient proceeds to other department	In charge personnel provides the appointment code on their scheduled date of follow up. 3.1 The Doctor/Nurses endorses the patient to other department.	None	30 minutes	*Ma. Cecilia Biascan* *Nurse Supervisor* */Doctor*
TOTAL		**See list of charges (From Clinical Laboratory)**	**1 hour and 10 minutes**	

SERVICE NAME: CONSULTATION OF CLIENTS AT OUTPATIENT DEPARTMENT

Description: The Outpatient Department is a health care facility designed for diagnosis, observation, consultation, treatment, and intervention services to people with health problems, but does not require admission at the moment.

Office or Division:	Outpatient Department – Diet Clinic			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Hospital ID Card (1)		Registration		
Nutrition Referral Slip		From the referring clinic		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Receive the filled-up referral slip after doctor's consultation/check-up, proceeds to the Diet Clinic for Nutrition consultation	The clinic staff / clerk/ nurse shall fill up the Nutrition Referral Slip Form of the patient needing referral at the Diet Clinic	None	1 minute	*Clinic staff/ nurse*
2. Patient will be interviewed, provides the necessary information needed	Registered Nutritionist-Dietitians shall conduct Data Gathering (patient's information) Interview patient	None	5 minutes	*Ms. Florida B. Ferrer Registered Nutritionist-Dietitian Diet Clinic*
3. Patient undergoes nutritional assessment	RND conducts Nutritional Assessment (height, weight, nutrition history, one-day food recall)	None	6 minutes	*Ms. Florida B. Ferrer Registered Nutritionist-Dietitian Diet Clinic*

4. Patient listens and participate in the sessions	RND makes nutritional Diet Recommendations/ computations if necessary	None	5 minutes	*Ms. Florida B. Ferrer* *Registered Nutritionist-Dietitian* *Diet Clinic*
	RND conducts Nutrition Counselling to the patient: a.) Diet instruction b.) Sample meal plan	None	15 minutes	*Ms. Florida B. Ferrer* *Registered Nutritionist-Dietitian* *Diet Clinic*
	6. RND Schedule follow-up visit, if necessary	None	1 minute	*Ms. Florida B. Ferrer* *Registered Nutritionist-Dietitian* *Diet Clinic*
TOTAL		**None**	**33 minutes**	

SERVICE NAME: DEPARTMENT OF LABORATORIES

Description: Screening Drug Testing Laboratory

Office or Division:	Drug Testing Laboratory
Classification:	Simple Transaction
Type of Transaction:	Government to Citizen (G2C) / Government to Government (G2G)
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1 Valid Photo ID (Original)	Issued by the: Company, School, GSIS, SSS, Pag-Ibig Fund, NBI, PNP, LTO, DFA, OWWA, Post Office, PRC, OSCA, DSWD, Integrated Bar of the Philippines, BIR, COMELEC, MARINA, and others.
1 Request or Referral Slip (Original)	From the Requesting Party/Agency; Requesting Clinic, Ward or Physician
1 Official Receipt (Original)	Cashier

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present valid photo ID, request or referral slip and official receipt for identification and verification of client	1. Verifies the identity and proof of payment of Client. 1.2 Documents the details on the Request Slip or on the Consent Form and Certification Form.	Php 250 pesos (paid at the Cashier)	5 minutes	*Authorized Specimen Collector (ASC)/ Clerk Personnel Dr. Sheldon Steven C. Aquino*
2. Fill out the drug testing forms	2. Documents the details on the Request Slip or on the Consent and Certification Form.	None	Depends on the Client	*Authorized Specimen Collector Dr. Sheldon Steven C. Aquino*
3. Collect 60 ml urine specimen under the observation of the Authorized Specimen Collector (ASC)	3. Gives detailed instructions to Client on how to fill out the forms.	None	10 minutes	

	3.1 Explains politely the process of specimen collection. 3.2 Observes closely the entire collection procedure and ensures security of specimen at collection site. 3.3 Receives and made an initial inspection of the specimen.	None	Depends on the Client	*Authorized Specimen Collector* *Dr. Sheldon Steven C. Aquino*
4. Affix signature on the sealing tape and wait for the accomplishment of the Drug Testing Forms	4.1Labels and seals the specimen in full view of the Client. 4.2ASC and Client must affix their signatures on the seal. 4.3 Accomplishes the Drug Testing Forms. 4.4Transports specimen to the working area.	None	10 minutes	*Authorized Specimen Collector* *Dr. Sheldon Steven C. Aquino*
5. Wait while the specimen is being examined and analyzed	5.1Verifies the completeness of the Custody and Control Form (CCF) and the volume of the specimen. 5.2 Prepares the specimen for analysis 5.3Examines specimen for drug testing. 5.4Interprets result accurately.	None	25minutes	*Analyst* *Dr. Sheldon Steven C. Aquino*
6. Wait for your name to be called for biometrics and picture taking and while your	6.1Captures photo and scans all fingers of the Client.			

data is being entered in the IDTOMIS (Integrated Drug Test Operations Management Information System)	6.2Encodes Client information and carefully enters test result in the system. 6.3Accomplishes the Custody and Control Forms. 6.4Records, releases and signs out result.	None	5minutes	*Authorized Specimen Collector/Clerk Personnel* *Dr. Sheldon Steven C. Aquino*
7. Wait for the case to be documented and sign on the Receiving Accessioning Releasing Logbook	7.1 Receives test result from the Analyst. 7.2Records test result in the Receiving Accessioning Releasing Logbook. 7.3Guide Client to read and sign the consent regarding Data Privacy written on the lower portion of the result. 7.4Informs Client to sign on the Receiving Accessioning Releasing Logbook before receiving the result.			
8. Fill out the Satisfaction Survey for service improvement	8.Instructs client to fill out the Satisfaction Survey.	None	Depends on the client	*Authorized Specimen Collector* *Dr. Sheldon Steven C. Aquino*
TOTAL		**PHP 250.00**	**45 minutes**	

SERVICE NAME: ELECTROENCEPHALOGRAPHY (EEG) LABORATORY

Description: Perform EEG study in both outpatient and inpatient services

A. Scheduling of clients for EEG

Office or Division:	Epilepsy Monitoring Center			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All clients referred for EEG Study.			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Appointment Code (1)		**Costumer Service / EMC**		
Hospital Card (1)		**Registration Section**		
EEG request/ referral (1)		**Previous area of clinic/ section / ward of admission**		
Negative RT- PCR result if admitted (1)		**Ward of admission**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Enter the clinic then proceed to table 1 for data collection. Submit your EEG request/ referral. If scheduling thru online/ SMS, send a message to 09161032988 the following information; • Name of client • Age/ Sex • Address • Requesting Doctor • Type of EEG recording (if known) • Preferred date of procedure (tentative)	1.1 Verify client/ companion/ guardian's identification. 1.2 Collect EEG request/ referral	None	2 minutes	*Gines Ames* *Elmher Prado* **(***EEG Technician* *Secretary)*

2. Listen carefully to the instruction provided and receive home instruction/s. Same goes when scheduling thru online / SMS	2.1 Explain the procedure to client/ companion/guardian. 2.2 If online scheduling call and explain the procedure to client/ companion/guardian. 2.3 Provide option for the date of procedure. 2.4 Provide and explain list of instruction/ preparations needed to include Appointment date, time and code. If online, send the list of instruction/preparations needed. 2.5 Answer all inquiries. 2.6 Provide contact number to be reach for more inquiries.	None	15 minutes	*Gines Ames* *Elmher Prado* *Aladin Buhongan, RN* *Rowena Columbres, RN* **(***EEG Technician & Nurse)*
TOTAL		None	17 minutes	

B. On-the-day of procedure

Office or Division:	Epilepsy Monitoring Center
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All clients with schedule/appointment for the day

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Appointment Slip / message (1)	**EMC**
If admitted patient's chart (1)	**Ward of admission**
If admitted Accompanying medical personnel (1)	**Ward of admission**
If admitted Diazepam ampule with syringe (1)	**Ward of admission**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Comes in to EMC then proceed to table 1 for verification of client and assessment.	1.1 Verify the client's identification and registration log. 1.2 Conduct vital signs, physical assessment and assess preparedness of client. 1.3 Assist client to EEG room	None	5 minutes	*Nurse* *EEG Technician*
2. Proceed to EEG Room for the procedure (Electroencephalography)	2.1 Assist client to lie down on bed 2.2 Proceed to procedure Outpatient Service Routine EEG Adult Routine EEG Child/ Pedia Sleep and awake/Sleep deprive EEG Adult Sleep and awake/ Sleep deprive EEG Child/Pedia Inpatient Service Routine EEG Paying Adult	PHP 2,000.00 PHP 2,500.00 PHP 2,500.00 PHP 3,000.00 PHP 2,000.00 PHP 2,500.00	50 minutes	*EEG Technician*

	Child /Pedia Routine EEG Charity Adult Child /Pedia Routine EEG NBB Adult Child /Pedia Adult Child /Pedia Adult Child /Pedia Adult Child /Pedia	PHP 1,500.00 PHP 2,000.00 No charge No charge PHP 3,700.00 PHP 4,200.00 PHP 2,000.00 PHP 2,500.00 No charge No charge		
3. Proceed to table 1 for home instructions.	3.1 Issuance of charge slip (if OPD) 3.2 If inpatient, charge slips are sent to Billing section. 3.3 Provide claim slip/ tagubilin with date and time to claim the official result. 3.4 If inpatient, inform the ward once results are available.	None	5 minutes	*EEG Technician*
TOTAL		None	60 minutes	

C. Claiming of official EEG result/report

Office or Division:	Epilepsy Monitoring Center			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All clients who completed the EEG recording.			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Official Receipt (1)		**Cashier**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Comes in to EMC and proceed to table 1. Present an official receipt for OPD and claim slip if admitted.	1.1 Verify the client's identification and official receipt. 1.2 Write the client's complete information in to the receiving logbook. 1.3 If admitted, call the ward and inform the availability of the result.	None	2 minutes	*EEG Technician Secretary*
2. Receive the result/report and sign on the receiving logbook.	2.1 Issuance of the EEG official result/report 2.2 Have the client/companion/guardian sign on the receiving logbook 2.3 Instruct client/companion/guardian to bring the result to the referring doctor.	None	3 minutes	*EEG Technician Secretary*
TOTAL		None	5 minutes	

SERVICE NAME: NEUROLOGY OUTPATIENT CONSULTATION

Description: Provides assessment, diagnosis and treatment of clients with problems related to Nervous system, including the brain, spinal cord, nerves and skeletal muscles that doesn't require hospitalization.

A. Neurology Outpatient Clinic – Epilepsy Clinic, Neurodevelopmental Disorder, General Child Neurology & Adult Neurology (Face-to-face)

Office or Division:	Epilepsy Monitoring Center
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All clients required to be seen face-to-face

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Card (1)	**Registration Section**
Alagang Tagubilin Form (1)	**Previous area of admission/ clinic / section**
Referral Letter/ Form (if any) (1)	**From previous consult (varies)**
Result/s of diagnostic test/s (varies)	**From Diagnostic Facilities (varies)**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Enter the clinic then proceed to table 2 and inform the staff regarding your transaction. Provide all needed documents for data collection.	1.1 Verify client's identification and registration log. 1.2 Collection of data including taking of vital signs, anthropometric data and history taking. 1.3 Documentation of collected information thru the electronic Medical record of client (MedSys)	None	10 minutes	*Aladin Buhongan, RN* *Rowena Columbres, RN* *Elmher Prado*
2. Proceed to waiting area and wait until called for consultation.	2.1 Refer data collected to the Neurologist 2.2 Keep client posted on their que/ line up status.	None	5 minutes	*Aladin Buhongan, RN* *Rowena Columbres, RN*

3. Proceed to table 2 or 3 or 4 for consultation.	3.1 Call the client/ client's guardian and assist them towards the consultation table (table 2, 3 or 4). 3.2 Perform thorough physical and neurologic evaluation. 3.3 Request referrals/ recommendation letters, diagnostic test result/s, Tagubilin, old prescription/s and other necessary documents for reference. 3.4 Make and explain assessment findings, diagnosis, treatment plan / protocol including diagnostic test/s, prescription/s, referral and recommendations for co-management or rehabilitation and admission. 3.5 Document assessment finding and disposition to the client's Electronic medical record (MedSys)	None	25 minutes	*Aladin Buhongan, RN* *Rowena Columbres, RN* *Adolfo Solis, MD* *Hazel Barrozo, MD* *France Rasay, MD* *Francis Lopez, MD* *Ida Tulagan, MD* *Erik Estrada, MD*
4. Proceed to table 2 for home instruction, assist in referral and /or admission.	4.1 For clients with sent home order, issuance of prescription/s, diagnostic test request/s, referrals, Alagang Tagubilin to include date, time and appointment code of next visit. 4.2 If client if for admission, Call the Hospital Command Center for availability of room/s.	None	15 minutes	*Aladin Buhongan, RN* *Rowena Columbres, RN*

	4.2A If available, assist patient to ER for admission 4.2B If not available, explain to client the need for admission and provide option to be admitted to other hospital or wait until availability of rooms. 4.2 C Have the client/ guardian sign a refuse admission consent for the meantime and provide Alagang Tagubilin withinstructions and contact number of the Hospital Command Center in case want to wait until availability of room/s. 4.3 If refuse admission despite availability of room/s, have the client, guardian/ authorized companion to sign a refuse admission consent. 4.4 If for referral to other service/ clinic, provide Tagubulin to include service/clinic name, location and room number.			
TOTAL		None	55 minutes	

B. Neurology Outpatient Clinic – Epilepsy Clinic, Neurodevelopmental Disorder, General Child Neurology & Adult Neurology (Online)

Office or Division:	Epilepsy Monitoring Center
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Must be an old patient/s whom were regularly following up and no new symptoms / problems.

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Valid / working E-mail address (1)	**Gmail / Yahoo**
Working Cellphone/mobile number (at least 1)	**Client**
Digital copy of Alagang Tagubilin Form (1)	**Previous area of admission/ clinic / section**
Digital copy of referral Letter/ Form (if any) (1)	**From previous consult (varies)**
Digital copy of result/s of diagnostic test/s (varies)	**From Diagnostic Facilities (varies)**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Complete online registration and make sure to submit correct and complete information such as cellphone number and email then wait for a call.	1.1 Verify registration and call the client for interview. 1.2 Verify client's identification 1.3 Verify purpose of transaction	None	5 minutes	*Aladin Buhongan, RN* *Rowena Columbres, RN*
2. Provide clear and concise description of symptoms/problems and provide all needed documents requested.	2.1 Refer client to the Neurologist 2.2 Validate all data collected including received documents. 2.3 Documentation of collected information thru the electronic medical record of client (MedSys)	None	10 minutes	*Aladin Buhongan, RN* *Rowena Columbres, RN*
3. Answer all questions with complete and truthful answer. Make sure to provide true and correct information only. Provide additional data as requested by your doctor such as picture or video of event/s etc.	3.1 Conduct n thorough interview 3.2 Review and examine the documents provided. 3.3 May request a picture or a video from client related to	None	20 minutes	*Adolfo Solis, MD* *Hazel Barrozo, MD* *France Rasay, MD* *Francis Lopez, MD* *Ida Tulagan, MD* *Erik Estrada, MD*

	the purpose of consultation. 3.4 Document assessment findings, diagnosis and disposition to client's electronic medical record (MedSys)			
4. Receive prescription, home instructions referrals and recommendations thru email/ messenger (whichever applicable)	4.1 Send an electronic prescription, instructions and recommendations. 4.2 If client is for admission, send a referral for admission to include the Hospital Command Center's contact details.	None	10 minutes	*Aladin Buhongan, RN* *Rowena Columbres, RN*
TOTAL		None	45 minutes	

SERVICE NAME: CONSULTATION, DIAGNOSTIC PROCEDURES AND ADMISSION

Description: This is located in the 1st floor of Out-Patient Department Building. The ENT-HEAD and Neck Surgery Clinic provide safe, quality, effective and affordable services through, observation, consultation, treatment and intervention services to people with health problem.

Office or Division:	Out-Patient Department- ENT-HEAD and Neck Surgery Clinic
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Online Appointment	R1MC – Customer Service
Hospital Identification card (if any)	R1MC – Registration, Admitting Section
Diagnostic results (if any)	R1MC – Laboratory, Radiology, Ultrasound
Diagnostic request (if any)	R1MC – Outpatient Clinics, other hospitals/agencies
Consent for Procedure(1)	R1MC – HIMS Office
Proof of Payment (Official Receipt)	R1MC – Cashier Section,Philhealth/Billing Section
Queuing number (1)	R1MC – Registration
Consent for Admission(1)	R1MC – HIMS Office
Consent to Avail Private Service(1)	R1MC-Admitting Section
Tagubilin (if patient is for follow up checkup)	From Previous Consultation at the Hospital

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
CONSULTATION 1. Patient comes in for Physical Examination and Assessment	1. Nurses performs Physical examination and assessment top the patient.	None	10 minutes	*Nurse on Duty* ENT-HEAD and Neck Surgery Clinic Jo Mari B. Loresco Manuel Ervin V. Dasigan Priza C. Lozano

2. Patient proceeds to the doctors for consultation.	2. The Doctor attends to the patients.	None	20 minutes	*Doctors on Duty* ENT-HEAD and Neck Surgery Clinic CONSULTANT Walfrido C. Adan Jr Gerick Jose C. Parayno Mona Rolaida A. Mamaril Eduardo Francisco V, Tanlapco Jaja Mae R. Diwa Johann Sebastian M. Wi Heidi Jesse A. Moya-Mendoza RESIDENTS Charles Eric T. Floro Kristoffer P. Enriquez Zachary R. Venzon Michael Francis M. Mangahas Austin John J. Cabrera Duanne Q. Dela Cruz Pocholo A. Trinidad Samuel B. Carlos
3. Patient receives requests for diagnostic tests and/or prescription	3. The Doctors and Nurses provides and explains home medications and instructions to the client.	CBC- ₱260 Blood Typing- ₱160 APTT-₱480 PTT-₱430 BUN-₱160 Creatinine-₱190 FBS-₱160 Serum Electrolytes-₱750 UA -₱160 CXR-₱260 Ultrasound-₱800 ECG-₱260	5 minutes	*Doctors and Nurses* ENT-HEAD and Neck Surgery Clinic CONSULTANTS Walfrido C. Adan Jr Gerick Jose C. Parayno Mona Rolaida A. Mamaril Eduardo Francisco V, Tanlapco Jaja Mae R. Diwa Johann Sebastian M. Wi Heidi Jesse A. Moya-Mendoza

4.(if patient is not for referral/admission) Patient receives Alagang Pinoy Tagubilin if the patient is for referral/admission) patient proceeds to another department.	4.Doctors and nurses provides and explains home instructions and medications written in the Alagang Pinoy Tagubilin,if paitient for referral nurses endorsed to other department.	None	5 minutes	RESIDENTS Charles Eric T. Floro Kristofer P. Enriquez Zachary R. Venzon Michael Francis M. Mangahas Austin John J. Cabrera Duanne Q. Dela Cruz Pocholo A. Trinidad Samuel B. Bautista Nurse on Duty Jo Mari B. Loresco Manuel Ervin V. Dasigan Priza C. Lozano
DIAGNOSTIC PROCEDURES 5. if patient is for minor operation and or diagnostic procedure,	5. The Doctor obtains the signed consent from the patient after explaining the procedure.	None	5 minutes	
6. Patient receives charge slip.	6. Nurse provides the charge slip for procedure to the patient	CBC- ₱260 Blood Typing- ₱160 APTT-₱480 PTT-₱430 BUN-₱160 Creatinine-₱190 FBS-₱160	5 minutes	*Nurse on Duty* ENT-HEAD and Neck Surgery Clinic Jo Mari B. Loresco Manuel Ervin V. Dasigan Prisza C. Lozano

		Serum Electrolytes-₱750 UA -₱160 CXR-₱260 Ultrasound-₱800 ECG-₱260 Fine needle aspiration biopsy=PHP1700 Punch biopsy= PHP 1700 Closed bone reduction= PHP 5500 Incision and drainage= PHP 1200 Excision= PHP 3640 Excision biopsy= PHP PHP 3640 Suture and repair= PHP 800 Excision of mucocysts= PHP 4000 Excision of sebaceous cyst= PHP3400 Electrocautery (1-5 lesions) = PHP 500 Diagnostic Aspiration= PHP3640		

		Laryngoscopy= PHP5400 Nasal Endoscopy= PHP850 Ear flushing/cleaning= PHP200 Removal of foreign body(ear, nose, throat)= PHP550		
7. Patient presents the official receipt/ statement of account	7. Accepts official receipt (for patients without Philhealth) or Statement of Account (for patients with Philhealth)	None	5 minutes	*Nurse on Duty* ENT-HEAD and Neck Surgery Clinic Jo Mari B. Loresco Manuel Ervin V. Dasigan Priza C. Lozano
8. Patients proceeds to the nurses for reassessment prior to the procedure.	8. Doctor/Nurses reassess the patient before the procedure.	None	5 minutes	
9. Patient undergoes the procedure	9. Doctors and nurses perform the procedure	None	30 minutes	*Doctors and Nurses* ENT-HEAD and Neck Surgery Clinic CONSULTANTS Walfrido C. Adan Jr Gerick Jose C. Parayno Mona Rolaida A. Mamaril Eduardo Francisco V, Tanlapco Jaja Mae R. Diwa Johann Sebastian M. Wi Heidi Jesse A. Moya-Mendoza RESIDENTS Charles Eric T. Floro Kristofer P. Enriquez Zachary R. Venzon Michael Francis M. Mangahas Austin John J. Cabrera
10. Patient is reassessed after the procedure	10. Doctor/Nurses reassess the patient after the procedure	None	5 minutes	
11. Patient receives Alagang Pinoy Tagubilin.	11. Doctors and nurses provides and explains home instructions and medications written in the Alagang Pinoy Tagubilin.	None	5 minutes	

				Duanne Q. Dela Cruz Pocholo A. Trinidad Samuel B. Bautista Nurse Jo Mari B. Loresco Manuel Ervin V. Dasigan Priza C. Lozano
12. Obtain client satisfaction Survey to the patient/ watcher.	12. Nurses explains and facilitates the survey to the patient/ watcher.	None	10minutes	Nurse Jo Mari B. Loresco Manuel Ervin V. Dasigan Priza C. Lozano
		Fine needle aspiration biopsy=PHP1700 Punch biopsy= PHP 1700 Closed bone reduction= PHP 5500 Incision and drainage= PHP 1200 Excision= PHP 3640 Excision biopsy= PHP PHP 3640 Suture and repair= PHP 800 Excision of mucocysts= PHP 4000 Excision of sebaceous cyst= PHP3400 Electrocautery (1-5 lesions) = PHP 500		

		Diagnostic Aspiration= PHP3640 Laryngoscopy= PHP5400 Nasal Endoscopy= PHP850 Ear flushing/cleaning= PHP200 Removal of foreign body(ear, nose, throat)= PHP550		
TOTAL:			**1 hour and 30 minutes**	

SERVICE NAME: EMERGENCY ROOM

Description: Catering and assessing patient for acute care.

Office or Division:	Emergency Medicine Department			
Classification:	Simple			
Type of Transaction:	Government to Client/Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. TRIAGE	Assess the patient's condition in order to know where department to direct the patient, including the vital signs of the patient.	None	5 minutes	*Dr. Armando M. Oropilla* *Dr. Maria Camila R. Navarro* *Mr. Gaudencio D. Benito* *Mr. Rico Rowell G. Gatan* *Mr. Rommel R. Cabuyadao*
2. **ASSESSMENT OF PATIENT & ACUTE CARE**	Initial clinical assessment of patient (physically, mentally and psychologically) a. Diagnostics, medications or immediate management according to ABCD (Acute Care)	None	15 minutes	*Dr. Armando M. Oropilla* *Dr. Maria Camila R. Navarro* *Mr. Gaudencio D. Benito* *Mr. Rico Rowell G. Gatan* *Mr. Rommel R. Cabuyadao*
3. **REGISTRATION & ASSESSMENT of economic and social status of patient**	Register the patient in the Admitting Section and assess by the Medical Social Worker on the economic and social status of patient.	None	5 minutes	*Admitting Clerk Medical Social Service*

4. WORK-UP OF PATIENT	Does some of the following if needed: a. Laboratory examinations b. X-Ray/Ultrasound c. Use of diagnostic machines and special apparatus	Refer to department concerned to issue charge slip to requested laboratory examination		*Pathologists* *Medical Technicians* *Radiologists* *Radiologic Technicians*
4. **TREATMENT (DEFINITIVE MANAGEMENT)**	A. **For Emergency Patients in General** Resuscitation - Administration of medicines - Insertion of catheter/tubes - Use of special equipment B. **For Trauma Patients** Dressing - Minor Operations/Ortho procedures - Insertion of catheter/tubes - Use of special equipment - Administration of drugs C. **For Pregnant Patients and other related bleeding conditions** Internal examination at I.E. Room - Normal Vaginal Delivery - Other Minor Operations - Insertion of catheter/tubes	Based on procedure done + supplies and materials use	1 Hour & 30 minutes 	*Clinical Department Physician (Department Residents)* *Mr. Gaudencio D. Benito Mr. Rico Rowell G. Gatan* *Mr. Rommel R. Cabuyadao*

	- Use of special equipment - Administration of drug			
6. COMPLETION OF RECORDS	Completion of ER Forms/Admitting Orders	-		*Attending Physician* *Mr. Gaudencio D. Benito* *Mr. Rico Rowell G. Gatan* *Mr. Rommel R. Cabuyadao*
7. DISPOSITION OF PATIENT	- Know the patients' condition, if he/she can be discharged, observed or needs to stay or be transferred to other hospital. - Explain the situation of the patient or give an advice. - If patient died, bring the body to the morgue. - Discharge as OPD case with advice - Admission - Referral/Transfer to other agencies - Transport to the morgue in case of death and for DOA patients	Based on the services rendered to the patient		*Attending Physician* *Mr. Gaudencio D. Benito* *Mr. Rico Rowell G. Gatan* *Mr. Rommel R. Cabuyadao*
8. BILLING AND COLLECTION OF FEES AT SATELLITE CASHIER	Billing is based on the Medical Social Service Classification.	ER Fee of P1,000.00+ procedure done + medical supplies used	5 minutes	*Mr. Gaudencio D. Benito* *Mr. Rico Rowell G. Gatan* *Mr. Rommel R. Cabuyadao*

				Cashier
	Total:	ER Fee of P1,000.00+ procedure done + medical supplies used *(may vary)*	2 hours	

SERVICE NAME: ASSESSMENT OF PATIENT, CONSULTATION, POST CONSULTATION AND ADMISSION

Description: Patient must be accompanied by relative or watcher.

Assessment - History of the patient illness and physical examination will be done.

Consultation - Patient will be examined by the physician. Medications and advices will be given to the patient. Patient must be accompanied by relative or watcher.

Post Consultation - Care of the patient after a procedure was done.

Admission – Patients for treatment, elective surgical and diagnostics procedures done under general anaesthesia

Office or Division:	**Department of Ophthalmology**
Classification:	**Simple**
Type of Transaction:	**Government to Citizen**
Who may avail:	**ALL**

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Appointment code	Customer Service
2. Health Declaration Form	Screening/ Triage Area
3. Queuing ticket	OPD Registration Office
4. Hospital I.D. Card	OPD Registration Office
5. Electronic Patient's Record	R1MC Eye Center
6. Prescription Pad	R1MC Eye Center
7. OPD Alagang Pinoy Tagubilin Form	R1MC Eye Center
8. Client Satisfaction Survey Form	R1MC Eye Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Patient served in a first come first-served basis.				
1. Secure a queuing ticket at the registration area	1.1 Queuing ticket will be given to the patient.	None	5 minutes	*Step 1: Lee Marvin Padilla,RN,MAN (Nurse IV)*

2. Upon arriving at the reception area of R1MC -Eye Center, patient proceeds to the waiting area.	2.1 The nurse on duty will instruct the patient to have their seat.	None	5 minutes	*Step 2: Lee Marvin Padilla,RN,MAN (Nurse IV)*
3. Wait for the nurse to call the patient's name for: 3.1 1st call 3.2 2nd call	3.1 a Initial assessment is done by the nurse, chief complaint and VS are taken (as needed) 3.1b. The nurse will instruct the patient to have their seat and wait for the second call. 3.2 a Visual acuity of the patient will be taken by the OPD Clinic Nurse. 3.2b The nurse will instruct the patient to have their seat and wait for the 3rd call for consultation.	None None None None	3-5 minutes 5 minutes 5 minutes 5 minutes	*Step 3: Lee Marvin Padilla,RN,MAN (Nurse IV)*
4. Patient stays at the waiting area until the resident/OPD nurse calls his/her name (3rd Call)	4.1 Seats are provided outside the clinic	None	10 minutes	*Step 4: Lee Marvin Padilla,RN,MAN (Nurse IV)*
5. Once the name is called, proceed inside the clinic	**For management of Simple Cases:** 5.1 History taking 5.2 Physical Examination, gross examination, slit lamp examination, DFE (Additional time may be needed if DFE is done)	None	15 minutes	*Step 5: Edgardo T. De Vera, MD, FPSMS, MHFA (Department Manager)* *Lee Marvin Padilla,RN,MAN (Nurse IV)*

	5.3 Prescribing of medications and reiteration 5.4 Provide request for laboratory, RT-PCR/ Rapid Testing and other diagnostic work up as necessary. 5.5 If follow up or subspecialty referral is needed, appointment code is given 5.6 Filling up of patient's chart and Electronic Medical Records (EMR)			
6. If the patient is for management of Sub-Specialty Clinic. If patient is for same day referral to subspecialty clinic, patient proceeds to the subspecialty clinic. If for other day referral, appointment code is given on the day assigned and follows Steps 1-5 on follow up	**For management of Sub-Specialty Cases:** 6.1 History taking 6.2 Physical Examination, gross examination and use of bio microscopy. 6.3 Additional instrumentation if needed. 6.4 Prescribing medications. 6.5 Provide request for laboratory, RT- PCR/ Rapid Testing and other diagnostic work up as necessary. (Major, Minor Operations and Diagnostics Procedure).	None	15-30 minutes	*Step 6: Edgardo T. De Vera, MD, FPSMS, MHFA* *(Department Manager)*

7. After treatment or procedure, proceed to the nurse on duty	7.1 Reiterate prescribed medication (mechanism of action; possible adverse side effects; dosage and time). 7.2 Provide OPD Alagang Pinoy Tagubilin at Surgical Education Material Form. Advised date of follow up and appointment code is given (if needed)	None	5 minutes	*Step 7: Edgardo T. De Vera, MD, FPSMS, MHFA (Department Manager)* *Lee Marvin Padilla,RN,MAN (Nurse IV)*
8. If a patient is for admission or referral to other clinic/ service. Accomplish necessary forms needed for referral and admission. Patient will be endorsed to the assigned area	8.1 Referral forms will be accomplished. 8.2 Proper endorsement of the patient to other clinic/ service or Emergency Room (for admission)	None	5 – 15 minutes	*Step 8: Edgardo T. De Vera, MD, FPSMS, MHFA (Department Manager)* *Lee Marvin Padilla,RN,MAN (Nurse IV)*
9. Answer the Health teaching and survey form to be given by the nurse and drop it on the suggestion box.	Provide a Health teaching and Survey form to the patient.	None	3 minutes	*Step 9: Lee Marvin Padilla,RN,MAN (Nurse IV)*

SERVICE NAME: MINOR OPERATION

Description: Minor Operation is any invasive operative procedure. (See attached Procedures).

Office or Division:	**Department of Ophthalmology**
Classification:	**Simple**
Type of Transaction:	**Government to Citizen**
Who may avail:	**All**

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Appointment Code	Customer Service
2. Rapid Antigen Test/RT PCR Result	Swabbing Area
3. Health Declaration Form	Triage/ Screening Area
4. Electronic Patient's Record	R1MC Eye Center
5. Informed Consent for Surgery, Anaesthesia and other Procedures Form (RT- PCR/ Rapid Testing Result)	R1MC Eye Center
6. Charge Slip	R1MC Eye Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to OPD Registration	A queuing number is given to be presented at the clinic	None	5 minutes	*Step 1: Lee Marvin Padilla,RN,MAN (Nurse IV)*
2. Patient proceeds to the reception nurse	Reception nurse endorses the patient to the Pre-Op Area	None	3 minutes	*Step 2: Lee Marvin Padilla,RN,MAN (Nurse IV)*
3. Patient waits at the pre-op area	Pre-op Nurse checks patient requirements	None	5 minutes	*Step 2: Lee Marvin Padilla,RN,MAN (Nurse IV)*

4. Secure consent for the procedure and fill out other necessary forms.	**PRE OPERATIVE:** 4.1 Explained and Secured consent for Surgery, Anesthesia and other Procedures Form and accomplished other forms (OR Record and OR Technique)	None	5 minutes	*Step 4: Edgardo T. De Vera, MD, FPSMS, MHFA (Department Manager)* *Lee Marvin Padilla,RN,MAN (Nurse IV)*
5. Patient must be surgically prepared (OR attire, no dentures, no nail polish and jewelleries).	**INTRA- OPERATIVE:** 5.1 Nurse prepared patient and necessary equipment and instruments needed for the procedure.	None	15- 30 minutes	*Step 5: Edgardo T. De Vera, MD, FPSMS, MHFA (Department Manager)* *Lee Marvin Padilla,RN,MAN (Nurse IV)*
6 . After the procedure patient will stay at the recovery room area.	**POST OPERATIVE:** 5.1 Nurse checks on current condition/status of the patient		15- 30 minutes	*Step 6: Lee Marvin Padilla,RN,MAN (Nurse IV)*
7 . Relative/Watcher must proceed to Philhealth/Billing to settle bills. Once settled present the receipt or Statement of Account to the Nurse on Duty	7.1a Instructed relative/watcher to proceed to Philhealth/Billing Section to settle bills. 7.2a See attached Post Consultation/Procedure of Patient	See attached procedures fee	15 minutes	*Step 7: Lee Marvin Padilla,RN,MAN (Nurse IV)* *Rally D. Basa (Head, Philhealth)*

SERVICE NAME: MAJOR OPERATION

Description: Major Operation is any invasive operative procedure. More extensive. (See attached Procedures).

Office or Division:	**Department of Ophthalmology**
Classification:	**Simple**
Type of Transaction:	**G2c**
Who may avail:	**all**

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Appointment Code	Customer Service
2.Rapid Antigen Test/RT-PCR	Swabbing Area
3. Health Declaration Form	Triage/ Screening Area
4. Electronic Patient's Record	R1MC Eye Center
5. Queuing Number	OPD Registration Office
6. Informed Consent for Surgery, Anaesthesia and other Procedures Form	R1MC Eye Center
7. Cardio Pulmonary Clearance/Laboratory results including RT- PCR/ Rapid Testing Result	R1MC Eye Center
8. Philhealth (Eligible)	OPD Philhealth Section
9. Charge Slip	R1MC Eye Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Patient served in a first come first-served basis (for Out Patient) 1. Patient registers at the registration area (Out-Patient) 2. Present queuing number at the reception area (for Out Patient)	PRE OPERATIVE: 1.1 Queuing number is given (for OUT-PATIENT) 2.1. Assisted the patient with the watcher at the pre-operative area. 2.2 Initial assessment is done by	None	5 minutes	*Step 1&2: Lee Marvin Padilla,RN,MAN (Nurse IV)*

Received patient from respective areas (for In Patient)	the nurse on duty and vital signs taking			
3. Present all requirements as indicated. Secure consent for the procedure and fill out other necessary forms.	**PRE-OPERATIVE** 3.1 Explained and Secured consent for Surgery, Anesthesia and other Procedures Form and accomplished other forms (OR Record and OR Technique)	None	10 minutes	*Step 3: Edgardo T. De Vera, MD, FPSMS, MHFA (Department Manager)* *Lee Marvin Padilla,RN,MAN (Nurse IV)*
4. Patient must be surgically prepared (OR attire, no dentures, nail polish and jewelleries).	**INTRA- OPERATIVE:** 4.1 Nurse prepared patient and necessary equipment and instruments needed for the procedure.	None	30-45 minutes	*Step 3: Edgardo T. De Vera, MD, FPSMS, MHFA (Department Manager)* *Lee Marvin Padilla,RN,MAN (Nurse IV)*
5.After the procedure patient will stay at the recovery room	**POST OPERATIVE:** 5.1Nurse checked on current condition/status of the patient. 5.2 Transfer Patient to respective area, coordinates to ward nurse on duty/ ambulance driver (for In Patient)		15-30 minutes (for Out Patient) 2-4 hours (for In Patient)	*Step 5: Lee Marvin Padilla,RN,MAN (Nurse IV)*
6.Relative/ watcher must proceed to Philhealth/ Billing to settle bills. Once settled, present the receipt or Statement of Account to the Nurse on Duty	6.1Instructed relative/ watcher to proceed to Philhealth/ Billing Section to settle bills. 6.2See attached Post Consultation/ Procedure of Patient	See attached procedures fee	15 minutes	*Step 7: Lee Marvin Padilla,RN,MAN (Nurse IV)* *Rally D. Basa (Head, Philhealth)*

2. Present all requirements as indicated. Secure consent for the procedure and fill out other necessary forms.	2.1 Explained and Secured consent for Surgery, Anaesthesia and other Procedures Form and accomplished other forms (OR Record and OR Technique)	None	10 minutes	*Eye Physician/Nurse on Duty*
3. Patient must be surgically prepared (OR attire, no dentures, nail polish and jewelleries).	INTRA- OPERATIVE: 3.1 Nurse prepared patient and necessary equipment and instruments needed for the procedure.	None	30- 45 minutes	*Eye Physician/ Nurse on Duty*
4. After the procedure patient will stay at the recovery room 5. Relative/ watcher must proceed to Philhealth/ Billing to settle bills. Once settled, present the receipt or Statement of Account to the Nurse on Duty	POST OPERATIVE: 5.3 Nurse checked on current condition/status of the patient. 5.4 Transfer Patient to respective area, coordinates to ward nurse on duty/ ambulance driver (for In Patient) 5.1. Instructed relative/ watcher to proceed to Philhealth/ Billing Section to settle bills. 5.2. See attached Post Consultation/ Procedure of Patient	See attached procedures fee	15-30 minutes (for Out Patient) 2-4 hours (for In Patient) 15 minutes	*Nurse on Duty* *Nurse on Duty/ Philhealth or Billing Section Staff*

SERVICE NAME: OUTPATIENT DEPARTMENT FAMILY PLANNING CLINIC

Description: This is located in the 1st floor of Out-Patient Department Building Room 207. The Family Planning Clinic provide safe, quality, effective and affordable services through the culturally acceptable Modern Family Planning methods enhanced by information education communication and counseling to the needs of the patients.

