

## **GUBAT DISTRICT HOSPITAL**

# **CITIZEN'S CHARTER**

Approved by: CHARLIE B. BANDOLA, MD, MSPH Chief of Hospital I



#### LIST OF SERVICES

Out-Patient Department Face-to-Face Consultation Process Enrolment of Admitted COVID-19 Related Patient to Point of Service Process for Discharge Assistance of COVID-19 Related Patients

#### Hospital Operation and Patient Support Service Division

Admitting Section Billing and Claims Section Cash Medical Records Section Medical Social Service Section

#### **Ancillary Service Division**

Dental Section Laboratory Section Pharmacy Section Radiology Section Nutrition and Dietetics Service

#### **Medical Service Division**

**Nursing Service Division** 



# 1 .OUT-PATIENT DEPARTMENT FACE-TO-FACE CONSULTATION PROCESS

For all patients who seek consult at the Out-Patient Department.

Office or Division	GDH Out-Patient Department						
Classification:	Simple						
Type of transaction:	G2C for governmer	t services	whose client is tran	sacting public			
Who may avail:	All						
CHECKLIST OF RE	EQUIREMENTS		WHERE TO A	VAIL			
Hospital Card OPD Record Form (1 ori	ginal copy)	GD	H Out-Patient Secti	on			
	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
<ol> <li>Proceed to OPD triage window and allow the OPD staff to get patient's vital sign.</li> </ol>	1. Verify If with history of cough, fever, diarrhea, history of travel or contact with COVID suspect or confirmed, patients will be directed to OPD holding area for further evaluation and management.	None	5 minutes	<i>Nurse on Duty</i> Out-Patient Department			
2. Prepare self to answer questions regarding illness and physical examination	<ol> <li>Interview patient / patient's relative.</li> </ol>	None	5 minutes	<i>Nurse on Duty</i> Out-Patient Department			
3. Submit self to consultation.	<ol> <li>Examine patient.</li> </ol>	None	5 minutes	Doctors on Duty Out-Patient Department			
4. Follow instructions given by the OPD staff	<ol> <li>Patient for discharge / may go home:</li> <li>Instruct patient / patient's relative on the home instructions and follow-up check-up if needed.</li> </ol>	None	30 minutes	<i>Doctors on Duty</i> Out-Patient Department			
	TOTAL:	None	45 minutes				



# 2. ENROLMENT OF ADMITTED COVID-19 RELATED PATIENT TO POINT OF SERVICE

Enrolment process to PHILHEALTH Point of Service (POS) for COVID-19 related

patients. PATIENT WITH RELATIVES

Office or Division	Medical Social Serv	/ice		
Classification:	Simple			
Type of transaction:	G2C for governmen	t services v	whose client is tran	sacting public
Who may avail:	All COVID-19 Relat	ed Admitte	d Patients	
CHECKLIST OF F	REQUIREMENTS		WHERE TO A	VAIL
Hospital Card (1 original Birth certificate / Marrial (1 original copy) Valid ID (1 original copy) PMRF (1 original copy) Assessment Tool (1 or	age Certificate y)	GDH -AICS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<ol> <li>Client's relative supplies patient's information with hospital card.</li> </ol>	<ol> <li>Interview patient's relative for Philhealth verification</li> </ol>	None	2 minutes	Medical Social Worker
2. Client's relative receives and fills- up the stub.	2. Brief assessment on patient's admission.	None	2 minutes	Medical Social Worker
3. Return the accomplished stub.	3. Verify the Philhealt h status to Philhealth Portal.	None	3 minutes	Medical Social worker



4. Receive instructions from the Social Welfare Officer.	4. Instruct patient's relative to fill up the provided form. for active Philhealth : instruct patient's relative to proceed to Philhealt h Window	None	3 minutes	Medical Social Worker
4. Return the accomplished forms with required attachments.	<ol> <li>Checked the submitted documents and enroll to POS.</li> </ol>	None	10 minutes	Medical Social Worker
6. Receive Philhealth Certification with slip and proceed to Philhealth Window.	5. Provide Certification form with slip and instruct to proceed to	None	2 minutes	Medical Social worker
	6.Philhealth Window.			
Total			22 minutes	



# 3. ENROLMENT OF ADMITTED COVID-19 RELATED PATIENT TO POINT OF SERVICE

Enrolment process to PHILHEALTH Point of Service (POS) for COVID-19 related

patients. PATIENT WITHOUT RELATIVES / UNDER QUARANTINE

Office or Division	Medical Social Service					
Classification:	Simple					
Type of transaction:	G2C for government	services	whose client is tr	ansacting public		
Who may avail:	All COVID-19 Related Admitted Patients					
CHECKLIST OF I	REQUIREMENTS		WHERE TO	AVAIL		
Hospital Card (1 original copy) Birth certificate/Marriage Certificate (1 original copy) Valid ID (1 original copy) PMRF (1 original copy) Assessment Tool (1 original copy)			GDH -AICS			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
<ol> <li>Patient/patient's relative receive text messages from the Medical Social Worker.</li> </ol>	<ol> <li>Acquire patient/patient's contact number from patient Ledger and send text message.</li> </ol>	None	10 minutes	Medical Social Worker		
2. Provide Patient's information	2. Verify the Philhealth status to Philhealth Portal.	None	10 minutes	Medical Social Worker		
<ol> <li>Send requirement thru messenger or e- mail.</li> </ol>	<ol> <li>Check the received documents and fill up to forms.</li> </ol>	None	10 minutes	Medical Social Worker		
4. Receive confirmation.	4. Enroll to POS and inform the billing Section.	None	5 minutes	Medical Social Worker		
	TOTAL:	None	45 Minutes			



# 4. PROCESS FOR DISCHARGE ASSISTANCE OF COVID-19 RELATED PATIENTS WITHOUT RELATIVE

Assistance to patients without relative during discharged (for COVID-19 related patients.)

