CAGAYAN VALLEY MEDICAL CENTER

CITIZEN'S CHARTER

2026 (1st Edition)

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1

I. Mandate:

By virtue of DOH Administrative Order No. 2015-0035, Cagayan Valley Medical Center (CVMC) shall provide tertiary level of promotive, curative, preventive, rehabilitative health care services, training, and research. CVMC shall strengthen its existing services and aim for the improvement of its service capability and capacity while continually serving as a referral hospital, Complimenting the services of local health care facilities in the province and the region.

II. Vision:

The Cagayan Valley Medical Center is a reputable regional apex multi-specialty center in Northeast Luzon

III Mission:

We provide people-centered care, advanced training, and ethical research to the community we serve as our contribution to nation building.

IV. Service Pledge:

We, the officials and employees of the Cagayan Valley Medical Center pledge and commit to deliver quality public services as assured in the CVMC Citizen's Charter. Specifically, we will:

1. Serve with integrity.
2. Be prompt and timely.
3. Display Procedures, fees, and chargers.
4. Provide adequate and accurate information.
5. Be consistent in applying rules.
6. Provide feedback mechanism.
7. Be polite and courteous.
8. Demonstrate sensitivity and appropriate behavior and professionalism.
9. Wear the proper uniform and identification.
10. Be available during office hours.
11. Attend to all applicants or requesting parties who are within the premises of the office prior to the end of official working hours and during lunch break.

In line with the pursuit of the government for a more transparent governance and the strengthened vision to facilitate prompt actions or resolutions of all government transactions with efficiency,

I, **Dr. Cherry Lou M. Antonio** of **Cagayan Valley Medical Center**, commit to establish an environment by which we provide the maximum health care service and assistance to our patients and clients at the most efficient time.

CHERRY LOU M. ANTONIO, MD, FPPS, FPNA, FCNSP, FPSMS, MHA
Medical Center Chief II

EXTERNAL SERVICES

ACCOUNTING SECTION
EXTERNAL SERVICES

1. ISSUANCE OF TAX CERTIFICATE

It is the obligation of the withholding agent to withheld final and creditable taxes for payments to private individuals, corporations, partnerships and/or associations and issue the corresponding withholding tax certificate.

Office or Division:	Accounting Section
Classification:	Simple
Type of Transaction:	G2B – Government to Business G2G – Government to Government
Who may avail:	All Concerned Client/ Supplier/ Stakeholder

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
BIR Form 2307 (3 Original Copies)	CVMC Accounting Section

CLIENT STEPS	**AGENCY ACTION**	**EES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Request tax certificate verbally or online (thru e-mail or phone call) per invoice of paid disbursement voucher.	1. Verify the request if paid.	None	2 minutes	Administrative Assistant
	2. Prepare the tax certificate as requested and forward to Chief Accountant.	None	6 minutes	Administrative Assistant
.	3. Review and approve the tax certificate.	None	1 minute	*Chief Accountant)*
4. Receive BIR 2307 and log in the receiving logbook.	4. Release the tax certificate and thank the client.	None	1 minute	Administrative Assistant
TOTAL		**None**	**10 Minutes**	

2. ISSUANCE OF STATEMENT OF ACCOUNT

This covers the preparation of summary of the Ancillary care services (Laboratory and Radiology Tests, Diagnostic Imaging, Neuro-psychological exam, etc.) provided to the client with the total amount due for payment.

Office or Division:	Accounting Section
Classification:	Simple
Type of Transaction:	G2B – Government to Business G2G – Government to Government
Who may avail:	All Concerned Client/ Personnel/ Supplier/ Stakeholder

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Charge Slips (1 Original Copy)	CVMC Laboratory Department Drug Testing Laboratory Family Medicine
Breakdown/List of Diagnostic Procedure (1 Original Copy)	CVMC Laboratory Department Drug Testing Laboratory Family Medicine Molecular Lab
Statement of Account (2 Original Copies)	CVMC Laboratory Department Accounting Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present charged slips/breakdown/list of laboratories undergone by each patient. Client may also request online (thru email or phone call)	1. Receive the charged slips/breakdown/list of diagnostic procedures undergone by each patient.	None	2 minutes	Administrative Assistant
	2. Verify the list as to the amount and diagnostic procedures.	None	10 minutes	Administrative Assistant
			**If concerns arise such as discrepancy on the amount, it may take longer time depending on the action taken by the concerned section*.	
	3. Prepare Statement of Account and forward to the Chief	None	2 minutes	Accounting Staff on duty

1

	Accountant.			
	4. Review, affix initials on the SOA and forward to the CAO-Finance.	None	1 minute	*Chief Accountant*
	5. Review and affix his initials and forward to the OMCC.	None		*CAO-Finance*
	6. Review and approve the SOA.	None		*Medical Center Chief II*
2. Receive Statement of Account.	7. Release the Statement of Account.	None	1 minute	Administrative Assistant
TOTAL		**None**	**16 Minutes**	

ACCOUNTING SECTION
INTERNAL SERVICES

1. ISSUANCE OF ORDER OF PAYMENT

This covers the ordering of payment of money in favor of Cagayan Valley Medical Center showing the amount a purpose of payment before the Cashier Section issues Official Receipt.

Office or Division:	Accounting Section
Classification:	Simple
Type of Transaction:	G2B – Government to Business G2G – Government to Government
Who may avail:	All Concerned Client/ Personnel/ Supplier/ Stakeholder
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Order of Payment (1 Original Copy/ Photocopy)	CVMC Accounting Section
Charge Slip (1 Original Copy/ Photocopy)	CVMC Laboratory Section
Invitation to Bid (1 Original Copy/ Photocopy)	CVMC Bid and Awards Committee
Notice to Proceed/ Notice of Award (1 Original Copy)	CVMC Procurement Section
List of Patients with Corresponding Amount (1 Original Copy/Photocopy)	Requesting Agency
Copy of PN with updated breakdown of SOA (1 Original Copy/Photocopy)	CVMC Billing
Statement of Account (1 Original Copy/Photocopy)	Requesting Agency/ Professional Education and Training Office
Liquidation Report (1 Original Copy/Photocopy)	Concerned Personnel
Disbursement Voucher, Purchase Order, Inspection and Acceptance Report (1 Original Copy/Photocopy)	Accounting, Procurement, Materials and Management Section

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client shall present any of the following, depending on their request: Charged Slip if paying for: 1.1 Blood Screening Fee/ Waste 1.2 Invitation to Bid and Charged Slip if paying for Bid Docs 1.3 Notice to proceed/ Notice of Award if paying for Performance Bond	1. Verify the presented documents as to completeness and accuracy of the amount to be paid.	None	2 minutes *If such payment is made online, validation of the amount credited to CVMC's bank account may take longer time due to stability if internet connection and availability of LBP's we	Administrative Assistant

1.4 List of Patients with Corresponding Amount if paying for Financial Assistance 1.5 Copy of PN with updated breakdown of SOA if paying for Promissory Notes 1.6 Statement of Account if paying for Users Fee/ Affiliation Fees/ Laboratory Fees of Annual PE 1.7 Liquidation Report if paying for Returned Cash Advance 1.8 Copy of Disbursement Vouchers, Purchase Order and Inspection and Acceptance Report if paying for penalties 1.9 List of patients from Molecular Laboratory if paying for RT PCR Test Note: An additional requirement of proof of payment is required if payment is made online.			access.	
	2. Prepare Order of Payment and forward to the Chief Accountant for review and approval.	None	6 minutes	Accounting Staff and Chief Accountant
3.Receive the Order of Payment.	3. Instruct the payor to proceed to the Cash Operations Section for payment.	None	1 minute	Administrative Assistant
4.Proceed to Cash Operations for payment.	4. Release the order of payment	None	1 minute	Administrative Assistant
TOTAL		**None**	**10 minutes**	

ADMITTING AND INFORMATION UNIT
External Services

1. Patient's Registration

This procedure covers the Patient's Registration for admission.

Office or Division:	Admitting and Information Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All clients who need to be registered

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
ED Registration Slip (1 Original copy)	CVMC Emergency Room
ED Record Form (1 Original copy)	CVMC Admitting and Information Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present ED Registration Slip	1. Receive and verify ED Registration Slip 1.1 Interview the client 1.2 Profile patient's information 1.3 Print ED Record	None None None None	1 minute	Administrative Assistant
2. Affix signature	2. Instruct watcher to sign ED record then attached PVS	None	1 minute	Administrative Assistant
3. Proceed to Emergency Department	3. Instruct client to proceed to ED Nurse Station	None	1 minute	
	TOTAL:	**None**	**3 Minutes**	

2. Patient's System Admission

This covers the process of Patient's System admission

Office or Division:	Admitting and Information Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
Who may avail:	All clients who need to be admitted

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Admission Slip - ER (1 original copy)	Cagayan Valley Medical Center Emergency Department
Philhealth Verification and Assessment Slip – Admitting (1 original copy)	Admitting and Information Unit
Agreement on Service Accommodation Form Charity (1 Original copy) Pay (1 Original copy)	Admitting and Information Unit
Certification of Patient Confinement History Form (1 Original copy)	Admitting and Information Unit

Clinical Cover Sheet (1 Original copy)	Admitting and Information Unit
Blood Procurement Form (1 Original copy)	Admitting and Information Unit/Blood Bank
Philhealth Eligibility Forms (1 Original copy)	Admitting and Information Unit/Philhealth Portal
Hospital Charge Slip (1 Original copy)	Admitting and Information Unit/Billing
Patient's Vaccination Status Form	Admitting and Information Unit/Infection Control Committee
Room and Board Accommodation Summary Form	Admitting and Information Unit/Billing

CLIENT STEPS	AGENCY ACTIONS	EES TO BE PAID	ROCESSIN G TIME	PERSON RESPONSIBLE
1. Present Admission Slip	1. Receive Admission Slip 2. Explain to the client the types of accommodation	None None	10 minutes	Adminsitrative Assistant on duty
2. Fill out Agreement on Service Accommodation form and Certification of Patient Confinement History form	1. Issue the Agreement on Service Accommodation form and the Certification of Patient Confinement History form 2. Interview the client regarding previous confinement/s of patient 3 Approved patient's Philhealth if eligible based on PVS 4 Admit patient in the database 5 Print Clinical Coversheet then attached other relevant forms to the chart	None None None None None		
3. Receive Watcher's ID/Gate Pass	Inform watcher about the Gate Pass/Watcher's ID Policy	None Lost Watcher's ID/Gate Pass- PHP 100.00		
4. Affix signature then proceed to	Instruct watcher to affix his/her signature	None		

Medical Social Service Section	then proceed to Medical Social Service Section for classification of philhealth eligibility			
TOTAL:		**100.00 (lost watcher's ID pass)**	**10 Minutes**	

3. System Discharge of Patients

This covers the process of System Discharge of Patients

Office or Division:	Admitting and Information Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All patients who need to be discharged

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Discharge Clearance Slip (1 Original copy)	Billing and Claims

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present Discharge Clearance Slip	1 Verify and check Discharge Clearance Slip 2 Discharge patient in the database 3 Sign the Admitting Unit portion	None	2 minutes	Administrative Assistant on duty
2.Receive Discharge Clearance Slip then proceed to nurse station	1 Return to watcher the Discharge Clearance Slip 2 Instruct to proceed to nurse station	None None	1 Minute	Administrative Assistant on duty
	TOTAL:	**None**	**3 Minutes**	

4. Updating of Patients Information

This process covers the updating of Patient's Information

Office or Division:	Admitting and Information Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All patients records need to be updated

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Birth Certificate, Marriage Contract, Valid Identification Card or other relevant documents (for update of patient's information only) (1 Photocopy)	Philippine Statistics Authority
Clinical Coversheet and Agreement on Service Accommodation Form (for update of Philhealth category only) (1 Original copy)	Admitting and Information Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to admitting unit to update patient's information (includes updates on Philhealth category)	None	None	1 minute	Admitting Staff
2. Present relevant documents	1 Ask client to present any reliable documents (valid ID or any relevant Documents) or received Clinical Coversheet and Agreement on Service Accommodation form 2 Review the documents presented 3 Update patient information in the database 4 File the document/s submitted or attached philhealth	None	2 Minutes	Admitting Staff

	documents for update of Philhealth category 5 Print new Clinical Coversheet (for update of Philhealth category only) 6 Instruct to affix signature to Clinical Coversheet (for update of Philhealth category only)			
3.Proceed to concerned area/s or nurse station	7. Instruct to proceed to concerned area/s (for update of patient's information) or nurse station (for update of Philhealth category)	None	1 Minute	Admitting Staff
	TOTAL:	**None**	**4 Minutes**	

BILLING AND CLAIMS UNIT
External Services

1. ISSUANCE OF HOSPITAL BILLING STATEMENT FOR PHILHEALTH PATIENTS

This covers the preparation and processing of Philhealth patient's hospital billing statement and issuance of discharge clearance slip.

a. Checking of Patient's Medical Records and Philhealth Attachments

Office or Division:	Billing Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Philhealth Patients for discharge
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Complete Patient's medical record/ chart (1 Original copy)	Cagayan Valley Medical Center – Clinical Wards
Philhealth Attachment/s for Philhealth Patient (1 Original copy) Philhealth Benefit Eligibility Form for Philhealth Patient (1 Original copy) Philhealth Membership Registration Form and Claim Form 1 for Philhealth Patient (1 Original copy)	Cagayan Valley Medical Center – Admitting Section Cagayan Valley Medical Center – Medical Social Service Section
Charge Form & Charge slip (1 Original copy)	Cagayan Valley Medical Center – Clinical Wards and Other Revenue Centers
Claim Form 3 & 4 for Philhealth Patient (1 Original copy)	Cagayan Valley Medical Center – Clinical Wards
Referral Slip or Statement of Accounts for referred Philhealth patient (1 Original copy)	Other Clinic or Hospital
Charge Slip/s of Professional Fee/s for Pay Patients (1 Original copy)	Cagayan Valley Medical Center- Cashier Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Check the completeness of Patient's Medical Record, Philhealth eligibility and Professional fees as necessary	None	5 minutes	Billing Clerk
	TOTAL:	None	**5 minutes**	

b. Preparation of Hospital Bill and Philhealth Claim documents.

Office or Division:	Billing Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
All Patients for discharge	All Philhealth Patients for discharge
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Complete Patient's medical record/ chart (1 Original copy)	Cagayan Valley Medical Center – Clinical Wards
Philhealth Attachment/s for Philhealth Patient (1 Original copy) Philhealth Benefit Eligibility Form for Philhealth Patient (1 Original copy) Philhealth Membership Registration Form and Claim Form 1 for Philhealth Patient (1 Original copy)	Cagayan Valley Medical Center – Admitting Section Cagayan Valley Medical Center – Medical Social Service Section
Charge Form & Charge slip (1 Original copy)	Cagayan Valley Medical Center – Clinical Wards and Other Revenue Centers
Claim Form 3 & 4 for Philhealth Patient (1 Original copy)	Cagayan Valley Medical Center – Clinical Wards
Referral Slip or Statement of Accounts for referred Philhealth patient (1 Original copy)	Referring Clinic or Hospital
Charge Slip/s of Professional Fee/s for Pay Patients (1 Original copy)	Cagayan Valley Medical Center- Cashier Section
Billing Unit Checklist (1 Original copy)	Cagayan Valley Medical Center- Billing Unit
Copy of Laboratory/Operating Room Records (1 copy)	Cagayan Valley Medical Center- Billing Unit
Claim Form 2 (1 Original copy)	Cagayan Valley Medical Center- Billing Unit
Claim Summary Form (1 Original copy)	Cagayan Valley Medical Center- Billing Unit
Statement of Account (2 original copies)	Cagayan Valley Medical Center- Billing Unit
Claim Form 3 (1 Original copy)	Cagayan Valley Medical Center- Billing Unit
Billing Slip (2 original copies)	Cagayan Valley Medical Center- Billing Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Countercheck all pertinent documents and attachments necessary in preparation of Philhealth Claim	None	2 minutes	Billing Clerk
	2.Countercheck items charged by revenue centers	None	3 minutes	Billing Clerk
	3.Input un-charged supplies and procedures accurately using In-Patient	None	3 minutes	Billing Clerk

	Charging System for Ward Supplies and Laboratory			
	4.Prepare patient's hospital bill using Hospital Billing System, and discharge clearance slip	None	10 minutes	Billing Clerk
	5.Accomplish of Billing Unit Checklist	None	1 minute	Billing Clerk
	6.Inform patient's watcher thru Ward Nurse or Nursing Attendant on duty for signing of Philhealth claims and releasing of discharge clearance slip	None	1 minute	Billing Clerk
	TOTAL:		**20 minutes**	

2. ISSUANCE OF HOSPITAL BILLING STATEMENT FOR NON-PHILHEALTH PATIENTS

This covers the preparation and processing of Philhealth patient's hospital billing statement and issuance of discharge clearance slip.

a. Checking of Patient's Medical Records

Office or Division:		Billing Unit		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen		
Who may avail:		All Non-Philhealth Patients for discharge		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Complete Patient's medical record/ chart (1 Original copy)		Cagayan Valley Medical Center – Clinical Wards		
Charge Form & Charge slip (1 Original copy)		Cagayan Valley Medical Center – Clinical Wards and Other Revenue Centers		
Classification of Service Patients on Service Agreement Form		Cagayan Valley Medical Center – Medical Social Service Section		
Charge Slip/s of Professional Fee/s for Pay Patients (1 Original copy)		Cagayan Valley Medical Center- Cashier Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	1.Check the completeness of Patient's Medical Record	None	3 minutes	Billing Clerk

	• For service patients, check if already classified by the Medical Social Worker on duty • For pay patients, check the professional fees attached by Consultant's secretary from Cashier Section			
	TOTAL:	None	**3 minutes**	

3. ISSUANCE OF STATEMENT OF ACCOUNT

This covers the preparation of a Statement of Accounts upon request of the patient or authorized representative.

Office or Division:		Billing Unit		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen		
Who may avail:		All Concerned Clients		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Identification Card or any proof of identity		Patient and Representative		
Authorization Letter		Representative		
Police Request for Medico-legal cases		Requestor		
Statement of Account Form (1 Original copy)		Cagayan Valley Medical Center – Billing and Claims		
Statement of Accounts Logbook		Cagayan Valley Medical Center – Billing and Claims		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Request for issuance of Statement of Account	1. Receive and verify request	None	1 minute	Billing Clerk
2. Present requirement/s as applicable:	2. Check the requirements	None	2 minutes	Billing Clerk

● For Financial Assistance and Insurance Purpose/s: identification card of the patient and the requestor and/or authorization letter as necessary ● For Medico-legal Cases: identification card of the patient and the requestor and/or authorization letter as necessary, and Police Request				
2. None	3. Retrieve Patient's previous confinement and hospital bill thru "Restore Confinement System" and CF2 Duplicates Folder	None	3 minutes	Billing Clerk
	4. Prepare the Statement of Account	None	8 minutes	Billing Clerk
	5. Log the Statement of Account prepared on Statement of Accounts Logbook	None	1 minute	Billing Clerk
3. Receive Statement of	6. Release Statement	None	1 minute	Billing Clerk

1

Account and acknowledge receipt on Statement of Accounts Logbook	of Account to the client and request them to acknowledge receipt on Statement of Accounts Logbook			
	TOTAL:	None	**16 Minutes**	

4. NBB Reimbursement

This covers the computation of NBB patient's out of the pocket hospital expenses, if any.

Office or Division:	Billing Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Concerned Clients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Official Receipt (1 Original copy)	Client
Medical Assessment Slip (1 Original copy)	Cagayan Valley Medical Center – Billing and Claims
Certification for Reimbursement (1 Original copy)	Cagayan Valley Medical Center – Billing and Claims
Outright Reimbursement logbook	Cagayan Valley Medical Center – Billing and Claims

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Official Receipt/s of purchased medicines and ancillary procedures for reimbursement	1. Receive Official receipt/s and instruct the client to proceed to Pharmacy for verification of purchased items	None	2 minutes	Pharmacy Section
2. Proceed to the Pharmacy Section	2. Receive medicine assessment slip with the receipt/s of purchased medicine/s and ancillary procedure/s and prepare the Certification for Reimbursement	None	10 minutes	Billing Clerk

	3. Forward to the Billing Unit Head for signature	None	1 minute	Billing Clerk
	4. Check and certify Certification for Reimbursement	None	2 minutes	Billing Unit Head
	5. Record the contents of certification form to Reimbursement logbook	None	1 minute	Billing Clerk
	6. Issue Certification for reimbursement	None	1 minute	Billing Clerk
3. Proceed to the Cashier and Receive reimbursement	7. Accompany the client to Cashier Section and endorse for reimbursement	None	3 minutes	Billing Clerk
	TOTAL:	None	**20 minutes**	

5. Preparation of Promissory Notes

This process covers the preparation of patient's Promissory Note upon the approval of Medical Center Chief/OIC/Senior House Officer.

Office or Division:	Billing Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Concerned Clients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Billing Slip duly approved, noted and signed by the Medical Center Chief/OIC/Senior House Officer	Client
Identification Card or any proof of identity	Patient/Maker
Identification Card or any proof of identity	Representative/Co-maker
Promissory Note Form (4 copies)	Cagayan Valley Medical Center – Billing and Claims
Promissory Note Logbook	Cagayan Valley Medical Center – Billing and Claims

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present hospital billing slip duly approved, noted and signed by the Medical Center	1. Receive and check hospital billing slip duly approved, noted and signed by the Medical Center	None	2 minutes	Billing Clerk

Chief/OIC/Senior House Officer	Chief/OIC/Senior House Officer			
	2. Check the Identification card or other proof of identity of the Patient/Maker and Representative/Co-maker	None	5 minutes	Billing Clerk
	3. Prepare Promissory Note	None	8 minutes	Billing Clerk
2. Sign the promissory note	4. Explain and issue Promissory Note to the representative	None	2 minutes	Billing Clerk
3. Submit the notarized PN	5. Received 3 copies of duly notarized PN	None	1 minute	Billing Clerk
	6. Record the transaction at the Promissory Notes Logbook	None	1 minute	Billing Clerk
	TOTAL:	None	**18 minutes**	

BLOOD BANK AND BLOOD TRANSFUSION SERVICES
External Services

1. ABO/RH BLOOD GROUPING / TYPING

This covers the process for ABO/Rh Blood Grouping for Out-patient.

Office or Division:		Blood Bank and Blood Transfusion Services		
Classification:		Simple		
Type of Transaction:		G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT		
Who may avail:		Out Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Duly accomplished Laboratory Request Form (1 original copy)		CVMC Bloodbank		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the duly accomplished Laboratory Request Form by Nursing Attendant (NA).	1. Receive the Laboratory Request Form and blood sample then check for the completeness and proper labeling of the sample.	None	1 minute	Med Tech on duty
	2. Perform the procedure accordingly.	None	25 minutes	Med Tech on duty
	3. Issue the official result.	None	4 minutes	Med Tech on duty
	TOTAL:	None	**30 Minutes**	

2. APHERESIS DERIVED PLATELET CONCENTRATE OROCUREMENT

This covers the process of procurement of Apheresis Derived Platelet Concentrate for **OUTPATIENT** who is in need of blood transfusion.

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	Out Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Blood Product Requisition Form (BPRF) (1 original Copy) Clean Transport Box	CVMC Bloodbank

1

Iced Packs				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the duly accomplished Blood Product Requisition Form (BPRF) by Significant Others (SO).	1.1 Receive BPRF and check for its completeness. 1.2 Advise SO to bring type specific blood donor. 1.1 Inform of the policy and procedures to be undertaken.	None	2 minutes	Advocacy Nurse/ Med Tech on duty
2. Bring Type Specific blood donor	2. Proceed with Physical Assessment of the donor.	None	15 minutes	Advocacy Nurse/ Med Tech on duty
	3. Perform pre-donation screening	None	25 minutes	Med Tech on duty
	4.1 Screen blood unit collected for the Five (5) Transfusion Transmissible Infections (TTIs) with Nucleic Acid Amplification test (NAAT.) 4.2 Process the blood into components needed.	None	5 hours	Med Tech on duty
5. After donation, the blood donor should rest for at least 15 minutes and may leave if no post-donation reactions are	5. Perform phlebotomy and conduct post - donation care for the blood donor.	None	2 Hours	Advocacy Nurse/ Med Tech on duty

encountered .				
	5. Prepare the component needed.	None	15 minutes	Med Tech on duty
7. Sign pertinent document then receive blood	8. Inform details of released blood unit(s) to SO and instruct proper handling of blood.	None	3 minutes	Advocacy Nurse/ Med Tech on duty
	TOTAL:	*Blood Service Fee:* >Aphe Derived Php 18,000.00/Unit	**8 Hours**	

3. COMPATIBILITY TESTING / CROSSMATCHING AND COOMBS TESTING

This covers the process of compatibility testing / cross -matching and Coomb's test for Out-Patients.

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	Out Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Laboratory Request Form (1 original copy) Recipient Blood Sample	CVMC Bloodbank

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the duly accomplished Blood Product Requisition Form (BPRF) by Significant Others (SO).	1. Receive the Laboratory Request Form and blood sample then check for the completeness and proper labeling of the sample.	None	1 minute	Advocacy Nurse / Med Tech on duty
2. Proceed to Cashier	2.1 Inform the SO about the policy and procedure to be undertaken. 2.2 Issue charge slip.	Blood Screening Fees: >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit		

1

		>Plt Conc. FFP,Cryo Php 1,000.00/Unit Blood Bank Services Fees: >Blood Typing (Patient) Php 300.00 >Xmatching fee Php 700.00 / Unit >Coombs Fee Php 600.00	5 minutes	Advocacy Nurse/ Med Tech on duty
3. Present Official Receipt	3. Receive and record the official receipt number and amount paid.	None	1 minute	Advocacy Nurse/ Med Tech on duty
4. Wait in the OPD Transaction Area	4. Perform the procedure accordingly.	None	50 minutes	Med Tech on duty
5. Sign pertinent document then receive blood	5. Inform details of released blood unit/s to SO and instruct proper handling of blood.	None	3 minutes	Advocacy Nurse/ Med Tech on duty
	TOTAL:	Blood Screening Fees: >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Plt Conc. FFP,Cryo Php 1,000.00/Unit Blood Bank Services Fees: >Blood Typing (Patient) Php 300.00 >Xmatching fee Php 700.00 / Unit >Coombs Fee Php 600.00	**1 hour**	

4. **PROCUREMENT OF BLOOD AND BLOOD PRODUCTS**

This covers the process of procurement of the available blood and blood products for **OUTPATIENT** in need of Blood Transfusion

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	Out Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Blood Product Requisition Form(BPRF) (1 original Copy) Clean Transport Box Iced Packs	CVMC Bloodbank

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the duly accomplished Blood Product Requisition Form (BPRF) by Significant Others (SO).	1. Receive BPRF and check for its completeness.	None	1 minute	Advocacy Nurse/ Med Tech on duty
1. Proceed to Cashier	2. Inform the SO about the policy. 2.1 Issue charge slip.	*Blood Screening Fees:* >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Plt Conc., FFP, Cryo Php 1,000.00/Unit	2 minutes	Advocacy Nurse/ Med Tech on duty
3. Present Official Receipt.	3. Receive and record the official receipt number and the amount paid.	None	1 minute	Advocacy Nurse/ Med Tech on duty
4. Wait in the OPD Transaction Area.	4. Prepare the blood component needed.	None	25 minutes	Med Tech on duty

5. Sign pertinent document then receive blood.	5. Inform details of released blood unit/s to SO and instruct proper handling of blood.	None	1 minutes	Advocacy Nurse/ Med Tech on duty
	TOTAL:	*Blood Screening Fees:* >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Plt Conc., FFP, Cryo Php 1,000.00/Unit	**30 Minutes**	

5. PROCUREMENT OF BLOOD AND BLOOD PRODUCTS WITH TYPE SPECIFIC DIRECT DONOR

This process covers the procurement of blood and blood products by our **OUTPATIENT** with direct type specific donor due to unavailability of blood needed.

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	Out Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Blood Product Requisition Form (BPRF) (1 original Copy) Clean Transport Box Iced Packs	CVMC Bloodbank

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present duly accomplished Blood Product Requisition Form (BPRF) by Significant Others (SO).	a. Receive BPRF and check for its completeness. b. Advise SO to bring type specific blood donor. c. Inform of the policy and procedures to be	None	3 minutes	Advocacy Nurse/ Med Tech on duty

	undertaken.			
3. Bring Type Specific blood donor	2. Proceed with interview and Physical Assessment of the donor.	None	10 minutes	Advocacy Nurse/ Med Tech on duty
	3. Perform pre-donation screening.	None	25 minutes	Med Tech on duty
	4. Perform phlebotomy and provide post-donation care for the blood donor.	None	15 minutes	Advocacy Nurse/ Med Tech on duty
5. After donation, the blood donor should rest for at least 15 minutes and may leave if no post-donation reactions are encountered	5. Screen blood unit collected for the Five (5) Transfusion Transmissible Infections (TTIs) with Nucleic Acid Amplification Test (NAAT). 5.1 Process the blood into component needed.	None	5 hours	Med Tech on duty
6. Proceed to Cashier	6. Issue charge slip	*Blood Screening Fees:* *>Whole Blood Php 1,800.00/ Unit* *>Packed RBC Php 1,500.00/Unit* *>Washed RBC Php 2,500.00/Unit* *>Plt Conc. Blood* >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Washed RBC	3 minutes	Advocacy Nurse/ Med Tech on duty

		Php 3,000.00/Unit >Plt Conc. , FFP, Cryo Php 1,000.00/Unit		
7. Present Official Receipt	7. Receive and record the official receipt number and the amount paid.	None	1 minute	Advocacy Nurse/ Med Tech on duty
8. Sign pertinent document then receive blood	8. Inform details of released blood unit/s to SO and instruct proper handling of blood.	None	3 minutes	Advocacy Nurse/ Med Tech on duty
	TOTAL:	*Blood Screening Fees:* >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Washed RBC Php 3,000.00/Unit >Plt Conc. FFP,Cryo Php 1,000.00/Unit	**6 Hours**	

CARDIOVASCULAR UNIT (CVU)
External Services

1. Electrocardiography (ECG)

This covers the process of Electrocardiographic (ECG) procedure.

Office or Division:	CARDIOVASCULAR UNIT (CVU)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All patients who need Electrocardiographic Examination
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Accomplished Cardiovascular Unit Diagnostic Request Form fully signed by the Requesting Physician (1 Original Copy)	Cardiovascular Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
TRIAGING				
1. Proceeds to Cardiovascular unit and present the diagnostic request form.	1. Receives and checks Cardiovascular diagnostic request form. ECG request coming from the OPD clinics can have their ECG's at the OPD treatment room and if requiring official result, the watcher brings the tracing to the CVU. 1.1 Issues two (2) Charge Slip (Procedure and Reading Fee) Records the complete patient's data in the patient's logbook.	See Cardiovascular rate	3 minutes	● Cardiovascular Staff ● ECG Technologist Secretary
PROCEDURE IMPLEMENTATION				
2. Undergoes the procedure/ examination.	2. Performs the procedure/ examination 2.1. Instructs the client on the schedule of releasing of result.	None None	10 minutes or more depending on the patient's status. 3 minutes	● ECG Technologist ● ECG Technologist

	●ER/In-patient ●OPD patients 2.2. Interprets the ECG tracing.	None	- 3 days - 4 days 15 minutes	● Cardiologist
3. Client proceeds to CVU and present the official receipts	3. Releases ECG result and log in the patient's logbook.	None	3 minutes	● Cardiovascular Unit Staff ecretary
	TOTAL:	**See Cardiovascular Rates**	**• ER/In-patients – 3 days • OPD patients – 4 days + 34 minutes**	

2. 24 Hour Holter Monitoring

This covers the process of 24-Hour Holter monitoring.

Office or Division:		CARDIOVASCULAR UNIT (CVU)		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen		
Who may Avail:		All patients who needs 24 Hour Holter monitoring		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Accomplished Cardiovascular Unit Diagnostic Request Form fully signed by the Requesting Physician (1 Original Copy)		Cardiovascular Unit		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1. Proceeds to Cardiovascular unit and present the diagnostic request form.	1. Receives and checks Cardiovascular diagnostic request form.	None	3 minutes	●Cardiovascular Staff ●Secretary

2. Receives instruction on the scheduled date.	2. Instruct clients on the scheduled date. 2.1 Issues two (2) Charge Slip (Procedure and Professional Fee). 2.2 Records patient's data in the scheduling logbook.	See Cardiovascular Rate	3 minutes	● ECG Technologist ● Secretary
3. Client proceeds to the CVU and present diagnostic request form and receipt.	3. Records the complete patient's data and OR No. on the Patient's logbook.	None	3 minutes	● ECG Technologist ● Secretary
PROCEDURE IMPLEMENTATION				
4. Undergoes the procedure / examination.	4. Performs the procedure/ examination. 4.1. Instructs the client on the schedule of releasing of result. ● ER/In-patients ● OPD patients 4.2. Interprets the tracing.	None None -after 3 working days -after 5 working days None	● 24 hours ● 48 hours depending on the request of the Physician for prolonged monitoring 1 minute 1 hour depending on the case of patient.	● ECG Technologist ● ECG Technologist ● Cardiologist
RELEASING OF RESULTS				

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5. Client proceeds to CVU and present the official receipt	5. Releases Holter result and log in the patient's logbook.	None	3 minutes	● Cardiovascular Staff ● Secretary
	TOTAL	**SEE CARDIOVASCULAR RATE**	**● FOR ER/IN-PATIENTS -AFTER 3 WORKING DAYS ● FOR OPD PATIENT – AFTER 5 WORKING DAYS + 1 HOUR AND 13 MINUTES**	

3. Treadmill Exercise Test (TET)

This covers the process of Treadmill Exercise Test (TET).

Office or Division:		CARDIOVASCULAR UNIT (CVU)		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen		
Who may Avail:		All patients who needs Treadmill Exercise Test (TET)		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Accomplished Cardiovascular Unit Diagnostic Request Form fully signed by the Requesting Physician (1 Original Copy)		Cardiovascular Unit		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1. Proceeds to Cardiovascular unit and present the diagnostic request form.	1. Receives and checks Cardiovascular diagnostic request form	None	3 minutes	● Cardiovascular Staff ● Secretary
2. Receives instruction on the scheduled date	2. Instructs clients on the scheduled date. 2.1 Issues two (2) Charge Slip (Procedure	See Cardiovascular rate	3 minutes	● ECG Technologist ● Secretary

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	and Professional Fee) 2.2 Records patient's data in the scheduling logbook.			
3. Client proceeds to the CVU and present diagnostic request form and receipt.	3. Records the complete patient's data and OR No. on the Patient's logbook	None	3 minutes	● ECG Technologist ● Secretary
PROCEDURE IMPLEMENTATION				
4. Undergoes the procedure/ examination.	4. Performs the procedure/ examination. 4.1. Instructs the client on the schedule of releasing of result. ● OPD Patients only 4.2. Interprets the tracing.	None None None	1 hour depending on ECG changes, patient's heart rate, exercise capacity or onset of untoward symptoms. 3 minutes 1 day 1 hour depending on the case of patient.	● ECG Technologist ● Cardiologist ● ECG Technologist ● Cardiologist
RELEASING OF RESULTS				
5. Client proceeds to CVU and present the official receipts	5. Releases Treadmill Exercise result and log in the patient's logbook.	None	3 minutes	● Cardiovascular Staff ● Secretary
	TOTAL	**SEE CARDIOVASCULAR RATE**	**1 DAY + 2 HOURS AND 12 MINUTES**	

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4. Echocardiography

This covers the process of Echocardiography.