Office or Division:	Out-Patient Department- Family Planning Clinic			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Hospital Clinic Code (if any)		R1MC – Customer Service Representatives Section		
Covid – 19 Screening/Health Declaration Form (if any)		R1MC – Family Medicine Triage		
Hospital Identification card (if any)		R1MC – Registration, Admitting Section		
Diagnostic results (if any)		R1MC – Laboratory, Radiology, Ultrasound		
Diagnostic request (if any)		R1MC – Outpatient Clinics, other hospitals/agencies		
Consent for Procedure		R1MC – Family Planning Clinic		
Proof of Payment (Official Receipt)		R1MC – Cashier Section, Phil health/Billing Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient comes in for assessment and counseling.	1. Nurse/Midwife performs physical examination and assessment to the patients	None	10 minutes	*Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*
2. Patient proceeds to the doctor for consultation.	2. The Doctor attends to the patients.	None	30 minutes	*Rico E. Reyes, MD* *Michelle P. Manzano,MD*
3. Patient signs the consent for procedure.	3. The Doctor/Nurse/Midwife obtains the signed consent	None	10 minutes	*Rico E. Reyes, MD* *Michelle P. Manzano,MD* *Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*

	from the patient after explaining the procedure			
4. Patient will receive charge slip.	4. Nurse provides the charge slip for the specific procedure requested for the patient.	Internal Examination= ₱ 50.00 IM Injection = ₱ 50.00 IUD Insertion = ₱350 .00 IUD Removal = ₱ 150.00 PSI Insertion = ₱ 500.00 PSI Removal = ₱ 350.00 BTL = ₱ 1,000.00 Vasectomy = ₱ 1,00.00	5 minutes	*Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*
5. Patient settles the bill.	5. Accepts the payment and issues official receipt (for patients without Phil heath) Or issues Statement of Account (for patients with Phil health)	None	30 minutes	*Cashier Section, Philhealth/Billing section*
6. Patient presents the official receipt/statement of account to Nurse/Midwife.	6. Accepts official receipt (for patients without Phil health) Or Statement of Account (for patients with Phil health)	None	5 minutes	*Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*
7. Patient undergoes the procedure.	7. Doctor and nurse/midwife perform the procedure.	None	IUD Insertion-10minutes IUD removal-5minutes PSI Insertion-10minutes PSI Removal-15minutes	*Rico E. Reyes, MD* *Michelle P. Manzano,MD* *Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*

			BTL-30minutes Vasectomy-30minutes	
8. Patient is reassessed	8. Doctor/Nurse/Midwife reassess the patient after the procedure	None	IUD Insertion/Removal; PSI Insertion Removal-10 minutes BTL-1-2hrs Vasectomy - 10minutes	*Rico E. Reyes, MD* *Michelle P. Manzano,MD* *Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*
9. Patient receives Alagang Pinoy Tagubilin including online appointment schedule	9. Doctor/Nurse/Midwife provides and explains home instructions, medications written and online appointment schedule in the Alagang Pinoy Tagubilin	None	10 minutes	*Rico E. Reyes, MD* *Michelle P. Manzano,MD* *Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*
10. Patient proceeds to other department (if the patient is for referral/admission)	10. Doctor/Nurse/Midwife endorses the patient to another department	None	10 minutes	*Rico E. Reyes, MD* *Michelle P. Manzano,MD* *Hyacinth D. Abulencia,RN* *Edna J. Doria, RN*
TOTAL:		**Internal Examination= ₱ 50.00** **IM Injection = ₱ 50.00** **IUD Insertion = ₱ 350.00** **IUD Removal = ₱ 150.00** **PSI Insertion = ₱ 150.00** **PSI Removal = ₱ 350.00** **BTL = ₱ 1,000.00** **Vasectomy = ₱ 1,00.00**	**IUD Insertion- 2hrs** **IUD Removal-1hr 55mins** **PSI Insertion- 2hrs** **PSI Removal- 2hrs 5mins** **BTL-4hrs 10mins** **Vasectomy 2hrs 20mins**	

SERVICE NAME: OUT PATIENT DEPARTMENT CONSULTATION

Description: A service type provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem.

Office or Division:	Out Patient Department- Family and Community Medicine Clinic
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Queuing number	Registration area of out patient department
(1) Hospital identification card	Registration area of out patient department
(If any) Diagnostic results	Region 1 Medical Center Laboratory/Radiology
(If any) Diagnostic reuqest	Region 1 Medical Center out patient clinics, other hospitals/agencies

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Patient arrives for assessment	Nurse on duty ask patient for reason of having consultation and takes vital signs	None	5 minutes	*Nurse on duty (Jackielou Cortes/Jocelyn Codiamat) Nurse II*
2a. Patient proceeds to the physician for consultation	Physician attends to the patient's concern and takes patient's history	None	10 minutes	*Physicians on duty Dr. Guadalupe S. Visperas-Songcuan Head/Supervisor Consultant on Duty Residents on Duty*
2b. Patient undergo physical examination	Physician on duty performs physical assessment	None		*Physicians on duty Dr. Guadalupe S. Visperas-Songcuan Head/Supervisor Consultant on Duty Residents on Duty*

2c. Patient receives prescription of medications and laboratory request	Physician on duty prescribes medication and gives needed laboratory request	None		*Physicians on duty* *Dr. Guadalupe S. Visperas-Songcuan* *Head/Supervisor* *Consultant on Duty* *Residents on Duty*
3a. Patient receives charge slip	Nurse on duty issues charge slip	Injection Fee	2 minutes	*Nurse on duty* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*
3b. Patient settles bill	Cashier process the payment	None		*Cashier*
3c. Patient presents the paid bill	Nurse on duty verifies the receipt	None	1 minute	*Nurse on duty* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*
3d. Patient receives recommended treatment	Nurse on duty administers medication	None	30 minutes	*Nurse on duty* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*
3e. Patient is reassess after receiving medication	Physician and nurse on duty reevaluate patient condition after the treatment	None	5 minutes	*Physicians on duty* *Dr. Guadalupe S. Visperas-Songcuan* *Head/Supervisor* *Consultant on Duty* *Residents on Duty* *Nurse on duty* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*

4a. Patient is for admission	Physician on duty endorses the patient to the doctor on duty at the emergency room	None	10 minutes	*Physicians on duty* *Dr. Guadalupe S. Visperas-Songcuan* *Head/Supervisor* *Consultant on Duty* *Residents on Duty*
4b. Patient is transferred to the emergency room	Nurse on duty assist the patient to the emergency room	None		*Nurse on duty* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*
5. Patient is for referral to other departments or clinic	Nurse on duty or Physician on duty refers patient to another department or clinic	None	5 minutes	*Physicians on duty* *Dr. Guadalupe S. Visperas-Songcuan* *Head/Supervisor* *Consultant on Duty* *Residents on Duty* *Nurse on duty* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*
6a. Patient receives explanation regarding prescribed medicines	Physician on duty expound the medication to the patient	None	5 minutes	*Physicians on duty* *Dr. Guadalupe S. Visperas-Songcuan* *Head/Supervisor* *Consultant on Duty* *Residents on Duty*
6b. Patient receives alalgang pinoy tagubilin	Physician or nurse on duty provides and explain the alagang pinoy tagubilin	None		*Physicians on duty* *Dr. Guadalupe S. Visperas-Songcuan* *Head/Supervisor*

				<u>Consultant on Duty</u> *<u>Residents on Duty</u>* *<u>Nurse on duty</u>* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*
6c. Patient acquire health teaching and fills up the client satisfaction survey	Nurse on duty provides health teaching to the patient and assist patient to fill up the client satisfaction survey	None		*<u>Nurse on duty</u>* *(Jackielou Cortes/Jocelyn Codiamat)* *Nurse II*
TOTAL			73 minutes	

SERVICE NAME: TRIAGING AT THE OUTPATIENT DEPARTMENT

Description: Identifying and sorting of individuals at sufficient risk of a specific disorder to benefit from further investigation or direct preventive action.

Office or Division:	Out-Patient Department- Family and Community Medicine Clinic
Classification:	Simple
Type of Transaction:	G2C – Government to citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Health declaration form	Screening area of out patient department
(1) Hospital identification card	Registration area of out patient department
(If any) Diagnostic results	Region 1 Medical Center Laboratory/Radiology
(If any) Diagnostic request	Region 1 Medical Center out patient clinics, other hospitals/agencies
(If any) Referral letter	Other hospitals/agencies

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Patient fills out OPD Triage form	None	None	3 minutes	*Patient/Guardian*
2. Patient submits the OPD Triage form at Triage area for verification	Triage Doctor verifies the OPD Triage form	None	2 minutes	*Triage Doctor* *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* *Consultant on Duty* *Residents on Duty*
3. Patient is asked about his/her chief complaint and brief history	Triage Doctor asks for the reason for their consultation	None	2 minutes	*Triage Doctor* *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* *Consultant on Duty* *Residents on Duty*
4. Patient is tagged for isolation (such as COVID-19 suspect, fever with rash, and other highly infectious diseases)	Triage Doctor attends to the patient or coordinates and refer to respective clinics	None	15 minutes	*Triage Doctor or doctor of respective clinic* *(Dr. Guadalupe S.*

				Visperas-Songcuan) *Head/Supervisor* *Consultant on Duty* *Residents on Duty*
5. Patient is an emergency case	Triage doctor and nursing aide or institutional worker (IW) assist the patient to the emergency room	None	5 minutes	*Triage Doctor* *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* *Consultant on Duty* *Residents on Duty* *Nursing Aide or Institutional Worker*
6. Patient is tagged as a REGULAR OPD patient	Triage doctor assigns the patient to the concerned clinic and directs patient to go to the registration area with the assistance of Customer Service representative	None	2 minutes	*Triage Doctor* *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* *Consultant on Duty* *Residents on Duty* *Customer Service Representative*
TOTAL			**29 minutes**	

SERVICE NAME: TELECONSULTATION AT THE OUTPATIENT DEPARTMENT

Description: A service type provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem.

Office or Division:	Out Patient Department- Family and Community Medicine Clinic			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
(1) Patient Record		Region 1 Medical Center hospital information system		
(If any) E-prescription		Region 1 Medical Center FCM Google Sheet		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Patient waits for physician's call	Physician on duty calls the patient for teleconsultation	None	2 minutes	Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty
2. Patient confirms identity	Physician on duty validates patient's identity	None	1 minute	Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty
3.Patient proceeds to the consultation	Physician attends to the patient's concern and takes patient's history	None	10 minutes	Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty

4.Patient undergoes virtual guided physical examination	Physician on duty performs virtual physical assessment	None		Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty
5. Patient receives prescription of medications and laboratory request	Physician on duty prescribes medication and gives needed laboratory requests through online prescription	None		Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty
6a. Patient is for immediate treatment or admission	Physician on duty advises the patient to proceed to the nearest hospital	None	2 minutes	Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty
6b. Patient is for referral to other departments or clinic	Physician on duty refers the patient to another department or clinic, and the nurse on duty informs the registration area about the patient transfer	None	3 minutes	Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty *Nurse on Duty* *Jackielou Cortes*

7. Patient receives explanation regarding prescribed medicines	Physician on duty expounds on the medications to be taken by the patient	None	10 minutes	Physicians on duty *(Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* Consultant on Duty Residents on Duty
8. Patient receives other instructions attached with the E-prescription	Physician on duty provides other instruction attached with the E-prescription	None		
9. Patient acquire health teaching	Physician on duty provides health teaching for the patient	None		
TOTAL			**28 minutes**	

SERVICE NAME: Online Screening and Triaging at the Out Patient Department

Description: Identifying and sorting of individuals at sufficient risk of a specific disorder to benefit from further investigation or direct preventive action.

Office or Division:	Out-Patient Department- Family and Community Medicine Clinic
Classification:	Simple
Type of Transaction:	G2C – Government to citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(2) Online Health declaration form	Region 1 Medical Center google sheet
(1) Online Consent form	Region 1 Medical Center google sheet
(2) Scanned hospital identification card	Registration area of Out Patient department
(If any) Scanned valid id	Other agencies
(If any) Scanned vaccination id	Region 1 Medical Center or other hospitals/agencies
(If any) Scanned diagnostic results	Region 1 Medical Center Laboratory/Radiology or other hospitals/agencies
(If any) Scanned diagnostic request	Region 1 Medical Center out patient clinics, other hospitals/agencies
(If any) Scanned referral letter	Other hospitals/agencies

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Patient fill out and submit online health declaration form and consent	None	None	5 minutes	*Patient/Guardian*
2. Verification of patient's chief complaint	Online Triage Physician coordinates with the Customer Service Representative to confirm the patient's concern.	None	5 minutes	*Triage Doctor (Dr. Guadalupe S. Visperas-Songcuan) Head/Supervisor Consultant on Duty Residents on Duty Customer Service Representative*

3a. Patient is tagged as COVID-19 or for rapid testing	Online Triage Physician coordinates with the Customer Service Representative to advised client to proceed to the outpatient department screening-holding area	None	2 minutes	*Triage Doctor (Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* *Consultant on Duty* *Residents on Duty* *Customer Service Representative*
3b. Patient is for isolation (e.g. MERS-CoV, SARS-CoV, COVID-19, etc.)	Online Triage Physician triaged the patient to the concerned clinic, and the Customer Service Representative advises the patient to proceed to the isolation area.	None	2 minutes	*Triage Doctor (Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* *Consultant on Duty* *Residents on Duty* *Customer Service Representative*
3c. Patient is tagged as NOT AN EMERGENCY CASE NOR ISOLATION CASE.	Online Triage Physician triages the patient to the concerned clinic for registration	None	2 minutes	*Triage Doctor (Dr. Guadalupe S. Visperas-Songcuan)* *Head/Supervisor* *Consultant on Duty* *Residents on Duty* *Customer Service Representative*
TOTAL			**16 minutes**	

SERVICE NAME: CONSULTATION AT OUTPATIENT DEPARTMENT- GERIATRIC CLINIC

Description: A service type provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem.

Office or Division:	Out Patient Department- Geriatric Clinic			
Classification:	Simple (Routine)			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Patients 60 years old and above			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
(1) Queuing Number		Registration area of Out Patient Department		
(1) Hospital identification card		Registration area of Out Patient Department		
(if any) Diagnostic results		Region 1 Medical Center Laboratory/Radiology		
(if any) Diagnostic request		Region 1 Medical Center outpatient clinics, other hospitals/agencies		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Patient arrives for assessment	Nurse on duty/Ward Assistant asks the patient for the reason for consultation, takes vital signs and perform Short Geriatric Assessment.	None	15 minutes	*Ms. Venisssa Ann E. Maramba* *Mr. Phillip Jose S. Quizon*
Patient proceeds to the physician on duty for consultation	Physician attends to the patient's concern and takes patient's history and physical examination. Physician performs Comprehensive Geriatric Assessment.	None	15 minutes 20 minutes	*Dr. Mary Ann Tomelden-Balatero* *Dr. Melrose L. Isla*
Patient receives prescription of medications, laboratory and diagnostic request/s	Physician prescribes and explains the medication/s and the nurse provides the needed laboratory/diagnostic request/s	None	15 minutes	*Dr. Mary Ann Tomelden-Balatero* *Ms. Venisssa Ann E. Maramba*

Patient receives Alagang Pinoy Tagubilin Form (If patient is not for admission)	Physician and Nurse on duty explains and provides home instructions as well as the appropriate time of taking the medications	None	10 minutes	*Dr. Mary Ann Tomelden-Balatero Ms. Venisssa Ann E. Maramba*
If Patient is for admission/referral to other departments	Physician and Nurse on duty endorses the patient to the doctor on duty at the emergency room or other department	None	10 minutes	*Dr. Mary Ann Tomelden-Balatero Ms. Venisssa Ann E. Maramba*
TOTAL			**85 MINUTES**	

SERVICE NAME: CONSULTATION OF CLIENTS AT THE OUTPATIENT DEPARTMENT

Definition: The Outpatient Department is a health care facility designed for diagnosis, observation, consultation, treatment, and intervention services to the people with health problems, but does not require admission at the moment.

Office or Division	Out-Patient Department – Cardiology Clinic
Classification:	Simple (Routine)
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Patients ≥19 years old

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1 Queuing Number	Registration
1 OPD Card	Registration
1 Tagubilin (if patient is for follow up checkup)	From Previous Consultation at the Hospital

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient arrives at the clinic receiving area	1. The Nurse will verify the registration of the patient and call according to their queue	None	3 minutes	JOCELYN C. AZURIN RN Heart Station Nurse, OPD
2. Patient proceeds to the assessment area.	2. The Nurse will conduct physical examination	None	5 minutes	JOCELYN C. AZURIN RN Heart Station Nurse, OPD
3. Patient proceeds to the consultation area	3.1. Doctor on Duty will conduct history taking and consultation proper to the patient 3.2. Doctor explains and prescribe medications (mechanism of action, possible adverse side effects, dosage and time)	None	20 minutes 10 minutes	IBUAN, CRISPINO JR.M, MD Chairman, Heart Station
4. The patient approaches the encoder or nurse on duty. • IF TEST/s IS REQUESTED • IF FOR REFERRAL TO OTHER CLINIC	4.1. 1.The doctor will instruct the nurse/encoder. • The nurse/encoder will print the charge/request slip for the requested diagnostic test. • The nurse will transfer the name of the	None	2 minutes 1 minute 1 minutes	JOCELYN C. AZURIN RN Heart Station Nurse, OPD

• IF PATIENT IS FOR ADMISSION	patient to other clinic on the system • The nurse on duty will endorse the patient to Emergency Room Department. 4.1.2. The encoder/Nurse on Duty releases the “Alagang Pinoy Tagubilin” and schedule patient for follow up checkup, if any.		10 minutes 2 minutes	
TOTAL		**None**	**54 minutes**	

SERVICE NAME: CARDIOLOGY CLINIC (CLAIMING OF OFFICIAL RESULTS)

Description: The heart station clinic / Outpatient Department is a health care facility designed for non-invasive diagnostic procedure services for patients with cardiac problem.

Office or Division:	Out-Patient Department – Cardiology Clinic			
Classification:	Simple (Routine)			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 Statement of account		From the billing section (For patients with sponsors only)		
1 Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME (minutes)	PERSON RESPONSIBLE
1.Patients arrives at the clinic and present the statement of account or official receipt.	Verify the receipt number from the logbook and locate for patient's result from the file folder of official results.	None	3 minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*
	Locate the patient's name from the logbook and will let the patient, and/or any other legal guardian to sign from the receiver's logbook before handing over the results	None	3 minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*
	Official result will then be given to the patient after signing Electrocardiogram and Stress test (3 working days) 2D ECHO and 24-Holter Monitoring (5 working days)	None	3 minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*
TOTAL:			9 minutes	

SERVICE NAME: NON-INVASIVE DIAGNOSTIC PROCEDURE SCHEDULING
Description: The heart station clinic / Outpatient Department is a health care facility designed for non-invasive diagnostic procedure services to people with cardiac problems.

Office or Division:	Out-Patient Department – Cardiology Clinic (Non-Invasive Diagnostic Procedures)			
Classification:	Simple (Routine)			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Patient with Non-Invasive Diagnostic Procedure Request			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1 Request slip		From referring physician		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME (minutes)**	**PERSON RESPONSIBLE**
Present non-invasive diagnostic procedure request form/slip	The nurse/ encoder will receive the request and check from the system the available dates for the procedure.	NONE	3 Minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*
Patient choses the date for their diagnostic procedure among the dates given by the nurse/encoder	Plot the name of the patient on the schedule system. The nurse writes on the request form the given schedule and instruct patients for any preparation for the procedure.	NONE	3 minutes 3 minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*
TOTAL:			9 Minutes	

Description: The Outpatient Department is a health care facility designed for diagnosis, observation, consultation, treatment and intervention, and non-invasive diagnostic procedure services to the people with health problems, but does not require admission at the moment.

Office or Division:	Out-Patient Department – Cardiology Clinic (Non-Invasive Diagnostic Procedures)			
Classification:	Simple (Routine)			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1 Request slip		From referring physician		
1 Charge slip		From the referring clinic/heart station		
1 Receipt		Cashier		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
2D ECHOCARDIOGRAPHY				
Patient arrives at the clinic and present the request, Statement of Account or Official receipt and wait for the name to be called	1.1. Verify the documents and checks the name of the patient on the list of scheduled patients. 1.2. Call patient according to their queue. • 2D ECHOCARDIOGRAPHY ELECTROCARDIOGRAM	subject to SC/PWD Discount TEST: 2,380.00 PF: 950.00 TEST: 390.00 PF: 160.00	3 minutes 1 minute	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*
2. The patient enters the clinic, prepare for the procedure and lay down on the bed.	1.1. Prepare the patient and explain the procedure. 1.2. Verify patient's identity by asking for the patient's information. 1.3. Attach the electrodes to the patient: 1.4. Conduction of Test: Echocardiogram: • Acquire the echocardiographic data • Print the echocardiographic data. For 2D Echocardiogram:	None None None None None	2 Minutes 2 Minutes 30 Minutes 5 minutes 1 minute	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*

	• Acquire the 2-dimensional echocardiographic data • Writes the data gathered on the 2D Echo worksheet 2.5. Results is presented to the corresponding cardiologist reader. 2.6. Read and analyzed results will be encoded for releasing of official results.		10 minutes 7 Minutes	IBUAN, CRISPINO JR.M, MD (Chairman, Heart Station) ANGELI VISPERAS (Encoder)
Patient will take note of the possible release of result.	4.0 Advise the patient for possible release date of results. • Electrocardiogram (3 working days) • 2D ECHO (5 working days) ****NOTE: For Electrocardiogram, initial result will be release to the patient.*	None	2 Minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS JOCELYN C. AZURIN MIKHO V. BENITO *(CARDIOVASCULAR TECH/Nurse)*
TOTAL:			**41 Minutes**	

Description: The Outpatient Department is a health care facility designed for diagnosis, observation, consultation, treatment and intervention, and non-invasive diagnostic procedure services to the people with health problems, but does not require admission at the moment.

Office or Division:	Out-Patient Department – Cardiology Clinic (Non-Invasive Diagnostic Procedures)			
Classification:	Simple (Routine)			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1 Request slip		From referring physician		
1 Charge slip		From the referring clinic/heart station		
1 Receipt		Cashier		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
24-HOUR HOLTER MONITORING				
Present the Official Receipt and Charge Slip to Heart Station Staff and wait for your name to be called.	Heart Station staff will receive and verify requests.	Holter–2,150 PF – 850	3 Minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS *(CARDIOVASCULAR TECH/Nurse)*
Properly fill-out consent form	Once consent is obtained, a Medical Officer and/or cardiology clinic staff must also sign as a witness making sure that all aspects of the procedure are well-explained and clearly understood by the patient. Assessment of patient's identification, history, vital signs taking, and recording of height and weight.	None	10 Minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS *(CARDIOVASCULAR TECH/Nurse)*

The patient will be placed in a supine position on the examination bed	Attach the electrodes and set up the device. Instruct the patient to.	None	10 Minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS *(CARDIOVASCULAR TECH/Nurse)*
The patient will take home the device	Instruct the patient properly and is responsible for writing any symptoms he may felt during the procedure. He/she is also accountable for the machine which should be returned in pristine condition after 24 hours. Instruct the patient to come back 24 Hour after attaching the monitoring device. Complete the Holter analysis through the BTL Holter analyzer system and notes. Secure patient Diary form during the entire Holter monitoring. Advise the patient for the possible release date of results. Present gathered data to the corresponding cardiologist reader Encoding of results	None	24 Hours 15 Minutes 1 Minute 1 Minute 3 Minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS *(CARDIOVASCULAR TECH/Nurse)* MARK ALFRED G. RAFANAN KRIZZLYN REGINE P. JOVELLANOS *(CARDIOVASCULAR TECH/Nurse)* IBUAN, CRISPINO JR.M, MD (Chairman, Heart Station)
The patient will return to claim the official result	Heart station staff will locate and release the official result to the patient.	None	2 Minutes	MARK ALFRED G. RAFANAN KRIZZLYN REGINE P.

				JOVELLANOS *(CARDIOVASCULAR TECH/Nurse)*
TOTAL:		Php 3,000.00	24 hours, 42 Minutes	

SERVICE NAME: HEMODIALYSIS TREATMENT

Description: We are conveniently located in the 1st floor in front of Medical Ward after radiology building. We provide hemodialysis treatments for patients with end stage renal diseases as well as in-patients with acute kidney injuries requiring short term hemodialysis treatment.

Office or Division:	Hemodialysis Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Queuing number (1) Hospital ID (1) Diagnostic results (if any) Diagnostic request (if any)	R1MC – Hemodialysis Unit R1MC – Registration R1MC – Laboratory, Radiology R1MC – Outpatient clinics

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Patient comes in for hemodialysis treatment as scheduled	1.1 Nurses prepare and position patients for pre HD assessment	None	5 minutes	*Marie Cris Dela Torre*
	1.2 Doctor's give assessment and provide hemodialysis prescription	None	5 minutes	*Dr. Elizabeth Estoesta*
Patient receives appropriate hemodialysis treatment	2.1 Machine preparation and priming of bloodlines	None	15 minutes	*Marie Cris Dela Torre*
	2.2 Access preparation	None	5 minutes	*Nurses*

	2.3 Treatment Proper	HD Fee- 2,600 Additional Fee (optional) Dialyzer 1,885 Bloodlines - 350 Heparin – 150	3-4 hours	*Marie Cris Dela Torre*
	2.4 Termination of treatment	None	20 minutes Note: additional 20 minutes for complicated cases	*Marie Cris Dela Torre*
3. Patient Discharge 3.1 If not for admission 3.2 If for admission	3.1.1 Doctors and/or Nurses provide home instructions and remind next hemodialysis schedule 3.2.1 Doctors and/or Nurses endorse the patients to emergency room	None	5 minutes	*Dr. Elizabeth Estoesta*
TOTAL:		**HD Fee- 2,600 Dialyzer 1,885 Bloodlines - 350 Heparin – 150**	**4 hours 56 minutes**	

SERVICE NAME: DISEASE SURVEILLANCE AND INVESTIGATION

Description: Conduction of surveillance and case investigation on the different reportable notifiable diseases in accordance to Philippine Integrated Disease Surveillance and Response (PIDSR) standard case definitions

Office or Division:	Hospital Epidemiology Center			
Classification:	Simple			
Type of Transaction:	G2C - Government to client			
Who may avail:	Patients with notifiable diseases only			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Principal R1MC identification card		Registration or Admitting Section		
Representative R1MC identification card of patient		Registration or Admitting Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the R1MC identification card	1. Check the R1MC identification card and verify identity of patient	None	2 minutes	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
2. Answer queries needed in the case investigation	2.1. Interview the patient/guardian and fill out the Case Investigation form (CIF)/ Case Report Form (CRF)	None	15 minutes per case	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
	2.2. Inform the Head/MD's about the reportable case	None	5 minutes	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
	2.3. Check the CIF/ CRF accomplished by the DSO	None	5 minutes per case	*Dr. Jocelyn Angeles*
TOTAL		**None**	**27 minutes**	

SERVICE NAME: COLLECTION, STORAGE AND SENDING OF SPECIMEN

Description: Specimen collection, proper storage at hospital laboratory, and sending of specimen to Research Institute for Tropical Medicine (RITM) for confirmatory testing

Office or Division:	Hospital Epidemiology Center
Classification:	Complex
Type of Transaction:	G2C - Government to client; G2G - Government to government
Who may avail:	Patients with notifiable diseases only; Research Institute for Tropical Medicine (RITM) only

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
None	Not Applicable

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Follow the process of specimen collection	1. Check the chart order for the required specimen to be collected for confirmatory testing	None	5 minutes	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
	2. Fill out of the Case Investigation form (CIF)/ Case Report Form (CRF) to be used as laboratory request	None	15 minutes	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino*
	3. Ensure facilitation of collection of specimen	None	8 hours	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
	4. Assist in the transport and storage of collected specimen in the hospital laboratory	None	20 minutes	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
	5. Preparation of linelist, proper packaging and sending of the collected specimen to RITM for confirmatory testing	None	1 hour	*Mr. Ricafort/1 Disease Surveillance Officer (Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino)*

	6. Sending of specimen to RITM every Wednesday except holidays and during state of calamity.	None	4 hours	*Mr. Ricafort/1 Disease Surveillance Officer (Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino)*
TOTAL		**None**	**14 hours, 40 minutes**	

For COVID-19 suspects and other clients				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Follow the process of specimen collection	1. Accomplishment of Case Investigation Form (CIF) and Phil health Claim Form (CF2)	None	15 minutes	*Ms. Cariño or Ms. Aquino*
	2. Submission of CIF and request form at the laboratory	None	15 minutes	*Ms. Cariño or Ms. Aquino*
	Total:	**None**	**30 minutes**	

SERVICE NAME: ENCODING OF SURVEILLANCE REPORTS TO DATABASE

Description: Encoding of surveillance reports into the Philippine Integrated Disease Surveillance and Response (PIDSR) and Epi Info Software and sending to higher level health agencies

Office or Division:	Hospital Epidemiology Center			
Classification:	Complex			
Type of Transaction:	G2G - Government to government			
Who may avail:	Regional Epidemiology and Surveillance Unit (RESU); Provincial Epidemiology and Surveillance Unit (PESU); and Provincial Department of Health Office (PDOHO)			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		Not Applicable		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	1. Encode surveillance reports into the PIDSR and EPI INFO software daily	None	10 minutes per case	*Mr. Joy Ricafort*
	2. Send the encoded reports (Database) every Tuesday of the week to higher level health agencies namely RESU, PESU, and PDOHO	None	10 minutes	*Mr. Joy Ricafort*
Total:		**None**	**20 minutes**	

SERVICE NAME: ACCOMPLISHMENT AND SUBMISSION OF EVENT-BASED SURVEILLANCE REPORTS (ESR)

Description: Accomplishment of event-based surveillance reports (ESR) and submission to higher level health agencies

Office or Division:	Hospital Epidemiology Center			
Classification:	Simple			
Type of Transaction:	G2G - Government to government			
Who may avail:	Regional Epidemiology and Surveillance Unit (RESU); Provincial Epidemiology and Surveillance Unit (PESU); and Provincial Department of Health Office (PDOHO)			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		Not Applicable		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	1. Accomplish written report using the ESR form for the Notifiable Diseases under Category I, confirmed positive cases, and mortalities under Category I and Category II	None	45 minutes per case	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
	2. Check and approve the ESR accomplished by the DSO	None	15 minutes per case	*Dr. Jocelyn Angeles*
	3. Submit the ESR to RESU, PESU and PDOHO thru electronic mail	None	20 minutes	*Ms. Peralta or Mr. Ricafort*
Total:		**None**	**1 hour and 20 minutes**	

SERVICE NAME: PROVISION OF COPY OF RITM CONFIRMATORY RESULTS

Description: Provision of copy of received Reference Laboratory confirmatory results to concerned hospital personnel and patients

Office or Division:	Hospital Epidemiology Center
Classification:	Simple
Type of Transaction:	G2G - Government to government; G2C - Government to client
Who may avail:	Attending physician; Chief resident; Infectious disease consultant; Patients with notifiable diseases; and City Health Officers (CHO's)/Municipal Health Officers (MHO's)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Principal	
R1MC identification card	Registration or Admitting Section
Representative	
R1MC identification card of patient	Registration or Admitting Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Provide copy of received confirmed positive results from reference laboratories to the attending physician, chief resident and infectious disease consultant.	None	30 minutes	*Mr. Ricafort or Ms. Peralta*
	2. Inform CHO's/ MHO's on confirmed positive cases thru SMS or electronic mail	None	5 minutes per case	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
1. Present the R1MC identification card in the HEC office	3. Check the R1MC identification card and verify identity of patient	None	2 minutes	*Mr. Ricafort or Ms. Peralta*
2. Sign in the Client Releasing Logbook	4. Release copy of Reference Laboratory result to patient/guardian.	None	10 minutes	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*

	Total:	**None**	**Concerned hospital personnel and CHO's/MHO's: 35 minutes Client: 12 minutes**	

SERVICE NAME: COORDINATION AND FOLLOW-UP OF CASES

Description: Accomplishment of event-based surveillance reports (ESR) and submission to higher level health agencies Coordination of investigated notifiable disease cases to CHOs/MHOs

Office or Division:	Hospital Epidemiology Center			
Classification:	Complex			
Type of Transaction:	G2G - Government to government			
Who may avail:	City Health Officers (CHO's)/Municipal Health Officers (MHO's)			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		Not Applicable		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	1. Inform the CHO's and MHO's concerned of identified notifiable cases through SMS or electronic mail	None	5 minutes per case	*Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino (DSO's)*
Total:		**None**	**5 minutes**	

SERVICE NAME: RECEIVING PATIENT'S RECORD

Description: Complete patients' records must be submitted within 72 hours after discharge date. Office memorandum is issued for non-compliance every 4th and 19th day of the ensuing month. Completion of delinquent records must be completed within 48 hours upon receipt of the notification.

Office or Division:	Health Information Management Service
Classification:	Simple
Type of Transaction:	G2G- Government to Government
Who may avail:	Authorized government staff (employee)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Monitoring of Issued/ Received Patient Record Form and Receiving Log	HIMS

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submission of the Patient(s) record(s) within 72 hours upon discharge date with filled-out Monitoring of Issued/Received Patient Record HIMS-FRM-045 (2 copies – Receiving and HIMS copy)	Receive and counter check the patient(s) record(s) with the list on the Monitoring of Issued/ Received Patient Record.	None	5 minutes	Menarld Bandong - Admin. Asst. II Josephine Rosario- Nursing Aide II Ramon Molano – Admin. Aide III Michelle Ramos – Admin. Aide I
End of transaction				
* Note: processing time starts upon **receipt of required** documents.				
	TOTAL		**5 minutes**	

SERVICE NAME: BORROWED / ISSUED PATIENT(S) RECORD(S)

Description: Issuance of requested patient(s) record(s) for PHIC Returned to Hospital (RTH), case presentation, court call, preparation of clinical abstract, insurance claims, research and other legal purposes.