Office or Division	Medical Social Service							
Classification:	Simple							
Type of transaction:	G2C for governme	nt services	whose client is tra	nsacting public				
Who may avail:	All COVID-19 Relat	All COVID-19 Related Admitted Patients						
CHECKLIST OF I	REQUIREMENTS		WHERE TO A	VAIL				
Statement of Account	(SOA)		GDH - AICS					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE				
1. Patients receive discharge notification.	1.Proceed to Billing Window for patient's SOA	None	5 minutes	Medical Social Worker				
2.Wait for the billing process.	2.Log and stamp the SOA.	None	2 minutes	Medical Social Worker				
3.Wait for instruction of Medical Social Worker.	3.Proceed to Admitting and Cash Section for signature of SOA.	None	5 minutes	Medical Social Worker				
4.Prepare and pack personal belongings.	4.Submit/present acquired patient's clearance to Security Officer.	None	1 minute	Medical Social Worker				
	TOTAL:	None	13 minutes					



## HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES DIVISION



### **1. EMERGENCY ROOM REGISTRATION PROCESS**

Registration process for patients requiring immediate medical management and treatment.

Office or Division	Admitting Section	Admitting Section				
Classification:	Simple					
Type of transaction:	G2C for governme	G2C for government services whose client is transacting public				
Who may avail:	All	All				
CHECKLIST OF R	REQUIREMENTS WHERE TO AVAIL					
Emergency Room Form (1 original copy) ER Stub (1 original copy) Hospital Card Patient Information Form			GDH Emergency S	Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.For new and old patient. Present Hospital Card Answer the Patient Information Form.	1. Accept the hospital card and let the patient / patient's relative answer the Patient Information Form.	None	5 minutes	Nurse/Nursing Attendant on Duty		
	TOTAL:					



## 2. ADMISSION PROCESS

Process for patients requiring hospital admission.

Office or Division	Admitting					
Classification:	Simple					
Type of transaction:	G2C for governmer	nt s	ervices w	hose client is tran	sacting public	
Who may avail:	All					
CHECKLIST O	F REQUIREMENTS			WHERE TO A	VAIL	
Admission and Dis original copy) Hospital Card (1 or Reminders to Patie Visitors Form (1 or	iginal copy) ents, Watchers and					
CLIENT STEPS	AGENCY ACTION		EES TO E PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Present Hospital card, patient's valid ID and Admission and Discharge form to Admitting Section.	1. Accept the Hospital card, Patient's valid ID and Admission and Discharge form.		None	3 minutes	Admitting Clerk Admitting Section	
2. Answer the Patient Data Sheet.	2.Instruct client to answer the Patient Data Sheet and transfer information to Patient's Ledger.		None	10 minutes	Admitting Clerk Admitting Section	
3. Will be given 2 copies of Reminders to Patient, Watchers, and Visitors Form. Read and sign the form.	3. Instruct client to read and sign the Reminders to Patient, Watchers and Visitors Form.		None	10 minutes	Admitting Clerk Admitting Section	
4. Will receive an accomplished Admitting and Discharge form. Return to Emergency room after the transaction.	4. return the Admission and Discharge form and instruct client to go back to the Emergency Room		None	3 minutes	Admitting Clerk Admitting Section	



and Claims section for the required Philhealth documents.			Billing and Claims Section
For non- Philhealth members:			
Instruct Client to go to the Medical Social Service for Philhealth application instructions.			<i>Medical Social Worker</i> Medical Social Service
TOTAL:	None	26 minutes	



## HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES DIVISION

(Billing Section)



### 1. BILLING SECTION

Process for patients requesting for an issuance of Statement of Account.

	Dilling and Claims Cast					
Office or Division	Billing and Claims Section					
Classification:	Simple					
Type of transaction:	G2CFor government services whose client is transacting public					
Who may avail:	All					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
<ol> <li>Present the Hospital card and accomplished pre- billing notification slip.</li> <li>For non-Philhealth members:</li> <li>They will be instructed to go to the Medical Social Service.</li> </ol>	<ol> <li>Accept the accomplished pre- billing notification slip.</li> <li>For non-Philhealth members:</li> <li>Instruct client to go to the Medical Social Service.</li> </ol>	None	3 minutes	Billing Clerk / Philhealth Care Staff Billing and Claims Section		
<ul> <li>2. Accept the Statement of account form and do the following:</li> <li>a) Proceed to the Admitting section (window 4) for clearance.</li> <li>b) Proceed to the Medical Social Service if needed.</li> <li>c) Proceed to the Cashier for payment.</li> <li>d) Go back to the Respective ward.</li> </ul>	<ul> <li>2. Compute the Hospital Bill, prepare the Statement of Account and release it to the client with instructions of the following:</li> <li>a) Proceed to the Admitting section (for clearance.</li> <li>b) Proceed to the Medical Social Service if needed.</li> <li>c) Proceed to the Cashier for payment.</li> <li>d) Go back to the Respective ward.</li> </ul>	None	45 minutes	Billing Clerk / Philhealth Care Staff Billing and Claims Section		
	TOTAL:	None	48 minutes			



### **1. PHILHEALTH PROCESSING**

For Philhealth members, procedures, and requirements for Philhealth processing.

