



NOVALICHES DISTRICT HOSPITAL

CITIZEN'S CHARTER

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NOVALICHES DISTRICT HOSPITAL

CITIZEN'S CHARTER



I. Mandate:

Novaliches District Hospital (NDH) by virtue of Ordinance No. SP-997, S-2001 was established to render health services to the poorest residents of District 5 as well as the neighboring communities.

II. Vision:

Novaliches District Hospital envisions itself as a tertiary hospital that delivers quality healthcare which is readily accessible and affordable to the public.

III. Mission:

To provide excellent patient care through improved health care facilities and services that are relevant to the needs of the community and maintain zealous dedication and professionalism among its personnel with a goal towards achieving efficient healthcare management.

IV. Service Pledge:

The Novaliches District Hospital is committed to provide quality healthcare that is readily available, accessible and affordable to the public in compliance with all regulatory standards set by the national and local government. We also conform to ethical standards, best practices in patient care, safety and ISO 9001:2015.

We continually improve our processes with goal of delivering total quality services to all our clients.



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INTERIM SERVICE PROCESSES DURING COVID-19 PANDEMIC



NDH SATELLITE CLINIC CONSULTATION PROCESS

Consultation process for patients with COVID-19 symptoms requiring immediate medical management and treatment.

Office or Division	NDH Satellite Clinic			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Satellite Clinic Form (1 original copy) Satellite Clinic Stub (1 original copy) Hospital Card (1 original copy) Patient Information Form (1 original copy)		NDH Satellite Clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach the triage staff and state the chief complaint or reason for consultation with all honesty.	1. Interview client / watcher for chief complaint and get the initial vital sign of patient. Classify patient (non-urgent, urgent, emergent).	None	3 minutes	<i>Triage Officer</i> Triage Area
2. Proceed to Registration window once Satellite Clinic slip is received from the triage nurse.	2. Issue Satellite Clinic slip to patient/watcher and instruct to go to registration window.	None	2 minutes	<i>Registration Officer</i> Registration Window
3. Present the Satellite Clinic slip to the Registration staff.	3. Tell patient / watcher to fill up Patient Information Form. Release Satellite Clinic Record and instruct to go to triage staff.	None	3 minutes	<i>Registration Officer</i> Registration Window
4. Return to triage window and hand-over the Satellite Clinic Record to triage staff.	4. Receive Satellite Clinic Record.	None	1 minute	<i>Triage Officer</i> Triage Area
5. Wait for the Consultant on Duty.	5. Refer to respective Consultant on Duty for consultation / check-up.	None	15 minutes	<i>Triage Officer</i> Triage Area
6. Submit self / patient for check-up. Cooperate and follow Consultant on Duty.	6. Secure patient's consent prior examining the patient. Explain outcome of diagnosis or plan of care to patient and relative.	None	35 minutes	<i>Consultant on Duty</i> Consultation Area



<p>8.</p> <p>a. If for Discharged – receive prescription and home instructions.</p> <p>b. If for Diagnostic procedure – wait until name is called upon by the respective staff to execute diagnostic procedure.</p> <p>c. If for Observation – wait for the instruction of Satellite nurse in case emergency medicine ordered by physician is not available.</p> <p>d. If for Admission – sign consent for admission.</p> <p>e. THOC (Transfer to Hospital of Choice) - receive THOC referral form</p>	<p>8.</p> <p>a. Discharged - Explain prescription and give home instructions and clearance.</p> <p>b. Diagnostic procedures - shall be requested by the Satellite nurse.</p> <p>c. Observation – Carry out physician’s order and administer physician’s order if there is any.</p> <p>d. Admission – Secure consent for admission. Follow Admission Process and carry out doctor’s order.</p> <p>e. THOC - Explain the reason to referral to other hospital. Secure consent for THOC.</p>	<p>None</p>	<p>1 minute</p>	<p><i>Consultant on Duty</i> Consultation Area</p>
TOTAL:		None	1 hour	



NDH RT-PCR SWABBING PROCESS

Process for patients with COVID-19 related symptoms or COVID-19 Exposure requiring RT-PCR Swab Test as ordered by the Attending Physician.

Office or Division	NDH Swabbing Area			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Case Investigation Form (4 original copies) Philhealth PMRF (2 original copies) Patient Valid ID (1 original copy)		NDH Swabbing Area		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient advised by the Consultant on Duty to undergo COVID-19 RT-PCR swabbing.	1. Consultant on Duty orders RT-PCR Swabbing to qualified patient. Explains Information about the procedure.	None	5 minutes	<i>Consultant on Duty</i> NDH Satellite Clinic
2. Patient supplies required information.	2. Satellite Nurse fills up CIF (4copies).	None	5 minutes	<i>Satellite Nurse</i> NDH Satellite Clinic
3. For Inactive Philhealth Account: Patient fills up PMRF and submits valid ID with complete address.	3. Satellite Nurse accepts accomplished PMRF form and patient's valid ID.	None	3 minutes	<i>Satellite Nurse</i> NDH Satellite Clinic
4. Patient will be advised to come back for the Scheduled RT-PCR swab test.	4. Satellite Nurse forwards accomplished CIF and other required documents to Laboratory for processing.	None	3 minutes	<i>Satellite Nurse</i> NDH Satellite Clinic
5. Patient will be advised for the RT-PCR schedule thru SMS.	6. IPC nurse will inform the patient on the swabbing schedule thru SMS.	None	3 minutes	<i>IPC Nurse</i> <i>IPC Committee</i>
7. Patient shall return on the scheduled date of swabbing and present one valid ID for identity verification purpose.	7. Medical Technologist will validate presented patient's ID.	None	1 minute	<i>Medical Technologist</i> Swabbing Area
8. Patient undergoes RT-PCR swabbing procedure.	8. Assigned Swabber will conduct RT-PCR	None	5 minutes	<i>RT-PCR Swabber</i> Swabbing Area



	swabbing procedure.			
9. Patient will be instructed regarding the release of RT-PCR results.	9. Medical Technologist will process and send RT-PCR swabbing specimen to respective RT-PCR Testing Facility (external).	None	5 days	<i>Medical Technologist Swabbing Area</i>
10. Patient will be notified regarding results and further instructions thru SMS or Email.	10. IPC Nurse will notify patient regarding result and further instructions thru SMS or Email.	None	5 minutes	<i>IPC Nurse IPC Committee</i>
TOTAL:		None	30 minutes 5 days	



OUT-PATIENT DEPARTMENT ONLINE CONSULTATION PROCESS

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

Office or Division	NDH Out-Patient Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Valid ID (1 original copy) Consent Form (with signature) PDF Out-Patient Record		NDH Out-Patient Department Online Page		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to NDHQC Out-Patient Department Facebook Online Account for queuing and appointment.	1.1 Log into Out-Patient Department's Facebook Online page inbox. 1.2 Queues the patient. Triage according to respective medical department. 1.3 Patient will be requested to proceed to assigned Medical Department Facebook Page link.	None	45 minutes	<i>Consultant on Duty</i> NDH OPD Telemedicine
2.1 Fill up the Patient Information Sheet (google form) and present valid ID. 2.2 Gives consent for online consultation / assessment; provide sufficient and truthful interview data via telemedicine. 2.3 Prepares Viber account for teleconsultation.	2.1 Verifies the data in the Patient List (google sheet. 2.2 Verifies Telemed Consent and DPA Agreement form. 2.3 Verifies and validates Patient's ID. 2.4 Consultant on Duty initiates Video call consultation.	None	15 minutes	<i>Consultant on Duty</i> NDH OPD Telemedicine
3.1 Initiates Viber call thru Consultant on Duty's viber number or any secured encrypted platform agreed upon	3. Intervention and management. Consultant on Duty will assess the patient if physical	None	45 minutes	<i>Consultant on Duty</i> NDH OPD Telemedicine