Office or Division:	Health Information Management Service
Classification:	Simple to Complex
Type of Transaction:	G2G- Government to Government
Who may avail:	Authorized government staff (employee)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request Letter (Signed by the Department Head)/Subpoena	Requesting Client
For representative Authorization letter Photocopies of valid ID both authorizing person and representative with signature	Requesting Client
Monitoring of Issued/ Received Patient Record Form	HIMS

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submission of approved request letter/subpoena. For research, request letter must be approved by the Research Development and Management Center and the Chief of the Hospital. Then fill-out the Monitoring of Issued/ Received Patient Record Form for borrowed records or Policy Agreement on Access and viewing of electronic/non-electronic medical record.	Receive and evaluate the approved request letter including submitted supporting documents	None	5 minutes	Marlene N. Manao – SAO Maria Consolacion B. Soriano – Admin. Officer III

2.	Requesting for approval to the HIMS head.	Coordinate to HIMS head for the approval of the request for signing. Upon approval process the request	None	• 10 minutes – if record is found in digital file • 3 working days [basic] – if for no digital records • 7 working days [technical] - if no digital record and reconstruction of record is required (old files) • 21 days – for highly technical records	Marlene N. Manao – SAO
3.	Release of the requested patient(s) record(s) For electronic viewing it will be sent via e-mail address provided or save to USB. For court calls, records are photocopied and certified true copy. Original copy can be borrowed by the physician and log in to the Medico-legal log book.	Release of the complete copy of the requested record(s) or sent to provided e-mail address/saved to USB.	None	10 minutes to 1-14 days (*depending on the number of charts requested and the year the patient/s were discharged)*	Dengie Mar Maramba – Admin. Aide III Silver Lirios – Nursing Aide I Josephine Rosario-Nursing Aide II Racquel Borromeo – Nursing Aide I
End of transaction * Note: processing time starts upon **receipt of required** documents.					
		TOTAL		• 10 minutes • 20 days (Highly Technical)	

SERVICE NAME: RECEIVING, VALIDATION AND ISSUANCE OF STATISTICAL REPORTS

Description: Statistical Reports for Hospital report and stakeholders' requests

Office or Division:	Health Information Management Service
Classification:	Simple to complex
Type of Transaction:	G2G- Government to Government
Who may avail:	Authorized government staff (employee)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request Letter (Signed by the Department Head)/Subpoena	Requesting Client
For representative Authorization letter Photocopies of valid ID both authorizing person and representative with signature	Requesting Client
Monitoring of Issued/ Received Patient Record Form for borrowed records or Policy Agreement on Access and viewing of electronic/non-electronic medical record.	HIMS

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
RECEIVING: 1. Submission of statistical report. (Daily/Monthly/Quarterly/Bi-annual/Annual)	Receive the statistical report	None	1 minute	Grace Doria – Admin. Assist. III Janet Moreno – Admin. Aide I
VALIDATION: 2. Validated reports with adjustment are coordinated to the concerned area(s) for submission of adjusted report.	Revalidation of report for finalization.	None	• 1-3 working days [basic] • 7 working days [technical] • 20 days – for highly technical	Myrna Salvador – Statistician III

ISSUANCE: 3. Mandatory Reporting Furnish copy of the Hospital Statistical report to offices needing the signed copy.	Submit to the offices and have the receiving copy signed.	None	5 minutes/office	Myrna Salvador – Statistician III Dengie Mar Maramba – Admin. Aide III Tiffanyu Samson – Admin. Assist. II
ISSUANCE FOR RESEARCH PURPOSES: 1. Submission of approved request letter by the Chief of Hospital. For research, request letter must be approved by the Research Development and Management Center. Fill-out Policy Agreement on Access and viewing of electronic/non- electronic medical record.	Receive and evaluate the approved request letter.	None	10 minutes	Marlene N. Manao – SAO Maria Consolacion B. Soriano – Admin. Officer III
2. Request/s for approval of the HIMS head.	Coordinate to HIMS head for the approval of the request for signing. Upon approval process the request	None	• 1-3 working days (basic) • 7 working days (technical) 21 days (highly technical)	Marlene N. Manao – SAO Maria Consolacion B. Soriano – Admin. Officer III

3. Release of the requested hospital statistical report For electronic viewing it will be sent thru e-mail address provided or saved to USB.	Release of the complete copy of the requested record(s) or sent to provided e-mail address/saved to USB.	None	5 minutes	Dengie Mar Maramba – Admin. Aide III Silver Lirios – Nursing Aide I Josephine Rosario- Nursing Aide II Racquel Borromeo – Nursing Aide I
ISSUANCE FOR DOH, PHIC AND OTHER STAKEHOLDERS 1. Send a request letter on the hospital website.	Validation and Preparation of reports	None	Annual report- submission on or before March 31 of the ensuing year PHIC Monthly Mandatory Report- submission on or before 10th day of the ensuing month	Myrna Salvador – Statistician III
End of transaction *Note: processing time starts upon **receipt of required** documents.				
	TOTAL		Based on prescribed days of preparation and set date of submission	

SERVICE NAME: ONLINE REQUISITION OF DOCUMENTS

Description: Concerns regarding requests of pertinent documents such as Certificate of Employment (COE), Regulatory Documents (IPCR or SALN), Payroll, Copy of Appointments, Notice of Salary Adjustment and Service Record.

Office or Division:	Human Resource Management Office (HRMO)
Classification:	Simple
Type of Transaction:	G2G - Government to Employee or another government agency
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
N/A	N/A

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in online account	1. Provide link or QR code of requisition of documents	None	3 minutes	*Maria Neslie Tamayo*
2. Fill out google form	2. Receives the request thru online a. Checks the request b. Forward the request form to the responsible section unit (Leave, DTR, Payroll, Service Record, etc)	None	3 minutes	*Maria Neslie Tamayo*
3. Wait for the notification through call, text message or email from HRMO staff	3. Processes, reviews and verifies the details and content of the documents requested a. Print and secure approval of authorized signature b. The receiving staff notify the client through call, text message or email 4. The Head of HRMO, Chief Administrative Officer or the Medical Center Chief will sign the document. 5. Receive signed document for recording and issuance.	None	3 working days	***COE*** *Carlos Romulo E. Nabua* ***Regulatory Requirements*** *Sheena G. Dela Cruz* ***Pay slip/Payroll/CTC HPO*** *Rowena B. Meia/ Alice P. Manaois*

				NOSA *Ma. Samantha N. Juguilon* ***Leave Credits*** *Eufinia L. Tandoc*
4. Receive and/or claim the request documents	4. Release the signed pertinent documents to client and through electronic mail.	None	3 minutes	*Maria Neslie Tamayo*
TOTAL			**9 minutes, 3 working days**	

SERVICE NAME: FILING OF APPLICATION FOR JOB VACANCIES PUBLISHED

Description: Job aspirants file their application to HRMO for vacancies posted in the Hospital Facebook page, bulletin and Civil Service Commission's (CSC) Website.

Office or Division:	Human Resource Management Office (HRMO)
Classification:	Simple
Type of Transaction:	G2C – Government to citizen
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(2) Application / Cover Letter with signature and addressed to our Head of Agency: JOSEPH ROLAND O. MEJIA, MD,, D.Sc, MBAH, MPA, MDM, DHSM, DCDM, FPSMS, CMS, CESE Medical Center Chief II Region 1Medical Center Arellano Street, Dagupan City	From applicant
(1) Fully accomplished Personal Data Sheet (CS Form No. 12 Revised 2017)	Downloaded from Civil Service Commission website by applicant
(1) Photocopy of Diploma and Transcript of Records	From applicant
(1) Photocopy of Eligibility or PRC License and Board Rating	From applicant
(1) Photocopy of Training Certificates	From applicant

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submission of application	1. Acceptance of application a. Checking of requirements b. Mark application documents with the following details: validity, received date and receiving employee c. Return the applicant's receving copy.	None	5 minutes	*Aira Judeen A. De Guzman*
2. Wait for the notification through call, text message or email from HRMO staff	2. Inform job applicants regarding the schedule of online exam and panel interview	None	5 minutes	*Aira Judeen A. De Guzman*
TOTAL			**10 minutes**	

SERVICE NAME: ONLINE FILING OF APPLICATION FOR JOB VACANCIES PUBLISHED

Description: Job aspirants file their application to HRMO for vacancies posted in the Hospital Facebook page, bulletin and Civil Service Commission's (CSC) Website.

Office or Division:	Human Resource Management Office (HRMO)
Classification:	Simple
Type of Transaction:	G2C – Government to citizen
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(2) Application / Cover Letter with signature and addressed to our Head of Agency: JOSEPH ROLAND O. MEJIA, MD,, D.Sc, MBAH, MPA, MDM, DHSM, DCDM, FPSMS, CMS, CESE Medical Center Chief II Region 1Medical Center Arellano Street, Dagupan City	From applicant
(1) Fully accomplished Personal Data Sheet (CS Form No. 12 Revised 2017)	Downloaded from Civil Service Commission website by applicant
(1) Photocopy of Diploma and Transcript of Records	From applicant
(1) Photocopy of Eligibility or PRC License and Board Rating	From applicant
(1) Photocopy of Training Certificates	From applicant

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
2. Submission of application	2. Acceptance of application a. Checking of requirements b. If application requirements are complete; 1. Print sent application letter and attached documents 2. Mark application documents with the following details: validity, received date and receiving employee. 3. Respond by sending an	None	5 minutes	*Aira Judeen A. De Guzman*

	acknowledgement. c. If application requirements are incomplete: 1. Send acknowledgment email and notify applicants for completion of documents 2. Forward the list of application requirements. 3. Upon received of complete application documents, same steps will be followed.			
2. Wait for the notification through call, text message or email from HRMO staff	2. Inform job applicants regarding the schedule of online exam and panel interview	None	5 minutes	*Aira Judeen A. De Guzman*
TOTAL			**10 minutes (The Ease of Doing Business Law R.A 11032)**	

SERVICE NAME: REQUEST FOR ADDITIONAL CHANGE OF LINEN (AS NEEDED)

Description: Request of change linen for patient admitted at Ward due to caused by body fluids (blood, urine, sweat)

Office or Division:	Linen and Laundry Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Patient's Watchers			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Request for Linen Change Form		Nursing Station		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Request for additional change of linen (as needed) 1. Patient's watcher will secure a request for linen change form from the Ward Nurse or Nursing Attendants on duty duly filled-out. 2. Patient's watcher will proceed to the Laundry Section and presents the duly filled-out form to the Linen staff on duty for linen replacement and surrenders the soiled linen at the laundry area. A replacement linen will then be issued to the watcher.	Linen staff receives the accomplished Linen Change form and replaces the needed item per transaction.	None	3 minutes	*Nurse or nursing attendant and Linen staff on duty; Ms. Sharon Cajucom (Administrative Officer III)*
TOTAL			**3 minutes**	

SERVICE NAME: LEGAL ASSISTANCE

Description: The office aims to provide competent legal services in the medical healthcare setting by addressing the legal issues concerning the day-to-day operation of the hospital.

Office or Division:	LEGAL OFFICE			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
none		none		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Approaches legal staff	1. Ask relevant questions to client's inquiry.	None	1 minute	*Alvin Vincent Gonzales* *Fritzie Marie Cayabyab* *Angel Chino Cabrera*
2. Provides documents that might be necessary for inquiry.	2. Checks documents related to client's inquiry.	None	5 minutes	*Alvin Vincent Gonzales* *Fritzie Marie Cayabyab* *Angel Chino Cabrera*
3. May ask legal officer for advice.	3. Legal Officer will be expected to brief the clients on the legal issues and possible courses of actions. This involves translating complicated legal language which everyone can understand, as well as taking all possible legal problems into consideration before making any recommendations. All recommendations which the Legal Officer makes must be in complete compliance with the law, and must also	None	10 minutes	*Atty. Angela Merrici G. Mejia*

	strive to minimize risk for their organization.			
4. Request legal office for review of Memorandums of Agreement, Memorandums of Understanding and other pertinent contracts and legal documents.	4 .Provide review of the respective contracts and research of applicable laws to the agreement of both parties. The initial review shall be done by the legal staff which shall then ensure that all of the requirements needed should be satisfactorily met. The document shall then be forwarded to the Legal Officer who review the document and hereinafter affix her signature as proof that the document has underwent final review before release.	None	1-15 days	*Alvin Vincent Gonzales* *Fritzie Marie Cayabyab* *Angel Chino Cabrera* *Atty. Angela Merrici G. Mejia*
5. Request for legal services.	5.The legal office shall provide legal services such as legal research, draft of legal documents and interpretation of laws. The drafting of the documents shall include legal research, drafting and review of the legal officer before releasing to the client or patient.	None	1-3 days	*Alvin Vincent Gonzales* *Fritzie Marie Cayabyab* *Angel Chino Cabrera* *Atty. Angela Merrici G. Mejia*
6. Undertake Preliminary Investigation of Administrative Cases	6.The Legal Office shall be tasked to facilitate the preliminary investigation, legal research and evaluation of administrative cases filed in the Office of the Medical Center Chief.	None	5-20 days	*Alvin Vincent Gonzales* *Fritzie Marie Cayabyab* *Angel Chino Cabrera* *Atty. Angela Merrici G. Mejia*
7. Coordination with Dagupan City Health Office	7.The Legal Office shall work hand in hand with Dagupan City Health Office in the prosecution of the administrative cases in accordance with the 2017 Revise Rules on Administrative Cases in Civil Service (2017 RACCS). Upon the completion of a preliminary investigation, the case shall hereinafter	None	5-20 days	*Alvin Vincent Gonzales* *Fritzie Marie Cayabyab* *Angel Chino Cabrera* *Atty. Angela Merrici G. Mejia*

	be endorsed to the City Health Office for the prosecution of the formal charge of an employee with an administrative case filed against him/her.			
TOTAL:		**None**	**58 days and 18 minutes**	

SERVICE NAME: CONSULTATION OF CLIENTS AT OUT PATIENT DEPARTMENT

Description: Health care facility designed for diagnosis, observation, consultation, consultation, treatment, and intervention services to the people with health problems, but does not require admission at the moment.

Office or Division:	Medical and Specialty Clinic			
Classification:	Simple Transaction			
Type of Transaction:	G2C- Government to Client			
Who may avail:	Clients 19 years old and above			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
(1) OPD card/ ID (1)		(1) Registration		
(2) Queuing number (1)		(2)Registration		
(3)Tagubilin (if patient is for follow up check-up) (1)		(3)From previous consultation at the hospital or upon discharge from ward		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.1. Upon arrival at the Medical and Specialty Clinic the patient will present queuing number and identification card to the nurse/midwife on duty	1.1.1. Check the patient's identity 1.1.2. Check if the patient is registered in the System (MEDSYS)			
1.2. Pre-consultation assessment	1.2.1 The Nurse/Midwife on duty assess patient, takes vital signs and chief complaint for consultation			

1.3. Sits and waits at the Medical and Specialty Clinic lobby and wait the names to be called.	1.3.1 The Nurse/Midwife on duty will call the names of the patients according to their queue			
2. CONSULTATION OF PATIENT				
2.1. Patient proceeds to the physicians for consultation	2.1.1. Doctors attends to the patients for history taking and consultation	None	30 minutes	*Dr. Alexis Canto* *Internal Medicine Department Manager*
2.2. Patient receives treatment. charge slip or prescription 2.3 Patient returns upon settling the necessary requirements. ***__NOTE__: IF patient is **NOT** for treatment administration proceeds to step 3.	2.2 The Nurse issue charge slip/prescription from the Doctor and instruct patient to settle the necessary requirements 2.3 The Nurse administers the treatment. • Change/insertion of foley catheter. • Insertion of NGT • Intramuscular injections such as PENICILLIN and other drugs per Doctor's order. • ***__NOTE__: IF patient is **NOT** for treatment administration proceeds to step 3.	None • P150.00 • P150.00 • P150.00		*Dr. Alexis Canto* *Internal Medicine* *Department Manager* *Mary Glenn Bautista, RN* *OPD Nurse Manager*

3.1. Patient approaches the Nurse on Duty: • IF FOR DISCHARGE • IF DIAGNOSTIC TEST/s REQUESTED • IF FOR REFERRAL • IF FOR ADMISSION	3.1 .1. The Doctor gives instructions to the nurse on duty • **IF FOR DISCHARGE** Doctor/Nurses releases the Alagang Pinoy Tagubilin and explains and answers any clarification or queries of the patient, and schedules appointment for follow up checkup. • **IF DIAGNOSTIC TEST/s REQUESTED** The nurse encodes and prints the charge/request slip and give instruction to patients • **IF FOR REFERRAL** The nurse endorses and transfers the name of the patient to another department • **IF FOR ADMISSION** The nurse coordinates and endorses patient to Emergency Room Department	None		
3.2. Patient will be provided with Clinic Codes for their scheduled follow up check-up as ordered by their physician	3.2.1. In charge personnel provides the appointment code on their scheduled date of follow up	None	5 minutes	*Mary Glenn Bautista, RN* *OPD Nurse Manager*
TOTAL			**185 minutes**	

SERVICE NAME: CONSULTATION OF CLIENTS AT OUT-PATIENT DEPARTMENT

Description: Health care facility designed for diagnosis, observation, consultation, consultation, treatment, and intervention services to the people with health problems, but does not require admission at the moment.

Office or Division:	Out-Patient Department - Medical and Specialty Clinic			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Clients 19 years old and above			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
(1) OPD card/ ID		(1) Medical and Specialty Clinic		
(2) Tagubilin (if patient is for follow up check-up)		(2) Registration		
		(3) From previous consultation at the hospital or upon discharge from ward		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. CONSULTATION OF PATIENT				
1.1. Tele-Consultation	1.1.1. Doctors will confirm patients' appointment to IM sheets and contact the patient and do the Tele Consultation.	None	30 minutes	*Dr. Alexis Canto Internal Medicine Department Manager*
1.2. Patient receives treatment.	1.2.1. The NOD will gather ordered prescription, request diagnostic tests and send back to patients given email address.	None	90 minutes	*Dr. Alexis Canto Internal Medicine Department Manager* *Mary Glenn Bautista,*

				RN *OPD Nurse Manager*
2. POST CONSULTATION				
If the patient is not for: • Admissions or Referrals If the patient is for: • Admissions or Referrals	The Doctor will advise the patient to wait for the e-prescription via the given email address. The Doctor will advise the patient to the hospital of choice for admission.	None None	90 minutes 15 minutes	*Dr. Alexis Canto* *Internal Medicine Department Manager* *Mary Glenn Bautista, RN* *OPD Nurse Manager*
TOTAL			**225 minutes**	

SERVICE NAME: AVAILMENT OF MSWD SERVICES FOR IN-PATIENT

Description: One of the Medical Social Service Operational Procedure in which admitted patients shall screen and evaluate according to DOH Existing Administrative Order 51-A or the DOH criteria for availing of Social Service in Hospitals.

Office or Division:	Medical Social Service
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	All In-Patients (Charity)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
• Hospital Identification Card (optional) • Clinical Cover Sheet • MSWD Assessment Tool	• Admitting Section • Admitting Section • Medical Social Service

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit yourself for evaluation and assistance.	• Eligibility Assessment (with the use of MSWD Assessment Tool) • Verifies patient's records based in the hospital MEDSYS. a. If the patient is new, facilitates contract	None	5-7 minutes	*Brenda U. Chan, MSWD-HEAD*

	signing (Sertipikasyon/ Kontrata ng Paglalahad) for Psychosocial Assessment. b. If the patient is old, retrieves & updates old records. c. Assessment of Philhealth Eligibility status via Philhealth Portal.			
2. Signs the consent form (Sertipikasyon/ Kontrata ng Paglalahad).	• Orients Patient/ relative in the following areas of concern: a. Hospital Policies b. MSWD Programs and Services c. Scope and Limitations of the hospital assistance.	None	5 minutes	*Brenda U. Chan, MSWD-HEAD*
	• Attaches/Plots classification on the MEDSYS and makes necessary color coding on the CCS	None	3 minutes	*Brenda U. Chan, MSWD-HEAD*
	• Returns CCS to Admitting Staff	None	1 minute	*Brenda U. Chan, MSWD-HEAD*
	• Registers patient in the MSWD General Registry, and in the List of Patients with and without Philhealth.	None	10 minutes	*Brenda U. Chan, MSWD-HEAD*
3. Point of Service Enrollment	• All Assessed and qualified patients for POS enrollment must submit/fill out PMRF and CF1.	None	35 minutes	*Mary Nayza Soriano/Arlene Pansoy Medical Social Welfare Officer II*

	• Orientation and Issuance of NBB Slip to patient/relative after enrollment. • Submit necessary documents to Philhealth			
TOTAL			**1 hour**	

SERVICE NAME: AVAILMENT OF MSWD SERVICES FOR ER PATIENT

Description: One of the Medical Social Service Operational Procedure wherein patients in ER who seeks assistance shall establish eligibility and classification based on A.O. 51-A series of 2001, or the DOH Criteria for Availment of Social Services in Hospitals.

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C-Government to Citizen			
Who may avail:	All ER Patients			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
• Charge Slip/s		• ER Nurses/ Doctors		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patients/ Relatives seeks MSWD Assistance	• Receives charge slip/s - Eligibility Assessment (with the use of MSWD Assessment Tool) - If the patient has new record, facilitates contract signing (Sertipikasyon/ Kontrata ng Paglalahad) for Psychosocial Assessment. - If the patient has old record, retrieves & updates old records. • Orients Patient/ relative in the following areas of concern:	None	3-4 minutes	*Beth B. Del Rosario* *Medical Social Welfare Officer III*

	a. Hospital Policies b. MSWD Programs and Services c. Scope and Limitations of the hospital assistance.			
2. Receives MSWD assistance and interventions	Registers patient in the ER Monitoring Tool and MEDSYS		3-4 minutes	*Beth B. Del Rosario* *Medical Social Welfare Officer III*
TOTAL			**8 minutes**	

SERVICE NAME: AVAILMENT OF MSWD SERVICES FOR MALASAKIT SERVICES

Description: It is an area in which various payors (e.g., PHILHEALTH, PCSO, DSWD and DOH MAIP desks) processes are streamlined for patients in the availment of medical and financial assistance.

Office or Division:	Medical Social Work Department
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	All R1MC patients/clients – Malasakit Center

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
• Hospital Identification Card/ valid ID's • Charge Slip/ Doctor's request (for Out-patients) • Hospital Bill (for In-patients) • Certificate of Eligibility	• Registration • OPD Clinics • Billing Section • Patient/ Relative • Malasakit Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient/relatives applies for Malasakit Center Services/ Intervention. 2. Patients/ Relatives presents charge slips/ Doctor's request/ Hospital Bill.	• Receives and check documents and accomplishes Information Sheet.	None	5-10 minutes (dependent on the availability of other documents)	*Patient Action Center Staff:* *-Eric Duyon /* *Randel Casaclang*
3. Wait for your number indicated at the queuing machine.	• Gives queuing number to patient/relative and submit the Information Sheet (IS) to Malasakit Social Worker	None	5 minute/s	*Patient Action Center Staff:* *-Eric Duyon /* *Randel Casaclang*
4. Submit yourself for evaluation and assistance.	• Malasakit Social Worker accomplishes the Unified Intake Sheet/ MSWD Assessment Tool and refers patient to relevant participating agency based on	None	5-10 minutes	*Jo Anne E. Esmenda* *Medical Social Welfare Officer II*

	patient's assessed need(s).			
5. Receives charge slips/ hospital bill and other pertinent documents. 6. Receive necessary/ needed assistance or intervention.	• Provision of assistance by participating agency based on their existing guidelines. • Malasakit Social Worker does the necessary documentations.	None	10-15 minutes (dependent on the availability of other documents)	*Jo Anne E. Esmenda Medical Social Welfare Officer II*
TOTAL			**30 minutes**	

SERVICE NAME: OUTPATIENT CONSULTATION/INTER-DEPARTMENTAL REFERRALS

Description: To treat people with mental health issues, providing information, support, and holistic care.

Office or Division:	Department of Mental Health
Classification:	Simple Transaction
Type of Transaction:	Government to Clients
Who may avail:	All clients with Mental Health concerns

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
• COVID-19 vaccination card/certificate • Hospital ID card • Prescription form • Referral slip for Injection	• Triage Area • Triage Area • Consultation Area • Consultation and Treatment Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
ASSESSMENT				
1. Client/Guardian proceeds to triage area	Checking of patient's valid COVID-19 vaccination certificate/card	None	2 minutes	***Mr. Kristoffer John J. Gonzales*** *(Nurse III)*
2. Client/Guardian fills out consent form for New Consultation	Explanation on the purpose of securing the consent for consultation	None	2 minutes	***Mr. Kristoffer John J. Gonzales*** *(Nurse III)*
	Filling out of patient information sheet and brief history taking on new clients	None	10 minutes	***Mr. Kristoffer John J. Gonzales*** *(Nurse III)*

	Filling out of patient information sheet and indicating the chief complaint of follow-up clients	None	2 minutes	***Mr. Kristoffer John J. Gonzales*** *(Nurse III)*
	Recording of vital signs, weight and height.	None	3 minutes	***Mr. Kristoffer John J. Gonzales*** *(Nurse III)*
3. Initial Psychiatric interview with client and/or guardian by the junior intern, post-graduate intern, and resident physician for more comprehensive history taking and mental status examination.	Conduct of Psychiatric history taking, Mental Status Examination, Neurologic and Physical Examination on new clients.	None	40 minutes (new patients)	***Dr. Stachys Neil E. Espino*** *(Medical Officer IV)*
4. The client and guardian will be referred to the Psychiatrist on duty for further evaluation and management.	The Psychiatrist on duty gives final assessment and treatment or guides the Resident Physician on the management of psychiatric evaluation of the client (issuance of prescription; requesting of laboratory work-up, if necessary; or refer to other specialist, if needed).	None	15 minutes (old patients)	***Dr. Marita Sales-Aganon*** *(Medical Specialist III)*
POST-CONSULTATION				
5. After the consultation, the client/guardian proceeds to the nurse on duty for the instruction of prescribed medication/s and for more health teachings.	Explanation to the patient and/or guardian on how and when to take the prescribed medications.	None	2 minutes	***Mr. Kristoffer John J. Gonzales*** *(Nurse III)*
	Providing health teachings Do's and Don'ts while taking medications.	None		
TOTAL			**New Client:** 1 hour **Old Client:** 35 minutes	

SERVICE NAME: OUT-PATIENT DEPARTMENT-MINOR OPERATING ROOM-PERFORMING MINOR SURGICAL PROCEDURES

Description: This is located in the 2nd floor of Out-Patient Department Building Room 201.This covers the procedures that are involving little risk to the life of patient specifically, an operation on the superficial structures of the body or a manipulative procedure that does not involve a serious risk compared to major surgery.

Office or Division:	Out-Patient Department- Minor Operating Room			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Doctor's Order for Operation		R1MC – Surgical Clinic		
Consent for Operation		R1MC – Surgical Clinic		
Diagnostic results (if any)		R1MC – Laboratory, Radiology, Ultrasound		
Proof of Payment: (Patients with Philhealth-Statement of Account+ Official Receipt)		R1MC- Philhealth/Billing Section		
(Patient without Philhealth- Official Receipt)		R1MC-Cashier Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient comes in for Physical Examination and Assessment according to their queue	1. Nurses check the completion of requirements and proceed to physical examination and assessment	None	7 minutes	Nurse Manager: Mary Glenn Bautista
2. Patient undergoes the operation	2. Doctors and Nurses prepare and perform the procedure	None (Already settled at the referring clinics)	Core Needle Biopsy-30 minutes Circumcision-20 minutes Diagnostic Aspiration-	Minor OR Manager: Alberto Gonzales, Jr.; Surgery dept. Manager: Raul Castaños ENT dept.

			20minutes Disarticulation-2 hours Electrocautery-30 minutes Excision-3 hours Excision Biopsy-3 hours Fine Needle Aspiration Biopsy-20 minutes Incision Biopsy-30 minutes Release of Trigger Finger-1 hour Removal of Wires/Removal of Foreign Body-1 hour Suturing/Resuturing-30 minutes Ungiectomy/Partial Ungiectomy-20 minutes	Manager: Walfrido Adan, Jr. Dental dept. Manager: Edelburg Palma Orthopedic dept. Manager: Emelito Ritumalta OB-Gyne dept. Manager: Yvonne Somera Family Planning dept. Manager: Rico Reyes Nurse Manager: Mary Glenn Bautista

			Section Biopsy-30 minutes Wound Exploration-3 hours	
3. Patient is reassessed	3. Doctor/Nurses reassess the patient after the procedure	None	10 minutes	Minor OR Manager: Alberto Gonzales, Jr.; Surgery dept. Manager: Raul Castaños ENT dept. Manager: Walfrido Adan, Jr. Dental dept. Manager: Edelburg Palma Orthopedic dept. Manager: Emelito Ritumalta OB-Gyne dept. Manager: Yvonne Somera Family Planning dept. Manager: Rico Reyes Nurse Manager: Mary Glenn Bautista
4. Patient's Watcher Process of Philhealth/Billing, if any:	4. Nurses provides photocopy of surgical memo and instruct watcher to submit surgical memo	Excess of PhilHealth if any.	30 minutes	PhilHealth section: Head- Rally

***NOTE: If patient has settled the bill prior to the procedure skip Step 4.	and CSF form to the PhilHealth section. ***NOTE: If patient has settled the bill prior to the procedure skip Step 4.			Basa Billing section: Head- Mary Jane Castillo
5. Patient approaches the Doctor and Nurse on Duty	5.1. IF PATIENT HAS SETTLED THE BILL Doctors and Nurses provides and explains home instructions, medications and the online appointment schedule written in the “Alagang Pinoy Tagubilin”. 5.2. IF PATIENT IS FOR REFERRAL TO OTHER DEPARTMENT The Doctor/Nurses endorses the patient to another department.	None	10 minutes	Minor OR Manager: Alberto Gonzales, Jr.; Surgery dept. Manager: Raul Castaños ENT dept. Manager: Walfrido Adan, Jr. Dental dept. Manager: Edelburg Palma Orthopedic dept. Manager: Emelito Ritumalta OB-Gyne dept. Manager: Yvonne Somera Family Planning dept. Manager: Rico Reyes Nurse Manager: Mary Glenn Bautista

TOTAL:		None	57 minutes ***Note: Total time may vary depending on the procedure	

SERVICE NAME: RT-PCR

Description: MOLECULAR BIOLOGY LABORATORY COVID-19 SARS-CoV-2 Testing Laboratory (Cartridge-Based Polymerase Reaction)

Office or Division:	Molecular Biology Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Case Investigation Form (CIF)	Referring Facility
Claim Form 2	Referring Facility
Linelist of Referring Facility	Molecular Biology Laboratory
Client Satisfaction Survey	Molecular Biology Laboratory

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Linelist of Referring Facility, Case Investigation Form at Claim Form 2	1. The Linelist of Referring Facility, Case Investigation Form and Claim Form 2 will be accepted and reviewd to check patient information and sample integrity.	None	10 minutes depending on the amount of sample to be tested	*Receptionist / Analyst* • *Edna S. Cornel* • *Efren N. Notario Jr.* • *Mark Noni R. Pimentel* • *Mardexa Kehn B. Garcia* • *Kirstin Deinielle S. Banaag*
2. A copy of the Case Investigation Form and Claim Form 2 will be submitted to Philhealth	2. c/o Philhealth	Active member- free of charge Non-active member/Non-member - P2,450.00	c/o Philhealth	*Philhealth Staff / Cash Operations Staff*
3. Analysis of COVID-19 sample	3. The submitted samples will be tested	None	1 hour	*Analyst* • *Efren N. Notario Jr.* • *Mark Noni R. Pimentel* • *Mardexa Kehn B. Garcia* • *Kirstin Deinielle S.*

				Banaag
4.Receive the result at the appointed time	4. The result will be sent at the appointed time through email	None	5 minutes	*Encoder/Analyst* • *Edna S. Cornel* • *Efren N. Notario Jr.* • *Mark Noni R. Pimentel* • *Mardexa Kehn B. Garcia* • *Kirstin Deinielle S. Banaag*
5.The Client Satisfaction Survey will be answered	5. Instruct the client to answer satisfaction survey	None	2 minutes	
TOTAL	End of Transaction	P2,450.00	1 hour and 17 minutes	

SERVICE NAME: RT-PCR

Description: MOLECULAR BIOLOGY LABORATORY COVID-19 SARS-CoV-2 Testing Laboratory (Plate Based-Reverse Transcriptase Polymerase Chain Reaction)

Office or Division:	Molecular Biology Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Case Investigation Form (CIF)	Referring Facility
Claim Form 2	Referring Facility
Linelist of Referring Facility	Molecular Biology Laboratory
Client Satisfaction Survey	Molecular Biology Laboratory

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Linelist of Referring Facility, Case Investigation Form at Claim Form 2	1. The Linelist of Referring Facility, Case Investigation Form and Claim Form 2 will be accepted and reviewd to check patient information and sample integrity.	None	10 minutes depending on the amount of sample to be tested	*Receptionist / Analyst* • *Edna S. Cornel* • *Efren N. Notario Jr.* • *Mark Noni R. Pimentel* • *Mardexa Kehn B. Garcia* • *Kirstin Deinielle S. Banaag*
2. A copy of the Case Investigation Form and Claim Form 2 will be submitted to Philhealth	2. c/o Philhealth	Active member- free of charge Non-active member/Non-member - P2,800.00	c/o Philhealth	*Philhealth Staff / Cash Operations Staff*
3. Analysis of COVID-19 sample	3. The submitted samples will be tested	None	47 hours	*Analyst* • *Efren N. Notario Jr.* • *Mark Noni R. Pimentel*

				• *Mardexa Kehn B. Garcia* • *Kirstin Deinielle S. Banaag*
4.Receive the result at the appointed time	4. The result will be sent at the appointed time through email	None	5 minutes	*Encoder/Analyst* •*Edna S. Cornel* •*Efren N. Notario Jr.* •*Mark Noni R. Pimentel* •*Mardexa Kehn B. Garcia* •*Kirstin Deinielle S. Banaag*
5.The Client Satisfaction Survey will be answered	5. Instruct the client to answer satisfaction survey	None	2 minutes	
TOTAL	End of Transaction	P2,800.00	47 hours and 17 minutes	

SERVICE NAME: GENE EXPERT

Description: MOLECULAR BIOLOGY LABORATORY COVID-19 SARS-CoV-2 Testing Laboratory (Cartridge-Based Polymerase Chain Reaction)

Office or Division:	Molecular Biology Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Case Investigation Form (CIF)	Referring Facility
Claim Form 2	Referring Facility
Linelist of Referring Facility	Molecular Biology Laboratory
Client Satisfaction Survey	Molecular Biology Laboratory

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Linelist of Referring Facility, Case Investigation Form, and Claim Form 2	1. The Linelist of Referring Facility, Case Investigation Form at Claim Form 2 will be accepted and reviewed to check patient information and sample integrity.	P2,450.00	10 minutes depending on the amount of sample to be tested	*Dr. Sheldon Steven C. Aquino* *(Head, DLTM)*
2. A copy of Case Investigation Form at Claim Form 2 will be submitted to Philhealth	2. c/o Philhealth	c/o Philhealth	c/o Philhealth	*Philhealth Staff / Cash Operations Staff*
3.Analysis of COVID-19 sample	3. The submitted samples will be tested	None	1 hour	*Dr. Sheldon Steven C. Aquino* *(Head, DLTM)*
4. Receive the result at the appointed time	4. The result will be sent at the appointed time through email	None	5 minutes	*Dr. Sheldon Steven C. Aquino (Head, DLTM)*

5.The Client Satisfaction Survey will be answered	5. Instruct the client to answer Satisfaction Survey	None	2 minutes	*Dr. Sheldon Steven C. Aquino (Head, DLTM)*
TOTAL	**End of Transaction**	**P2450.00**	**1 hour at 17 minutes**	

SERVICE NAME: VOLUNTARY BLOOD DONATION

Description: A volunteer blood donor should undergo Selection and Screening process before blood collection because as a general rule, only persons in normal health with a good medical history and absence of high-risk behavior associated with transfusion-transmissible infections shall be accepted as donor of blood for therapeutic use. This is also to ensure that both the blood donor and as well as the recipient of the blood product is protected.

Office or Division:	Department of Laboratories (NVBSP)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Blood Donor History Questionnaire (1)	NVBSP
Valid Identification Card (1)	Valid Agencies
COVID 19 Vaccination Card (1)	Authorized Health Care Facility

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magbibigay ng pagkaka-kilanlan	1. Tatanggapin at ichecheck ang pagkakakilanlan sa donor	None	5 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
2. Sasagutin ang Blood Donor History Questionnaire	2. Magbibigay ng Blood Donor History Questionnaire para masagutin ng Blood Donor	None	5 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*

3. Sasailalim sa Donor Selection at Screening	3. Gawin ang mga sumusunod: 3.1 Verification ng pagkakakilanlan 3.2 Interview 3.3 Vital Signs 3.4 Physical Examinations 3.5 Blood Typing 3.6 Hemoglobin Testing	None	 5 Minuto 5 Minuto 5 Minuto 5 Minuto 5 Minuto 5 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
4. Magpapakuha ng dugo	4. Pagkuha ng Dugo sa Blood Donor (Phlebotomy)	None	15 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
5. Makikinig at sasagotin ang Client Satisfaction Survey	5. Pangangalaga, counselling at pagbigay ng IEC, CUE at Client Satisfaction Survey form pagkatapos makuhanan ng dugo ang Donor	None	15 minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
TOTAL:		**None**	**70 minuto**	

SERVICE NAME: ISSUANCE OF BLOOD PRODUCT TO IN-PATIENTS

Description: Issuance of blood product to patient admitted at Region 1 Medical Center based on the Physician's Blood Request.