Office or Division:		CARDIOVASCULAR UNIT (CVU)		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen		
Who may Avail:		All patients who needs Echocardiographic Examination		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Accomplished Cardiovascular Unit Diagnostic Request Form fully signed by the Requesting Physician (1 Original Copy)		Cardiovascular Unit		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1. Proceeds to Cardiovascular unit and present the diagnostic request form.	1. Receives and checks Cardiovascular diagnostic request form	None	3 minutes	● Cardiovascular Staff ● Secretary
2. Receives instruction on the scheduled date	2. Instructs clients on the scheduled date. 2.1 Issues two (2) Charge Slip (Procedure and Professional Fee) 2.2 Records patient's data in the scheduling logbook.	See Cardiovascular rate	3 minutes	● Cardiac Sonographer ● Secretary
3. Client proceeds to the CVU and present diagnostic request form and receipt.	3. Records the complete patient's data and OR No. on the Patient's logbook	None	3 minutes	● Cardiac Sonographer ● Secretary
PROCEDURE IMPLEMENTATION				
4. Undergoes the procedure/ examination.	4. Performs the procedure/ examination.	None	1 hour depending on patient's	● Cardiac Sonographer ● Cardiologist

8

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	4.1 Instructs the client on the schedule of releasing of result. ● Pay/STAT cases ● ER/In-patients ● OPD patients 4.2 Interprets the echocardiography.	None None	status 3 minutes 24 hours After 3 working days After 5 working days 1 hour depending on the case of study.	● Cardiac Sonographer ● Cardiologist
AFTER CARE				
5. Removal of electrode and bed setting	5. Remove the electrode from the patient and change the beddings if necessary.	None	5 minutes	● Cardiac Sonographer ● Nursing Attendant
RELEASING OF RESULTS				
6. Client proceeds to CVU and present the official receipts	6. Releases Echocardiographic result and log in the patient's logbook.	None	3 minutes	● Cardiovascular Staff ● Secretary
	TOTAL	**SEE CARDIOVASCULAR RATE**	**FOR:** ● **PAY AND STAT CASES – 24 HOURS** ● **FOR IN PATIENT – AFTER 3 WORKING DAYS** ● **FOR OPD PATIENT – AFTER 5 WORKING DAYS** **+** **HOURS AND 20 MINUTES**	

5. Vascular Scan Examination

This covers the process of Vascular Scan Examination

Office or Division:	CARDIOVASCULAR UNIT (CVU)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may Avail:	All patients who needs Vascular Examination			
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**			
Accomplished Cardiovascular Unit Diagnostic Request Form fully signed by the Requesting Physician (1 Original Copy)	Cardiovascular Unit			
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1. Proceeds to Cardiovascular unit and present the diagnostic request form.	1. Receives and checks Cardiovascular diagnostic request form	None	3 minutes	● Cardiovascular Staff ● Secretary
2. Receives instruction on the scheduled date	2. Instructs clients on the scheduled date. 2.1 Issues two (2) Charge Slip (Procedure and Professional Fee) 2.2 Records patient's data in the scheduling logbook.	See Cardiovascular rate	3 minutes	● Vascular Technologist ● Secretary
3. Client proceeds to the CVU section and present diagnostic	3. Records the complete patient's data and OR No. on the Patient's logbook	None	3 minutes	● Vascular Technologist ● Secretary

request form and receipt.				
PROCEDURE IMPLEMENTATION				
4. Undergoes the procedure/ examination.	4. Performs the procedure/ examination. 4.1. Instructs the client on the schedule of releasing of result. ● Pay/STAT – ER/In-patients ● OPD patients 4.2. Interprets the vascular procedure.	None None None	1 hour depending on patient's status. 3 minutes 24 hours After 3 working days After 5 working days 1 hour depending on the case of study.	● Vascular Technologist ● Cardiologist ● Vascular Technologist ● Cardiologist
AFTER CARE				
5. Removal of the device and bed setting	5. Wipe the residual gel from the patient and remove the beddings if necessary.	None	5 minutes	● Vascular Technologist ● Nursing Attendant
RELEASING OF RESULTS				
6. Client proceeds to CVU and present the official receipts	6. Releases Echocardiographic result and log in the patient's logbook.	None	3 minutes	● Cardiovascular Staff ● Secretary
	TOTAL	**SEE CARDIOVASCULAR RATE**	**FOR:** ● **PAY AND STAT CASES – 24 HOURS** ● **FOR IN PATIENT – AFTER 3 WORKING DAYS** ● **FOR OPD PATIENT – AFTER 5 WORKING DAYS** **+** **2 HOURS AND 20 MINUTES**	

CARDIOVASCULAR RATES	
EXAMINATION	**PROCEDURE FEE INCLUDING PROFESSIONAL FEE**
ECG	400.00
24 HOUR HOLTER MONITORING	3,500.00
TREADMILL EXERCISE TEST (TET)	2,000.00
ECHOCARDIOGRAPHY (ADULT)	
• 2D ECHO (PLAIN)	2,500.00
• 2D ECHO WITH DOPPLER	3,000.00
• 2D ECHO DOPPLER WITH BUBBLE CONTRAST STUDY	3,300.00
• 2D ECHO DOPPLER WITH GLOBAL LONGITUDINAL STRAIN (GLS)	3,200.00
ECHOCARDIOGRAPHY (PEDIA)	
• 2D ECHO (PLAIN)	3,000.00
• 2D ECHO WITH DOPPLER	3,500.00
• 2D ECHO DOPPLER WITH GLOBAL LONGITUDINAL STRAIN (GLS)	4,000.00
• 2D ECHO DOPPLER WITH BUBBLE CONTRAST STUDY	4,500.00
• FETAL ECHOCARDIOGRAPHY	4,800.00
VASCULAR	
• ARTERIAL and VENOUS DOPPLER (UE/LE)	5,900.00
• ARTERIAL DOPPLER SCAN (UE/LE)	3,600.00
• VENOUS DOPPLER SCAN (UE/LE)	3,600.00
• CAROTID DOPPLER	3,000.00
• VENOUS COMPRESSION	2, 000.00

DELIVERY ROOM

External Services

1. LABOUR AND DELIVERY

This covers the process of labor and delivery.

Office or Division:	Delivery Room
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	All pregnant women who is in labor
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Medical Records (1 original copy)	Delivery Room

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Receives telephone call from endorsing Nurse.	None	4 minutes	Nurse
	2. Informs the midwife to prepare the patients gown and bed.	None	2 minutes	Nurse Midwife
	3. Wearing of type B PPE before receiving the patient	None	2 minutes	Nurse Midwife
	4. Receives endorsement to the endorsing Nurse.	None	2 minutes	Nurse
1. Collaborate with the assessment	5. Assess patient.	None	4 minutes	Nurse Midwife
2. Cooperates with the procedure	6. Performs/Assist patient in bathing or perineal care, wearing hospital gown and assist patient to the designated bed	None	10 minutes	Midwife
	7. Verify and carry out doctor's order	None	10 minutes	Nurse
	8. Informs the NICU staff regarding admission	None	2 minutes	Nurse
	9. Wearing of type B PPE before vital signs taking	None	2 minutes	Nurse Midwife

1

	10. Monitors Vital sign, Fetal Heart Rate every hour or as per doctor's order	None	5 minutes	Nurse Midwife
3. Listen, ask questions, verify	11. Renders health education	None	5 minutes	Nurse Midwife
	12. Send patients Laboratory request and specimens	None	10 minutes	Midwife
4. Cooperates with the procedure	13. Performs perineal care when necessary.	None	10 minutes	Midwife
	14. Send prescriptions to the pharmacy, received the medicines, and acknowledge at the back of the prescription by affixing the complete name and signature, date, time in accordance to QP - MD-PH-CVMC-01.	None	10 minutes	Nurse Midwife
5. Understand the procedure	15. Obtain an informed consent for Assisted Vaginal Delivery, 15.1. Serve as a witness by affixing signature.	None	5 minutes	Obstetrician Nurse
6. Cooperates with all the procedures until done	16. For prolonged labor, the Obstetrician shall monitor the patient's progress of labor and assess if the patient needs to go on vaginal delivery or abdominal delivery. 16.1. The staff Nurse and Midwife shall continue monitoring the patient and record all data and procedure	None	Varies	Obstetrician Nurse Midwife

	at patient's medical record.			
	17. Assist patient to Delivery Room table	None	4 minutes	Nurse Midwife
	18. Wearing of type, A PPE before assisting patient during delivery	None	5 minutes	Obstetrician Nurse Midwife
	19. Inform the Pediatrician thru NICU Nurse	None	5 minutes	Nurse Midwife
	20. Prepare the instruments and supplies needed	None	5 minutes	Midwife
	21. Performs perineal preparation and drape the patient	None	5 minutes	Midwife
	22. The EINC Midwife assist the Pediatrician during delivery	None	5 minutes	Midwife
	23. Give necessary interventions like giving of medicines	None	5 minutes	Nurse
	24. Monitors vital signs every 15 minutes within an hour until stable	None	1 hour	Nurse midwife
	25. Observe Essential Intrapartal and Newborn care	None	1 hour 30 minutes	Nurse Midwife
	26. Accomplish E-Access form for Vigorous or Pre term non admissible newborn	None	3 minutes	Nurse
	27. Accomplish admission slip and obtain consent for vigorous or pre term admissible newborn	None	5 minutes	Pediatrician Nurse
	28. Monitors vital signs every 15 minutes within an hour until stable	None	1 hour	Nurse midwife
	29. Administer stat medication and note for reaction	None	5 minutes	Nurse

	30. Facilitates early breastfeeding	None	1 hour	Nurse Midwife
	31. Accomplish newborn information draft form for birth certificate.	None	10 minutes	Midwife
	32. Wash the perineum after the procedure	None	5 minutes	Nurse Midwife
	33. Transfer patient from DR table to stretcher	None	5 minutes	Nurse Midwife
	34. Wash, dry, and pack used instruments ready for sterilization	None	10 minutes	Midwife
	35. Doffing of PPE after the procedure, including proper handwashing	None	10 minutes	Obstetrician Nurse Midwife
	36. Record all data and procedures performed	None	5 minutes	Nurse Midwife
	37. Inform the ward nurse on duty about the incoming patient thru telephone call.	None	3 minutes	Nurse
	38. Transport Patient to ward	None	10 minutes	Nurse Midwife
	39. Endorse the patient to ward Nurse	None	3 minutes	Nurse Midwife
TOTAL:		**None**	**Varies for prolonged labor + 7 hours 41 minutes**	

2. FAMILY PLANNING BILATERAL TUBAL LIGATION PPIUD PROGESTINE SUBDERMAL

This covers the process of Family Planning, Bilateral Tubal Ligation, PPIUD, Progestinal Subdermal

Office or Division:	Delivery Room
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Postpartum mothers
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Medical Records (1 original copy) FP form 1 (1 Original Copy)	Delivery Room Delivery Room

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Consent with the procedure.	1. Verify and carry out doctor's order	None	2 minutes	Nurse
	2. Wearing of type B PPE before assisting the patient for BTL	None	2 minutes	Nurse Midwfe
2. Understand the procedure	3. Obtain an informed consent. Serve as a witness by affixing signature	None	5 minutes	Obstetrician -Nurse
	4. Do preoperative evaluation and obtain an informed consent. Serve as a witness by affixing signature	None	5 minutes	Anesthesiologist Nurse
3. Listen, ask questions, verify and answers questions being ask	5. Accomplish the FP form 1 and conduct one on one couselling	None	15 minutes	Midwife
4. Cooperates with the procedure	6. Transfer to stretcher and endorse patient to OR staff	None	5 minutes	Nurse
	7. Verify and carry out doctor's order	None	2 minutes	Nurse

	8. Wearing of type B PPE before assisting patient for PPIUD	None	2 minutes	Nurse Midwfe
	9. Obtain an informed consent. Serve as a witness by affixing signature	None	5 minutes	Obstetrician -Nurse
5. Listen, ask questions, verify and answers questions being ask	10. Accomplish the FP form 1	None	15 minutes	Midwife
	11. Prepare the instruments and supplies needed	None	5 minutes	Midwife
	12. Wearing of type, A PPE before doing the procedure	None	5 minutes	Obstetrician
	13. Perform the Procedure	None	5 minutes	Obstetrician
	14. Forward the FP form 1 to FP clinic during weekdays at the OPD	None	15 minutes	FP Nurse or Midwife
	15. Verify and carry out doctor's order	None	2 minutes	Nurse
	16. Wearing of type B PPE before assisting patient for PSI	None	2 minutes	Nurse Midwfe
	17. Obtain an informed consent. Serve as a witness by affixing signature	None	5 minutes	Obstetrician -Nurse
	18. Accomplish the FP form 1	None	15 minutes	Midwife
	19. Prepare the instruments and supplies needed	None	5 minutes	Midwife
	20. Wearing of type A PPE before doing the procedure	None	5 minutes	Obstetrician

1

	21. Perform the Procedure	None	30 minutes	Obstetrician
	22. Forward the FP form 1 to FP clinic during weekdays at the OPD	None	15 minutes	FP Nurse or Midwife
TOTAL:		**None**	**BTL – 34 minutes PPIUD – 54 minutes PSI – 1 hour 19 minutes**	

3. HIGH RISK PREGNANCIES

This covers the processing of high-risk pregnancies.

Office or Division:	Delivery Room
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Preterm Pregnant Mothers
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Medical Records (1 original copy)	Delivery Room

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verify and carry out doctor's order	None	10 minutes	Nurse
	2. Wearing of type B PPE before assisting/ monitoring patient	None	2 minutes	Nurse Midwife
1. Cooperates with the procedure	3. Monitors Vital sign, Fetal Heart Rate every hour during waking hours or as per doctors order	None	5 minutes	Nurse Midwife
2. Listen, ask questions, verify	4. Renders health education	None	5 minutes	Nurse Midwife
	5. Send patients Laboratory request and specimens	None	10 minutes	Midwife

	6. Facilitates and follow up laboratory results	None	10 minutes	Nurse
	7. Performs perineal care, if necessary.	None	10 minutes	Midwife
	8. Send prescriptions to the pharmacy, received the medicines and acknowledge at the back of the prescription by affixing the complete name and signature, date, time in accordance to QP - MD-PH-CVMC-01.	None	10 minutes	Nurse Midwife
	9. The Obstetrician shall monitor the patient's condition including the progress of labor and assess if the patient needs to go on vaginal delivery or abdominal delivery/warrant emergency operations and or may go home. 9.1. The staff Nurse and Midwife shall continue monitoring the patient, and record all data and procedure at patient's medical record.	None	Varies	Obstetrician Nurse Midwife
TOTAL:		**None**	**Case to case basis. patient can stay days, weeks, and or months depending on their case. + 1 hour 2 minutes**	

4. VAGINAL OPERATIVE PROCEDURE

This covers the process vaginal operative procedure.

Office or Division:	Delivery Room
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Miscarriage Retained placenta. Or secundines Abnormal Uterine Bleeding(AUB)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Medical Records (1 original copy)	Delivery Room

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verify and carry out doctor's order	None	10 minutes	Nurse
	2. Wearing of type B PPE before assisting patient for vaginal operative procedure	None	2 minutes	Nurse Midwife
1. Understand the procedure and give consent.	3. Obtain an informed consent. 3.1. Serve as a witness by affixing signature	None	5 minutes	Obstetrician -Nurse
	4. Prepare the instruments and supplies needed	None	5 minutes	Midwife
2. Cooperates with the procedure	5. Wash the perineum before the procedure	None	5 minutes	Nurse Midwife
	6. Administer stat medication and note for reaction	None	5 minutes	Nurse
	7. Wearing of type A PPE before doing the vaginal operative procedure	None	5 minutes	Obstetrician

1

	8. Perform the Procedure	None	30 minutes	Obstetrician
	9. Monitors vital signs every 15 minutes within an hour until stable	None	1 hour	Nurse midwife
	10. Wash the perineum after the procedure	None	5 minutes	Nurse Midwife
	11. Transfer patient from DR table to stretcher	None	5 minutes	Nurse Midwife
	12. Wash, dry, and pack used instruments ready for sterilization	None	10 minutes	Midwife
	13. Record all data and procedures	None	5 minutes	Nurse Midwife
	14. Inform the ward nurse on duty about the incoming patient thru telephone call.	None	3 minutes	Nurse
	15. Transport Patient to ward	None	10 minutes	Nurse Midwife
	16. Endorse the patient to ward Nurse	None	3 minutes	Nurse Midwife
	TOTAL:	**None**	**2 Hours 48 Minutes**	

DENTAL SERVICE
External Services

1. Consultation, Treatment and Discharge of OPD Dental Patients

This covers the process of consultation, treatment and discharge of OPD dental patients

Office or Division:	Department of Dental Medicine
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	OPD Dental Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
OPD Clinical Record (1 Original Copy)	OPD Medical Records
Individual Dental Health Record (1 Original Copy)	Department of Dental Medicine
Charge Slip (1 Original Copy)	Department of Dental Medicine
Official Receipt (1 Original Copy)	Cashier

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD triage area	1.Issue triage slip	None	5 minutes	Triage Nurse
2. Proceed to Waiting Area of the OPD Medical Records Section for Registration	2.Print Patient Clinical Record	None	2 minutes	OPD Medical Records Clerk
3. Proceed to the waiting area of the Dental Service	3.Call and instructs patient to wait at the dental clinic for the retrieval of OPD Clinical Record	None	15 minutes	Dental Aide
	4.Receive OPD Clinical Record from OPD Record Unit	None	15 minutes	Dental Aide
	5.Generate individual dental health record for new patient	None	10 minutes	Dental Aide

		6.Retrieve existing/previous individual dental health record for old patient	None	10 minutes	Dental Aide
6.	Consultation	7. Perform Oral Examination/ and Profiling	None	30 minutes	Dentist
		8.Prepare Charge Slip and Rapid Antigen request for patient if needed undergoing Non-aerosol generating procedure and proceed to ER swabbing area Covid-19 RT-PCR request for patient undergoing Aerosol generating procedure. 9.Instruct to Molecular Laboratory and inform patient to isolate until the release of test result. 10.Call patient with negative test results	ne	minutes minutes	Dental Aide Dentist
8.	For patient who will undergo procedure with settled bills and negative RAT/RT-PCR result	11. Patient proceed to waiting area of Dental Medicine		0 minutes	Dental Aide

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		12.Call and instruct patient to wait for the retrieval of OPD Clinical Record		minutes	Dental Aide
		13.Retrieve existing/previous Individual dental health record		10 minutes	Dental Aide
		14.Prepare Charge slip		minutes	Dental Aide
9.	Proceed to Cashier for Payment/ Malasakit	15. Issue Official Receipt	None		Cashier/ Social Service
10.	Undergo Dental Appropriate Procedure	16. Perform Dental Procedure: 16.1Restorative Treatment 16.2Light cure composite restoration 16.3 Temporary Filling 16.4 Fluoride 16.5 Application Pits and fissure Sealant 16.6 Crown cementation 16.7 Oral Prophylaxis 17.Surgery: Exodontia 17.1Odontectomy 17.2 Operculectomy 17.3 Incision and Drainage 17.4 Excision of gum epulis	 See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A	 See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A See Annex A	 Dentist Dentist Dentist Dentist Dentist Dentist Dentist Dentist Dentist Dentist Dentist

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		17.5 Intermaxillary Fixation 17.6 Alveoloplasty	See Annex A See Annex A	See Annex A See Annex A	Dentist Dentist
		17.7 Oro-Antral Fistula Closure	See Annex A	See Annex A	Dentist
		17.8 Enucleation	See Annex A	See Annex A	Dentist
		17.9 Wound debridement	See Annex A	See Annex A	Dentist
		18.Biopsy:			
		18.1 Incision/ Excision Biopsy	See Annex A	See Annex A	Dentist
		18.2 Aspiration Biopsy	See Annex A	See Annex A	Dentist
		18.3 Root Canal Therapy (RCT) 1st Appointment 18.4 2nd Appointment 18.5 3rd Appointment	See Annex A	See Annex A	Dentist
		18.6 Dental Radiography 18.7 Periapical Radiograph 18.8 Panoramic Radiograph/ TMJ/Cephalometric CBCT 18.9 2D Printing 18.10 3D Printing	 See Annex A See Annex A See Annex A See Annex A See Annex A	 See Annex A See Annex A See Annex A See Annex A See Annex A	Dentist/Radiologic Technologist Dentist/Radiologic Technologist Dentist/Radiologic Technologist
		19.Dental Prosthesis 19.1 Removable partial denture (Upper/ Lower, Anterior/ Posterior) 19.2 Removable partial denture (Upper/ Lower, Anterior and	See Annex A See Annex A See Annex A	See Annex A See Annex A See Annex A	Dentist/ Dental Aide/ Dental Technician Dentist/ Dental Aide/ Dental Technician

	Posterior 19.3 Complete denture (Upper/Lower arch			Dentist/ Dental Aide/ Dental Technician
	20. Discharge Patient and issue post procedural instruction advice	None	5 minutes	Dentist/
	TOTAL:	See Annex A	See Annex A **1 Hour**	

ANNEX A.
DEPARTMENT OF DENTAL MEDICINE

SERVICES OFFERED AND CORRESPONDING FEES

Procedure	Rate	Processing Time
Restorative Treatment		
Light cure composite restoration	500.00/tooth	45 minutes/tooth
Temporary filling	300.00/tooth	45 minutes/tooth
Fluoride application	800.00	30 minutes
Pits and fissure sealant	500.00/tooth	30 minutes
Crown cementation	250.00	30 minutes
Oral prophylaxis	300.00	45 minutes
Surgery		
Exodontia	250.00/tooth	45 minutes
Odontectomy	5500.00/tooth	2 hours
Operculectomy	5500.00/tooth	1 hour
Incision and drainage	4000.00	1 hour
Excision of gum epulis	5500.00	1 hour
Intermaxillary fixation	14500.00	2 hours
Alveoloplasty	5500.00	2 hours

1

Oro-antral fistula closure	5000.00	2 hours
Enucleation	3500.00	1 hour
Wound debridement	3000.00	1 hour
Biopsy:		
Incision/Excision biopsy	3500.00	1 hour
Aspiration biopsy	3000.00	1 hour
Root canal therapy	3500.00/tooth	
1st Appointment		1 hour
2nd Appointment		45 minutes
3rd Appointment		1 hour and 30 minutes
Dental Radiograhy		
Periapical radiograph	200.00	30 minutes
Panoramic radiograph/TMJ/Cephalometric	900.00	30 minutes
CBCT	4000.00	1 hour
2D printing	200.00	10 minutes
3D printing	500.00	15 minutes
Dental Prosthesis		
Removable partial denture (Upper/Lower, Anterior/Posterior	4500.00	4 hours
Removable partial denture (Upper/Lower, Anterior and Posterior	6000.00	4 hours
Complete denture (Upper/Lower arch)	7000.00	4 hours

2. Consultation, Treatment and Discharge of OPD Dental Patients

This covers the process of consultation, treatment and discharge of OPD dental patients

Office or Division:	Dental Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	OPD Dental Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
OPD Clinical Record (1 Original Copy)	OPD Medical Records
Individual Dental Health Record (1 Original Copy)	Dental Medicine
Charge Slip (1 Original Copy)	Dental Medicine

Official Receipt (1 Original Copy)		Cashier		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to OPD triage area	Issue triage slip	None	5 minutes	Triage Nurse
2. Proceed to Waiting Area of the OPD Medical Records Section for Registration	Print Patient Clinical Record	None	2 minutes	OPD Medical Records Clerk
3. Proceed to the waiting area of the Dental Service	Call and instructs patient to wait at the dental clinic for the retrieval of OPD Clinical Record	None	3 minutes	Dental Aide
4.	Receive OPD Clinical Record from OPD Record Unit	None	3 minutes	Dental Aide
5.	1 Generate individual dental health record for new patient	None	5 minutes	Dental Aide
	2 Retrieve existing/previous individual dental health record for old patient	None	5 minutes	Dental Aide
6. Consultation	Perform Oral Examination/schedule patient for dental procedure	None	30 minutes	Dentist
7.	Prepare Charge Slip	None	2 minutes	Dental Aide
8. Proceed to Cashier for Payment	Issue Official Receipt	None	5 minutes	Cashier
9. Undergo Dental Appropriate Procedure	Perform Dental Procedure			
	1 Restorative Treatment			
	1.1 Light cure composite restoration	Php 500.00/tooth	45 minutes/tooth	Dentist

1

	1.2	Temporary Filling	Php 300.00/tooth	45 minutes/tooth	Dentist
	2	Fluoride Application	Php 800.00	30 minutes	Dentist
	3	Sealant	Php 500.00/tooth	30 minutes	Dentist
	4	Crown cementation	Php 250.00	30 minutes	Dentist
	5	Oral Prophylaxis	Php 300.00	45 minutes	Dentist
	6	Surgery:			
	6.1	Exodontia	Php 250.00/tooth	45 minutes	Dentist
	6.2	Odontectomy	Php 5500.00/tooth	2 hours	Dentist
	6.3	Operculectomy	Php 5500.00	1 hour	Dentist
	6.4	Incision and Drainage	Php 4000.00	45 minutes	Dentist
	6.5	Excision of gum epulis	Php 5500.00	1 hour	Dentist
	7	Root Canal Therapy (RCT)	Php 3500.00/tooth		Dentist
	7.1	1st Appointment		1 hour	
	7.2	2nd Appointment		45 minutes	
	7.3	3rd Appointment		1 hour and 30 minutes	
	8	Dental Radiography			
	8.1	Periapical Radiograph	Php 200.00	30 Minutes	Dentist/Radiologic Technologist
	8.2	Panoramic Radiograph	Php 900.00	30 Minutes	
	8.3	CBCT	Php 4,000.00	1Hour	Dentist/Radiologic Technologist
	9	Discharge Patient and issue post procedural instruction advice	ne	minutes	Dentist/
		TOTAL:	**Light cure composite restoration -**	**45 minutes/tooth**	

	PHP 500.00/tooth		
	Temporary Filling - PHP 300.00/tooth	45 minutes/tooth	
	Fluoride Application - PHP 800.00	30 minutes	
	Sealant - PHP 500.00/tooth	30 minutes	
	Crown cementation – PHP 250.00	30 minutes	
	Oral Prophylaxis - PHP 300.00	45 minutes	
	Exodontia - PHP 250.00/tooth	45 minutes	
	Odontectomy - PHP 5500.00/tooth	2 hours	
	Operculectomy - PHP 5500.00	1 hour	
	Incision and Drainage - PHP 4000.00	45 minutes	
	Excision of gum epulis - PHP 5500.00	1 hour	
	Root Canal Therapy (RCT) - PHP 3500/tooth	45 minutes	
	1st Appointment	1 hour	
	2nd Appointment	45 minutes	
	3rd Appointment	1 hour and 30 minutes	
	Dental Radiography:		
	Periapical Radiograph – Php 200.00	30 minutes	
	Panoramic Radiograph – Php 900.00	30 Minutes	

	CBCT – Php 4,000.00	**1 Hour** **+ 1 Hour**	

DEPARTMENT OF BEHAVIORAL MEDICINE
External Services

1. Out-Patient Consultation

Office or Division:	Department of Behavioral Medicine
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen G2G- Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Covid-19 screening form (1 Original Copy)	Department of Behavioral Medicine
Patients record (1 Original Copy)	Department of Behavioral Medicine
Social Service Intake Sheet (1 Original Copy)	Social Service
Charge Slip (1 Original Copy)	Department of Behavioral Medicine
Official Receipt(1 Original Copy)	Cashier

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up Covid- 19 Screening Form	1.Screen for Covid-29 signs and symptoms	None	2 minutes	Triage officer
2. Sign logbook from the guard on duty. Secure queue number from information desk officer	2. Issuance of queue number	None	2minutes	Information Officer
3. Present queue number and provide information to the medical record officer	3. Registration and data gathering	None	5minutes	Records officer
4. Proceed to social worker	4. Classify patients	None	20minutes	Medical Social officer
5. Present queue number	5. Vital signs monitoring	None	3minutes	Nurse on Duty
6. Consultation with Psychiatrist	6. Conduct consultation 6.1 Issue prescription	None	45minutes	Psychiatrist
7. Proceed to cashier and present charge slip	7. Collect payment and issue of official receipt	None	2minutes	Cashier officer
8. Present official receipt to Pharmacy	8. Issuance of medicine	None	2minutes	Cashier officer
9. Present medicine to the nurse on duty if need to be administered intramuscular.	9. Administer medicine	None	2minutes	Nurse on Duty
	TOTAL:	**None**	**1hour, 23 minutes**	

DEPARTMENT OF MEDICINE

External Services

1. Issuance of Medical Abstract (PHILHEALTH PATIENTS)

This covers the process for issuance of Medical Abstract for PhilHealth Patients

Office or Division:	DEPARTMENT OF MEDICINE
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	PhilHealth Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients Chart (1 Original Copy)	DEPARTMENT OF MEDICINE

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Forward the Patient's Chart	1. Receive Patient's Chart	None	5 minutes	Secretary
	2. Prepare Medical Abstract	None	10 minutes	Secretary
	3. Sign Medical Abstract	None	2 days	Consultant/ Resident Physician
	4. Inform the Pay ward Staff on the availability of Medical Abstract	None	1 minute	Secretary
5. Receive the Medical Abstract	5. Issue Medical Abstract	None	1 minute	Secretary
TOTAL:		**None**	**2 days 17 minutes**	

2. Issuance of Medical Abstract (NBB PATIENTS)

This covers the process for issuance of Medical Abstract for No Balance Billing Patients

Office or Division:	DEPARTMENT OF MEDICINE
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	No Balance Billing Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients Chart (1 Original Copy)	DEPARTMENT OF MEDICINE

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward the Patient's Chart	1. Receive Patient's Chart	None	5 minutes	Secretary
	2. Prepare Medical Abstract	None	10 minutes	Secretary
	3. Sign Medical Abstract	None	2 days	Resident Physician
	4. Inform the Pay ward Staff on the availability of Medical Abstract	None	1 minute	Secretary
2. Receive the Medical Abstract	5. Issue Medical Abstract	None	1 minute	Secretary
TOTAL:		**None**	**2 days 17 minutes**	

DEPARTMENT OF NUCLEAR MEDICINE SERVICES

External Services

1. Nuclear Medicine Imaging Services

This process covers the use of small amounts of radiopharmaceuticals to examine the structures as well as the functions of the body. The patient will be injected with radiopharmaceuticals and wait for some time before being scanned using the Single Photon Emission Computed Tomography to generate the images. A nuclear Medicine Physician will then interpret the generated images to come up with a diagnosis. The procedure time ranges from two to six hours depending on the imaging procedure to be done.

Office or Division:	DEPARTMENT OF NUCLEAR MEDICINE SERVICES
Classification:	Simple
Type of Transaction:	G2C – Government to Client
Who may avail:	All Clients who need Diagnostic Imaging Services
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Nuclear Medicine Request Form accomplished and signed by the physician 1 Original Copy)	DEPARTMENT OF NUCLEAR MEDICINE SERVICES

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Nuclear Medicine Department and present the Imaging Request Form	1. Receive Imaging Request, check the availability of the procedure, schedule patient and record the patient data in the registration logbook/computer	None	5 minutes	Nuclear Medicine Staff
	2. The staff explains the procedure to the patient including the pre and post preparation and issues charge slip	None	10 minutes	Nuclear Medicine Staff
For client who wants to avail discount:				

3. Proceed to medical social service /Malasakit center for medical assistance.	3. Medical Social Service /Malasakit Center (Case to case basis)	NONE	1 Hour	Medical Social Service/Malasakit Center Staff
4. Proceed to the Cashier Section for payment	4. Issue Official Receipt (OR)	Refer to Annex J	10 minutes	Cashier on duty
5. Go back to Nuclear Medicine Department and present the OR	5. Record the OR number, interview the patient and instruct the patient about the procedure	NONE	10 minutes	Nuclear Medicine Staff
6. Undergo the procedure	6. Conduct of the requested procedure	NONE	Refer to Annex J	Nuclear Medicine Staff
7. Wait at the prescribed waiting area	7. Inform the patient about the releasing of result and discuss the post-examination safety measures	NONE	15 minutes	Nuclear Medicine Staff
8. Come back for the result	8. Confirm the person who will receive and release the result	NONE	5 minutes	Nuclear Medicine Staff
	TOTAL:	**Refer to Annex J**	**Refer to Annex J**	

2. RADIOIMMUNOASSAY

Radioimmunoassay (RIA) is a laboratory procedure that uses radioactive reagents to measure hormonal and antibody levels in the blood. In RIA, blood samples are taken from the patient and will be brought to the RIA laboratory for analysis. The patient may leave the department after blood samples are taken and shall come back to claim the official results.

Office or Division:	DEPARTMENT OF NUCLEAR MEDICINE SERVICES
Classification:	Simple
Type of Transaction:	G2C – Government to Client
Who may avail:	All Clients who need Radioimmunoassay Services
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Nuclear Medicine Request Form accomplished and signed by the physician (1 Original Copy)	DEPARTMENT OF NUCLEAR MEDICINE SERVICES

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Nuclear Medicine Department and present the Request Form	1 Check the request if properly filled up with complete data and issue charge slip	NONE	5 minutes	Nuclear Medicine Staff
2. Proceed to cashier for payment	2 Issue Official Receipt (OR)	Refer to Annex J	10 minutes	Cashier on duty
3. Go back to Nuclear Medicine Department and present the OR	3 Record the OR and patient data in the registration logbook/computer	NONE	3 minutes	Nuclear Medicine Staff
	4 Collect sample to patient	NONE	5 minutes	Medical Technologist
	5 Instruct the patient when to come back for result	NONE	5 minutes	Medical Technologist

	6 Run the sample varies upon the request	NONE	Refer to Annex J	Medical Technologist
7. Come back for the result	7 Confirm the person who will receive and release the result	NONE	5 minutes	Nuclear Medicine Staff
	TOTAL:	**Refer to Annex J**	**Refer to Annex J**	

3. RADIOACTIVE IODINE THERAPY

Radioactive Iodine Therapy is one of the modalities in treating cancer of the thyroid gland. Patients undergoing RAI Therapy are ingested with controlled doses of radioactive iodine to target cancer cells. Due to the ingested radioactive material, the patient emits radiation unsafe for public exposure. Thus, the patient will be admitted in an isolation room for two to three days until the radiation coming from the patient is down to safe levels.

Office or Division:	DEPARTMENT OF NUCLEAR MEDICINE SERVICES
Classification:	Simple
Type of Transaction:	G2C – Government to Client
Who may avail:	All Clients who need Radioactive Iodine Therapy
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Radioactive Iodine Therapy Referral Form signed by the physician 1 Original Copy)	DEPARTMENT OF NUCLEAR MEDICINE SERVICES

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Nuclear Medicine Department and present the RAI Referral Form	1 Receive Referral form, inform the Nuclear Medicine Physician and schedule patient for check-up	NONE	10 minutes	Nuclear Medicine Staff

3. Wait at the prescribed waiting area	3 Record the scheduled date of the therapy, inform the patient about the mode of payment, issue charge slip and instruct where to proceed on the day of therapy	NONE	10 minutes	Nuclear Medicine Staff
4. Proceed to Emergency Room and present the Admitting Form for admission	4 Admit the patient to RAI Therapy Room and Call or inform Nuclear Medicine Department about the arrival of the patient	NONE	15 minutes	Emergency Staff on duty
5. Wait at the RAI-Therapy room	5 Inform the Nuclear Medicine Physician and prepare the radioactive material	NONE	15 minutes	Radiation Protection Officer/ARPO
	6 Administer the Radioactive material and remind the patient about the do's and don'ts during the his/her stay in the hospital	NONE	30 minutes	Nuclear Medicine Physician, RSO,ARSO
	7 Visit and monitor the vital signs of the patient every after 8 hours	NONE	5 minutes	Nurse on duty
	8 Survey and monitor the radiation of the patient twice a day	NONE	5 minutes	Nuclear Medicine Physician and Nuclear Medicine Staff
	9 Prepare the charge slip and forward to the billing section	NONE	5 minutes	Nuclear Medicine Physician and Nuclear Medicine Staff

10.	Proceed to the billing section for payment	10.	Prepare the discharge slip Inform the patient to settle the hospital bills	Refer to Annex J	10 minutes	Nurse on duty
		11.	Instruct the patient about the take home meds and inform when to come back to the physician for follow-up checkup and/or diagnostic exams	NONE	15 minutes	Nurse on duty
			TOTAL:	**Refer To Annex J**		

Annex J

IMAGING RATES

PROCEDURE	PROCEDURE FEE INCLUDING PROFESSIONAL FEE	DURATION OF PROCEDURE
Bone Marrow Scan	16,250.00	4 hours
Bone Scan/Three-Phase Bone Scan	8,000.00	4 hours
Brain Scan	26,250.00	5 hours
Cystography-DTPA	7,500.00	4 hours
Cystography-MAG3	17,500.00	4 hours
Dacryoscintigraphy	1,875.00	2 hours
Gallium Scan	33,125.00	3 hours
Esophageal Transit	7,500.00	2 hours
Gastric Emptying	21,875.00	4 hours
Gastroesophageal Reflux	15,625.00	4 hours
Gastrointestinal Bleeding	13,500.00	4 hours
Gated-First Pass	6,250.00	4 hours
HIDA Scan	10,000.00	5 hours
I-131 Whole Body Scan	6,250.00	3 hours
Liver and Spleen (SC)	10,000.00	3 hours
LiverHemangioma Scan	13,500.00	4 hours
Lung Perfusion	9,000.00	3 hours
Lung Ventilation	17,500.00	3 hours
Lymphoscintigraphy	12,500.00	6 hours
MIBG	70, 000.00	4 hours
Myocardial Infarction	11,250.00	6 hours
Myocardial Perfusion Imaging MIBI	17,125.00	4 hours
Myocardial Perfusion Imaging Thallium	17,500.00	6 hours
MUGA Scan	17,500.00	4 hours
Parathyroid Scan	14,000.00	3 hours
Post-RAI Scan	3,125.00	3 hours
Renal Scan DMSA	6,500	4 hours
Renal Scan DTPA	8,000.00	3 hours
Renal Scan MAG3	14,375.00	4 hours
Scintimammography	11,875.00	3 hours
Testicular Scan	4,750.00	2 hours
Thyroid Scan with uptake (i-131)	5,000.00	6 hours
Thyroiod Scan (Tecnetium-99m)	3,750.00	4 hours
White Blood Cell Scan	27,500.00	5 hours

1

THERAPY RATES

PROCEDURE	PROCEDURE FEE INCLUDING PROFESSIONAL FEE	DURATION OF PROCEDURE
RAI-Therapy 200 mCi	80,000.00	3 days
RAI-Therapy 175 mCi	70,000.00	3 days
RAI-Therapy 150 mCi	65,000.00	3 days
RAI-Therapy 100 mCi	60,000.00	3 days
RAI-Therapy 30 mCi	35,000.00	2 days
RAI-Therapy 20 mCi	33,000.00	2 days
RAI-Therapy 15 mCi	32,500.00	2 days

RIA RATES

PROCEDURE	PROCEDURE FEE INCLUDING PROFESSIONAL FEE	DURATION OF PROCEDURE
Anti-Thyroglobulin	1,450.00	4 hours
Anti-TPO	1,450.00	4 hours
FT3	950.00	4 hours
FT4	950.00	4 hours
Thyroglobulin	1,500.000	4 hours
TSH	950.00	4 hours
UBT	2,000.00	4 hours

DEPARTMENT OF OPHTHALMOLOGY

External Services

1. Out-Patient Consultation

This covers the process of Out-Patient consultation at the Department of Ophthalmology

Office or Division:		DEPARTMENT OF OPHTHALMOLOGY		
Classification:		Simple		
Type of Transaction:		G2C – Government to Client		
Who may avail:		Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Out-Patient Department Clinical Record (1 Original Copy)		CVMC OPD Medical Records Unit- Out-Patient Department		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to OPD triage area	1. Issue triage slip	None	5 minutes	Triage Nurse
2. Proceed to Waiting Area of the OPD Medical Records Section for Registration	2. Print Patient Clinical Record	None	2 minutes	OPD Medical Records Clerk
3. Proceed to the waiting area of the Ophthalmology Clinic	3. Call and instruct patient to proceed to the Ophthalmology Clinic	None	3 minutes	Nursing Aide
4. Consultation	4. Perform Complete Examination Examination/consultation : - Visual Acuity Testing - General Examination/ Slit Lamp Examination - Ocular Motility Exam - Tonometry - Fundoscopy Confrontational Visual Field	None	30 minutes	Resident Ophthalmologist on duty
	5. Discharge Patient and issue Alagang Pinoy form for instructions and follow up	None	3 minutes	Resident Ophthalmologist on duty and Nurse on duty
	TOTAL:	**None**	**43 minutes**	

DEPARTMENT OF ORTHOPEDICS

External Services

1. Out-Patient Consultation

This process covers Out- Patient Consultation at the Orthopedic Clinic from Monday to Friday at 8:00 AM -5:00 PM at the 1st floor of the OPD Medical Arts Building.