<p>with the Consultant on Duty.</p> <p>3.2 Patients will send laboratory results to the Consultation on Duty thru email or viber.</p>	<p>check-up is necessary.</p> <p>3A. If Yes, Consultant on Duty will ask the patient to go to Emergency Room / Satellite clinic for urgent management or will be given a slot on the scheduled dates for physical OPD consults.</p> <p>3B. If No, Consultant on Duty proceeds with teleconsult via viber video call or secured / encrypted platform will give needed laboratory request and prescription. Pictures will be sent to the patient thru COD's viber account.</p> <p>3C. Schedule follow-up dates and time accordingly.</p>			
<p>4. Acknowledges the appointment date and time. (Observes the OPD face to face consult guidelines)</p> <p>a. No Mask, No Entry.</p> <p>b. One companion per patient.</p> <p>c. No Appointment, No Entry.</p> <p>d. Must be in the OPD area 15 minutes before the appointment time.</p> <p>e. Print or take a picture of the verified appointment slip and health declaration form.</p> <p>(To be presented on the day of consultation)</p>	<p>4. Confirmation of follow-up dates and time accordingly.</p> <p>4.1 All patients' charts are logged, recorded, and sent thereafter to NDHQC OPD email and NDH Medical Records Section for safe keeping.</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Consultant on Duty</i> NDH OPD Telemedicine</p>
<p>TOTAL:</p>		<p>None</p>	<p>2 hours</p>	



OUT-PATIENT DEPARTMENT FACE-TO-FACE CONSULTATION PROCESS

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

Office or Division	NDH Out-Patient Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Valid ID (1 original copy) OPD Record Form (1 original copy)		NDH Out-Patient Department Building		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD triage window and present the appointment slip and accomplished Health Declaration Form. Allow the OPD staff to get patient's vital sign.	1. Verify the appointment slip. Triage patient if COVID or NONCOVID Case & take vital signs. If with history of cough, fever, diarrhea, history of travel or contact with COVID suspect or confirmed, patients will be directed to the NDH Satellite Clinic 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.	2. Interview patient / patient's relative.	None	5 minutes	<i>Nurse on Duty</i> Out-Patient Department
3. Submit self to consultation.	3. Examine patient.	None	5 minutes	<i>Consultant on Duty</i> Out-Patient Department
4. Follow instructions given by the OPD staff for next follow-up schedule. (Telemed face to face)	4. Patient for discharge / may go home: Instruct patient / patient's relative on the home instructions and follow-up check-up if needed.	None	30 minutes	<i>Consultant on Duty</i> Out-Patient Department
TOTAL:		None	45 minutes	



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 Service			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All COVID-19 Related Admitted Patients			
CHECKLIST OF 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)		NDH MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client's relative supplies patient's information with hospital card.	1. Instruct the Security Guard to call the patient's relative for Philhealth verification	None	2 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
2. Client's relative receives and fills-up the stub.	2. Brief assessment on patient's admission.	None	2 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
3. Return the accomplished stub.	3. Verify the Philhealth status to Philhealth Portal.	None	3 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
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 Philhealth Window.	None	3 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
4. Return the accomplished forms with required attachments.	5. Checked the submitted documents and enroll to POS.	None	10 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
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	<i>Social Welfare Officer</i> Medical Social Service Section



	Philhealth Window.			
TOTAL:		None	22 minutes	



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 transacting public			
Who may avail:	All COVID-19 Related Admitted Patients			
CHECKLIST OF 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)		NDH MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient/patient's relative receive text messages from the Social Welfare Officer.	1. Acquire patient/patient's contact number from patient Ledger and send text message.	None	2 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
2. Provide Patient's information.	2. Verify the Philhealth status to Philhealth Portal.	None	2 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
3. Send requirement thru messenger or e-mail.	3. Check the received documents and fill up to forms.	None	10 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
4. Receive confirmation.	4. Enroll to POS and inform the billing Section.	None	3 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
TOTAL:		None	17 Minutes	



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 government services whose client is transacting public			
Who may avail:	All COVID-19 Related Admitted Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Statement of Account (SOA)		NDH MALASAKIT CENTER		
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	<i>Social Welfare Officer</i> Medical Social Service Section
2.Wait for the billing process.	2.Log and stamp the SOA.	None	2 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
3.Wait for instruction of Social Welfare Officer.	3.Proceed to Admitting and Cash Section for signature of SOA.	None	5 minutes	<i>Social Welfare Officer</i> Medical Social Service Section
4.Prepare and pack personal belongings.	4.Submit/present acquired patient's clearance to Security Officer.	None	1 minute	<i>Social Welfare Officer</i> Medical Social Service Section
TOTAL:		None	13 minutes	



COORDINATION FOR HOME CONDUCTION OF PATIENTS FOR DISCHARGE

Assistance to patients requiring Home Conduction during discharged (COVID-19 Related Cases)

Office or Division	Medical Social Service			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All COVID-19 Related Admitted Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Statement of Account (SOA) Discharge Summary/Medical Certificate Swab Test Result copy Trip Ticket		NDH MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide complete home address and contact number.	1. Coordinate with the respective barangay or inform the relative thru phone call/text messages	None	1 minute	<i>Social Welfare Officer</i> Medical Social Service Section
2. Wait for instruction from the Social Welfare Officer.	2. Inform the Covid ward nurses to prepare the patient for pick-up	None	1 minute	<i>Social Welfare Officer</i> Medical Social Service Section
2. Prepare and wait for pick-up.	3. Log to ward referral logbook and wait for the arrival of barangay service.	None	4 hours	<i>Social Welfare Officer</i> Medical Social Service Section
4. Ride the ambulance.	4. In case the barangay vehicle is not available, home conduction thru ambulance service	None	1 hour	<i>Social Welfare Officer</i> Medical Social Service Section
TOTAL:		None	6 hours	



PHYSICAL THERAPY TELEREHAB PROCESS

Process for patients' physical therapy telerehabilitation management

Office or Division	Rehabilitation Medicine Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Patients in need of physical therapy			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Referral Form with valid physician's signature Valid ID (1 original copy for reference only) Physical Therapy OPD Form(1 original copy) Physical Therapy Telerehab Consent Form (1 original copy)			Facebook page: NDH QC - Rehabilitation Department	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Messages Rehab FB page	1. Checks and answers messages on FB page, provides guidelines on how the telerehab will go	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department
2. Writes his/her consent for online Physical Therapy session	2. Ensures that the consent form was read, understood, and completely signed by the patient or patient representative	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department
3. Receives given time and day of scheduled telerehabilitation session	3. Schedules patient telerehabilitation session	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department
4. On schedule: prepares for Physical Therapy program via video call, preferably with a companion	4. Provides / demonstrates Physical Therapy program	None	30minutes – 1hour	<i>Physical Therapist</i> Rehabilitation Department
5. Receives other home management program to be carried out outside online session with PT.	5. Gives further instructions for other home management program and next online session	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department
TOTAL:		None	1 hour 12 minutes	