Office or Division	Billing and Claims Se	Billing and Claims Section				
Classification:	Simple	Simple				
Type of transaction:	Client to staff – staf	f to client				
Who may avail:	All					
CHECKLIST OF F	REQUIREMENTS		WHERE TO	AVAIL		
CF1 (1 original copy) CF2 (1 original copy) CE1 (1 original copy) MDR (1 original copy)			Administrative C	Office -Window 3		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
<ol> <li>For Employed or Member in Formal Economy</li> <li>Answer CF1 and CF2 Form</li> <li>Ask Employer for certificate of contribution with signature of Employer and MDR</li> <li>Or may go to directly Philhealth office of your area to get the MDR.</li> <li>OFW Member</li> <li>A OFW Member</li> <li>I.4.1 Present MDR</li> <li>I.4.2 if Eligibility of benefits covers hospital admission, answer CF1 and CF2 Form</li> <li>I.4.3 if not, you may proceed to Medical Social Service for further instructions.</li> </ol>	1. Instruct client to accomplish and complete all required documents depending on the Philhealth Member classification.	None	5 minutes	Philhealth Care		



employed, or voluntary 1.5.1 Present the receipt of contribution and MDR. 1.5.2 if Eligibility of benefits covers hospital admission, answer CF1 and CF2 Form 1.5.3 if not, you may proceed to Medical Social Service for further instructions.				
1.6 For Sponsored/ Indigent/ 4P's (Pantawid Pamilya Pilipino Program) 1.6.1 present CE1 (Sponsored Health Certificate) o MDR 1.6.2 answer CF1 and CF2 Form				
1.7 Lifetime or Senior Citizen 1.7.1 present Philhealth lifetime ID/ Senior Citizen's Card/ MDR 1.7.2 answer CF1 at CF2 Form				
2. Submit all accomplished documents to Billing and Philhealth section.	2. Verify all submitted documents and attached to patient's ledger.	None	3 minutes	Philhealth Care Staff
	TOTAL:	None	8 minutes	



## HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES DIVISION

(Cashier Section)



### **1. PAYMENT PROCESS**

Steps on the payment process for availed hospital products and services.

Office or Division	Cashier Section						
Classification:	Simple						
Type of transaction:	G2C for government services whose client is transacting public						
Who may avail:	All						
CHECKLIST OF	REQUIREMENTS			WHERE TO A	AVAIL		
Statement of Account Official Receipt (1 origi	GDH Administrative Office – C			Office – Cashier			
CLIENT STEPS	AGENCY ACTION		EES TO E PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Present Hospital Statement of Accounts and pay the indicated amount.	<ol> <li>Accepts Order of Payment, Statement of Accounts and indicated amount.</li> </ol>	Depends on the amount indicated in the Order of Payment, Statement of Account		3 minutes	Cashier		
2. Will receive an Official receipt and will be instructed to go back to the respective ward/unit/section.	2. Issues Official receipt and instruct client to go back to the respective ward/unit/section.	None		3 minutes	Cashier		
	TOTAL: 6 minutes						



## HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES DIVISION

(Medical Records Section)





#### **1. BIRTH REGISTRATION PROCESS**

Steps for clients requesting for Birth Certificate registration.

Office or Division	Health and Information Management (Medical Records Section)				
Classification:	Simple				
Type of transaction:	GtoC for government services whose client is transacting public				
Who may avail:	All				
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSIN G TIME	PERSON RESPONSI	
1. Kumuha ng Number sa window 3 at hintayin na matawag ang number	1. Tumawag ng number	Wala	1 minuto	Records clerk	
2. Ibigay ang Birth Certificate Draft at iba pang requirements sa Records Clerk.	2.Interviewhin ang kliyente at isulat sa Birth cert draft form at Kunin ang Birth Certificate at iba pang requirements at ipabasa sa kliyente kung tama ang lahat ng nakasulat sa draft.	Wala	5 minuto	Records Clerk	
3. Hintayin magawa ng clerk at mapirmahan ng doctor ang Birth Certificate	3. Ilalagay ang lahat ng datos na nakuha sa computer na my format ng Birth Certificate at I print ng apat na piraso at isave ito pra sa archive /file ng Ospital.	Wala	15 minuto	Records Clerk	



4.	parte ng Birth Certificate sa Informant Section.	4. Matapos maprint ang apat na piraso ng Birth Certificate,pirmahan ito ng Records Clerk na gumawa at papirmahan ito sa Doctor na ngpaanak o nka duty nung araw na nanganak ang kliyente at papirmahan sa Nanay ang Birth Certificate.	Wala	5 minuto	Records Clerk
5.	Pirmahan ang Log Book ng Ospital at isubmit sa MCR Municipal Civil Registrar LGU- Gubat ang Birth Certificate para ma rehistro.	5.Isulat sa Log Book ang Pangalan ng Baby, kailan ipinanganak, Address at ang Nanay ng Baby.	wala	1 minuto	Records Clerk
6.	Pumunta sa LGU- Gubat Civil Registrar para marehistro ang Birth Certificate				
	Total			27 minutes	
2.	DEATH CERTIFICATE	E REGISTRATION PROCES	S		
1.	Kumuha ng numero sa window 3 at hintayin matawag	1.Tawagin ang numero at tanungin ang kailangan	Wala	1 minuto	Records Clerk



2. Sabihin ang datos o impormasyon tungkol sa pasyente na namatay sa Ospital kung kailan nadala ang pasyente at namatay.	2. Interviewhin ang kliyente at hanapin ang chart sa Nurses Station o Medical Records Office pra sa mga datos na ilalagay sa Death Certificate form.	Wala	5 minuto	Records Clerk
<ol> <li>s Clerk na gawin ang Death Certificate at pirmahan ang informant section nito.</li> </ol>	3. I encode sa computer ang datos ng namatay n pasyente at I print ng apat 4 na kopya at papirmahan sa kukuha o informant at sa doctor na ngproclaim ng pagkamatay ng pasyente at ang Records Clerk na gumawa ng Death Certificate.	Wala	10 minuto	Records Clerk
<ol> <li>Pirmahan ang Logbook ng Ospital para sa pgkuha ng Death Certificate.</li> <li>.</li> </ol>	3. Papirmahin ang kukuha ng Death Certificate sa Logbook at hanapan ng ID kung kaano ano ito ng namatay	Wala	5 minuto	Records Clerk
<ol> <li>Makinig sa Records Clerk kung ano ang susunod na gagawin upang maiparehistro ang Death Certificate.</li> </ol>	<ol> <li>Bigyan ng Instruction slip ang kukuha at sabihan kung ano ang susunod na gagawin pra marehistro ang Death Certificate.</li> </ol>	wala	5 minuto	Records Clerk