Office or Division:	Department of Laboratories (NVBSP)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Blood request form (1)	Ward
Testing result form (1)	NVBSP
Request Blood Units Issuance and Acknowledgement Form (1)0	NVBSP
Official Receipt (1)	Cash Operations

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magbibigay ng Blood Request Form	1. Babasahin ang request	None	3 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
2. Makikinig sa pagpapaliwanag ng patakaran	2. Bibigyan ng kaukulang paliwang ang pasyente o kamag anka ng payente ukol sa patakaran ng pag-gamit ng dugo	None	10 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*

3. Lalagda sa kasunduan at sasagutin ang Client Satisfaction Survey Form	3. Pagpapalagda sa kasunduan Request Blood Units Issuance and Acknowledgement Form	None	5 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
4. Makikinig sa pagpapaliwanag ng proseso ng pagdodonate ng dugo	4.Pagpapaliwanag at pagbibigay ng IEC at Survey Form	None	2 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
5. Magverify ng impormasyon ng pasyente	5.Irehistro ang pasyente sa MEDSYS	None	2 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP Medical Specialist IV*
6. Magbabayad ng Blood Service Fee sa Kahera	6.Pagbabayarin ng Blood Handling Fee sa kahera ang kumukuha ng dugo	FWD/WB - PHP1,800 PRBC - PHP1,500 PLT.CON - PHP1,000 FFP - P1,000	2 Minuto	*Collecting Officer*
7. Ibibigay ang Official Receipt	7. Iverify ang resibo at ihahanda ang dugo sa tamang lagyan	None	2 Minuto	*Sheena Q. Romero RMT, MPH Medical Technologist III* *Sheldon Steven C.*

				Aquino, MD, FPSP *Medical Specialist IV*
8.Tatanggapin ang dugo	8.Ibibigay ang nakahandang dugo at Testing Result Form at paglalagdain ang kumuha ng dugo bilang katibayan ng pagtanggap nito.	None	2 Minuto	*Sheena Q. Romero* *RMT, MPH* *Medical Technologist III* *Sheldon Steven C. Aquino, MD, FPSP* *Medical Specialist IV*
TOTAL		FWD/WB - PHP1,800 PRBC - PHP1,500 PLT.CON - PHP1,000 FFP - P1,000	43 Minuto	

SERVICE NAME: SERVICE NAME: ISSUANCE OF BLOOD PRODUCT TO OUT PATIENTS

Description: Issuance of blood product to patient admitted in a hospital other than Region 1 Medical Center based on the Physician's Blood Request

Office or Division:	Department of Laboratories (NVBSP)
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Information Education Campaign (IEC) (1)	NVBSP
Blood request form (1)	Ward
Client Satisfaction Survey Form (1)	NVBSP
Testing result Form (1)	NVBSP
Request Blood Units Issuance and Acknowledgement Form (1)	NVBSP
Official Receipt (1)	Cash Operations

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magbibigay ng Blood Request Form	1. Babasahin ang request ang pagkakakilanlan sa donor	None	3 Minuto	*Bloodbank Staff*
2. Makikinig sa pagpapaliwanag ng polisiya	2. Bibigyan ng kaukulang paliwang ang pasyente o kamag anka ng payente ukol sa polisiya ng pagkuha ng dugo	None	10 Minuto	*Bloodbank Staff*
3. Lalagda sa kasunduan at sasagutin ang Client Satisfaction Survey Form	3. Pagpapalagda sa kasunduan (Request Blood Units Issuance and Acknowledgement Form) at pagbigay ng IEC at CSS	None	5 Minuto	*Bloodbank Staff*
4. Magbabayad ng Blood Service Fee sa Kahera	4. Irehistro ang pasyente sa MedSys (mga bagong pasyente na wala pang record sa ospital)Pagbabayarin ng Blood Service Fee ang pasyente o bantay sa kahera	WB PHP1,800 PRBC PHP1,500 PLT.CON PHP1,000 FFP PHP1,000	5 Minuto	*c/o Kahera*

5. Ibibigay ang Offical Receipt	5. Kukunin ang Official Receipt Number at ihahanda ang dugo sa tamang lalagyan	None	15 Minuto	*Bloodbank Staff*
6. Tatanggapin ang dugo	6. Ibibigay ang dugo at Testing result form. Palalagdain ang pasyente o bantay ng pasyente ng katibayan ng pagtanggap ng dugo.	None	2 Minuto	*Bloodbank Staff*
TOTAL:		**FWD/WB Php1,800.00 PRBC Php 1,500.00 PLT.CON Php 1,000.00 FFP Php 1,000.00**	**35 Minuto**	

SERVICE NAME: PROVISION OF MEALS TO PATIENTS, EMPLOYEES AND OTHER STAKEHOLDERS

Description: Portioning and Delivery of Meals to Patients, Employee's and other Stakeholders

Office or Division:	Nutrition and Dietetics Service			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	Clients/Patients/Employees			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
N/A		**N/A**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Receives patient's meals 3 times daily	Conductions of Meals Census	NONE	5 minutes	*RND's On- Duty* *Ruffa C. Cruz* *Andrea T. Costales* *Ma. Hazel C. Fabia* *April Rose A. Repato* *Merlina Q. Tacadena* *Ma. Teresa C.Villa* *Sandra T. Rimando* *Ma. Luisa C. Nobleza*
	Portioning of meals	NONE	1- 1 ½ hours (3x daily) depending on the number of in-patients to be serve	*Grace Fe Francisco* *Karen Agcaoili* *Bercy Padilla* *Roberto Payumo* *Iris Joy Guarin* *Rosalie Arias* *Angieliza Rosario* *Elvira Dangla* *Josie Decena* *Leonides Coloma* *Evalyn Antipolo*

				Ma.Venus Zabala *Joshua Carino* *Marilou Santos* *Jonalyn Tamayo* *Roberto Vergara*
	Delivery of packed meals to different wards every meal time	NONE	30-40 minutes (3x daily) depending on the number of in-patients to be serve	*Grace Fe Francisco* *Karen Agcaoili* *Bercy Padilla* *Roberto Payumo* *Iris Joy Guarin* *Rosalie Arias* *Angieliza Rosario* *Elvira Dangla* *Josie Decena* *Leonides Coloma* *Evalyn Antipolo* *Ma.Venus Zabala* *Joshua Carino* *Marilou Santos* *Jonalyn Tamayo* *Roberto Vergara*
Receives meals base on approved request and HPO	Delivery of meals based on the number of packs approved	NONE	10-15 minutes/ delivery	*Jeffrey Santillan* *Roberto Payumo* *Leonides Coloma* *Winston De Venecia*
TOTAL			**150minutes**	

SERVICE NAME: DIET INSTRUCTION/COUNSELING

Description: Implementation of Diet Prescription and Nutrition Intervention to Nutritionally -at- Risk Patient

Office or Division:	Nutrition and Dietetics Service			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	Clients/Patients/Employees			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
N/A		**N/A**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Seek Diet Counseling through Physician's Referrals (Walk-in)	Instruct Patient/Watcher based on the Diet Prescription	NONE	15 minutes/base on patient/watcher cooperation and understanding	*Agnes P. Sabana* *Ruffa C. Cruz* *Andrea T. Costales* *Ma. Hazel C. Fabia* *April Rose A. Repato* *Merlina Q. Tacadena* *Ma. Teresa C.Villa*
Referral of Nutritionally-at-Risk Patient and Nutrition Build-Up (In-Patient)	Implementation of Nutrition Care Process (NCP) a. Nutrition Screening Nutrition Screening and Referral Tool (A1/A2)	NONE	15 minutes	*Agnes P. Sabana* *Andrea T. Costales* *Ma. Teresa C.Villa*
	b. Nutrition Assessment and Diagnosis MNT Form (Nutrition Care Plan) Annex B	NONE	15 minutes	*Agnes P. Sabana* *Andrea T. Costales* *Ma. Teresa C.Villa*
	c. Dialogue with the attending Physician regarding the Medical Nutrition Therapy	NONE	10-15 minutes	*Agnes P. Sabana* *Andrea T. Costales* *Ma. Teresa C.Villa*

	d. Implementation of agreed Nutrition Intervention Plan (Computation of Diet Plan, Counseling and Distribution of Hand-Outs) MNT Form (Nutrition Care Plan) Annex B	NONE	90 minutes	*Agnes P. Sabana* *Andrea T. Costales* *Ma. Teresa C.Villa*
TOTAL			**150 minutes**	

SERVICE NAME: OUT-PATIENT DEPARTMENT OB-GYN CLINIC

Description: This is located in the 1st floor of Out-Patient Department Building Room 106.Obstetrics and Gynecology that specializes in the care of women during pregnancy and childbirth in the diagnosis and treatment of diseases of the female reproductive organs. It also specializes in other women's health issues, such as menopause, hormone problems, contraception, and infertility.

Office or Division:	Out-Patient Department- OB-GYNE Clinic			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Hospital Clinic Code (if any)		R1MC – Costumer Service Section		
Covid – 19 Screening/Health Declaration Form		R1MC – Family Medicine Triage		
Hospital Identification card (if any)		R1MC – Registration, Admitting Section		
Diagnostic results (if any)		R1MC – Laboratory, Radiology, Ultrasound		
Diagnostic request (if any)		R1MC – Outpatient Clinics, other hospitals/agencies		
Consent for Procedure		R1MC – Ob-Gyne Clinic		
Proof of Payment (Official Receipt)		R1MC – Cashier Section,Philhealth/Billing Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient comes in for assessment and counseling.	1. Nurse/Midwife performs physical examination and assessment to the patients	None	10 minutes	Mary Glenn Bautista, RN Opd Ward Manager
2. Patient proceeds to the Doctor for Consultation	2.The Doctor attends to the patient for consultation and the Resident on Duty will refer the patient to their Consultants for Complex cases 2.1 If the patient will undergo to a procedure proceed to step 3.	None None	30 minutes 5 minutes	Mary Glenn Baustista, RN Opd Ward Manager Dr. Yvonne D. Nacis , MD Ob-Gyn Department Manager Dr. Yvonne D. Nacis , MD

3. Patient signs the consent for procedure and receive charge slip	2.2 If the patient is for Admission proceed to step 4 and skip step 5 and 6. 3. The Doctor/Nurse/Midwife obtains the signed consent from the patient after explaining the procedure and nurse provides the charge slip for the specific procedure requested for the patient.			Ob-Gyn Department Manager
3.1 Patient presents the official receipt/statement of account to Nurse/Midwife.	3.1 Accepts official receipt (for patients without Philhealth) Or Statement of Account (for patients with Philhealth)	None	5 minutes	Mary Glenn Baustista, RN Opd Ward Manager
3.2 Patient undergoes the procedure.	3.2. Doctor and nurse/midwife perform the procedure.	None	30 mins	Mary Glenn Baustista, RN Opd Ward Manager Dr. Yvonne D. Nacis , MD Ob-Gyn Department Manager
3.3 3.3 Patient is reassessed	3.3.Doctor/Nurse/Midwife reassess the patient after the procedure th		. Endometrial Biopsy Punch biopsy. Excision biopsy Electrocauterization 10 Minutes	

4. Patient is for Admission	4.Doctor will do the admitting orders and nurses will facilitate and coordinate to ER/MOTORPOOL	None		Mary Glenn Baustista, RN Opd Ward Manager Dr. Yvonne D. Nacis , MD Ob-Gyn Department Manager
5.Patient receives Alagang Pinoy Tagubilin including online appointment schedule	5.Patient receives Alagang Pinoy Tagubilin including online appointment schedule	None	5 Minutes	Mary Glenn Baustista, RN Opd Ward Manager Dr. Yvone D. Nacis , MD Ob-Gyn Department Manager
6.Survey.Patient answers client satisfaction survey	6.Nurses conducts client satisfaction survey		5 mins	Mary Glenn Bautista, RN Opd Ward Manager
TOTAL:			**1 hr and 40 mins.**	

SERVICE NAME: OUT-PATIENT DEPARTMENT OB-GYN ULTRASOUND AND COLPOSCOPY CLINIC

Description: An ultrasound scan uses high-frequency sound waves to make an image of a person's internal body structures. Doctors commonly use ultrasound to study a developing fetus (unborn baby), a person's abdominal and pelvic organs. The images can provide valuable information for diagnosing and treating a variety of diseases and conditions. Colposcopy is a minor procedure in which a special microscope is used to examine the surface of the cervix for abnormalities.

Office or Division:	Out-Patient Department- OB-GYN Ultrasound and Colposcopy Clinic
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Identification card (if any)	R1MC – Registration, Admitting Section
Clinic code or appointment schedule for the specific procedure (if any)	R1MC – Outpatient Clinics, other hospitals/agencies
Diagnostic results (if any)	R1MC – Laboratory, Radiology
Consent for Procedure	R1MC – OB-GYN Colposcopy/Ultrasound Clinic
Proof of Payment (Official Receipt)	R1MC – Cashier Section, Philhealth/Billing Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient comes in for physical examination, assessment, verification of request and appointment schedule and signs the consent for the procedure.	1. Nurse performs physical examination, assessment and verification of the request from the patient. The Doctor/Nurse obtains the signed consent from the patient after explaining the procedure.	None	8 minutes	*OB-GYN Clinic & Ultrasound/ Colposcopy NOD Ms. Lexanie A. Salvador/Philma C. Galas*
2. Patient will receive charge slip and settles the bill .	2. Nurse provides the charge slip for the specific procedure requested for the patient. Accepts the payment and issues OR and or the billing Or	TVS/TRS = Php 1,330 PVS/BPS = Php 1,680 Colposcopy = Php 10,00	5 minutes	*Cashier/Philhealth/Billing Section*

	issues Statement of Account (for patients with Philhealth)			
3. Patient presents the official receipt/statement of account to Nurse.	3.Accepts official receipt	None	2 minutes	*OB-GYN Clinic & Ultrasound/ Colposcopy NOD Ms. Lexanie A. Salvador/Philma C. Galas*
4. Patient prepares for the procedure.	4.Patient prepares. 4.1 For TVS and TRS patient bladder must be must be emptied. 4.2 For PVS and BPS bladder can be full. 4.3 Patient should wear hospital gown and must provide their own materials needed for ultrasound such as condom, disposable diaper, underpad and tissue paper. 4.4 For colposcopy avoid scheduling your colposcopy during your period, don't have vaginal intercourse the day or two before colposcopy, don't use tampons and vaginal medications the day or two.	None	5 minutes	*Patient* *OB-GYN Clinic & Ultrasound/ Colposcopy NOD Ms. Lexanie A. Salvador/Philma C. Galas*
5. Patient undergoes the procedure.	5. Doctors and nurses perform the procedure.	None	Ultrasound 20-30 minutes Colposcopy	*Gyne Oncologists, Perinatologist, Sonologist and NOD Ms. Lexanie A. Salvador/Philma C. Galas*

			30 minutes	
6. Patient is reassessed by doctor and does the prompt and accurate encoding of results.	6.Doctor/Nurses reassess the patient after the procedure and do the prompt and accurate encoding of results.	None	7 minutes	*Gyne Oncologists, Perinatologist, Sonologist and NOD Ms. Lexanie A. Salvador/Philma C. Galas*
7. Patient received the verified results.	7. Doctor/Nurses verifies the ultrasound and colposcopy result.	None	3 minutes	*Gyne Oncologists, Perinatologist, Sonologist and NOD Ms. Lexanie A. Salvador/Philma C. Galas*
TOTAL:				

SERVICE NAME: OUTPATIENT CONSULTATION

Description: This is located in the Ground floor of Old Out-Patient Department Building. This covers the procedures that are involving little risk to the life of patient specifically, an operation on the superficial structures of the body or a manipulative procedure that does not involve a serious risk compared to major surgery.

Office or Division:	Orthopedic Clinic			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Doctor's Order for Casting		R1MC –Orthopedic Clinic		
Consent for Operation		R1MC –Orthopedic Clinic		
Referral Form (if any)		R1MC – Surgical Clinic, Family Medicine Clinic		
Diagnostic results (if any)		R1MC – Radiology		
Proof of Payment: (Patients with Philhealth-Statement of Account+ Official Receipt)		R1MC- Philhealth/Billing Section		
(Patient without Philhealth- Official Receipt/)		R1MC-Cashier Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient comes in for Physical Examination and Assessment	1. Nurses check the completion of requirements and proceed to physical examination and assessment	None	7 minutes	*Aldrin Santilla* *Nurses*
2. Patient undergoes the procedure	2. Doctors and Nurses prepare and perform the procedure	None (for Philhealth members (indigent/4P's/senior)) Long Arm Circular Cast – P5,500.00	Application of Long Arm Circular Cast - 30mins	*Dr. Emelito Ritumalta* Orthopedic Clinic

		Long Arm Posterior Mold - P5,500.00 Short Arm Circular Cast – P4,000.00 Short Arm Posterior Mold Cast – P 4,000.00	Application of Long Arm Posterior Mold – 15mins Application of Short Arm Circular Cast - 20mins Application of Short Arm Posterior Mold – 10mins	
3. Patient is reassessed	3. Doctor/Nurses reassess the patient after the procedure	None	10 minutes	*Dr. Emelito Ritumalta* *Adlrin Santillan* Doctors, All Staff Orthopedic Clinic
4. Patient receives Alagang Pinoy Tagubilin including their online appointment schedule if for follow-up check-up. (if the patient is not for referral/admission)	4. Doctors and Nurses provides and explains home instructions, medications and the online appointment schedule written in the Alagang Pinoy Tagubilin.	None	15 minutes	*Dr. Emelito Ritumalta* *Adlrin Santillan* Doctors, All Staff Orthopedic Clinic
5. Patient proceeds to other department(if the patient is for referral/admission)	5. The Doctor/Nurses endorses the patient to other department	None	10 minutes	*Dr. Emelito Ritumalta* *Adlrin Santillan* Doctors, All Staff Orthopedic Clinic

TOTAL:		None (for Philhealth members (indigent/4P's/senior)) Long Arm Circular Cast – P5,500.00 Long Arm Posterior Mold - P5,500.00 Short Arm Circular Cast – P4,000.00 Short Arm Posterior Mold Cast – P 4,000.00	2 HOURS AND 35 MINUTES	

SERVICE NAME: CONSULTATION OF CLIENTS AT OUT-PATIENT DEPARTMENT

Description: The Outpatient Department is a health care facility designed for diagnosis, observation, consultation, treatment, and intervention services to the people with health problems, but does not require admission at the moment.

Office or Division:	Out-Patient Department – Pediatric Clinic			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Present queuing number and identification card	1.1 Check the patient's identity 1.2 Check if the patient is registered in the System (MEDSYS)	N/A	3 minutes	Nurses
Pre-consultation assessment	2.1 Interviewing of chief complaint 2.2 Taking of vital signs	N/A	10 minutes	Nurses
Sits and waits until the names were called by the attending nurse	Nurse will call the names of patients according to their queue.	N/A		Nurses
Patient proceeds to the doctors for consultation	4.1 History taking 4.2 Physical examination 4.3 Prescription of medication 4.4 Laboratory requests	N/A	40 minutes	Doctors
Patient receives treatment charge slip or prescription Patient returns upon settling the necessary requirements. ***NOTE: For patient without for treatment administration proceed to step 6.	5.1. The Nurse issue charge slip/prescription from the Doctor and instruct patient to settle the necessary requirements 5.2. The Nurse administers the treatment. ***NOTE: For patient without for			

	treatment administration proceed to step 6.1.			
Patient approaches the Nurse on Duty: IF FOR DISCHARGE IF DIAGNOSTIC TEST/s REQUESTED IF FOR REFERRAL IF FOR ADMISSION	The Doctor gives instructions to the nurse on duty: IF FOR DISCHARGE Releases the Alagang Pinoy Tagubilin and answers any clarification or queries of the patient, and schedules appointment for follow up checkup. IF DIAGNOSTIC TEST/s REQUESTED The nurse encodes and prints the charge/request slip and give instruction to patients IF FOR REFERRAL The nurse transfers the name of the patient to another department IF FOR ADMISSION Patient opted for private room Doctors accomplish the admitting orders Nurses inform the Command Center regarding the admission Nurse endorses the patient to the Emergency Room if command center confirms room availability. Patient for admission at Charity Ward Doctors accomplish the admitting orders Nurse endorses the patient to Emergency Room for admission.	N/A		
7. Patient receives appointment code for the next scheduled follow up	7.1 Issuance of appointment code	N/A	3 minutes	Nurses
TOTAL			**2 hrs and 57 minutes**	

SERVICE NAME: IMMUNIZATION

Description: To reduce the morbidity and mortality among children against the most common vaccine-preventable diseases.

Office or Division:	Out-Patient Department – Pediatric Clinic
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	Patients 18 years old and below

CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present queuing number and identification card	1.1 Check the patients identity 1.2 Check if the patient is registered in the System (MEDSYS)	N/A	3 minutes	*AILEEN L. MENESES, RN* *DANICA D. STA. MARIA, RN* *FLORENCE D. DATO, RN*
2.Pre-consultation assessment	2.1 Interviewing of chief complaint 2.2 Taking of vital signs	N/A	5 minutes	
3. Patient proceeds to the doctors for consultation	3.1 History taking 3.2 Physical examination 3.3 Doctors will inform the nurse to proceed with the immunization	N/A	30 minutes	*DR. ALMA BASCOS* *DR. GRACE GALLAO* *DR. ROCHELLE CASTRO* *DR. ARRIANE CALIMLIM* *DR. ERIKA RANGEL* *DR. ALMA ESTRADA* *DR. MARIBEL PASAOA* *DR. LEIF PAUL DUMBRIQUE* *DR. JASMIN DUMBRIQUE* *DR. LIANE NAVARRO* *DR. ANDREW PEREZ* *DR. JAQUELINE RAPACON* *DR. DANA ARANDA* *DR. MARLENE LOSNONG* *DR. MELISSA PADUA*

				DR. THEA PAMOCENO *DR. GERALDINE CASIPIT* *DR. WAIDA LUMANLAN* *DR. JAMY BARROZO* *DR. MA. STEFANIE MAGLALANG* *DR. GLYNIS ROSARIO* *DR. ANGELA MONTERO* *DR. HAYDEE CARANGUIAN* *DR. SARAH BALICSA* *DR. JOYCE MENALOU DELOS SANTOS* *DR. ADRIENNE CALUAG* *DR. JOANA ABALOS* *DR. ANDREA PANINGBATAN* *DR. JAUSTIN MAGSANOC* *DR. MAREILLE VILLANUEVA* *DR. LAILA QUITALEG* *DR. JOANA PAMELA PUA*
4. Patient will receive charge slip and will proceed to cashier to settle bills	4.1 Issuance of charge slip	N/A	5 minutes	*AILEEN L. MENESES, RN* *DANICA D. STA. MARIA, RN* *FLORENCE D. DATO, RN*
5. Patient presents the receipt to the nurse	5.1 Verify the receipt 5.2 Check on the immunization record to verify the patients information for proper documentation	N/A	5 minutes	

6. Patient proceeds to immunization proper area	6.1 Nurses administer immunization	N/A	30 minutes	*AILEEN L. MENESES, RN* *DANICA D. STA. MARIA, RN* *FLORENCE D. DATO, RN*
7. Patient receives Alagang Pinoy Tagubilin and fills up the Client Satisfaction Survey	7.1 Doctors and nurses provides and explains home instructions and medications written in Alagang Pinoy Tagubilin	N/A	5 minutes	*DR. ALMA BASCOS* *DR. GRACE GALLAO* *DR. ROCHELLE CASTRO* *DR. ARRIANE CALIMLIM* *DR. ERIKA RANGEL* *DR. ALMA ESTRADA* *DR. MARIBEL PASAOA* *DR. LEIF PAUL DUMBRIQUE* *DR. JASMIN DUMBRIQUE* *DR. LIANE NAVARRO* *DR. ANDREW PEREZ* *DR. JAQUELINE RAPACON* *DR. DANA ARANDA* *DR. MARLENE LOSNONG* *DR. MELISSA PADUA* *DR. THEA PAMOCENO* *DR. GERALDINE CASIPIT* *DR. WAIDA LUMANLAN* *DR. JAMY BARROZO* *DR. MA. STEFANIE MAGLALANG* *DR. GLYNIS ROSARIO* *DR. ANGELA MONTERO* *DR. HAYDEE CARANGUIAN* *DR. SARAH BALICSA* *DR. JOYCE MENALOU DELOS SANTOS* *DR. ADRIENNE CALUAG* *DR. JOANA ABALOS* *DR. ANDREA PANINGBATAN* *DR. JAUSTIN MAGSANOC* *DR. MAREILLE VILLANUEVA*

				DR. LAILA QUITALEG *DR. JOANA PAMELA PUA*
8. Patient receives appointment date for the next scheduled immunization	8.1 Issuance of appointment date	N/A	3 minutes	*AILEEN L. MENESES, RN* *DANICA D. STA. MARIA, RN* *FLORENCE D. DATO, RN*
TOTAL			**1 hr and 26 minutes**	

SERVICE NAME: TELECONSULTATION

Description: Safe and effective way of interaction between a patient and a doctor for the purpose of providing medical intervention through electronic means. It is an essential tool because it minimizes the risk of disease transmission during a pandemic.

Office or Division:	Out-Patient Department – Pediatric Clinic			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient book appointment for teleconsultation	1.2 Check if the patient is registered in the System (MEDSYS) and Google Sheets (Pedia Sheet)	N/A	5 minutes	*AILEEN L. MENESES, RN* *DANICAD. STA. MARIA,RN* *FLORENCE D. DATO, RN* *DR. ALMA BASCOS* *DR. GRACE GALLAO* *DR. ROCHELLE CASTRO* *DR. ARRIANE CALIMLIM* *DR. ERIKA RANGEL* *DR. ALMA ESTRADA* *DR. MARIBEL PASAOA* *DR. LEIF PAUL DUMBRIQUE* *DR. JASMIN DUMBRIQUE* *DR. LIANE NAVARRO* *DR. ANDREW PEREZ* *DR. JAQUELINE RAPACON* *DR. DANA ARANDA* *DR. MARLENE LOSNONG* *DR. MELISSA PADUA* *DR. THEA PAMOCENO* *DR. GERALDINE CASIPIT*
2. Pre-teleconsultation	2.1 Doctors/Nurses send a prepared text message to the cellphone number of the patient with instructions on how to start the teleconsultation.	N/A	2 minutes	

				DR. WAIDA LUMANLAN *DR. JAMY BARROZO* *DR. MA. STEFANIE MAGLALANG* *DR. GLYNIS ROSARIO* *DR. ANGELA MONTERO* *DR. HAYDEE CARANGUIAN* *DR. SARAH BALICSA* *DR. JOYCE MENALOU DELOS SANTOS* *DR. ADRIENNE CALUAG* *DR. JOANA ABALOS* *DR. ANDREA PANINGBATAN* *DR. JAUSTIN MAGSANOC* *DR. MAREILLE VILLANUEVA* *DR. LAILA QUITALEG* *DR. JOANA PAMELA PUA*
3. Teleconsultation	3.1 Doctors assess and consult the patient via R1MC Pedia Teleconsult using Facebook Messenger	N/A	30 minutes	*DR. ALMA BASCOS* *DR. GRACE GALLAO* *DR. ROCHELLE CASTRO* *DR. ARRIANE CALIMLIM* *DR. ERIKA RANGEL* *DR. ALMA ESTRADA* *DR. MARIBEL PASAOA* *DR. LEIF PAUL DUMBRIQUE* *DR. JASMIN DUMBRIQUE* *DR. LIANE NAVARRO* *DR. ANDREW PEREZ* *DR. JAQUELINE RAPACON* *DR. DANA ARANDA* *DR. MARLENE LOSNONG* *DR. MELISSA PADUA* *DR. THEA PAMOCENO* *DR. GERALDINE CASIPIT* *DR. WAIDA LUMANLAN* *DR. JAMY BARROZO*
4. Patient receives requests for diagnostic tests and/or prescription	4.1 Doctors issue requests and prescription via Facebook messenger or E-RX	N/A	3 minutes	

				DR. MA. STEFANIE MAGLALANG *DR. GLYNIS ROSARIO* *DR. ANGELA MONTERO* *DR. HAYDEE CARANGUIAN* *DR. SARAH BALICSA* *DR. JOYCE MENALOU DELOS SANTOS* *DR. ADRIENNE CALUAG* *DR. JOANA ABALOS* *DR. ANDREA PANINGBATAN* *DR. JAUSTIN MAGSANOC* *DR. MAREILLE VILLANUEVA* *DR. LAILA QUITALEG* *DR. JOANA PAMELA PUA*
5. if patient is for referral	5.1 Inform the Registration Section regarding the transfer of patient to other clinic	N/A	2 minutes	*AILEEN L. MENESES, RN* *DANICA D. STA. MARIA, RN* *FLORENCE D. DATO, RN*
6. if patient is for admission	6.1 The nurse informs the Command Center regarding the admission 6.2 The Command Center will be the one to facilitate the admission once the patient information is provided.	N/A	10 minutes	*AILEEN L. MENESES, RN* *DANICA D. STA. MARIA, RN* *FLORENCE D. DATO, RN*

7. Patient receives a message for the next scheduled teleconsultation	7.1 Send a message regarding the date of the follow up at the end of teleconsultation.	N/A	2 minutes	*AILEEN L. MENESES, RN* *DANICAD. STA. MARIA,RN* *FLORENCE D. DATO, RN* *ROWENA L. ABULENCIA,RN* *DR. ALMA BASCOS* *DR. GRACE GALLAO* *DR. ROCHELLE CASTRO* *DR. ARRIANE CALIMLIM* *DR. ERIKA RANGEL* *DR. ALMA ESTRADA* *DR. MARIBEL PASAOA* *DR. LEIF PAUL DUMBRIQUE* *DR. JASMIN DUMBRIQUE* *DR. LIANE NAVARRO* *DR. ANDREW PEREZ* *DR. JAQUELINE RAPACON* *DR. DANA ARANDA* *DR. MARLENE LOSNONG* *DR. MELISSA PADUA* *DR. THEA PAMOCENO* *DR. GERALDINE CASIPIT* *DR. WAIDA LUMANLAN* *DR. JAMY BARROZO* *DR. MA. STEFANIE MAGLALANG* *DR. GLYNIS ROSARIO* *DR. ANGELA MONTERO* *DR. HAYDEE CARANGUIAN* *DR. SARAH BALICSA* *DR. JOYCE MENALOU DELOS SANTOS* *DR. ADRIENNE CALUAG* *DR. JOANA ABALOS*

				DR. ANDREA PANINGBATAN *DR. JAUSTIN MAGSANOC* *DR. MAREILLE VILLANUEVA* *DR. LAILA QUITALEG* *DR. JOANA PAMELA PUA*
TOTAL			**54 minutes**	

SERVICE NAME: PHARMACY SECTION DISPENSING (CASH TRANSACTION)

Description: The main pharmacy is currently located on the ground floor of the 5-storey out-patient building near the R1MC main entrance, while the Annex Pharmacy is located at Bonuan Binloc, Dagupan City. Their functions are to provide medicines and required medical and surgical supplies to R1MC patients (in-patient and out-patients) and the general public.

Office or Division:	Pharmacy Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All (R1MC Clients)			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Prescription or R1MC Charge Slip		R1MC OPD Clinic, PAY Ward, Emergency Room and other hospital /clinic		
Pharmacy Cost Center Slip		R1MC Pharmacy Section		
Official Receipt		R1MC Collecting Office – Cashier Window		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Present the patient's prescription and/or give the required information (the patient's complete name and ward). To receive a discount, if any, you must present any of the following identification card: senior citizen ID with purchase booklet, patient with disability (PWD) ID, R1MC employee's ID.	Assess the prescription being presented to ensure it is complete, and then look in the hospital information system for any requests listed under the patient's name. If it's not in the system, encode it based on the prescription. a. Compare the printed prescription information to any provided identification cards to ensure it is accurate. b. Assess the availability of the prescribed medicines and supplies.	None	2 Minutes	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Secure Pharmacy Cost Center Slip to make a payment to the cashier. Proceed to collecting office (Cashier window).and present the Pharmacy Cost Center Slip.	Print and issue a Pharmacy Cost Center Slip after encoding the patient's prescription information.	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
Return to the pharmacy to claim your purchased item(s) and show the Pharmacy Cost Center Slip and official receipt. a. For record keeping purposes, please sign the "Discount Logbook" for any senior citizen or other discounts.	Check from the official receipt if all prescription's items had been paid. a. List any discounted item in the Discount Logbook and have the customer sign therein	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
4. Claim the purchased item(s) and the official receipt.	Dispense the purchased item(s).	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
5. Obtain client satisfaction	Explains and facilitates the survey	None	3 minutes	

Survey and fill out the questionnaire.	to the patient/ watcher.			Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy Aileen Jeen D. Lazo (Pharmacist I) DMH (Conduct a random survey).
TOTAL			5 minutes	

SERVICE NAME: PHARMACY SECTION DISPENSING (CHARGE TRANSACTION)

Description: Prescribed medications for Pay Patients and PhilHealth members and their dependents may be charged, depending on whether they are paying PhilHealth members or "No Balance Billing" members.
*Pay Patients and Paying PhilHealth members have the option to charge for prescription drugs within 24 hours of admission.
*There is no credit restriction for No Balance Billing (NBB) users as long as the medications are available at the pharmacy.

Office or Division:	Pharmacy Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All (R1MC Clients)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prescription or R1MC Charge Slip	R1MC OPD Clinics, PAY wards, Emergency Room and other hospital / clinic
Pharmacy Cost Center Slip	R1MC Pharmacy Section
Official Receipt (If Credit Limit is exceeded)	R1MC Collecting Office – Cashier Window

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Provide the necessary details (patient's complete name and ward). a. Follow Steps 2 to 4 of the PHARMACY SECTION DISPENSING (CASH TRANSACTION).	Assess the prescription being presented if complete, and search up the patient's name in the hospital information system to see if there is a ward request. a. If the 24-hour timeframe for charging the item has passed, send the client to the	None	2 Minutes	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy

	cashier to make payment (s).			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Sign Pharmacy Cost Center Slip to acknowledge receipt of the items taken.	Print and issue a Pharmacy Cost Center Slip a. Let the client sign on the Pharmacy Cost Center Slip.	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
3. Claim the charged item/s.	Dispense the charged item/s.	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
4. Obtain client satisfaction Survey and fill out the questionnaire.	Explains and facilitates the survey to the patient/ watcher.	None	3 minutes	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy Aileen Jeen D. Lazo (Pharmacist I) DMH (Conduct a random survey).
TOTAL			**7 minutes**	

SERVICE NAME: PHARMACY SECTION DISPENSING (SPONSORED PATIENTS)

Description: Not all patients have the financial means to pay for their medications with cash. As a result, out-patient clients whose medications cannot be charged seek sponsors. The Malasakit Center at R1MC oversees this activity and approves the Fund Acknowledgement Slip that must be given to the Pharmacy in order to obtain the prescribed medication.

Office or Division:	Pharmacy Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All (R1MC Clients)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Priced Prescription / Charge Slip	R1MC Pharmacy Section
Malasakit Center Signed (Approved) Prescription / Charge Slip	R1MC Malasakit Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the patient's prescription and/or give the required information (patient's complete name). a. If you are not yet registered, go to the registration counter (Triage) to register.	Confirm the patient's name if registered. If patient is not yet registered ask the client to register first to be able to generate a charge slip.	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
Go back to the pharmacy to request a charge slip. Bring the charge slip to the Malasakit Center and get a Fund Acknowledgement Slip then go to the Billing Section for the partitioning of the allocated fund.	If the patient has been successfully registered, provide the client with a charge slip as the basis of the Malasakit Center's fund allocation and Billing Section partitioning.	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Return to the pharmacy and present the Fund Acknowledgement Slip, approved and signed charge slip as proof of sponsorship.	Check to see if the Fund Acknowledgement Slip is legitimate. Make sure it has an official Malasakit and Billing officer's signature.	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
4. Sign Pharmacy Cost Center Slip to acknowledge receipt of the items taken.	Ask the client sign on the pharmacy cost center slip.	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy
5. Claim the Malasakit Fund approved item.	Dispense the item(s).	None	1 Minute	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy

6. Obtain client satisfaction Survey and fill out the questionnaire.	Explains and facilitates the survey to the patient/ watcher.	None	3 minutes	Mary Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy Aileen Jeen D. Lazo (Pharmacist I) DMH (Conduct a random survey).
TOTAL			**8 minutes**	

SERVICE NAME: PHARMACY SECTION DISPENSING (OPD FREE MEDICINES)

Description: Free medicines are provided by Region 1 Medical Center to our out-patient department clients in compliance to DOH programs.

* People's Day Program (Every Friday)
* DOH Programs (Everyday)

Office or Division:	Pharmacy Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All (R1MC Clients)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prescription with the notation "OK to avail free medicine(s)"	Out Patient Department Clinics
Free medicine.	R1MC Pharmacy Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. *Present* the patient's prescription with a note from the authorized program provider indicating the medicine is free.	*Receive* and *validate* the prescription. *Check* the availability of stock and *prepare* the available medicine(s).	None	1 Minute	*Charisse C. Del Prado* *(Pharmacist III)* *Main Pharmacy* *Aileen Jeen D. Lazo* *(Pharmacist I)* *DMH*
2. Write the required information at the back of the prescription. *Name of patient* *Birth date* *Address*	*Check* if the required patient information is provided. *Ask the client* to *sign* on the prescription.	None	1 Minute	*Charisse C. Del Prado* *(Pharmacist III)* *Main Pharmacy* *Aileen Jeen D. Lazo* *(Pharmacist I)* *DMH*

3. *Sign* the charge slip to acknowledge receipt of the free medicine(s).	*Instruct* the client on how to take the patient's medications.	None	1 Minute	*Charisse C. Del Prado (Pharmacist III) Main Pharmacy* *Aileen Jeen D. Lazo (Pharmacist I) DMH*
4. *Claim* the free medicine.	Dispense the medicine.	None	1 Minute	*Charisse C. Del Prado (Pharmacist III) Main Pharmacy* *Aileen Jeen D. Lazo (Pharmacist I) DMH*
5. *Obtain* client satisfaction Survey and fill out the questionnaire.	Explains and facilitates the survey to the patient/ watcher.	None	3 minutes	*Irene Hiedy V. Mateo (Pharmacist III) Main Pharmacy* *Jurgen P. Gilmo (Pharmacist III) Annex Pharmacy* *Aileen Jeen D. Lazo (Pharmacist I) DMH*

				(Conduct a random survey).
TOTAL			**8 minutes**	

SERVICE NAME: PHARMACY SECTION STERILE COMPOUNDING UNIT

Description: The Pharmacy Section's Sterile Compounding Unit is currently located on the second floor of the Cancer Center in Bonuan, Binloc, Dagupan City. Its purpose is to provide chemotherapy medications to cancer patients both in-patient and out-patient.