Office or Division:	Department of Orthopedics
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	All patients under Orthopedic Care

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Clnical Record	OPD Medical Records Unit

CLIENT STEPS	**AGENCY ACTIONS**	**EES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Undergoes screening at the OPD Triage Area				
2. Arrive to the Ortho Clinic with his/her clinical record.		None	15 mins	Ortho Nurse/Nursing Attendant
	Patient consultation	None	60 mins	Residents in Charge
	Patient disposition	None	30 mins	Residents in Charge
	TOTAL:	**None**	**1 Hour, 45 minutes**	

2. Procurement of Implants (NBB)

This covers the process of procurement of Implants for NBB patients.

Office or Division:	Department of Orthopedics
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	All patients eligible for NBB

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
None	

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Arrival of the patient in the ward	1.	None	1 Hour	
	2. Discussion of the patient's case during Department Conference	None	7 Days	Residents and Consultants

1

	3. Accomplishment of Medical Abstract with Specifications	None	48 hours from Conference	Residents in Charge
	4. Submission of Medical Abstract with Specifications to Social Service Section and Supply Office	None	15 mins	Secretariat
	5. Delivery of Implants and OR Scheduling	None	7 Days	Consignment Selection and Awards Committee and Residents in Charge
	TOTAL:	**None**	**9 days, 1hour, 15 minutes**	

3. Scheduling of Surgeries (Elective and Emergency)

This covers the process of scheduling of surgeries for elective and emergency cases.

Office or Division:		Department of Orthopedics		
Classification:		Simple		
Type of Transaction:		G2C G2G		
Who may avail:		All patients under Orthopedic Care		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	1. Accomplishment of OR Notification	None	30 mins	Residents in Charge
	2. Submission of OR Notification to OR Nurse	None	15 mins	Residents in Charge
TOTAL:		**None**	**45 Minutes**	

4. Issuance of Medical Abstract (Medical Records Request)

This covers the process of issuance of Medical Abstract for patients.

Office or Division:		Department of Orthopedics		
Classification:		Simple		
Type of Transaction:		G2C G2G		
Who may avail:		All patients admitted under Orthopedic Care		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Patients Chart (1 Original Copy)		Medical Records Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client request for Medical Abstract from the Medical Records Section	1. Medical Records Staff will forward the Patient's Chart to Orthopedic Office.	None	2 minutes	Medical Records Staff/ Secretariat/ Administrative Assistant
	2. Prepare the Medical Abstract	None	30 minutes	Secretariat/ Administrative Assistant
	3. Signing of the Medical Abstract by the doctor-in-charge	None	1 day	Physician
	4. Issuance of Medical Abstract to the Medical Records Staff	None	5 minutes	Secretariat/ Administrative Assistant
	TOTAL:	**None**	**1 day 37 minutes**	

DEPARTMENT OF OTORHINOLARYNGOLOGY-HEAD AND NECK SURGERY

External Services

1. Newborn Hearing Screening Test

This covers the process of Out-Patient consultation at the Department of Ophthalmology

Office or Division:	**DEPARTMENT OF OTORHINOLARYNGOLOGY-HEAD AND NECK SURGERY**
Classification:	Simple
Type of Transaction:	G2C – Government to Client G2G - Government to Government
Who may avail:	All newborns before 1 month of age.
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctors order requesting Newborn Hearing Screening (1 Original Copy)	Corresponding area/ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Gives the Referral letter/ Request form for Newborn Hearing Screening test	1. Receives the Referral letter/ Request form for Newborn Hearing Screening test	None	1 minute	Newborn Hearing Screener (NHS) Nurse or ORL-HNS Resident on duty
2. Process the payment for the Newborn Hearing Screening test fee. 2.1 proceed to Cashier Section to pay 2.2 proceed to Social Service for financial assistance	2. Issues Charge slip	None	2 minute	NHS Nurse of ORL-HNS Resident on duty
	3. Wait for the patient to come back	None	30 minutes	NHS Nurse of ORL-HNS Resident on duty

4. Present the Offiicial Receipt /duly approved charge slip	4. Receive and record the Official Receipt/duly approved charge slip	Php 350.00	2 minutes	NHS Nurse of ORL-HNS Resident on duty
	Total	**Php 350.00**	**35 minutes**	

DEPARTMENT OF PATHOLOGY AND LABORATORY SERVICES

External Services

1. LABORATORY EXAMINATION FOR OPD PATIENTS

This covers the process of Laboratory Examinations for OPD Patients

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	All Patients who need Laboratory Examination

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory requests accomplished and signed. by the Physician (1 Original Copy)	Concerned OPD Clinic

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD laboratory and present the laboratory request	1. Check the lab request if properly filled out with complete patient's data and issue charge slip	See Annex A.	3 minutes	OPD- Laboratory Staff
2. Proceed to cashier for payment	2. Issue official receipt (OR)	None	10 minutes	Cashier on duty
3. Go back to OPD laboratory and present the OR	3. Record the OR number and collect specimen	None	10 minutes	OPD- Laboratory Staff
4. Collection of Sample	4. Instruct the patient when to come back for the result	None	5 minutes	OPD- Laboratory Staff
5.	5. Perform technical procedures	None	See Annex B.	Medical Technologists/ Medical Technician on duty
6. Go back to OPD laboratory and present the receipt for the results	6. Release result	None	5 minutes	OPD- Laboratory Staff
	TOTAL:	**See Annex A**	**Annex B + 32 minutes**	

2. LABORATORY SERVICES FOR IN-PATIENTS (Manual Submission of Request)

This covers the process of Laboratory Examinations for In-Patients

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	In Patients who need Laboratory Examinations

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory requests accomplished and signed by the Physician (1 Original Copy)	Concerned Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished laboratory request form by Nursing Attendant (NA)	1. Check the lab request if properly filled out with complete patient's data	None	1 minute	*Laboratory Aide / Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	2. Record in the receiving logbook	None	1 minute	*Laboratory Aide / Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	3. Collect samples from patient		15 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	4. Perform the procedure		Annex B	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	5. Charge the respective fee	Annex A	1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	6. Record in the releasing logbook		1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory

	7.1 Electronically release the result thru the LIS Viewer 7.2 Release the hard copy to the respective wards		10 minutes	*Laboratory Aide / Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	TOTAL:	**See Annex A**	**Annex B + 29 minutes**	

3. LABORATORY SERVICES FOR IN-PATIENTS (Laboratory Information System Generated Request)

This covers the process of Laboratory Examinations for In-Patients

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	In Patients who need Laboratory Examinations
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory requests accomplished with e-signature of the Physician sent through the iHOMIS - LIS (1 Original Copy)	Concerned Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Order request through the iHOMIS - LIS	1. Print the Laboratory Request	None	1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	2. Record in the receiving logbook	None	1 minute	*Laboratory Aide / Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	3. Collect samples from patient		15 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	4. Perform the procedure		Annex B	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory

	5. Charge the respective fee	Annex A	1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	6. Record in the releasing logbook		1 minute	*Laboratory Aide / Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	7.1 Electronically release the result thru the LIS Viewer 7.2 Release the hard copy to the respective wards		10 minutes	*Laboratory Aide / Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	TOTAL:	**See Annex A**	**Annex B + 29 minutes**	

4. LABORATORY SERVICES FOR EMERGENCY DEPARTMENT (ED) PATIENTS

This covers the process of Laboratory Examinations for ED Patients

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	ED Patients who need Laboratory Examinations
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory requests accomplished with e-signature of the Physician sent through the iHOMIS - LIS (1 Original Copy)	Emergency Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Order request through the iHOMIS - LIS	1 Print the Laboratory Request	None	1 minute	*Medical Laboratory Technician / Medical Technologist* Emergency Department
	2 Record in the receiving logbook	None	1 minute	*Medical Laboratory Technician / Medical Technologist* Emergency Department
	3 Collect samples from patient		5 minutes	*Medical Laboratory Technician / Medical Technologist* Emergency Department

	4 Transport specimen to the main laboratory		3 minutes	*Medical Laboratory Technician / Medical Technologist* Emergency Department
	5 Perform the procedure		Annex B	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	6 Pick-up result from the main laboratory and transport back to the ER		3 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	7 Charge the respective fee	Annex A	1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	8 Record in the releasing logbook		1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	9 Release results		1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	TOTAL:	**See Annex A**	**Annex B + 16 minutes**	

5. DRUG TESTING

This covers the process of Drug Testing

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	All Clients who need a Drug Test
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Valid Identification card (School, Company/Agency, PRC, Passport, Senior Citizen, Driver's License, TIN, Postal ID, SSS, GSIS, etc.) (1 ID/Original Copy) Request forms for suspicious cases and Guardians for minors/incoherent clients Police escorts for medico-legal cases (1 Copy)	- School, Company/Agency, PRC, DFA, OSCA, LTO, BIR, PHLPost, SSS, GSIS - AGENCY

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

1. Present valid Identification Card and Laboratory Request Form	1. Verify validity	None	5 minutes	*Laboratory Aide II (Authorized Specimen Collector)* Drug Testing Laboratory
2. Register in the Drug Testing Logbook	2. Issue Custody and Control Form (CCF) and Consent Form, receives the form and check if all the necessary details are filled out	None	5 minutes	*Laboratory Aide II (Authorized Specimen Collector)* Drug Testing Laboratory
3. Fill up the CCF and sign the Consent Form	3. Issue charge slip	See Annex A	5 minutes	*Laboratory Aide II (Authorized Specimen Collector)* Drug Testing Laboratory
4. Proceed to cashier for payment	4. Issue official receipt (OR)	Php 250.00	5 minutes	*Administrative Officer* Cashier Section
5. Go back to Drug Testing Laboratory and present OR	5. Encodes OR number/Issue code number	None	5 minutes	*Laboratory Aide II (Authorized Specimen Collector)* Drug Testing Laboratory
6. Collection and submission of specimen	3.1 Observe specimen collection 3.2 Fill in the necessary details in the CCF for specimen collection	None	5 minutes	*Laboratory Aide II (Authorized Specimen Collector)* Drug Testing Laboratory
7.	4 Proceed with Testing	None	5 minutes	*Technologist II / Chemist III (Analyst)* Drug Testing Laboratory
8. Observe if encoded details are correct	8.1 Input client details in IDTOMIS 8.2 Capture client picture and biometrics	None	5 minutes	*Technologist II / Chemist III (Encoder / Analyst)* Drug Testing Laboratory
9.	8 Instruct the applicant/client when to come back for the result	None	5 minutes	*Technologist II / Chemist III (Encoder / Analyst)* Drug Testing Laboratory

10.	9 Perform technical procedures	None	1 hour	*Technologist II / Chemist III (Analyst)* Drug Testing Laboratory
11.	10 Release results	None	5 minutes	*Laboratory Aide II (Authorized Specimen Collector)* Drug Testing Laboratory
	TOTAL:	**250**	**1 hour and 50 mins**	

6. HISTOPATHOLOGY AND CYTOLOGY SERVICES FOR OUT-PATIENT

This cover the process of Histopathology and Cytology Services for Out-patient Department

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Highly Technical
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	OPD Patients with Histopathology and Cytology Requests

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Specimen for examination Request form from the Physician (1 Original Copy)	-Sending Hospital, Concerned OPD Clinic

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Anatomic Laboratory and submit the specimen together with Physician's requests	1.1 Check the request if properly filled up 1.2 Check the specimen if properly fix and labeled 1.3 Issue charge slip	None	5 minutes	*Laboratory Aide II* Histopathology Section
2. Proceed to cashier for payment	2. Issue official receipt (OR)	See Annex A	10 minutes	*Administrative Officer* Cashier Section
3. Go back to Anatomic lab and present OR	3.1 Record the OR number and enter the specimen in the logbook	None	10 minutes	*Laboratory Aide II* Histopathology Section

1

	3.2 Give the specimen number to the client and instruct when to come back			
4.	4. Instruct the patient to come back for the result	None	3 minutes	*Laboratory Aide II* Histopathology Section
5.	5. Do technical work	None	See Annex B	*Medical Technologist* Histopathology Section
6. Come back for the result	6. Release result	None	10 minutes	*Laboratory Aide II* Histopathology Section
	TOTAL:	**See Annex A**	**Annex B + 38 minutes**	

7. HISTOPATHOLOGY AND CYTOLOGY SERVICES FOR IN-PATIENT

This cover the process of Histopathology and Cytology Services for In-patient

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Highly Technical
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	In Patients with Histopathology and Cytology Requests
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Specimen for examination Request form from the Physician (1 Original Copy)	-Concerned Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Anatomic Laboratory and submit the specimen together with Physician's requests	1.1 Check the request if properly filled up 1.2. Check the specimen if properly fix and labeled 1.3. Issue charge slip	None	5 minutes	*Nursing Aide II/ Laboratory Aide II* Histopathology Section
2. Proceed to cashier for payment	2. Issue official receipt (OR)	See Annex A	10 minutes	*Administrative Officer* Cashier Section

3. Go back to Anatomic Laboratory and present OR	3.1 Record the OR number and enter the specimen in the logbook 3.2 Give the specimen number to the client and instruct when to come back	None	10 minutes	*Nursing Aide II/ Laboratory Aide II* Histopathology Section
4.	4. Instruct the patient to come back for the result	None	3 minutes	*Nursing Aide II/ Laboratory Aide II* Histopathology Section
5.	5. Do technical work	None	See Annex B	*Medical Technologist* Histopathology Section
6. Come back for the result	6. Release result	None	10 minutes	*Nursing Aide II/ Laboratory Aide II* Histopathology Section
	TOTAL:	**See Annex A**	**Annex B + 38 minutes**	

8. WATER BACTERIOLOGICAL ANALYSIS

This covers the process of Water Bacteriological Analysis

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Clients with water analysis request
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Water samples for testing (1 per source) Request Form (1 per Sample)	-Source of water -Water Bacteriology Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure sterile sampling bottle from the OPD Laboratory	1. Issue charge slip for sample bottle and water bacteriology examination	None	5 mins	*Laboratory Aide II* OPD Laboratory
2. Proceed to cashier for payment	2. Issue official receipt (OR)	See Annex A	5 mins	*Administrative Officer* Cashier Section
3. Go back to the OPD Laboratory section and present OR	3.1 Record the OR number 3.2 Issue prescribed water bacteriology request form and	None	5 mins	*Laboratory Aide II* OPD Laboratory

	instruct client to read instructions on proper collection at the back of the form.			
4. Collection of Sample	4			Client
5. Go back to the OPD Laboratory and submit the water sample	5.1 Check the Laboratory request if properly filled out with complete data 5.2 Instruct client to come back for the result	None	5 mins	*Laboratory Aide II* OPD Laboratory
6.	6. Do technical work	None	See Annex B.	*Medical Technologist* Water Bacteriology Section
7. Come back for the result	7. Release of result	None	5 mins	*Laboratory Aide II* OPD Laboratory
	TOTAL:	**See Annex A**	**Annex B + 25 mins**	

9. G6PD TESTING

This covers the process of G6PD Testing

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	OPD Patients with G6PD testing request
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Newborn Screening Test Result (1 Original Copy)	Sending Hospital

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to G6PD Confirmatory Laboratory (OPD Building) and present NBS result	1.1 Fill out G6PD request and attach NBS result. 1.2 Instruct the watcher/ mother to proceed to OPD Pedia for blood collection.	None	5 minutes	*Medical Technologist* G6PD Confirmatory Laboratory

2. Collection of Sample	2 Instruct the patient to go back to G6PD Confirmatory Laboratory for submission of sample	None	15 minutes	*Medical Specialist / Medical Officer* Pedia Department
3. Return to G6PD Confirmatory Laboratory and submit specimen	3.1 Check acceptability of specimen 3.2 Issue charge slip	None	5 minutes	*Medical Technologist* G6PD Confirmatory Laboratory
4. Proceed to cashier for payment or to Social Service for financial assistance and present charge slip	4. Issue Official Receipt (OR) For Social Service, assess and classify according to source of income	See Annex A.	10 minutes	*Administrative Officer* Cashier Section *Social Worker* Social Service
5. Return to G6PD Confirmatory Laboratory and submit specimen	5.1 Record the OR number or check charge slip with proof of granted financial assistance 5.2 Instruct the watcher/ mother when to comeback for the result.	None	5 minutes	*Medical Technologist* G6PD Confirmatory Laboratory
6.	6. Perform technical procedure	None	See Annex B	*Medical Technologist* G6PD Confirmatory Laboratory
7. Return to G6PD Confirmatory Laboratory and present the receipt	7. Release result	None	5 minutes	*Medical Technologist* G6PD Confirmatory Laboratory
	TOTAL:	**See Annex A**	**Annex B + 45 mins**	

10. STONE ANALYSIS (URINARY CALCULI) for Out-Patient

This covers the process of Stone Analysis (Urinary Calculi) for Out-patients

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Clients with Stone Analysis request (Urinary Calculi)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Specimen for examination (Urinary Calculi)	Sending Hospital, Concerned OPD Clinic, Patients
Request form from the Physician (1 Original Copy)	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Drug Test Laboratory and submit the specimen with Physician's requests	1.1 Check the request if properly filled out 1.2 Check the specimen if properly labeled 1.3 Issue charge slip	None	5 minutes	*Chemist III* Drug Testing Laboratory
2.Proceed to cashier for payment	2. Issue official receipt (OR)	Php 650	10 minutes	*Administrative Officer* Cashier Section
3. Go back to Drug Test Laboratory and present OR	3. Record the OR number and enter the specimen in the logbook	None	10 minutes	*Chemist III* Drug Testing Laboratory
4	4. Do technical work	None	See Annex B	*Chemist III* Drug Testing Laboratory
5. Come back for the result	5. Release result	None	10 minutes	*Chemist III* Drug Testing Laboratory
	TOTAL:	**See Annex A**	**Annex B + 35 minutes**	

11. STONE ANALYSIS (URINARY CALCULI) for In-Patient

This covers the process of Stone Analysis (Urinary Calculi) for In-patients

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Clients with Stone Analysis request (Urinary Calculi)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Specimen for examination (Urinary Calculi)	Sending Hospital, Concerned OPD Clinic, Patients
Request form from the Physician (1 Original Copy)	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Drug Test Laboratory and submit the specimen with Physician's requests	1.1 Check the request if properly filled out 1.2 Check the specimen if properly labeled 1.3 Charge patient using the Charging system	None	15 minutes	*Chemist III* Drug Testing Laboratory
2.	2. Enter the specimen in the logbook	None	10 minutes	*Chemist III* Drug Testing Laboratory
3.	3. Do technical work	None	See Annex B	*Chemist III* Drug Testing Laboratory
4. Come back for the result	4. Release result	None	10 minutes	*Chemist III* Drug Testing Laboratory
	TOTAL:	**See Annex A**	**Annex B + 35 minutes**	

12. REFERRAL OF LABORATORY EXAMINATIONS FOR IN-PATIENTS

This covers the process of Laboratory Examinations for In-patients for Referral to other laboratories

Office or Division:	Department of Pathology and Laboratory Services
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	All Patients who need Laboratory Examination
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory requests accomplished with e-signature of the Physician sent through the iHOMIS - LIS (1 Original Copy) or Laboratory requests accomplished and signed by the Physician (1 Original Copy)	Concerned ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Order request through the iHOMIS – LIS or Submit duly accomplished laboratory request form by Nursing Attendant (NA)	1. Check the lab request if properly filled out with complete patient's data	None	1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	2. If the test is unavailable, inform the ward		1 minute	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	3. Collect samples from patient		15 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	4. Prepare LOA and specimen		5 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	5. Pack the specimen and log in the specimen referral logbook		3 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	6. Endorse the specimen, lab request form and LOA to the		5 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory

	A.) Transport unit staff for referral within Tuguegarao B.) Patient's watcher to be sent outside Tuguegarao			
	7. Transport and submit specimen to the referral lab		20 minutes	*Driver / Transport Unit Staff* Transport Unit
	8. Processing of specimen of the referral lab		4 hours	*Referral lab staff* Referral Hospital
	9. Print electronic copy of result and log in the logbook		2 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	10. Release results		5 minutes	*Medical Laboratory Technician / Medical Technologist* Clinical Laboratory
	TOTAL:	**See Annex A**	**4 hrs 57 minutes**	

ANNEX A.
DEPARTMENT OF PATHOLOGY AND LABORATORY
SERVICES OFFERED AND CORRESPONDING FEES

LABORATORY PROCEDURE	RATE
CLINICAL CHEMISTRY	
24 Hr Urine Protein	300
Albumin	300
Alkaline Phosphatase	250
Amylase	400
Bilirubin, Direct	280
Bilirubin, Total	280
BUN	200
C3	700
Calcium, Ionized	250
Calcium, Total	250
Cardiac Panel (TROP I, CKMB, BNP), Quantitative	2,300
Cholesterol, HDL	260
Cholesterol, Total	200
CKMB	800
Creatinine	200

CSF Protein	300
Electrolytes (Na, K, Cl)	700
Electrolytes-Chloride	250
Electrolytes-Potassium	250
Electrolytes-Sodium	250
GGT (Gamma Glutamyl Transferase)	400
G6PD Confirmatory Test	400
Glucose – FBS (Fasting Blood Sugar) / RBS (Random Blood Sugar)	170
HbA1C (Glycosylated Hemoglobin)	1,000
LDH	480
Lipase	400
Lipid Profile	1000
Lithium	500
Magnesium	300
OGTT	900
Phosphorus	300
Pregnancy Package with OGTT	1,800
Pregnancy Package without OGTT	1,300
SGOT/AST	260
SGPT/ALT	260
TIBC (Total Iron Binding Capacity)	600
Total Serum Protein	300
Triglycerides	280
Troponin I (Quantitative)	1,200
Troponin T (Quantitative)	800
Uric Acid	200
Urine Protein	300
Urine Creatinine (24 hrs)	200
Valproic Acid	1,200

HEMATOLOGY	
APTT (Activated Partial Thromboplastin Time)	700
Bleeding Time	150
Bone Marrow Aspirate (BMA) – Processing fee	200
CBC with Platelet Count	300
Clotting Time	150
D-Dimer	1,500
ESR	185
Factor VIII	600
Factor IX	600
Fibrinogen	600
Hematocrit	100
Mixing Studies (APTT)	1,100
Mixing Studies (PT)	1,200

Peripheral Blood Smear (PBS) – Processing fee	180
Platelet Count	150
Prothrombin Time (PT/PTPA)	700
Reticulocyte Count	170
WBC Differential Count	150
Professional fee for PBS	400
Professional fee for BMA	2500
CLINICAL MICROSCOPY AND PARASITOLOGY	
AFB Stain	150
Cell Count/Diff Count for Body fluids	350
Fecal Occult Blood Test (FOBT)	210
Stool Concentration Technique	200
Fern Test	200
Kato-Katz	200
Malaria Rapid Test	350
Malarial Smear (BSMP)	175
Parasite Identification	180
Pellicle Formation Test (Crystal Analysis)	150
Pregnancy Test	250
RBC Morphology in Urine	100
Scotch Tape/Cellophane Test	200
Semen Analysis	350
Skin Slit	150
Stool Analysis (DFS/1% Lugol's Iodine)	100
Tzanck Smear	200
Urinalysis (Automated)	200
Urinalysis (Manual)	100
Urine Albumin	100
Urine Glucose	100
Urine Ketone	100
Urine Specific Gravity	100
MICROBIOLOGY	
AFB Stain	150
Blood Culture and Sensitivity	1,700
CALAS (Cryptococcal Antigen Latex Agglutination System)	2,000
Culture and Sensitivity, Miscellaneous	1,500
Culture and Sensitivity Gram (+), Automated	2,300
Culture and Sensitivity Gram (-), Automated	2,300
Gram Stain	180
India Ink	180
KOH Smear	170
WATER BACTERIOLOGY	
Water Analysis, Bacteriological (MTFT)	450
Water Analysis, Bacteriological (Chromogenic Substrate Method)	650
DRUG TESTING	

Drug Test (Met/THC)	250
SPECIAL TEST	
Stone Analysis (Urinary Calculi)	2,100

DIAGNOSTIC SEROLOGY	
AFP (Alpha-Fetoprotein), Chemilu	1,300
ANA (CIA)	1,500
Anti-CCP (CIA)	1,500
Anti-DsDNA (CIA)	2,000
Anti-HBc IgM, Chemilu	1,200
Anti-HBc (Total), Chemilu	900
Anti-HBe, Chemilu	1,000
Anti-HBs, Chemilu	800
Anti-Mullerian Hormone (AMH), Chemilu	1,700
ASO Quantitative	500
B-HCG, Chemilu	1,500
CA-125, Chemilu	2,000
CA 15-3, Chemilu	2,000
CA 19-9, Chemilu	2,000
CD4	2,500
CEA (Carcinoembryonic Antigen), Chemilu	1,500
CMV IgG	1,000
CMV IgM	1,000
Dengue IgG/IgM, Rapid Test	600
Dengue NS1 Ag, Rapid Test	950
DHEAS, Chemilu	3,000
Estradiol (CMIA)	1,500
Ferritin, Chemilu	1,300
FSH (IFA)	1,200
FT3, Chemilu	920
FT4, Chemilu	920
HAV IgG/IgM	1,000
HAV IgM, Chemilu	1,000
HBeAg, Chemilu	1,300
HBsAg, Chemilu	700
HBsAg, Rapid Test	250
HCV, Chemilu	800
HE4	1800
HIV Ag/Ab, Chemilu	600
HIV Rapid Test	430
HIV Viral Load Test	5,000
HS-CRP	800
HSV IgG	1,000
HSV IgM	1,000
Leptospira IgG/IgM, Rapid Test	700
LH (Luteinizing Hormone), IFA	1,200
Progesterone (IFA)	1,200
Procalcitonin, Chemilu	2,000

Prolactin, Chemilu	1,300
RF (Rheumatoid Factor) Quantitative	700
RPR	400
Rubella IgG	1,000
Rubella IgM	1,000
Salmonella typhi IgG/IgM, Rapid Test	550
Salmonella typhi IgM, Semi-Quantitative	900
Syphilis, Chemilu	800
Syphilis, Rapid Test	300
Syphilis, TP-PA	500
Testosterone (IFA)	1,200
TORCH Assay IgG/IgM, Rapid Test	2,000
Toxo IgG	1,000
Toxo IgM	1,000
TPSA, Chemilu	1,500
TSH, Chemilu	800
MISCELLANEOUS	
Extraction Fee	100

HISTOPATH-CYTOLOGY RATES

SPECIMEN TYPE	PROCESSING FEE	PROFESSIONAL FEE	TOTAL
HISTOPATH			
Level I	-	500	500
Level II	400	1,500	1,900
Level III	400	2,500	2,900
Level IV	800	3,500	4,300
Level V	1,500	5,000	6,500
Level VI	2,000	7,000	9,000
Frozen Section	1,500	8,000	9,500
Slide Review	-	*Depends on the specimen level type*	
IMMUNOSTAINS AND OTHER SPECIAL STAINS			
IHC (ER, PR, HER2)	7,820	2,500	10,320
IHC (Hodgkin, Non-Hodgkin, Soft Tissue)	2,650	2,500	
CYTOLOGY			
Gynecology (Pap's Smear)	250	-	250
Non- Gynecology with cell block	400	2,500	2,900
Non- Gynecology without cell block	300	2,000	2,300

FINE NEEDLE ASPIRATION BIOPSY			
Palpation Guided FNAB (Performed by Pathologist)	300	4,000	4,300
FNAB Performed by Non-Pathologist	300	2,000	2,300
CT/Ultrasound Guided FNAB Assessment for Adequacy	300	1,500	1,800
CT/Ultrasound Guided FNAB with Rapid On-site Evaluation	300	8,000	8,300
CT/Ultrasound Guided FNAB without Rapid On-site Evaluation	300	5,000	5,300
IMMUNOHISTOCHEMICAL STAINS			
PANEL	**LABORATORY PROCEDURE**		**RATE**
Non-Hodgkin Lymphoma Panel	CD45 (LCA)		2,650
	CD3		2,650
	CD20		2,650
	ki-67		2,650
Hodgkin Lymphoma Panel	CD15		2,650
	CD30		2,650
Soft Tissue Panel	panCK (ae1/ae3)		2,650
	SMA		2,650
	Desmin		2,650
	CD34		2,650
	S100		2,650
Breast Panel	ER		2,650
	PR		2,650
	HER2		2,650

Annex B

	Shortest waiting time	**Longest waiting time**
Hematology and Clinical Microscopy	1hour	3 hrs
Clinical Chemistry (Routine and Fasting)	2 hours	4 hrs
Serology (Rapid and Chemiluminiscence method)	4 hours	6 hrs
Bacteriology (Culture and Sensitivity) - Urine/Body Fluids/ discharges - Blood AFB	After five (5) days After seven (7) days 4.5 hours	
Peripheral Blood Smear and BMA	After 5 days	

Cytology		
Histopathology	After ten 10 working days	After fourteen (14) working days
Water Bacteriology (Water Analysis) Chromogenic Substrate Test Multiple Tube Fermentation Technique	After five (3) working days	After five (5) working days
G6PD (Batch running every Tuesday and Thursday	After five (5) working days	
Drug test	1 hour 50 minutes	Within the day
Stone Analysis (Urinary Calculi)	After 3 working days	

DEPARTMENT OF PEDIATRICS

External Services

1. ISSUANCE OF MEDICAL ABSTRACT

This covers the process of issuance of Medical Abstract to clients needing Financial Assistance

Office or Division:	Department of Pediatrics
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	Discharged Patient at Department of Pediatrics

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients Chart (1 Original Copy)	Pedia Office

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1 Personally request for Medical Abstract at the Hospital Information Management Section	1. Receive filled-up request form for abstract	None	2 Minutes	Administrative Officer I of the Health Information Management Section
	2. Receives the Patient's Chart from the Hospital Information Management Section Staff	None	5 minutes	Department Secretary
	3. Prepare and accomplish the Abstract Form	None	2 days	Chairman, Department of Pediatrics
	4. Inform the HIMS staff in charge of the availability of accomplished Abstract Form	None	1 minute	Department Secretary
	5. Release Abstract Form to HIMS Staff	None	2 minutes	Department Secretary
	TOTAL:		2 Days and 10 Minutes	

Department of Radiology

External Services

1. CT Scan Examination

This covers the process of CT Scan Examination

Office or Division:		DEPARTMENT OF RADIOLOGY		
Classification:		Complex		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All patients who needs CT Scan Examination		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Accomplished Diagnostic Imaging Request Form signed by the Physician (1 Original Copy)		Radiology Department		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1. Proceeds to the CT scan section and present the diagnostic imaging request form.	1.Receives and checks Diagnostic Imaging Request Form. 1.1 Issues two (2) Charge Slip (Procedure and Professional fees) 1.2 Records the complete patient's data in the Radiology Registration logbook	See CT Scan Rates	2 minutes.	Radiologic Technologist /clerk

SCHEDULING OF SPECIAL PROCEDURE				
2. Receives checklist for appointment and preparation of patient. 3. Proceeds to CT Scan Section and presents Official Receipt.	2. Instructs client on the following: - Schedule of CT scan examination. - Preparation prior to the examination. 2.1 Issues two (2) Charge slip (procedure and professional fees). 2.2 Inputs patient data in the scheduling logbook. 3. Records the complete patient's data and OR number in the Radiology registration logbook	See CT Scan Rates None	2 Minutes 2 Minutes.	Radiologic Technologist /clerk ● Radiologic-Technologist ● Clerk
PERFORMING OF THE PROCEDURE				
4. Undergoes the procedure/ examination.	4. Performs the procedure/ examination. 4.1 Instructs the client on the schedule of releasing of result. - for cranial studies -special procedures For covid positive/suspect patients 4.2 Interprets the	None None None	Cranial studies - 15 minutes Special procedures - 30 minutes 1 Minute 3 working days 7 working days 24 hours Minimum of	Radiologic-Technologist Radiologic-Technologist Radiologist

1

	image		1 hour (image interpretation varies upon the procedure)	
RELEASING OF RESULTS				
5.Proceeds to CT Scan Section and present the official receipts	5. Releases CT Scan result and log in the Image interpretation and Releasing form.	None	3 Minutes.	• Radiologic-Technologist • Clerk
	TOTAL:	**See Annex A**	**- Cranial Studies – 3 working days + 15 Minutes** **- special procedures - 7 working days + 30 Minutes** **- Cranial/Chest for covid positive/suspect patients – 24 hours** **- Image interpretation- Minimum of 1 hour(varies based on procedure) + 9 minutes**	

CT SCAN RATES

EXAMINATION	PROCEDURE FEE INCLUDING PROFESSIONAL FEE
Brain Circle of Willis	11,250
Cranial (Plain)	3,125
Cranial (w/ Contrast)	4,000
Cervical Spine	5,625
Chest Scan (Plain)	3,750
Chest Scan (w/ Contrast)	3,875
CT Guided biopsy- Chest	11,000
Facial	5,625
Hips/Pelvis	5,625
Lower Abdomen	5,000
Lumbar	4,375
Extremities Joint (Ankle/Leg/Knee/Foot/Hand/wrist)	3,500

Lower Extremities	5,000
Upper Extremities	4,375
Liver Study	5,625
Lumbo-Sacral Spine	5,625
Nasopharynx	4,375
Neck	4,000
Orbital Scan	4,375
Paranasal Sinuses	4,375
Sacral	4,375
Stonogram	5,000
Thoraco-Lumbar (4 Spines)	4,375
Thoracic spine (12VB)	6,250
Thoracic spine (6VB)	5,000
Temporal bone	5,000
Thoraco-Lumbar (17VB)	8,750
TMJ	4,375
Upper Abdomen	5,000
Whole Abdomen	6,875

2. X-ray Examination

This covers the process of X-Ray Examination

Office or Division:		DEPARTMENT OF RADIOLOGY		
Classification:		Complex		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All patients who needs X-Ray Examination		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Accomplished Diagnostic Imaging Request Form signed by the Physician (1 Original Copy)		Radiology Department		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1.Proceeds to X-ray section and present the Diagnostic	1. Receives and Checks Diagnostic Imaging Request Form.	See X-Ray Rates	2 minutes.	Radiologic Technologist/clerk

Imaging Request Form	1.1 Issues two (2) Charge Slip (Procedure and Professional fees) 1.2 Records the complete patient's data in the Radiology. registration logbook.			
SCHEDULING OF SPECIAL PROCEDURES				
2. Receives checklist for appointment and preparation of patient.	2.Instructs client on the following: - Schedule of x-ray examination - Preparation prior to the examination 2.1 Issues two (2) Charge Slip (Procedure and Professional fees) 2.2 Inputs patient data in the scheduling logbook.		2 minutes	Radiologic Technologist/Radiology Residents
3. Proceed to X-Ray Section and present Official Receipt.	3. Records the complete patient's data and OR number in the Radiology registration logbook	None	2 Minutes.	Radiologic-Technologist/clerk
PERFORMING OF THE PROCEDURE				
4.Undergoes procedure /examination	4.Performs the procedure/examination 4.1 Instructs the Client on the schedule of releasing of result OPD/ER patients In-patients Special procedure	None None None	**Routine** procedure: 10 minutes **Special** Procedure: 1 hour 1 minute - 2 working days - 3 working days - 3 working days	Radiologic-Technologist Radiologic-Technologist

	For covid positive/suspect patients 4.2 Interprets the image	None None	- within 24 hours Minimum of Initial Reading: 30 minutes Final interpretation: 30 Minutes	 Residents/ Radiologis t
RELEASING OF RESULTS				
5. Proceeds to X-ray section and presents the official receipt.	5. Releases X-ray result and log in the image interpretation and releasing form	None	1 Minute	• Radiologic Technologist • Clerk
	TOTAL:	**See X-RAY RATES**	**- Routine procedure: 10 minutes Special - Procedure: 1 hour - OPD/ER patients- 2 working days. - In-patients- 3 working days - Special procedure-3 working days - For covid positive/suspect patients- within 24 hours Minimum of Initial reading: 30 minutes Final interpretation: 30 minutes +8 minutes**	

X-RAY RATES

EXAMINATION	PROCEDURE FEE INCLUDING PROFESSIONAL FEE
SPECIAL PROCEDURE:	
• Barium Enema	2,200
• Barium Swallow	1,500
• KUB-IVP	2,100
• Retrograde Pyelography	2,000
• UGIS	2,300
• T-Tube Cholangiogram	1,350
• Sialography	1,350
• Distal Colonogram	1,400
• Urethrogram	1,350
• Hysterosalpingography	2,000
• Fistologram	1,350