PHYSIATRIST TELECONSULTATION PROCESS

Process for patients' physiatrist teleconsultation

Office or Division	Rehabilitation Medicine Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Patients in need of physical therapy			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Referral Form with valid physician's signature Valid ID (1 original copy for reference only) Physical Therapy OPD Form(1 original copy) Physical Therapy Telerehab Consent Form (1 original copy)		Facebook page: NDH QC - Rehabilitation Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Messages Rehab FB page	1. Checks and answers messages on FB page, provides guidelines on how the tele-rehabilitation will proceed.	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department
2. Writes, signs and sends his or her consent form as well as all other requirements for the tele-consultation.	2. Ensures that the consent form was read, understood, and completely signed by the patient or patient representative, and checks if other requirements are complete.	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department
3. Messages Rehab FB page for the schedule of teleconsultation.	3. Sends the date and time of teleconsultation.	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department
4. On schedule of teleconsultation: Patient should be on-line. He or she maybe with or without companion (Depending on his or her medical condition)	4. Assesses the patient and provides appropriate Physical Therapy program	None	~30minutes	<i>Physiatrist</i> Rehabilitation Department
5. Ask PT staff On duty for schedule of PT sessions.	5. Gives the schedule of PT sessions and answers all	None	2-3 minutes	<i>Physical Therapist</i> Rehabilitation Department



	other queries of the patient.			
	TOTAL:	00.00	1 hour 12 minutes	



HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES DIVISION

(Admitting Section)



1. EMERGENCY ROOM REGISTRATION PROCESS

Registration process for patients requiring immediate medical management and treatment.

Office or Division	Admitting Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Emergency Room Form (1 original copy) ER Stub (1 original copy) Hospital Card (1 original copy) Patient Information Form (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy)		Business Office – Window 4		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For new and old patient. Present the ER Stub and Hospital Card or Valid ID. Answer the Patient Information Form.	1. Accept the ER Stub and let the patient / patient's relative answer the Patient Information Form.	None	10 minutes	<i>Admitting Clerk</i> Admitting Section
2. Accept the Order of Payment and proceed to the cashier for payment.	2. Issue and Order of Payment and instruct client to proceed to the cashier for payment.	None	3 minutes	<i>Admitting Clerk</i> Admitting Section
3. Present the Order of payment form and pay the amount indicated. Client will receive an official receipt after payment.	3. Accept the Order of payment form and payment. Issue an official receipt after payment.	100.00	3 minutes	<i>Cashier</i> Cash Section
4. Present the official receipt to admitting clerk and accept the Emergency record form with the ER stub. For new patients, they will be given a new hospital card. After the transaction, return to Emergency Room.	4. Inspect the Official receipt, release the Emergency room record form and instruct client to go back to the emergency room.	None	3 minutes	<i>Admitting Clerk</i> Admitting Section
TOTAL:		100.00	19 minutes	



2. ADMISSION PROCESS

Process for patients requiring hospital admission.

Office or Division	Admitting			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Admission and Discharge Record (1 original copy) Hospital Card (1 original copy) Reminders to Patients, Watchers and Visitors Form (1 original copy)			Business Office – Window 4	
CLIENT STEPS	AGENCY ACTION	FEES TO BE 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	<i>Admitting Clerk</i> 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	<i>Admitting Clerk</i> 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	<i>Admitting Clerk</i> 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. For PhilHealth members: Instruct client to go to the Billing	None	3 minutes	<i>Admitting Clerk</i> Admitting Section <i>Philhealth Clerk</i>



HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES DIVISION

(Billing Section)



1. STATEMENT OF ACCOUNT PROCESS

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

Office or Division	Billing and Claims Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Pre-billing Notification Slip (1 original copy) Statement of Account (1 original copy)			Business Office – Window 3	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Hospital card and accomplished pre-billing notification slip. For non-Philhealth members: They will be instructed to go to the Medical Social Service.	1. Accept the accomplished pre-billing notification slip. For non-Philhealth members: Instruct client to go to the Medical Social Service.	None	3 minutes	<i>Billing Clerk / Philhealth Care Staff</i> Billing and Claims Section
2. Accept the Statement of account form and do the following: a) Proceed to the Admitting section (window 4) for clearance. b) Proceed to the Medical Social Service if needed. c) Proceed to the Cashier for payment. d) Go back to the Respective ward.	2. Compute the Hospital Bill, prepare the Statement of Account and release it to the client with instructions of the following: a) Proceed to the Admitting section (window 4) for clearance. b) Proceed to the Medical Social Service if needed. c) Proceed to the Cashier for payment. d) Go back to the Respective ward.	None	45 minutes	<i>Billing Clerk / Philhealth Care Staff</i> Billing and Claims Section
TOTAL:		None	48 minutes	



2. PHILHEALTH PROCESSING

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

Office or Division	Billing and Claims Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
CF1 (1 original copy) CF2 (1 original copy) CE1 (1 original copy) MDR (1 original copy)			Business Office – Window 3	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Employed or Member in Formal Economy 1.1 Answer CF1 and CF2 Form 1.2 Ask Employer for certificate of contribution with signature of Employer and MDR 1.3 Or may go to directly Philhealth office of your area to get the MDR. 1.4 OFW Member 1.4.1 Present MDR 1.4.2 if Eligibility of benefits covers hospital admission, answer CF1 and CF2 Form 1.4.3 if not, you may proceed to Medical Social Service for further instructions. 1.5 For individual paying, or self-	1. Instruct client to accomplish and complete all required documents depending on the Philhealth Member classification.	None	5 minutes	<i>Billing Clerk / Philhealth Care Staff</i> Billing and Claims Section



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



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 AVAIL	
Hospital Card (1 original copy) Order of Payment (1 original copy) Statement of Account (1 original copy) Official Receipt (1 original copy)			Business Office – Cashier 1 and 2	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Hospital Card, Order of Payment, Statement of Accounts and pay the indicated amount.	1. Accepts Order of Payment, Statement of Accounts and indicated amount.	Depends on the amount indicated in the Order of Payment, Statement of Account	3 minutes	Cash Clerk / Cashier Section
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	Cash Clerk / Cashier Section
TOTAL:			6 minutes	



ANCILLARY SERVICES DIVISION

(Dental Section)



1. DENTAL CONSULTATION PROCESS

Process for patients requesting for dental consultation.