## 3. MEDICAL CERTIFICATE (OUT-PATIENT O IN-PATIENT)

Office or Division	Health and Information	Health and Information Management (Medical Records Section)			
Classification:	Simple				
Type of transaction:	GtoC for government services whose client is transacting public				
Who may avail:	All				
CLIENT STEPS	AGENCY ACTION	FEES TO BE	PROCESSI NG TIME	PERSON RESPONSIBLE	
1.Kumuha ng Number sa window at hintayin na matawag ang number	1.Tawagin ang number at tanungin kung ano ang kailangan ipagawa ng kliyente	Wala	2 minuto	Records clerk	
2.Ibigay sa Records Clerk ang datos ng pasyente na papagawaan ng Medical Certirficate.	2.Ilalagay ang lahat ng datos na nakuha sa computer na my format ng Medical Certificate at I print ng dalawang kopya o piraso at isave ito pra sa archive/file ng Ospital. At lagyan ng Dry Seal ang babang bahagi ng	Wala	5 minuto	Records Clerk	



3. Hintayin magawa ng clerk at mapirmahan ng doctor ang Medical Certificate	3. Ilalagay ang lahat ng datos na nakuha sa computer na my format ng Medical Certificate at I print ng dalawang kopya o piraso at isave ito pra sa archive/file ng Ospital. At lagyan ng Dry Seal ang babang bahagi ng Medical Certificate bago papirmahan sa doktor.	wala	10 minuto	Records Clerk
4.Kunin ang charge slip para sa pag bayad ng Medical Certificate at pirmahan ang Receiving copy ng Medical Certificate	4.Matapos maprint ang dalawang (2) piraso ng Medical Certificate, bigyan ng charge slip ang kukuha ng Medical Certificate,	100.00	5 minuto	Records Clerk/Cashier
5.Magbayad sa kahero dala ang charge slip at	5. Isulat sa Log Book ang Pangalan ng kliyente at Address.at pa bayaran sa kahero ang charge slip na binigay sa kukuha ng medical certificate.		1 minuto	
Total			23 minuto	



6 Hintayin ang Records Clerk na gawin ang Death Certificate at pirmahan ang informant section nito.	6. I encode sa computer ang datos ng namatay n pasyente at I print ng apat 4 na kopya at papirmahan sa kukuha o informant at sa doctor na ngproclaim ng pagkamatay ng pasyente at ang Records Clerk na gumawa ng Death Certificate.	Wala	10 minuto	Records Clerk
<ol> <li>Pirmahan ang Logbook ng Ospital para sa pgkuha ng Death Certificate.</li> </ol>	5.	Wala	5 minuto	Records Clerk
<ol> <li>Makinig sa Records Clerk kung ano ang susunod na gagawin upang maiparehistro ang Death Certificate.</li> </ol>	<ol> <li>Bigyan ng Instruction slip ang kukuha at sabihan kung ano ang susunod na gagawin pra marehistro ang Death Certificate.</li> </ol>	wala	5 minuto	Records Clerk



#### 4. MEDICO LEGAL CERTIFICATE (OUT AND IN PATIENT))

Office or Division		Health and Information Management (Medical Records Section)			
Classification:	Simple				
Type of transaction:	GtoC for government s	services whos	e client is transac	ting public	
Who may avail:	All				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Kumuha ng Number sa window at hintayin na matawag ang number	1.Tawagin ang number at tanungin kung ano ang kailangan ipagawa ng kliyente	Wala	2 minuto	Records clerk	
2.Ibigay sa Records Clerk ang datos ng pasyente na papagawaan ng Medico Legal Certirficate.	2. Interviewhin ang kliyente at isulat sa draft form at Kunin ang Chart ng Pasyente, OPD Chart kung hindi na confine at Chart ng Pasyente sa Nurses Station kung kasalukuyang nka admit pa, at sa Medical Records Office kung nakalabas na ang pasyente na magpapagawa	Wala	5 minuto	Records Clerk	



<ul> <li>3. Hintayin magawa ng clerk at mapirmahan ng doctor ang Medico Legal Certificate</li> <li>3. Ilalagay ang lahat ng datos na nakuha sa computer na my format ng MedicoLegal Certificate at I print ng dalawan kopya o piraso a isave ito pra sa archive/file ng Ospital. At lagya ng Dry Seal ang babang bahagi n Medico Legal Certificate bago papirmahan sa doktor.</li> </ul>	3	10 minuto	Records Clerk
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4.Kunin ang charge slip para sa pag bayad ng Medico Legal Certificate	<ul> <li>4. Matapos maprint ang dalawang (2) piraso ng Medical Certificate, bigyan ng charge slip ang kukuha ng Medical Certificate, At papirmahan sa Doctor na nka duty ang Medico- legal Certificate.</li> <li>Kung hindi nakaduty ang doctor na nakakita mismo sa pasyente, maaring bumalik na lamang ang pasynte o kukuha ng Medico-Legal Certificate kung kailan ang susunod na duty ang doctor. Lalo na kung ang Medico Legal Certificate ay gagawing ebidensya na ipapasa sa mga awtoridad para sa legal na aksyon.</li> </ul>	2 minuto	Records
5.Magbayad sa kahero dala ang charge slip at	5. Isulat sa Log Book ang Pangalan ng kliyente at Address.at pa bayaran sa kahero ang charge slip na binigay sa kukuha ng medical certificate.	1 minuto	
Total		20 minuto	