1

CHEST ADULT	
• Chest PA	340
• Chest PA/L	510
• Thoracic Cage	340
• Lateral Decubitus	340
• Lateral View	340
• Apico Lordotic view	340
CHEST PEDIA	
• Chest AP/L	510
• Chest AP	340
• Lateral View	340
• Lateral Decubitus	340
• Thoracic Cage	340
• Babygram	340
• Apico Lordotic view	340
HEAD:	
• Skull AP/L	510
• Facial Bone Series	510
• Mandible Series	510
• Paranasal Sinuses	510
• Town's View	400
• Nasal Bone (STL)	400
• Waters View	400
UPPER EXTREMITIES	
• Arm AP/L	430
• Forearm AP/L	430
• Hand AP/O/L	510
• Wrist AP/L	430
• Elbow AP/L	430
• Shoulder AP	430
LOWER EXTREMITIES	
• Foot AP/O	500
• Knee AP/L	430
• Ankle AP/L	430
• Femur AP/L	430
• Leg AP/L	430
• Pelvic AP	430
WHOLE SPINE:	
• Thoracic Spine AP/L	560
• Cervical Spine AP/L	560
• Sacrum AP/L	560
• Coccyx	560
• Lumbar Spine AP/L	560

• Lumbo sacral AP/L	560
ABDOMEN:	
• Whole Abdomen Supine/Upright	560
• Plain Abdomen	340
• Plain KUB	340
C-ARM PROCEDURES:	**Use of machine only**
• C-Arm (30 mins)	700
• C-Arm (additional 15 mins)	350
• Dry view film	160

3.Ultrasound Examination

This covers the process of Ultrasound Examination

Office or Division:		DEPARTMENT OF RADIOLOGY		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All patients who needs Ultrasound Examination		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Accomplished Diagnostic Imaging Request Form signed by the Physician (1 Original Copy)		Radiology Department		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1.Proceed s to ultrasound and present the Diagnostic Imaging Request Form	1. Receives and checks Diagnostic Imaging Request Form 1.1 Issues two (2) Charge Slip (Procedure and Professional fees)	*See ULTRASOUND RATES	2 minutes.	Radiologic Technologist

	1.2 Records the complete patient's data in the Radiology registration logbook			
SCHEDULING OF SPECIAL PROCEDURE				
2. Receives checklist for appointment and preparation of patient	2.Instructs client on the following: - Schedule of ultrasound examination - Preparation prior to the examination 2.1 Issues two (2) Charge Slip (Procedure and Professional fees) 2.2 Inputs patient data in the scheduling logbook.	None	3 minutes	Radiologic Technologist
3. Client proceeds to Ultrasound Section and present DIRF and OR.	3. Records the complete patient's data and OR number in the Radiology registration logbook.	None	2 minutes	Radiologic Technologist
PERFORMING OF THE PROCEDURE				
4.Undergo es procedure/ examination n	4.Performs the procedure /Examination	None	**Pre-scanning** (Rad.Tech./Residents) A. General ultrasound -30 minutes B. For peripheral vasc. - 1 hour and 30 mins. **Scanning** (Radiologist) A. General utz -5minutes	Radiologic Technologist/Residents/ Radiologist

			B. For peripheral vasc. - 1 hour	
	4.1 Instructs the Client on the schedule of releasing of result. For covid positive/suspect patients OPD/Walk-in Patients	None	2 minutes 24 hours	Radiologic Technologist
	4.2 Interprets image	None	Minimum of Initial Reading: 30 minutes	Residents/ Radiologists
			Final interpretation: 30 Minutes For peripheral vasc. - 30 minutes	
RELEASING OF RESULTS				
5.Proceeds to ultrasound section and presents Official receipt.	5.Releases Ultrasound result and log in the image interpretation and releasing form	None	2 minutes	Radiologic Technologist

	TOTAL:	**See ULTRASOUND RATES**	**General Utz** **- within 24 hours** **For covid positive/suspect patients/OPD/ Walk-in patients** **- Within 24 hours** **For peripheral vasc.** **-3 working days** **Minimum of Initial reading: 30 minutes Final interpretation: 30 minutes** **+ 11 minutes For peripheral vasc.** **30 mins.**

ULTRASOUND RATES

PROCEDURE	PROCEDURE FEE INCLUDING PROFESSIONAL FEE
Abdominal Aorta	650
Breast	2,000
Breast Core Biopsy	6,000
Breast FNAB	6,000
Chest	900
Cranial	2,200
Color Doppler Imaging of mass	1,300
Gallbladder	650
Hepato Billiary Tree	1,100
HBT-Pancreas	1,400
HBT-KUB	1,800
Inguino-scrotal	1,600
Kidneys	800
Kidneys, Ureters and Urinary Bladder	1400
Liver, Spleen, Kidneys	1,400
KUB-Pelvic	1,700
KUB-Prostate	1,700
Liver	800
Liver, Gallbladder, Pancreas	1,400
Liver, Gallbladder	1,200
Lower Abdomen	1,500
Liver Core Biopsy	6,000

Liver FNAB	6,000
Machine use only	350
Mass ultrasound	1,500
Neck	2,000
Pancreas	650
Paracentesis/Thoracentesis	3,300
Pelvic	900
Prostate Biopsy	6,000
Spleen	650
Thyroid	1,500
Upper Abdomen	1,900
Ultrasound Guided Biopsy	5,500
Ultrasound Guided with Aspiration	2,000
UTZ-GUIDED	2,000
Ultrasound Guided (Machine Use)	350
Whole Abdomen	2,700
Arterial/venous Doppler(UE/LE)	5,900
Venous Compression	2,000
Arterial Doppler scan(UE/LE)	3,600
Venous Doppler scan	3,600
Carotid Doppler scan	3,000

4. Magnetic Resonance Imaging Examination

This covers the process of Magnetic Resonance Imaging Examination

Office or Division:	DEPARTMENT OF RADIOLOGY
Classification:	Complex
Type of Transaction:	G2C - Government to Citizen
Who may avail:	All patients who needs MRI Examination
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Accomplished Diagnostic Imaging Request Form signed by the Physician (1 Original Copy)	Radiology Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
TRIAGING				
1. Proceeds to MRI section and present the Diagnostic Imaging Request	1. Receives and checks Diagnostic Imaging Request Form	*See MRI Rates	2 minutes.	Radiologic Technologist

Form	1.1 Issues two (2) Charge Slip (Procedure and Professional fees) registration logbook 1.2 Records the complete patient's. data in the Radiology			
SCHEDULING OF PROCEDURE				
2. Receives checklist for appointment and preparation of patient	2.Instructs client on the following: - Schedule of MRI examination - Preparation prior to the examination 2.1 Issues two (2) Charge Slip (Procedure and Professional fees) 2.2 Inputs patient data in the scheduling logbook.	None	3 minutes	Radiologic Technologist
3. Client proceeds to MRI section and	3. Records the complete patient's data and OR number	None	2 minutes	Radiologic Technologist
present DIRF and OR.	in the Radiology registration logbook.			
PERFORMING OF THE PROCEDURE				
4. Undergoes procedure/ examination	4. Performs the procedure /Examination	None	1 hour	Radiologic Technologist
	4.1 Instructs the Client on the schedule of releasing of result	None	1 minute	Radiologic Technologist
	-Cranial MRI/MRA -rest of the procedure		3 working days 7 working days	
	For emergency cases/covid positive/suspect patients (Cranial MRI/MRA)		24 hours	

	4.2 Interprets image	None	Minimum of 2 hours(Image interpretation varies upon the procedure)	Radiologists
RELEASING OF RESULTS				
5.Proceeds to MRI section and presents Official receipt.	5.Releases MRI result and log in the image interpretation and releasing form	None	2 minutes	Radiologic Technologist
	TOTAL:	**See MRI RATES**	**Cranial MRI/MRA - 3 working days** **Rest of the procedure-7 working days** **For emergency cases/covid positive/suspect patients - 24 hours** **+** **Minimum of 2 hours (Image interpretation varies upon the procedure) 1 hour and 10 minutes**	

MRI RATES

EXAMINATION	PROCEDURE FEE INCLUDING PROFESSIONAL FEE
Brain	8,000
Brain with MRA/MRV	15,000
Cervical	8,500
Thoracic	8,800
Cervicothoracic	16,000
Thoracolumbar	16,000
Lumbar	8,400
Shoulder	8,500
Whole spine	25,000
Wrist	8,500
Hand	11,250
Elbow	8,500
Arm	10,625
Thigh	8,500
Hip joint	11,250
Knee	8,000
Leg	10,625

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Ankle	8,000
Foot	11,250
Forearm	11,250
Pelvis	8,500
Abdomen	16,500
Abdomen +MRCP	25,000
Lower Abdomen	9,500
Upper Abdomen	9,500
Breast	12,500
Neck	8,300
Neck +MRA	13,750
Head and Neck MRA	20,000
CP angle	13,125
Orbits/TMJ/IAC/Temporal lobe	8,000
Paranasal Sinuses	8,000
Pituitary	13,125
Renal artery	10,625
Portal Vein	10,625
ADDITIONAL	
Contrast Studies	2,000
CE MRA	4,000

NOTE: Contrast Media and Syringe Set not included and will be purchased by the patient

5.Mammography Examination

This covers the process of Mammography Examination

Office or Division:		**DEPARTMENT OF RADIOLOGY**		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All patients who needs Mammography Examination		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Accomplished Diagnostic Imaging Request Form signed by the Physician (1 Original Copy)		Radiology Department		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
TRIAGING				
1.Proceeds to Mammogram section and present the Diagnostic Imaging Request Form	1.Checks and Receives Diagnostic Imaging Request Form. 1.1 Issues two (2) Charge Slip (Procedure and Professional fees) 1.2 Records the complete patient's data in the Radiology registration logbook.	See Annex	2 minutes.	Radiologic Technologist
SCHEDULING OF PROCEDURE				
2. Receives checklist for preparation of patient.	2.Instructs client on the following: - Schedule of Mammography examination - Preparation prior to the examination 2.1 Issues two (2) Charge Slip (Procedure and Professional fees) 2.2 Inputs patient data in the scheduling logbook.		2 minutes	Radiologic Technologist

3. Proceeds to Mammogram Section and present Official Receipt.	3. Records the complete patient's data and OR number in the Radiology registration logbook		2 minutes	
PERFORMING OF THE PROCEDURE				
4. undergoes procedure / Examination	4.Performs the procedure/ examination 4.1 Instruct the Client on the schedule of releasing of result. 4.2 Interprets the image		**Routine procedures** - 30 minutes **Special procedure-** 1 hour Image interpretation varies upon the request.	Radiologic-Technologist Radiologist
RELEASING OF RESULTS				
5. Proceeds to Mammogram section and presents the official receipt.	5. Releases Mammographic result and log in the Image interpretation and releasing form	None	1 minute	• Radiologic Technologist • Clerk
	TOTAL	**SEE MAMMOGRAPH RATES**	**ROUTINE PROCEDURE- 30 MINUTES SPECIAL PROCEDURE-1 HOUR OPD/ER/ WALK-IN/ IN- PATIENTS - 3 WORKING DAYS** **IMAGE INTERPRETATI ON VARIES UPON THE REQUEST +7 MINUTES**	

MAMMOGRAPHY RATES

EXAMINATION	PROCEDURE FEE INCLUDING PROFESSIONAL FEE
SONOMAMMOGRAM	6,000
SCREENING MAMMOGRAPHY 2D (2 Breasts)	3,500
SCREENING/DIAGNOSTIC MAMMOGRAPHY 3D/TOMO (2 Breasts)	4,000
SCREENING MAMMOGRAPHY (1 Breast)	2,250
DIAGNOSTIC MAMMOGRAPHY (1 Breast)	3,125
SPOT MAMMOGRAPHY	2,250
BREAST BIOPSY (Use of Machine only)	5,500

DEPARTMENT OF SURGERY

External Services

1. Issuance of Medical Abstract

This covers the process of issuance of Medical Abstract of Surgery Department

Office or Division:	Department of Surgery
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	Admitted Surgery Patients for PCSO-related requirements
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients Chart (1 Original Copy)	Surgery Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client to personally request for Medical Abstract from Consultant / Resident in Charge	1. Ward Staff will forward the Patient's Chart to Surgery Office	None	2 minutes	Nurse on Duty/ Nursing Aide/ Physician
2.None	2. Receive the Patient's Chart	None	1 minute	Secretary
3. None	3. Prepare Medical Abstract	None	10 minutes	Secretary
4. None	4. Sign Medical Abstract	None	2 days	Physician
5. None	5. Inform the Ward Staff on the availability of Medical Abstract	None	1 minute	Secretary
6. Receive the Medical Abstract	6. Release of Medical Abstract	None	1 minute	Nurse on Duty/ Nursing Aide
	TOTAL:	**None**	**2 days 15 minutes**	

EMERGENCY DEPARTMENT
External Services

1. CONSULTATION PROCEDURE

The Emergency Department is a medical treatment facility specializing in emergency and acute care of patients who present without prior appointment. But not all clients can get consulted. Triaging is a process being utilized where patients are being interviewed/assessed as to the severity and onset of presented symptoms.

Office or Division:	Emergency Department (ED)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail?	All clients requiring emergency services

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Registration form (1 Original copy)	Emergency Department
ED record (1 Original copy)	Emergency Department
Consent for Hospital Care (1 Original copy)	Emergency Department
Lab request (1 Original copy)	Emergency Department
Diagnostic imaging request (1 Original copy)	Emergency Department
Prescription (1 Original copy)	Emergency Department
Hospital charge form (1 Original copy)	Emergency Department
ED Nurses Documentation Form (1 Original copy)	Emergency Department
Nurses Notes (1 Original copy)	Emergency Department
Doctor's Order (1 Original copy)	Emergency Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME *(in normal circumstances)*	PERSON RESPONSIBLE
1. Bring self/client to Emergency Department (ED)	1. Triage clients 1.1. Institute initial rapid survey/assessment 1.2. Refer to Resident. Physician-on-Duty depending on client's chief complaint	None	5 minutes	Triage Officer
2. Proceed to the satellite or main Admitting and Information Unit for registration	2. Record accurate client's data 2.1. Issue an ED Form and ID band	None	5 minutes	Admitting & Information Unit Clerk

	2.2 Receive ED Record and accomplishes initial documentation. 2.3 Facilitate signing of Consent for Hospital Care	None	2 minutes	Nurse
Proceed Rapid Antigen Test (RAT) booth if needing Rapid Antigen Test (RAT)	3.1 Instruct patient to proceed to Rapid Antigen Test booth. 3.2 Accomplish CIF form. 3.3 Perform Rapid Antigen Test (Swab)	None PHP 660.00 None	15-20 minutes	Triage Officer Watcher/Nursing Attendant/Medical Technologist Medical Technologist
Present self/client for examination by the medical staff and receives diagnostic procedure and management	4. Perform History, Physical Examination and makes orders of treatment/management 4.1. Instruct client for management	None	20 minutes	Resident Physician Resident Physician / Nurse
	TOTAL	**PHP 660.00**	**52 MINUTES**	
Await for diagnostic results and disposition advice	5. Give ordered intervention and monitor the client 5.1. Update the client for results and interview / re-assess the client 5.2. Decide whether to admit or discharge the client	None	2 hours	Nurse Resident Physician
	TOTAL:	**None In case of emergent and non-emergent communicable diseases – Rapid**	**2 Hours, 52 Minutes In case of emergent and Non-emergent communicable diseases, the patient will undergo Rapid Antigen Test – 20 Minutes**	

		Antigen Test – PHP 660.00	

2. ADMISSION PROCEDURE

The Attending Physician recognizes the need of the client for hospital care thus the Admission Procedure.

Office or Division:	Emergency Department (ED)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail?	All ED patients requiring hospital admission

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Admission Slip (1 Original copy) Service Accommodation Agreement Form (1 Original copy) Prescription (1 Original copy)	Emergency Department Admitting & Information Unit Emergency Department

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME** *(in normal circumstances)*	**PERSON RESPONSIBLE**
	1. Inform client and watcher of the plan for admission 1.1. Accomplish admission slip and direct the watcher to the Admitting & Information Unit	None	2 minutes	Resident Physician
1. Bring admission slip to satellite or main Admitting & Information Unit	2. Receive admission slip 2.1. Prepare admission records and instruct watcher to proceed to Medical Social Service and/or PhilHealth Sections if needed	None	20 minutes	• Admitting Clerk • Social Service Worker • PhilHealth Staff
2. Bring Admission records to the ED and awaits for completion of documents	3. Make admission orders 3.1. Fill up history and physical exam forms and ancillary requests 3.2. Make prescriptions 3.3. Refer patient to Senior Resident and/or Consultant and/or other	None	1 hour	Resident Physician

	department as necessary 3.4. Carry out Doctor's order 3.5. Perform charting and other needed documentations 3.6. Forward prescription to the Pharmacy			Nurse I & II Nursing Attendant I & II
	4. Transport patients to the ward (*passes through the x-ray and CT scan if needed)*	None	30 mins	Nurse I & II and Nursing Attendant I & II
	TOTAL:	None	1 hour, 42 minutes	

3. DISCHARGE PROCEDURE (Discharge as ordered, DAMA, Transfer, Death)

The agency recognizes the right of every client to refuse hospital admission or be transferred to other facility of choice. Any of these circumstances are accepted, including the regular discharged after being observed within the department and processing of dead clients, are appropriately processed.

Office or Division:	Emergency Department (ED)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail?	All ED patients for discharge or transfer

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Transfer notes (1 Original copy)	Emergency Department
Release from Responsibility form (1 Original copy)	Emergency Department
Charge slip (1 Original copy)	Emergency Department
Discharge clearance slip (2 Original copies)	Emergency Department
Alagang Pinoy Tagubilin form (2 Original copies)	Emergency Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME *(in normal circumstances)*	PERSON RESPONSIBLE

1. Patient decide to be discharged against medical advice or be transferred.	1. Inform client and watcher of the plan for discharge **<u>For transfer to other hospital:</u>** 1.1. accomplish notes or documents as necessary 1.2. refer patient to Senior Resident and/or Consultant as necessary 1.3. Facilitate signing of waiver form **<u>For pronounced dead:</u>** 1.4. Inform the watcher/relative of the disposition 1.5. Perform post mortem care	None	15 minutes	Resident Physician Nurse I & II Resident Physician Nurse I & II
2. Facilitate clearance process.	2. Prepare charge slip and clearance slip 2.1. Instruct watcher to proceed to the ED IT staff or Nursing Attendant for billing instructions. 2.2. Encode charges and instruct client to the Cashier for payment and other areas for clearance purposes. 2.3. If unable to pay, direct client to the Social Service Section for assistance.	None ER fee of PHP250.00 plus quantity of medicines, supplies and procedures used or done to the patient *<u>(refer to Annex G)</u>*	10 minutes	Nurse I & II IT staff or Nursing Attendant I & II

	<u>For patients who has already been admitted but opted to transfer or be discharged against medical advice:</u> 2.4. Double check and record the supplies used and procedures done for appropriate charging including prescriptions as necessary. 2.5. Forward the chart to the Billing Section	Applicable fees on quantity of medicines, supplies and procedures used or done to the patient *<u>(refer to Annex G)</u>*	15 minutes	Nurse I & II Nursing Attendant I & II
3. Proceed back to the ED and present official receipt and duly accomplished clearance or cleared billing statement	3. Check the completeness of the clearance signed or billing statement. 3.1. Instruct home medications, special instructions, health teachings and check-up date. 3.2. Sign discharge clearance slip. 3.3. Remove IV and other contraptions as needed. **<u>For dead clients:</u>** 3.4. Perform post mortem care 3.5. Send the cadaver to the morgue	None	5 minutes	Nurse I & II Nursing Attendant I & II
4. Proceed to the Exit and present the clearance slip to the Guard	4. Check the completeness of signed clearance slip. 4.1. Remove ID band attached from the client.	None	1 min.	Security Guard
	TOTAL:	**Refer to Annex G + ER fee of PHP250.00**	**46 minutes**	

Note: All patients can Medical Assistance Program for indigent patients (MAIP) at Social Service for the incurred medical expenses.

Annex G

ITEM	MC_DESCRIPTION	UNIT OF MEASUREMENT	UNIT PRICE
Gloves	Unsterile,tissue type, medium	box	175.00
Kidney basin	-	pc	35.00
Airway, Oral	#1	pc.	73.00
Airway, Oral	#2	pc.	73.00
Airway, Oral	#3	pc	82.00
Airway, Oral	#4	pc.	82.00
Anesthesia Breathing Circuit	Adult	pc.	447.00
Anesthesia Breathing Circuit	Pedia	pc.	330.00
Anesthesia Face Mask	Adult	pc.	482.00
Anesthesia Face Mask	Pedia	pc.	482.00
Asepto Syringe	60cc	pc	40.00
Autoclave Indicator Strips	-	roll	611.00
Bed Pan	Plastic	pc.	107.00
Blade	Surgical, #10	pc.	10.00
Blade	Surgical, #11	pc.	8.00
Blade	Surgical, #15	pc.	8.00
Blade	Surgical, #22	pc.	8.00
Blood Glucose Strips	Optium	pc.	45.00
Blood Pressure Accessories	Adult	set	1,625.00
Blood Pressure Accessories	Pedia	set	1,625.00
Bone Wax	-	pc.	271.00
Bouffant Caps	-	pc.	5.00

Cautery Pad	-	pc.	380.00
Cautery Pencil	-	pc.	950.00
Cautery Tip	Long	pc.	3,400.00
Cervix Brush	-	pc.	28.00
Colostomy Bag	Adult	pc.	23.00
Colostomy Bag	Pedia	pc.	18.00
Condom Catheter	Long	pc.	18.00
Condom Catheter	Medium	pc.	18.00
Connecting Tube	-	pc.	110.00
Cord Clamp	-	pc.	20.00
Diaper	Adult, Disposable, Large	pc.	28.00
Diaper	Adult, Dsiposable, Medium	pc.	22.00
ECG Tracing Paper	-	Roll	75.00
Endotracheal Tube	2.5mm, uncuffed	pc.	120.00
Endotracheal Tube	3.0mm, uncuffed	pc.	168.00
Eye Pads	-	pc.	10.00
Foleybag Catheter Fr. 08	-	pc.	40.00
Foleybag Catheter Fr. 10	-	pc.	40.00
Foleybag Catheter Fr. 12	-	pc.	30.00
Foleybag Catheter Fr. 14	-	pc.	30.00
Foleybag Catheter Fr. 16	-	pc.	30.00
Foleybag Catheter Fr. 18	-	pc.	30.00
Foleybag Catheter Fr. 20	-	pc.	40.00
Foleybag Catheter Fr. 22	-	pc.	40.00
Gigly Wire	-	pc.	

			550.00
Gloves	Long cuff, S-6	pc.	35.00
Gloves	Long cuff, S-6 1/2	pc.	35.00
Gloves	Long cuff, S-7 1/2	pc.	35.00
Gloves	Sterile, S-6 1/2	pc.	35.00
Gloves	Sterile,S-7	pc.	35.00
Gloves	Sterile, S-7 1/2	pc.	35.00
Gloves	Unsterile, tissue type, medium,	pc.	10.00
Gloves	Unsterile, tissue type, large,	pc.	10.00
Hot Water Bag	-	pc.	65.00
Ice Cap	-	pc.	90.00
Identification Band	Adult	pc.	6.00
Identificaton Pad	dri-sheet, adult, S 30 x 30	pc.	20.00
IV Cannula	G-18, BD	pc.	71.50
IV Cannula	G-20, BD	pc.	71.50
IV Cannula	G-22, BD	pc.	71.50
IV Cannula	G-24, BD	pc.	71.50
Kelly Pad	w/ inflator	pc.	714.00
Latex Tubing	1/8 x 1/32 x 3 1/4 x 50m	roll	1,125.00
Lubricating Gel	-	cc.	1.25
Mask, N-95	-	pc.	200.00
Mask, surgical	-	pc.	7.00
Medicine Glass	-	pc.	25.00
Mediscrub	w/ povidone iodine/chlorexidine	pc.	132.00
Nasal Cannula	Pedia	pc.	75.00

Nasogastric Tube	Fr. 05	pc.	75.00
Nasogastric Tube	Fr. 08	pc.	75.00
Nasogastric Tube	Fr. 10	pc.	75.00
Nasogastric Tube	Fr. 12	pc.	75.00
Nasogastric Tube	Fr. 14	pc.	75.00
Nasogastric Tube	Fr. 16	pc.	75.00
Nasogastric Tube	Fr. 18	pc.	75.00
Nebulizer Kit	-	pc.	75.00
Needle, disposable	G-18	pc.	5.00
Needle, disposable	G-19	pc.	5.00
Needle, disposable	G-20	pc.	5.00
Needle, disposable	G-21	pc.	5.00
Needle, disposable	G-22	pc.	5.00
Needle, disposable	G-23	pc.	5.00
Needle, disposable	G-24	pc.	5.00
Needle, disposable	G-25	pc.	5.00
Needle, disposable	G-26	pc.	5.00
Nelaton Catheter	Fr. 16	pc.	10.00
Oxygen Face Mask	with reservoir, large	pc.	75.00
Oxygen Face Mask	with reservoir, medium	pc.	340.00
Penrose Drain	3 1/2 x 18	pc.	40.00
Scrub Brush	Autoclavable, Reusable	pc.	375.00
Specimen Disposable Cups	-	pc.	6.00
Spinal Needle	G-25	pc.	65.00
Spinal Needle	G-26	pc.	

			135.00
Sterilizing/Disinfecting Soln.	Metricide	cc	0.36
Suction Catheter	with tip control Fr. 05	pc.	21.00
Suction Catheter	with tip control Fr. 08	pc.	21.00
Suction Catheter	with tip control Fr. 10	pc.	21.00
Suction Catheter	with tip control Fr. 12	pc.	21.00
Suction Catheter	with tip control Fr. 14	pc.	21.00
Suction Catheter	with tip control Fr. 16	pc.	21.00
Suction Catheter	with tip control Fr. 18	pc.	21.00
Surgical Suture	Chromic 0 w/ needle	pc.	205.00
Surgical Suture	Chromic 0 non-needle	pc.	120.00
Surgical Suture	Chromic 1 w/ needle	pc.	170.00
Surgical Suture	Chromic 1 non-needle	pc.	120.00
Surgical Suture	Chromic 2 w/ round needle	pc.	355.00
Surgical Suture	Chromic 2-0 double arm	pc.	330.00
Surgical Suture	Chromic 2-0 non-needle	pc.	75.00
Surgical Suture	Chromic 2-0 w/ needle	pc.	340.00
Surgical Suture	Chromic 3-0 w/ needle	pc.	170.00
Surgical Suture	Chromic 4-0 w/ needle	pc.	200.00
Surgical Suture	Ethilon 10-0 w/ needle	pc.	1,550.00
Surgical Suture	Monocryl 1 w/ round needle	pc.	660.00
Surgical Suture	PDS 2-0 w/ needle	pc.	460.00
Surgical Suture	Plain 2-0 w/ needle	pc.	140.00
Surgical Suture	Plain 3-0 w/ needle	pc.	310.00
Surgical Suture	Prolene 0 w/ round needle	pc.	370.00

Surgical Suture	Prolene 3-0 w/ round needle	pc.	850.00
Surgical Suture	Prolene 6-0 w/ round needle, double arm	pc.	890.00
Surgical Suture	Prolene 7-0 w/ round needle	pc.	1,530.00
Surgical Suture	Silk 0 non-needle	pc.	250.00
Surgical Suture	Silk 2-0 w/ needle	pc.	230.00
Surgical Suture	Silk 2-0 non-needle	pc.	150.00
Surgical Suture	Silk 3-0 w/ needle	pc.	151.00
Surgical Suture	Silk 3-0 non-needle	pc.	150.00
Surgical Suture	Safil 0	pc.	175.00
Surgical Suture	Vicryl 0 w/ needle	pc.	490.00
Surgical Suture	Vicryl 2-0 w/ needle, Rapide	pc.	270.00
Surgical Suture	Vicryl 3-0 w/ round needle	pc.	410.00
Surgical Suture	Vicryl 4-0 w/ round needle	pc.	400.00
Surgical Suture	Vicryl 5-0	pc.	260.00
Suturing Needles	cutting, #08	pc.	70.00
Suturing Needles	cutting, #10	pc.	70.00
Suturing Needles	cutting, #12	pc.	70.00
Suturing Needles	cutting, #14	pc.	70.00
Suturing Needles	cutting, #16	pc.	70.00
Suturing Needles	cutting, #18	pc.	70.00
Suturing Needles	round, #08	pc.	70.00
Suturing Needles	round, #10	pc.	70.00
Suturing Needles	round, #12	pc.	70.00
Suturing Needles	round, #14	pc.	70.00
Syringe, disposable	1cc, w/ needle	pc.	

			4.00
Syringe, disposable	2.5cc, w/ needle	pc.	6.00
Syringe, disposable	3cc, w/ needle	pc.	6.00
Syringe, disposable	5cc, w/ needle	pc.	8.00
Syringe, disposable	10cc, w/ needle	pc.	10.00
Syringe, disposable	20cc, w/ needle	pc.	15.00
Syringe, disposable	30cc, w/o needle	pc.	30.00
Syringe, disposable	50/60cc, w/o needle	pc.	30.00
Syringe, disposable	Tuberculin, G-30	pc.	654.00
Tegaderm	3M,#1627	pc.	165.00
Tegaderm	3M, #1626	pc.	70.00
Thermometer	Oral	pc.	25.00
Thermometer	Rectal	pc.	25.00
Thoracic Catheter	Fr. 28	pc.	490.00
Thoracic Catheter	Fr. 32	pc.	490.00
Thoracic Catheter	Fr. 36	pc.	490.00
Tongue Depressor	-	pc.	5.00
Tracheostomy Kit	S-6	box	4,542.50
Tracheostomy Kit	S-7	box	4,542.50
Tracheostomy Kit	S-7 1/2	box	4,542.50
T-Tube	Fr. 14	pc.	225.00
T-Tube	Fr. 16	pc.	225.00
Urine Bag	-	pc.	75.00
Urine Collector	Pedia	pc.	40.00
Yankauer Suction Tube	-	pc.	260.00

Syringe, disposable	Insulin, 100s	pc.	10.00
Suturing Needles	round, #16	dozen	70.00
Oxygen Face Mask	with reservoir, Pedia	pc.	100.00
Identification Band	Pedia	pc.	6.00
Cotton with or w/o alcohol	-	pc.	1.00
Cotton without alcohol	-	pack	5.00
Plaster, Surgical	1/2,1,2 inches	yard	45.00
Plaster, Surgical	1/2,1,2 inches	inch	1.25
Oxygen	OB/DR	use	350.00
Oxygen	OR	hour	72.00
Oxygen	-	lbs	0.25
Betadine Antiseptic	Povidone Iodine 10% solution	cc	0.25
Betadine Cleanser	Povidone Iodine 7.5% solution	cc	0.25
Alcohol, Rubbing	70% isoprophyl	cc	0.15
Cotton Pledgets	-	pc	1.00
ECG Electrodes	QOOF, Adult	pc	46.00
ECG Electrodes	NOOF, Pedia	pc	60.00
Gauze	4 x 4	pc.	20.00
Gauze	Abdominal	pc.	40.00
Cotton with Betadine	-	pc	1.00
Nasal Cannula	Adult	pc.	95.00
Electricity	-	day	50.00
Fiber Optic Light Source	-	day	250.00
Ventilator	-	day	1,000.00
EFM/NST Monitoring	-	day	

			300.00
use of nebulizer machine	-	use	30.00
Phototherapy	-	day	250.00
Incubator	-	min	3.65
Cardiac Monitor	-	use	250.00
OR Forms	-	pc	5.50
Cheries	-	pc	3.00
sevoflurane	-	cc	59.00
Drop Light	-	day	250.00
HGT Monitoring	-	-	30.00
Bathing/Hot Water Used	-	-	50.00
OR Gauze	4 x 4	pc.	20.00
OR Gauze	Abdominal	pc.	40.00
Wound Suturing OR Fee	-	-	200.00
IVF Injection	-	-	50.00
ECG	-	-	300.00
Suction Machine	-	use	50.00
Sterilizing Soln Metricide	-	cc	0.36
Glucometer	-	use	30.00
Gluco Strips	Gold	pc.	45.00
Gluco Strips	Silver	pc.	35.00
Respirator	-	use	250.00
Slides	Microslides	pc	1.75
Polycap	-	pc	10.00
Electric	(Cell-Phone Charging, Thermos, etc.	day	50.00

Incubator	-	day	250.00
Microset	-	pc.	30.00
Macroset	-	pc.	25.00
NGT Insertion	-	insertion	200.50
Solution Set	-	pc.	291.00
Surgical Suture	Vicryl 4-0 Cutting, Round	pc.	525.00
Chestlead	-	3pcs.	110.50
betadine antiseptic	povodone iodine 10% sol	gal.	670.00
betadine cleanser	povidone iodine 7.5%	gal	670.00
alcohol rubbing	70% isoprophyl	bot.	98.33
gauze	unsterile,4x36,mesh, 36x100 yard	bolt	785.00
Lubricating gel	5gm. surgilube	sachet	12.50
Lubricating gel	130gm surgilube	tube	118.50
Stop Cock	3 way	pc	60.00
Cautery Tip	Short	pc	2,400.00
Plaster,surgical	1/2",24s	roll	30.00
Plaster,surgical	1",12	roll	60.00
Plaster,surgical	2",6	roll	118.00
Sterilizing/Disinfecting sol.	Metricide	gal	1,865.25
Cotton Pledgets	-	pack	60.00
Cotton	absorbent,400grms.unsterile	roll	106.25
Gloves	Sterile,S-6 1/2	PAIR	35.00
Gloves	Sterile,S-7	PAIR	35.00
Gloves	Sterile,S-7 1/2	PAIR	35.00
Endotracheal Tube	3.5mm, uncuffed	pc.	