Office or Division:	Pharmacy Section – Cancer Institute			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Cancer patients			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Chemotherapeutic Agent Order Form		Oncology Clinic		
Chemotherapy Sheet		Pharmacy Sterile Compounding Unit		
Customer Supplied Medicine Waiver Form				
Chemo medicines and supplies				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. The Oncology Nurse provides the accomplished Chemotherapeutic Agent Order Form, as well as the medications and IV fluids. Customer Supplied Machine Waiver Form is attached when necessary.	**A. RECEIVING ORDER** 1. Receive and assess the accomplished Chemotherapeutic Agent Order Form., Customer Supplied Machine Waiver Form, medicines and fluids for completeness. Affix the receiver's name, signature and time for acknowledgement. 2. If medicine is acquired outside Cancer Institute Pharmacy, verify its authenticity from Food and Drug Administration portal and its inclusion in Philippine National Formulary. 3.Fill out the Chemotherapy Sheet and Onco compounding logbook (calculate	None	10 Minutes	*Glody S. Almazan* *Pharmacist II*

	the desired dose in milliliter), and accomplish the label. 4.Remove packaging and disinfect the medicines and materials for compounding.			
	B.PRIMING OF VEHICLE AND LABELLING 1. Prepare the fluids for the medicine's vehicle according to the volume ordered and attach the label. 2. Place all of the needed compounding materials on a tray and bring it into the biosafety cabinet.	None	3 Minutes	*Joanna Mharie S. Bravo* *Pharmacist II*
	C. COMPOUNDING OF MEDICATION 1. Compare the computed patient dose for compounding with the computed patient dose by the receiving pharmacist. 2. Proceed with compounding if both computations are the same. 3. Indicate compounding time started and time finished.	None	10-17 Minutes	*Marjorie V. Tamayo* *Pharmacist III*
	D. **CHECKING OF PREPARED MEDICATION** 1. Notify the specialty clinic that the	None	1 Minute	*Dioxanne Rhea R. Ignacio* *Pharmacist III*

	medication is ready for pickup. 2. Make a final check before releasing the compounded chemo medication.			
2.The Oncology Nurse receives the compounded medication and signs the Chemotherapeutic Agent Order Form and the Chemotherapy Sheet indicating the date and time.	E. **DISPENSING** 1. Dispense the prepared chemo medications to the oncology nurse,	None	1 Minute	*Joanna Mharie S. Bravo* *Pharmacist II*
TOTAL			**32 Minutes**	

SERVICE NAME: Consultation and Treatment (New Patient)
Description: When patient seek the assistance from the physician for proper diagnosis and providing safe interventions

Office or Division:	Physical Medicine and Rehabilitation Unit- Medical Division			
Classification:	Simple			
Type of Transaction:	G2C / Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1-Registration		MEDSYS		
1-Referral from primary doctor if applicable		Wards for inpatients; OPD section or other hospitals for outpatients		
1-Results of Ancillary or Diagnostic Procedures		Radiology, Laboratory Departments; clinical summary or abstract		
1-Physical Medicine & Rehabilitation Clinical Record		Physiatrist		
1-Tagubilin Form		PM&R Reception Area		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient is to register at the Registration desk 1.1 Patient to proceed to PMR clinic for interview 1.2 For new patient, present the Referral letter from the primary physician to the PM&R reception area to be recorded for the Physiatrist consultation. - For old patients (follow-up) present TAGUBILIN form 2. Physiatrist Examination	1.1 Check the registration status through the MEDSYS 1.2 The referral slip will be accepted and reviewed by the PT Techs, basic patient information and vital signs will be gathered and recorded after acceptance 1.3 Consultation will commence by on duty Physiatrist 2.1 Collection of medical information	None None	10 minutes 10 minutes	Gloria Dela Rosa Margaux Mae M. Rayos, MD

- For new patients: Bring imaging results and other Ancillary results to show to physiatrist on duty - For old patients: Follow the day and time set (TAGUBILIN) for the consultation	2.2 Provide additional diagnostic exam/s and thorough review of the results as applicable 2.3 Therapeutic Prescription: - Medication - Physical Therapy *(proceed to step 3)* - Occupational Therapy *(proceed to step 3)* - Other advice 2.4 Provide referral/s to other clinics as needed			Jose Alfonso R. Llamas, MD
3. Treatment of Patient (If necessary) 3.1 Get the Charge Slip at the PM&R Reception Area	3.1 The PT tech reviews the PT prescription for the complete calculation of the therapy fee. Record the diagnosis and relevant patient information in MEDSYS to print a Charge slip.	Code 1 (ICT Php 100) Code 2 (ILT Php 100) Code 6 (Procedure A Pph300) Code 7 (Procedure B Pph400) Code 10 (Procedure B Pph100) Code 11 (OT/ DST Pph 300)	60 minutes	Gloria Dela Rosa
3.2 Pay at the Cashier and get the Official Receipt. Present the Official Receipt to the PM&R reception area for recording of the receipt number - (For those who wish to get a discount: bring the Charge slip to the Medical Social Service)	3.2 Record the receipt number and return it to the patient.			
3.4 Wait to be called by the designated therapist to start the therapeutic prescription given by the Physiatrist. 3.5 Sign the Informed Consent Form	3.4 Give the designated therapist the patient record. Implementation of the therapeutic treatment as prescribed by the Physiatrist 3.5 Ensure and gather Consent Form			Elgin D. Ramirez, PTRP

3.6 Complete the prescribed number of therapy sessions before re-examination with the physiatrist 4. Survey Form 4.1 Patient/ watcher fills up survey form	3.6 Create a follow-up schedule of the patient, provide a new instruction form, record the steps taken and other additional information about the patient's condition, and provide additional reminders to the patient as necessary 3.7 Appointment of consultation for re-examination by physiatrist. TAGUBILIN 4.1 Staff ensure the survey form is properly filled out	None	10 minutes	Anjenica Marie M. Garrido, OTRP Michael V. Fernandez, RN Gloria Dela Rosa
TOTAL		Code 1 (ICT Php 100) Code 2 (ILT Php 100) Code 6 (Procedure A Pph300) Code 7 (Procedure B Pph400) Code 10 (Procedure B Pph100) Code 11 (OT/ DST Pph 300	90 minutes	

SERVICE NAME: INITIAL INTERVIEW

Description: To get basic information, assemble and record the patient's demographic profile, vital signs & ancillary results

Office or Division:	Physical Medicine and Rehabilitation Unit – Medical Division			
Classification:	Simple			
Type of Transaction:	G2C/Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1-Registration		MEDSYS		
1-Referral from primary doctor if applicable		Wards for inpatients; OPD section or other hospitals for outpatients		
1-Result of Ancillary or Diagnostic Procedures		Radiology, Laboratory Departments; clinical summary or abstract		
1- Physical Medicine &Rehabilitation Clinical Record		Physiatrist		
1- Tagubilin Form		PM & R Reception Area		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Registration 2. Show the Referral/Tagubilin from the primary physician at the PM&R reception area to be recorded in the Physiatrist consultation. For former patients (for follow-ups): Show the Instruction	1.1 Check MEDSYS 2.1 The referral slip will be accepted and reviewed 2.2 Gathering and recording the patient's demographic profile and vital signs in the PM&R Clinical Record and Consultation Logbook (for in-patient) 2.3 Physiatrist consultation appointment. (Issue a schedule form)	None	10 minutes	Elgin D. Ramirez, PTRP PM Lester D.L Dela Cruz, PTRP
TOTAL			**10 minutes**	

SERVICE NAME: TREATMENT OF PATIENT

Description: Management or application of care to treat disability

Office or Division:	Physical Medicine and Rehabilitation Unit – Medical Division
Classification:	Simple
Type of Transaction:	G2C/Government to Client
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1-Physical Medicine & Rehabilitation Clinical Record	Physiatrist
1-Charge Slip	PM&R Reception Area
1-Official Receipt	Cash Operations
1- PMR Progress Note	PT/OT In-charges
1- Tagubilin Form	PM & R Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
A. 1. Get a Charge Slip at the PM&R Reception Area A.2. Pay at the Cashier and get the official receipt (For those who wish to get a discount bring the Charge slip to the Medical Social Service) A.3. Return the receipt from the Cashier to the PM&R reception area to record the receipt number.	A.1. The PT tech reviews the PT prescription for the complete calculation of the therapy fee. A.2. Record the diagnosis and relevant patient information in MEDSYS to print a Charge Slip. A.3. Give the designated therapist the patient record. A.4 Record the receipt number and return it to the patient.	**OPD & IP Charity** Code 1 (ICT Php 100) Code 2 (ILT Php 100) Code 6 (Procedure A Php 300) Code 7 (Procedure B Php 400) Code 10 (Procedure B Php 300) Code 11 (OT/DST Php 300) **IP Payward** Code 6 (Procedure A Php 600)	10 minutes	Elgin D. Ramirez, PTRP PM Lester D.L Dela Cruz, PTRP

		Code 7 (Procedure B Php 800) Code 10 (Procedure B Php 200) Code 11 (OT/DST Php 300		
B.1. Wait to be called by the designated therapist to start the therapeutic prescription given by the Physiatrist B.2. Complete a prescribed number of therapy sessions before re-examination with the physiatrist	B.1 Implementation of the therapeutic prescription as provided by the Physiatrist B.2 Creating a follow-up schedule of the patient, providing a new instruction form, recording the steps taken and other additional information about the patient's condition, and providing additional reminders to the patient. B.3 Appointment of consultation for re-examination by physiatrist. TAGUBILIN	NONE	90 minutes	Elgin D. Ramirez, PTRP PM Lester D.L Dela Cruz, PTRP Anjenica Marie M. Garido OTRP
TOTAL		**Depend on the service**	**90 minutes**	

SERVICE NAME: HIV COUNSELING AND TESTING SERVICE

Description: A service provided to client who seek to know their HIV status through voluntary testing.

Office or Division:	Pangasinan Initiative against AIDS and STI (PINAS) Unit
Classification:	Simple Transaction
Type of Transaction:	Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid Identification Card	
Hospital Card	Registration / PINAS Unit
Referral Form (if available)	Referring Facility / Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client will proceed to the PINAS Unit	1.1 For new clients; The PINAS staff will interview client for completion of electronic record (MEDSYS) 1.2 For old clients: The PINAS staff will register the client using the client's hospital card information	None	5-10 Minutes	*Beverly B. Sibayan* (PINAS Counselor)
2. Client will undergo pre-test counseling with the counselor on duty	2.1 The counselor will introduce him/herself to the client. 2.2 The counselor provides clear and concise information and explanation on HIV and AIDS, the benefits of testing, the process of testing, possible results, waiting time, and the confidentiality of the result	None	20 minutes	*Beverly B. Sibayan* (PINAS Counselor)
3. Client will sign the informed consent and provide complete information on the counseling forms.	3. The counselor will instruct the client to sign the informed consent voluntarily. 3.1 The counselor will verify the information written on the counseling form.	None	10 Minutes	*Beverly B. Sibayan* (PINAS Counselor)

4. Client will give the laboratory request and counseling form to the laboratory staff, then extraction of blood specimen will be done and waiting for the result.	4. The counselor will make a request form and charge slip for the test. 4.1 For employment and travel purposes, inform the client to pay at the cashier prior to extraction. 4.2 For the free test, nurse will process the charge slip at the Malasakit Center. 4.3 Extraction of the blood and testing analysis is done by the proficient medical technologist of the laboratory department. 4.4 The counselor will inform the client to return to the clinic after 2 hours.	Free except for Employment/ Travel Abroad: P530.00	10 Minutes 2 Hours	*Beverly B. Sibayan* (PINAS Counselor) HIV Proficient Medical Technologist on Duty *Beverly B. Sibayan* (PINAS Counselor)
5. Client will return to the unit for the result and posttest counseling.	5. The counselor will verify the client's identify prior to the release of the result. 5.1The counselor will provide a concise and informative explanation of the result.	None	20 Minutes	*Beverly B. Sibayan* (PINAS Counselor)
	TOTAL:	For Employment and Travel Abroad P530.00	3 hours and 10 Minutes	

SERVICE NAME: REQUEST/DOCUMENT/COMMUNICATION FOR APPROVAL

Description: Various requests/documents/communications require the approval of the Medical Center Chief. These may include but are not limited to as follows: application (job vacancies, promotions, transfer of office), presentation (product/service), medico-legal certificates, new/revised protocol/procedures, recommendation (personnel/service).

Office or Division:	Planning Office
Classification:	Simple (Routine)
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1-Request/Document/Communication	Requesting Entity/Office

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Present and submit the request/document/communication. *(Ipakita ang dokumento sa lugar ng tanggapan para masuri ito.)*	Request/document/communication will be recorded in the log book and tagged accordingly. *(Isusulat ang buod ng dokumento sa aklat talaan at itatalaga ang itinakdang numero/kodigo.)*	None *(Wala)*	4 minutes *(4 minuto)*	*Ms. Geda Mier G. Bautista or Ms. Kay Ann F. Lubong* *Gng. Geda Mier G. Bautista or Gng. Kay Ann F. Lubong*
	Request/document/communication will be endorsed to the Medical Center Chief Office. *(I-endorso ang dokumento sa opisina ng Medical Center Chief.)*	None *(Wala)*	3 minutes *(3 minuto)*	*Ms. Geda Mier G. Bautista or Ms. Kay Ann F. Lubong* *Gng. Geda Mier G. Bautista or Gng. Kay Ann F. Lubong*
TOTAL			7 minutes *(7 minuto)*	
End of Transaction *(Katapusan ng Pagsasagawa)*				

SERVICE NAME: RAPID ANTIGEN

Description: POINT OF CARE TESTING FOR RAPID ANTIGEN

Office or Division:	Covid-19 Point of Care Test Laboratory
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1-Resibo	Cash Operations
1-Statement of Account	Billing Section
Laboratory Request	COVID-19 Point of Care Test Laboratory

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipakita ang resibo o ang "Statement of Account.	1. Tatanggapin at susuriin ang resibo o statement of account	P310.00	5 minuto	*Ronie V. Caballero, RMT, MPH*
2. Pagsusuri	2. Susuriin ang ipinapagawang eksaminasyon	None	35 minuto	*Ronie V. Caballero, RMT, MPH*
3. Kunin ang resulta sa oras na itinakda.	3. Susuriin ang resibo at yong tatatangap ng resulta at papipirmahin ang kukuha ng resulta sa POCT receiving logbook.	None	5 minuto	*Ronie V. Caballero, RMT, MPH*
TOTAL	**Dulo ng Transaksyon**	**P310.00**	**45 minuto**	

SERVICE NAME: CT SCAN

Definition: CT scan services are catered for both in- and out-patients and are available 24 hours daily. CT scan procedures offered include Angiogram Abdominal Aorta, Entire Abdomen, Lower Abdomen, Upper Abdomen, Chest, Lungs, Mediastinum, Cranial with contrast, Cranial with Coronal Cuts, Larynx/Neck, Cervical Spine, Salivary Glands, Temporal Bone, TMJ, Orbit, Nasopharynx, Paranasal Sinuses, Pituitary/Sella, Angiogram Pulmonary Artery, Angiogram Thoracic Aorta, Angiogram Head/Neck, Extremity per region, Cervico-Lumbar, Cervico-Sacral, Cervico-Thoracic, Cervico-Thoraco-Lumbar, Combination of 2 regions.

Office or Division:	Department of Radiology
Classification:	Complex
Type of Transaction:	G2C
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Official Receipt (1 original; for outpatients)	Cash Operations
CT Scan Request Form	Radiology Reception Area

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the CT scan request form together with the official receipt to the Radiologic Technologist/receptionist.	**1.** The Radiologic Technologist will process the CT scan request encoded by the different clinical nurses through Medsys Program.	Please refer to charge slip	5 Minutes	***Francisco N. Estrella, RRT*** *Radiologic Technologist V* ***Donalyn D. Narvas, RRT*** *Radiologic Technologist II*
1.1 If the requested procedure requires preparation (e.g. bowel preparation), follow the instructions and come prepared on the scheduled time.	1.1 Scheduling of special procedures. (Giving instructions and preparations prior to procedure).		15 Minutes	***Francisco N. Estrella, RRT*** *Radiologic Technologist V* ***Donalyn D. Narvas, RRT*** *Radiologic Technologist II*

2. Provide personal information e.g. name, age, address, contact number, etc. to the Radiologic Technologist/ receptionist for identification and record purposes.	**2.** The Radiologic Technologist/receptionist will log the patient's data and procedure requested in the logbook.	None	10 Minutes	***Francisco N. Estrella, RRT*** *Radiologic Technologist V* ***Donalyn D. Narvas, RRT*** *Radiologic Technologist II*
3. Proceed to the CT scan exam room to undergo the requested radiologic procedure.	**3.** The Radiologic Technologist will do the procedure requested.	None	Cranial/Routine Procedures: 1 Hour Special Procedures: 2 Hours	***Francisco N. Estrella, RRT*** *Radiologic Technologist V* ***Donalyn D. Narvas, RRT*** *Radiologic Technologist II*
4. Wait for the releasing of the examination result.	**4.** The Radiologic technologist will transfer the image to the monitor to be read by the Radiologist/ Radiology Resident. 4.1 The Image will be read/interpreted by the Radiology Resident and checked by the Radiologist. Official results will be encoded via Medsys.	None Please refer to charge slip	20 Minutes Cranial/Routine Procedures: 3 Days Special Procedures: 5 Days	***Francisco N. Estrella, RRT*** *Radiologic Technologist V* ***Donalyn D. Narvas, RRT*** *Radiologic Technologist II* ***Jocelyn D. Baltazar, MD,FPCR, FUSP, FCTMRISP,FPSMS*** *Department Manager* ***Jose Antonio S. Montero,III,MD, FPCR, FUSP, FCTMRISP,FPSMS*** *Department Chairman* ***All Consultants and Residents***

5. Present the official receipt and claim the result.	**5.** The Radiologic Technologist will forward the official results of inpatients to the wards. For outpatients, the Radiologic Technologist will contact the patients to inform them of the availability of their result. The Radiologic Technologist will ask the recipient to sign the logbook documenting turn-over of results.	None	15 Minutes	***Francisco N. Estrella, RRT*** *Radiologic Technologist V* ***Donalyn D. Narvas, RRT*** *Radiologic Technologist II*
	TOTAL:		Cranial/ Routine Procedures: 3 Days, 2 Hours, 5 minutes Special Procedures: 5 Days, 3 Hours, 5rara minutes	

SERVICE NAME: MRI

Definition: MRI services are available every Monday to Friday from 8:00 AM to 4:00 PM. Procedures offered include Brain routine, Cranial + MRA + MRV, Cranial Seizure / Dementia, Whole Abdomen, Lower Abdomen / Upper Abdomen, MRCP, Temporal Bone, Orbit, Paranasal Sinuses, Thoracic, Upper / Lower Extremity per region, Cervical Spine, Thoracic Spine, and Lumbar Spine.

Office or Division:	Department of Radiology
Classification:	Complex
Type of Transaction:	G2C
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Official Receipt (1 original)	Cash Operations
MRI Request Form	Radiology Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the MRI request form together with the official receipt to the Radiologic Technologist/receptionist. 1.1 If the requested procedure requires preparation (e.g. NPO preparation, Lab Test Creatinine, Weight patient), follow the instructions and come prepared on the scheduled time.	1. The Radiologic Technologist will process the MRI request encoded by the different clinical nurses through Medsys Program. 1.1 Scheduling of special procedures. (Giving instructions and preparations prior to procedure).	Please refer to charge slip	5 Minutes 20 Minutes	***Nestor C. Custodio, RRT*** *Radiologic Technologist III* ***Nestor C. Custodio, RRT*** *Radiologic Technologist III*
2. Provide personal information e.g. name, age, sex, and address to the Radiologic Technologist/receptionist for identification and record purposes.	2. The Radiologic Technologist/receptionist will log the patient's data and procedure requested in the logbook.	None	10 Minutes	***Nestor C. Custodio, RRT*** *Radiologic Technologist III*

3. Proceed to the MRI exam room to undergo the requested MRI procedure.	3.The Radiologic Technologist will do the procedure requested.	None	2 Hours	***Nestor C. Custodio, RRT*** *Radiologic Technologist III*
4. Wait for the releasing of the examination result.	4.The Radiologic technologist will transfer he image to the monitor to be read by the Radiologist/ Radiology Resident. 4.1The Image will be read/interpreted by the Radiology Resident and checked by the Radiologist. Official results will be encoded via Medsys.	None Please refer to charge slip	1 Hour 5 Days	***Nestor C. Custodio, RRT*** *Radiologic Technologist III* ***Jocelyn D. Baltazar, MD, FPCR, FUSP, FCTMRISP, FPSMS*** *Department Manager* *All Consultants and Residents*
5.Present the official receipt and claim the result.	**5.**The official result will be forwarded to the ward to be attached to the patient's chart. The recipient will sign a logbook documenting the turn-over of the results.	None	15 Minutes	***Nestor C. Custodio, RRT*** *Radiologic Technologist III*
	TOTAL:		**5 Days, 3 Hours, 50 Minutes**	

SERVICE NAME: MAMMOGRAPHY

Definition: Mammography services are catered for both in- and out-patients and are available every Monday to Friday 8:00 AM – 4:00 PM. Mammography procedures offered include unilateral mammogram, bilateral mammogram and sonomammogram.

Office or Division:	Department of Radiology
Classification:	Simple
Type of Transaction:	G2C - Government to Client
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Official Receipt (1 original; for out-patients only)	Cash Operations
Ultrasound/Duplex Request	Radiology Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient will proceed to Mammography Section and present doctor's request for scheduling of procedure and instructions for necessary preparations.	**1.** Mammography Technologist will receive the request and check receipt for the procedure from the patient. 1.1 Mammography Technologist will check schedule logbook and offer earliest available slot. Patient's data will be written in the schedule log book. 1.2 Necessary preparations will be instructed to the patient. A preparation form will be given to the patient with the date and time of schedule stated in it.	Please refer to charge slip	20 Minutes	***Rechelle O. Abaga, RRT*** *Radiologic Technologist II*

2. Patient comes back on the day of procedure and presents procedure request, receipt and preparation form.	2. The Mammography Technologist will verify identity of patient, requested procedure and schedule. 2.1 Mammography Technologist will confirm if patient performed necessary preparations. 2.2 Patient will be directed to the waiting area and wait to be called.	None	10 Minutes	***Rechelle O. Abaga, RRT*** *Radiologic Technologist II*
3. Proceed to the Mammography exam room for preprocedural activities	3. The Mammography Technologist will call patient courteously. 3.1 The Mammography Technologist will validate patient identification by asking for the complete name, age, birthday and address. **3.2** Mammography Technologist will introduce him/herself and usher the patient to the procedure area. **3.3** Mammography will ask patient for previous records, medical history, chief complaint and LMP. 3.4 Mammography Technologist will inform the patient of the steps in the mammographic procedure. 3.5 Patient will then be asked to change clothes.	None	20 Minutes	***Rechelle O. Abaga, RRT*** *Radiologic Technologist II*

	3.6 Mammography Technologist will position patient. If non-ambulatory: the technician and guardian will assist.			
4. Performance of procedure	**4.** Perform the procedure according to standard work instruction. **4.1** For Diagnostic Mammography: Inform radiology resident and consultant if obtained images are satisfactory or if additional views are needed.	None	1 Hour	***Rechelle O. Abaga, RRT*** *Radiologic Technologist II*
5. Wait for the result/s of the examination.	**5.** Inform the patient when the official result is available. **5.1** Radiology resident will provide initial reading. **5.2** Radiology consultant will provide official reading.	None	22 Hours	***Rechelle O. Abaga, RRT*** *Radiologic Technologist II* ***Jocelyn D. Baltazar,MD,FPCR,FUSP, FCTMRISP, FPSMS*** *Department Manager* ***Jose Antonio S. Montero,III,MD,FPCR,FUSP, FCTMRISP, FPSMS*** *Department Chairman* ***All Consultants and Residents***
6. Present the official receipt and claim the examination result/s.	6. The Mammography Technologist will check the receipt and release the official result. The recipient will sign a logbook documenting the turn-over of the result.	None	10 Minutes	***Rechelle O. Abaga, RRT*** *Radiologic Technologist II*
	TOTAL:		**24 Hours**	

SERVICE NAME: ULTRASOUND, DUPLEX

Definition: Ultrasound services are catered for both in- and out-patients and are available from Monday to Friday 8:00 AM to 4:00 PM. Ultrasound covers Ultrasound Guided Paracentesis, Ultrasound Guided Thoracentesis, Ultrasound Guided FNAB, Sonomammogram Ultrasound, Single Ultrasound, Soft Tissue Mass Ultrasound, Cranial, Thyroid, Chest, Hepatobiliary (HBT), KUB, Whole Abdomen, Inguino-scrotal/labial, Chest, Neck, Upper Abdomen, Lower Abdomen.

Duplex services are catered for both in-and out-patients and are available every Friday 8:00 AM to 12:00 PM. Duplex scan covers Carotid, Renal, Inferior Vena Cava, Right Upper Extremities Arterial, Left Upper Extremities Arterial, Bilateral Upper Extremities Arterial, Right Upper Extremities Arterial- Venous, Left Upper Extremities Arterial/Venous, Bilateral Upper Extremities Arterial/Venous, Right Lower Extremities Arterial/Venous, Left Lower Extremities Arterial/Venous, Bilateral Lower Extremities Arterial/Venous.

Office or Division:	Department of Radiology
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Official Receipt (1 original; for out-patients only)	Cash Operations
Ultrasound/Duplex Request	Radiology Reception Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the ultrasound/duplex request form and official receipt to the Radiologic Technologist on duty/receptionist.	**1.** The Radiologic Technologist will receive the request and receipt for the ultrasound procedure from the patient and log the data in the logbook.	Please refer to charge slip	5 Minutes	***Hilda R. Sapiera, RRT (Main)*** *Radiologic Technologist V* ***Nestor C. Custodio, RRT (Binloc)*** *Radiologic Technologist III*
1.1 If the requested procedure requires preparation (e.g. 8 hours fasting), follow the instructions and come prepared on the scheduled time.	**1.1** If patient's Ultrasound/ /Duplex Scan procedure requires preparation (e.g. 8 hours fasting), patient will be asked to come back on a given schedule with instructions.		5 Minutes	

2. Proceed to the Ultrasound exam room to undergo the requested procedure.	**2.** The Radiologic Technologist will do the procedure requested with the Radiology Resident. **1.** Ultrasound **2.** Duplex	None	1 Hour 2 Hours	***Hilda R. Sapiera, RRT (Main)*** *Radiologic Technologist V* ***Nestor C. Custodio, RRT (Binloc)*** *Radiologic Technologist III*
3. Wait for the result/s of the examination.	**3.** The Image will be read/ interpreted by the Radiology Resident and checked by the Radiologist. Official results will be encoded via Medsys. **1.** Ultrasound -Inpatient -Outpatient **2.** Duplex	Please refer to charge slip	12 Hours 6 Hours 72 Hours	***Jocelyn D. Baltazar, MD, FPCR, FUSP, FCTMRISP, FPSMS*** *Department Manager* ***Jose Antonio S. Montero, III, MD, FPCR, FUSP, FCTMRISP, FPSMS*** *Department Chairman* ***All Consultants and Residents***
4. Present the official receipt and claim the examination result.	**4.** The Radiologic Technologist will check the receipt and release the official result. The recipient will sign a logbook documenting the turn-over of the result.	None	15 Minutes	***Hilda R. Sapiera, RRT (Main)*** *Radiologic Technologist V* ***Nestor C. Custodio, RRT (Binloc)*** *Radiologic Technologist III*

	TOTAL: **1. Ultrasound** **- Inpatient** **- Outpatient** **2. Duplex**		**13 Hours, 25 Minutes** **7 Hours, 25 Minutes** **74 Hours, 25 Minutes**	

SERVICE NAME: X-RAY

Definition: X-ray services are catered for both in- and out-patients and are available 24 hours daily. X-ray procedures offered include Cervical Open Mouth, Cervical Spine APL, Mandible AP, Mandible APL, Mandible APO, Mastoid Series, Nasal Bone APL, Paranasal Sinuse, Skull Calwell's View, Skull-Towne's View, Skull-Water's View, Skull APL, Skull AP, Temporomandibular Joint, Cervico-thoraco Spine APL, Chest AP, Chest Apicolordotic View, Chest APL(Pedia), Chest Lateral Decubitus, Chest Lateral View, Thoracic Cage, Lumbo-sacral APL, Pelvis AP, Pelvis Lateral, Plain Abdomen Upright, Plain Abdomen Upright/Supine, Plain Abdomen, Plain Abdomen Lateral Decubitus, Plain KUB, Thoraco-lumbar APL View, Barium Enema, Cystography/Urethrography, Distal Colonogram,, Esophagram/Barium Swallow, Fistulogram/Cystogram, Hysterosalphingography, Intra-Operative Cholangiogram, KUB-IVP, Small Intestinal Series, T-tube Cholangiogram, Upper GI series, Ankle APO, Ankle APL, Ankle Mortise, Arm APL (Humerus), Forearm AP, Forearm APL, Foot APO, Foot Lateral, Hand APO, Hand AP lateral, Leg APL, Leg AP, Thigh APL, Thigh AP, Elbow APL, Thigh APL (Femur), Wrist APL, Wrist APL, Portable X-ray, Skeletal survey, Babygram.

Office or Division:	Department of Radiology
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Official Receipt (1 original; for outpatients only)	Cash Operations
X-ray Request Form	Radiology Reception Area

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the X-ray request form together with the official receipt to the Radiologic Technologist/receptionist. 1.1 If the requested procedure requires preparation (e.g. bowel preparation), follow the instructions and come prepared on the scheduled time.	1. The Radiologic Technologist will process the X-Ray request encoded by the different clinical nurses through Medsys Program. **1.1** If the requested procedure requires preparation (e.g. bowel preparation), ask the patient to come back in a given schedule with instruction.	Please refer to the charge slip	5 Minutes	***Monette C. De Vera,RRT*** *(Main)* *Radiologic Technologist IV* ***Rachelle T. Madarang, RRT*** *(Main)* *Radiologic Technologist III* ***Nestor C. Custodio, RRT*** *(Binloc)* *Radiologic Technologist III*

2. Provide personal information e.g. name, age, sex, and address to the Radiologic Technologist for identification and record purposes.	**2.** The Radiologic Technologist will log the patient's data and procedure requested in the logbook.	None	5 Minutes	***Monette C. De Vera,RRT*** *(Main)* *Radiologic Technologist IV* ***Rachelle T. Madarang, RRT*** *(Main)* *Radiologic Technologist III* ***Nestor C. Custodio, RRT*** *(Binloc)* *Radiologic Technologist III*
3. Proceed to the x-ray exam room to undergo the requested radiologic procedure.	**3.** The Radiologic Technologist will do the procedure. **a.** Routine procedure e.g. chest, extremities **b.** Special procedures e.g. T-tube, IOC	None	30 Minutes 2 Hours	***Monette C. De Vera,RRT*** *(Main)* *Radiologic Technologist IV* ***Rachelle T. Madarang, RRT*** *(Main)* *Radiologic Technologist III* ***Nestor C. Custodio, RRT*** *(Binloc)* *Radiologic Technologist III*
4. Wait for the releasing of the examination result.	**4.**Reading/interpreting of image by the Radiologic Residents/Radiologist. Encoding of official result through the Medsys Program. Results will be available for releasing for the ff. after: **1)** Outpatient **2)** Inpatient **3)** Special procedures	None	12 Hours 24 Hours 48 Hours	***Jocelyn D. Baltazar, MD, FPCR, FUSP, FCTMRISP, FPSMS*** *Department Manager* ***Jose Antonio S. Motero, III, MD, FPCR, FUSP, FCTMRISP, FPSMS*** *Department Chairman* ***All Consultants and Residents***

5. Present the official receipt and claim the result. Sign the duplicate copy of result.	**5.** For outpatients, the Radiologic Technologist will check the official receipt and release the results to the patient. The Radiologic Technologist will ask the patient to sign the duplicate of his/her results for record-keeping purposes. For inpatients, the official results will be forward to the wards.	None	15 Minutes	***Monette C. De Vera,RRT*** *(Main)* *Radiologic Technologist IV* ***Rachelle T. Madarang, RRT*** *(Main)* *Radiologic Technologist III* ***Nestor C. Custodio, RRT*** *(Binloc)* *Radiologic Technologist III*
	TOTAL: 1) **Outpatient** 2) **Inpatient** 3) **Special procedures**		**12 Hours, 55 Minutes** **24 Hours, 55 Minutes** **50 Hours, 25 Minutes**	

SERVICE NAME: PATIENT'S REGISTRY FOR OPD CONSULTATION (WALK-IN)

Description: Registration of patient's information in the Hospital Information System, issuance of Hospital Identification Card and clinic queue slip.

Office or Division:	Registration Section
Classification:	Simple
Type of Transaction:	Government to Client
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1- Health Declaration Form / Triage Form	Triage Area
1- Hospital Identification Card and clinic queue slip	Registration Section
1- Patient Information Sheet	Customer Service Representative (Crowd Control

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. The patient / watcher needs to present the health declaration form from triage (all patients) and the hospital ID (for old patients) for registration. • Health Declaration form / Triage form for Old Patient. • Patient Information Sheet / Health Declaration / Triage form for new patient.	1. Interview and registration of patient's information in the Hospital Information System with the assigned clinic indicated on the health declaration form. 1.1 For any clarification on the Personal Information Sheet for new patient. 1.2 Registering of patient to the MEDSYS for their desired service 1.3 Issuance of Hospital ID to the new patient 1.4 Provides clinic queue slip from kiosk 1.5 Instructed to proceed to designated clinic	None	3-5 minutes (New patient) 1-2 minutes (Old patient)	*Mr. Randulph DV. Sanchez* (Administrative Officer III)
2. Patient shall proceed at the assigned clinic with their queue slip	2. Physician on duty will assess the patient	None	Based on clinics	*Physician on duty at the respective clinics*
TOTAL		**None**	**4-7 mins**	

SERVICE NAME: PATIENT'S REGISTRY FOR OPD CONSULTATION (VIRTUAL)

Description: Registration of patient's information in the Hospital Information System, issuance of Hospital Identification Number and clinic queuing

Office or Division:	Registration Section			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Everyone			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1- Hospital Identification Number		Registration Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient shall fill out the Online Registration Form with the attachments of requirements at the R1MC E-Pacheck-up Facebook page, linked to Google sheet for entry list of patients for virtual consultation	- Registration personnel shall get all the required patients' information for registration to Hospital Information System and transfers to the respective clinic's Google sheet for queuing of the patient virtual consultation - Issuance of Hospital Number to the new patient	None	5 minutes	*Mr. Randulph DV. Sanchez (Administrative Officer III)*
2. Patient will wait a call for virtual consultation	- Physician of Hospital Number to the new patient	None	Based on clinics	*Physician on duty at the respective clinics*
TOTAL		**None**	**5 mins**	

SERVICE NAME: PULMONARY FUNCTION TEST

Description: Pulmonary Function Test covers out-patients and is available from Monday to Friday 8:00 AM to 5:00 PM. This procedure includes Forced Vital Capacity, Slow Vital Capacity and Maximum Voluntary Ventilation.

Office or Division:	Respiratory Care Unit			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All Out-Patient			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1- Official Receipt for Out-patients		Cash Operations		
1- Negative RT-PCR Test Result or Negative COVID Swab Test Result		Accredited Laboratory Facilities		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Presents the Pulmonary Function Test/ Spirometry request form to the Respiratory Care Unit	1. The Respiratory Therapist will receive and check the completeness of the request form	None	2 minutes	*Juliet A. Diaz, RTRP*
2. Pays applicable fees	2. The Respiratory Therapist on Duty will issue a receipt including the Pulmonary Function Test and the reader's fee	800 pesos 100 pesos	5 minutes	*Cashier*
3. Presents the official receipt	3. Checks the official receipt	None	2 minutes	*Juliet A. Diaz, RTRP*
4. Performs the Pulmonary Function Test	4.1 Interviews patient to gather information for the procedure 4.2 Explains and demonstrate the procedure to the patient 4.3 perform the Pulmonary Function Tests	None	5 minutes 10 minutes 1 hour and 30 minutes	*Juliet A. Diaz, RTRP*
5. Wait for the Pulmonary Function Test result	5. Results will be available in one day	None	2 minutes	*Juliet A. Diaz, RTRP*
TOTAL		**Php 900.00**	**5 mins**	

SERVICE NAME: PARKING OF VEHICLES

Description: Parking of Vehicles covers the admission of client's or employee's vehicle in the hospital premise.