Office or Division	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	GtoC for government services whose client is transacting public			
Who may avail:	All			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Kumuha ng Number sa window at hintayin na matawag ang number	1.Tawagin ang number at tanungin kung ano ang kailangan ipagawa ng kliyente	Wala	2 minuto	Records clerk
2.Ibigay sa Records Clerk ang datos ng pasyente na papagawaan ng Medico Legal Certirficate.	2.Tawagin ang number at tanungin kung ano ang kailangan ipagawa ng kliyente Sabihan ang pasyente o ang kukuha ng Medical Abstract na ang Doktor na nag admit sa pasyente ang gagawa ng Medical Abstract at mabuting sabihan ang nurse na nakaduty sa nurses Station Para malagyan ng 2 copies ng Medical Abstract form ang Chart ng pasyente kung ito ay naka confine pa at magawan ng doctor habang hindi pa nakakalabas ang pasyente.		5 minuto	Records Clerk

#### 5. MEDICAL ABSTRACT (IN and OUT Patient)



3. Hintayin magawa	3. Hintayin	wala	10 minuto	Records Clerk
ng clerk at mapirmahan ng doctor ang Medical Abstract	matapos ng doctor at kung pababalikin na lang ang kukuha ng Medical Abstract Certificate ang kukuha para hindi masayang an oras ng paghihintay ng pasyente o ng kukuha .			
	At kung tapos na gawin ng doctor, kukunin ang 2 kopya ang isa ay orihinal na sulat ng doctor at ang isa ay carbon copy ng Medical Abstract at isave ito sa chart ng pasyente pra sa archive/file ng Ospital.			
4. Pirmahan ang Receiving copy ng Medical Abstract.	4 .Kapag nagawa n ang Medical Abstract ng doctor, ibigay ang orihinal na kopya sa pasyente o kukuha at papirmahan sa receiving copy nito, katibayan na kinuha na nila ang Medical Abstract. At ilagay ang carbon copy ng medical abstract sa chart ng pasyente.		2 minuto	Records



5.Magbayad sa kahero dala ang charge slip at	5. Kung ang kukuha ay ng request ulit ng panibagong Medical Abstract, maari itong pabayaran sa kahero kapag kukuhanin na nila ulit ang kopya ng Medical Abstract.	1 minuto	
Total		20 minuto	



### 6. RETRIEVAL OF PATIENT'S OLD CHART PROCESS

Steps to retrieve old patients / discharged patient's chart.

Office or Division	Medical Records Section					
Classification:	Simple					
Type of transaction:	for government services whose client is transacting public					
Who may avail:	All	All				
CHECKLIST O	F REQUIREMENTS	IREMENTS WHERE TO AVAIL				
CLIENT STEPS	AGENCY ACTION		EES TO E PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit Hospital card at the medical records card	<ol> <li>Accept and verify patient's hospital card.</li> </ol>		None	3 minutes	Medical Records Clerk / Medical Records Officer	
2. Wait for your name to be called.	2. Give instructions to wait for the name to be called.		None	3 minutes	Medical Records Clerk / Medical Records Officer	
TOTAL: None				6 minutes		



#### 7. RETRIEVAL OF PATIENT'S OLD CHART PROCESS (WITHOUT HOSPITAL CARD)

Steps to retrieve old patients / discharged patient's chart. (without hospital card)

Office or Division	Medical Records Section				
Classification:	Simple				
Type of transaction:	for government services whose client is transacting public				
Who may avail:	All				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Accomplish and present Lost card data sheet to the medical records section.	1. Accept Lost card data sheet form.	None	5 minutes	<i>Medical Records Clerk / Medical Records Officer</i>	
2. Wait for the retrieval of old Hospital number.	2. Give Instructions to wait for the retrieval of old hospital number	None	10 minutes	Medical Records Clerk / Medical Records Officer	
3. Will receive new hospital card with same hospital number with the lost card. Proceed back to OPD or Emergency room and wait for your name to be called.	3. Issue new hospital card with same hospital number. Give instructions to go back to OPD or Emergency room and wait for their name to be called.	None	5minutes	Medical Records Clerk / Medical Records Officer	
	TOTAL:		20 minutes		



# ANCILLARY SERVICES DIVISION

# (Medical Social Service Section)



#### 1. MEDICAL SOCIAL SERVICE ASSISTANCE PROCESS

Steps for patient requesting for medical social service assistance for medicines, laboratory and diagnostic services done outside.

Office or Division	Madical Social Sorvio				
Classification:	Medical Social Service				
	Simple				
Type of Transaction: Who may avail:	<b>G2C</b> for government services whose client is transacting public				
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL		
Certificate of Indigency 4ps/PWD/Barangay/ Senior Citizen's Identification Card MSS Assessment Tool			AICS		
CLIENT STEPS	AGENCY ACTION	FEES	PROCESS	PERSON	
		TO BE PAID	ING TIME	RESPONSIBLE	
<ol> <li>Undergoes interview and presents necessary documents if needed.</li> </ol>	1. Interview the client in order to assess them regarding their Background Information and Socio-economic status.	None	10-20 Minutes	Social welfare officer	
	2.Orients client/patient on the scope limitations of hospital services, cost sharing including the policies)	None	5 Minutes	Social welfare officer	
	TOTAL:				



#### 2. ENROLMENT TO PHIC THROUGH POINT OF SERVICE PROGRAM

Office or Division	Medical Social Service					
Classification:	Simple					
Type of Transaction:	for government services whose client is transacting public					
Who may avail:	All					
CHECKLIST OF REC						
PMRF form (1 copy orig Assessment Tool (1 cop Birth Certificate / Marria Valid ID (1 copy origina	oy original) ge Certificate					
CLIENT STEPS	AGENCY ACTION		FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE	
1. Ask information how to access PHIC Enrolment	1.Provides information and instructs watcher or patient for the requirements		None	5 minutes	Medical Social Worker	
2.Filled-up PMRF)	2.Assist client to fill up the information required at PMRF		None	5 minutes	Medical Social Worker	
3. Submitted complete requirements and PMRF)	3 Check completeness of information and attached documents		None	5 minutes	Medical Social Worker	
4. Wait for the completion of the on-site registration to PHIC	4.Wait for the completion of the on- site registration to PHIC		None	Within 24 hours	Medical Social Worker	
	Proceed to F Claims Secti	-				
TOTAL:			None	1 day and 20 minutes		



(Dental Section)



#### **1. DENTAL CONSULTATION PROCESS**

Process for patients requesting for dental consultation.