Office or Division	Dental Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Dental Record (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy) Prescription (1 original copy)			First Floor – Specialty Clinic Room 8	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 For new patients, proceed to OPD section, get a queuing number and follow OPD process. 1.2 For old patients, proceed to OPD section and present Hospital card and get queuing number. Follow OPD process. 1.3 For old patient without / loss hospital number, proceed to OPD section and answer the Lost Data Sheet Form and get queuing number and follow OPD process.	1. Follow OPD section process.	40.00	10 minutes	<i>OPD Nurse</i> Nursing Service
2. Proceed to dental section and wait to be called.	2. Call patients for dental examination.	None	2 minutes	<i>Dental Assistant</i> Dental Section
3.1 Proceed to dental Section, let the dentist check you. 3.2 For patients for dental examination and consultation only, skip steps 4, 5, and 6.	3. Examine patients and give necessary instructions.	None	10 minutes	<i>Dentist</i> Dental Section



4. For patients requiring dental extraction, they will receive an Order of payment. Proceed to cashier section for payment.	4. Give an Order of Payment and instruct client to proceed to cashier section for payment.	None	2 minutes	<i>Dental Assistant</i> Dental Section
5. Present an order of payment and pay indicated amount Receive an official receipt.	5. Accepts order of payment and indicated amount. Give an official receipt.	100.00 (Tooth Extraction) 50.00 (Oral Prophylaxis)	3 minutes	<i>Dental Assistant & Dentist</i> Dental Section
6. Present official receipt and wait to be called and be treated.	6.1 Verify Official receipt. 6.2 Proceed to the desired dental management.	None	30 minutes	<i>Dental Assistant & Dentist</i> Dentist Section
7. Will receive a home instruction and prescription from the Dentist.	7. Give patient the necessary instructions and prescription.	None	5 minutes	<i>Dentist</i> Dental Section
TOTAL:			1 hour	



ANCILLARY SERVICES DIVISION

(Laboratory Section)



1. LABORATORY EXAMINATION PROCESS

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

Office or Division	Laboratory Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Laboratory Request signed by NDH doctor (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)			First Floor, Laboratory Section – Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Hospital card and laboratory request signed by the doctor. 1.2 Will receive necessary instructions depending on the requested examination. 1.3 For patients with request from other hospital, they have to consult with NDH doctors to acquire new laboratory request.	1. Accept laboratory request. 1.2 Instruct patient according to the requested examination.	None	3 minutes	<i>Laboratory Clerk / RMT</i> Laboratory Department
2.1 Will receive an order of payment and proceed to cashier section for payment. 2.2 For patients who cannot pay the indicated amount, they may proceed to Medical Social Service for assistance.	2.1 Give an order of payment and instruct to proceed to cashier section for payment.	CLINICAL CHEMISTRY TEST OGCT 75 Grams 302.00 BUA 135.00 BUN 122.00 Chloride 90.00 Cholesterol 183.00 Creatinine	3 minutes	<i>Laboratory Clerk / RMT</i> Laboratory Department



		134.00		
	Glucose (FBS, RBS, 2PP)			
		123.00		
	FT3			
		500.00		
	HBA1C			
		909.00		
	HDL			
		364.00		
	Potassium			
		90.00		
	PSA			
		500.00		
	SGOT			
		263.00		
	SGPT			
		263.00		
	Sodium			
		90.00		
	T3			
		500.00		
	T4			
		500.00		
	Total protein			
		142.00		
	Triglycerides			
		229.39		
	Troponin I (quantitative)			
		1300.00		
	CLINICAL MICROSCOPY TEST			
	Fecalysis			
		40.00		
	Occult blood			
		50.00		
	Pregnancy Test			
		104.00		
	Urinalysis			
		45.00		
	HEMATOLOGY TEST			
	ABO and RH typing			
		40.00		
	Bleeding time			
		65.00		
	Clotting time			
		65.00		
	CBC (automated)			
		180.00		
	CBC (manual)			
		100.00		
	Differential count			
		59.00		
	ESR			



		Hematocrit 70.00 Hemoglobin 65.00 Malarial smear 70.00 Peripheral Blood Smear 70.00 Platelet count 75.00 RBC count 104.00 Toxic Granules 52.00 WBC count 50.00 60.00 IMMUNOSEROLOGY TEST HBSAG 800.00 ANTIHBS 1000.00 ANTIHAV IgG 1100.00 ANTIHAV IgM 1100.00 HIV 1100.00 BLOOD BANK TEST Cross matching + blood typing 1315.00 SEROLOGY TEST Dengue IgM and IgG 600.00 NS1Ag 900.00		
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	<i>Cashier Clerk</i> Cash Section
4. Present the Official receipt to the Laboratory Department.	4. Verify Official receipt and list on patient's registry.	None	3 minutes	<i>Laboratory Clerk / RMT</i> Laboratory Department



<p>5.1 Submit specimen (urine, stool, etc.)</p> <p>5.2 Undergo blood extraction</p> <p>5.3 Will receive instructions regarding release of examination's official results.</p>	<p>5.1 Accept specimen and verify identification by asking patient's name.</p> <p>5.2 Verify identification by asking patient's name prior to blood extraction.</p> <p>5.3 Will receive instructions regarding release of examination's official results.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Laboratory Clerk / RMT</i> Laboratory Department</p>
<p>6. Steps to claim results, present hospital card, valid ID or Official receipt before claiming the official examination result.</p>	<p>6. Verify Hospital card, valid ID or Official receipt and issue official examination results.</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Laboratory Clerk / RMT</i> Laboratory Department</p>
<p>TOTAL:</p>			<p>25minutes</p>	



ANCILLARY SERVICES DIVISION
(Health Information Management Section)



1. BIRTH CERTIFICATE 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:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Live Birth Certificate Form Tool (1 original copy) Valid ID (1 original copy) Cedula (1 original copy) Affidavit of Using Surname of the Father (1 original copy) Authorization Letter (1 original copy) Registered Live Birth (1 original copy) Marriage Certificate (1 photocopy) <i>if needed</i>		First Floor – Health Information Management Window 1		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For married parents, undergo Interview and submit a copy of marriage certificate to the midwife. For married parents, skip steps 2 and 3. For unmarried parents, undergo interview c/o midwife.	1. For married parents, undergo interview and accomplish Live Birth Certificate form tool and attach a copy of marriage certificate. For unmarried parents, undergo interview and accomplish Live Birth Certificate form tool, leave father's details blank and attach affidavit of using Surname of Father (AUSF).	None	5 minutes	<i>Midwife</i> Nursing Service
2. for unmarried parents, father or relative will be given further instructions.	2. Give instructions to the father to proceed to the medical records section and present a valid government ID or cedula.	None	2 minutes	<i>Midwife</i> Nursing Service
3. For unmarried parents, Father of new born will proceed to the medical records section and present a valid ID or Cedula, answer Live Birth Certificate Tool	3. Verify Valid ID o Cedula, instruct how to answer Live Birth Certificate Tool Form father's information and Acknowledgement.	100.00 (notarization of documents)	20 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management



Form regarding father's information.				
4. For married and unmarried parents, they will receive instructions on when to claim the registered live birth certificate.	4. Instruct to comeback after 1 month to claim the registered live birth certificate.	None	2 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
5. for married and unmarried parents, present hospital card and parent's valid ID. For parents who cannot come to claim the certificate, authorized representative must have the following documents: <ul style="list-style-type: none"> • Hospital Card of Mother • Authorization letter • Copy of Mother's ID with signature • Copy of Representative ID with signature 	5. Verify hospital card, valid ID of parents, authorization letter and release the registered Live birth certificate.	None	2 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
TOTAL:		100.00	30 minutes	



2. RELEASE OF HOSPITAL DOCUMENTS PROCESS

Steps when requesting a certified true copy of anesthesia record / operating room technique / discharge summary / clinical abstract for discharged patients.