Office or Division:	Security Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen; G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
External				
Plate no. of the vehicle (1) Parking Ticket (1)		LTO (any branch) Collecting Officer or Parking Guard on Duty		
Internal				
Vehicle Pass Sticker (1)		Human Resource Management Office		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Entry at the hospital's parking area.	1. Inspection upon entry at the hospital. 1.2 Check if there is an available parking space.	None	2 minutes	*Rohnee Gumpal (Head, Security)*
2. Parking of the vehicle.	2. Assistance to the parking of the vehicle to a designated area.	None	3 minutes	*Rohnee Gumpal (Head, Security)*
TOTAL		**None**	**5 minutes**	

SERVICE NAME: OFFICE VISITATION

Description: Visiting Hours covers the admission of watchers in the charity wards in a given specific time for them to visit their patients.

Office or Division:	Security Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Government Issued Identification Card (1 original) Watcher's ID (1)		SSS, GSIS, PhilHealth, Driver's License, etc. Guard on Duty at the Center Gate		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Entry at the Hospital's Center Gate 1.1 Present a government issued ID	1.1 Receive ID 1.2 Issue visitor's pass 1.3 Issue Locator slip 1.4 Give directions to the ward.	None	3 minutes	*Rohnee Gumpal (Head, Security)*
2. Retrieval of the given ID upon exit.	2.1 Retrieval of Locator Slip and Visitor's pass 2.2 Return ID	None	2 minutes	*Rohnee Gumpal (Head, Security)*
TOTAL		**None**	**5 minutes**	

SERVICE NAME: SCANNING OF BAGGAGE

Description: Scanning of Baggage covers the admission of clients, visitors that wish to have transactions to a certain office.

Office or Division:	Security Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		N/A		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Entry at the Hospital's Center Gate. 2. Present Baggage for Inspection	1. Check Baggage for prohibited items/materials (firearms, deadly weapons, plastic/styrofoam) 1.1 Check Baggage 1.2 For Firearms 1.2.1 Check Permit 1.2.2 Secure/Surrender at Security Office 1.2.3 Log details of Firearms 1.3 Plastics/Styrofoam 1.3.1 Log details of contents of monitoring sheet	None	1 Minute 5 Minutes 5 Minutes 2 Minutes	*Rohnee Gumpal (Head, Security)*
TOTAL		None	For Firearms – 11 minutes For Plastics / Styrofoam – 2 minutes	

SERVICE NAME: CONSULTATION OF CLIENTS AT OUT-PATIENT DEPARTMENT

Definition: This is located in the 2nd floor of Out-Patient Department Building Room 203. The Surgery Clinic provides safe, quality, effective and affordable services through, observation, consultation, treatment and intervention services to people with health problem.

Office or Division:	Out-Patient Department- Surgery Clinic
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Queuing Number	R1MC – Registration
Diagnostic results (if any)	R1MC – Laboratory, Radiology, Ultrasound
Consent for Procedure(1)	R1MC – HIMS Office
Proof of Payment (Official Receipt)	R1MC – Cashier Section,Philhealth/Billing Section
Tagubilin (if patient is for follow up checkup)	From Previous Consultation at the Hospital

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Sits and waits at the General Surgery Clinic lobby and waits in queue until called/or appear on the screen	Nurse calls the patient according to their queue	None	1 hour	Mary Glenn Bautista, RN Nurse Manager, Out Patient Department
2. Patient comes in for and physical examination	Nurses assess patient, takes vital sings and chief complaint for consultation.	None	2-3 mins	Mary Glenn Bautista, RN Nurse Manager, Out Patient Department
3. Patient listen for the surgical procedure and requirements	3.1.1 The Doctor explains the procedure to the patient. 3.1.2 The Nurse issues charge slip and instructs patient/watcher on bill settlement/requirement (CIF Form or Official Receipt) Excision/Excision Biopsy/ Biopsy/Ungiectomy Core Needle Biopsy Section Biopsy/Incision Biopsy	 3640.00 2800.00 5560.00	5 minutes	Dr. Raul Castaños Manager, Department of Surgery) Mary Glenn Bautista, RN Nurse Manager, Out Patient Department

	Punch Biopsy Wound Exploration Fine Needle Aspiration Biopsy Fine Needle Aspiration Biopsy (Thyroid) Simple Suturing Complex Suturing Removal of Foreign Body Circumcision Electrocautery (1-5 warts/skin tag) Electrocautery (more than 5 warts/skin tag) Incision and Drainage Proctosigmoidoscopy	5400.00 8260.00 300.00 4900.00 300 500 8020 530 150 250 200 500		
4. Patient/Watcher settles and presents the Official Receipt/CIF Form Patient undergoes the procedure at the Minor Operating Room. Patient undergoes the procedure at the Surgical Clinic	4.1. The Nurse checks the presented Official Receipt/ CIF Form 4.2. The Nurse and/or doctor obtain Consent for the Procedure from the patient. 4.3.1. The Nurse endorses the patient to the Minor Operating Room together with the needed documents for the procedure. 4.3.2.1 The nurse prepares the instruments for surgery. 4.3.2.2. The doctor performs the procedure along with the assistance of the Nurse/s 4.3.2.3. The Doctor/Nurses reassess the patient after the procedure.	None None None None None	5 minutes 3 minutes 10-15 minutes	Dr. Raul Castaños Manager, Department of Surgery) Mary Glenn Bautista, RN Nurse Manager, Out Patient Department Mary Glenn Bautista, RN Nurse Manager, Out Patient Department Dr. Raul Castaños Manager, Department of Surgery) Mary Glenn Bautista, RN Nurse Manager, Out Patient Department
5. The patient receives instruction from the Doctors and/or Nurses	The Doctors/Nurses explains home medications and instructions regarding follow-up check-up and provide Alagang Pinoy Tagubilin which includes Appointment code for follow-up.	None	10 minutes	Dr. Raul Castaños Manager, Department of Surgery) Mary Glenn Bautista, RN Nurse Manager, Out

				Patient Department
6. The patient answers Customer Satisfaction Survey	The nurses give Client Satisfaction Survey form to the patient	None	3 minutes	Mary Glenn Bautista, RN Nurse Manager, Out Patient Department
TOTAL			1 hour 44 minutes ***NOTE: Total Time may vary depending on the procedure	

SERVICE NAME: CONSULTATION OF CLIENTS AT OUT-PATIENT DEPARTMENT

Definition: This is located in the 1st floor of Out-Patient Department Building Room 105. The Surgery Sub Specialty Clinic provides safe, quality, effective and affordable services through, observation, consultation, treatment and intervention services to people with health problem.

Office or Division:	Out-Patient Department- Surgery Specialty Clinic
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Identification card	R1MC – Registration, Admitting Section
Diagnostic results (if any)	R1MC – Laboratory, Radiology, Ultrasound
Diagnostic request (if any)	R1MC – Outpatient Clinics, other hospitals/agencies
Consent for Procedure (1)	R1MC – HIMS Office
Proof of Payment (Official Receipt)	R1MC – Cashier Section,Philhealth/Billing Section
Queuing number (1)	R1MC – Registration
Consent for Admission (1)	R1MC – HIMS Office
Consent to Avail Private Service (1)	R1MC – Admitting Section
Tagubilin (if patient is for follow up checkup)	From Previous Consultation at the Hospital
R1MCAppointment Code	R1MC – Customer Service

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient comes in for Physical Examination and Assessment.	1. Nurses perform Physical examination and assessment to the patient.	None	5 minutes	*Nurse on Duty* Mary Ann C. De Guzman
2. Patient proceeds to the doctors for consultation.	2. The Doctor attends to the patients.	None	20 minutes	*Doctors on Duty* Dr. Raul Castanos
3. Patient receives requests for diagnostic tests and/or prescription.	3. The Doctors and Nurses provide and explain home medications and instructions to the client.	*Refer to laboratory for list of prices	5 minutes	*Doctors on Duty* Dr. Raul Castanos *Nurse on Duty* Mary Ann C. De Guzman

A. If the patient is for discharge: the patient receives AlagangPinoyTagubilin and appointment code for next follow up.	4. Doctors and nurses provide and explain home instructions and medications written in the AlagangPinoyTagubilin and appointment code for the next follow up.	None	10 minutes	*Doctors on Duty* Dr. Raul Castanos *Nurse on Duty* Mary Ann C. De Guzman
B. If the patient is for referral: Patient is transferred to another department.	5. If patient is for referral or admission, nurses endorsed to other department.	None	10 minutes	*Nurse on Duty* Mary Ann C. De Guzman
C. If the patient is for admission (Emergency): Patient is transferred to emergency room once coordinated to Command Center	6. The Doctor and/or Nurse coordinates the patient to the Command Center, ER Surgery ROD and ER Nurses for admission. The Nurse informs the Motorpool Department regarding patients transport to Region I Annex, Emergency Room for admission.	None	15 minutes	*Doctors on Duty* Dr. Raul Castanos *Nurse on Duty* Mary Ann C. De Guzman
D. If the patient is for surgical procedure at the Minor Operating Room: D.1. Once bill is settled, the patient presents the Official Receipt to the nurse or CIF form from Philhealth, and is transferred to Minor Operating Room	7. The Doctor explains the procedure to the patient.	None		*Doctors on Duty* Dr. Raul Castanos
	8. The Nurse explains the process to the patient and gives charge slip for the procedure.	None	10 minutes	*Nurse on Duty* Mary Ann C. De Guzman
	9. The nurse receives the Official Receipt or CIF form from the patient and endorses the patient to the Minor Operating Room.	Excision - ₱3640 Core Needle Biopsy - ₱2,800 Electrocautery -₱250 Fine Needle Biopsy - ₱300	5 minutes	*Doctors on Duty* Dr. Raul Castanos *Nurse on Duty* Mary Ann C. De Guzman
	10. The Nurse and/or doctor obtain Consent for the Procedure from the patient.	Suturing (simple) - ₱300 Wood Exploration - ₱8,260	3 minutes	*Nurse on Duty* Mary Ann C. De Guzman

4. Patient undergoes the procedure	11. Doctors and nurses perform the procedure	IFC insertion - ₱150 Change of Dressing - ₱100	30 minutes	*Doctors on Duty* Dr. Raul Castanos *Nurse on Duty* Mary Ann C. De Guzman
5. Patient is reassessed	12. Doctor / Nurses reassess the patient after the procedure	None	5 minutes	*Doctors on Duty* Dr. Raul Castanos *Nurse on Duty* Mary Ann C. De Guzman
6. Patient received Alagang Pinoy Tagubilin and appointment code for follow up check up	13. Doctors and nurses provide and explain home instructions and medications written in the Alagang Pinoy Tagubilin and appointment code	None	3 minutes	*Doctors on Duty* Dr. Raul Castanos *Nurse on Duty* Mary Ann C. De Guzman
7. (If patient is for scheduled vascular access) Patient sings the consent for procedure	14. The Doctor obtains the signed consent from the patient after explaining the procedure	None	5 minutes	*Doctors on Duty* Dr. Raul Castanos

8. The patient assessed prior to operation	15. The Nurse assess the patient prior to operation	None	5 minutes	*Nurse on Duty* Mary Ann C. De Guzman
9. The watcher proceeds to Philhealth section for assessment of Philhealth requirements	16. The Nurse instruct the watcher to process the requirements of Philhealth	None	5 minutes	*Nurse on Duty* Mary Ann C. De Guzman
10. The patient waits for the ambulance	17. The nurse informs the Operating Room and coordinate to Motorpool department for the transfer of patient to Binloc	None	5 minutes	*Nurse on Duty* Mary Ann C. De Guzman
11. Patient transfer to Operating Room Binloc via ambulance for the procedure	18. The nurse informs the Operating Room and transfer the patient to operating room Binloc via ambulance	AVF Creation - ₱17,860 PF - ₱7,140 AV Grafting - ₱17,860 PF - ₱7,140 Permanent Cath-Insertion - -₱10,800 PF - -₱4,200	10 minutes	*Nurse on Duty* Mary Ann C. De Guzman
TOTAL			2 hours 31 minutes	

SERVICE NAME: OUTPATIENT CONSULTATION/ INTRAHOSPITAL REFERRALS

Description: A health care facility designed for diagnosis, observation, consultation, treatment and intervention services to people who are presumptive TB.

Office or Division:	Out-Patient department - TB-DOTS Clinic			
Classification:	Simple Transaction			
Type of Transaction:	Government to Clients			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Referral Form (if any) Sputum AFB and / GeneXpert Examination		Referring Physician/ Referring Institution/ TB –DOTS Clinic		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
ASSESSMENT/CONSULTATION of Patient				
1. Patient comes in for physical examination, assessment and history taking	1. Doctors and nurse in-charge performs physical assessment including concise history taking to the patient	None	10 minutes	*John Edwin F. Aquino, MD / Nurse on Duty*
❖ If patient is for admission he/she is advised to proceed to the emergency room	1.1 Doctors/ nurse In-charge refers the patient to the emergency room if for admission	None	5 minutes	*John Edwin F. Aquino, MD / Nurse on Duty*
❖ If patient is not for admission patient is instructed to proceed with the requested examination/ management	1.2 The doctor/ nurse In-charged explains the procedure, turn-around time, possible results and issues a “PAUNAWA FORM”	None	10 minutes	*John Edwin F. Aquino, MD /Nurse/PMDT staff on duty*

2. Patient receives request for diagnostic test and/or prescription and referred to a specialist/PMDT staff if needed ❖ If positive/ bacteriologically confirmed, patient is enrolled for treatment / referred to a TB-DOTS facility of choice ❖ If negative, patient is referred to the TBDC(TB Diagnostic Committee) for review and decision	2. The doctor/ nurse In-charged explains the procedure, turn-around time, possible results and issues a "PAUNAWA FORM" 2.1 The Nurse in-charge will explain the dosage and time to be taken of the prescribed medications including the possible side effects Do's and Don'ts while taking the medications. 2.2 The Nurse- in charge will explain the TBDC result and advice to return to the referring Physician or institution	None None None	5 minutes 15 minutes 10 minutes	*John Edwin F. Aquino, MD, Arthur M. Sy, MD /Nurse/PMDT staff on duty* *Nurse on duty* *John Edwin F. Aquino, MD, Arthur M. Sy, MD*
POST CONSULTATION OF PATIENT				
3. Patient receives treatment card or Referral form or reply slip.	3. The Nurse in-charge provides a treatment card/referral form or reply slip to the referring facility including health teachings	None	5 minutes	*Nurse on duty*
TOTAL		**None**	**40 minutes (for enrolled cases)** **30 minutes (for regular cases)**	

SERVICE NAME: TOXICOLOGY PATIENT MANAGEMENT

Description: Acute Care management/services to all poisoning case patient (walk- in /referral from other institution)

Division:	Toxicology
Classification:	Simple
Type of Transaction:	Government to Citizen
Who may avail:	All Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
N/A	N/A

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient goes to Emergency Room accompanied by relatives.	Triage team will receive and initially assesses patient and direct to POISON CARE UNIT.	NONE	5 minutes	ER Physician on duty
2. Patient answers questions and provide pertinent health information/data being ask.	Nurse Toxicologist/Point person nurse accomplish toxicology referral form and refer the patient to Toxicology doctor.	NONE	5 minutes	Aires Ervin P. Gelido Emergency Room Nurses
3. Patient/next kin is expected to cooperate and comply with the treatment plan	• Toxicology doctor assess and manage patient case. NOD will carry out doctor's order and perform independent and interdependent nursing care.	NONE	10 minutes	Dr. Cristine Joy Morante Aires Ervin P. Gelido Emergency Room Nurses
4. Patient and next kin will be instructed on the plan and disposition of the patient.	For ADMISSION: • The Patient will be endorsed to IM/PEDIA ER resident on duty for admission and continuity of care and management in the ward. For Discharge: • Instruct take home medications and follow up checkup.	NONE	10 minutes	Dr. Cristine Joy Morante Aires Ervin P. Gelido Emergency Room Nurses IM/PEDIA Resident on duty

TOTAL		N/A	30 minutes	N/A

SERVICE NAME: Transport of Hospital Patients

Description: To transport hospital patients to R1MC annex. To transport hospital patients to order hospitals. To conduct hospital patients going home. To transport hospital patients to other hospitals for other examinations ordered by its attending physicians.

Office or Division:	Transport and Vehicle Maintenance Department
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Official Receipt Request form	Cashier/ Collecting Section Various Wards

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Receiving of endorsement by the nurse on duty of patient for transport	1. Receive endorsement of patient for transport	None	2 Minutes	*Raymond S. Mataban, Administrative Officer IV*
2. Issuance of charge slip	2. Issuance of charge slip referred at the distance travel reference costing	Refer to the distance travel reference costing	1 Minute	*Raymond S. Mataban, Administrative Officer IV*
3. Charge slip paid by the watcher at the cashier / collecting section	3. Issuance of Official Receipt	Refer to the distance travel reference costing	2 Minutes	*Cashier / Collecting Officer*
4. Return the official receipt to the transport section	4. Preparation of the trip ticket for details of transport and proper signing of the authorized representative and assigning of driver	None	10 Minutes	*Raymond S. Mataban, Administrative Officer IV*

	5. Preparation of the vehicle for inspection	None	5 Minutes	*Raymond S. Mataban, Administrative Officer IV*
	6. Ward informs the section that the patient is ready for transport	None	2 Minutes	*Raymond S. Mataban, Administrative Officer IV*
	7. Transport of patient to the location stated in the trip ticket	None	Based on the trip stated in the trip ticket	*Raymond S. Mataban, Administrative Officer IV*
	8. Refueling of vehicle before arriving to the station	Based on the fuel consumed by the vehicle	5 Minutes	*Raymond S. Mataban, Administrative Officer IV*
	9. Inspection of vehicle upon arrival	None	15 Minutes	*Raymond S. Mataban, Administrative Officer IV*
TOTAL		20 kilometers below Php 2000, Php 100 per kilometer if exceeds to minimum km, Metro Manila w/o physician & nurse Php 35,000	42 Minutes	

SERVICE NAME: OUT-PATIENT DEPARTMENT INFORMATION DESK

Description: We are conveniently located in the 1st floor Main Building near Office of the Chief of Clinics. We provide for an acute treatment set-up for victims of violence with provisions for psychosocial interventions and facilitation of referrals to the different agencies for support.

Office or Division:	**WOMEN and Children Protection Unit**
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Abused Women and Children

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Queuing number (1)	R1MC – Women and Children Protection Unit
Hospital ID (8am-4pm)	R1MC – WCPU
(4pm -8am)	R1MC – Admitting Section
Request for Medico-Legal Examination	1 Original Copy(Local PNP, NBI & CIDG)
	1 Original Copy (Local Registry Office , PSA & Whole Body Picture)
Diagnostic results (if any)	R1MC – Laboratory, OB UTS Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Screening of patient/s at the triage	1.All patient/s must be screen first at the triage area	None	10-20 minutes	*Dr. Guada Songcuan Family Medicine Department*
2.Sign in the Daily Registry Form	2.Give the Daily Registry Form to the Victim/Survivor or Authorized Representative	None	5 minutes	*Dr. Rhodora B. Maron WCPU Staff*
3.Submit required documents to Table 1 3.1 Present the referral letter, or PNP/NBI/CIDG request	3.Receive the required complete documents 3.1 Start initial screening, verification and assessment of documents	None	15 minutes	*Dr. Rhodora B. Maron WCPU Staff*

3.2 Clear photocopy of birth certificate from Local/Municipal Registry Office, NSO 3.3 Latest whole body picture of the victim/survivor	3.2 Secure consent for examination			
4.Submit for Screening, Interview, Intake and Counseling	4.Screening, Interview, Assessment and Counseling 4.1 The Medical Social Worker screens and interview and starts to document the narration of the victim / survivor 4.2 Risk assessment, counselling of the victim / survivor.	None	1 hour	*Ms. Brenda U. Chan* *Medical Social Worker*
5.Submit for complete history taking physical & Ano-Genital examination and collection of specimen	5. Medico-Legal Examination 5.1 Document complete history, physical and ano-genital examination, and appropriate management 5.2 Collection of Specimen 5.3 Inter &/or Intra-referral to other agency (if necessary)	None	1.5 hours	*Dr. Rhodora B. Maron* *&* *Pedia Rotators* *Attending Physician*
6. Wait for the Laboratory Results, Submit for Referrals (if needed)	6. Specimen sent to Laboratory 6.1 Refer victim/survivor to inter & intra-agencies 6.2 Follow up for the results	None	3 hours	*WCPU Staff* *Laboratory Staff/* *OB - Ultrasound Staff* *Psychologist/Psychiatrist* *Inter-department Staff*

	6.3 Refer to OB – Ultrasound (if the patient is pregnant)			
7.Victim/ Survivor or Authorized Representative receive the Medico-legal Report/Certificate	7. Attending physician finalize the report and issue a certified photocopy of medico-legal certificate	None	5 minutes	*Dr. Rhodora B. Maron* *&* *Pedia Rotators* *Attending Physician*
TOTAL:		**None**	**6 hours 5 minutes**	

Internal Services

SERVICE NAME: PROCESSING OF DISBURSEMENT VOUCHERS

Description: Accounting Department processes disbursement vouchers for payment to creditors (Personnel Services, Purchase Orders/Job Orders, Consignments, TEVs, utilities and others)

Office or Division:	Accounting Department
Classification:	Simple
Type of Transaction:	G2G - Government to Government employee or other Government Agency
Who may avail:	One-by-one

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Disbursement Voucher 2. General Payroll 3. Budget Utilization Requests and Status (BURS)/Obligation Request and Status (ORS)	Material and Management Division/Human Resource Management Office Human Resource Management Office Budget Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits claims, vouchers, payroll and other supporting documents	3. Receives and evaluates documents as to completeness and propriety. If incomplete, return the documents to the originating office. If complete, prepare/process the voucher. Compute/recompute the amount to be disbursed and record disbursement in the Index Payment.	None	2 hours from receipt of complete documents	*Loewelyn D. Barba (Accountant IV) or Accounting staff in charge*
	2. Endorse disbursement voucher to the concerned office/personnel for Certification on Box A of Disbursement Voucher	None	3 minutes	*Loewelyn D. Barba (Accountant IV) or Accounting staff in charge*

				Mark Lester D. Dizon *(Social Welfare Assistant)*
	3. Receive the disbursement voucher from the concerned office/personnel who certified the Box A	None	2 minutes	*Loewelyn D. Barba (Accountant IV) or Accounting staff in charge*
	4. Endorse the disbursement voucher to the Budget Section for preparation of ORS/BUR	None	3 minutes	*Loewelyn D. Barba (Accountant IV) or Accounting staff in charge* *Marjorie E. Casilang (Administrative Officer I) or Lida A. Balmores (Administrative Assistant III)*
	5. Receive the disbursement voucher with ORS/BUR from the Budget Section	None	2 minutes	*Loewelyn D. Barba (Accountant IV) or Accounting staff in charge*

	6. Forward disbursement voucher to the Accountant for final review and signature	None	10 minutes	*Loewelyn D. Barba (Accountant IV) or Accounting staff in charge*
	7. Release disbursement voucher for approval of the Medical Center Chief and preparation of check	None	3 minutes	*Loewelyn D. Barba (Accountant IV) or Accounting staff in charge*
	TOTAL:	None	2 hours, 23 minutes	

SERVICE NAME: Bidding Process and Alternative Method of Procurement

Description: The Procedure is conducted to determine eligibility to bid of suppliers, contractors and consultants in accordance to the Revised Implementing Rules and Regulations (IRR) of Republic Act (RA) 9184, otherwise known as the Government Procurement Reform Act of 2004. This Procedure includes the submission and opening of bids to preliminary examination of technical and financial envelopes using non-discretionary pass or fail criteria. The Alternative Method of Procurement procedure aims to streamline the procurement activity and expedite acquisition of inventory items like supplies and equipment which are not available in the hospital's Procurement Service (PS) and or stock room warehouse. The coverage of this procedure begins with the preparation and approval of Purchase Request (PR) and ends with the issuance of approved Purchase Order (PO).

Office or Division:	Bids and Awards Committee
Classification:	Simple
Type of Transaction:	G2G- Government to Client G2G –Government to Government
Who may avail:	Internal: All Implementing Units-End Users External: Supplier

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Checklist of Bid Requirements for Good and Services and for Civil Works/Infrastructure Projects	BAC, Suppliers and Contractors
(2) Purchase Request and Annual Procurement	BAC, End-user, Procurement Section and Medical Center Chief

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Suppliers and Contractors: 1. Receives and signs the awarded procurement documents within the stipulated number of days stated on the R.A 9184.	4.1 Pre-procurement conference 4.2 Pre-Bid Conference 4.3 Opening of Bids 4.4 Bid evaluation/Post Qualification 4.5 Awarding of Contract 1.1.1 Approved Purchase Request 1.1.2 Resolution 1.1.3 PhilGeps Posting 1.1.4 Request for Qoutation 1.1.5 Abstract of Prices 1.1.6 Resolution to Award 1.1.7 Notice of Award	None	3hours 3hours 3hours 1hour 1hour 5 minutes 5 minutes 7 CD 7 CD 5 minutes 5 minutes 5 minutes	*BAC*

Procurement Section: 5. Submits the approved Purchase Request for Bidding Process and Alternative Method of Procurement	4.3 Receives duly accomplished Procurement documents like Purchase Request and Records details to monitoring logbook.	None	5 minutes	*Bac Secretariat*
End-user: 6. Receives approved Purchase Request amounting less than Fifteen Thousand Pesos (Php 15, 000.00)	3.1 Receives approved Purchase Request for purchasing of supplies and materials.	None	5 minutes	*Bac Secretariat*
TOTAL		**NONE**		

SERVICE NAME: BUDGET ALLOCATION (Processing of Documents)

Description: Allocates funds, processes and prepares Budget Utilization Request and Status (BURS) and Obligation Request and Status (ORS) for every Disbursement Vouchers, Purchase Orders, and Job Orders

Office or Division:	Budget Section
Classification:	Simple
Type of Transaction:	G2G- Government to Government employee
Who may avail:	Internal employees or other government agencies

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
2. Disbursement Voucher 3. Purchase Order/ Job Order 4. Budget Utilization Request and Status (BURS); Obligation Request and Status	Accounting Office Procurement Section Budget Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Endorse papers for allocation of funds a. Disbursement Vouchers - Personnel Services (salaries, allowances and retirement benefits) - Replenishments - Reimbursements - Consignments - Bill payments - Travel expenses - Contract of Service payments b. Purchase Orders/ Job Orders/ Delivery Orders/Call-off/Contracts or Accomplishment Reports	1.Receives and checks Disbursement Vouchers, Purchase Orders/ Job Orders for completeness - If incomplete, return to Accounting Office/ Procurement Section for corrections or additional attachments 2. Process documents - Prepares Budget Utilization Request and Status (BURS) and/or Obligation Request and Status (ORS) for every disbursement vouchers, Purchase Orders/Job Orders/Delivery Orders/Call-off/Contracts or Accomplishment Reports (with complete attachments) 3. Endorses processed papers to Chief Administrative Officer's Office for	None None None	3 minutes 4 minutes 3 minutes	*Step 1,2,3,4 & 6* *Marjorie E. Casilang* *Administrative Officer I* *Lida A. Balmores* *Administrative Assistant III*

	checking of accuracy and signs BURS/ORS with complete attachments 4. Receives signed documents from Chief Administrative Officer's Office 5. Reviews and signs BURS/ORS for approval, accuracy and completeness 6. Endorses verified and signed BURS/ORS with complete attachment to Accounting Section	 None None None	 3 minutes 2 minutes 2 minutes	*Step 5* *Lizel J. Abulencia* *Administrative Officer V* *(OIC-Budget Section)*
TOTAL			**17 Minutes**	

SERVICE NAME: R1MC HANDLING OF COMPLEX COMPLAINTS

Description: *All complaints received by each area concerning their respective processes and/ or personnel shall be entertained, processed and disposed by the same concerned unit/ office.*

Office or Division:	OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER (CAO), and OFFICE OF THE LEGAL OFFICER
Classification:	Complex Transactions
Type of Transaction:	Escalated Unresolved Complaints and, Endorsed Complaints
Who may avail:	All Offices of Region 1 Medical Center (R1MC)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Client Log Sheet (1) Request Form (1) Employee Identification Card	R1MC Employee Former Employee HRMO, CAO/MCC

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Received Complaints thru: a. **Unresolved Complaints –** this refers to the unresolved complaints from lower levels forwarded/ endorsed to the Management through Office of the Chief Administrative Office or Legal Office	**1. Receiving of Complaints** a. ***For Unresolved Complaints –*** *i.* the Staff of the CAO/ Legal Office shall screen the completeness of the endorsement, and check on the following: • Documentation of basic personal identification or circumstances of the *parties-in-interest;* • Documentation of Initial Action/ Investigation made by the Concerned Office/ Endorsing Office,	None	3 – 5 minutes	*Ms. Leslie Ann D.V. Calugay/Ms. Fritzie Marie M. Cayabyab*

b. Complaints Endorsed by the Medical Center Chief (MCC) Office – This Complaint(s), are the complaints received by MCC Office which by its discretion is endorsed and delegated to the Chief Administrative	which shall include the facts and circumstances established as well as the supporting concrete evidences relevant to the complaint. *ii.* ***If the Endorsement is Complete*** *– the Staff of CAO/ Legal Office shall immediately inform CAO/ Legal Office about the endorsed Complaint; BUT,* ***If the Endorsement is Incomplete –*** *the Staff of CAO/ Legal Office shall inform the Endorsing Office to complete the abovementioned necessary documents/ attachments of the complaint.* b. ***For Complaints Endorsed by the Office Medical Center Chief*** *– The Staff of CAO/* Legal Office *must immediately inform CAO/ Legal Officer about the received complaint.*	None	3 – 5 minutes	*Ms. Leslie Ann D.V. Calugay/Ms. Fritzie Marie M. Cayabyab*

Officer (CAO) or Legal Officer				
2. Assessment of Complaint **a. Unresolved Complaints** **b. Complaints Endorsed by the Medical Center Chief (MCC) Office**	2. Upon being informed/ notified, the Chief Administrative Officer (CAO)/ Legal Officer (LO) will assess and evaluate the endorsed complaint. a. CAO/ LO may endorsed the unresolved complaint to either of the following **investigating and recommendatory bodies:** **Ethics Committee** – For Complainants who are clients, patients, and watchers; or **Grievance Committee** – For Complainants who are hospital personnel of R1MC. b. CAO/ LO will act based on the note of endorsement/ instruction given/ issued by the MCC: i. ***If the instruction is to issue Order to Show Cause (OSC) or to make Letter Requiring for the Submission of Comment*** –	None None	1hour – 3 hours 1hour – 3 hours	*Mr. Ruel Raymund M. Malubag/ Atty. Angela Mericci G. Mejia* *Mr. Ruel Raymund M. Malubag/ Atty. Angela Mericci G. Mejia*

	CAO/LO Office will comply with the instruction and require the Person Complaint of to submit letter of explanation or comment respectively to the Office of the Medical Center Chief; ii. ***If the instruction is to endorse it to Ethics or Grievance Committee*** *– CAO Office will endorse the same.*			
3. **Endorsement to Ethics Committee or to Grievance Committee,** *as the case may be.*	3. **Ethics or Grievance Committee** i. Shall conduct their own official investigation as basis for their evaluation and recommendation for future resolution of the complaint; ii. A **Resolution** shall be made and signed by the Committee containing their findings, evaluation and recommendations; iii. The resolution prepared and signed by the Committee shall be submitted to the MCC Office approval.	None None	5 to 15 Working Days Upon Receipt	*Ms. Mary Jane R. Fernandez* *Mr. Rex Marion Laguerta* *Ms.Gerlyn Villafania*

1. Resolution for Approval and Basis of Official Decision Order	4. Upon receipt of the Resolution, the MCC will review, evaluate, and approve or may disapprove the said recommendation.	None	3 – 5 days	*Mr. Ruel Raymund M. Malubag/ Atty. Angela Mericci G. Mejia*
	i. After its approval or disapproval of the said recommendation/ resolution, the CAO/ LO Office will be instructed to prepare a Decision Order containing the Official and Final Decision of the MCC;	None	1 - 3 hours	*Mr. Ruel Raymund M. Malubag/ Atty. Angela Mericci G. Mejia*
	ii. CAO/LO will prepare the Decision Order as per instruction of the MCC and submit it to MCC Office for its Signature.	None	1 – 3 days	*Mr. Ruel Raymund M. Malubag/ Atty. Angela Mericci G. Mejia*
	iii. Upon signature and release of the said Order by the MCC Office, the CAO Office shall be in-charge in the delivery of the same and furnishing of copy to the Human Resource Management Office	None	Maximum 1 day	*Mr. Ruel Raymund M. Malubag/ Atty. Angela Mericci G. Mejia*
TOTAL			**10 to 14 working days**	

SERVICE NAME: R1MC HANDLING SIMPLE INTERNAL COMPLAINTS

Description: All complaints received by each area concerning their respective processes and / or personnel shall be entertained, processed and disposed by the same concerned unit / office

Office or Division:	Concerned Office of R1MC			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	R1MC Employees			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Client log sheet		R1MC Employee		
Request form		R1MC Employee		
Employee identification card		R1MC Employee		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Filing or Raising of complaint (Internal) – refers to complaints filed by hospital employees, which must be filed to their respective department/ section/ office/ unit head.	1. Receiving of Complaints (Internal) – The immediate head of each respective department/ section/ office/ unit shall facilitate the receiving of complaints and assume immediate authority to investigate the complaint	None	5 minutes	*Head of the Concerned Office (CO)*
2. Interview/ Proper Investigation – the complainant is expected to participate in the conduct of proper interview and investigation	2. The Head of the CO shall facilitate proper course of investigation, and thorough interview with the complainant, and with the person complained-of separately in order to determine and establish the facts and the circumstances of the complaint. Facts such as basic personal information of both parties, gist of the complaint, and concrete evidences shall be collected	None	1-3 hours	*Head of the Concerned Office (CO)*

3. Mediation	3. The Head of the CO shall act as mediator to make the necessary intervention in order to settle or reconcile the conflicting parties, and address issues and concerns.	None	1 minute	*CSR Staff*
4. Reconciliation	4.1. If reconciliation is successfully attained by both parties – Settlement Agreement must be voluntarily signed both parties. The Mediator shall confirm/ attest the attainment of the same 4.2. If reconciliation is not reached – the matter shall be escalated and endorse to the higher office/ authority *Endorsement – Mediator shall endorse the matter with the proper authorities or offices together with the pertinent documents and evidences already obtained	None None	1-3 hours 1-3 hours	*Head of the Concerned Office (CO)* *Head of the Concerned Office (CO)*
TOTAL		**None**	**1-3 working days**	

SERVICE NAME: BUILDING MAINTENANCE

Description: Preventive and corrective maintenance to all building and offices including documentation.

Office or Division:	Building Maintenance (HOPSS Division)			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who may avail:	All employee			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Scheduled Preventive Maintenance	1. Inspection and checking of all offices, facilities and building structure stability.	NONE	15 mins	*Engr. Ariel T. Baliclic, Engr. Alvin B. Calaunan, Engr. Geno Aquino, Mr. Raymund Pascua*
inspiring	2. Record all deficiencies to the Preventive Maintenance Checklist and acknowledge by end-user.	NONE	5 mins	*Engr. Ariel T. Baliclic, Engr. Alvin B. Calaunan, Engr. Geno Aquino, Mr. Raymund Pascua*
	3. Conduct repair based on findings and accomplished job-order, acknowledge by end-user.	NONE	30 mins it will vary on availability of materials)	*Willy De Venecia, Ashly Contawe, Andres Antipolo, Oscar Somine, Christian Serrano*

Corrective Maintenance	1. Evaluate the received approved letters/calls from end-user.	NONE	5 mins	*Engr. Ariel T. Baliclic, Engr. Alvin B. Calaunan, Engr. Geno Aquino, Mr. Raymund Pascua*
	2. Partially accomplished the job-order and prepare the materials and tools to be use.	NONE	15 mins	*Willy De Venecia, Ashly Contawe, Andres Antipolo, Oscar Somine, Christian Serrano, Raymund Pascua*
	3. Conduct the corrective maintenance.	NONE	30 mins (it will vary on availability of materials)	*Willy De Venecia, Ashly Contawe, Andres Antipolo, Oscar Somine, Christian Serrano, Raymund Pascua*
	4. Accomplished the job-order form and acknowledged by end-user.	NONE	3 mins	*Willy De Venecia, Ashly Contawe, Andres Antipolo, Oscar Somine, Christian Serrano, Raymund Pascua*
TOTAL		**NONE**	**1hr and 43 mins**	

SERVICE NAME: CORRECTIVE MAINTENANCE (INDUSTRIAL ERQUIPMENT)

Description: Repair of defective/ non-functional industrial equipment (aircon/ ref) by ward/ office / section

Office or Division:	Industrial Equipment Section			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who may avail:	R1MC Employees			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.The client requests for checking of airconditioning and/or refrigeration units	1. The section/ unit head assigns technician to assess the functionality of the unit and make service report on the status of the unit, indicating the equipment details, findings, and recommendations to be done on the unit	NONE	2 mins	*Michael Sagum (Administrative Assistant III)*
	If unit is subject for repair, and if spare parts is available then repair should commence immediately. If spare part is not available, then it will undergo the process of procurement			
2.Acknowledgement of work done	After repair is done, the technician tests the unit for functionality witnessed by the end-user and signs the service report.	NONE	1-2 minutes	
TOTAL			4 Minutes	

SERVICE NAME: INFRASTRUCTURE

Description: Engineering-Infrastructure provides compliance to end-user requirement; Review and evaluate third party service providers (contractors of the project) on a regular periodic basis.