Office or	Dental Section				
Classification:	Simple				
Type of transacti	for government services	whose client is	s transacting publi	с	
Who may avail:	All				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBL	
1. Secure a triage number (for first come, first serve basis) Hand sanitize rendered for safety precaution purposes. Triage number will be changed with the new number	1. Assess and fill-up the Covid precaution checklist. Body temperature taken and recorded.	None	2 minutes	Triage Personnel	
2. Proceed to OPD section and wait your number to be called.	2. Assess the patient, interview for patients history of illness and chief complaints and fill-up on OPD patient record chart.	None	2 minutes	OPD Section	
	3, Vital signs taken as well as the height, weight and recorded on the patients.	None	5 minutes	OPD Section	



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4. Patients data recorded with corresponding number attached to the patients chart and instructed the patient to go to perspective clinic where to consult and wait to be called the number they are holding.	None	5 minutes	
5.Received OPD Record Record it on a patients daily logbook. -Patients number is called, give individual treatment record filled and signed. - Instruct patient to limit one person to accompany them, always wear face mask and face shield. - Must observe social distancing at the waiting area	None	5 minutes	Dental Aide
5.Call patients number and Perform hand Disinsfection with 70% Isoprophyl Alcohol. -Ask patient to use In-clinic footwear.	None	2 minutes	Dental aide



				1973
	<ul> <li>6. Take oral examination and conduct the desire treatment and procedure.</li> <li>Give chair side oral health instruction.</li> <li>Give postoperative medicine to be taken orally.</li> </ul>	None	30-60 minutes	Dentist
	7.Discharge the Patients and proceed to pharmacy to request medicines	None	1-10 minutes	Dentist
Total			1 hr. and 30 minutes	



(Laboratory Section)



#### **1. LABORATORY EXAMINATION PROCESS**

Steps for patients requesting for laboratory examinations as requested by the physician.

Office or Division	Laboratory Department					
<b>Classification:</b>	Simple	Simple				
Type of transaction:	G2C – for government services whose client is transacting public					
Who may avail:	All					
CHECKLIST	OF REQUIREMENTS WHERE TO AVAIL					
doctor (1 original of	original copy) uest signed by NDH Il copy) Laboratory Section nt (1 original copy)			on		
CLIENT STEPS	AGENCY ACTION	FEES	S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
<ol> <li>Present Hospital card and laboratory request signed by the doctor.</li> <li>2 Will receive necessary instructions depending on the requested examination.</li> <li>For patients with request from other hospital, they have to consult with NDH doctors to acquire new laboratory request.</li> </ol>	<ul> <li>Accept laboratory request.</li> <li>2 Instruct patient according to the requested examination.</li> </ul>		None	3 minutes	Laboratory Clerk / RMT Laboratory Department	
<ul> <li>2.1 Will receive an order of payment and proceed to cashier section for payment.</li> <li>2.2 For patients who cannot pay the indicated amount, they may proceed to Medical Social Service for assistance.</li> </ul>	2.1 Give an order of payment and instruct to proceed to cashier section for payment.	OGCT BUA BUN Chlorid	IISTRY TEST 75 Grams 840.00 175.00 175.00 de 290.00 Cholesterol 175.00	3 minutes	Laboratory Clerk / RMT Laboratory Department	





		Platelet count(Manual) 150.00 <b>IMMUNOSEROLOGY</b> <b>TEST</b> HBSAG Rapid 300.00 ANTIHAV IgM Rapid 700.00 HCV Rapid 400.00 Syphilis 200.00 <b>BLOOD BANK TEST</b> Cross matching(Slide Method) 350.00 ABO/ Rh Typing 250.00 <b>SEROLOGY TEST</b> Dengue IgM and IgG 750.00 NS1Ag 950.00		
3. Present the order of payment and pay the indicated amount. Get official receipt.	3. Accepts Order of payment and indicated amounts. Give official receipt.	Depends on the requested examination.	3 minutes	Cashier Clerk Cash Section
4.Present the Official receipt to the Laboratory Department.	<ol> <li>Verify Official receipt and list on patient's registry.</li> </ol>	None	3 minutes	<i>Laboratory Clerk / RMT</i> Laboratory Department



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<ul> <li>5.1 Submit specimen (urine, stool, etc.)</li> <li>5.2 Undergo blood extraction</li> <li>5.3 Will receive instructions regarding release of examination's official results.</li> </ul>	<ul> <li>5.1 Accept specimen and verify identification by asking patient's name.</li> <li>5.2 Verify identification by asking patient's name prior to blood extraction.</li> <li>5.3 Will receive instructions regarding release of examination's official results.</li> </ul>	None	5 minutes	Laboratory Clerk /Phlebotomi st/ RMT Laboratory Department
6. Steps to claim results, present hospital card, valid ID or Official receipt before claiming the official examination result.	6. Verify Hospital card, valid ID or Official receipt and issue official examination results.	None	2 minutes	Laboratory Clerk / RMT Laboratory Department
	TOTAL:		20minutes	



(Pharmacy Section)



#### 1. PHARMACY

Steps on how to purchase medicines for out-patient clients.