			168.00
Endotracheal Tube	3.7mm, uncuffed	pc.	120.00
Incontinent pad	-	pad	29.00
ECG Electrodes	QOOF,Adult	pack	1,125.00
ECG Electrodes	NOOF,PEDIA	Pack	1,125.00
Endotracheal tube	4.0mm	pc	168.00
Endotracheal tube	4.5mm	pc	120.00
Endotracheal tube	5.0mm	pc	168.00
Endotracheal tube	5.5mm	pc	120.00
Endotracheal tube	6.0mm	pc	120.00
Endotracheal tube	6.5mm	pc	120.00
Endotracheal tube	7.0mm	pc	120.00
Endotracheal tube	7.5mm	pc	120.00
Endotracheal tube	8.0mm	pc	120.00
Endotracheal tube	8.5mm	pc	120.00
Gloves	Unsterile,tissue type, large	box	175.00
Surgical suture	Prolene 6-0 round double arm	doz.	7,858.00
Surgical suture	Prolene 7-0 round double arm	doz.	9,707.00
BATH SOAP	-	CAKE	12.00
GLOVES	Long cuff,S-7	pair	17.50
IV STARTER PACK	STARTER PACK	PACK	120.00
Mosimo neonatal adhesive	SPO2 SENSOR LNOP-NEO,20,S	pc	5,200.00
Thermometer,Amitemp,	standard	pc	45.00
Thermometer,Amitemp,	Wearable	pc	43.75
Serofloraine	-	cc	59.00

HGT Precision Strip	-	cc	37.00
Isofloraine	-	cc	19.50
Gauze	Dec-36	pc.	20.00
xxxx	xxx	454	454.00
KY jelly	-	cc	1.50
KY Jelly	-	sachet	12.50
Abdominal Pack	-	pc	40.00
Light Source	-	day	1,500.00
Oxygen Cannula	Adult/Pedia	pc	95.00
Digital Thermometer	thermometer	pc	100.00
Elastic Bandage	2x5	yard	16.00
Elastic Bandage	3x5	yard	25.00
Elastic Bandage	4x5	yard	48.00
tracheostomy tube	-	pc	7,680.00
EZ Macroset	-	set	215.00
diaper	pedia	pc	24.00
Airway, Oral	#0	pc	60.00
wadding sheet	-	roll	35.00
wound drainage system	150cc capacity	pc	1,646.40
Dressing	10x12cm		70.00
surgical suture	vicryl 5.0 w/ round needle	pc	850.00
surgical suture	vicryl 5.0 w/ cutting needle	pc	420.00
ECG electrodes	adult w/ banana plug	pack	864.00
ECG electrodes	Smart	pack	194.40
surgical suture	prolene 3.0 double arm	pc	

			1,068.00
ECG tracing paperroll	Smart	roll	194,604.00
ECG tracing paperroll	Smart	roll	204.00
Elastic Bandage S	10cmx4.5	roll	42.00
Elastic Bandage S	6cmx4.5	roll	23.94
Elastic Bandage S	8cmx45	roll	30.00
surgical suture	chromic 3.0 w/o needle	pc	250.00
surgical suture	chromic 5.0 w/ needle	pc	1,000.00
Endotracheal Tube	5.5mm uncuffed	pc	57.60
Endotracheal Tube	6mm uncuffed	pc	57.60
Endotracheal Tube	6.5mm uncuffed	pc	57.60
Endotracheal Tube	7mm uncuffed	pc	55.80
Endotracheal Tube	7.5mm uncuffed	pc	55.80
Endotracheal Tube	8mm uncuffed	pc	62.40
surgical suture	prolene 3.0 double arm	pc	1,062.00
Endotracheal Tube	8.5mm uncuffed	pc	108.00
surgical suture	silk 0 w/ needle	pc	204.00
Epidural Set g. 18	-	set	840.00
surgical suture	vicryl 3.0 w/ cutting needle	pc	525.00
Foleybag Catheter F.8	-	pc	51.00
Foleybag Catheter F.10	-	pc	420.00
surgical suture	vicryl 5.0 w/ cutting needle	pc	420.00
Foleybag Catheter F.12	-	pc	24.00
Foleybag Catheter F.14	-	pc	90.00
Foleybag Catheter F.16	-	pc	90.00

Foleybag Catheter F.16	-	pc	90.00
Foleybag Catheter F.18	-	pc	90.00
Foleybag Catheter F.20	-	pc	226.80
thermometer	non-mercurial (digital)	pc	95.40
Foleybag Catheter F.22	-	pc	226.80
titanized polymers	10x15 cm-strong	pc	900.00
tracheostomy set	plastic F-6.0	pc	7,680.00
tracheostomy set	plastic F-7.0	pc	8,040.00
tracheostomy set	plastic F-8.0	pc	8,040.00
transparent dressing	w/ non ctick pad	pc	1,470.00
transparent IV dressing	w/ notch w/ window frame	pc	36.00
Gloves	surgical, sterile elbow length, s-6 1/2	pc	91.20
Gloves	surgical, sterile elbow length, s-7	pc	91.20
Gloves	surgical, sterile elbow length, s-7 1/2	pc	91.20
mask	pedia	pc	31.20
Gloves	surgical, sterile long cuff s-6 1/2	pc	28.80
Gloves	surgical, sterile long cuff s-6	pc	28.80
plaster of paris	4 x 5	pc	111.00
Gloves	surgical, sterile long cuff s-7 1/2	pc	28.80
Gloves	surgical, sterile long cuff s-7	pc	26.40
Gloves	surgical, sterile long cuff s-7	pc	26.40
surgical suture	silk 4-0, atromatic	pc	276.00
sodalime absorber	17 kg.	pail	8,640.00
Goggles	-	pc	50.40
IV connector	needle free	pc	

			100.00
Intestinal Needle	pc	pc	68.00
IV Canulla	G-18 w/ wings and inj.	pc	90.00
IV Canulla	G-20 w/ wings and inj.	pc	90.00
IV Canulla	G-22 w/ wings and inj.	pc	90.00
IV Canulla	G-24 w/ wings and inj.	pc	102.00
IV Canulla	G-26 w/ wings	pc	126.00
IV Infusion Set	Macroset	pc	38.40
IV Infusion Set	Microset	pc	25.20
Anesthesia Breathig Circuit	Adult w/ 3L Bag	pc	660.00
Anesthesia Breathig Circuit	Adult w/ 2L Bag	pc	804.00
Anesthesia Breathig Circuit	Adult w/ 1L Bag	pc	660.00
Autoclave Indicator Strips		pc	10.80
Bulb Superhalogen	Yamada 24v, 40w	pc	4,200.00
Autoclave Indicator Strips	250s	box	2,244.00
Polycatheter	3 Way	pc.	285.00
Wound Drainage	Jackson Pratts	pc.	1,600.00
boxnaboxulit	boxnabox	MG	-
Applicator Stick	1000	PC	-
Applicator Stick	1000	PC	2.00
Anesthesia Flexmask	noenate	PC	350.00
Anesthesia Flexmask	Infant	PC	350.00
Anesthesia Flexmask	toddler	PC	380.00
Anesthersia Flexmask	Child	PC	380.00
Blood Glucose Strips	HGT 50's	PC	35.00

Blood Pressure Accesories	Neonate	set	1,550.00
buffer pack	m248 bayer, 4s	BOX	15,510.00
Bulb	Peanut,24V,50w,OSRAM	PC	550.00
ECG Electrodes	Red dot, Adult, 50s	pack	20.00
ECG Electrodes	Arco, Kendall, 50s, adult	PC	20.00
ECG Electrodes	Red dot, pedia, 25s	PC	20.00
ECG Electrodes	Arco, Kendall,50s,pedia	PC	20.00
Eyepads	50s	PC	10.00
Face mask	Infant,Flexible vital sign	PC	330.00
Face mask	Toddler, Flexible vital signs	PC	330.00
Face mask	Child,small, Flexible vital signs	PC	330.00
Fetal monitor	pabel ACC-15, 200s	PC	10.00
Fleet Enema		PC	110.00
disposable cautery pad	cautery pad	PC	240.00
chlorhexidine soln	cleanser	ml/cc	1.00
Adhesive cloth tape 1"	Thailand	roll	115.00
Adhesive cloth tape 1/2"	Thailand	roll	81.00
Adhesive cloth tape 4"	Thailand	roll	341.00
Airway oral no.0	Kenxin	PC	45.50
Airway oral no.1	Dr. Kelly 70mm	PC	50.00
Urinal	-	PC	54.00
Oral airway no.2	Dr. Kelly 70mm	PC	50.00
Airway oral no.3	Dr. Kelly 70mm	PC	50.00
Airway oral no.4	Dr. Kelly 70mm	PC	50.00
Airway oral no.5	Dr. Kelly 70mm	PC	

			50.00
Anesthesia breathing circuit, 1L	Vital signs USA	PC	475.00
Anesthesia breathing circuit	Vital signs USA	PC	670.00
Anesthesia breathing circuit, 3L	Vital signs USA	PC	550.00
Anesthesia breathing circuit, 2L	Vital signs USA	PC	670.00
Anesthesia face mask, S-1	Flexmask, vital signs	PC	300.00
Anesthesia face mask, S-2	Flexmask, vital signs	PC	300.00
Aneshesia face mask, S-3	Flexmask, vital signs	PC	300.00
Anesthesia face mask, S-3	Flexmask, vital signs	PC	300.00
Anesthesia face mask, S-4	Flexmask, vital signs	PC	300.00
Anesthesia face mask, S-5	Flexmask, vital signs	PC	300.00
Arm sling cloth	washable large	PC	100.00
Arm sling cloth	washable, medium	PC	90.00
Arm sling cloth	washable, small	PC	75.00
Blade surgical, 100's	No.10	BOX	394.00
Blade surgical, 100's	No. 11	BOX	394.00
Blade surgical, 100's	No. 15	BOX	394.00
Blade surgical, 100's	No. 22	BOX	394.00
Blood transfusion set	Euro 1's	PC	17.55
Blood transfusion set	Sangofix 100's	PC	45.00
Blood glucose strip	Individually foil wrap, 50's	BOX	1,180.00
Bone wax, 12's	B Braun	BOX	3,100.00
Cautery pad	Rubberized, evershine 1's	PC	245.00
Cautery pad	Megadyne, USA	PC	300.00
Cautery pencil	Fiab, Italy	PC	347.00

Cautery tips	Long	PC	385.00
Cautery tips	Short	PC	385.00
Cervix brush 100's		PC	55.00
Chlorhexidine cleanser, 3785ml	Dermanios scrub w/ free dispencer	gal	3,300.00
Colostomy bag	Adult	PC	13.50
Colostomy bag	pedia	PC	13.50
Cotton Absorbent	Unsterile 400g	roll	192.00
Cord clamp 50's		BOX	495.00
ECG tracing paper	Tianjin 1's	roll	46.00
ECG tracing paper	Smart, Tianjin 1's	roll	170.00
Elastic bandage	4"	roll	40.00
Elastic bandage	6"	roll	57.00
Endotracheal tube	2.5mm cuffed	PC	44.66
Endotracheal tube	2.5mm cuffed	PC	67.00
Endotracheal tube	3mm cuffed	PC	110.00
Endotracheal tube	3.5mm cuffed	PC	110.00
Endotracheal tube	4mm cuffed	PC	110.00
Endotracheal tube	4.5mm cuffed	PC	110.00
Endotracheal tube	5mm cuffed	PC	110.00
Endotracheal tube	5.5mm cuffed	PC	48.00
Endotracheal tube	5.5mm cuffed	PC	75.00
Endotracheal tube	6mm cuffed	PC	48.00
Endotracheal tube	6mm cuffed	PC	75.00
Endotracheal tube	6.5mm cuffed	PC	48.00
Endotracheal tube	6.5mm cuffed	PC	

			75.00
Endotracheal tube	7.0mm cuffed	PC	46.50
Endotracheal tube	7.0mm cuffed	PC	75.00
Endotracheal tube	7.5mm cuffed	PC	46.50
Endotracheal tube	7.5mm cuffed	PC	75.00
Endotracheal tube	8mm cuffed	PC	52.00
Endotracheal tube	8mm cuffed	PC	75.00
Epidural set G.18	Perifix 451 (20's)	BOX	650.00
Epidural set G.18		BOX	840.00
Eye pads 50's		BOX	400.00
Foley catheter	2way siliconized, fr.8	PC	75.00
Foley catheter	2way siliconized, Fr.10	PC	75.00
Foley catheter	2way siliconized, Fr.12	PC	75.00
Foley catheter	2way siliconized, Fr.14	PC	75.00
Foley catheter	2way siliconized, Fr.16	PC	75.00
Foley catheter	2way siliconized, Fr.18	PC	75.00
Foley catheter	2way siliconized, Fr.18	PC	75.00
Gauze Unsterile	Mesh, 36 x 100yards	bolt	1,490.00
Gloves	Sterile s-6.5, Genesis	BOX	528.00
Gloves	Sterile s-7.5, Genesis	BOX	528.00
Gloves	Sterile s-7, Genesis	BOX	528.00
Gloves	Sterile s-8, Genesis	BOX	528.00
Gloves	Long cuff, 6.5	BOX	900.00
Gloves	Long cuff,7"	BOX	900.00
Gloves	Long cuff, 7.5"	BOX	900.00

Gloves	Long cuff, 8"	BOX	900.00
Gloves	Unsterile large, 100's	BOX	148.50
Gloves	Unsterile medium, 100's	BOX	148.50
IV connector	Needle free	PC	81.00
Ice cap		PC	89.00
Identification band	Adult	BOX	295.00
Identification band	Neonate/Pedia, Blue	BOX	295.00
Identification band	Neonate/Pedia, Pink	BOX	295.00
Incontinent Pad	Adult	PC	17.00
Insulin syringe, 100's		BOX	700.00
IV cannula	G-18 with wings and inj.port	PC	74.00
IV cannula	G-20 with wings and inj. port	PC	74.00
IV cannula	G-22 with wings and inj. port	PC	74.00
IV cannula	G-24 with wings and inj. port	PC	84.00
IV cannula	G-26 with wings and inj. port	PC	104.00
IV splints	Newborn 2" x 1 1/2" disposable	PC	42.00
IV splints	Newborn 3" x 8", disposable	PC	60.00
IV splints	Adult 3 x 8", disposable	PC	72.00
IV splints	Large 3 x 10", disposable	PC	72.00
IV starter pack	BD IVSP	PC	96.00
Kelly pad with Inflator		PC	714.00
Liquid hand soap	Lycodex, 1L	cont.	193.17
Lubricating jelly, 2L with dispencer	Aquagel, 2L	cont	2,050.00
Lubricating Jelly	Sterile 130gms	tube	135.00
Lubricating Jelly	Sterile 5gms, 100's	BOX	

			495.00
Macrodip set		PC	25.00
Mask	Surgical 50's, tie on	BOX	80.00
MAsk	Surgical 50's EURO	BOX	89.00
Medicine glass	Graduated, Local	PC	15.00
Mediscrub brush w/ chlorhexidine		PC	95.00
Microdip set	EURO 1's	PC	30.00
Nasal cannula	Adult, Besmed	PC	17.20
Nasal cannula	Pedia, Besmed	PC	17.25
Nasogastric tube	Fr.05 100cm long	PC	14.00
Nasogastric tube	Fr.5	PC	14.00
Nasogastric tube	Fr. 08	PC	14.00
Nasogastric tube	Fr.8 siliconized 100cm	PC	14.00
Nasogastric tube	Fr. 10	PC	15.00
Nasogastric tube	Fr. 12	PC	15.00
Nasogastric tube	Fr. 14	PC	15.00
Nasogastric tube	Fr. 16	PC	15.00
Nasogastric tube	Fr. 16	PC	15.00
Nasogastric tube	Fr. 18	PC	15.00
Nebulizer kit	Besmed	PC	44.00
Needles	G-18, disposable	BOX	158.00
Needles	G-19, disposable	BOX	158.00
Needles	G-20, disposable	BOX	158.00
Needles	G-21, disposable	BOX	158.00
Needles	G-22, disposable	BOX	158.00

Needles	G-22, disposable	BOX	158.00
Needles	G-22, disposable	BOX	158.00
Needles	G-23, disposable	BOX	158.00
Needles	G-24, disposable	BOX	158.00
Needles	G-25, disposable	BOX	158.00
Needles	G-26, disposable	BOX	158.00
Needles	Spinal G-25	BOX	1,249.00
Oxygen cannula with mask	Adult, Besmed	PC	25.90
Oxygen cannula with mask	Pedia, Besmed	PC	25.90
Plaster surgical	Hypoallergenic S-1/2", 24's	BOX	360.00
Plaster surgical	Hypoallergenic S-1", 12's	BOX	590.65
Plaster surgical	Hypoallergenic S-2", 6's	BOX	360.00
Polypropylene Mesh	non-absorbable, 6" x 6"	PC	3,200.00
Povidone Iodine	Antiseptic 10%, 4000ml	gal	490.00
Roller gauze	Bandage 3x10	roll	12.75
Roller gauze	Bandage 4x10	roll	14.64
Skin stapler	35w Visitat, USA	PC	400.00
Specimen cups	Plastic disposable	PC	4.30
Stop cock 3 way	Harsoria 50's	BOX	1,040.00
Suction set	with suction control and handle	set	215.00
Suction tip with tip control	Fr. 05, 100's	PC	7.50
Suction tip with tip control	Fr. 08, 100's	PC	7.50
Suction tip with tip control	Fr.10, 100's	PC	7.50
Suction tip with tip control	Fr.12, 100's	PC	7.50
Suction tip with tip control	Fr.14, 100's	PC	

			7.50
Suction tip with tip control	Fr.16, 100's	PC	7.50
Suction tip with tip control	Fr.18, 100's	PC	7.50
Surgicel 4x6"	J&J Ethicon (code1940)	PC	1,200.00
Suture Chromic 1 w/ needle	J&J ethicon (code W759)	doz	1,651.00
Suture Chromic 2.0 double arm	J&J ethicon (code W427)	doz	1,916.00
Suture Chromic 2.0 w/ needle	J&J ethicon (code W463)	doz	1,886.00
Suture Chromic 3.0 w/ needle	J&J ethicon (code W447)	doz	1,651.00
Suture Chromic 4.0 w/ needle	J&J ethicon (code W548)	doz	1,966.00
Suture Chromic 5.0 w/ needle	J&J ethicon (code W202H)	doz	6,129.00
Suture ethicon 3.0 w/ cutting needle	J&J ethicon (W1625)	doz	2,673.00
Suture Monocryl 1 w/ round needle	J&J ethicon	doz	6,563.00
Suture Silk 0 non needle	J&J ethicon	doz	1,493.00
Suture Silk 0 w/ needle	J&J ethicon	doz	2,011.00
Suture Silk 2.0 non needle	J&J ethicon	doz	1,415.00
Suture Silk 2.0 w/ needle	J&J ethicon	doz	1,509.00
Suture Silk 3.0 non needle	J&J ethicon	doz	1,414.00
Suture Silk 3.0 w/ needle	J&J ethicon	doz	1,509.00
Suture Silk 4.0 w/ needle	J&J ethicon	doz	2,546.00
Suture Vicryl 0 w/ needle	J&J ethicon	doz	4,903.00
Suture Vicryl 1 w/ needle	J&J ethicon	doz	4,456.00
Suture Vicryl 2.0 w/ needle	J&J ethicon	doz	3,520.00
Suture Vicryl 3.0 w/ cutting needle	J&J ethicon	doz	3,645.00
Suture Vicryl 3.0 w/ round needle	J&J ethicon	doz	2,641.00
Suture Vicryl 4.0 w/ cutting needle	J&J ethicon	doz	3,564.00

Suture Vicryl 4.0 w/ round needle	J&J ethicon	doz	4,000.00
Suture Vicryl 5.0 w/ cutting needle	J&J ethicon	doz	4,137.00
Suture Vicryl 5.0 w/ round needle	J&J ethicon	doz	8,333.00
Suture Vicryl 7.0 w/ round needle	J&J ethicon	doz	19,000.00
Suture PDS 2.0 w/ needle	J&J ethicon	doz	4,519.00
Suture Plain 2.0 w/ needle	J&J ethicon	doz	1,326.00
Suture Prolene 0 w/ round needle	J&J ethicon	doz	3,691.00
Suture Prolene 3.0 double arm	J&J ethicon	doz	3,691.00
Suture Prolene 3.0 double arm	J&J ethicon	doz	10,608.00
Suture Prolene 6.0 w/ round needle	J&J ethicon	doz	8,656.00
Suture Prolene 6.0 w/ cutting needle	J&J ethicon	doz	7,200.00
Suture Prolene 7.0 w/ round needle	J&J ethicon	doz	15,276.00
Suture Polyglactin	Fast absorbing 2-0,140cm double arm	doz	3,800.00
Suture Polydioxanone 0	150cm loop w/ round needle	doz	7,500.00
Syringe, Asepto	W/ tip cover, universal tip	PC	30.00
Syringe, Asepto	with tip cover, universl fit, China	PC	35.00
Syringe w/ needle	10cc, 100's EURO	BOX	304.00
Syring w/ needle	10cc 100's, PHILS.	BOX	575.00
Syringe w/ needle	1cc, 100's EURO	BOX	182.00
Syringe w/ needle	2.5cc, 100's EURO	BOX	154.00
Syringe w/ needle	1cc, 100's PHILS	BOX	565.00
Syringe w/ needle	2.5cc 100's, PHILS	BOX	368.00
Syringe w/ needle	3cc 100's, EURO	BOX	177.00
Syringe w/ needle	3cc 100's, PHILS	BOX	368.00
Syringe w/ needle	5cc 100's, EURO	BOX	

			445.00
Syringe w/ needel	20cc, 50's, EURO	BOX	370.00
Syringe w/ needle	20cc ORMED	BOX	424.00
Syringe w/ needle	50cc, 20's EURO	BOX	250.00
Syringe w/ needle	50cc, 20's ORMED	BOX	489.00
Thermometer	Non mercurial, digital	PC	45.00
Thermometer	Non mercurial, digital	PC	79.00
Thoracic catheter	Fr.32	PC	149.00
Thoracic catheter	Fr.28	PC	149.00
Thoracic catheter	Fr.36	PC	149.00
Tongue depressor, 100's		pack	112.00
Transparent Dressing w/ non stick pad	3M tegaderm	BOX	4,899.00
Urine bag w/ hanger	Calibrated lock, Suzhou Weikang	PC	11.00
Urine collector	With adhesive, calibrated	PC	3.35
Urine collector	With adhesive, calibrated	PC	5.95
Wadding sheet 6"		PC	35.00
IV Cannulation Kit	IV Cannula	POUCH	420.00
Absorbable hemostatic sponge	Ethicon (7cmx5cmx1cm)	PC	480.00
Adhesive cloth tape	tape 1/2 inches	Roll	110.00
Adhesive cloth tape	tape 1 inches	Roll	152.00
Adhesive cloth tape	tape 4 inche	Roll	468.00
Admitting Kit	-	Kit	192.00
Airway oral	oral no. 1	PC	54.00
Airway oral	oral no. 2	PC	54.00
Airway oral	oral no. 3	PC	54.00

Anesthesia Breathing Circuit	with 11 bags	PC	570.00
Anesthesia Breathing Circuit	with 2 L bag	PC	804.00
Aanesthesia Breathing Circuit	with 3 L bag	PC	600.00
Anesthesia Face Mask	S-1	PC	360.00
Anesthesia Face Mask	S-2	PC	360.00
Anesthesia Face Mask	S-3	PC	360.00
Anesthesia Face Mask	S-4	PC	360.00
Anesthesia Face Mask	S-5	PC	360.00
Blood Transfusion Set	--	PC	22.00
Chest Leads , Pedia	by 25	PC	8.00
Chest Leads, Adult	by 25	PC	22.00
Diaper-Adult	Medium	PC	22.00
Diaper-Adult-Large	--	PC	27.00
Glass Slide, Plain	by 72	BOX	54.00
Hepa Syringe	G-23	PC	54.00
Macrodrip Set	-	PC	48.00
Microdrip Set	-	PC	54.00
Nasal Cannula, Neonate	--	PC	22.00
NSD Kit (for Delivery Room Use)	--	PC	456.00
Povidone Iodine, Anteseptic, 10 %	-	Gal (3785 ml)	594.00
Povidone Iodine, Cleanser, 7.5 %	--	Gal (3785 ml)	594.00
Sharp Collector (puncture resistant)	4 L	PC	258.00
Suction Set	w/ univ tube, contrl & handle	set	258.00
ECG Tracing paper, 3 channels	-	roll	186.00
Tracheoustomy set, F8.0	Plastic	PC	

			8,040.00
SPLINT 2 X 3	-	PC	35.00
SPLINT 2 X 6	-	PC	42.00
SPLINT 3 X 1/2 X 18	-	PC	198.00
SPLINT 3 1/2 X 24	-	PC	222.00
SPLINT 3 X 10	-	PC	58.00
SPLINT 3 X 13	--	PC	156.00
SPLINT 3 X 8	-	PC	48.00
NEWBORN KIT	-	KIT	216.00
SURGICEL 4 X 6	--	DOZ	18,000.00
IV SPLINT, ADULT 3X8	-	PC	72.00
IV SPLINT, LARGE 3X10	--	PC	72.00
IV SPLINT NB	2X 1/2	PC	42.00
IV SPLINT	2X6	PC	60.00
SPLINT	2X3	PC	34.80
SPLINT	2X6	PC	42.00
SPLINT	3X1/2X18	PC	198.00
SPLINT	3X1/2X24	PC	222.00
SPLINT	3X13	PC	156.00
SPLINT	3X8	PC	48.00
alcohol	120% Isoprophyl	BOT	58.00
ABSORBENT GAUZE	with X-RAY detector (OS 4x36)	PACK	40.00
CANNULATION KIT	G. 18	PC	350.00
CANNULATION KIT	G.20	PC	350.00
CANNULATION KIT	G.22	PC	350.00

CANNULATION KIT	G. 24	PC	350.00
CANNULATION KIT	G.26	PC	350.00
CERVICAL COLLAR	washable, large	PC	380.00
CERVICAL COLLAR	washable, medium	PC	380.00
CERVICAL COLLAR	washable, small	PC	380.00
connecting tube	-	PC	110.00
Double Lumen Tube	S-28	PC	5,903.00
Double Lumen Tube	S-35	PC	5,903.00
Double Lumen Tube	S-37	PC	5,903.00
Double Lumen Tube	S-39	PC	5,903.00
Extension Tubing	3 way	PC	87.00
Gloves	for Ortho - S-7.0	PC	57.00
Gloves	for Ortho S-7.0	PC	57.00
Gloves	for Ortho S.70	PC	87.00
Gloves	for Ortho S-8.0	PC	87.00
IV Splints	Adult 3x8 (disposable)	PC	57.00
IV Splints	Adult 3x13 (disposable)	PC	130.00
IV Splints	Adult 3x18	PC	125.00
IV Splints	Adult 3x24 (disposable)	PC	185.00
IV Splints	Large 3x10 (disposable)	PC	48.00
IV Splints	Newborn 2x1 1/2 (disposable)	PC	26.00
IV Splints	Newborn 2x3 (disposable)	PC	29.00
IV Splints	Pedia 2x6 (disposable)	PC	35.00
Splint	Ortho 3 1/2 x 24	PC	185.00
Splint	Ortho 2 1/2 x 18	PC	

			165.00
Splint	Ortho 3 1/2 x 13	PC	130.00
Rae Tube	S 3.0	PC	788.00
Rae Tube	S 3.5	PC	788.00
Rae Tube	S. 4.0	PC	788.00
Rae Tube	S. 4.5	PC	788.00
Rae Tube	S 5.0	PC	788.00
Rae Tube	S 5.5	PC	788.00
Rae Tube	S 6.0	PC	788.00
Rae Tube	S 6.5	PC	788.00
Rae Tube	S 7.5	PC	788.00
Surgical Cast Padding	Stockinette 6 inch	PC	1,150.00
Transparent Sterile Dressing	9cm x 20 cm	PC	170.00
PILLOW	-	PC	150.00
DECOMEX/CIDEX	-	CC	0.35
OXYGEN (PIPE)	-	PSI	0.25
ADMISSION KIT	-	PC	200.00

ENDOSCOPY UNIT
External Services

1. SERVICE: ENDOSCOPY PROCEDURE FOR IN-AND OUT-PATIENT.

This covers the process for endoscopy procedure for in – and out-patient.

Office of Division	Endoscopy Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	Out-patient diagnoses and treat problems in upper GI (Gastrointestinal) tract and lower GI tract.

CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Doctors order for Endoscopy Procedure (1 original copy)	CVMC Nursing-Endoscopy Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. **ODP Client**: Stay at the receiving area and wait to be accommodated by the Endoscopy Nurse. **For In Patient**: Wait to be endorsed by the nurse on duty for Endoscopy procedure.	1. Accommodates patient as scheduled and registered at the OPD/ER. Accommodate patient for the procedure	None	5 minutes 5 minutes	Endoscopy Nurses
2. Inform the physician for the concern prior to the procedure	2. Assess the patient for endoscopy procedure	None	5 minutes	Endoscopy Nurses
3. Needs financial assistance **For OPD patients:** Proceed to Cashier for the payment or Malasakit for medical assistance.	3. Prepares and issue charge slip for the procedure EGD (Esophagogastroduodenoscopy) Injection Hemeostasis	 2,500.00 2,500.00	5 minutes	Endoscopy Nurses

For OPD patient that can be charged under Philhealth Proceed to the billing Section	EVL (Endoscopic Variciceal Ligation) Colonoscopy Colonoscopy with polypectomy PEG (Percutaneous endoscopic gastrostomy) Prepares charge slip, CF2, and CF4 and brings to billing section for filing.	5,000.00 3,250.00 5,000.00 5,000.00	10 minutes	
4. Proceed to Endoscopy Unit	4. Carry out doctor's order and perform the needed Endoscopy procedure EGD (Esophagogastroduodenoscopy) Injection Homeostasis EVL (Endoscopic Variceal Ligation) Colonoscopy Colonoscopy with Polypectomy PEG (Percutaneous endoscopic gastrostomy)	 2,500.00 2,500.00 5,000.00 3,250.00 5,000.00 5,000	3 minutes 10 minutes 10 minutes 10 minutes 30 minutes and 1 hour 30 minutes-1 and a half hour 30 minutes	Endoscopy Nurses

5. Stay at the recovery area	5. Monitor patient for untoward signs and symptoms and released result/s once available.	None	15 minutes	Endoscopy Nurses
6. **In-patient:** Wait for the nursing attendant to assist transfer to ward. **For OPD patients**: Leave the unit once stable.	6. **In-patient:** Transport patient to ward and endorse patients to nurse on duty. **For OPD patients:** Educate patients on medications or other pertinent instructions.	None Instructions	15 minutes	
	TOTAL	**EGD (Esophagogastroduodenoscopy)- 2,500.00** **Injection Homeostasis- 2,500.00** **EVL (Endoscopic Variceal Ligation)- 5,000.00** **Colonoscopy- 3,250.00** **Colonoscopy with Polypectomy- 5,000.00** **PEG (Percutaneous endoscopic gastrostomy)- 5,000.00**	**1hour & 13minutes** **1hour & 13minutes** **1hour & 13minutes** **2hour & 33minutes** **2hours & 3minutes** **1hour & 33minutes**	

HEALTH INFORMATION MANAGEMENT SECTION
External Services

1. Issuance of Death Certificate

This covers the process of issuance of Death Certificate

Office or Division:	Health Information Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Direct Relative of the Patient who Died in the Hospital

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid ID (1 Original Copy)	Government Agencies
Authorization Letter (1 Original Copy)	Concerned Client

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements	Interview & establish identity of applicant/informant	None	3 minutes	HIMS Staff
2.	Issue Death Certificate Draft form	None	1 Minute	
3.	Verify the patient's name from the Patient Data Base/Master Patients Index (MPI)	None	1 minute	HIMS Staff
4.	Retrieve patient's chart. Check if no obligation/cleared	None	10 Minutes	HIMS Staff
5.	Prepare Death Certificate (DC)	None	5 minutes	HIMS Staff
6. Review the DC	Instruct the client to review the prepared DC	None	3 minutes	HIMS Staff
7.	Identify and locate the Attending Physician of the patient for the signing of the death certificate.	None	Within the day	HIMS Staff
8.	Instruct applicant/informant to sign DC	None	1 minute	HIMS Staff

9.	Log DC in the Death Certificate Logbook	None	minute	HIMS Staff
10 Receive Death Certificate	Release 3 copies of DC to applicant/Informant	None	minute	HIMS Staff
11	Instruct to proceed to City Health Office then to Tuguegarao City Civil Registrar	None	minute	HIMS Staff
	TOTAL:	**None**	**WITHIN THE DAY And 27 minutes**	

2. Issuance of Medical Certificate and or Certificate of Confinement

This covers the process of issuance of Medical Certificate and or Certificate of Confinement

Office or Division:	Health Information Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient/Direct Relative of Patient 18 years old and above

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid ID (1Original Copy)	Government Agencies
Authorization Letter (1Original Copy)	Concerned Client
Charge Slip (1Original Copy)	Health Information Management Section
Official Receipt (1Original Copy)	Cashier

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Valid ID, Authorization Letter	1. Interview & establish identity of applicant Issue Request Form	None	3 minutes	HIMS Staff
2.	2. Verify the patient's name from the Database	None	1 minute	HIMS Staff
3.	Issue charge slip and instruct applicant to pay fee to the Cashier Section	None	1 minute	HIMS Staff
4.	4.1 Print Medical Certificate or Certificate of	None	1 minute	HIMS Staff

	Confinement 4.2 The HIMS head shall sign the Medical Certificate or Certificate of 4.3 Confinement (COC) Dry Seal Medical Certificate or Certificate of Confinement with CVMC Logo		1 minute 1 minute	
5. Proceed to Cashier Section and present charge slip together with the payment	Check charge slip and receive Payment corresponding with the amount in the charge slip and Issue Official Receipt	Php 100.00		Cashier Staff
6. Proceed to Health Information Management Section and present Official Receipt	Check Official Receipt	None	1 minute	HIMS Staff
7 eceive Medical Certificate or Certificate of Confinement	Log and release MC or COC	None	1 minute	HIMS Staff
Note: Medical Certificate can be requested the following day after the patient has been discharged				
	TOTAL:	**PHP 100**	**10 Minutes**	

3. Issuance for Copy/ies of Medical Records, Issuance for Medical Abstract, Issuance for Late Registration of Birth and Death Certificates, Accomplishment of Insurance Claims

This covers the process of issuance of Copy/ies of Medical Records, Medical Abstract, Late Registration of Birth and Death Certificates and accomplishment of Insurance Claims

Office or Division:	Health Information Management Section
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient/Direct Relative of Patient 18 years old and above

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid ID (1Original Copy)	Government Agencies
Authorization Letter (1Original Copy)	Concerned Client
Request Form (1Original Copy)	Health Information Management Section
Charge Slip (1Original Copy)	Health Information Management Section
Claim Stub (1Original Copy)	Health Information Management Section
Official Receipt (1Original Copy)	Cashier
Patient's Medical Record MA, Insurance Form, Birth & Death Cert., Medical Certificate (1Original Copy)	Health Information Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present Valid ID, Authorization Letter	1. Interview & establish identity of applicant. Issue Request Form	None	3 Minutes	HIMS Staff
2.	2. Verify patient's name from the Database/Master Patients Index (MPI)	None	1 Minute	HIMS Staff
3.	3. Explain to client the process on issuing/claiming Copies of Records, Medical Abstract, Late Registration of Birth and Death Certificates and Accomplishment of Insurance Claim Form	None	3 Minutes	HIMS Staff
4.	4. Issue charge slip with attached claim stub and instruct	None	1 Minute	HIMS Staff

	applicant to pay the fee to Cashier Section prior to claim			
5. Proceed to the Cashier and present charge slip together with the payment	5. Check Charge Slip and receive corresponding amount indicated in the charge slip and issue official receipt	Php 100.00- COR, MA, Insurance Form Php150.00 Late Birth & Death Certificates		Cashier
6. 6.1 6.2 6.3 6.4	6. Retrieve patient's record/chart 6.1 For COR: Photocopy the records (limited): Cover sheet, History, Physical Examination, Operating room records, Diagnostic Procedures, Laboratory Exams, Discharge Summary 6.2 For MA & Insurance Claim form: Give the request and patient's medical records to the secretary of the department to facilitate request of client 6.3 For Late Registration Death Certificate: Retrieve patient chart. Prepare DC & MC Bring to CMPS for signature 4 ɔr Late Registration of Birth Certificate: ·epare BC and MC ·ing to CMPS for signature	None	5 working days	HIMS Staff
7. Proceed to Health	ɔne			

	Information Management Section after 5 working days				
7.1	Show claim stub and Official receipt	1	heck Claim Stub and Official Receipt	ne	minute	HIMS Staff
7.2	Receive the requested documents	2	g and release the requested document		minute	HIMS Staff
			TOTAL:	**For COR, MA – PHP 100 For LBC/LDC – PHP 150**	**5 Working days and 10 minutes**	

4. Issuance of Medico-Legal Certificate

This covers the process of issuance of Medico-Legal Certificate

Office or Division:	Health Information Management Section
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient/Direct Relative of Patient 18 years and above

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid ID (1 Original Copy)	Government Agencies
Authorization Letter (1 Original Copy)	Concerned Client
Police Request (1 Original Copy)	Police Station
Charge Slip (1 Original Copy)	Health Information Management Section
Claim Stub (1 Original Copy)	Health Information Management Section
Official Receipt (1 Original Copy)	Health Information Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present Valid ID, Authorization Letter	1 Interview & establish identity of client	None	2 minutes	HIMS Staff
	2 Receive Police Request	None	1 minute	HIMS Staff
3.	3. Verify name of the patient in the Data	None	1 minute	HIMS Staff

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			Base			
4.		4.	Explain to client/applicant the process on issuing/claiming Medico-Legal Certificate	None	3 minutes	HIMS Staff
5.		5.	Issue charge slip with attached claim stub and instruct applicant to pay the fee to Cashier Section prior to claim Get Contact number and inform when to claim the requested document	None	2 minutes	HIMS Staff
6.	Proceed to the Cashier and present charge slip together with the payment	6.	Check Charge Slip and receive corresponding amount indicated in the charge slip and issue official receipt	Php 100.00		Cashier
7.1 7.2 7.3		7.1 7.2 7.3	Retrieve patient's chart Prepare Medico-legal certificate Bring Medico-Legal Certificate to Attending Physician for Signature	None	3 Working Days	HIMS Staff
8.1	Proceed to Health Information Management Section after 3 working days and Present Claim Slip	8.1	Check claim slip	None	1 minute	HIMS Staff
8.2	Receive Medico-Legal Certificate	8.2	Log and release the Medico-Legal Certificate		1 minute	HIMS Staff

	TOTAL:	**PHP 100.00**	**3 working days and 11 minutes**	

5. Issuance of Birth Certificate

This covers the process of Issuance of Birth Certificate

Office or Division:	Health Information Management Section
Classification:	Simple
Type of Transaction:	G2 – Government to Citizen
Who may avail:	Direct Relative of the Newborn

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Valid ID (1 Original Copy)	Government Agencies
Marriage Certificate of Parents	Philippine Statistics Authority
Birth Certificate of Parents (for some cases of unreliable information given)	Philippine Statistics Authority
Newborn Information Sheet	Health Information Management Section
Charge Slip	Health Information Management Section
Official Receipt	Cashier

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Presents requirements	Interviews & establishes identity of applicant/informant	None	3 minutes	HIMS Staff
2.	Retrieves the Newborn information sheet. Instructs the informant to complete the needed information in the NIS	None	1 minute 2 minutes	HIMS Staff
3. Completes the needed information in the NIS	None	None		Client
4. Gives back the NIS to HIMS Staff	Prepares Birth Certificate (BC)	None	5 minutes	HIMS Staff
5.	Instructs the informant to review	None	2 minutes	HIMS Staff

	the prepared BC			
6. Affixes signature on the prepared birth certificate	Instructs the informant to proceed to Cashier Section to pay BC Fee, and to the Admitting Section for the update of the new born information and issuance of Baby's Hospital no., after which, the informant shall photocopy the birth certificate.	None	2 minutes	HIMS Staff
7. Proceeds to cashier Section	Issues Official Receipt	100.00		Cashier Staff
8. Proceeds to Admitting Section	Updates the baby's information in the admitting system and issues the hospital number of the baby to the client	None		Admitting Staff
9. Photocopies the Birth Certificate (3 copies)	None	None		Client
10. Proceeds to Health Information Management Section Office	Logs the details of the newborn in the Birth Registry Logbook Instructs the informant: a. Married claim original copy of BC to LCR after one month. b. Not Married claim original copy of BC to HIMS office within confinement period and personally register the BC to the LCR	None	3 minutes	HIMS Staff

	TOTAL	**Php 100.00**	**18 minutes**	

6. Electronic Issuance of Medical Certificate or Certificate of Confinement

This covers the process of electronic issuance of medical certificate or certificate of confinement.