Office or Division	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Certified True Copy of Anesthesia Record (1 original copy) Operating Room Technique/ Discharge Summary (1 original copy) Clinical Abstract (1 original copy) Authorization Letter (1 original copy) <i>if needed</i> Valid ID (1 photocopy) Representative's Valid ID (1 photocopy) Order of Payment (1 original copy) Official Receipt (1 original copy) Request Form (1 original copy)		First Floor – Health and Information Management Window 1		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish Request form and present patient's hospital card. For patient representative the following are required: <ul style="list-style-type: none"> • Hospital Card • Authorization letter • Copy of patient's Valid ID with signature • Copy of Representative's Valid ID with signature 	1. Accept Request Form, Valid ID and Authorization Letter.	None	2 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
2. Will receive instructions on when to claim the document.	2. Give instructions to comeback after 7 working days for the release of requested document.	None	10 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
3. Will receive an order of payment and	3. Give an order of payment and instruct to	None	5 minutes	<i>Medical Records Clerk / Medical Records Officer</i>



proceed to the cashier section for payment.	proceed to the cashier section for payment.			Health and Information Management
4. Present Order of payment and pay indicated amount. Will receive an official receipt.	4. Accept order of payment and indicated amount. Issue an official receipt.	50.00 (per document)	10 minutes	Cashier Clerk Cash Section
5. To claim the document: Present the official receipt to the medical records section and claim the requested document.	5. Verify Official receipt and release the requested document.	None	2 minutes	Medical Records Clerk / Medical Records Officer Health and Information Management
TOTAL:		50.00	30 minutes	

3. RETRIEVAL OF PATIENT'S OLD CHART PROCESS

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

Office or Division	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy)			First Floor Medical Records – Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Hospital card at the medical records card box.	1. Accept and verify patient's hospital card.	None	3 minutes	Medical Records Clerk / Medical Records Officer Health and Information Management
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 Health and Information Management
TOTAL:		None	6 minutes	



4. 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	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Lost Data Sheet Form (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy) New Hospital Card (1 original copy)			Medical Records – Window 1	
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	2 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
2. Wait for the retrieval of old Hospital number.	2. Give Instructions to wait for the retrieval of old hospital number in the database.	None	30 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
3. Will receive an order of payment and proceed to cashier section for the payment.	3. Give order of payment at instruct client to proceed to the cashier section for the payment.	None	2 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
4. Present order of payment and pay the indicated amount. Will receive an official receipt.	4. Accept order of payment and indicated amount. Give official receipt.	90.00 (OPD) 150.00 (ER)	3 minutes	<i>Cashier Clerk</i> Cash Section
5. Present official receipt at medical records section. 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.	5. Verify official receipt and 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	2 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
TOTAL:		90.00-150.00	40 minutes	



ANCILLARY SERVICES DIVISION

(Pharmacy Section)



1. PURCHASING MEDICINES PROCESS

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

Office or Division	Pharmacy Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO 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)			Pharmacy Section – Window 1, 2 & 3	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present hospital card and prescription signed by the Doctor.	1.1 Accept prescription signed by the doctor. 1.2 Check stock availability. 1.2.1 If not available, ask the doctor for alternative medicine. 1.2. 2 If still not available, give instructions to buy outside.	None	3 minutes	<i>Pharmacist</i> Pharmacy Section
2. Will receive order of payment and proceed to cashier section for the payment. For patients who cannot pay the indicated amount, may ask for assistance at the Medical Social Service of the hospital.	2. Give order of payment and instruct client to proceed to the cashier section for payment.	Depends on the requested medicine.	3 minutes	<i>Pharmacist</i> 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	<i>Pharmacist</i> 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 Pharmacy Section</i>
TOTAL:			20 minutes	



ANCILLARY SERVICES DIVISION

(Radiology Section)



1. RADIOLOGY EXAMINATIONS PROCESS

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

Office or Division	Radiology Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Radiology Request Form signed by the Doctor (1 original copy) Valid ID (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)			First Floor, Radiology Section – Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the hospital card and radiology request form signed by the Doctor. For patients with request from other hospital, present the radiology request form signed by the Doctor and a valid ID. Instruction will be given depending on the requested procedure / examination.	1. Accept the radiology request form and give instructions depending on the requested procedure / examination. For ultrasound patients. Schedule will depend on the number of patients.	None	3 minutes	<i>Radiology Technologist Radiology Clerk Radiology Section</i>
2. Will receive order of payment and proceed to the cashier section for payment. For patients who cannot pay the whole amount, they may ask assistance from the medical	2. Give order of payment and instruct patient to proceed to cashier section for payment.	X-RAY. Chest PA 300.00 Chest PA/L 400.00 Chest ALV/Coned down 250.00 Chest lateral 250.00 Chest lateral decubitus	3 minutes	<i>Radiology Technologist Radiology Clerk Radiology Section</i>



<p>social service section of the hospital.</p>		<p>250.00 Chest (portable) 315.00 Ribs / Thoracic Cage 400.00 Skull (PA/L) 400.00 Mandible 700.00 Mastoid 500.00 TMJ 600.00 Water's view 300.00 Paranasal Sinuses 450.00 Submentovertex / townes's view 250.00 Orbits 450.00 Nasal bones / soft tissue lateral 500.00 Cervical spine (A/L) 450.00 Cervical spine (AP/L)+O 550.00 Thoracic spine 450.00 Lumbosacral spine 450.00 Lumbosacral spine + Oblique view 550.00 Scoliotic study 900.00 Abdomen supine & upright 500.00 Abdomen (portable) 375.00 Pelvis (AP) 300.00 Pelvis + frog leg 600.00</p>		
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		Shoulder unilateral 300.00		
		Shoulder AP/O 450.00		
		Elbow (unilateral) 350.00		
		Ankle (unilateral) 350.00		
		Foot (unilateral) 350.00		
		Humerus (unilateral) 350.00		
		Femur (unilateral) 350.00		
		Lower leg (unilateral) 350.00		
		Hand (unilateral) 350.00		
		Wrist (unilateral) 350.00		
		Extremity (portable) 750.00		
		ULTRASOUND		
		1 Organ (including RLQ) 800.00		
		HBT 1000.00		
		Upper abdomen 1200.00		
		Lower abdomen (KUBP or KUB + pelvic) 1200.00		
		Whole abdomen 2400.00		
		Transrectal (prostate or pelvic) 1500.00		
		Transvaginal 1500.00		
		Pelvic Gyne 1000.00		



		Pelvis (OB/Biometry) 1200.00 BPS 1500.00 KUB 1000.00 Breast (bilateral) 1500.00 Thyroid 1200.00 Neck 1500.00 Cranial 950.00 Scrotal w/ doppler 1500.00 Inguinoscrotal w/ doppler 1500.00		
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	Radiology Technologist Radiology Clerk Radiology Section
5. Proceed to the radiology section for the procedure. After the procedure, patient will be instructed on when the official results will be released.	5. call the patient and proceed to the examination room for the procedure. Give instructions when the official results will be released. <ul style="list-style-type: none"> • for X-ray: 2 working days • for Ultrasound: 10 to 20 minutes after the procedure. 	None	15 minutes	Radiology Technologist Radiology Clerk Radiology Section



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	<i>Radiology Technologist Radiology Clerk Radiology Section</i>
TOTAL:		Depending on the requested procedure	30 minutes	



ANCILLARY SERVICES DIVISION

(Rehabilitation Medicine Section)



1. CONSULTATION TO PHYSIATRIST AND PROVISION OF TREATMENT PROGRAM PROCESS

Steps for patient requesting for Psychiatrist consultation and provision of their treatment program.

