



DEPARTMENT OF PEDIATRICS

Service Name: Pediatric ER Patient Services

Description: Caters all pediatric patients who needs emergency care

Office or Division:	Pediatric Emergency Room			
Classification:	Simple			
Type of transaction:	G2G			
Who may avail:	All Pediatric patients			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
Hospital ID card	Admitting clerk			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Queues at the Triage Area for initial evaluation by the ERO	ERO will inform the pediatric resident on duty	N/A	5-10 min	ERO
2. Fills out Patient Data Sheet and submit to the Admitting Clerk		N/A	5 minutes	Admitting Clerk
3. Proceeds to the PEDIA waiting area and wait until your name is called.	Resident will call the patient	N/A	5-10 minutes	Pediatric Resident on Duty
4. Initial evaluation, vital signs and weight to be done by the Resident on Duty		N/A	20 to 30 min	Pediatric Resident on Duty
5. Pediatric Resident on Duty will do thorough examination and performs necessary laboratory work ups and procedures.	The pediatric resident on duty will do thorough history, PE and request diagnostic examinations	N/A	20 min	Pediatric Resident on Duty
6. Pediatric Resident on Duty will make final disposition and instructions either for admission or send home.	The pediatric resident on duty will give final disposition and instructions	N/A	30 min	Pediatric Resident on Duty
7. Patients NOT for admission will be given prescription, home instructions and follow up schedule.	The pediatric resident on duty will fill out Prescription Pad Home instruction forms	N/A	5 minutes	Pediatric Resident on Duty
8. Settles ER Fees at the Cashier	Official Receipt	P40.00	5 minutes	Cashier

9. Presents OR to the security personnel and ER nurse upon leaving the hospital	Official Receipt	N/A	1 minute	Security Guard
10. Pediatric Resident on Duty sees to it that all patients attended to are properly logged at the ER logbook	ER logbook	N/A	2 minutes	Pediatric Resident on Duty
	TOTAL	40.00	118 minutes	



DEPARTMENT OF PEDIATRICS

Service Name: Pediatric In-Patient Services

Description: Caters all admitted patients at the pediatric ward and ICU

Office or Division:	Pediatric ward and Pediatric ICU			
Classification:	Simple			
Type of transaction:	G2G			
Who may avail:	All Pediatric patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital ID card		ER Clerk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON IN CHARGE
1. Fill out Personal INFORMATION SHEET and submit to the ADMITTING Clerk	ERO will inform the Pediatric Resident on Duty	N/A	10 minutes	ER Officer Admitting Clerk
2. Consult with the pediatric resident on duty and awaits admission	The Pediatric Resident on Duty will do history, PE, or request diagnostic examinations	N/A	15 minutes	Pediatric Resident in Charge
3. Declare Consent for Hospital Admission by signing the consent form	The Pediatric Resident on Duty will explain the admission and an Informed Consent for Admission will be secured from the relative	N/A	10 minutes	Pediatric Resident on Duty
4. Proceed to the pre-assigned admitting ward upon the advise of the resident-in-charge	The Pediatric Resident on Duty will inform the nurse on duty regarding admission then the nurse will accompany the patient at the assigned ward	N/A	15 minutes	Pediatric ER Resident on Duty Nurse on duty
5. Submit to history-taking, undergo diagnostic procedures, and receive therapeutic a management	The pediatric ward resident in charge will receive the patient at the ward	N/A	3 to 5 days	Pediatric Resident in Charge Ward Nurse

6. Once ready for discharge, receive discharge instructions	The pediatric ward resident in charge will give instructions on home medications if any.	N/A	5 minutes	Pediatric Resident in Charge Ward Nurse
7. The pediatric ward resident in charge will schedule the patient for follow up prior to discharge	The pediatric ward resident in charge will assign a designated day for follow up	N/A	5 minutes	Pediatric Resident in Charge
7. Settle Hospitalization Fee of with the Cashier	Official Receipt	N/A	30 minutes	Cashier
8. SECURE CLEARANCE FORM AND PRESENT TO THE SECURITY PERSONNEL UPON LEAVING THE HOSPITAL	Official Receipt Clearance Form	N/A	10 minutes	Ward Nurse Security Personnel
	TOTAL	N/A	5 days and 100 minutes	



DEPARTMENT OF PEDIATRICS

Service Name: Pediatric Out-patient Services

Description: caters all pediatric patients who seek consult at the Out-Patient Department