Office or Division:	Health Information Management Section
Classification:	Simple
Type of Transaction:	G2 – Government to Citizen
Who may avail:	Patient/Direct Relative of Patient 18 years old and above

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Valid ID with signature (1 Original Copy)	Government Agencies
Consent/Authorization Letter allowing CVMC to send requested by e-mail	Concerned Client

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Sends a request letter to secure electronic copy of medical certificate or certificate of confinement by e-mail	Acknowledges the request letter of the client by e-mail. Informs the client on the requirements to secure electronic copies of his/her requested document/s.	None	30 minutes	HIMS Staff
2. Sends the necessary requirements by e-mail	Prepares the requested document upon receipt of the requirements. The HIMS head shall affix signature in the medical certificate / certificate of confinement. Seals the requested documents with the CVMC Logo. Scans the	None	1 hour	HIMS Staff

	requested document.			
3.	Releases the requested document by e-mail	None	30 minutes	HIMS Staff
	TOTAL	**None**	**2 hours**	

7. Electronic Issuance of Medical Abstract and or Copies of Health Record

This covers the process of electronic issuance of medical abstract and or copies of health record.

Office or Division:	Health Information Management Section
Classification:	Simple
Type of Transaction:	G2 – Government to Citizen
Who may avail:	Patient/Direct Relative of Patient 18 years old and above

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid ID with signature (1 Original Copy)	Government Agencies
Consent/Authorization Letter allowing CVMC to send requested by e-mail	Concerned Client

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sends a request letter to secure electronic copy of medical certificate or certificate of confinement by e-mail	Acknowledges the request letter of the client by e-mail. Informs the client on the requirements to secure electronic copies of his/her requested document/s.	None	30 minutes	HIMS Staff
2. Sends the necessary requirements by e-mail	Prepares the requested document upon receipt of the requirements. Retrieves patient's record/chart **For COR**: - Photocopies the	None	5 working days	HIMS Staff

	records (limited): Cover sheet, Operating room records, Diagnostic Procedures, Laboratory Results, Discharge Summary -Brings authenticated photocopy to the section head for signature -Scans the signed patient's health record **For MA:** -Gives the request and patient's medical records to the secretary of the department to facilitate request of client -Scans the accomplished medical abstract			
3.	Releases the requested document by e-mail	None	30 minutes	HIMS Staff
	TOTAL	**None**	**5 working days and 1 hour**	

HEMODIALYSIS UNIT

External Services

1. HEMODIALYSIS PROCEDURE

Hemodialysis is a procedure where a dialysis machine and a special filter called an artificial kidney, or a dialyzer, are used to clean your blood.

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients diagnosed with End Stage Renal Disease requiring maintenance Hemodialysis Procedure

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
OPD Regular Client Hemodialysis Schedule **For In-Patient** Patients Chart with Doctors Hemodialysis prescription and consent (Photocopy/Certified True Copy, 1 Copy) **For Transient Client*** Hemodialysis Prescription/Order from the Physician, Latest Laboratory Results (Photocopy/Certified true copy, 1 copy) Hepatitis Profile (Photocopy, 1 Copy) Latest Three (3) Treatment Sheet (Photocopy 1 Copy each) PhilHealth Dialysis Database (PDD) Form (Photocopy, 1 copy)	Hemodialysis Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. REGISTRATION / RECEIVING **1.1 For Out-Patient**, brings himself / patient to Hemodialysis	1. Accommodates patient as scheduled and registers at the OPD Medical Records.	None	5 minutes	Hemodialysis nurse on duty and Nursing attendant
a. **For In Patient**, awaits to be endorsed by the ward nurse	1. Receives call from the ward nurse and gives necessary instructions.		5 minutes	Hemodialysis nurse
2. PREPARATION / TREATMENT 2.1 Stays at receiving area and waits for the readiness of the machine	2.1 Prepares Hemodialysis machine and materials needed.	None	20 Minutes	Hemodialysis nurse on duty and Nursing Attendant
2.2 Informs the physician for any concerns prior to the procedure.	2.2. Assesses the patient for the procedure	None	10 Minutes	Nephrology Rotator and Hemodialysis nurse

2.3 Proceeds to Hemodialysis treatment area for the procedure.	2.3. Carries out doctor's order and hooks patient to Hemodialysis machine.	None	5 minutes	Hemodialysis nurse on duty Nursing Attendant
2.4 Stays at the treatment area until the procedure is completed.	2.4. Monitors the patient and carries out doctor's orders.	None	4 hours	Hemodialysis Nurse on duty
3. CHARGING **<u>3.1.</u>** **<u>For OPD patients that can be charged under PhilHealth:</u>** proceeds to the billing section every two weeks for filing.	1. Accomplishes charge slip, CF2 and CF4	PHP 2,300.00 Hemodialysis Procedure PHP 3,000.00 Hemodialysis procedure and dialyzer	10 minutes	Hemodialysis Nurse on Duty and Nephrology Rotator
<u>3.2.</u> **<u>For OPD patients needing Financial Assistance</u>** A. Proceeds to Medical Social Service Section.	1. Prepares and issues charge slip for the procedure.	P2,300.00 Hemodialysis procedure P3,600.00 Hemodialysis procedure and dialyzer	5 minutes	Hemodialysis nurse on duty
2. Proceed back to Hemodialysis and presents the charge slip.	1. Checks the validity of charge slip and accomplishes / facilitates the Alagang Pinoy Tagubilin form.	None	15 minutes	Hemodialysis Nurse on Duty
<u>3.3.</u> **<u>For In-Patient that can be charged under PhilHealth</u>**, waits for the completion of documents.	Prepares charge slip and attaches the hospital charge form	PHP 2,300.00 Hemodialysis Procedure PHP 3,600.00 Hemodialysis Procedure and Dialyzer PHP 500.00 Emergency Fee	5 minutes	Hemodialysis Nurse on duty
<u>3.4.</u> **<u>For Out-Patients non-ambulatory,</u>** wait to be transported to the Lobby.	1. Transport patient to the Lobby.	None	15 Minutes	Hemodialysis Nursing Personnel

A. For In-patient, awaits to be endorsed back to ward by the hemodialysis nurse on duty.	1. Transports patient to ward and endorse patients to ward nurse on duty.	None	15 Minutes	Hemodialysis Nursing Personnel
	TOTAL:	**PHP 2,300.00 Hemodialysis Procedure** **PHP 3,600.00 Hemodialysis Procedure and Dialyzer** **PHP 500.00 Emergency Fee**	**For Out-Patient – 5 hours and 25 Minutes** **For In-patient – 5 hours**	

HEALTH EMERGENCY MANAGEMENT STAFF
External Services

1. BASIC LIFE SUPPORT TRAINING / STANDARD FIRST AID TRAINING

Designed to build participants confidence in performing CPR Skills and provide information in rapid assessment, perform skills in BLS/SFA and rapid defibrillation.

Office or Division:	Health Emergency Management Staff
Classification:	Complex
Type of Transaction:	G2B - Government to Business G2G – Government to Government
Who may avail:	All
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request letter for training (1 Original copy) ➢ Addressed to the Medical Center Chief ➢ Contains type of training, date(s), venue, target participants and cellphone number of person in charge ➢ Signed by the authorized officer	Requesting institution

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
COMMUNICATION PROCESS				
1. Submits request letter for training (ideally 1 month before the conduct of the activity) •In person or via email: cvmcr2@gmail.com/ cvmchemsr02@gmail.com	1. Receives request letter for training	None	2 minutes	MCC Secretary
	1.1. Informs the MCC of the request letter	None	2 minutes	MCC Secretary
	1.2. Forwards request letter to HEMS	None	2 minutes	MCC Secretary
	1.3. Checks HEMS schedule for the availability of personnel	None	10 minutes	HEMS

	1.4. Coordinates with the requesting institution upon approval of DRRM-H Manager	None	25 minutes	HEMS
	1.5. Requests for Hospital Order	None	1 day	HEMS
PREPARATION OF ACTIVITY				
	1. Prepares logistics needed	None	1 hour	HEMS
CONDUCT OF TRAINING				
1. Attends the training	1. Conducts the training program thru ➢ Lecture ➢ Demo / skills	None	BLS : 2 days SFA : 3 days	HEMS
1.1. Receives certificate of training and ID	1.1. Issues certificate of training and ID	None	1 hour	HEMS
	TOTAL:	**None**	**BLS : 3 days, 2 hours, 41 minutes** **SFA : 4 days , 2 hours, 41 minutes**	

2. EARTHQUAKE DRILL AND FIRE DRILL

Simulated emergency circumstances designed to test the ability of personnel to make the most appropriated decisions to ensure and prepare their safety during emergency disasters

Office or Division:	Health Emergency Management Staff
Classification:	Simple
Type of Transaction:	G2B - Government to Business G2G – Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request letter for training (1 Original copy) ➢ Addressed to the Medical Center Chief ➢ Contains type of drill, date(s), venue, target participants and cellphone number of person in charge ➢ Signed by the authorized officer	Requesting institution

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
COMMUNICATION PROCESS				
1. Submits request letter for a drill (ideally 1 month before the conduct of the activity) •In person or via email: cvmcr2@gmail.com /cvmchemsr02@gmail.com	1. Receives request letter for a drill	None	2 minutes	MCC Secretary
	1.1. Informs the MCC of the request letter	None	2 minutes	MCC Secretary
	1.2. Forwards request letter to HEMS	None	2 minutes	MCC Secretary
	1.3. Checks HEMS Schedule for the availability of personnel	None	10 minutes	HEMS
	1.4. Coordinates with the requesting institution	None	25 minutes	HEMS
	1.5. Requests for Hospital Order	None	1 day	HEMS
PREPARATION OF ACTIVITY				

1. Attends the briefing	1. Orients staffs on what to do during and after an earthquake or fire	None	30 minutes	HEMS
ACTUAL DRILL				
1. Carry outs earthquake / fire drill	1. Monitors and evaluates the execution of the drill	None	10 minutes	HEMS
1.1. Attends the debriefing	1.1. Conducts post-evaluation	None	5 minutes	HEMS
	TOTAL:	**None**	**day, 1 hour, 26 minutes**	

3. MEDICAL RESPONSE TEAM (FOR SCHEDULED ACTIVITIES)

Skilled group of individuals who prepare for and respond to any emergency incident and disaster

Office or Division:	Health Emergency Management Staff
Classification:	Simple
Type of Transaction:	G2B - Government to Business G2G – Government to Government
Who may avail:	All
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request letter for medical team (1 Original copy) ➢ Addressed to the Medical Center Chief ➢ Contains the date(s), venue and cellphone number of person in charge ➢ Signed by the authorized officer	Requesting institution

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
COMMUNICATION PROCESS				
1. Submits request letter for medical team (ideally 1 month before the conduct of the activity) •In person or via email: cvmcr2@gmail.com /cvmchemsr02@gmail.com	1. Receives request letter for medical team	None	2 minutes	MCC Secretary
	1.1. Informs the MCC	None	2 minutes	MCC Secretary

	of the request letter			
	1.2. Forwards request letter to HEMS	None	2 minutes	MCC Secretary
	1.3. Checks HEMS Schedule for the availability of personnel	None	10 minutes	HEMS
	1.4. Coordinates with the requesting institution	None	25 minutes	HEMS
	1.5. Requests for Hospital Order	None	1 day	HEMS
PREPARATION OF ACTIVITY				
	1. Prepares Logistics needed	None	1 hour	HEMS
DURING THE ACTIVITY				
	1. Check-in to the Command Center	None	2 minutes	HEMS
	1.1. Attends to various medical conditions	None	1 day	HEMS
	1.2. Check-out from the Command Center	None	2 minutes	HEMS
	TOTAL:	**None**	**2 day, 1 hour, 45 minutes**	

INTEGRATED HOSPITAL OPERATIONS MANAGEMENT AND PROGRAM UNIT
EXTERNAL SERVICES

1. Charging of Admitted Patients

This covers the process of Charging and Monitoring System at the Emergency Department.

Office or Division:	Integrated Hospital Operations Management Program Unit
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	Emergency Room Staff

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient Chart (1 original copy) and Patient's Charge Slip	Emergency Room

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive Patient's Charge Slip from the nurse on duty	1. Enter the supplies and procedures in the Charging System	None	1 minute	IHOMP STAFF
	2. Print the Charging Monitoring Sheet	None	1 minute	IHOMP STAFF
3. Submit the Charging Monitoring Sheet to Billing Section		None	1 minute	IHOMP STAFF
	TOTAL:		**3 minutes**	

2. Emergency Department Monitoring System

This covers the process to provide corrective actions of IT Equipment and Devices in the hospital.

Office or Division:	Integrated Hospital Operations and Management Program Unit
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	All units

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Referral form	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive the referral form	1. Fill up the patient's referral form	none	1 min	IHOMP STAFF
	2. Enter the information listed on the referral form to the System	none	1 min	IHOMP STAFF

3. Receive an update when the patient arrives	3. Update the Referral Queuing System.		1 min	IHOMP STAFF
	4. Update the ER Referral Monitoring Form		1 min	IHOMP STAFF
	TOTAL:		**4 minutes**	

3. Monitoring and Scanning of Nightingale Charts

This covers the process to provide corrective actions of IT Equipment and Devices in the hospital.

Office or Division:	Integrated Hospital Operations and Management Program Unit
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	All units
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Chart (from OPD records)	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive Patient's Chart	1. Monitor the disposition, time, date and final diagnosis of the patient chart in the Monitoring System	none	1 min	IHOMP STAFF
	2. Enter the data of the patient in the system	none	1 min	IHOMP STAFF
3. Update the system when the patient arrives	3. Update the Referral Queuing System.		1 min	IHOMP STAFF
	4. Update the ER Referral Monitoring Form		1 min	IHOMP STAFF
	TOTAL:		**4 minutes**	

INTENSIVE CARE UNIT
External Services

3. Receiving of Admitted Patients

This covers the process of receiving patients at Intensive Care Unit

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Medical Record (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call, initial endorsement	None	5 minutes	Nurse
2.	2. Prepares patient's bed and necessary equipment (Oxygen, Oxygen Guard, IV stand)	None	15 minutes	Nurse/ Nursing Attendant
3.	3. Receives endorsement from ED	None	20 minutes	Nurse
4. Cooperates with the Nurse, Nursing Attendant	4. Takes vital signs	None	10 minutes	Nurse/ Nursing Attendant
5. Cooperates with the Nurse	5. Performs patient assessment	None	15 minutes	Nurse
6. Ask questions, verifies and participates	6. Orients patient and/or watcher on policies	None	15 minutes	Nurse/ Nursing Attendant
7. Cooperates and participates with Nurse and/or Nursing Attendant	7. Performs/ assists patient on weaning of hospital gown	None	5 minutes	Nurse/ Nursing Attendant
8. Cooperates with the Nurse and/or Nursing Attendant	8. Transfer patient to bed	None	5 minutes	Nurse
9.	9. Inform the attending physician regarding the admission of patient	None	15 minutes	Nurse
	TOTAL:	**None**	**1 hour and 45 minutes**	

4. Medical or Surgical Procedure/Treatment

This covers the medical or surgical procedure/treatment of Intensive Care Unit

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Doctor's Order (1 Original Copy)	CVMC Nursing – Intensive Care Unit
Consent Form (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Verifies, checks and transcribes Doctor's Order	None	5 minutes	urse
2. Agrees with the intended procedure	2. Explains the procedure	None	0 minutes	urse/ Nursing Attendant
3. Signs consent form for the procedure	3. Countersigns consent form for the procedure	None	0 minutes	urse
4.	4. Prepares the necessary equipment and supplies needed	None	5 minutes	urse/ Nursing Attendant
5. Cooperates and participates with the procedure	5. Performs and/or assist in the procedure	None	0 minutes	urse/ Nursing Attendant
6. Cooperates and participates with the procedure	6. Monitors the patient	None	0 minutes	urse/ Nursing Attendant
7.	7. Documents the procedure done	None	5 minutes	urse/ Nursing Attendant
8.	8. Charges the supplies used	None	minutes	urse/ Nursing Attendant
	TOTAL:	**None**	**1 hour and 50 minutes**	

5. Pre-operative Nursing Care

This covers the process on Pre-operative Nursing Care

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient who were scheduled for operation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Consent for procedure (1 Original Copy)	CVMC Nursing – Intensive Care Unit
Consent for Anesthesia (1 Original Copy)	CVMC Nursing – Intensive Care Unit
Duly signed Operating Room Request Form (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Carries out Doctor's Order	None	5 minutes	Nurse
2. Ask questions, verifies and participates	2. Explains clearly the surgical procedure to be done	None	10 minutes	Doctor
3. Understand and agree to surgical procedure	3. 3.1 Witness the securing of the consent 3.2 Verifies completeness of OR request 3.3 Carry out pre-Anesthesia Orders	 None None None	 2 minutes 5 minutes 5 minutes	 Nurse Nurse Nurse
4.	4.			
	4.1 Performs health teachings and instructions to patient relevant to the surgery	None	15 minutes	Nurse
	4.2 Verifies appropriate clearance for Surgery (Cardiopulmonary clearance, Pedia Clearance) and availability of blood products if any	None	15 minutes	Nurse
	4.3 Receives call from Operating Room	None	5 minutes	Nurse

		Nurse to prepare patient			
5. Participates and cooperates	5.				
	5.1	Accomplishes pre-operative checklist	None	15 minutes	Nurse
	2	Checks the completeness of OR supplies as ordered	None	5 minutes	Nurse
	3	Takes patient's vital signs before administration of pre-operative medications	None	10 minutes	Nurse
	4	Administer pre-operative medications as ordered	None	3 minutes	Nurse
	5	Retakes patient's vital signs 15 minutes after administration of pre-operative medications	None	10 minutes	Nurse
	6	Performs documentation	None	15 minutes	Nurse
	7	Receives second call from Operating Room Nurse to transport patient to Operating Room	None	3 minutes	Nurse
	8	Transports patient safely to the Operating Room via Roller Stretcher/ wheelchair	None	15 minutes	Nurse/ Nursing Attendant
	9	Do proper endorsement to Operating Room Nurse.	None	15 minutes	Nurse
		TOTAL:	**None**	**2 hours and 33 minutes**	

6. Receiving of Post-Operative patient from OR

This covers the process on Receiving of Patients from OR

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Medical Record (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	1. Prepares necessary supplies and equipment.	None	15 minutes	Nurse/ Nursing Attendant
2.	2. Receives patient and endorsement from OR/PACU Nurse	None	20 minutes	Nurse
3.	3. Transfers patient to bed	None	10 minutes	Nurse/ Nursing Attendant
4. Asks questions, verifies, orient	4. Orients patient and watcher on policy	None	10 minutes	Nurse/ Nursing Attendant
5. Cooperates in the nursing care management	5. Performs dependent and independent post-operative immediately: - Hooking to cardiac monitor - Hooking to oxygen therapy as ordered - Initial assessment of vital signs	None	20 minutes	Nurse/ Nursing Attendant
6.	6. Carries out post-operative order (if there's any)	None	10 minutes	Nurse
7.	7. Informs Attending Physician of the patient (patient already at the ICU)	None	10 minutes	Nurse
	TOTAL:	**None**	**1 hour and 35 minutes**	

7. Trans-out to another Ward

This covers the process of trans-out to other ward

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Medical Record (1 Original Copy)	CVMC Nursing – Intensive Care Unit
Doctor's Order (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Verifies and carries out Doctor's Order	None	15 minutes	Nurse
2.	2. Notifies the patient/ watcher regarding the order for trans-out	None	10 minutes	Nurse
3.	3. Informs receiving ward regarding trans-out	None	15 minutes	Nurse
4.	4. Prepares patient and patient's medical records for transfer to other ward	None	10 minutes	Nurse/ Nursing Attendant
5. Patient/ Watcher participates with the transfer	5. 1 Transports patient to other ward 2 Endorses patient to other ward	None None	20 Minutes 10 Minutes	Nurse/ Nursing Attendant Nurse
	TOTAL:	None	1 hour and 20 minutes	

8. Discharge Process

This covers the discharging process of Intensive Care Unit

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Medical Record (1 Original Copy)	CVMC Nursing – Intensive Care Unit
Doctor's Order (1 Original Copy)	CVMC Nursing – Intensive Care Unit
Discharge Clearance Slip (1 Original Copy)	CVMC Nursing – Intensive Care Unit
Alagang Pinoy Tagubilin (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Verifies and carries out Doctor's Order	None	15 minutes	Nurse
2.	2. Brings the patient's medical records to the Doctor for the accomplishment of the CF4	None	10 minutes	Nurse
3.	3. Notifies the patient/ watcher regarding order for discharge	None	10 minutes	Nurse
4.	4. Checks and returns any unused medications to the pharmacy	None	20 minutes	Nurse
5.	5. Checks for completeness and arrange patient's medical record	None	30 minutes	Nurse
6.	6. Brings the Patient's Medical Record to the following sections for clearances: - Blood Bank Section - Pulmonary Unit - Hemodialysis Unit (if there's any)	None	30 minutes	Nursing Attendant
7. Awaits the bill	7. Calls the Billing Section to inform them of the patient's	None	10 minutes	Nurse

	medical record for billing and sends the Patient's Medical Record to the billing section			
8.	8. Checks the completeness of signatories in the Discharge Clearance Slip and affixes his/her signature	None	5 minutes	Nurse
9. Cooperates with the Nurse	9. Gives necessary discharge instructions and Alagang Pinoy Tagubilin	None	20 minutes	Nurse
10.	10. Removes contraptions and issues second copy of the clearance slip	None	10 minutes	Nurse
11.	11. Transports and accompanies the patient to the lobby	None	15 minutes	Nurse/ Nursing Attendant
12.	12. Presents the Discharge Clearance Slip to the Guard on Duty and removes the ID Band	None	5 minutes	Nurse/ Nursing Attendant
	TOTAL:	**None**	**3 hours**	

9. Discharge Process (Discharge Against Medical Advice)

This covers the process of Discharge against Medical Advice

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Duly signed waiver for Release of Responsibility (Discharge against Medical Advice) (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Watcher requests for Discharge Against Medical Advice	1. Notifies the Attending Physician for patient/watchers decision for Discharge Against Medical Advice	None	10 Minutes	Nurse
2.	2. Carries out Doctor's Order	None	5 Minutes	Nurse
3. Patient/watcher signs waiver for Discharge Against Medical Advice	3. Facilitates accomplishment of Release from Responsibility	None	5 Minutes	Nurse
4.	4. Signs as witness in the Release from Responsibility Form	None	5 Minutes	Nurse
5.	5. Brings the patient's medical records to the Doctor for the accomplishment of the CF4	None	10 Minutes	Nursing Attendant
6.	6. Checks and returns any unused medications to the pharmacy	None	20 Minutes	Nursing Attendant
7.	7. Checks for completeness and arrange patient's medical record	None	30 Minutes	Nurse
8.	8. Brings the Patient's Medical Record to the following sections for clearances: - Blood Bank Section - Pulmonary Unit	None	30 Minutes	Nursing Attendant

	- Hemodialysis Unit (if there's any)			
9. Awaits the bill	9. Calls the Billing Section to inform them of the patient's medical record for billing and sends the Patient's Medical Record to the billing section	None	10 Minutes	Nurse
10. Cooperates with the Nurse	10. Checks the completeness of signatories in the Discharge Clearance Slip and affixes his/her signature	None	5 Minutes	Nurse
11.	11. Gives necessary discharge instructions and Alagang Pinoy Tagubilin	None	20 Minutes	Nurse
12.	12. Removes contraptions and issues second copy of the clearance slip	None	10 Minutes	Nurse
13.	13. Transports and accompanies the patient to the lobby	None	10 Minutes	Nurse/Nursing Attendant
14.	14. Presents the Discharge Clearance Slip to the Guard on Duty and removes the ID Band	None	5 Minutes	Nurse/Nursing Attendant
	TOTAL:	**None**	**3 hours**	

10. Discharge Process (Transfer to Hospital of Choice within the Municipality of Tuguegarao)

This covers the process of Discharge of Transfer to Hospital of choice within Tuguegarao.

Office or Division:	Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly signed waiver for Release of Responsibility (Transfer to Hospital of Choice) (1 Original Copy)	CVMC Nursing – Intensive Care Unit

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Watcher requests for Transfer to Hospital of Choice	1.			
	1 Notifies the Attending Physician for patient/watchers' decision for Transfer to Hospital of Choice	None	10 Minutes	Nurse
	2 Carries out Doctor's Order	None	5 Minutes	Nurse
2. Watcher signs waiver for Transfer to Hospital	2. Facilitates accomplishment of Release from Responsibility	None	5 Minutes	Nurse
3.	3. Signs as witness in the Release from Responsibility Form	None	5 Minutes	Nurse
4.	4. Brings the patient's medical records to the Doctor for the accomplishment of the CF4	None	10 Minutes	Nursing Attendant
5.	5. Checks and returns any unused medications to the pharmacy	None	20 Minutes	Nursing Attendant
6. Awaits the bill	6.			
	1 Checks for completeness and arrange patient's medical record	None	30 Minutes	Nurse

	6.2	Brings the Patient's Medical Record to the following sections for clearances: - Blood Bank Section - Pulmonary Unit - Hemodialysis Unit (if there's any)	None	30 Minutes	Nursing Attendant
	6.3	Calls the Billing Section to inform them of the patient's medical record for billing and sends the Patient's Medical Record to the billing section	None	10 Minutes	Nurse
	6.4	Checks the completeness of signatories in the Discharge Clearance Slip and affixes his/her signature	None	5 Minutes	Nurse
	6.5	Coordinates with the Emergency Department Nurse of the Hospital of Choice regarding the transfer	None	20 Minutes	Nurse
7. Participates in the accomplishment of the Ambulance Conduction	7.	Gives the accomplished Ambulance Form and instructs the watcher to pay at the cashier	None	10 Minutes	Nurse
8. Gives the duly signed ambulance conduction from to the Nurse	8.				
	8.1	Brings the accomplished Ambulance Conduction Form to the Transport Unit	None	15 Minutes	Nursing Attendant

	8.2	Coordinates with the Transport Unit Personnel regarding the transfer	None	5 Minutes	Nurse
9. Cooperates with the Nurse	9.	Checks the completeness of signatories in the Discharge Clearance Slip and affixes his/her signature	None	5 Minutes	Nurse
10.	10.	Prepares the patient and informs the Attending Physician that the patient is ready for transfer to other hospital	None	15 Minutes	Nurse
11.	11.	Transports and accompanies the patient to the lobby	None	15 Minutes	Nurse/Nursing Attendant
12.	12.	Presents the Discharge Clearance Slip to the Guard on Duty and removes the ID Band	None	5 Minutes	Nurse/Nursing Attendant
		TOTAL:	**None**	**3 hours and 40 minutes**	

LUNG CARE UNIT

External Services

1. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving admitted patients.

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Department of Medicine

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	1. Receives call, initial endorsement.	None	30 minutes	Nurse
	1.1. Prepares patient's bed and necessary equipment (Oxygen, Oxygen guard, IV Stand)	None	30 minutes	Nursing Personnel
	2. Receives endorsement from ER/Ward Nurse	None	5 minutes	Nurse
A. Cooperates with the Nursing Personnel	2.1. Takes Vital Signs	None	10 minutes	Nurse
	2.2. Perform patient assessment.	None	10 minutes	Nurse
B. Ask questions, verifies, and participates.	2.3. Orients patient and/or watcher	None	15 minutes	Nurse/Nursing Attendant
	2.4. Performs/assists patient on wearing of hospital gown	None	5 minutes	Nursing Attendant
C. Cooperates and participates with Nursing Personnel	2.5. Transfers patient to bed	None	10 minutes	Nursing Attendant
	2.6. Informs the Attending Physician regarding admission of patient	None	10 minutes	Nurse
	TOTAL:	**None**	**2 Hours, 40 Minutes**	

2. DISCHARGE PROCESS

This covers the process of discharge process.

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	G2G – Government to Government
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse
	2. Notifies the patient/watcher regarding order for discharge. 2.1. Checks any unused medications and supplies and return it to the Pharmacy Section.	None None	5 minutes 10 minutes	Nurse Nurse & Nursing Attendant
	3. Checks for completeness of the Patient's Chart. 3.1. The Nurse shall check for the requirements for billing. 3.2. The Nursing Attendant brings the Patient's Clinical Record to the following Sections for the clearances: a. Blood Bank Section b. Hemodialysis Section c. Pulmonary Unit	None None None None	30 minutes 30 minutes 30 minutes 10 minutes	Nurse Nurse Nursing Attendant Nursing Attendant

	3.3. The Nursing Attendant forwards the Patient's Clinical Record to the Billing Section.			
The watcher receives discharge clearance slip and statement of account. The Watcher proceeds to the following section for clearance: Billing and Claims Unit Cashier Section Admitting and Information – watcher surrenders ID pass	4. The Billing and Claims Section personnel issues discharge clearance slip and statement of account. 4.1. The Admitting Section Personnel affixes signature for clearance. 4.2. The Nursing Attendant on duty Retrieves the Patient's Clinical Record from the Billing Section. 4.3. Unit Section Personnel affixes signature for clearance.	None None None None	60 minutes 10 minutes 10 minutes 10 minutes	Billing Clerk; Cashier Personnel Admitting Personnel Nursing Attendant Nurse
Cooperates with the Nurse.	5. Checks for the completeness of signatories in the Discharge Clearance Slip. 5.1. Gives necessary discharge instructions to the patient/watcher using Alagang Pinoy Tagubilin Form and affixes signature in the Discharge Slip. 5.2. Removes contraptions, issues second copy of clearance slip and Alagang Pinoy Tagubilin Form. 5.3. Endorses the patient to the Guard on duty for the	None None None None	5 minutes 10 minutes 15 minutes 5 minutes	Nurse Nurse Nurse Nurse/Nursing Attendant/Security Personnel

	removal of ID band and surrenders the discharge clearance slip.			
	TOTAL:	**None**	**4 hours, 10 minutes**	

3. MEDICAL OR SURGICAL PROCEDURE / TREATMENT

This covers the process of medical or surgical procedure/treatment.

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	G2G – Government to Government

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy) Informed Consent Request Form (1 Original Copy)	Department of Medicine

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBE**
	1. Verifies, checks, and transcribes Doctor's Order. 2. Explains the procedure. 2.1. Checks for consent for the procedure	None None None	15 minutes 10 minutes 5 minutes	Nurse Attending Physician Nurse
	3. Prepares the necessary equipment and supplies needed. 4. Assists in the procedure. 5. Cleans up after the procedure.	None None None	10 minutes 1 hour 30 minutes	Nursing Personnel Nursing Personnel Nursing Personnel
	6. Monitors the patient 6.1. Document the procedure done 6.2. Charges the Supplies used	None None None	1 Hour 5 minutes 5 minutes	Nurse Nurse Nurse/Nursing Attendant
	TOTAL:	**None**	**3 hours, 10 minutes**	

MEDICAL ONCOLOGY UNIT
External Services

I. PLAIN CONSULTATION

The Chemotherapy Unit of CVMC is an out-patient facility that aims to offer quality medical and nursing care treatment among stable adults and pedia patients with cancer.

Office or Division:	Chemotherapy Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail?	All clients requiring consult with an Oncologist

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Registration form (1 copy)	Cancer Center Registration Area
Patient Record (1 copy)	Cancer Center Registration Area
Doctor's Order (1 copy)	Chemotherapy Unit
Laboratory request (1 copy)	Chemotherapy Unit
Prescription (1 copy)	Chemotherapy Unit
Imaging request (1 copy)	Chemotherapy Unit
Referral form (1 copy)	Chemotherapy Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME *(In normal circumstances)*	PERSON RESPONSIBLE
3. Present himself/client to the registration area (Fill up registration form, if needed)	1.1. Ask the purpose of the visit 1.2. Interviews the patient/ watcher	None	3 mins.	Records Staff or Registration Officer
4. Proceed to the waiting area (2nd floor) until the patient's name is called	2.1. Take initial vital signs (BP, pulse rate, respiratory rate and temperature) of the patient including height and weight 2.2. Record gathered data in the patient's record	None	5 mins.	Nurse or Nursing Attendant
5. Proceed to the clinic for actual consultation	3.1. Perform History, Physical Examination and make orders of management or treatment 3.2. Verbalize referral to other service/department if needed	None	15 mins.	Attending Physician
	3.3. Verbalize chemotherapy schedule			Attending Physician and Nurse
6. Listen to the instructions to be given by the service provider	4.1. Instruct the patient and watcher on the date of chemotherapy and tests/ procedures to be done prior to the scheduled chemotherapy if warranted	None	`5 mins.	Nurse or Nursing Attendant
	TOTAL:	None	28 minutes	

Note: ***Plain consultations will take place after all <u>consultations with treatment</u> are done.***

2. CONSULTATION WITH TREATMENT

The Attending Physician recognizes the need of the client for Chemotherapy according to diagnostic procedures conducted.

Office or Division:	Chemotherapy Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail?	All clients requiring Chemotherapy

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Registration form (1 copy)	Cancer Center Registration Area
Patient Record (1 copy)	Cancer Center Registration Area
Treatment Checklist (1 copy)	Chemotherapy Unit
Laboratory request (1 copy)	Chemotherapy Unit
Prescription (1 copy)	Chemotherapy Unit
Imaging request (1 copy)	Chemotherapy Unit
Informed Consent (1 copy)	Chemotherapy Unit
Patient Discharge form (1 copy)	Chemotherapy Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME *(in normal circumstances)*	PERSON RESPONSIBLE
1. Present himself/client to the registration area (Fill up registration form, if needed)	1.1. Ask the purpose of the visit 1.2. Interviews the patient/ watcher	None	3 mins.	Records Staff or Registration Officer
2. Proceed to the waiting area (2nd floor) until the patient's name is called ***(for patients scheduled for chemotherapy, proceed to step 4)***	2.1. Take initial vital signs (BP, pulse rate, respiratory rate and temperature) of the patient including height and weight 2.2. Record gathered data in the patient's record	None	5 mins.	Nurse or Nursing Attendant
3. Proceed to the clinic for actual consultation ***(for new patients only)***	3.1. Perform History, Physical Examination and make orders of management or treatment	None	10 mins.	Attending Physician
	3.2. Verbalize initiation of chemotherapy for particular patient			Attending Physician and Nurse
4. Wait for the instruction to proceed in the Treatment Room.	4.1. Call the name of the patient. 4.2. Instruct to position in the infusion area. 4.3. Facilitate signing of consent.	None	5 mins.	Nurse or Nursing Attendant

5. Wait for the chemotherapy to be administered until finished *(Watcher shall process the discharge papers during the treatment)*	5.1. Check treatment checklist for the orders. 5.2. Transfer prescription to the order form for the Pharmacist to dispense and prepare the medicines 5.3. Insert IV line. 5.4. Prepare and dispense the ordered medicines. 5.5. Administer the medicines as ordered. 5.6. Monitor vital signs and any untoward signs/symptoms.	*per Hospital Billing System*	**(Depends on the protocol)** **<u>Palliative treatment</u> (5hrs-6hrs)** ● CHOP ● RCHOP ● ABVD ● Gemci-Carbo ● Doce-Carbo ● Pacli-Carbo ● Carbo-Pacli ● Doce-Carbo-Cisplatin ● Doce-Cisplatin ● Doce-Gemci ● Cis-Paclitaxel ● Gemcitabine ● Oxali-Irinotican ● Gem-Cisplatin ● P-A-C ● Etop-Cisplatin **<u>Adjuvant/Neo-Adjuvant</u> (3hours – 4hours)** ● Cisplatin ● Paclitaxel ● Docetaxel ● Doxorubicin ● Doxorubicin-Cyclophosphamide ● Cyclophosphamide ● Fluorouracil-Doxorubicin-Cyclophosphamide ● Methotrexate ● Doce-Cyclophosphamide **<u>Immunotherapy</u>**	Nurse Pharmacist Nurse

			(30mins-1hour) ● Trastuzumab /IV ● Trastuzumab /SQ ● Goserelin ● Leuprorelin **PEDIA PROTOCOL (30mins-1hour)** ● Vincristine ● L-aspha ● Cytarabine ● Vinblastine ● Dactinomycin **Biologics (30mins)** ● Epoetin ● Filgrastim **SUPPORT DRUGS (1hour – 2hours)** Zoledronic Acid ● Mesna	
6. Listen to the instructions to be given by the service provider.	6.1. Take vital signs post chemotherapy. 6.2. Instruct the patient and watcher on the home medications and date of the next chemotherapy. 6.3. If warranted, instruct the patient and watcher on the tests/ procedures to be done prior to the next chemotherapy session.	None	5 mins.	Nurse or Nursing Attendant Nurse
	TOTAL:	● ***per Hospital Billing System for PhilHealth eligible*** ● ***Patients may be referred to Social Service or Malasakit Center***	**1 to 7 hours** ***(Depends on the protocol above)***	

Note: ***Consultations with treatment are seen first by the attending physician.***

3.PATIENT ADMISSION

The Attending Physician recognizes the need of the client for hospital care thus the Admission Procedure.

Office or Division:	Chemotherapy Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail?	All ED patients requiring hospital admission

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Admission Slip (1 copy)	Chemotherapy Unit
Service Accommodation Agreement Form (1 copy)	Admitting Unit
Doctor's Order (1 copy)	Chemotherapy Unit
History form (1 copy)	Chemotherapy Unit
Physical Exam form (1 copy)	Chemotherapy Unit
Prescription (1 copy)	Chemotherapy Unit
Diagnostic requests (1 copy)	Chemotherapy Unit
Nurses Notes (1 copy)	Chemotherapy Unit
Patient chart (1 copy)	Chemotherapy Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME *(in normal circumstances)*	PERSON RESPONSIBLE
1.Receive information from the service provider	1.2. Inform client and watcher of the plan for admission 1.3. Accomplish admission slip and direct the watcher to the Admitting & Information Unit	None	3 mins.	Attending Physician
2.Bring admission slip to main or satellite Admitting Unit	1.1. Receive admission slip 1.2. Prepare admission papers	None	10 mins.	Admitting Clerk
3.Bring Admission papers to the Nursing staff and wait for the completion of documents	3.1. Make admission orders 3.2.Fill up history and physical exam forms and ancillary request/s 3.3.Make prescription/s	None	30 mins.	Attending Physician
	3.4.Carry out Doctor's orders within the limits of the unit. 3.5.Complete charting and other needed documentations.			Nurse
	3.6.Forward prescription to the Pharmacy.			Nursing Attendant
4.Accompany client going to the ward	4.1 Transport the patient to the ward.	None	5 mins.	Nurse & Nursing Attendant
	TOTAL:	None	48 mins.	