Office or Division	Rehabilitation Medicine Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) Referral Form signed by the Doctor (1 original copy) Out-Patient Assessment Form (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)			First Floor, Rehab Section	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Hospital card and referral form signed by the doctor. For patients with referral form from other hospital, present the referral form signed by the doctor and a valid ID.	1. Accept and verify the referral form signed by the doctor.	None	3 minutes	<i>Physical Therapist</i> Rehabilitation Medicine Section
2. Will receive instructions for psychiatrist consultation schedule.	2. Give instructions on psychiatrist consultation schedule.	None	3 minutes	<i>Physical Therapist</i> Rehabilitation Medicine Section
3.1 Day of scheduled consultation: 3.1.1 Present the hospital card and referral form signed by the doctor. 3.1.2 Will receive a queuing number. 3.2 For new patients: 3.2.1 Will receive new hospital card. 3.3 For old patients:	3.1 Accept the referral form signed by the doctor and verify the hospital card or valid ID. 3.2 Give patient queuing number and instruct to answer Out-patient Assessment Form.	None	5 minutes	<i>Physical Therapist</i> Rehabilitation Medicine Section



<p>3.3.1 Present the hospital card at the medical records for chart retrieval</p> <p>3.4 for old patient without hospital card:</p> <p>3.4.1 Follow the process of citizens charter for old patient without / with loss hospital cards.</p> <p>3.5 Answer out-patient assessment form.</p>				
<p>4. Will receive and order of payment and proceed to cashier section for the payment.</p>	<p>4. Give an order of payment and instruct patient to proceed to the cashier section for the payment.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Physical Therapist Rehabilitation Medicine Section</i></p>
<p>5.1 Present the order of payment and pay indicated amount.</p> <p>5.2 Will receive official receipt.</p>	<p>5.1 Accept the order of payment and indicated amount.</p> <p>5.2 Give Official receipt.</p>	<p>NON-Senior =100 Senior=ND</p>	<p>3 minutes</p>	<p><i>Cashier / Cashier Clerk Cash Section</i></p>
<p>6. Present the official receipt to the Rehabilitation Medicine Section at wait to be called.</p>	<p>6. Verify Official receipt and give instructions to wait until called.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Physical Therapist Rehabilitation Medicine Section</i></p>
<p>7.1 Be ready for the examination.</p> <p>7.2 Will receive a treatment program.</p>	<p>7.1 Examine the patient.</p> <p>7.2 Provide the patient with a treatment program.</p> <p>7.3 List down the patient on the consultation logbook.</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Physiatrist</i></p>
<p>8. Will receive an instruction and wait</p>	<p>8. Instruct patient to wait outside.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Physical Therapist</i></p>



to be called for the treatment program to start.	Patient will be called for the treatment program to start.			Rehabilitation Medicine Section
TOTAL:		100.00	40 minutes	

2. PHYSIATRIST TREATMENT PROCESS

Steps for patients requiring treatment program from the Psychiatrist

Office or Division	Rehabilitation Medicine Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) Treatment program Consent form Order of Payment (1 original copy) Official Receipt (1 original copy)			First Floor, Rehab Section	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present hospital card and treatment program.	1. Accept the treatment program.	None	3 Minutes	Physical Therapist
2. Sign the consent form.	2. Ask the client to sign the consent form.	None	3 Minutes	Physical Therapist
3. Prepare for the treatment program.	3. Proceed to the treatment program.	None	1.5 hours	Physical Therapist
4. Will receive an order of payment and proceed to cashier section for the payment. For patients who cannot pay the whole amount, they may ask assistance from the medical	4. Give Order of payment and instruct client to proceed to cashier section for the payment.	Non-Senior =300 Senior=ND	3 minutes	Physical Therapist



social service section of the hospital.				
5. Present order of payment and pay indicated amount. Will receive official receipt after payment.	5. Accept order of payment and indicated amount. Issue official receipt.	None	3 Minutes	Cashier
6. Present official receipt to rehabilitation Medicine Section. Will receive instructions for the next treatment schedule.	6. Verify official receipt and register on out-patient logbook. Give instructions on next treatment schedule.	None	3 Minutes	Physical Therapist
TOTAL:		None	2 hours	



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	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card, ECG Prescription, Ancillary Request form Hospital Bills, Certified True Copy of Medical Certificate Valid ID or Barangay Clearance Barangay Indigency Certificate Authorization Letter Guarantee letter from specified agency or organization			NDH Malasakit Center	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For medicines: present prescription signed by the Doctor and patient's hospital card. For laboratory and radiology procedures: Present request form signed by the doctor and patient's hospital card.	1. Asses the patient or patient's relative.	None	5 Minutes	Social welfare officer
2. Will receive further instructions	2. Instruct the client to acquire Medical Certificate or Clinical Abstract at the respective ward and proceed to Medical records for certification (certified true copy) and barangay hall for the certificate of indigency.	None	3 Minutes	Social welfare officer
3. Present all the completed documents and wait for further instructions.	3. Assess and verify submitted documents prior endorsing to chosen Agency.	None	5 minutes	Social welfare officer
TOTAL:		None	13 minutes	



2. BLOOD TRANSFUSION ASSISTANCE PROCESS

Steps for patients requesting for assistance during blood transfusion.

Office or Division	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital card, Blood request Certified True Copy of Medical Certificate or Certified True Copy of Clinical abstract Social Case Study Report Referral Letter			NDH Malasakit Center	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE
1. Present Blood Transfusion request and patient's hospital card.	1. Assess patient or patient's relatives	None	2 minutes	Social welfare officer
2. Will receive further instructions.	2. Instruct the client to acquire Medical Certificate or Clinical Abstract at the respective ward and proceed to Medical records for certification (certified true copy).	None	2 minutes	Social welfare officer
3. Present all the completed documents and wait for further instructions. Will receive Social Case Study and Referral Letter	4. Verify submitted documents (certified true copy) Assess patient or patient's relatives for Social Case Study and Referral Letter	None	30 minutes	Social welfare officer
3. Proceed to laboratory section with all the documents.	5. Instruct client to proceed to laboratory section for coordination.	None	2 minutes	Social welfare officer
TOTAL:		None	36 minutes	



1. ASSISTANCE ON DISCOUNT AT EMERGENCY ROOM AND OUT-PATIENT DEPARTMENT SERVICES PROCESS

Steps for patient requesting for discount on Emergency room and Out-patient department services.

