



QUEZON CITY GOVERNMENT
Quezon City General Hospital
Department of Geriatric Medicine
CITIZEN'S CHARTER



CONSULTATION AND MANAGEMENT OF GERIATRIC PATIENT AT THE OPD

Schedule of Availability of Service

Days : Mondays – Friday

Hours : 8:00 am – 5:00 pm

Who May Avail of the Service : Individual needing comprehensive assessment, male, and female to more than 60 years of age, non – surgical, non – gynecological patients.

Documentary Requirements : Medical Records

Processing Period : Variable, depending on the total number of days of observation required of the Clinical Practice Guidelines

How to avail of the Service

STEP	APPLICANT / CLIENT	SERVICE PROCESS	DURATION OF ACTIVITY	PERSON IN CHARGE	FEES	FORM
1	Arrives at DGM-OPD <i>(pagdating ng pasyente sa DGM OPD)</i>	NA endorses the patient chart to the designated nurse / NA at DEPARTMENT OF GERIATRIC MEDICINE OPD chart is received by the nurse / NA Nurse / NA validates the name of the patient in the HIS	20 mins <i>(20 minuto)</i>	Nursing Attendant	None	OPD Chart
2	Wait there name to be called <i>(paghihintay ng pasyente sa tapat ng DGM OPD)</i>	OPD is lined for consultation Patient waits outside at the DEPARTMENT OF GERIATRIC MEDICINE waiting are	15 mins <i>(15 minuto)</i>	Nursing Attendant	None	OPD Chart
3	Vital Signs taking and Consent for Comprehensive Geriatric Assessment <i>(pagbibigay ng pahintulot para sa pagkuha ng mga datos para sa CGA)</i>	Nurse takes and record the vital signs of patient (BP, HR, RR, Temp) Comprehensive Geriatric Assessment	1 hour and 30 minutes <i>(1 oras at 30 minuto)</i>	CGA Nurse	None	OPD Chart Comprehensive Geriatric



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		Nurse endorses patient to the Fellow – in – Training on duty				Assessment Form/s
4	Gives History and consent for Physical Examination and for Intervention and management <i>(pagbibigay ng pahintulot para sa Physical Examination at sa pagbibigay ng lunas)</i>	Fellow – in – Training receives and attends to the patient <ol style="list-style-type: none"> 1. History taking 2. Physical exam 3. Assessment 4. Diagnosis 5. Request for lab, imaging 6. Prescription of medicines 7. Schedules for follow-up (if require) 8. Discharge patient Fellow – in – Training endorses patient to the nurse / NA	1 hour and 30 minutes <i>(1 oras at 30 minuto)</i>	Fellow – in – Training	None	OPD Chart Official Result of Geriatric Assessment Laboratory/Imaging Requests Prescription Papers
5	Instructed to proceed at the cashier and MSS for payment and clearance <i>(Binigyan ng kaalaman para sa susunod na gagawin)</i>	Nurse charges the patient (service fee) Nurse instructs patient to pay at the cashier (HIS generated)	3 minutes <i>(3 minuto)</i>	Nurse / CGA Nurse	None	
6	Get the statement of account and proceed to cashier for paying the corresponding fee <i>(pagpunta ng pasyente sa cashier para magbayad/kumuha ng clearance)</i>	Patient goes to; <ol style="list-style-type: none"> a. Cashier b. MSS (for financial assistance / discount) Patient pays the corresponding fee	1 hour <i>(1 oras)</i>	Cashier Staff MSS Staff	None	Statement of Account Form Official Receipt/ Clearance



		Cashier issues OR and clearance to the patient				
7	Presents the clearance to DGM Nurse on Duty and Security Personel <i>(pagpapakita ng clearance na galing sa cashier)</i>	Patient presents the OR and clearance to the Geriatric Nurse Nurse tags the name of the patient in the HIS (MGH) Patient presents clearance slip to the guard on duty at the exit	10 minutes <i>(10 minuto)</i>	Nurse/ CGA Nurse Security Guards	None	Official Receipt/ Clearance Clearance Slip
END of TRANSACTION						



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CONDUCTING ELDERLY DAY CARE

Schedule of Availability of Service

Days : Wednesday
Hours : 9:00 am – 12:00
Who May Avail of the Service : Individual male or female 60 years of age above, who are enrolled to Elderly Day Care
Documentary Requirements : Senior/ QC ID, Registration Form
Processing Period : Variable, depending on the total number of participants who are registered to the Day Care observation required of the Clinical Practice Guideline

How to avail of the Service

STEP	APPLICANT / CLIENT	SERVICE PROCESS	DURATION OF ACTIVITY	PERSON IN CHARGE	FEES	FORM
1	Enrolled Elderly <i>(pagpaparehistro sa listahan ng mga dumalo sa araw ng programa)</i>	DGM Staff ask the participant to Register	35 mins <i>(35 minuto)</i>	DGM Staff	None	Registration Form
2	Exercise (Stretching Activity) <i>(pag-eehersisyo)</i>	PT Staff conduct exercise	30 mins <i>(30 minuto)</i>	PT Staff	None	None
3	Breaktime <i>(pagpapahinga matapos ang warm-up, sabay na rin ang meryienda, vital signs monitoring)</i> Lecture/Layforum <i>(panayam)</i>	DGM Staff, PT Staff monitor patients Vital Signs after the activity, and snack was also served Lecture/ Layforum intended or suitable for their age was discussed by DGM Doctor or DGM Staff	45 mins <i>(45 minuto)</i>	DGM Staff PT Staff DGM Doctor	None	None
4	End of Day Care <i>(pagtatapos ng programa)</i>	DGM Staff close the program properly	5 mins <i>(5 minuto)</i>	DGM Staff	None	None



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	(pagtatapos ng programa)					
END of TRANSACTION						



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PROVISION OF SPECIALTY TRAINING

Schedule of Availability of Service

Days : Monday - Friday
Hours : 8:00 am – 5:00 pm
Who May Avail of the Service : Fellow – in – training / Geriatric Consultant
Documentary Requirements : Application letter, Curriculum Vitae, Residency Certificate, Transcript of Record
Processing Period : 1 to 2 weeks
How to avail of the Service

STEP	APPLICANT / CLIENT	SERVICE PROCESS	DURATION OF ACTIVITY	PERSON IN CHARGE	FEES	FORM
1	Fellow – in – training / Geriatric Consultant	Submission of letter of Intent <ul style="list-style-type: none">• Letter of Intent• Curriculum Vitae• Medical Diploma• College Diploma• Transcript of Record<ul style="list-style-type: none">• Board Rating• PRC Certificate• Residency / Fellow Certificate	4 minutes	Department Head Training Officer	None	none
2	PDER , CHAIR	Schedule of interview by head of PDER	9 minutes	Training Office Staff Training Officer	None	Endorsement Letter



3	PDER, Chair Department Head	Endorsement of PDER to the Department Chair	30 minutes	Department Head / Training Office of Department concerned	None	Evaluation Form
END of TRANSACTION						