	Dharmany Section				
Office or Division	Pharmacy Section	-			
Classification:	Simple				
Type of transaction:	G2C for government services whose client is transacting public				
Who may avail:	All				
CHECKLIST OI	REQUIREMENTS			WHERE TO A	AVAIL
Hospital Card (1 original copy) Prescription signed by the Doctor (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy)			Phar	rmacy Section	
CLIENT STEPS	AGENCY ACTION		ES TO E PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present prescription signed by the Doctor.	<ul> <li>1.1 Accept prescription signed by the doctor.</li> <li>1.2 Check stock availability.</li> <li>1.2.1 If not available, ask the doctor for alternative medicine.</li> <li>1.2. 2 If still not available, give instructions to buy outside.</li> </ul>		None	3 minutes	Pharmacist Pharmacy Section
<ul> <li>2. Will receive order of payment and proceed to cashier section for the payment.</li> <li>For patients who cannot pay the indicated amount, may ask for assistance at the Medical Social Service of the hospital.</li> </ul>	2. Give order of payment and instruct client to proceed to the cashier section for payment.	rec	epends on the quested edicine.	3 minutes	Pharmacist Pharmacy Section



3. Present the order of payment and pay the indicated amount. Will receive an official receipt.	3. Accept order of payment and indicated amount. Give official receipt.	3 minutes	Pharmacist Pharmacy Section
4. Present the official receipt at the pharmacy section.	4. Verify the Official receipt.	3 minutes	<i>Pharmacist</i> Pharmacy Section
5. Claim the requested medicine and instructions on how to take the purchased medicines. Sign the logbook for release.	5. Release the requested medicines and give instructions on how to take it. Let the client sign the releasing logbook.	5 minutes	<i>Pharmacist</i> Pharmacy Section
5. Claim the requested medicine and instructions on how to take the purchased medicines. Sign the logbook for release.	5. Release the requested medicines and give instructions on how to take it. Let the client sign the releasing logbook.	5 minutes	<i>Pharmacist</i> Pharmacy Section
	TOTAL:	20 minutes	



(Radiology Section)



#### **1. RADIOLOGY EXAMINATIONS PROCESS**

Steps for patients requiring radiological procedures as requested by the doctor.

Office or Division	Radiology Section	Radiology Section					
Classification:	Simple						
Type of transaction:	<b>G2C</b> – for government services whose client is transacting public						
Who may avail:	Who may avail: All						
CHECKLIST	OF REQUIREMENTS			WHERE TO AV	/AIL		
Radiology Reques Doctor (1 original of Order of Payment Official receipt (1 of	(1 original copy)		Radiolog	y Section			
CLIENT STEPS	AGENCY ACTION	FE	ES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
<ol> <li>Present the radiology request form signed by the Doctor.</li> <li>For patients with request from other hospital, present the radiology request form signed by the Doctor.</li> <li>Instruction will be given depending on the requested procedure / examination.</li> </ol>	<ol> <li>Accept the radiology request form and give instructions depending on the requested procedure / examination.</li> </ol>		None	3 minutes	Radiologic Technologist		
<ol> <li>Will receive order of payment and proceed to the cashier section for payment.</li> <li>For patients who cannot pay the whole amount, they may ask assistance from the medical social service section of the hospital.</li> </ol>	2. Give order of payment and instruct patient to proceed to cashier section for payment.	All e will b per e	X-RAY. xamination be charged exposure or digital e) 190.00/film	3 minutes	Radiologic Technologist		



3. Present the order of payment and pay the indicated amount at the cashier. Client will be given an official receipt.	3. Accept the order of payment at indicated amount. Give official receipt after payment.	None	3 minutes	Cashier Cash Section
4. Present the official receipt at the radiology section and wait for your name to be called.	4. Verify the official receipt and instruct patient wait.	None	3 minutes	Radiologic Technologist
5. Proceed to the radiology section for the procedure. After the procedure, patient will be instructed on when the official results will be released.	<ul> <li>5. call the patient and proceed to the examination room for the procedure.</li> <li>Give instructions when the official results will be released.</li> <li>for X-ray: 3 working days</li> </ul>	None	15 minutes	Radiologic Technologist
6. To claim results, present hospital card, valid ID or official receipt.	6. Verify Hospital card, valid ID or Official receipt at release official examination result.	None	3 minutes	Radiologic Technologist
	TOTAL:	Depending on the requested procedure	30 minutes	



### (Nutrition and Dietetics Service)



#### **1. NUTRITION AND DIETETICS SERVICE**

Meal Service to in-patients. To serve adequate, nutritious, safe meals to in patients and ensure quality service.

Office or Division	Nutrition and Dietetics Se	Nutrition and Dietetics Service					
Classification:	Simple	Simple					
Type of transaction:	For government services	whose clie	nt is transacting pu	blic			
Who may avail:	All in-patients						
CHECKLIST	OF REQUIREMENTS		WHERE TO	AVAIL			
Nbs Filter Paper (1 Schedule of Releas	original copy) e Form (1 original copy)		_				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID		PERSON RESPONSIBLE			
1.	1. Menu Planning, Budgeting/Cost Control, Counseling & Purchasing	None	1 hour	Nutritionist Dietitian FSW			
2.	2. Food production (washing, peeling, slicing, cooking of foodstuffs)	None	1 hour	Cook FSW			
3.	<ul> <li>Get diet list form Nursing Service</li> <li>Check No. of patients and diet order (Tray cards)</li> </ul>		20 minutes	FSW FSW ND			
	Dishing-out to individual trays and arrange in food trolly/ conveyor						
4. Received Meals	4.Distribute food trays to in patient		15 minutes	FSW			



5. Return of used food trays	5.Collect Trays	10 minutes	FSW
6.	Washing/ sterilizing of trays/ used kitchen utensils, etc.	30 minutes	FSW
	Disposal of garbage, cleaning of work area and surrounding.	20 minutes	Cook
	Checking lights off, gas off, electric fan before leaving the dietary.	5 minutes	FSW/COOK ND
	Observe energy and water conservation		
	TOTAL:	4 hours and 10 minutes	



## **MEDICAL SERVICES DIVISION**



# 1. Steps for availing Expanded Newborn Screening services and diagnostics.

Office or Division	Pediatrics Department				
Classification:	Simple				
Type of transaction:	For government services	whos	se client	t is transacting pu	blic
Who may avail:	Inborn Deliveries – on the Outborn Deliveries – on the				
CHECKLIST	<b>FOF REQUIREMENTS</b>			WHERE TO A	AVAIL
	Nbs Filter Paper (1 original copy) Schedule of Release Form (1 original copy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to respective screening areas	1. Receives babies for screening test		overed by lhealth	3 minutes	NBS PERSONNEL
2. Screening Test	2. Do the screening procedure			15 minutes	NBS PERSONNEL
3. Schedule for release of results	3.1 1 month for NBS			For NBS – 2 minutes	NBS PERSONNEL
TOTAL: 20 minutes					



# NURSING SERVICES DIVISION



#### 1. EMERGENCY ROOM CONSULTATION PROCESS

Steps for patients seeking for emergency consultation.