Office or Division	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card Prescription Request Order of Payment			NDH Malasakit Center	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For X-ray, ultrasound, Laboratory, ECG, Physical Therapy and Dental: Present hospital card and order of payment or charge slip. For drugs and medicines: Present hospital card, prescription signed by the doctor and order of payment. For emergency room patients: Present Hospital card and charge slip.	1. Assess and interview patient or patient's relative.	None	3 minutes	Social welfare officer
2. Will be Classified according to financial status.	2. Classify patient according to financial status.	None	2 minutes	Social welfare officer
3. Will receive discounted order of payment or charge slip signed by the social worker then proceed to cashier section for the payment.	3. Return the signed order of payment or charge slip and instruct client to proceed to cashier section for the payment. For No Donations: instruct client to proceed to respective unit / department.	None	2 minutes	Social welfare officer
TOTAL		None	4 minutes	



1. SPONSORED PHILHEALTH PROCESS

Steps for patients under sponsored Philhealth classification during admission and Ob-Gyne or Surgery cases of OPD.

Office or Division	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card Certified True Copy of Medical Certificate/ clinical history Philhealth Member Registration Form (PMRF) Valid ID or Barangay Clearance Barangay Indigency Certificate, Authorization Letter, Marriage Certificate (Copy), Birth Certificate (Copy)			NDH Malasakit Center	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Hospital card.	1. Assess and interview patient or patient's relative.	None	3 minutes	Social welfare officer
2. Will receive instructions.	2. For admitted patients: instruct client to get certified true copies of medical certificate or clinical history from respective unit / ward. 2.1 For OPD case: (OB-Gyne and Surgery cases) Instruct client to get certified true copies of medical certificate or clinical history from OPD	None	2 minutes	Social welfare officer
3. Submit to social Worker all the completed documents and wait for further instructions.	3. Verify Certified true copy documents and give additional requirements to complete the sponsored Philhealth processing.	None	5 minutes	Social welfare officer
4. Once Sponsored Philhealth is acquired, present to Social Worker	3. Assess and instruct patient to submit all documents to	None	2 minutes	Social welfare officer



the CE1 (Sponsored Health Certificate) or MDR	billing and Philhealth section.			
TOTAL:		None	12 minutes	

4. PROCESS FOR MALASAKIT OR DOH MAIP ASSISTANCE

Steps for hospital patients requesting for Malasakit / DOH MAIP assistance.

Office or Division	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 copy original) Prescription (1 copy original) Request (1 copy original) Order of Payment (1 copy original) Statement of Account (1 copy original) Certified True Copy Medical Certificate Barangay Indigency (1 copy original) Malasakit Intake Sheet (1 copy original) Assessment Tool (1 copy original)		NDH Malasakit Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Patients requesting assistance for: For medicines, present prescription signed by the doctor or order of payment and hospital card. For Laboratory, Radiology, 2d Echo and ultrasound procedure, present request form signed by the doctor or Order of Payment and Hospital Card.	1. Interview and assess patient or patient's relative.	None	3 minutes	Social Welfare Officer
2. For admitted patient, present Statement of Account (SOA)	2. Interview and assess patient or patient's relative.	None	3 minutes	Social Welfare Officer
3. will receive instructions	3. Instruct the client to acquire Medical Certificate or Clinical	None	5 minutes	Social Welfare Officer



	Abstract at the respective ward and proceed to Medical records for certification (certified true copy) and barangay hall for the certificate of indigency.			
4. Present all the completed documents and wait for further instructions.	4. assess and verify all submitted documents. Interview patient / patient's relative using Malasakit Intake Sheet or assessment tool. Validate Order of payment or SOA according to the service provided.	None	15 minutes	Social Welfare Officer
5. accept Order of Payment/SOA with stamp 5.1 OPD/ER return to ancillary offices. 5.2 SOA of admitted patient to admitting and cashier section.	5. Instruct client to return to respective ward or unit.	None	2 minutes	Social Welfare Officer
TOTAL:		None	28 minutes	



6. ASSISTANCE FROM POS (POINT OF SERVICE) PHILHEALTH PROCESS

Steps for patients requesting assistance from POS Philhealth process.

Office or Division	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 copy original) PMRF form (1 copy original) Assessment Tool (1 copy original) Birth Certificate / Marriage Certificate Valid ID (1 copy original)		NDH Malasakit Center/Medical Social Service Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE
1. Proceed to malasakit center	1. Interview and assess patient / patient's relative	None	2 minutes	Social Welfare Officer
2. Answer patient information slip.	2. Accept documents and check status of membership at Philhealth portal.	None	3 minutes	Social Welfare Officer
3. Will receive instructions.	3. Give client copy of Assessment Tool and PMRF.	None	3 minutes	Social Welfare Officer
4. Present PMRF Form and Assessment Tool	4. Accept and verify submitted documents. Enroll patient at Philhealth POS.	None	10 minutes	Social Welfare Officer
5. Accept certification of enrollment to POS Philhealth.	5. Issue certification and instruct to proceed to Philhealth office or hospital staff.	None	2 minutes	Social Welfare Officer
TOTAL:		None	20 minutes	



MEDICAL SERVICES DIVISION



1. KANGAROO-MOTHER CARE PROCESS

Describe the services pursuant to essential Intrapartum Newborn care

Office or Division	Pediatrics Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Newborn weighing less than 2500 grams			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Kangaroo-Mother Care Form (1 original copy) Patient Chart (1 original copy) Consultation Record (1 original copy) Mother-Baby Dyad Monitoring Sheet (1 original copy)			Second Floor – Ward Room	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Receives patient's chart from OR/DR Identify babies for KMC	None	15 minutes	<i>Consultant on Duty</i> Pediatrics Department
2. Give consent for KMC enrollment	2.1 Explain benefits of KMC 2.2 Secure consent for enrollment to KMC	None	1 hour	<i>Consultant on Duty</i> Pediatrics Department
	3. Admits patient	None	1 hour	<i>Consultant on Duty</i> Pediatrics Department
	4. Accompanies patient to the ward and endorsement of patient to ward nurse on duty	None	30 minutes	<i>Ward Nurse on Duty</i> Nursing Service Department
5. Follow doctor's advice and orders	5. Patient is received at the ward by the ward nurse on duty and pediatrician on duty	None	30 minutes	<i>Ward Nurse on Duty</i> Nursing Service Department <i>Consultant on Duty</i> Pediatrics Department
	6. Orientation to KMC	None	1 hour	<i>Consultant on Duty</i> Pediatrics Department
	7. Daily rounds by Consultant and evaluation of patient's progress	None	30 minutes	<i>Consultant on Duty</i> Pediatrics Department



8. Follow doctor's discharge advice.	8. Discharge if improved or transfer to tertiary hospital for further management.	None	30 minutes	<i>Consultant on Duty</i> Pediatrics Department <i>Ward Nurse on Duty</i> Nursing Service Department
TOTAL:		None		

2. SCREENING TEST FOR NEWBORN

Indicate the steps for availing newborn screening services and diagnostics.