Office or Division:	Infrastructure (HOPSS Division)			
Classification:	Simple			
Type of Transaction:	G2B – Government to Business Entity; g2g – Government to Government			
Who may avail:	Contract of the Project			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		None		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
PLANNING				
1. Secure the approved plans	1. Give the approved plans to the client	NONE	1 min	*Engr. Cristita Ibasan (Head, Engineering)*
2. Visit the site	2. Accompany the client and explain where the site is locked	NONE	1 hour	*Engr. Cristita Ibasan (Head, Engineering)*
CONSTRUCTION PHASE				
1. Securing of building permit forms	1. Issue the required documents for the building permits	NONE	Within 15 days from payment	*Engr. Cristita Ibasan (Head, Engineering)*
2. Start the Construction	2. Supervise / Monitor the ongoing construction	NONE	*Depending on the Calendar days of the contract	*Engr. Cristita Ibasan (Head, Engineering)*
3. Request the payment for accomplishments	3. Issue accomplishment report based on actual accomplishment on site	NONE	5 days	*Engr. Cristita*

				Ibasan (Head, Engineering)
ACCEPTANCE				
1. Request for final acceptance for the project after 1 year of completion	1. Evaluate the project for completeness and issue the final acceptance	NONE	5 days	*Engr. Cristita Ibasan (Head, Engineering)*
TOTAL		NONE	25 days 1 hour 15 mins	

SERVICE NAME: EQUIPMENT CORRECTIVE, PREVENTIVE AND CALIBRATION MAINTENANCE

Description: Involves repair of malfunctioning equipment, scheduled preventive maintenance and calibration of equipment and documentation

Office or Division:	Medical Equipment Section (ALLIED Division)
Classification:	Simple
Type of Transaction:	G2G - Government to Government
Who may avail:	Equipment End-users

CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
(1) Corrective Maintenance/Repair		**Medical Equipment Office**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.End user will make a report/call. (After reporting, end user will bring the Equipment to the office).	1. Initial Assessment of Equipment status by a qualified Biomed technical staff. 2. Accomplish Equipment Corrective Assessment Form, with a furnished copy for the end-user.	None	20 minutes	*CHARLIE VINCENT, WELLER RODEL, GINE, PAUL, OLIVER, DONALD, VLADEMIR, WILSON, FORTUNATO*
	3. Informs end-user whether equipment will undergo in-house or outsourced repair	None	5 minutes	*CHARLIE VINCENT, WELLER RODEL, GINE, PAUL, OLIVER, DONALD, VLADEMIR, WILSON, FORTUNATO*
	4.If in-house, repair of equipment shall be done immediately depending on the availability of materials.	None	Depends on the availability of spare parts	*CHARLIE MEJIA*
	5.After repair is done, the equipment is returned back to the end-user together with the Corrective Assessment Form signed by the end-user	None	10 minutes	*ENGR. CHRISTIAN, CHARLIE VINCENT, WELLER RODEL, GINE, PAUL, OLIVER, DONALD, VLADEMIR, WILSON, FORTUNATO*
TOTAL		**None**	**35 minutes + downtime on repair and availability of parts**	

SERVICE NAME: EQUIPMENT CORRECTIVE, PREVENTIVE AND CALIBRATION MAINTENANCE

Description: Involves repair of malfunctioning equipment, scheduled preventive maintenance and calibration of equipment and documentation

Office or Division:	Medical Equipment Section (ALLIED Division)
Classification:	Simple
Type of Transaction:	G2G - Government to Government
Who may avail:	Equipment End-users

CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
(1) Schedule Preventive and Calibration		**Medical Equipment Office**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.End user will be given by the Medical Equipment office a schedule	1. Verification of Equipment Checklist and acknowledgement by end-user	None	5 minutes	*CHARLIE VINCENT, WELLER RODEL, GINE, PAUL, OLIVER, DONALD, VLADEMIR, WILSON, FORTUNATO*
	2. Informs end-user whether equipment will undergo in-house or outsourced repair	None	5 minutes	*CHARLIE VINCENT, WELLER RODEL, GINE, PAUL, OLIVER, DONALD, VLADEMIR, WILSON, FORTUNATO*
	3.Commencement of Preventive Maintenance and calibration (Cleaning, Testing, Documentation)	None	1-2 days	*CHARLIE VINCENT, WELLER RODEL, GINE, PAUL, OLIVER, DONALD, VLADEMIR, WILSON, FORTUNATO*
	4.Accomplishment of Equipment Service Reports with acknowledgement and signature from end-user		1 day	*CHARLIE VINCENT, WELLER RODEL, GINE, PAUL, OLIVER, DONALD, VLADEMIR, WILSON, FORTUNATO*
TOTAL		**None**	**2-3 days**	

SERVICE NAME: DISPENSING OF MEDICAL GRADE OXYGEN

Description: The process that involves withdrawal of medical grade oxygen from Oxygen Generation Plant to Material Management Section

Office or Division:	Engineering and Facilities Management (Oxygen Generation Plant) - HOPSS Division			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who may avail:	Material Management Section Staff			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Request for Medical Grade Oxygen	1. Accomplishes the Information of the Distribution Inventory List (R1MC-HOP-ENG-OGP-FRM-021)	NONE	1 minute	*Mr. Raymond M. Almonte (Authorized person for release)*
	2. Accomplishes the Delivery Details of Distribution Inventory List (R1MC-HOP-ENG-OGP-FRM-021)	NONE	1 minute	*Mr. Raymond M. Almonte (Authorized person for release)*
	3. Turnovers the requested quantity of medical oxygen cylinders to the Material Management Section Staff	NONE	15 minutes	*Mr. Raymond M. Almonte (Authorized person for release)* *Mr. Rodel C. Cortez (Refiller)*
	4. Counterchecks the quantity all the serial numbers listed under the delivery details	NONE	5 minutes	*Mr. Crissanto Estrada Materials Management Section Staff*

	of the Distribution Inventory List (R1MC-HOP-ENG-OGP-FRM-021)			
	5. Signs the Distribution Inventory List (R1MC-HOP-ENG-OGP-FRM-021) signifying the receipt of all medical oxygen tanks in good condition	NONE	1 minute	*Mr. Crissanto Estrada Materials Management Section Staff*
Surrendering empty oxygen tanks	6. Turnovers the empty oxygen cylinders that is equal to the requested quantity	NONE	15 minutes	*Mr. Crissanto Estrada Materials Management Section Staff*
	7. Accomplishes the Cylinder Pre-fill Inspection Sheet (R1MC-HOP-ENG-OGP-FRM-013) listing all the information of the received oxygen tanks	NONE	45 minutes	*Mr. Rodel C. Cortez (Refiller)*
	8. Signs Cylinder Pre-fill Inspection Sheet (R1MC-HOP-ENG-OGP-FRM-013) signifying that all the information of the surrendered tanks is correct.	NONE	1 minute	*Mr. Crissanto Estrada Materials Management Section Staff*
TOTAL		NONE	84 minutes	

SERVICE NAME: CONSOLIDATION, ANALYSIS, AND DISTRIBUTION OF SURVEILLANCE REPORTS ON NOTIFIABLE DISEASES

Description: Consolidation and analysis of recorded data, and distribution of accomplished surveillance reports to higher level intrahospital administrative offices

Office or Division:	Hospital Epidemiology Center
Classification:	Simple/Complex
Type of Transaction:	G2G - Government to government
Who may avail:	Medical Center Chief (MCC); Chief of Medical Professional Staff (CMPS); Chief of Clinics (COC); Health Emergency Management Service (HEMS); and Hospital Infection Prevention and Control Management Office (HIPCMO)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
None	Not Applicable

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Accomplish consolidated report of cases investigated a) Daily Report b) Weekly Report c) Monthly Report d) Annual Report	None	 1 hour 3 hours 2 days 5 days	*Ms. Peralta or Mr.Ricafort or 1 DSO (Ms. Caramat, Ms. Romero, Ms. Javier or Ms. Aquino)*
	2. Review, analyze, and approve reports before distribution a) Daily Report b) Weekly Report c) Monthly Report d) Annual Report	None	 30 minutes 1 hour 1 hour 3 hours	*Dr. Jocelyn Angeles*
	3. Distribute the accomplished and approved Surveillance Reports a) Daily Report: MCC, CMPS and COC b) Weekly Report: MCC, CMPS, COC, HEMS and HIPCMO	None	 20 minutes 30 minutes	*Ms. Peralta*

	c) Monthly Report: MCC, CMPS, COC, HEMS and HIPCMO d) Annual Report: MCC, CMPS, COC, HEMS and HIPCMO		30 minutes 30 minutes	
Total:		**None**	**Daily Report:** **1 hour, 50 minutes** **Weekly Report:** **4 hours, 30 minutes** **Monthly Report:** **2 days, 2 hours, 30 minutes** **Annual Report:** **5 days, 3 hours, 30 minutes**	

SERVICE NAME: OUTBREAK INVESTIGATION

Description: To further prevent the spread of infections for the safety our patients as well as our healthcare workers

Office or Division:	Hospital Infection Prevention and Control Management Office (HIPCMO)
Classification:	General
Type of Transaction:	Government
Who may avail:	Hospital Personnel in Region 1 Medical Center

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Confirm presence of outbreak by activation of algorithm for outbreak investigation	1. Inform head of unit and respective area involved	None	5 minutes	*Dr. Rowena Virrey (Head, HIPCMO)*
2. Data Collection	2. Accurate collection of data/information of patients and investigation of the outbreak	None	1 day	*Dr. Rowena Virrey (Head, HIPCMO)*
	2.1 Review of patient's medical records and laboratory results	None	1 day	*Dr. Rowena Virrey (Head, HIPCMO)*
3. Follow infection prevention and control measures	3.1 Strict implementation of use of PPEs	None	10 minutes	*Healthcare workers*

	3.2 Strict compliance to hand hygiene practices	None	10 minutes	*Healthcare workers*
	3.3 Strict implementation of isolation practices	None	10 minutes	*Nurses and Doctors*
	3.4 Conduction of terminal cleaning with environmental sampling of the affected area by sequential closure	None	1 day	*Nurses and Medical Technologists*
4. Announce end of outbreak to relevant authorities	4. Accurate outcome of report with prompt submission to authorized offices	None	1 day	*Dr. Rowena Virrey (Head, HIPCMO)*
TOTAL			Total: 4 days & 45 minutes	

SERVICE NAME: CLEANING AND JANITORIAL SERVICES

Description: Maintain overall cleanliness of hospital premises including waste collection and segregation for mishandled waste

Office or Division:	HOUSEKEEPING SECTION (HOPSS DIVISION)
Classification:	SIMPLE TRANSACTION
Type of Transaction:	G2G - GOVERNMENT TO GOVERNMENT
Who may avail:	INTERNAL EMPLOYEES
CHECKLIST OF REQUIREMENTS: N/A	**WHERE TO SECURE: N/A**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.REGULAR DAILY CLEANING ACITIVITIES OF HOUSEKEEPING STAFF TO HOSPITAL PREMISES (HALLWAYS,WARD/OFFICE/CLINIC PERIMETER, GROUNDS PUBLIC CR, PUBLIC WAITING AREAS ETC.	• REMINDS HOUSEKEEPING STAFF OF DAILY RESPONSIBILITES BASED ON THEIR SCHEDULE OF DUTIES/AREA OF LOCATION • ASSIGNS STAFF FOR SPECIAL TASK IF ANY	NONE	5-10 MINS	***Housekeeping Main:*** *Mary Ann Tumlos (Hospital Housekeepr) Edita E. Suyan (Hospital Housekeeper)* ***Housekeeping Annex:*** *Ruby Ann M. Alberto (Dormitory Manager) Aries M. Almonte (Hospital Housekeeper)*
	• PROCEED TO ASSIGNED AREA AND PERFORMS REGULAR/DAILY CLEANING ACTIVITIES	NONE	1-2 hours 2-3 Times Daily	*HOUSEKEEPING STAFF ON DUTY*
	MONITOR AND EVALUATE ALL POST CLEANING ACTIVITIES OF HOUSEKEEPING STAFF AND RECORDS TO DAILY MONITORING REPORT RELATED TO CLEANING	NONE	DAILY	***Housekeeping Main:*** *Mary Ann Tumlos (Hospital Housekeepr) Edita E. Suyan (Hospital Housekeeper)* ***Housekeeping Annex:*** *Ruby Ann M. Alberto (Dormitory Manager)*

				Aries M. Almonte (Hospital Housekeeper)
2. DAILY COLLECTION OF SEGREGATED WASTE FROM WARDS, CLINICS, OFFICES, PUBLIC CR, GROUND AND PUBLIC WAITING AREAS	• REMINDS HOUSEKEEPING STAFF OF DAILY RESPONSIBILITIES BASED ON THEIR SCHEDULE OF DUTIES/AREA OF LOCATION • ASSIGNS STAFF FOR SPECIAL TASK IF ANY	NONE	5-10 MINUTES	***Housekeeping Main:*** *Mary Ann Tumlos (Hospital Housekeepr) Edita E. Suyan (Hospital Housekeeper)* ***Housekeeping Annex:*** *Ruby Ann M. Alberto (Dormitory Manager) Aries M. Almonte (Hospital Housekeeper)*
	• PREPARES EQUIPMENT AND TOOLS NECESSARY • PROCEEDS TO ASSIGNED AREAS, LOGS AND COLLECTS SEGREGRATED WASTE BAGS • PROCEEDS TO TEMPORARY HOLDING AREA FOR UNLOADING OF WASTE BAGS, CHECKS FOR UNSEGREGATED WASTE (PERFORMS MANUAL SEGREGRATION FOR GENERAL WASTE IF NECESSARY) AND RECORDS TO LOGBOOK	NONE	MAY VARY DEPENDING ON THE ACTIVITY	***Housekeeping Main:*** *Mary Ann Tumlos (Hospital Housekeepr) Edita E. Suyan (Hospital Housekeeper)* ***Housekeeping Annex:*** *Ruby Ann M. Alberto (Dormitory Manager) Aries M. Almonte (Hospital Housekeeper)*
3. DAILY/WEEKLY GARDENING AND LANDSCAPE ACTIVITIES	• REMINDS HOUSEKEEPING STAFF OF DAILY RESPONSIBILITIES BASED ON THEIR SCHEDULE OF DUTIES/ AREA OF LOCATION • ASSIGNS STAFF FOR SPECIAL TASK IF ANY	NONE	5-10 MINUTES	*GARDENER STAFF ON DUTY*
	• CHECKS AND VALIDATES ALL GARDENING ACTIVITIES PERFOMED	NONE	MAY VARY DEPENDING ON THE	***Housekeeping Main:*** *Mary Ann Tumlos (Hospital Housekeepr) Edita E. Suyan*

			ACTIVITY	*(Hospital Housekeeper)* ***Housekeeping Annex:*** *Ruby Ann M. Alberto* *(Dormitory Manager)* *Aries M. Almonte* *(Hospital Housekeeper)*
4. REQUESTS FOR CLEANING SERVICES OR A SPECIFIC ACTIVITY ON A PARTICULAR AREA/ LOCATION (IMPROMPTU OR SCHEDULE) THRU CALLING LOCAL HOUSEKEEPING	• RECEIVES, ASSESS AND VALIDATES THE REQUEST • ENDORSE DETAILS OF SERVICE REQUEST TO HOUSEKEEPING SUPERVISOR	NONE	5-10 MINUTES	***Housekeeping Main:*** *Mary Ann Tumlos* *(Hospital Housekeepr)* *Edita E. Suyan* *(Hospital Housekeeper)* ***Housekeeping Annex:*** *Ruby Ann M. Alberto* *(Dormitory Manager)* *Aries M. Almonte* *(Hospital Housekeeper)*
	• VALIDATES AND CONFIRMS THE SERVICE REQUEST • INSTRUCTS ONE OR MORE HOUSEKEEPING STAFF OF SERVICE REQUEST • HOUSEKEEPING STAFF PREPARES CLEANING MATERIALS	NONE	5-15 MINUTES	***Housekeeping Main:*** *Mary Ann Tumlos* *(Hospital Housekeepr)* *Edita E. Suyan* *(Hospital Housekeeper)* ***Housekeeping Annex:*** *Ruby Ann M. Alberto* *(Dormitory Manager)* *Aries M. Almonte* *(Hospital Housekeeper)*
	• HOUSEKEEPNG STAFF PROCEEDS TO LOCATION REQUESTED AND PERFORMS JANITORIAL ACTIVITIES BASED ON THE REQUEST INSTRUCTED	NONE	MAY VARY DEPENDING ON THE ACTIVITY	*HOUSEKEEPING STAFF ON DUTY*
	• MONITORS DURING THE PROCESS OR MAY VALIDATE AFTER THE ACTIVITY	NONE	15-30 MINUTES	***Housekeeping Main:*** *Mary Ann Tumlos* *(Hospital Housekeepr)* *Edita E. Suyan*

				(Hospital Housekeeper) ***Housekeeping Annex:*** *Ruby Ann M. Alberto* *(Dormitory Manager)* *Aries M. Almonte* *(Hospital Housekeeper)*
TOTAL		**NONE**	**5-10 MINUTES** **(ON OTHER ACTIVITIES MAY VARY)**	

SERVICE NAME: LEAVE APPLICATION

Description: Matters regarding leave application such as vacation leave, mandatory/forced leave, special privilege leave (domestic emergency leave, mourning leave, graduation leave, anniversary leave, birthday leave, relocation leave, calamity leave), sick leave, maternity leave, paternity leave, solo parent leave, special emergency (calamity) leave, study leave, rehabilitation leave and VAWC leave.

Office or Division:	Human Resource Management Office (HRMO)
Classification:	Simple
Type of Transaction:	G2G - Government to Employee or another government agency
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
A. For Vacation Leave a.Travel within the Philippines (for 1 month or more) 1. Four (4) copies of Clearance Form (CS Form N0. 7, series of 2018 2. Letter of Request noted by the Medical Center Chief 3. Written Declaration or Statement by the Immediate Supervisor b. Travel in Abroad 1. Request Letter 2. Written Declaration or Statement by the Immediate Supervisor 3. Travel Authority/Permit 4. Duly accomplished application for leave 5. Four (4) copies of Clearance Form (CS Form N0. 7, series of 2018 - (travel for 30 Calendar days or more) B. For Mandatory/Forced Leave 1. Accomplished Application for Leave Form only C. For Special Privilege Leave 1. Domestic emergency leave – explanation letter noted by the Immediate Supervisor 2. Mourning Leave – Death Certificates D. For Sick Leave 1. Sick Employee- Medical Certificate certified by OSH	Timekeepers of each sections/areas/department (form has been sent via section emails) From any attending physician From OSH office From employee applying to specific type of leave such as study leave

2. Sick Immediate Family Member – Medical Certificate of Sick Relative (for more than 5 days) For More than One (1) Month Leave 3. Four (4) copies of Clearance Form (CS Form No. 7, series of 2018) 4.Medical Certificate stated fit to return to work certified by OHS E. For Maternity Leave 1. Four (4) copies of Clearance Form (CS Form No. 7, series of 2018) 2.Registered Birth Certificate of newborn child 3. Medical Certificate stated Fit to Return to Work certified by OSH F, For Paternity Leave 1.Marriage Contract 2. Registered Birth Certificate of newborn child 3. Medical Certificate of Spouses G. Solo Parent Leave 1.Solo Parent Identification Card 2.Registered Birth Certificate of Child H. For Special Emergency (Calamity) Leave 1.Written Declaration or Statement by the Immediate Supervisor 2.Proof of declaration of calamity by the proper government agency I.Study Leave 1. Letter of Request supported by relevant reports 2. Medical Certificate 3.Written recommendation for rehabilitation J. For VAWC Leave 1.Barangay Protection Center 2.Temporary/Permanent Protection Order 3.Certification of Application of BPO/TPO/PPO 4.Police Report and Medical Certificate	

K. For Monetization of Leave Credits 1. Application for Leave Form 2. Letter request with valid and justifiable reasons approved by the MCC (for monetization of 50% or more accumulated leave credits				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submission of leave application	1. Acceptance of leave application a. Checking of details or requirements b. Providing leave code	None	3 minutes	*Maria Neslie S. Tamayo*
	2. Forward leave application to Leave Section in 2 batches per day	None	1 minute	*Maria Neslie S. Tamayo*
	2. Process leave application a. Encode leave application in HRIS b. Scan and verify the leave application c. Recor the approved or disapproved leaves of absence in the Employee's Leave Ledger Card	None	15 minutes	*Eufinia L. Tandoc*
2.Wait for the approved/disapproved leave via call, text message or email from HRMO Staff	4.Endorsement to the approving authority a. Encode in the Application Leave Database for monitoring and record-keeping purposes and scan leave form. 5.Release the approved leave application form to employees upon request through electronic mail.	None None	5 minutes 5 minutes	*Eufinia L. Tandoc* *Maria Neslie S. Tamayo*
TOTAL		**None**	**29 minutes**	

SERVICE NAME: TERMINAL LEAVE BENEFITS

Description: Matters regarding filing of application for terminal leave by an official or an employee who intends to serve his connection with the hospital through resignation, retirement or separation from service.

Office or Division:	Human Resource Management Office (HRMO)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
a. Approved Letter of Intent for Retirement (Mandatory/Optional) or Resignation	From applicant
b. Approved Terminal Leave	From HRMO Staff
c. Service Record	From HRMO Staff
d. Latest Notice of Salary Adjustment	From HRMO Staff
e. Clearance Certificate (CS Form No. 7 Revised 2018)	Downloaded from CSC website by applicant
f. GSIS Clearance/Approval	From GSIS
g. Ombudsman Clearance	From Ombudsman
h. Notarized SALN (3 copies)	Downloaded from CSC website by applicant
i. Daily Time Record (for the last month in service)	From Timekeepers of each sections/areas/ department
j. Residency Completion Certificate (for Resident Doctors Only)	From applicant
k. Company Identification Card (R1MC ID)	From applicant
Additional Requirements (For Deceased Employee)	
a. Death Certificate (PSA)	
b. Marriage Certificate (PSA)	
c. Birth Certificate of all Surviving Legal Heirs (PSA)	
d. Designation of Next-of-Kin	
e. Waiver of Rights of Children (18 years old and above, if applicable)	

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit application letter and requirements	3. Acceptance of leave application a. Check and review terminal leave details and requirements b. Prepare acceptance letter to be signed by	None	3 working days	*Veneranda S. Bautista*

	the Medical Center Chief c. Ensure sequence of documentary requirements. d. Process leave credits. e. Endorse TLB requirements and computation in accounting unit for fund request at the DBM.			
2. Wait for the notification through call, text message or email from HRMO Staff	2. Inform leave applicants regarding the status/update of terminal leave application.	None	2 minutes	*Veneranda S. Bautista*
TOTAL		**None**	**3 days and 2 minutes**	

SERVICE NAME: PREPARATION/ISSUANCE OF HOSPITAL PERSONNEL ORDER

Description: Matters regarding preparation/issuance of hospital personnel order to employees directing/allowing to attend meeting, trainings, seminars, workshops, court call and other hospital activities

Office or Division:	Human Resource Management Office (HRMO)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Approved Request Letter duly signed by the Medical Center Chief	From applicant

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
2. Submit approved letter	4. Acceptance of approved request letter a. Check and review the completeness of request such as list of attendees, travel date, and venue, entitlement to meal/s, transportation, per diem, reimbursements, and other necessary fees requested. b. Draft the hospital personnel order. c. Endorse to the approving authorities for review and signature d. Coding of signed hospital order e. Disseminate approved HPO through email f. File and tag HPO	None	1 hour and 6 minutes	*Alice P. Manaois*
2. Wait for the notification through call, text message or email from HRMO Staff	2. Inform concerned personnel regarding the status/update their request	None	2 minutes	*Alice P. Manaois*
TOTAL		**None**	**1 hour, 8 minutes**	

SERVICE NAME: ACCEPTANCE OF APPLICATION

Description: For those who are interested to apply for any vacant positions.

Office or Division:	Human Resource Management Office (HRMO)
Classification:	Simple
Type of Transaction:	G2C – Government to citizen
Who may avail:	Everyone

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(2) Application / Cover Letter with signature and addressed to our Head of Agency: JOSEPH ROLAND O. MEJIA, MD,, D.Sc, MBAH, MPA, MDM, DHSM, DCDM, FPSMS, CMS, CESE Medical Center Chief II Region 1Medical Center Arellano Street, Dagupan City	From applicant
(1) Fully accomplished Personal Data Sheet (CS Form No. 12 Revised 2017)	Downloaded from Civil Service Commission website by applicant
(1) Photocopy of Diploma and Transcript of Records	From applicant
(1) Photocopy of Eligibility or PRC License and Board Rating	From applicant
(1) Photocopy of Training Certificates	From applicant

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of application	1. Acceptance of application a. Checking of requirements b. Providing validity of application (6 months)	None	5 minutes	*HRMO Application Staff*
2. Wait for the notification through call, text message or email from HRMO staff	2. Advice applicant of if there are vacancies	None	5 minutes	*HRMO Application Staff*
TOTAL			10 minutes	

SERVICE NAME: HUMAN ORGAN DONATION AND TRANSPLANTATION PROCESS

Description: The Kidney Transplant and Organ Donation Unit Office is located at the 2nd floor of the Old Administrative Building. It provides the opportunity to improve and extend lives thru organ donation and transplantation.

Office or Division:	Kidney Transplant and Organ Donation Unit Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Identification card (if any) Diagnostic results (if any) Diagnostic request (if any)	R1MC – Registration, Admitting Section, Out- Patient Department R1MC – Laboratory R1MC – Outpatient Clinic

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. INITIAL INTERVIEW (Unang Pag-uusap ng Transplant Coordinator at ng Kliyente) 1.1 Client inquires inside the Kidney Transplant Office	1.1 Start of the initial interview process 1.2 Data and history taking	None	20 minutes	*Dr. Mary Grace Ann Roque* *(Head, KTODC)*
2. PRE-TRANSPLANT ORIENTATION (Mas malalim na usapan tungkol sa kidney transplant) 2.1 Client should be accompanied by their relatives (Dapat kasama ng magbibigay at tatanggap ng bato ang kanilang mga kamag-anak) 2.2 Listen to lecture	2.1 The process of transplantation is explained to the donor and recipient and their relatives (Ipapaliwanag ang proceso ng transplantasyon) 2.2 Lecture Question and Answer 2.3 Issue certificate	None	2-3 Hours	*Dr. Mary Grace Ann Roque* *(Head, KTODC)*

2.3 The recipient and donor will receive a Cetiificate of Pre-Transplant Orientation				
3 LABORATORY WORK-UPS	**3.** Tissue typing, crossmatching and other laboratory tests will be done for both donor and recipient.	c/o laboratory	Each test has a different timetable	*Nephrologist* *Medical Technologist*
4. ETHICS COMMITEE EVALUATION AND DELIBERATION a. Prepare documents / requirements for HTEC Presentation	4.1 The Ethics Committee will talk to the recipient and the donor regarding the ethical issues of the procedure and whether it will be approved.	Donor Evaluation fee	Approximately 3-4 Hours	*Dr. Mary Grace Ann Roque* *(Head, KTODC)*
5. KIDNEY TRANSPLANT The kidney transplant proper where the patient is admitted in the hospital and the transplant operation is done. (I-aadmit at ooperahan ang pasyente sa ospital) **6.** POST-TRANSPLANT CARE 6.1 Both donor and recipient will have regular follow-up check-up in the assigned clinic (kelangan na regular magpatingin ang nagbigay at tumanggap ng bato sa natalagang klinik)	5.1 Admit patient. 5.2 Transplant Operation 6.1 Post –op Lab results/ Trough level determination 6.2 Consultation	Kidney Transplant Package Laboratory fee	Admission: 1-2 Hours (at ER) Operation: Approximately 5- 6 Hours Approximately 15 minutes	*Dr. Mary Grace Ann Roque* *(Head, KTODC)*
TOTAL:		None	15 Hrs. 35 mins.	

SERVICE NAME: COLLECTION, LAUNDERING AND DELIVERY OF LINENS

Description: Provides adequate supply of clean and sanitized linen to all hospital departments, sections and units.

Office or Division:	Linen and Laundry Section
Classification:	Simple
Type of Transaction:	G2C – Government to Government
Who may avail:	Internal Clients/Offices

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request for Linen Change Form	Nursing Station

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Collection of soiled linens **1.** Nurse/Nursing attendants changes the in patients' gowns and linens. **1.1** Place the soiled linens at assigned laundry bags. **1.2** For infectious linens Nurse/Nursing Attendants shall place the used linens in a yellow plastic bag with label as to its content. **1.3** Signs the submitted Soiled Linen portion of the Form A and./or Soiled/Clean Linen Checklist Form-B (brought by the collecting laundry staff)	**1. Handling Soiled Linens** **1.** The collecting laundry staff shall account and record soiled linens. **2.** Nursing Attendants/Nurse shall sign: **2.1a.- Soiled/Clean linen Checklist Form A** for the different wards. **2.2b.- Soiled/clean linen checklist form B** for Special Areas. ***Collection of linen is done 3 times a day:*** *a. 4:00 am* *b. 8:00 am* *c. 11:00 am* **2. Treatment and Washing of Linens** Sorting/Classifying according to: a) Very Dirty b) Dirty	None	105 minutes	*Collecting staff, Nurse or nursing attendant and Linen staff on duty; Ms. Sharon Cajucom (Administrative Officer III)*
		None	30 minutes	*Laundering staff and Machine Operators on duty; Ms. Sharon Cajucom (Administrative Officer III)*

	c) Less Dirty Soaking with solution Contagious linens and/or bloody are washed in separate lavatory Pre-washing (manual brushing) Washing Machine per cycle *(at least 28 batches or 14 batches/machine a day)* Dryer per batch *(at least 41 batches or 20 batches/ machine)* **3. Folding, Classifying and dispatch of clean linens** **Folding and Sorting of clean linens per batch-atleast 1 hour. Clean linens are folded and sorted as to ward classifications (gowns, bed mattress, bed covers, etc.)* **Clean linens are dispatched to the different wards 3 times a day at 4:00 am upon collection of the soiled, at 9:00am and 1:00pm for the use of admitted patients and to replace soiled linens of in-patients if needed.*		30 minutes 60 minutes 120 minutes 60 minutes 25 minutes 60 minutes	*Linen Staff on duty; Ms. Sharon Cajucom (Administrative Officer III)*
TOTAL			**490 minutes**	

SERVICE NAME: PRODUCTION OF LINEN

Description: New fabrication, repair and painting of requested linens from different wards ad offices.

Office or Division:	Linen and Laundry Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Internal Clients/Offices

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request for Linen Change Form	Nursing Station

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Production of Linen **1.** Requesting Staff of the different department, areas, clinics and offices shall accomplish job order form. 2. End user with specific linen requirements and desired style shall provide the raw material if not available.	1. Seamstress receives the duly accomplished job order form and determines the linen requirements and the availability of the needed raw materials. Simple (depending on the number of pieces. Difficult Year-round production (Operating Room linens- draw sheets, wrapper, lifter e.g.)	None	1 week 1 month 1 year	*Evelyn D. Samson (Seamstress) and Maria Jesusa D. Erguiza (Seamstress)* *Hospital End Users*
TOTAL			**365 days**	

SERVICE NAME: REGION I MEDICAL CENTER IDENTIFICATION CARD (REQUEST ID)

Description: The R1MC ID is issued to individuals that will render their services for Region I Medical Center.

Office or Division:	Management Information Service
Classification:	Simple
Type of Transaction:	G2G - Government to Government
Who may avail:	All personnel of Region 1 Medical Center

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
R1MC IDENTIFICATION CARD 1. Properly Accomplished HRMO ID Form 2. ID payment Official Receipt 3. Passport Size or 2x2 ID Photo	Human Resource Management Office R1MC Cashier Client

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Fill-up the ID Issuance and Releasing Monitoring Sheet	1. Give the ID Issuance and Releasing Monitoring Sheet	None	3 minutes	*Engr. Gerald Juguilon*
2. Submit the required documents to the MIS receiving staff for initial assessment and verification	2. Receive the required documents and check for completeness 2.1 Start processing the request	None Php 20 – small ID Php 50 – Large ID	5 minutes 3 working days	*Engr. Gerald Juguilon*

	2.2 Inform the client via text message when the R1MC ID is ready for pick up	None	3 minutes	
3. Verify and check the data encoded on card	3. Release the R1MC ID to the client	None	1 minutes	*Engr. Gerald Juguilon*
4. Receive the R1MC ID and affix signature and date received at the ID issuance and Releasing Monitoring Sheet	4. Give the ID issuance and Releasing Monitoring Sheet for client receiving	None	2 minutes	*Client*
TOTAL		None	3 days, 14 minutes	

SERVICE NAME: REGION I MEDICAL CENTER IDENTIFICATION CARD (LOSS ID)

Description: Filling of an employee for a lost Region 1 Medical Identification Card

Office or Division:	Management Information Service
Classification:	Simple
Type of Transaction:	G2G - Government to Government
Who may avail:	All personnel of Region 1 Medical Center

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
LOST IDENTIFICATION CARD	
1. Properly Accomplished HRMO ID Form	Human Resource Management Office
2. Lost R1MC ID Payment Official Receipt	R1MC Cashier
3. Passport size or 2x2 ID Photo	Client
4. Approved Letter addressed to the Chief Administrative Officer citing the reason of lost	Client
5. Notarized affidavit of lost	Client

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Fill-up the ID Issuance and Releasing Monitoring Sheet	1. Give the ID Issuance and Releasing Monitoring Sheet	None	3 minutes	*Engr. Gerald Juguilon*
2. Submit the required documents (approved letter and affidavit of lost) to the MIS Receiving staff for initial assessment and verification *Make sure to secure the charge slip that will be issued	2. Receive the required documents and check for completeness 2.1 Issue Charge Slip for lost R1MC Id if all requirements were given	None None	5 minutes 3 minutes	*Engr. Gerald Juguilon*
3. Pay the required fees at the nearest R1MC Cashier *Make sure to secure official receipt that will be issued upon payment	3. Accept the payment based on the charge slip 3.1 Issue the Official Receipt	PVC ID (for Permanent/ Regular) 1st Replacement-Php.200 2nd Replacement-Php 300	3 minutes	*Cashier Staff*

		Nth Replacement-(N+1) x Php 100 Laminated Film ID (Casual/ JO/ Vol/ Intern/ OJT) 1st Replacement-Php.100 2nd Replacement-Php 150 Nth Replacement-(N+1) x Php 50		
4. Return to the MIS Office for the processing of R1MC ID and present official receipt	4. Check the official receipt 4.1 Start processing the request 4.2 Inform the client via text message when the R1MC ID is ready for pick up	None	3 minutes 3 working days 3 minutes	*Engr. Gerald Juguilon*
5. Verify and check the DATA encoded on the card	5. Release the R1MC ID to the client	None	1 minute	*Engr. Gerald Juguilon*
6. Receive the R1MC ID and affix signature and date received at the ID Issuance and Releasing Monitoring Sheet	6. Give the ID issuance and releasing Monitoring Sheet for client receiving	None	2 minutes	*Client*
TOTAL		None	3 days, 23 minutes	

SERVICE NAME: REQUISITIONING OF SUPPLIES

Description: The designated supply officers of the various areas of the hospital, request the needed supplies available at the Materials Management Section.

Office or Division:	Materials Management Section
Classification:	Simple
Type of Transaction:	G2G - Government to Government
Who may avail:	All sections of the Hospital

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Requisitioning and Issue Slip Forms	Materials Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Filling up of the Requisition and Issue Slip through Inventory System.	5. Acceptance of leave application a. Checking of details or requirements b. Providing leave code	None	15 minutes	*End-users or the Designated Supply Officers*
2. Submission of the accomplished Requisition and Issue Slip to Materials Management Staff through Inventory System	2. Will be forwarded to Leave section in 2 batches per day	None	4 minutes	*Marcelino Perez, Miguel Cornel, John Andrew Omiles*
3.	3. The End-User is informed on the assessed quantity to be issued based on the accomplished Requisition and Issue Slip.	None	1 minute	*Marcelino Perez, Miguel Cornel, John Andrew Omiles*
4.	Preparation of the approved quantity of supplies to be issued.	None	15 minutes	*Marcelino Perez, Miguel Cornel, John Andrew Omiles*
5. Checking of issued supplies	The Materials Management Staff reconcile wit the End-User for the issued supplies	None	5 minutes	*End-users or the Designated Supply Officers*
6. Full accomplishment of the Requisition and Issue Slip upon receipt of supplies.	Receiving and filing of the accomplished Requisition and Issue Slip	None	2 minutes	*End-users*
TOTAL		**None**	**42 minutes**	

SERVICE NAME: NEURO PSYCHIATRIC SCREENING

Description: To provide a reliable and valid neuro-psychiatric screening result which assesses the cognitive maturity, self-concept, mental ability and emotional intelligence of newly hired and promoted employees prior to deployment to their workplace.