Medical Social Service Section
External Services

1. Classification of Patients

Patient classification evolved as a measure to ensure that the truly eligible and deserving indigents are given access to the limited resources of the government health facility. Republic Act # 747 of 1952, otherwise known as an Act to Regulate the Fees to be charged against Patients in Government Hospitals and Charity Clinics classifying patients according to their financial conditions has mandated the DOH to set necessarily rules and regulations for due execution of the provisions of this act.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out Patient, Emergency Department and In-Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Bill/Charge Slip (1 Original Copy)	From the Originating Department
Assessment Tool (1 original copy)	Social Service Section
MSS Card (1 original copy)	Social Service Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. For OPD and ER patient, presents the charge slip to	1.1 Verify if patient's treatment is covered by Philhealth thru POS portal.	None	2 minutes	Medical Social Worker
1.2 medical social worker on duty	1.2 Determines whether the patient is new or old	None	2 minutes	Social Service Staff
	1.2.1 For old patient, updates MSS card and patient's records in Excel Offline	None	2 minutes	Social Service Staff
	1.2.2 If new patient, orient purpose of assessment thru signing of consent form; Conduct eligibility assessment and issues MSS Card	None	30 minutes	Medical Social Worker
1.3	1.3 Conduct orientation on hospital policies and availment of MSS services	None	2 minutes	Medical Social Worker
1.4	1.4 Register new patient using Google Spreadsheet program and/or Excel Offline	None	1 minute	Medical Social Worker
1.5	1.5 Provide appropriate MSS intervention (Refer to STEPS on	None	5Minutes	Medical Social Worker

			Mobilization of Medical Assistance)			
			Use the socialized fees		2 minutes	
1.6		1.6	if no available funds &			
1.7	Patient/Watcher follows through with the Medical Social Worker's instruction	1.7	no Philhelalth package. Instruct to proceed to originating department.	None	1 minute	Medical Social Worker
				None		Medical Social Worker
2.	For In-patient, watcher presents himself to the medical social worker	2.1	Determines whether the patient is new or old upon receiving Admission Chart/Clinical cover sheet & Service Agreement form	None	1 minute	Social Service Staff
		2.2	For old patient, retrieves and updates the MSS card thru Excel Offline	None	1 minute	Medical Social Worker
2.3		2.3	Assesses new patient using the Assessment Tool & facilitates signing of Consent form	None	30 minutes	Medical Social Worker
2.1.3		2.4	Refer old and new patient to Philhealth for membership verification	None	1 minute	Medical Social Worker
2.4		2.4.1	For active membership, refer to Emergency Department to finalize admission process	None	1Minute	Medical Social Worker
		2.4.2	For inactive membership, identify patient's financial capability; Advise to pay Philhealth premium contribution if capable and enroll to POS program if incapable.	None	5 minutes	Medical Social Worker
2.5		2.5	Conduct orientation on hospital policies & MSS services then accomplish MSW Progress Notes &	None	1minutes	edical Social Worker
2.6		2.6	attach to admission			

1

			chart		1 minute
2.7	Patient/Watcher follows through with the Medical Social Worker's instruction	2.7	Register new patient using Google Spreadsheet Program and or Excel Offline and issue MSS card Instruct to proceed to Emergency Department for the finalization of the admission process		1 minute ɔcial Service Staff
			TOTAL:	**None**	OPD and ER patient: 1. Old patient – 9 Minutes 2. New Patient – 43 Minutes In-patient: 1. Old patient – 9 Minutes New Patient – 42 Minutes

2. Mobilization of Fund

2.1 Medical Assistance Program for Indigent Patients

It is the policy of the State to adopt an integrated and comprehensive approach to health development which shall endeavor the essential goods, health, and other social services available to all the people at affordable cost and to provide free medical care to paupers.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-Patient Department, Emergency Department and In-Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Hospital Bill/Charge Slip/Statement of Account/ Prescription pad – 2 Photocopies	Originating Department
Price Quotation – 3 original copies	Suppliers of Implant
Certificate of Confinement/Medical Certificate/Medical Abstract – 1 original copy	Hospital Information and Management Section Office
Assessment Tool (1 original copy)	Social Service Section
MAP Forms (1 original copy)	Social Service Section

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

1.	Brings and presents Request forms/Charge Slip/ Hospital Bill/Promissory Note to the Social Service Section	1.	Receives referral/charge slip for OPD/SOA for In-patients and identifies patients for inclusion to MAIP funds	None	1 minute	Medical Social Worker
2. 2.1 2.2	Truthfully answer the questions of the Social Worker Give Guarantee Letter to Social Worker	2. 2.1 2.2	Assesses if patient is under private/pay category If yes, receives and facilitates guarantee letter and refer Hospital Bill to MCC for approval/PF for approval of attending physician then proceed to next step If no, proceed to No. 3	None None	1 minute 5 minutes	Medical Social Worker Medical Social Worker
3.		3.	Prepares MAIP forms and forwards to MSS Head for recommending approval of the amount of assistance	None	2 minutes	Medical Social Worker
4.		4.	Deducts approved amount and affixes signature over printed name on the charge slip/SOA/PF	None	1 minute	Medical Social Worker
5. 5.1 5.2	 Patient/Watcher follows through with the Medical Social Worker's instruction	5. 5.1 5.2	Assesses if there is an existing balance on patient's bill If yes, refer patient to cashier for payment If no, affix signature in discharge slip under cashier portion and refer patient to Billing Section for clearance	None None	1 minute 1 minute 1 minute	Medical Social Worker Medical Social Worker Medical Social Worker

1

6.	6. Forward the MAIP forms to MCC Office for signatory and final approval	None	1 minute	Medical social worker
	TOTAL:	**None**	**14 minutes**	

2.2 PCSO Endowment Fund

The Philippine Charity Sweepstakes office (PCSO) as conceptualized and established the Individual Medical Assistance Program (IMAP) to attend to the financial needs of all individuals with health-related problems through the provision of medical assistance.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-Patient Department, Emergency Department and In-Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Statement of Account- 2 photocopy	Billing Section
Medical Abstract- 1 original	HIMS Section
Valid ID- 2 photocopy	Patient or Representative
Price Quotation- 3 original copies	Implant suppliers
IMAP Tool (1 original Copy)	Social Service Section
MSS Card (1 original Copy)	Social Service Section

CLIENT STEPS	AGENCY ACTIONS	EES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings and presents Statement of Account	1. Receives SOA for in-patient and identifies patients for inclusion to PCSO fund	None	1 minute	Medical Social Worker
2.	2. Assesses patient using the IMAP Tool and orients coverage of assistance and requirement	None	5 minutes	Medical Social Worker
2. Patient/watcher presents requirement	3. Validates completeness of requirements: Valid ID, Medical Abstract, SOA and or Price Quotation	None	1 minute	Medical Social Worker
4.	4. Recommends the amount of assistance	None	1 minute	Medical Social

	for the approval of the MSS head			Worker
5.	5. Accomplishes the Certificate of Eligibility and instructs the patient/watcher to sign acknowledgment receipt of approved assistance	None	1 minute	Medical Social Worker
6.	6. Deducts approved amount and affixes signature over printed name on the SOA	None	1 minute	Medical Social Worker
7. 7.1 Patient/Watcher follows through with the Medical Social Worker's instruction	7. Assesses if there is an existing balance on patient's bill 7.1 If yes, refer patient to other assistance: Socio-Civic Fund and/or MAIP funds following the required steps on availment; if none refer back to originating department	None None	 1 minute	 Medical Social Worker
8.	8. Prepares and submits monthly utilization report noted by MSS Head forwarded to accounting section and FMO for the approval and signatory of MCC	None	5 minutes	Medical Social Worker
9.	9. Files a copy of submitted report	None	1 minute	Medical Social Worker
	TOTAL:	**None**	**17 minutes**	

2.3 SOCIO-CIVIC Fund (OP Malasakit)

Republic Act No. 11463 also known as the Malasakit Center Act of 2019 and its Implementing Rules and Regulations, the Department of Health is mandated to issue subsequent guidelines to aid in achieving its objective of adopting a multi-sectoral approach in addressing health issues and affirm the inherently integrated and indivisible linkages between health and social services, ensuring that patients experience compassion and empathy (malasakit) as well as receiving the respect and dignity in the availment of health services and lastly, providing medical and financial assistance through one-stop shop.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-Patient Department, Emergency Department and In-Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Bill/Charge Slip/Statement of Account/Request Slip/Prescription Pad – 2 Photocopies	- From the Originating Department
Price Quotation – 1 original copy	- Suppliers of Implant
Valid ID-1 photocopy	Patient or Representative
Malasakit Unified Intake Sheet(1 original copy)	Social Service Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Brings and presents Charged Slip/ Hospital Bill/SOA/Request Slip/Prescription pad to the Social Service Section	1. Receives request slip/charge slip/prescription pad or SOA for In-patient and identifies patients for inclusion for socio-civic funds	None	1 minute	Medical Social Worker
2.	2. Assesses patient using Malasakit Unified Intake Sheet and orients coverage of assistance and requirements	None	5 minutes	Medical Social Worker
3. Patient/watcher presents requirement	3. Validates completeness of requirement: Valid ID, prescription pad/charge slip and request for OPD and SOA for in-patient	None	1 minute	Medical Social Worker
4.	4. Deducts approved amount and affixes signature over printed name of the charge slip/SOA	None	1 minute	edical Social Worker

5. Patient/Watcher follows through with the Medical Social Worker's instruction	5. Refers patient/watcher to MAIP funds if there is existing balance; if none instructs to proceed to originating department	None	1 minute	Medical Social Worker
6.	6. Records recipients in Malasakit Control Logbook	None	1 minute	Medical Social Worker
7.	7. Prepares and submits monthly utilization report to Accounting Section and FMO after the approval and signatory of the MSS Head	None	5 minutes	Medical Social Worker
8.	8. Files a copy of the submitted report	None	1 minute	Medical Social Worker
	TOTAL:	**None**	**16minutes**	

2.4 Enrollment to Point of Service Program

Along with the introduction of Philhealth Insurance Corporation (Philhealth) of all the Case Rates (ACR) was the introduction of the No Balance Billing Policy which states that no other fees or expense shall be charged to the Indigent patient, subject to the guidelines by the Corporation. The NBB policy was among the first policies of Philhealth that aimed to drastically reduce patient's out-of-pocket expense to ensure financial risk protection for indigent, sponsored, domestic worker or kasambahay, senior citizen and lifetime members.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-Patient Department, Emergency Department and In-Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Clinical Cover Sheet and Service Agreement Form	Admitting Section/Service ward
Request form for minor surgeries	Originating Department
Philhealth Forms (PMRF & CF1) – 1 original copy	Social Service Section
Assessment Tool & MSS Card (1 original copy)	Social Service Section
Valid ID-1 photocopy	Patient or Representative

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Brings and presents Clinical Cover	1. Receives Clinical Cover sheet & Service	None	1 minute	Medical Social Worker

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sheet and Service Agreement Form	Agreement form and identifies patient for inclusion to POS program			
2.	2. Identifies patient's membership	None	1 minute	Medical Social Worker
2.1	2.1 If with existing membership, validates consistency of old record	None	1 minute	Medical Social Worker
2.1.1	2.1.1 If with discrepancies on member's information with undeclared dependents, proceed to step 2.2	None	3 minutes	Medical Social Worker
2.1.2	2.1.2 If without discrepancy in member's information, proceed to step 4	None	5 minutes	Medical Social Worker
2.2	2.2 If without existing membership, instruct patient/watcher to provide necessary documents: Valid ID/Birth Certificate/Marriage Contract	None	3 minutes	Medical Social Worker
3.	3. Refers to Admitting Section for updating of information	None	1 minute	Medical Social Worker
4.	4. Assists patient/watcher to fill-out PHIC forms: PMRF and CF1	None	5 minutes	Medical Social Worker
5.	5. Approves membership by affixing signature over printed name in accomplished PMRF	None	1 minute	Medical Social Worker

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6.	Patient/Watcher follows through with the Medical Social Worker's instruction	6.	Attaches the original copies of PMRF and CF1 to patient's admitting form and instructs to return to originating department	None	1 minute	Medical Social Worker
7.		7.	Gives photocopy of PMRF to patient/watcher and orients them the validity of the membership	None	1 minute	Medical Social Worker
8.		8.	Files a copy for reference and register to POS Control Logbook	None	1 minute	Medical Social Worker
9.		9.	Enroll PHIC members to POS portal with attached POS Availment Certificate	None	2 minutes	Social Service Staff
10.		10.	Receives claims from Billing Section for generation of PBEF and attachment of necessary documents	None	4 minutes	Social Service Staff
			TOTAL:	**None**	**30 minutes**	

2.5 Cancer Assistance Fund

RA 11215 known as National Integrated Cancer Control Act which seeks to provide an integrated and holistic support to cancer treatment and management. The CAF as envisioned by this act shall be implemented to complement and supplement the existing financial support mechanisms exclusive for cancer patients, persons living with cancer and cancer survivors.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-Patient Department, Emergency Department and In-Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

Hospital Bill/Charge Slip/ and request slip/ Prescription pad – 2 Photocopy	Originating Department
Medical Certificate- 2 photocopy	HIMS Section
Assessment Tool and MSS Card – 1 original	Social Service Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Brings and presents Medical certificate, Charge Slip, request form, and or Hospital bill	1. Receive Medical certificate, charge slips and request for OPD/SOA for in-patient and identify patients for inclusion to Cancer Assistance Fund	None	1 minute	Medical Social Worker
2.	2. Validate presented requirements	None	1 minute	Medical Social Worker
3.	3. Register the patient in the CAF Registry line list	None	1 minute	Medical Social Worker
4. Patient/Watcher follows through with the Medical Social Worker's instruction	4. Deduct the amount covered by CAF, if there is any balance, refer to MAIP fund and follow the steps in availing the assistance ; if none instruct patient to originating department	None	1 minute	Medical Social Worker
5.	5. Prepare and submit monthly utilization report noted by MSS head forwarded to Accounting Section and FMO for the approval and signatory of MCC	None	5 minutes	Medical Social Worker
6.	6. File a copy of submitted report	None	1 minute	Medical Social Worker
	TOTAL:	**None**	**10 minutes**	

2.6 diagnostic procedures not available in this hospital

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receive approved request letter and request form from MCC/CMPS	None	1 minute	Social Service Staff
2.	2. Assess the type of request	None	1 minute	Social Service Staff
2.1	2.1 If the request is medicine, give pharmacy a photocopy of the approved request and instruct the originating ward/department to follow-up directly to Pharmacy section then file a copy and register to control notebook	None	3 minutes	Social Service Staff
2.2.	2.2. If the request is less than Fifteen Thousand Pesos (15,000) without MOA, use available fund of the Medical Social Service	None	1 minute	Medical Social Worker
2.2.1	2.2.1 Inform the requesting physician to avail the cash and return receipt after five days of replenishment	None	3 minutes	Medical Social Worker
2.2.2	2.2.2 The requesting physician shall affix his/her signature over printed name on the cash receiving logbook and petty cash voucher for the approval of MSS Head	None	3 minutes	Medical Social Worker Attending Physician

2.3 2.3.1	2.3 2.3.1	If the request is more than Fifteen Thousand Pesos (15,000) without MOA, prepare Case Study for approval to MCC to be charged against CVMC funds Inform the requesting physician of the approved case study to conduct the request	None None	1 hour and 30 minutes 1 minute	Medical Social Worker Medical Social Worker
2.4 2.4.1	2.4 2.4.1	If the request is under MOA, instruct the concerned diagnostic department to Prepare LOA for approval of MSS Head and FMO Return the approved LOA and request form to concerned diagnostic department to inform the requesting physician	None None	2 minutes 2 minutes	Medical Social Worker Medical Social Worker
2.5	2.5	File a copy of the request, LOA, Case Study and register to control logbook	None	2 minutes	Social Service Staff
		TOTAL	**NONE**	**Request is:** **Medicine= 7 minutes** **Less than approved amount without MOA= 14 minutes** **More than approved amount without MOA= 1 hour & 33 minutes** **With MOA= 6 minutes**	

3. Managing Referrals

Referral to partner and allied agencies promote the comprehensive delivery of social services and strengthen the linkages set based on the available programs and services. It also acknowledges that each institution has its limitations that can only be provided thru the process of referral.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-Patient Department, Emergency Department and In-Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Referral to other Agency form – 1 original copy	Social Service Section
SOA and or Prescription Pad- 1 original copy	Originating Department
Medical Certificate/Certificate of Confinement – 1 Original copy	Hospital Information and Management Section Office
Valid ID-1 photocopy	Patient or Representative

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Presents himself to the Social Service Section	1 Receive Referrals from wards, Out-Patient Department (OPD) / Emergency Department (ED) through Referral to Medical Social Service form (Refer to SS-005-3) and through phone calls and incoming referrals from MCC	None	1 minute	Medical Social Worker
2	2 Assess and identify the needs of the patient	None	2 minutes	Medical Social Worker
2.1 Presents the needed requirements 2.1.1	2.1 If patient need to avail medical assistance to other agencies: 2.1.1 Instruct the patient/watcher to provide requirements:	None	1 minute	Medical Social Worker

1

		Certificate Confinement/ Medical Certificate Valid Identification Card Doctor's prescription and/or Doctor's request for diagnostic procedures			
2.1.2		2.1.2 Accomplish the Referral to Other Agencies Form	None	3 minutes	Medical Social Worker
2.1.3		2.1.3 Forward to the MSS Head for review and approval	None	1 minute	Medical Social Worker
2.1.4		2.1.4 Coordinate with the referring agency about the patient's needs and establish a continuing working relationship with referring agency	None	5 minutes	Medical Social Worker
2.1.5	Patient/Watcher follows through with the Medical Social Worker's instruction	2.1.5 Instruct patient/watcher to bring the Referral to Other Agencies form with complete requirements to the referring agency	None	1 minute	Medical Social Worker
2.2 2.2.1		2.2 If patient needs a watcher: 2.2.1 Contact and inform the family/relatives about the need and purpose of having a watcher	None	5 minutes	Medical Social Worker
2.2.2		2.2.2 Inform Barangay Officials/MSWDO if family and relatives are not contacted	None	2 minutes	Medical Social Worker
2.2.3		2.2.3 Inform the referring ward of the contacted watcher and no watcher for	None	4 minutes	Medical Social Worker

	possible intervention after all exhausted efforts have been made			
2.3 2.3.1	2.3 If patient is an OFW needing medical management 2.3.1 Inform concerned ward for the Letter of Acceptance (LOA) of the Patient	None	1 minute	Medical Social Worker
2.3.2	2.3.2 Receive the approved LOA from the MCC	None	1 minute	Medical Social Worker
2.3.3	2.3.3 Send the approved LOA to OWWA email address	None	1 minute	Medical Social Worker
3.	3. Document all casework proceedings and file them	None	2 minutes	Medical Social Worker
	TOTAL:	**None**	**Referral to other agency = 14 minutes Referral with no Watcher= 15 minutes OFW Referral = 8 minutes**	

4. MANAGEMENT OF ABANDONED / ABSCONDED PATIENTS AND UNCLAIMED CADAVER

4.1 Attendance to Referrals of Abandoned/Absconded and Unclaimed cadaver

One of the advocacies of social service is to ensure that no patient should be left alone. One way to ensure such is to advocate for one's right to be with their family, bond, love and be loved by their loved ones. All the same, to have a proper burial. In the same vein, the families right to care and love their members and relatives, to be with their loved ones on their difficult or final moment and/or show love or pay their last respect as enshrined in the 1987 Philippine Constitution, Article XV.

Office or Division:	Medical Social Service Section
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen

Who may avail:	Out-Patient Department, Emergency Department and In-Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Referral form from the concerned wards – 1 original copy	Originating Department
Certificate of Public Announcement on Social Media – 1 original copy	Social Media Office
Certificate of Death- original copy	HIMS Office
Incident Report- 1 original copy	Originating Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receive the referral from concerned ward	None	1 minute	Medical Social Worker
2.	2. Gather data from the medical record of the patient	None	2 minutes	Medical Social Worker
3.	3. Inform the case to agency concerned and make all possible means to locate the family through public service and home visit	None	5 minutes	Medical Social Worker
3.1 3.1.1	3.1 For located family, 3.1.1 Establish the identity of the claimant and provide counseling before surrendering the patient or the cadaver to the family	None	10 minutes	Medical Social Worker
3.1.2	3.1.2 Assist the absconded patient in settlement of outstanding hospital bills through available medical assistance	None	2 minutes	Medical Social Worker
3.1.3	3.1.3 Conduct home conduction using home/agency Conduction Report Form for behaved and improved Psychiatry patients	None	4 days	Medical Social Worker
3.2 3.2.1	3.2 For unlocated family 3.2.1 Endorse the abandoned patient to referring agency	None	20 minutes	Medical Social Worker
3.2.2	3.2.2 Inform the concerned ward of unlocated family of the absconded patient and request copy of Incident Report	None	1 minute	Medical Social Worker
3.2.3	3.2.3 Prepare a request letter addressed to the	None	5 minutes	Medical Social Worker

	MCC/CMPS/CHPO/CAO for the approval of the pauper's burial of unclaimed cadaver in preparation of pauper's burial through the approval of the Medical Center Chief			
3.2.4	3.2.4 Bury the cadaver at the Public cemetery once family/relatives were not located for a minimum period of seven (7) days and maximum of ten (10) days	None	3 hours	Medical Social Worker
4	4 Ensure proper documentation through logbooks, photographs and secures certification for all exhausted efforts	None	1 minute	Medical Social Worker
	TOTAL:	**None**	**For located Family: Cadaver= 19 minutes Absconded= 10 minutes Unclaimed behaved/improved patient= 4 days For Unlocated Family: Cadaver = 3 hours and 6 minutes Abandoned= 28 minutes Absconded = 9 minutes**	

4.2 Management of Cadavers during Pandemic

Proper management of human remains stay relevant to ensure health and containing the spread of diseases. Hence, the DILG Memo. Cir. No. 2020-063 or the Interim Guidelines on the Management of Human Remains for PUI and Confirmed COVID-19 Cases was promulgated to provide for the proper management of infectious human remains. Verily, the Medical Social Service is one on maintaining health and limiting if not eradicating the spread of coronavirus within the community

Office or Division:	Medical Social Service Section
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-Patient Department, Emergency Department and In-Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
RTCPR Result – 1 original copy	Originating Department
Certificate of Death – 1 original copy	Originating Department

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

		PAID		
1. The Nurse on Duty presents to Social Service referral and Incident Report	1. Verify through the ICC and Molecular Laboratory on the swab results where the two sections are responsible to inform the Medical Social Service immediately upon the availability of the results for fast facilitation of the cadavers	None	2 minutes	Medical Social Worker
2. 2.1	2. If positive results: 2.1 Inform and coordinate to Municipal Health Officer (MHO) after the attending physician divulge the result to family so that the MHO and the bereaved family settle about place of burial and funeral service with DOH protocol information	None	5 minutes	Medical Social Worker
2.2	2.2 Follow-up to family the place and the time of burial of cadaver as per DOH protocol	None	5 minutes	Medical Social Worker
2.3	2.3 Conduct counselling to give comfort to grieving families	None	10 minutes	Medical Social Worker
2.4	2.4 Coordinate to billing section and COVID ward on the cadaver's clearance and medical certificate	None	5 minutes	Medical Social Worker
2.5	2.5 Inform Philippine National Police (PNP) for escort to ensure proper disposal of cadaver directly to identified cemetery once the clearance, medical certificate, burial place and funeral service are settled	None	2 minutes	Medical Social Worker
3. 3.1	3. If negative results 3.1 Coordinate to billing for clearance	None	1 minute	Medical Social Worker
4.	4. Inform their relatives to fetch the cadaver and	None	10 minutes	Medical Social Worker

	conduct counselling			
TOTAL:		**None**	**Positive results= 29 minutes Negative results= 13 minutes**	

4.3 Management of Vagrant patients

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Secure Social Case Study Report from the referring agency	None	1 minute	Medical Social Worker
2.	2. Coordinate with the multi-disciplinary team (MDT)	None	2 minutes	Medical Social Worker
3.	3. If the patient is for admission, the OPD/ER MSW shall instruct the referring agency to sign the inter-agency agreement form	None	1 minute	Medical Social Worker
4.	4 Refer the patient to Behavioral Medicine Social Worker who shall:	None	1 minute	Medical Social Worker
4.1	4.1 Receive and conduct profiling of patient and accomplish the MSS Progress Notes	None	10 minutes	Medical Social Worker
4.2	4.2 Locate the patient's family through mass media	None	10 minutes	Medical Social Worker
4.3	4.3 Send letter to identified family if there is	None	5 minutes	Medical Social Worker
1.	4.3 If patient is for discharge, seek assistance from referring agency in locating patients family	None	5 minutes	Medical Social Worker
TOTAL:		**None**	**1 hour & 15 minutes**	

5. Managing Special Cases Covered Under Special laws

This program encompasses the laws for Persons Deprived of Liberty, VAWC Cases and cases of repatriation. Promoting health as well as recognizing their needs and to preserve human dignity is essential for victims of these cases. It promotes hope and acceptance from the society and instilling the value of life among them.

Office or Division:	Medical Social Service Section
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Out-Patient Department, Emergency Department and In-Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Referral Letter – 1 original copy	Referring agency
Case Study Report – 1 original Copy	Social Service Section
Police Blotter – 1 original copy	PNP Office
Assessment Tool -1 original copy	Social Service Section
Intake Form (Women & Child) – original copy	Social Service Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present herself to social service with referrals	1. Receive referrals through phone calls/text and or Referral to MSS form and incoming referrals from MCC	None	1 minute	Medical Social Worker
2.	2. Establish rapport with patient and watcher and attend to their immediate needs	None	30 minutes	Medical Social Worker
3.	3. Coordinate with MDT members.	None	2 minutes	Medical Social Worker
4.	4. Record through the conduct of joint interview with the MDT to the patient or family	None	30 minutes	Medical Social Worker
5.	5. Provide appropriate psychosocial intervention & counseling to patient/family	None	30 minutes	Medical Social Worker
6.	6. Input the gathered information to the data system through WCPMIS	None	2 minutes	Medical Social Worker

7.	7. Refer the patient to Local Social Welfare and Development Office or Department of Social Welfare and or other NGOs for further assistance if necessary	None	2 minutes	Medical Social Worker
8.	8. Prepare Social Case Study Report for ready reference	None	10 minutes	Medical Social Worker
9.	9. Record the case to the Special Cases Control Logbook	None	1 minute	Medical Social Worker
	TOTAL:	**None**	**1 hour & 48 minutes**	

MATERIALS AND MANAGEMENT SECTION
External Services

1. Acceptance of Deliveries

This covers the process of acceptance of deliveries.

Office or Division:	MATERIALS AND MANAGEMENT SECTION
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
Who may avail:	Suppliers

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Sales Invoice, Delivery Receipt, OR (1 original Copy)	Concerned Company/Agency

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1 Present Sales Invoice/Delivery Receipt/Official Receipt	1 Verifies purchase order of the specific delivery for conformance of items being delivered	None	10 minutes	Warehouseman or Administrative Officer III
2 Proceed to docking area for the dropping of supplies being 2.1 delivered None	2. Informs inspector and end-user regarding the delivery of items 2. 1 Accounts the actual number of delivery items	None	60 minutes	Warehouseman or Administrative Officer III
3 Proceed to team-leader-in-charge for the signing of sales invoice/delivery receipt/official receipt	3. Signs the sales invoice/delivery receipt/official receipt upon perfection of delivery	None	5 minutes	Warehouseman or Administrative Officer III
	TOTAL:	**None**	**1 hour 15 minutes**	

NEONATAL INTENSIVE CARE UNIT

External Services

1. Receiving of Patients and Admission

This process covers the receiving of patients and admission at Neonatal Intensive Care Unit

Office or Division:	Neonatal Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2C – Government to Government
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Admission Slip (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Newborn Record (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Ballards Score Form (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
EINC Form (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Admission Records: Clinical Cover Sheet and Agreement on Service Accommodation (1 Original Copy)	CVMC Admitting Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call, initial endorsement	None	5 minutes	Nurse
2.	2. Prepares patient's bassinette and necessary equipment (Oxygen, Oxygen Guard, IV stand, Infusion Pump, Droplight, Bili light, Intubation set)	None	15 minutes	Nurse/Midwife
3.	3. Receives endorsement from OR/DR Nurse, Midwife or Pediatrician	None	5 minutes	Nurse
4.	4. Counterchecks gender and identification band correct label and placement	None	1 minute	Nurse/Midwife

5.	5. Takes Vital Signs	None	10 minutes	Nurse/Midwife
6.	6. Performs patient assessment	None	10 minutes	Nurse
7.	7. Performs admission care (wearing of baby's gown and diapers, placing of ID band)	None	10 minutes	Nurse/Midwife
	patient's hospital gown			
8.	8. Transfers patient to bassinet/ isolette	None	5 minutes	Nurse/ Midwife
9.	9. Review and carry out Doctor's admitting orders	None	30 minutes	Nurse
10. Signs Consent for Hospital care	10. Witness the explaining and signing of the consent for admission	None	5 minutes	Nurse
11.	11. Verifies completeness of Admission Slip	None	3 minutes	Nurse
12. Brings Admission slip to the Admitting Section	12. Instructs watcher to proceed to the Admitting and Information Unit	None	30 minutes	Nurse
13. Brings Admission Records to Unit	13. Receives Admission Records	None	10 minutes	Nurse/ Midwife
14. Ask questions, verifies, cooperates, and participates	14. Orients watcher on policies	None	10 minutes	Nurse
	TOTAL:	**None**	**2 hours and 29 minutes**	

2. Discharge Process

This process covers the discharge process of Neonatal Intensive Care Unit

Office or Division:	Neonatal Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2C – Government to Government
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Health Record (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Discharge Clearance Slip (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Alagang Pinoy Tagubilin Form (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Newborn Discharge Summary (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Verifies and carries out Doctor's Order	None	5 minutes	Nurse
2.	2. Notifies the watcher regarding order for discharge	None	5 minutes	Nurse
3.	3. Checks any unused medications and supplies and return to the pharmacy	None	15 minutes	Nurse/ Midwife
4.	4. Checks for completeness of the patient's chart	None	30 minutes	Nurse
5.	5. Brings the Patient's Clinical Record to the following Sections for clearances: a. Blood bank Section b. Pulmonary			

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	Section			
6.	6. Brings the Patient's Clinical Record to the Billing Section for processing	None	20 minutes	Midwife
7. Receives discharge clearance slip and statement of account	7. Issues discharge clearance slip and statement of account	None	10 minutes	Billing Personnel
8. Proceeds to the following section for clearance: a. Billing and Claims Unit b.Cashier Section c.Admitting and Information-watcher surrenders ID pass	8. Unit Section Personnel affixes signature for clearance	None	30 minutes	Billing Clerk Cashier Personnel Admitting Personnel
9.	9. Picks up the patient's clinical record from Billing Section	None	10 minutes	Midwife
10. Gives the clearance slip and statement of account to the Nurse	10. Checks for the completeness of signatories in the Discharge Clearance Slip and affixes his/ her signature.	None	5 minutes	Nurse
11. Cooperates with the Nurse	11. Gives necessary discharge instructions to the patient's mother/ significant other using the Alagang Pinoy Tagubilin Form	None	10 minutes	Nurse

	and Newborn Discharge Summary			
12.	12. Patient's mother signs at the newborn receiving logbook *If father or significant other, identification (ID) is required for verification purposes	None	5 minutes	Nurse/Midwife
13.	13. Remove contraptions issues second copy of clearance Slip	None	5 minutes	Nurse
14.	14. Endorses the patient to the Guard on duty for the removal of ID band and signs on the discharge clearance slip.	None	10 minutes	Nurse/ Midwife Security Personnel
	TOTAL:	**None**	**3 Hours 10 Minutes**	

3. Newborn Screening

This covers the newborn screening process at Neonatal Intensive Care Unit

Office or Division:	Neonatal Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2C – Government to Government
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
NBS Filter Card (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit

Patient's Health Record (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Laboratory Request Form (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Newborn Screening Filter (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Orders and makes the request for Newborn Screening Procedure	None	5 minutes	Attending Physician
2.	2. Carries out Doctor's Order	None	3 minutes	Nurse
3.	3. Sends the request to the Laboratory Department	None	5 minutes	Midwife
4.	4. Accomplishes the Newborn Screening Filter Card	None	5 minutes	Nurse
5.	5. Makes the Charge Slip for the Newborn Screening Filter then detaches the second copy of the filter card number and attach in the Charge Form	Php 1,800.00	5 minutes	Nurse
6.	6. Gives the Newborn Screening Filter Card to the Medical Technologist	None	1 minute	Nurse
7.	7. Facilitates extraction of specimen	None	5 minutes	Medical Technologist
8.	8. Educates the watcher on importance of Newborn Screening And instructs the watcher when to claim results at the Out Patient Department	None	5 minutes	Nurse
	TOTAL:	**1,800.00**	**34 minutes**	

4. Kangaroo Mother Care

This covers the process of Kangaroo Mother Care at Neonatal Intensive Care Unit

Office or Division:	Neonatal Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2C – Government to Government
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
KMC Consent (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	1. Carries out Doctor's Order for enrollment to KMC	None	5 minutes	Nurse
2.	2. Explains the procedure to the mother and/or watcher	None	15 minutes	Nurse
3.	3. Secures consent for enrollment to KMC	None	5 minutes	Nurse
4.	4. Informs the Social Service regarding enrollment to KMC	None	15 minutes	Nurse
5.	5. Demonstrates the procedure to the mother using the tube for KMC	None	15 minutes	Nurse/ Midwife
6.	6. Monitors, assists and evaluate the mother while performing KMC	None	60 minutes	Nurse/ Midwife
	TOTAL:	**None**	**1 hour 45 minutes**	

5. Medical or Surgical Procedure/Treatment

This covers the medical or surgical procedure of Neonatal Intensive Care Unit

Office or Division:	Neonatal Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2C – Government to Government
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Informed Consent for Procedure (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	1. Verifies, check and transcribes Doctor's order	None	5 minutes	Nurse
2. Asks questions, verifies and participates	2. Explains the procedure to the watcher	None	10 minutes	Attending Physician
3. Understands and agrees to surgical procedure	3. Signs the consent form	None	5 minutes	Attending Physician/ Nurse Patient's mother/ Significant other
4.	4. Prepares the necessary equipment and supplies needed	None	10 minutes	Nurse/ Midwife
5.	5. Performs and/or assists in the procedure	None	Variable	Attending Physician/ Nurse
6.	6. Monitors the patient	None	60 minutes	Nurse
7.	7. Documents the procedure done	None	10 minutes	Nurse
8.	8. Charges the supplies needed	None	5 minutes	Nurse/ Midwife
	TOTAL:	**None**	**1 hours 45 minutes**	

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6. Pre-operative Nursing Care

This covers the process of pre-operative nursing care of Neonatal Intensive Care Unit

Office or Division:	Neonatal Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2C – Government to Government
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Informed Consent for Procedure (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Anesthesia Consent (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Carries out Attending physician's written order for surgery	None	5 minutes	Nurse
2. Asks questions, verifies and participates	2. Ensures that the watcher understood the surgical procedure discussed by the Attending Physician	None	10 minutes	Nurse
3. Understands and agrees to surgical procedure	3. Witness in securing informed consent	None	5 minutes	Nurse
4.	4. Verify completeness of OR request	None	5 minutes	Nurse
5.	5. Carries out pre-anesthesia orders.	None	10 minutes	Nurse
6. Cooperates and conform to health teachings	6. Performs health teachings and instructions to watcher relevant to the surgery	None	10 minutes	Nurse

7.	7. Verifies clearance for surgery and products if any	None	10 minutes	Nurse
8.	8. Receives call from Operating Room	None	5 minutes	Nurse

	Nurse to prepare patient			
9.	9. Accomplishes pre-operative checklist.	None	5 minutes	Nurse
10	10. Checks the completeness of OR supplies as ordered	None	5 minutes	Attending Physician/ Nurse
11	11. Takes patient's vital signs before administration of pre-operative medications	None	5 minutes	Nurse
12	12. Administer pre-operative medications as ordered	None	30 minutes	Nurse
13	13. Retakes patient's vital signs 15 minutes after administration of preoperative medications	None	5 minutes	Nurse
14	14. Documents and update the chart	None	10 minutes	Nurse
15	15. Receives second call from Operating Room Nurse to transport patient to Operating room	None	3 minutes	Nurse
16	16. Transports patient safely to the Operating Room	None	5 minutes	Nurse/Midwife
17	17. Endorses patient to Operating Room Nurse.	None	10 minutes	Nurse
	TOTAL:	**None**	**2 hours 25 minutes**	

7. Post-operative Nursing Care

This covers the process of post-operative nursing care of Neonatal Intensive Care Unit

Office or Division:	Neonatal Intensive Care Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2C – Government to Government
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Service Neonatal Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call Operating Room Nurses for initial endorsement	None	3 minutes	Nurse/ Midwife
2.	2. Prepares patient's bassinet/isolette and necessary equipment (Oxygen, Oxygen Guard, IV Stand, Infusion pump, Droplight)	None	10 minutes	Nurse/Midwife
3.	3. Receives endorsements from OR nurse, review and verifies Attending Physician's order	None	15 minutes	Nurse
4.	4. Does immediate and thorough assessment	None	10 minutes	Nurse
5.	5. Provides post-operative care	None	20 minutes	Nurse
6.	6. Documents and update chart	None	20 minutes	Nurse
	TOTAL:	**None**	**1 hour 18 minutes**	

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NEUROPHYSIOLOGY UNIT

External Services

1

1. ELECTROENCEPHALOGRAM (EEG) AND TRANSCRANIAL DOPPLER (TCD) (OUT-PATIENT) ELECTROMYOGRAPHY-NERVE CONDUCTION VELOCITY (EMG-NCV)

This covers the process for neurophysiology procedures.