Office or Division:	Pediatrics OPD			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	New and Old Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital ID card		Admitting section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log in the QCGH Pedia OPD Facebook account. Set an appointment date for onsite consultation.	1. Sets the appointment date.	None	1 minute	Pediatric Resident on Duty
2. Fill up the information sheet and health declaration form	2. Verifies the data	None	2 minutes	Pediatric Resident on Duty
3. Acknowledges the appointment date and understands the OPD guidelines. a. No MASK. No Entry. b. one companion per patient. c. No appointment. No entry. d. Must be in the OPD area 15 minutes before the appointed time. e. print or take a picture of the verified appointment slip and health declaration form. Bring on day of consultation	3. Confirms the appointment date. Explains the new OPD guidelines	None	5 minutes	Pediatric Resident on Duty
4. Day of Appointment: Proceed to the triage tent. Present the appointment slip and health declaration form. Allow staff to get their anthropometric measurement and vital signs.	4. Verify the appointment slip. Triage if covid or non covid case. Take the anthropometrics and vital signs.	None	5 minutes	Triage Nurse
5. Settle OPD Fee of ____ with the Cashier	Official Receipt	40.00	5 minutes	Cashier

6. Proceed to Pediatric OPD waiting area. And wait to be called by the doctor	Performs interview. Documents clinical history and physical examination. Explains, plan of management and gives discharge instructions.	None	15 minutes	Pediatric Resident on Duty
	TOTAL	40.00	33 minutes	



DEPARTMENT OF PEDIATRICS

Service Name: Neonatal ICU Services

Description: caters all newborn patients who are born at our institution

Office or Division:	Neonatal ICU			
Classification:	Simple			
Type of transaction:	G2G			
Who may avail:	New deliveries			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital ID card		Admitting section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit to History – Taking before delivery (Kailangan ng kaukulang salaysay sa pagbubuntis bago manganak)	Interview and performs history from the pregnant mother (kukuha ng salaysay at physical examination mula sa manganganak na ina)	None	10 minute	Pediatric Resident on Duty
2. Upon delivery of baby, declare consent for hospital admission by signing the consent form (Mula sa pagkapanganak, ng ipahayag ang pagpayag sa pag aadmit sa pamamagitan ng paglagda sa consent form)	Gets consent from the mother his/her child' admission	None	5 minutes	NICU or Unang Yakap Nurse
3. Fill-out Personal Data form and submit to Admitting Clerk (Punan ang Personal Data Form at ibigay sa Admitting Clerk)	Submit to Admitting Clerk (Dadalhin sa Admitting Clerk)	None	5 minutes	NICU OR Unang Yakap Nurse
4. Undergo Unang Yakap procedure and await transfer instructions and proceed to the pre-assigned admitting ward upon the advice of the resident-incharge)	Performs Unang Yakap procedure (Taga-pangasiwa ng Unang Yakap)	None	5 minutes	Unang Yakap Nurse/ Pediatric Resident on Duty

5. Once Ready for discharge, receive discharge instructions (Makinig sa mga tagubilin kapag oras na ng paglabas sa ospital)	Inform and instruct parents regarding patient's discharge (sabihan and ipaalam sa magulang ang pag pagppauwi sa pasyente)	None	5 minutes	Nurse on Duty/ Pediatric Resident on Duty
6. Settle Hospitalization fee to the billing station and cashier (Bayaran ang karampatang singil sa kahera)	Inform transaction regarding hospital charges (ipaalam ang kaukulang pamamaraan sa pagbayad ng hospital bill)	None	30 minutes	Billing/Cashier
7. Secure Clearance form and present to the security and Personnel upon leaving the hospital (Kunin ang clearance form at ipakita sa Security Guard sa paglabas ng ospital)	Checked necessary documents for upon discharge	None	10 minute	Nurse /Security Guard
8. Follow up through appointment	Appointment is done prior to discharge	None	5 minutes	Pediatric Resident on Duty
	TOTAL	None	75 minutes	



DEPARTMENT OF PEDIATRICS

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	<ol style="list-style-type: none">1. Write down the feedback on the QCGH Feedback Form provided by the OPD clerk.2. Write a letter addressed to the Department Head narrating the specific details of the feedback.
How feedbacks are processed	All feedbacks are noted down by a specific OPD clerk, then encoded into the QCGH Service Evaluation in the intranet.
How to file a complaint	<ol style="list-style-type: none">1. Write down the feedback on the QCGH Feedback Form provided by the OPD clerk.2. Write a letter addressed to the Department Head narrating the specific details of the feedback.
How complaints are processed	Once the complaints are collated, the department head sits down with concerned staff to discuss the issue. Appropriate action is implemented after.
Contact Information of CCB, PCC, ARTA	Contact Center ng Bayan 0908-888 16565 or 1-6565 Presidential Complaint Center 8-784-4286 local 4029 Anti-Red Tape Authority 0908-881-6565 8888