Office or Division:	**Department of Mental Health**			
Classification:	**Simple Transaction**			
Type of Transaction:	**Government to Clients**			
Who may avail:	**Region 1 Medical Center Employees**			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
• Hospital/Company ID • Official Receipt		• Psycho-social Unit Office • Cashier		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
REGISTRATION AND PAYMENT				
1. Client proceeds to the Triage area	Checking of patient's valid COVID-19 vaccination certificate/card	None	2 minutes	***Mr. Kristoffer John J. Gonzales*** *(Nurse III)*
2. Client goes to Psycho-social unit office for registration	Registration of the client/examinee	None	2 minutes	***Ms. Icelle B. Soriano*** *(Psychologist III)*
3. Client proceeds to the cashier to pay	Examiner will instruct the examinee to pay the required amount to the cashier and secure the official receipt	Php 350		*Cashier on duty*

4. After payment, client shall proceed to the Department of Mental Health building (R1MC Annex) testing room for the Neuro-Psychiatric Assessment	Examiner will direct the examinee to the testing room to give the instructions for the test	None	5 minutes	***Ms. Icelle B. Soriano*** *(Psychologist III)*
TOTAL:			**9 minutes**	
THE NEURO-PSYCHIATRIC SCREENING				
1. Client shall fill-out the client's monitoring sheet	Using the Client's Monitoring Sheet, examinee will fill out the form for basic information	None	3 minutes	***Ms. Icelle B. Soriano*** *(Psychologist III)*
2. Client shall be oriented with the flow or process of testing	Examiner will discuss the flow and the time allotted per battery test which will take 2-3 hours.	None	3 minutes	***Ms. Icelle B. Soriano*** *(Psychologist III)*
3. Client will start to fill the Individual Inventory	Examiner will instruct the examinee to accomplish the Individual Inventory honestly and sincerely and may disclose anything with his/her consent	None	20 minutes	***Ms. Icelle B. Soriano*** *(Psychologist III)*
4. Client shall start taking the test upon the direction of the examiner	After giving the house rules and the instructions to the examiners the examinee may immediately answer the battery tests and encourage not to use cellphone during the duration of the exam	None		***Ms. Icelle B. Soriano*** *(Psychologist III)*

5 Client will be oriented on the result of the examination	After the administration of the battery tests, examinees will be informed of the status of the result 2-3 working days and will be forwarded to Human Resource	None	2 minutes	***Ms. Icelle B. Soriano*** *(Psychologist III)*
TOTAL:			**2 hours and 30 minutes**	
TEST SCORING AND EXAMINATION				
1.The Client will come back after 3 working days for the release of result	Examiner will start scoring the tests with the aid of a manual and answer key	None	30 minutes for each test	***Ms. Icelle B. Soriano*** *(Psychologist III)*
	Examiner (psychometrician) will subject the result for review and validation of the Psychologist and to be noted/ approved by the Psychiatrist	None		*Examiner and Psychiatrist*
	Psychometrician/ Psychologists will prepare the result and the necessary attachment for validation and approval of Psychiatrists before the release of the result.	None	1 minute per clearance	***Ms. Icelle B. Soriano*** *(Psychologist III)* ***Dr, Marita-Sales Aganon*** *(Medical Specialist III)*
TOTAL:			**3 hours**	

SERVICE NAME: EMPLOYEES ANNUAL MEDICAL EXAMINATION

Description: Yearly assessment of the health status of all R1MC employees (permanent, contract of service and job order status) which is usually done within the birth month of a certain employee. Aside from thorough medical examination. This also includes diagnostic tests consisting of Complete Blood Count (CBC), Urinalysis and Chest X-Ray which are all provided free of charge.

Office or Division:	Occupational and Patient Safety and Health Management Office
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	All R1MC employees (permanent, contract of service and job order status)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
• R1MC-issued ID	• R1MC-MIS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present R1MC-issued Identification Card	1.1. Check correct employee identity 1.2. Verify inclusion of the employee in the list of employees for Annual Medical Examination for a specified month	N/A	3 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*
2.Preparation of Diagnostic Examination Requests	2.1. Issue "OSH and PRIORITY stamped" requests for CBC, Urinalysis and Chest X-Ray PA view to the employee. 2.2. Instruct the patient to proceed to Billing Section for his/her Statement of Account before going to Clinical Laboratory and Radiology Section	N/A	4 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*
3. Medical Evaluation of the Diagnostic Examination Results	3.1. Review and evaluation of the diagnostic exam results 3.2. Notify employees with abnormal diagnostic exam results and instruct them to proceed to the office for medical evaluation 3.3. Issuance of prescription if needed	N/A	12 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*

	3.4. Referral to other clinic/ specialty clinic if needed			
4. Issuance of additional Diagnostic Examination Requests if needed	4.1. Issue “OSH and PRIORITY” stamped diagnostic request/s to the employee 4.2. Instruct the employee to proceed to Billing Section for his/her Statement of Account before going to specified diagnostic area and to come back once with diagnostic test result.	N/A	5 minutes	Dr. Maria Kristina A. Sangalang *(Medical Officer IV)*
5. Referral to other Clinic/ Specialty Clinic if needed	5.1. Instruct the employee to proceed to specified Clinic with the properly filled out OSH Referral Slip and come back after.	N/A	12 minutes	Dr. Maria Kristina A. Sangalang *(Medical Officer IV)*
6. Final Medical Assessment	6.1. Final clinical assessment 6.2. Issuance of prescription if needed	N/A	12 minutes	Dr. Maria Kristina A. Sangalang *(Medical Officer IV)*
TOTAL			**48 minutes**	

SERVICE NAME: EMPLOYEES BASELINE MEDICAL EVALUATION

Description: The Occupational and Patient Safety and Health Management Office (OPSHMO) is the centralized medical record keeper of all R1MC employees such as that all employees, regardless of position and employment status shall have Baseline Medical Examination either prior to their hiring or during their employment for those who have not complied with this examination.

Office or Division:	Occupational and Patient Safety and Health Management Office
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	R1MC employees (permanent, contract of service or job order status)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
• R1MC-issued ID for employed personnel (original copy)	• R1MC-MIS
• Any government-issued ID for pre-employed personnel (original copy)	• PRC, DFA, PSA, SSS, GSIS, Pag-big, Post Office
• Diagnostics Examinations Results:	
• Complete Blood Count result with validity of 1-month validity from the time of the laboratory examination (1 photocopy)	• Clinical Laboratory where CBC was performed
• Urinalysis with validity of 1 month from the time of laboratory examination (1 photocopy)	• Clinical laboratory where Urinalysis was performed
• Chest X-ray (PA view) with validity of 6 months from the time of the procedure (1 photocopy)	• Radiology Department where Chest X-ray was performed
• Drug test with validity of 12 months from the time of examination (1 photocopy)	• DOH-Accredited Drug-testing Center

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Present R1MC-issued Identification Card and submission of all the required documents (Diagnostic Examination Results-CBC, Urinalysis, Chest X-Ray and Drug Test)	1.1. Check correct employee identity 1.2. Check the validity and completeness of the requirements for Baseline Examination	N/A	3 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*

2. Fill out Employees Medical Record	2.1. Instruct the employee to fill-out the Employees Medical Record	N/A	5 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*
2. Pre-Consultation Assessment	3.1. Take the vital signs (BP, PR, RR, temperature) and other anthropometric measurements (Height, Weight, BMI)	N/A	5 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*
3. Medical Evaluation of the Diagnostic Examination Results	3.1. Review the Employees Medical Record accomplished by the employee 3.2. History taking and physical examination 3.3. Clinical assessment 3.4. Signing and issuance of Fit to Work Medical Certificate 3.5. Issuance of prescription as needed if there is a diagnosed medical condition	N/A	12 minutes	Dr. Maureen C. Caasi *(Medical Officer IV)*
4. Issuance of additional Diagnostic Examination Requests if needed	4.1. Issue required diagnostic request/s and charge slip to the employee 4.2 Instruct the employee to proceed to the Billing Section for the payment of their requested diagnostic examination 4.2. Instruct the employee to proceed to specified diagnostic area and to come back once with diagnostic test result.	N/A	5 minutes	Dr. Maureen C. Caasi *(Medical Officer IV)*
5. Referral to other Clinic/ Specialty Clinic if needed	5.1. Instruct the employee to proceed to specified Clinic with the properly filled out OSH Referral Slip and come back after.	N/A	12 minutes	Dr. Maureen C. Caasi *(Medical Officer IV)*
6. Final Medical Assessment	6.1. Final clinical assessment 6.2. Issuance of prescription if needed	N/A	12 minutes	Dr. Maureen C. Caasi *(Medical Officer IV)*
TOTAL			**54 minutes**	

SERVICE NAME: EMPLOYEES REGULAR MEDICAL CONSULTATION

Description: The Occupational and Patient Safety and Health Management Office (OPSHMO) being the centralized medical record-keeper of R1MC is tasked by the management to be responsible for the medical consultation of all R1MC employees.

Office or Division:	Occupational and Patient Safety and Health Management Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	R1MC employees (permanent, contract of service or job order status)			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
• R1MC-issued ID		• R1MC-MIS		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Present R1MC-issued Identification Card	1.1. Check correct employee identity 1.2. Retrieve Employee's Medical Record	N/A	3 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*
2. Pre-consultation Assessment	2.1. Take the vital signs (BP, PR, RR, temperature) and anthropometric measurements (height, weight, BMI) of the employee 2.2. Ask for the chief complaint of the employee	N/A	5 minutes	Dr. Lucila A. Oropilla *(Medical Specialist IV)*
3. Medical Consultation	3.1. Thorough history taking and physical examination 3.2. Clinical assessment 3.3. Issuance of prescription as needed	N/A	12 minutes	Dr. Rhea C. De Guzman *(Medical Officer IV)*
4. Issuance of additional Diagnostic Examination Requests if needed	4.1. Issue OSH and PRIORITY stamped diagnostic request/s to the employee 4.2. Instruct the employee to proceed to Billing Section for his/her Statement of Account before going to specified	N/A	5 minutes	Dr. Rhea C. De Guzman *(Medical Officer IV)*

	diagnostic area and to come back once with diagnostic test result.			
5. Referral to other Clinic/ Specialty Clinic if needed	5.1. Instruct the employee to proceed to specified Clinic with the properly filled out OSH Referral Slip and come back after.	N/A	12 minutes	Dr. Rhea C. De Guzman *(Medical Officer IV)*
6. Final Medical Assessment	6.1. Final clinical assessment 6.2. Issuance of prescription if needed	N/A	12 minutes	Dr. Rhea C. De Guzman *(Medical Officer IV)*
TOTAL			49 minutes	

SERVICE NAME: CHECKING OF PETTY CASH REPLENISHMENT

Description: Verification of completeness of supporting documents for petty cash replenishment.

Office or Division:	Office of Strategy Management (OSM)			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who may avail:	GAD, Philhealth and Claims Section, Engineering/Electrical, MMS, Pharmacy, Motorpool			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Petty Cash Replenishment Checklist Pertinent Supporting Documents		OSM		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Fill out the necessary field/s in the Petty Cash Replenishment Checklist Form	1. Receive the request for petty cash replenishment	None	5 minutes	**Mr. Anacleto Fernandez** *(Admin. Aide VI)*
2. Submit the pertinent supporting documents for the Petty Cash Replenishment	2. Review the completeness of the supporting documents for the petty cash replenishment	None	1 hour	**Mr. Anacleto Fernandez** *(Admin. Aide VI)*
3. Comply to other requirements if deemed necessary	3. Refer to the concerned Petty Cash Custodian for incomplete or additional requirements based on the checklist if necessary.	None	10 minutes	**Mr. Anacleto Fernandez** *(Admin. Aide VI)*
	4. Forward the complete and verified documents to the Chief Administrative Officer for approval	None	5 minutes	**Mr. Anacleto Fernandez** *(Admin. Aide VI)*
	5. Submit to the Accounting Office for processing of Petty Cash Replenishment	None	10 minutes	**Mr. Anacleto Fernandez** *(Admin. Aide VI)*
TOTAL	**End of Transaction**	**None**	**1 hour and 30 minutes**	

SERVICE NAME: SUBMISSION OF PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP) AND OPERATIONAL PLAN (OP)

Description: The Project Procurement Management Plan (PPMP) is the basis of item requisitioning of all end-users and a vital tool for procurement monitoring. The Operational Plan (OP) outlines the key objectives and goals and utilization of resources of every unit, section, office, department.

Office or Division:	Procurement Section
Classification:	Simple
Type of Transaction:	G2C- Government to Client G2G- Government to Government
Who may avail:	Internal: All Implementing Units- End-users

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Project Procurement Management Plan (PPMP) (2) Operational Plan	End-user/ Procurement End-user

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submits the signed OP-PPMP	1. Receives and checks the completeness of the document.	None	5 minutes	Joemark, Jennifer, Kris, Mary Jane, Vianca Marie, Zandro Paulo
	2. Records the document.	None	3 minutes	Joemark, Jennifer, Kris, Mary Jane, Vianca Marie, Zandro Paulo
	3. Posts the PPMP in the electronic Hospital Information System (HIS)-Procurement	None	3 minutes	Joemark, Jennifer, Kris, Mary Jane, Vianca Marie, Zandro Paulo

SERVICE NAME: PREPARATION AND PROCESSING OF REQUESTS (PURCHASE REQUEST (PR), AGENCY PURCHASE REQUEST (APR)

Description: Approved Request Order (RO) is submitted by the end-user to the Procurement Section for the preparation of PR. Approved and signed PR and APR is forwarded to the Bids and Awards Committee (BAC) for review and consolidation.

Office or Division:	Procurement Section
Classification:	Simple
Type of Transaction:	G2C- Government to Client G2G- Government to Government
Who may avail:	Internal: All Implementing Units- End-users

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Project Procurement Management Plan (PPMP)	End-user/ Procurement
(3) Purchase Request (PR)	End-user/ Procurement
(4) Notice of Award (NOA) with Annex A	Bids and Awards Committee Office
(5) Notice to Proceed (NTP)	Procurement
(6) Abstract of Prices & Request for Quotation (RFQ)	Bids and Awards Committee Office
(7) Framework Agreement (if applicable)	Bids and Awards Committee Office
(8) BAC Resolution	Bids and Awards Committee Office
(9) Supplier documents	Bids and Awards Committee Office
(10) Philgeps	Bids and Awards Committee Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Receives and checks the completeness of the Notice of Award and other attached documents from the Bids and Awards Committee (BAC) staff.	None None None	1 minutes 5 minutes 1-3 minutes	Joemark, Jennifer, Kris, Mary Jane, Vianca Marie, Zandro Paulo Joemark, Jennifer, Kris, Mary Jane, Vianca Marie, Zandro Paulo Joemark, Jennifer, Kris,

				Mary Jane, Vianca Marie, Zandro Paulo
If item requested is not included in PPMP: 1. End-user submits approved PPMP Supplemental and Request Order ***If upgrade of the item is not included in the PPMP*** 2. End-user prepares and submits Market Study/Market Research 3a. End-user submits a request letter and/or request thru Hospital Inventory System with the required documents attached.	1. Notifies the end-user to sign the Purchase Request/ Agency Purchase Request. 2. Endorses signed Purchase Request (PR) or Agency Purchase Request to the Chief Administrative Officer for verification and approval of the Head of Procuring Entity and 3. Submits the approved PR to the Bids and Awards Committee Office for review and consolidation. 7.. Receives duly approved PPMP Supplemental and repeat Steps 1- 6. 8. Checks and verifies the document. 9. Encodes and posts the item in the HIS Procurement. 10. Repeat Steps. 1-6	None None None None None None None	1-2 minutes 5-10 minutes 2 minutes 10 minutes 1 minute 3 minutes 10 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie Joemark, Jennifer, Kris, Zandro Paulo Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie

SERVICE NAME: PREPARATION OF PROCUREMENT DOCUMENTS: PURCHASE ORDER (PO), JOB ORDER (JO), CALL OFF (CO), DELIVERY ORDER (DO)

Description: Preparation of Procurement Document is based on the Notice of Award of the winning bidder: supplier, contractor, etc.

Office or Division:	Procurement Section
Classification:	Simple
Type of Transaction:	G2C- Government to Client G2G- Government to Government
Who may avail:	Internal: All Implementing Units- End-users External: Supplier, PS-DBM

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Project Procurement Management Plan (PPMP)	End-user/ Procurement
(3) Purchase Request (PR)	End-user/ Procurement
(4) Notice of Award (NOA) with Annex A	Bids and Awards Committee Office
(5) Notice to Proceed (NTP)	Procurement
(6) Abstract of Prices & Request for Quotation (RFQ)	Bids and Awards Committee Office
(7) Framework Agreement (if applicable)	Bids and Awards Committee Office
(8) BAC Resolution	Bids and Awards Committee Office
(9) Supplier documents	Bids and Awards Committee Office
(10) Philgeps	Bids and Awards Committee Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Receives and checks the completeness of the Notice of Award and other attached documents from the Bids and Awards Committee (BAC) staff.	None	5-10 minutes	Kris, Mary Jane, Vianca Marie Joemark, Jennifer, Kris, Mary Jane, Vianca Marie

	2. Prepares and prints the Purchase Order (PO) Job Order (JO), Delivery Order (DO), Call Off (CO).	None	5-10 minutes	Kris, Mary Jane, Vianca Marie
	3. Reviews and signs the Purchase Order (PO) Job Order (JO), Delivery Order (DO), Call Off (CO).	None	1-2 minutes	Reme, Mary Jane
	4. Transmits the Purchase Order (PO) Job Order (JO), Delivery Order (DO), Call Off (CO) to Finance Division for budget utilization and approval of Head of Procuring Entity.	None	5-10 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie .
	5. Receives duly signed and approved Procurement documents from the Medical Center Chief Office and staff records details in the monitoring logbook.	None	5 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie

SERVICE NAME: **RECEIVING AND SIGNING OF PROCUREMENT DOCUMENTS: PURCHASE ORDER (PO), JOB ORDER (JO), CALL OFF (CO), DELIVERY ORDER (DO) TO SUPPLIER**

Description: Accomplished Procurement Documents to receive and sign by the winning Supplier

Office or Division:	Procurement Section
Classification:	Simple to Complex
Type of Transaction:	G2C- Government to Client G2G- Government to Government
Who may avail:	Internal: All Implementing Units- End-users External: Supplier, PS-DBM

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Project Procurement Management Plan (PPMP) (2) Approved Purchase Order, Job Order, Call Off, Delivery Order with attachments	End-user/ Procurement Procurement

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Supplier or authorized representative acknowledges sent notification via email, phone call or text messaging.	1. Procurement staff notifies the supplier or authorized representative on the approved procurement documents via email, phone call or text messaging.Delivery Order (DO), Call Off (CO).	None	3 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie
2. Receives and signs the awarded procurement documents within the stipulated number of days stated on the R.A 9184.	2. Checks that the approved procurement documents are duly signed by the supplier (authorized signatory).	None	5 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie

If representative is not the authorized representative 2.2 Supplier representative submits a Special Power of Attorney (SPA) document and present a valid ID and receives and signs the procurement documents. 2.3 Signs the approved documents and receives their copy.	3. Releases supplier's copy. 4. Repeat steps 2-3	None None	2 minutes 5-10 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie . Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie

SERVICE NAME: ENDORSEMENT OF SIGNED AND APPROVED PROCUREMENT DOCUMENTS: PURCHASE ORDER (PO), JOB ORDER (JO), CALL OFF (CO), DELIVERY ORDER (DO) COPIES

Description: Endorsement of documents for Commission Of Audit (COA) review and submission of copies to Materials Management Section and Bids and Awards Committee (BAC) Office.

Office or Division:	Procurement Section
Classification:	Simple to Complex
Type of Transaction:	G2C- Government to Client G2G- Government to Government
Who may avail:	Internal: All Implementing Units- End-users External: Supplier, PS-DBM

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
(1) Project Procurement Management Plan (PPMP) (2) Approved Purchase Order, Job Order, Call Off, Delivery Order with attachments	End-user/ Procurement Procurement

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.Endorses signed and received Procurement Documents of Supplier to Commission on Audit (COA) Office for review.	None	5 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie
	2. Forwards copies to the Materials Management Section (MMS), BAC Office.	None	5 minutes	Joemark, Jennifer, Kris, Mary Jane, Zandro Paulo, Vianca Marie

SERVICE NAME: Receiving and Review of Documented Information

Description: This is located at the 2nd floor of the Admin Building at R1MC Main. The QMS staff receives and reviews documented information from different areas of the hospital up for processing and registration.

Office or Division:	Quality Management System Office			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Internal Employees			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client comes in to submit an accomplished Document Creation/Change Form (DCCF) with the attached proposed documented information	1.1 QMS staff receives and reviews the document if it followed and accomplished all the standards on the registration of documented information 1.2 After reviewing, staff will forward the documented information to the CAO office or MCC Office for approval	None	20 minutes	Bustillo, Ma. Aljene S. *(Admin. Assistant I)* Soriano, Ivan Kenneth M. *(Administrative Officer I)* Vidal, Ain Israel P. *(Administrative Aide I)*
TOTAL	None		20 minutes	

SERVICE NAME: Documented Information Processing and Registration (Creation, Revision, Deletion)

Description: This is located at the 2nd floor of the Admin Building at R1MC Main. The QMS staff receives approved documented information from the CAO office or MCC office, processed it for registration and furnished a controlled copy for the process owner.

Office or Division:	Quality Management System Office
Classification:	Simple
Type of Transaction:	G2G- Government to Government
Who may avail:	Internal Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. CAO or MCC staff gives approved documented information with the attached signed Document Creation/Change Form (DCCF)	1. QMS staff receives the approved documented information and logs it in the logbook (DCCF monitoring Logbook)	None	3 minutes	Bustillo, Ma. Aljene S. *(Admin. Assistant I)* Soriano, Ivan Kenneth M. *(Administrative Officer I)* Vidal, Ain Israel P. *(Administrative Aide I)*
2. QMS Staff will ask for the documented information's soft copy and updated document information masterlist to the process owner.	2. QMS staff processes the approved documented information and furnishes a controlled copy of the said document to the process owner.	None	10 minutes	Bustillo, Ma. Aljene S. *(Admin. Assistant I)* Soriano, Ivan Kenneth M. *(Administrative Officer I)* Vidal, Ain Israel P. *(Administrative Aide I)*
TOTAL		None	13 minutes	

SERVICE NAME: PROCESSING RESEARCH STUDY PROPOSALS AND RESEARCH-RELATED DOCUMENTS

Description: The Research Development & Management Center manages the processing of research study proposals and research-related documents.

Office or Division:	MCC/Research Development & Management Center -IRB
Classification:	Highly Technical
Type of Transaction:	G2C- Government to Client G2G- Government to Government G2B – Government to Business
Who may avail:	Any Researcher

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Research Proposal (Chapters 1,2 and 3)	Researcher provided
Protocol Assessment Form	R1MC-MCC-RDM-FRM-001 (Research Center)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Research Investigator prepares and submits a Full Proposal Package, Inclusive: 1.1 Accomplished Application Form 1.2 Research Study Proposal 1.3 Protocol Assessment Form 1.4 Informed Consent Assessment Form 1.5 Letter of Intent 1.6 Letter of Endorsement 1.7 Curriculum Vitae 1.8 GCP Certificate	1. Receiving Officer will check completeness of documents submitted: 1.1 Only complete Full Proposal Packages will be received and recorded; 1.2 Incomplete Packages will be rejected and returned to the Research Investigator 2. Receiving Officer informs the IRB chair re proposal for Primary review 2.1 Chair assigns a Primary Reviewer and instructs secretary to prepare Notice of Primary Review (enclosed copy of Full Proposal Package) 2.2 Primary Reviewer receives Full Proposal package and Notice of Primary Review 3. Primary Review will be done by the	N/A	Within 1 hour Within 20 working days	***Mr. Mark Jayson A. Delacruz*** *(Administrative Officer I)* ***Ms. Beverly B. Samiley*** *(Administrative Assistant I)* Primary Reviewer

	assigned Primary Reviewer 4. Board Review for all proposals pre-reviewed will be presented for approval/recommendation for Notice of Decision 5. Notice of Decision will be prepared by the Staff Secretary; and will inform the Principal Investigator 6. For disapproved proposals, the Primary Reviewer will be instructed (re Notice of Decision) to re-submit the improved proposal for IRB review.		Within 20 working days Within 72 hours Within 20 working days	Institutional Review Board (IRB) members . ***Mr. Mark Jayson A. Delacruz*** *(Administrative Officer I)* Principal Investigator
2. Documents for submission Re Approved Proposals 2.1 Progress Reports 2.2 Adverse Events 2.3 SARS 2.4 SUSARS 2.5 Request for Amendments for changes in the methodology of the study **3.** Documents for Submission Re Completion Study 3.1 Research Chapters 1,2,3,4 and 5 • In compliance with the SOP of the IRB-RDMC • In accordance to PCHRD-PHREB Guidelines	7. For approved proposals, the Principal Investigator will be instructed (re Notice of Decision) to commence with the study and submit the following during the period of study; 7.1 Progress Reports 7.2 Adverse Events 7.3 SARS 7.4 SUSARS 7.5 Request for Amendments for changes in the methodology of the study 8. Research office receives the completed study (3 copies)		Duration of Study based on the Gantt Chart	Principal Investigator ***Ms. Beverly B. Samiley*** *(Administrative Assistant I)*
TOTAL		**NONE**	**Within 20 working days**	

SERVICE NAME: TRANSPORT OF HOSPITAL EMPOLYEES

Description: To transport hospital employees, to attend meetings and seminars. To transport hospital equipment to its destination stated in the trip ticket. To submit pertinent documents.

Office or Division:	Transport and Vehicle Maintenance Department
Classification:	Simple
Type of Transaction:	G2G - Government to Government
Who may avail:	R1MC Personnel

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Personnel Order	Human Resource Management Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receiving of hospital personnel order issued by the human resource management office	1. Receive hospital personnel order	None	1 Minute	*Dispatcher / Driver on duty and HRMO staff*
	2. Preparation of the trip ticket for details of transport and proper signing of the authorized representative and assigning of driver.	None	10 Minutes	*Dispatcher on Duty and Authorized representative on duty*
	3. Preparation of the vehicle for inspection	None	5 Minutes	*Vehicle Maintenance Staff / Driver on Duty*
	4. Transport of personnel(s) to venue/location stated in the hospital personnel order	None	Based on the schedule of events/activities	*Driver on duty*
	5. Refueling of vehicle before arriving to the station	Based on the fuel consumed by the vehicle	5 Minutes	*Driver on duty*

	6. Inspection of vehicle upon arrival	None	15 Minutes	*Vehicle Maintenance Staff / Dispatcher / Driver on Duty*
TOTAL		Fuel / Service Request signed by the authorized representative	36 Minutes	

FEEDBACK AND COMPLAINTS MECHANISM	
How to send a feedback?	<u>Via survey form:</u> Clients may accomplish a Client Experience Survey Form (CES). Drop box for these forms are available on wards, specific clinics such as Family Medicine, OB, ENT/HAN, Surgery, Medical, Dental, Pedia clinic, Eye/Ophtha Center and Emergency Room. <u>Via Patient Action Center</u> Clients who would like to personally provide their feedback, may go directly to the Patient Action Center in the Out Patient Department. <u>Via Online</u> Client may send feedback to the R1MC Official Facebook Page through the “message” option or via R1MC Official Website linked to the R1MC Official Email Address.
How feedbacks are processed?	<u>Through Client Experience Survey</u> Collection of Client Satisfaction Survey is being facilitated by Customer Service Representative and being encoded to the DOH Data Collect Hub • Comments and Feedbacks that needs immediate actions will be forwarded to the Office of the Chief Administrative Officer for proper disposition and assessment. • Comments and Feedbacks that do not need immediate action will be disseminated to all concerned areas. Generated summary report on the DOH Data Collect hub are reviewed, and interpreted by Research Office and being reported to the quarterly Management Review. <u>Through Patient Action Center</u> Significant Feedbacks are documented and reviewed by the Patient Action Center Personnel and forwarded to the Office of the Chief Administrative Officer for action. <u>Through Online Comments and Feedbacks</u> Comments and Feedbacks are handled by the Office of the Chief Administrative Officer for endorsement to concerned offices/areas for initial investigation pending formal complaints submission to Chief Administrative Officer by the complainant

How to file complaints?	<u>Walk in:</u> Clients could submit the survey form to Patient Action Center or personally approach them to file a complaint wherein they will collect necessary information for proper assessment and forward it to the Office of Chief Administrative Officer. <u>Via Online</u> Complaints received by the R1MC Official Email and Messages via Facebook page are facilitated by the Office of the Chief Administrative Officer for endorsement to concerned offices/areas for initial investigation pending formal complaints submission to Chief Administrative Officer by the complainant.
How complaints are processed?	1. Complainant personal appearance to the office of the Chief Administrative Officer requesting mediation. 2. Initial Mediation is conducted to hear complainant's grievances. 3. Complaints are formalized through personal drafting of formal complaints. 4. Complaint / Letter will be reviewed the Chief Administrative Officer pending endorsement to the Medical Center Chief. 5. Medical Center Chief will endorse complaint to the Ethics or Grievance Committee.** 6. Order to Show to cause will be drafted to give concerned parties avenue to discuss/explain their side.* 7. The Committee will schedule a date to convene initial hearing of case. ***Items No. 5 and 6 is subject to the discretion of the Medical Center Chief
Contact Information of ARTA, PCC, CCB, R1MC	ARTA: complaints@arta.gov.ph 8478 5093 PCC: 8888 CCB: 0908-881-6565 (SMS) R1MC: region1mc@gmail.com (075) 515 - 8916

Office	Address	Contact Information
Accounting	Accounting, R1MC, Dagupan City	(075) 515-89-16, loc.# 141
Acute Stroke Unit	Acute Stroke Unit, R1MC, Dagupan City	(075) 515-89-16, loc.# 186
Admitting/Information	Admitting, R1MC, Dagupan City	(075) 515-89-16, loc.# 101
Anesthesia Department	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 434
Animal Bite Center	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 302
Anatomical Laboratory	DOLTM, R1MC, Dagupan City	(075) 515-89-16, loc.# 218
Audiometry	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 328
BAC Office	BAC Office, R1Mc, Dagupan City	(075) 515-89-16, loc.# 214
Billing Section	Billing, R1MC, Dagupan City	(075) 515-89-16, loc.# 143
Budget Office	Budget, R1MC, Dagupan City	(075) 515-89-16, loc.# 142
Cancer Institute	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 508
Cash Operations	Cashier, R1MC, Dagupan City	(075) 515-89-16, loc.# 137
CCU	CCU, R1MC, Dagupan City	(075) 515-89-16, loc.# 127
Central Sterile Supply	CSS, R1MC, Dagupan City	(075) 515-89-16, loc.# 113
CETAR – Research	CETAR – Research, R1MC, Dagupan City	(075) 515-89-16, loc.# 339
CETAR – Training	CETAR – Research, R1MC, Dagupan City	(075) 515-89-16, loc.# 341
Chief Administrative Officer Office	CAO Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 220
Chief Of Clinics	COC Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 274
Chief Nurse Office	Chief Nurse Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 340
CMPS Office	CMPS Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 215
Clinical Laboratory	DOLTM, R1MC, Dagupan City	(075) 515-89-16, loc.# 145
Command Center	Command Center, R1MC, Dagupan City	(075) 515-89-16, loc.# 102
Customer Service	CSR, R1MC, Dagupan City	(075) 515-89-16, loc.# 221
Delivery Room	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 211
Dental Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 318
Dermatology Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 135
Diabetics Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 312
Drug Testing Laboratory	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 121
Epilepsy Monitoring Unit	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 329
Engineering and Facilities Management	Engineering, R1MC, Dagupan City	(075) 515-89-16, loc.# 187

ENT Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 132
Emergency Medicine Department (N)	ER, R1MC, Dagupan City	(075) 515-89-16, loc.# 251
Emergency Medicine Department (D)	ER, R1MC, Dagupan City	(075) 515-89-16, loc.# 246
Eye Center / Ophthalmology Clinic	Ophthalmology Clinic, R1MC, Dagupan City	(075) 515-89-16, loc.# 322
Family Planning Clinic	R1MC, Dagupan City	(075) 515-89-16, loc.# 308
Family and Community Medicine	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 305
GAD/HCWP/HEPO Office	GAD, R1MC, Dagupan City	(075) 515-89-16, loc.# 106
Geriatric Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 311
Heart Station	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 335
Hemodialysis Unit	Hemodialysis, R1MC, Dagupan City	(075) 515-89-16, loc.# 193
HEC	HEC, R1MC, Dagupan City	(075) 515-89-16, loc.# 321
HEMS Office	HEMS, R1MC, Dagupan City	(075) 515-89-16, loc.# 268
HIMS (Medical Records)	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 496
HIPCMO	HIPCMO, R1MC, Dagupan City	(075) 515-89-16, loc.# 166
Housekeeping Office	Housekeeping, R1MC, Dagupan City	(075) 515-89-16, loc.# 120
Human Resource Management Office	HRMO, R1MC, Dagupan City	(075) 515-89-16, loc.# 180
ICU	ICU, R1MC, Dagupan City	(075) 515-89-16, loc.# 184
Kidney Transplant	Kidney Transplant, R1MC, Dagupan City	(075) 515-89-16, loc.# 166
Legal Office	Legal, R1MC, Dagupan City	(075) 515-89-16, loc.# 128
Linen and Laundry Section	Laundry, R1MC, Dagupan City	(075) 515-89-16, loc.# 189
Malasakit Center	Malasakit Center, R1MC, Dagupan City	(075) 515-89-16, loc.# 307
Management Information Service	MIS, R1MC, Dagupan City	(075) 515-89-16, loc.# 105
MANCOM Secretariat Office	MANCOM Secretariat Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 336
Materials Management Section	MMS , R1MC, Dagupan City	(075) 515-89-16, loc.# 182
MCC Office	MCC Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 104
Medical Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 314
Medical Specialty Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 313
Medical Social Service	MSS, R1MC, Dagupan City	(075) 515-89-16, loc.# 134
Medical Ward	Medical Ward, R1MC, Dagupan City	(075) 515-89-16, loc.# 1194
Mental Health	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 417
Minor OR Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 316
Molecular Laboratory	DOLTM, R1MC, Dagupan City	(075) 515-89-16, loc.# 124

NVBSP/Blood Bank	DOLTM, R1MC, Dagupan City	(075) 515-89-16, loc.# 146
Nutrition and Dietetics	Dietary, R1MC, Dagupan City	(075) 515-89-16, loc.# 183
OB-Gyne Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 303
OB- Ultrasound and Colposcopy Clinic	Colposcopy, R1MC, Dagupan City	(075) 515-89-16, loc.# 304
OB Ward	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 405
Office of Strategy Management	OSM, R1MC, Dagupan City	(075) 515-89-16, loc.# 245
Operating Room	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 403
OPD Head Office	OPD Head Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 316
OPSHMO	OPSHMO, R1MC, Dagupan City	(075) 515-89-16, loc.# 320
Orthopedics Clinic	Ortho, R1MC, Dagupan City	(075) 515-89-16, loc.# 319
Payward	Payward, R1MC, Dagupan City	(075) 515-89-16, loc.# 192/197
Pediatrics Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 131
Pediatrics Ward	Pediatrics Ward, R1MC, Dagupan City	(075) 515-89-16, loc.# 195
Pharmacy	Pharmacy, R1MC, Dagupan City	(075) 515-89-16, loc.# 301
PhilHealth Office	PhilHealth Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 227
Physical Medicine and Rehab Unit	PMR, R1MC, Dagupan City	(075) 515-89-16, loc.# 153
PINAS	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 519
Planning Office/ MCCO	MCC, R1MC, Dagupan City	(075) 515-89-16, loc.# 336
POCT Laboratory	POCT, R1MC, Dagupan City	(075) 515-89-16, loc.# 216
Procurement	Procurement, R1MC, Dagupan City	(075) 515-89-16, loc.# 248
QMS Office	QMS Office, R1MC, Dagupan City	(075) 515-89-16, loc.# 205
Radiology Department	Radiology, R1MC, Dagupan City	(075) 515-89-16, loc.# 163
Recovery Room	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 433
Registration	Registration, R1MC, Dagupan City	(075) 515-89-16, loc.# 306
Security Office	Security, R1MC, Dagupan City	(075) 515-89-16, loc.# 130
Surgical Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 334
Surgery Specialty Clinic	OPD, R1MC, Dagupan City	(075) 515-89-16, loc.# 332
TB -DOTS Clinic	R1MC Annex, Binloc, Dagupan City	(075) 515-89-16, loc.# 500
Toxicology	Toxicology, R1MC, Dagupan City	(075) 515-89-16, loc.# 138
Transport and Vehicle Maintenance	Transport, R1MC, Dagupan City	(075) 515-89-16, loc.# 190
WCPU	WCPU, R1MC, Dagupan City	(075) 515-89-16, loc.# 125