Office or Division	NURSING SERVICE				
Classification:	Simple				
Type of transaction:	G2C for government services whose client is transacting public				
Who may avail:	All				
CHECKLIST O	F REQUIREMENTS			WHERE TO A	AVAIL
Hospital Card (1 origin Valid ID (1 original cop					
ER Chart Prescription Pad (1 or Laboratory Request F Radiology Request Fo Referral Form (1 origin Admission Chart	orm (1 original copy) orm (1 original copy)	Emergency Room			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Hospital Main entrance and register patient to admitting section.	1. Get patient information then instruct to proceed to ER	None		10 minutes	Admitting Clerk
2. Go to Emergency Room	2. Receive patient	None		5 minutes	Nurse on Duty Nursing Service Department
3. Prepare self to answer questions regarding illness and physical exam.	<ul> <li>3. Interview patient/relative:</li> <li>Classify into: Medicine Pedia Surgery OB-Gyne</li> </ul>	None		5 minutes	Nurse on Duty Nursing Service Department Doctors on Duty ER Department
4. Submit self for consultation	4. Examine patient	None		5 minutes	Doctors on Dutv
5. Follow instructions given by staff	5.1 Patients for discharge/may go home: Instruct patient/relative of patient's home medications and date	N	one	35 minutes	Nurse on Duty Nursing Service Department <i>Consultant on</i> <i>Duty</i> ER Department



TOTAL:	1 hour	
referral form		
Transfer to other hospital: Give instruction and		
Follow steps in Emergency room Admission Process 5.5 Patients for		
5.4 Patients for admission:		
5.3 Patient for observation: Explain management plan and what and why to wait		
5.2 Patients for emergency medication/laboratory test/Radiology exam: Give request necessary forms and instruct to submit to appropriate unit/section		
of when and where to follow up		



#### 2. ADMISSION PROCESS

Steps for patient who will be admitted in the hospital.

Office or Division	Nursing Service Department				
Classification:	Simple				
Type of transaction:	For government services whose client is transacting public				
Who may avail:	All				
CHECKLIST	OF REQUIREMENTS		WHERE TO	AVAIL	
Hospital Card (1 original copy) Admission Order (1 original copy) Consent Form (1 original copy) Laboratory Request Form (1 original copy) Radiology Request Form (1 original copy) Reminders to Patient, Watchers and Visitors (1 original copy) Admission and Discharge Chart			Emergency Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID			
1. Coordinate with the doctor of patient's admission	1. Explain the urgency and importance of admission	None	10 minutes	Doctors on Duty ER Department	
2. Sign Consent for admission	2. Secure consent for admission from patient/relative	None	3 minutes	<i>ER Nurse on</i> <i>Duty</i> Nursing Service Department	
3. Prepare self for examination relevant to admission process	<ol> <li>Prepare patient for additional examinations for admission process</li> </ol>	None	3 minutes	<i>ER Nurse on Duty</i> Nursing Service Department	
4. Shall be advised to proceed to Admitting Section to bring Admitting and Discharge Record Form	4. Instruct relative to proceed to admitting section and hand over the Admitting and Discharge Record Form for processing	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department	
5.1 Present Hospital Card of Patient and admitting and discharge Form to admitting section	5.1 Receive hospital card at Admission and Discharge Form	None	20 minutes	Admitting Section	
5.2 Fill-up Patient Data Sheet	5.2. Instruct relative to fill up Patient Data Sheet				



<ul> <li>5.3 Receive 2 copies of Reminders to patient, watchers, and visitor form, read and sign</li> <li>5.4 Receive back the Admission and discharge form with accomplished details of patient</li> </ul>	<ul> <li>and record patient information on registry</li> <li>5.3 Explain and secure signature of patient/relative on 2 copy ng Reminders to patient, watchers, and visitor form (give 1 copy to patient/relative)</li> <li>5.4 Give back Admission and Discharge Form to patient/relative and instruct to return to Emergency room</li> </ul>			
6. Bring back the Admission and Discharge Form to Emergency Room and present to nurse	6. Receive the Admission and Discharge Form the properly filled up by admitting section from relative/patient	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department
7. Wait until patient is transferred to ward	7. Instruct Institutional Worker (IW) to transfer patient to ward/unit	None	3 minutes	Nurse on Duty Nursing Attendant Nursing Service Department Institutional Worker Engineering and Facilities Management
	TOTAL:	None	45 minutes	manayement



Indicate the steps for availing newborn screening services and diagnostics.

	Podiatrice Dopartmont				
Office or Division	Pediatrics Department				
Classification:	Simple				
Type of transaction:	For government services	whose	client	is transacting pul	blic
Who may avail:	Inborn Deliveries – on the Outborn Deliveries – on the				
CHECKLIST	OF REQUIREMENTS			WHERE TO A	AVAIL
Nbs Filter Paper (1 original copy) Schedule of Release Form (1 original copy)					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to respective screening areas	1. Receives babies for screening test	Cove by Philhe	y	3 minutes	NBS PERSONNEL
2. Screening Test	2. Do the screening procedure			15 minutes	NBS PERSONNEL
3. Schedule for release of results	3.1 1 month for NBS			For NBS – 2 minutes	NBS PERSONNEL
TOTAL: 20 minutes					