Office or Division	Pediatrics Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Inborn Deliveries – on their 24 hours of life and more Outborn Deliveries – on their 24 hours of life and more			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Nbs Filter Paper (1 original copy) Hearing Screening Card (1 original copy) Registry-Card Hearing Test (1 original copy) Schedule of Release Form (1 original copy)			Second Floor – Neonatal Room	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to respective screening areas	1. Receives babies for screening test	Covered by Philhealth	3 minutes	<i>NBS and HEARING PERSONNEL</i>
2. Screening Test	2. Do the screening procedure		15 minutes	<i>NBS and HEARING PERSONNEL</i>
3. Schedule for release of results	3.1 1 month for NBS 3.1.1 For NBHT: passed-immediate 3.1.2 Failed- schedule for re screening or referral to ENT		For NBS – 2 minutes For NBHT 2 minutes	<i>NBS and HEARING PERSONNEL</i>
TOTAL:			22 minutes	



NURSING SERVICES DIVISION



1. SATELLITE CONSULTATION PROCESS

Steps for patients seeking consultation in the satellite clinic.

Office or Division	NURSING SERVICE			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) Prescription Pad (1 original copy) Laboratory Request Form (1 original copy) Radiology Request Form (1 original copy) Referral Form (1 original copy) ER Form ER Slip Admission Chart			Satellite Clinic – ground floor	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach Nurse/Doctor/Triage Officer for interview	1. Interview patient/relative	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department
2. Answer questions asked by nurse/doctor	2. Triage: Categorize patient accordingly: a. Satellite patient b. ER patient If patient was categorized as ER patient, give ER slip properly filled-up and instruct patient to go to main entrance then proceed to Admitting/Registration Section	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department <i>Consultant on Duty</i> ER Department
3. Proceed to Admitting window for registration.	3. Instruct patient/relative to go to admitting section for registration (Follow steps in Admitting Section in registration)	100.00	19 minutes	<i>Nurse on Duty</i> Nursing Service Department <i>Admitting Clerk</i> Admitting Section/Records Section
4. Patient shall render self for vital sign taking	4. Take patient Vital sign	None	5 minutes	<i>Satellite Nurse/</i> <i>Nursing assistant</i>



5. Submit self for consultation	4. Examine patient	None	5 minutes	<i>Consultant on Duty Satellite Doctor</i>
5. Follow instructions given	<p>5.1 Patients for discharge/may go home: Instruct patient/relative of patient's home medications and date of when and where to follow up</p> <p>5.2 Patients for emergency medication/laboratory test/Radiology exam: Give request necessary forms and instruct to submit to appropriate unit/section</p> <p>5.3 Patient for observation: Explain management plan and what and why to wait</p> <p>5.4 Patients for admission: Follow steps in Emergency room Admission Process</p> <p>5.5 Patients for Transfer to other hospital: Give instruction and referral form</p>	None	25 minutes	<p><i>Nurse on Duty Nursing Service Department</i></p> <p><i>Consultant on Duty ER Department</i></p>
TOTAL:		100.00	1 hour	



2. 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 OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) ER Chart Order of Payment (1 original copy) Lost Data Sheet Form (1 original copy) Prescription Pad (1 original copy) Laboratory Request Form (1 original copy) Radiology Request Form (1 original copy) Referral Form (1 original copy) Admission Chart			Emergency Room ground floor	
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	<i>Admitting Clerk</i>
2. Go to Emergency Room	2. Receive patient	None	5 minutes	<i>Nurse on Duty Nursing Service Department</i>
3. Prepare self to answer questions regarding illness and physical exam.	3. Interview patient/relative: Classify into: Medicine Pedia Surgery OB-Gyne	None	5 minutes	<i>Nurse on Duty Nursing Service Department Consultant on Duty ER Department</i>
4. Submit self for consultation	4. Examine patient	None	5 minutes	<i>Consultant on Duty ER Department</i>
5. Follow instructions given by staff	5.1 Patients for discharge/may go home: Instruct patient/relative of patient's home medications and date	None	35 minutes	<i>Nurse on Duty Nursing Service Department Consultant on Duty ER Department</i>



	<p>of when and where to follow up</p> <p>5.2 Patients for emergency medication/laboratory test/Radiology exam: Give request necessary forms and instruct to submit to appropriate unit/section</p> <p>5.3 Patient for observation: Explain management plan and what and why to wait</p> <p>5.4 Patients for admission: Follow steps in Emergency room Admission Process</p> <p>5.5 Patients for Transfer to other hospital: Give instruction and referral form</p>			
TOTAL:		150.00	1 hour	



3. ADMISSION PROCESS

Steps for patient who will be admitted in the hospital.

Office or Division	Nursing Service Department			
Classification:	Simple			
Type of transaction:	G2C – 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			First Floor – Emergency Room	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate with the doctor of patient's admission	1. Explain the urgency and importance of admission	None	10 minutes	<i>Consultant on Duty</i> ER Department
2. Sign Consent for admission	2. Secure consent for admission from patient/relative	None	3 minutes	<i>ER Nurse on Duty</i> Nursing Service Department
3. Prepare self for examination relevant to admission process	3. Prepare patient for additional examinations for admission process	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	<i>Admitting Clerk</i> Admitting Section
5.2 Fill-up Patient Data Sheet	5.2. Instruct relative to fill up Patient Data Sheet			



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



Feedback and Complaints Mechanism

FFEDBACK AND COMPLAINTS MECHANISMS	
How to send a feedback?	<p>Answer the client feedback form and drop it at the designated drop box in front of the City Public Relations & Information Office Contact info: 478-5099 or complaints @ complaints@arta.gov.ph</p>
How feedback is processed?	<p>Every Friday, the Public Relations Officer opens the drop box and compiles and records all feedback submitted. Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback. The answer of the office is then relayed to the citizen.</p>
How to file complaints?	<p>Answer the client Complaint Form and drop it at the designated drop box in front of the City Public Relations & Information Office. Complaints can also be filed via telephone. Make sure to provide the following information: - Name of person being complained - Incident - Evidence</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 002-2019.</p>
How complaints are processed?	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action. The Complaints Officer will give the feedback to the client. For inquiries and follow-ups, clients may contact the following telephone number: 002-2019.</p>
Contact Information of ARTA, PCC, CCB	<p>ARTA: complaints@arta.gov.ph 8478 5093 PCC: 8888 CCB: 0908-881-6565 (SMS)</p>



List of Offices

Office	Address	Contact Information
Hospital Operations and Patient Support Services Division <ul style="list-style-type: none"> • Admitting Section • Billing Section • Cashier Section 	Novaliches District Hospital #683 Quirino Highway San Bartolome Novaliches Quezon City	8931-0312
Ancillary Services Division <ul style="list-style-type: none"> • Dental Section • Laboratory Section • Health Information Management Section • Pharmacy Section • Radiology Section • Rehabilitation Medicine Section • Medical Social Service Section 	Novaliches District Hospital #683 Quirino Highway San Bartolome Novaliches Quezon City	8931-0312
Medical Division	Novaliches District Hospital #683 Quirino Highway San Bartolome Novaliches Quezon City	8931-0312
Nursing Services Division	Novaliches District Hospital #683 Quirino Highway San Bartolome Novaliches Quezon City	8931-0312