Office of Division	Neurophysiology Unit
Classification:	Simple
Type of transaction:	G2C – Government to Citizen
Who may avail:	Out-patient needing neurophysiology procedures

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request Form (1 Original Copy)	Neurophysiology Unit

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present fully accomplished Neurophysiology request form	1. Receive and check the request	None	1 minute	Neurophysiology Technician
2. Proceed to Cashier Section to pay corresponding fee	2. Prepare and issue Charge Slip	EEG – PhP 2000 TCD – Php 2800 EMG-NCV – PhP 6000	5 minutes	Neurophysiology Technician
For patient that needs Financial Assistance:				
3. Proceed to Social Service Section/Malasakit Center				
4.	3. Introduce self to the patient/ watcher and explain the procedure to the patient/ watcher	None	3 minutes	Neurophysiology Technician
5.	4. Perform the procedure: EEG	None	1 hour 30 minutes 3 hours	Neurophysiology Technician

	TCD EMG-NCV		3 hours	
6.	5. Instruct the patient/watcher to get the result after 14 working days.	None	1 minute	Neurophysiology Technician
	TOTAL	**EEG – PhP 2000** **TCD – Php 2800** **EMG-NCV PhP 6000**	**1 hour 30 minutes** **3 hours** **3 hours**	

2. ELECTROENCEPHALOGRAM (EEG), TRANSCRANIAL DOPPLER (TCD), BRAIN MONITOR and ELECTROMYOGRAPHY-NERVE CONDUCTION VELOCITY (EMG-NCV) (IN-PATIENT)

This covers the process for neurophysiology procedures

Office of Division	Neurophysiology Unit
Classification:	Simple
Type of transaction:	G2C – Government to Citizen
Who may avail:	In-patient needing neurophysiology procedures
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request Form (1 Original Copy)	Neurophysiology Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present fully accomplished Neurophysiology request form	1. Receive and check the request.	None	1 minute	Neurophysiology Technician
2.	2. Prepare and attached Charge Slip to patient's Chart.	**EEG –** Php 2000 **TCD –** Php 2800 **Brain Monitor** • Routine – PhP 3000 • Sleep – Php 6000	5 minutes	Neurophysiology Technician

		• EMG-NCV- Php 6000		
3.	3. Introduce self to the patient/ watcher and explain the procedure to the patient/ watcher	None	3 minutes	Neurophysiology Technician
4.	4. Perform the procedure: • EEG • TCD • Brain Monitor - Routine - Sleep • EMG-NCV	None	1 hour 30 minutes 3 hours 2 hours 12 hours 3 hours	Neurophysiology Technician
5.	5. Instruct the patient/watcher to get the result after 14 working days.	None	1 minute	Neurophysiology Technician
	TOTAL	**EEG – PhP 2000** **TCD – Php 2800** **Brain Monitor** • **Routine – PhP3000** • **Sleep – Php 6000** **EMG-NCV- Php 6000**	**3 hours** **2 hours** **12 hours** **3 hours**	

OB-GYNE DEPARTMENT
External Services

1. Newborn Admission to Pedia Ward

This covers the process of admission of newborn babies from OB-Gyne Ward to Pedia Ward

Office or Division:	OB-GYNE DEPARTMENT
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	CLIENT/PATIENT
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's order sheet (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Admission Slip Consent for Hospital Care (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Patient Medical Record (1 Original Copy)	CVMC Nursing- OB-GYNE Ward

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Facilitate order for admission	None	2 minutes	Nurse
2. Mother/watcher shall sign the consent for hospital care	2. Secure consent for admission	None	3 minutes	Nurse
3. Proceed to admitting section and present admission slip and consent for hospital care	3. Instruct the watcher to proceed to admitting section	None	15 minutes	Nurse
4. Brings the admission record to the ward	4. Receives the medical record from watcher	None	15 minutes	Nurse
5.	5. Informs the receiving area for admission	None	3 minutes	Nurse
6.	6. Accompany the mother with the baby to the post NICU	None	5 minutes	Nurse
7.	7. Endorse the pertinent data to the receiving nurse	None	15 minutes	Nurse
	TOTAL:	**None**	**58 minutes**	

2. Discharge Process

This covers the discharge process of OB-Gyne ward

Office or Division:	OB-GYNE DEPARTMENT
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	CLIENT/PATIENT
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's order (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Nurse's Notes (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Patient Medical Record (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Alagang Pinoy Tagubilin (1 Original Copy	CVMC Nursing- OB-GYNE Ward
Newborn Discharge Summary (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
CF3 and CF4 (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Discharge Clearance Slip (1 Original Copy)	CVMC Nursing- OB-GYNE Ward

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Verifies and carries out doctor's order	None	3 minutes	Nurse
2. None	2. Notifies the patient/watcher regarding order for discharge	None	3 minutes	Nurse
3. Returns excess medications to Pharmacy	3. Checks unused medications and supplies	None	10 minutes	Nurse
4. None	4. Checks completeness of patient's medical record	None	30 minutes	Nurse Midwife Nursing attendant
5. None	5. Brings the Patient's Medical Record to the following sections for clearance: a. Blood Bank b. Pulmo Unit c. ICU;if any d. Hemodialysis;if any	None	20minutes	Midwife Nursing attendant
6. None	6. The Billing Clerk gets the patient's medical	None	1 hour	Billing Clerk

	record from the ward for processing			
7. Receives the discharge clearance slip and statement of account	7. The billing and claims section personnel issues discharge clearance slip and statement of account	None	10 minutes	Billing Clerk
8. Watcher proceeds to the following section for clearance: a. Billing and Claims section b. Cashier Section c. Admitting and Information to surrender ID pass	8. Unit Section Personnel affixes signature for clearance	None	1 hour	Billing Clerk Cashier Personnel Admitting Personnel
9. None	9. Returns the patient's medical record to the ward	None	5 minutes	Billing Clerk
10. Cooperates with the Nurse	10. Checks for completeness of signatories in the Discharge Clearance slip and affixes his/her signature	None	5 minutes	Nurse
11. None	11. Gives necessary discharge instructions to the patient/watcher using the Alagang Pinoy Tagubilin Form/newborn discharge Summary	None	15 minutes	Nurse
12. Watcher gives the clearance slip and statement of account to the Nurse	12. Removes contraptions issues second copy clearance slip and tagubilin form/newborn discharge summary	None	10 minutes	Nurse

1

13. None	13. Endorses the patient to the guard on duty for the removal of ID band and signs on the discharge clearance slip	None	3 minutes	Nurse Midwife Nursing attendant
14. None	14. Document and update the chart	None	10 minutes	Nurse
	TOTAL:	**None**	**4 Hours, 28 Minutes**	

3. NEWBORN SCREENING

This covers the process of newborn screening at OB-Gyne ward

Office or Division:	OB-GYNE DEPARTMENT
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	CLIENT/PATIENT
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's order (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
NBS Filter Card (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Patient Medical Record (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Laboratory Request (1 Original Copy	CVMC Nursing- OB-GYNE Ward

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Orders and makes the request for Newborn Screening	None	5 minutes	Attending Physician
2. None	2. Carries out doctor's order	None	3 minutes	Nurse
3. None	3. Instructs the midwife/nursing attendant to send the request to the laboratory department	None	2 minutes	Midwife Nursing attendant
4. None	4. Accomplishes the Neborn Screening Filter card	None	5 minutes	Nurse

5. None	5. Makes charge slip for the Newborn screening Filter then detach the second copy of the filter card number and attach in the baby's chart	PHP 1,800.00	3 minutes	Nurse
6. None	6. Gives the newborn screening filter card to the medical technologies	None	1 minute	Nurse
7. The watcher holds the baby during the procedure	7. Facilitates extraction of blood	None	3 minutes	Med tech
8. None	8. Educates the watcher on importance of Newbon screening and instruct the watcher when to claim the result at the OPD	None	5 minutes	Nurse
9. None	9. The Med tech affix her signature to the baby's chart	None	2 minutes	Med tech
	TOTAL:	**PHP 1,800.00**	**29 Minutes**	

4. PATIENTS FOR SURGICAL PROCEDURE/OPERATION

This covers the process of endorsing patient for operation to OR

Office or Division:	OB-GYNE DEPARTMENT
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Informed Consent for Procedure and Anesthesia Consent (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
OR Request Form (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Patient Medical Record (1 Original Copy)	CVMC Nursing- OB-GYNE Ward

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Carry out attending physician's written order for operation	None	5 minutes	Nurse
2. Asks questions, verifies, and participates	2. Ensures that the patient or watcher understood the surgical procedure discussed by the attending physician	None	10 minutes	Attending Physician Nurse
3. Understand and agree to the surgical procedure	3. Witness in securing informed consent	None	5 minutes	Nurse
4.	4. Verify completeness of OR Request	None	5 minutes	Nurse
5.	5. Carry out pre-anesthesia orders	None	5 minutes	Nurse
6. Cooperates and conform to health teachings	6. Performs health teachings and instructions to patient relevant to the operation	None	15 minutes	Nurse
7.	7. Verify appropriate clearance for operation (cardiopulmonary clearance, Pedia clearance) and availability of	None	15 minutes	Nurse

	blood products if any			
8.	8. Receives call from Operating Room Nurse to prepare the patient	None	2 minutes	Nurse Midwife Nursing attendant
9. Participates and cooperates	9. Accomplishes pre-operative checklist	None	5 minutes	Nurse
10.	10. Checks the completeness of OR supplies as ordered	None	5 minutes	Attending Physician Nurse
11. Participates and cooperates	11. Takes patient's vital signs before administration of pre-operative medication	None	5 minutes	Nurse Midwife Nursing attendant
12. Participates and cooperates	12. Administer pre-operative medications as ordered	None	30 minutes	Nurse
13. Participates and cooperates	13. Retakes patient's vital signs 15 minutes after administration of pre-operative medications	None	5 minutes	Nurse Midwife Nursing attendant
14.	14. Document and update the chart	None	10 minutes	Nurse
15.	15. 1. Receives second call from OR Nurse to transport patient to the Operating Room 15.2. Transport patient safely to the Operating Room via roller	None	2 minutes 30 minutes	Nurse Midwife Nursing attendant

	stretcher/wheelchair			
16.	16. Do proper endorsement to OR Nurse	None	15 minutes	Nurse
	TOTAL:	**None**	**3 Hours, 21 Minutes**	

5. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving admitted patients

Office or Division:	OB-GYNE DEPARTMENT
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	CLIENT/PATIENT
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's order sheet (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Nursing Kardex (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Patient Medical Record (1 Original Copy)	CVMC Nursing- OB-GYNE Ward

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call, initial endorsement	None	3 minutes	Nurse
2.	2. Prepares patient's bed/bassinette and necessary equipment (oxygen, Oxygen guard, IV stand, Droplight)	None	30 minutes	Nurse Midwife Nursing Attendant Administrative Assistant
3.	3. Receives endorsement from ER/OPD/DR/PACU	None	3 minutes	Nurse
4. Cooperates and participates with the Nurse/Midwife/Nursing Attendant	4. Takes Vital signs	None	10 minutes	Nurse Midwife Nursing Attendant

5.	5. Performs patient assessment	None	10 minutes	Nurse
6. Asks questions, verifies and participates	6. Orients patient and watcher	None	15 minutes	Nurse Midwife Nursing Attendant
7. Cooperates and participates with the Nurse/Midwife/Nursing Attendant	7. Performs/assist patient on wearing hospital gown	None	5 minutes	Midwife Nursing Attendant
8.	8. Transfer patient to bed	None	5 minutes	Midwife Nursing Attendant
9.	9. Inform the attending physician regarding admission of patient	None	5 minutes	Nurse
	TOTAL:	None	**1 Hour, 28 Minutes**	

6. TRANSFER OF SERVICE

This covers the process of transfer of service from service to Pay

Office or Division:	OB-GYNE DEPARTMENT
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	CLIENT/PATIENT
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Transfer of service Request form (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Doctor's order sheet (1 Original Copy)	CVMC Nursing- OB-GYNE Ward
Patient Medical Record (1 Original Copy)	CVMC Nursing- OB-GYNE Ward

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for transfer of service from Service to Pay	1. Notifies the attending Physician	None	15 minutes	Attending Physician Nurse
2.	2. Informs the Consultant then	None	15 minutes	Attending Physician

	orders the transfer of service			Nurse
3.	3. Carries out Doctor's order and facilitates accomplishment of transfer of service request form	None	15 minutes	Nurse
4. Brings the transfer service request form to the Medical Center Chief or Senior house Officer for Approval	4. Signs and secures signature of Patient/watcher and attending physician on the request for transfer of service	None	15 minutes	Attending Physician Nurse
5.	5. Check for the availability of rooms in the admitting section	None	15 minutes	Nurse Midwife Nursing Attendant Admitting Clerk
6.	6. Informs the Billing section to get the patient's clinical record 6.1 Gets the patient's clinical record from the ward for processing	None	1 hour	Nurse Midwife Nursing Attendant Billing Clerk
7.	7. Instructs the watcher to proceed to the admitting section with the accomplished requirements for the transfer of service	None	10 minutes	Nurse

8. Brings the duly accomplished and approved Transfer of service form, Clinical cover sheet and Service Agreement for processing in the admitting section	8. Facilitates transfer of service and issue an updated Clinical Cover Sheet	None	5 minutes	Admitting personnel
9. Gives updated Clinical Cover Sheet to the nurse	9. Facilitates transfer of patient to Payward	None	30 minutes	Nurse Midwife Nursing attendant Administrative Assistant
	TOTAL:	**None**	**3 Hours**	

OPD Medical Records Unit

External Services

1

1. Issuance of Medical Certificate

This covers the process of issuance of Medical Certificate

Office or Division:	HIMS-OPD Medical Records – Allied Health Professional Service Division
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	All Clients/Patients seen at the Out-Patient Department Clinics, Cancer Center and Rehabilitation Medicine, Dialysis Clinic, and Animal Bite Treatment Center

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Medical Certificate (maximum of 3 original copies)	HIMS-OPD Medical Records

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD Medical Records Counter (3rd floor OPD-MAB Building and present properly filled-up medical certificate draft form to the Records Clerk assigned	1 Records Clerk interviews client /or authorized representative. 2 Instruct client to proceed to the Cashier	- PhP100.00 - 20% discount for PWD's and Senior Citizens - Free for cancer patients, dialysis patients and indigenous people	5 minutes	Records Counter Clerk in charge
2.	Preparation of medical certificate(including the retrieval of patients old record)	None	5 minutes	
3. Present Official Receipt(OR) to the Records Staff	Staff will record their official receipt 1 Release medical certificate duly signed and dry sealed	None	5 minutes	
	TOTAL:	**hP100.00** - PhP100.00	**15 minutes**	

		20% discount for PWD's and Senior Citizens Free for cancer patients, dialysis patients and indigenous people		

2.Registration of Patients

This covers the process of registration of patients

Office or Division:	HIMS-OPD Medical Records – Allied Health Professional Service Division
Classification:	Simple Transaction
Type of Transaction:	G2C and G2G
Who may avail:	All Clients/Patients seen at the Out-Patient Department Clinics, Cancer Center and Rehabilitation Medicine, Dialysis Clinic, and Animal Bite Treatment Center

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
OPD Screening Form (1 Copy)	Triage Area
Triage Slip (1 Copy)	Triage Area
Triage Clearance Slip (1 Copy)	Triage Area

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
OPD NEW CLIENTS				
1. Proceed to Registration Window No. (1) for green triage slip(for regular patient) and Window (3) for White Triage Slip(priority patient)	Registration staff receives triage slip, interviews client /or authorized representative 2 Print clinical record of client	None	6 minutes	OPD Medical Records Staff on duty
OPD OLD CLIENTS				
2. Proceed to Window (2) for red triage slip(regular	Receives triage slip and verify patient's name in the registration	None	5 minutes	OPD Medical Records Staff on duty

	patient) and Window 3 for white triage slip (priority patient), present triage slip, OPD screening form and triage clearance slip	system 1 Print clinical record (to include the retrieval of old record) of client			
REHABILITATION MEDICINE CLIENTS					
3. 3.1	Client presents Rehab Med Card (yellow) Clients proceeds to Rehab Medicine Clinic	Records Registration clerk issues pink slip marked ":REGISTERED"	None	2 Minutes	OPD Medical Records Staff on duty
CANCER CENTER PATIENTS					
4.	Patient proceed to the Registration area of Cancer Center Building.	Records staff interview, verify patient's data, register and print clinical record(to include retrieval of old record) Instruct patient to proceed to the clinic	None	5 Minutes	OPD Medical Records Staff on duty
ANIMAL BITE TREAMENT CENTER PATIENTS					
5.	Patient proceed to Registration area	Records staff interview, verify patient's data, register Print clinical record (to include retrieval of old record)	None	5 Minutes	OPD Medical Records Staff on duty
		TOTAL:	**None**	**NEW CLIENTS - 6 minutes OLD CLIENTS – 5 Minutes REHAB. MEDICINE - 2 Minutes CANCER PATIENTS – 5**	

1

		Minutes **ANIMAL BITE TREATMENT CENTER – 5 Minutes**

Operating Room
External Services

1. Peri-operative Nursing Care for Surgical Procedure

This procedure describes the processes of the Operating room in providing safe holistic quality peri-operative nursing care.

Office or Division:	Operating Room
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients for Surgical Operation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
OR Request form (1 Original Copy)	CVMC Nursing - Operating Room
Summary of Scheduled Surgical Cases Form (1 Original Copy)	CVMC Nursing - Operating Room
Cover Sheet (1 Original Copy)	CVMC Nursing - Operating Room
ID band	CVMC Nursing - Operating Room
Pre-operative Checklist Form (1 Original Copy)	CVMC Nursing - Operating Room
Cardiopulmonary Clearance for Pedia and Adult	CVMC Nursing - Operating Room
Doctor's Order Sheet ((1 Original Copy)	CVMC Nursing - Operating Room
Patient's Medical Record (1 Original Copy)	CVMC Nursing - Operating Room
Reverse Transcription-Polymerase Chain Reaction (RT-PCR) Test Result and Rapid Antigen Test Result (1 Original Copy)	CVMC Nursing - Operating Room

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. **Preparation a day prior the surgical procedure (Elective Surgical Procedure)**			
1.1	1.1 Prepares and accomplishes the summary of the scheduled surgical procedure and the OR request form	None	30 minutes	Surgeon
1.2 Submits the accomplished summary of scheduled surgical procedure and operating	1.2 Submits the accomplished summary of scheduled surgical procedure and OR request form together to the	None	10 minutes	Surgeon

	room request form to the Operating room Charge Nurses		Operating Room Charge Nurse. *Note:* For COVID 19 clearances, protocols shall be followed in accordance to Hospital Infection Control Committee Procedure/ Guidelines			
1.3		1.3	Receives and checks of the completeness of summary of the scheduled surgical procedure and the OR request form	None	5 minutes	OR Charge Nurse
1.4		1.4	Reviews and approves the submitted summary of Surgical Procedure. *Note:* For COVID 19 clearances, protocols shall be followed in accordance to Hospital Infection Control Committee Procedure/ Guidelines	None	30 minutes	OR Charge Nurse
1.5		1.5	Informs all concerned departments about the approved scheduled Surgical Procedure	None	30 minutes	OR Charge Nurse
1.6	Ask questions, verifies and participates	1.6	Informs and instructs patient of their scheduled operation and what are to prepare. Informs and instructs patient regarding the Anesthesia to be used during the operation	None	10 minutes 10 minutes	Surgeon Anesthesiologist
2.		2.	**Preparation on the**			

			day of the procedure			
2.1		2.1	Call the ward nurse to prepare the patient 1 hour prior to the procedure	None	3 minutes	OR Charge Nurse
2.2		2.2	Call the ward nurse to transport the patient to OR 30 minutes prior to the procedure	None	3 minutes	OR Charge Nurse
2.3	Cooperates with the nurse	2.3	Transport the patient to the Operating Room for the scheduled operation	None	5 minutes	Ward Nurse
2.3.1	Confirms his / her identity to OR Nurse	2.3.1	Checks and identifies patient's identity through verbal communication and ID band.	None	3 Minutes	Circulating Nurse
2.3.2		2.3.2	Performs endorsement	None	6 minutes	Ward Nurse Circulating Nurse
2.3.3		2.3.3	Verifies the validity and completeness of the accomplished pre-operative checklist.	None	3 minutes	Circulating Nurse/ OR Charge Nurse
2.3.4	Cooperates and participates with Nurse,	2.3.4	Assesses patient's condition in cephalocaudal manner and patient's level of consciousness	None	15 minutes	Circulating Nurse/ OR Charge Nurse
2.4	Cooperates and participates with Nurse,	2.4	Transfers the patient to the assigned Operating Room Theater -for pediatric and special patient the guardian will be allowed to accompany the patient inside the OR until the patient will be induced for anesthesia	None	10 minutes	Circulating Nurse, Scrub Nurse, Nursing Attendant

1

2.5		2.5	Preparing the OR Theater			
2.5.1		2.5.1	Prepares and ensures that all instruments, linens, equipment and supplies are properly set-up	None	30 minutes	Scrub Nurse
2.6		2.6	Performing the WHO Surgical Safety Checklist (Sign In)			
2.6.1		2.6.1	Initiates sign in and endorses patient to the Surgical Team (Surgeon, Assist, Anesthesiologist, Scrub Nurse)	None	3 minutes	Circulating Nurse Surgeon Assist Anesthesiologist Scrub Nurse
3.		3.	**Anesthesia Induction**			
3.1	Cooperates and participates with the Nurse,	3.1	Explains and assists the patient in intended position	None	5 minutes	Anesthesiologist, Surgeon, Circulating Nurse
3.2		3.2	Prepares the anesthesia equipment and supplies needed	None	15 minutes	Anesthesiologist
3.3		3.3	Performs Anesthesia Induction	None	30 Minutes	Anesthesiologist
3.4	Start of the Surgical Procedure	3.4	Positions patient in accordance to surgical procedure to be performed	None	20 minutes	Surgeon Assist
3.5		3.5	Performs surgical site preparation and proper draping applied	None	3 minutes	Surgeon Assist Circulating Nurse
4.		4.	Performing the WHO Surgical Safety Checklist (Time Out)			
4.1		4.1	Initiates time out. Confirms all members of the team and their roles	None	2 minutes	Circulating Nurse Surgeon Assist Anesthesiologist Scrub Nurse
5.1		5.1	Performs the surgical procedure	None	6 Hours	Surgeon Assist

5.2	5.2 Observes strict adherence to aseptic technique practices all throughout the procedure	None		Surgeon Assist Anesthesiologist Scrub Nurse Circulating Nurse
5.3	5.3 Ensures that all Surgical Sponge, blades, sharps and instruments are complete prior to closing	None		Surgeon Scrub Nurse Circulating Nurse
6. 6.1	6. **Performing the WHO Surgical Safety Checklist (Sign Out)** 6.1 Confirms to the team the procedure performed & reviews any particular concern for recovery and management of the patient	None	30 minutes	Surgeon Anesthesiologist Scrub Nurse Circulating Nurse
7.	7. Observes proper documentation Accomplishes properly and accurately all the required documents	None	20 minutes	Surgeon Anesthesiologist Circulating Nurse
8.	8. Transports Patient to PACU/SICU safely	None	3 minutes	Surgeon Anesthesiologist Circulating Nurse
9.	9. Performs proper and thorough endorsement of patient to PACU/SICU	None	6 minutes	Surgeon Anesthesiologist Circulating Nurse
TOTAL:		**None**	**11 hours and 20 minutes**	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
EMERGENCY AND DIRECT OR				
1.	1. Notifies the Operating Room for Direct OR through telephone call and Inform the ER Nurse to prepare the patient	None	4 minutes	ER Nurse/ Surgeon
2.	2. Prepares patient for the operation	None	30 minutes	ER Nurse in charge
3.	3. Prepares and accomplishes the OR request form	None	5 minutes	Surgeon
3.1	3.1 Submits the accomplished OR request form to the Operating Room Charge Nurse	None	15 minutes	Surgeon
4.	4. Receives and ensures OR request form are well accomplished	None	2 minutes	OR Charge Nurse
5.	5. Informing the Anesthesiologist on duty regarding the Emergency or Direct OR	None	2 Minutes	OR Charge Nurse
5.1	5.1 Endorses OR request to the anesthesiologist on duty	None	2 minutes	OR Charge Nurse
5.2	5.2 Informs the concern department about the approved OR request	None	3 minutes	OR Charge Nurse/ Circulating Nurse
6.	6. Prepares and ensures that all instruments, linens, equipment and supplies are properly set-up	None	30 minutes	Scrub Nurse
7. Ask questions, verifies and participates	7. Informs and instructs patient of their operation and Anesthesia	None	5 minutes 5 minutes	Surgeon/ Anesthesiologist
8.1	8.1 Call the ward nurse/ to prepare the patient	None	3 minutes	OR Charge Nurse/

			(For emergency procedure only)			Circulating Nurse
8.2		8.2	Call the ward nurse/ER Nurse to bring the patient to OR (For Direct OR Only)	None	3 minutes	OR Charge Nurse
9.1		9.1	Transport the patient to the Operating Room	None	5 minutes	Circulating Nurse/ OR Charge Nurse
9.2	Confirms his / her identity to OR Nurse	9.2	Checks and identifies patient's identity through verbal communication and ID band.	None	2 minutes	Circulating Nurse/ OR Charge Nurse
9.3		9.3	Performs endorsement	None	6 minutes	Ward Nurse/ER Nurse Circulating Nurse/ OR Charge Nurse
9.4		9.4	Verifies the validity of the accomplished pre-operative checklist.	None	3 minutes	Circulating Nurse/ OR Charge Nurse
9.5	Cooperates and participates with Nurse,	9.5	Assesses patient's condition in cephalocaudal manner and patient's level of consciousness	None	15 minutes	Circulating Nurse/ OR Charge Nurse
10.	Cooperates and participates with Nurse,	10.	Transfers the patient to the assigned Operating Room Theater	None	10 minutes	Circulating Nurse, Scrub Nurse, Nursing aide
11.		11.	Performing the WHO Surgical Safety Checklist			
11.1		11.1	Performs sign in and endorses patient to the Surgical Team(Surgeon, Assist, Anesthesiologist, Scrub Nurse)	None	3 minutes	Anesthesiologist Surgeon, Scrub nurse Circulating Nurse
12		12.	Anesthesia Induction	None		
12.1	Cooperates and participates	12.1	Explains and assists the patient in intended position	None	5 minutes	Anesthesiologist, Surgeon, Circulating

with Nurse,				Nurse
12.2	12.2 Prepares anesthesia equipment and supplies needed	None	15 minutes	Anesthesiologist
12.3	12.3 Performs Anesthesia Induction	None	30 Minutes	Anesthesiologist
12.4	12.4 Positions patient in accordance to surgical procedure to be performed	None	20 minutes	Surgeon Assist
12.5	12.5 Performs surgical site preparation and proper draping applied	None	3 minutes	Surgeon Assist Circulating Nurse
13.	13. Performing the WHO Surgical Safety Checklist **(Time Out)**	None		
13.1	13.1 Initiates time out. Confirms all members of the team and their roles	None	3 minutes	Circulating Nurse Surgeon Assist Anesthesiologist Scrub Nurse
14.1	14.1 Performs the surgical procedure	None	6 hours	Surgeon Assist
14.2	14.2 Observes strict adherence to aseptic technique practices	None		Surgeon Assist Anesthesiologist Scrub Nurse Circulating Nurse
14.3	14.3 Ensures that all Surgical Sponge, blades, sharps and instruments are complete prior to closing	None		Surgeon Scrub Nurse Circulating Nurse
15.	15. Performing the WHO Surgical Safety Checklist	None		
15.	15.1 Performs Sign- out	None	2 minutes	Surgeon Anesthesiologist Scrub Nurse Circulating

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					Nurse
		15.2	Confirms to the Team the procedure performed & reviews any particular concerns for recovery and management of patients	30 minutes	
15.3		15.3	Observes proper documentation Accomplishes properly and accurately all the required documents	None	15 minutes	Surgeon Anesthesiologist Circulating Nurse
16.	Cooperates and participates with Surgical Team	16	Transporting of Patient to PACU/SICU safely	None	3 minutes	Surgeon Anesthesiologist Circulating Nurse,
17	None	17	Performs proper and thorough endorsement of patient to PACU/SICU	None	6 minutes	Surgeon Anesthesiologist Circulating Nurse
TOTAL:				**None**	**11 hours 2 minutes**	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
OPD Scheduled Surgical Procedure				
1. 1.1	1. Preparation a day prior the surgical procedure 1.1 Prepares and accomplishes the summary of the scheduled surgical procedure and the OR request form	None	30 minutes	Surgeon
	1.2 Submits the accomplished summary of the scheduled surgical procedure and the OR request form to	None	5minutes	Surgeon

			the OR Charge Nurse *Note:* For COVID 19 clearances, protocols shall be followed in accordance to Hospital Infection Control Committee Procedure/ Guidelines			
		1.3	Receives and check the completeness of the summary of scheduled surgical procedure and OR request form are well accomplished	None	5 minutes	OR Charge Nurse
		1.4	Reviews and approves the submitted summary of Scheduled Operative Cases *Note:* For COVID 19 clearances, protocols shall be followed in accordance to Hospital Infection Control Committee Procedure/ Guidelines	None	30 minutes	OR Charge Nurse
		1.5	Informs all concerned departments about the approved scheduled surgical procedure	None	30 minutes	OR Charge Nurse
1.6	Ask questions, verifies and participates	1.6	Informs and instructs patient of their scheduled operation and what are to prepare	None	5 minutes	Surgeon
2.		2.	Preparation on the day of the procedure			
2.1		2.1	Call the OPD nurse to prepare the patient 1 hour prior to the procedure	None	3 minutes	OR Charge Nurse
2.2		2.2	Call the ward nurse to bring the patient to OR 30 minutes prior to the procedure	None	3 minutes	OR Charge Nurse
2.3		2.3	Transport the patient to	None	3 minutes	OR Charge

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			the operating room			Nurse
2.3.1	Confirms his / her identity to OR Nurse	2.3.1	Checks and identifies patient's identity through verbal communication and ID band.	None	3 minutes	Circulating Nurse/ Charge Nurse
2.3.2		2.3.2	Performs endorsement	None	6 minutes	Ward Nurse Circulating Nurse/ Charge Nurse
2.3.3		2.3.3	Verifies the validity of the accomplished pre-operative checklist.	None	3 minutes	Circulating Nurse Charge Nurse
2.3.4	Cooperates and participates with Nurse,	2.3.4	Assesses patient's condition in cephalocaudal manner and patient's level of consciousness	None	15 minutes	Circulating Nurse Charge Nurse
2.4	Cooperates and participates with Nurse,	2.4	Transfers the patient to the assigned Operating Room Theater	None	10 minutes	Circulating Nurse, Scrub Nurse, Nursing aide
2.5		2.5	Prepares and ensures that all instruments, linens, equipment and supplies are properly set-up	None	30 minutes	Scrub Nurse
		2.6	Performing the WHO Surgical Safety Checklist (Sign In)	None		
		2.6.1	Initiates sign in and endorses patient to the Surgical Team(Surgeon, Assist, Scrub Nurse)	None	3 minutes	Circulating Nurse Surgeon Assist Scrub Nurse
3.		3.	Local Anesthesia Induction			
3.1	Cooperates and participates with Nurse,	3.1	Explains and assists the patient in intended position	None	5 minutes	Surgeon, Circulating Nurse
		3.2	Prepares anesthesia medicine and supplies needed	None	3 minutes	Surgeon,
		3.3	Performs Local Anesthesia Induction			Surgeon,
	Start of the surgical procedure	3.4	Positions patient in accordance to surgical procedure to be	None	3 minutes	Surgeon Assist

		performed			
	3.5	Performs surgical site preparation and proper drapings applied	None	3 minutes	Surgeon Assist Circulating Nurse
	3.6	Performing the WHO Surgical Safety Checklist (Time Out)	None		
	3.6.1	Initiates time out. Confirms all members of the team and their roles	None	3 minutes	Circulating Nurse Surgeon Assist Anesthesiologist Scrub Nurse
4. 4.1	4. 4.1	Cutting Time (start of the operation) Performs the surgical procedure	None	4 hours	Surgeon Assist
	4.2	Observes strict adherence to aseptic technique practices	None		Surgeon Assist Anesthesiologist Scrub Nurse Circulating Nurse
	4.3	Ensures that all Surgical Sponge, blades, sharps and instruments are complete prior to closing	None		Surgeon Scrub Nurse Circulating Nurse
5.	5.	Performing the WHO Surgical Safety Checklist **(Sign Out)**	None	15 minutes	Surgeon Anesthesiologist Scrub Nurse Circulating Nurse
6.	6.	Observes proper documentation Accomplishes properly and accurately all the required documents	None	15 minutes	Surgeon Anesthesiologist Circulating Nurse
	7.	Verifies and carries out Doctor's Order	None	15 minutes	Circulating Nurse
8. Verifies, participates and asks questions	8.	Renders Health Teachings to the patients after procedure	None	5 minutes	Circulating Nurse Surgeon
	8.1	Checks for completeness of the	None	5 minutes	Nurse

		patient's chart			
11	11	Informs the OPD nurse on duty for the Post-Operative Patient	None	3 Minutes	Circulating Nurse
12	12	Transports the Patient back to the OutPatient Department	None	10 Minutes	Circulating Nurse/Nursing Attendant
13	13	Endorses the Patient accordingly to the Outpatient Department Nurse on duty and hand over the patients Medical Health Record for proper disposition	None	10 Minutes	Circulating Nurse/OPD Nurse on Duty
TOTAL:			**None**	**8 hours, 39 minutes**	

ORTHOPEDICS WARD
External Services

1. SURGICAL PROCEDURE / TREATMENT

This process covers nursing care for patients who will undergo surgical procedure/treatment

Office or Division:		ORTHOPEDICS WARD		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen		
Who may avail:		Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Patient's Clinical Record (1 Original Copy)		CVMC- Orthopedics Ward		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	1. Verifies, checks and transcribes Doctor's Order	None	5 minutes	Nurse
2. Understands and agrees to surgical procedure	2. Witnesses in securing informed consent	None	2 minutes	Nurse
3. Asks questions, verifies and submits self for the procedure	3. Explains the procedure	None	10 minutes	Nurse
4.	4. Prepares the necessary equipment and supplies needed	None	30 minutes	Nurse Nursing Attendant
5.	5. Assists during the procedure	None	1 hour	Nurse Nursing Attendant
6. Cooperates post-procedurally	6. Monitors the patient	None	1 hour	Nurse
7.	7. Documents the procedure done	None	5 minutes	Nurse
8.	8. Charges the supplies used	None	5 minutes	Nurse Nursing Attendant
	TOTAL:	**None**	**2 HOURS& 47 minutes**	

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2. DISCHARGE PROCESS

This process covers the discharging of patients

Office or Division:	ORTHOPEDICS WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC - Orthopedics Ward
Alagang Pinoy Tagubilin Form (2 Original Copies)	CVMC - Orthopedics Ward
Hospital Daily Floor Census Report (2 Original Copies)	CVMC - Orthopedics Ward
KARDEX (1 Original Copy)	CVMC - Orthopedics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Review and carries out the doctor's order for transfer	None	3 minutes	Nurse
2. Asks questions/verifies 3.	2. Notifies the patient / watcher regarding physician's order for discharge	None	3 minutes	Nurse
4. Nursing Attendant returns excess medications to the Pharmacy Section	3. Checks and notes in the return slip of any unused medications/ supplies. Nursing Attendant returns to the pharmacy	None	10 minutes	Nurse Nursing Attendant
5.	4. Checks for completeness of the patient's chart	None	45 minutes	Nurse Nursing Attendant
6.	5. Brings the Patient's Clinical Record to the following Sections for clearances: a. Blood bank Section b. Lung and Heart Section c. Hemodialysis Unit (if indicated) d. Intensive Care Unit (if indicated)	None	15 minutes	Nursing Attendant
7.	6. Gets the patient's Medical Record from	None	10 minutes	Billing Clerk

	the ward for processing			
8. The watcher receives discharge clearance slip and statement of account	7. Returns the patient's Medical Record to the area and issues Discharge Clearance Slip and statement of account to the watcher	None	1 hour	Billing Clerk
9. The watcher proceeds to the following section with the Clearance Slip for clearance: a. Billing and Claims Unit b. Cashier Section c. Admitting where watcher surrenders ID pass	8. Affixes signature on the Clearance Slip	None	15 minutes	Billing Clerk Cashier Admitting Personnel
10. Watcher gives the clearance slip and statement of account to the Nurse	9. Checks for the completeness of signatories in the Discharge Clearance Slip and affixes his/ her signature.	None	2 minutes	Nurse
11. Verifies and verbalizes understanding	10. Gives necessary discharge instructions to the patient/ watcher using the Alagang Pinoy Tagubilin Form	None	5 minutes	Nurse
12. Cooperates with the discharge procedure	11. Removes contraptions, issues second copy of Clearance Slip and Alagang Pinoy Tagubilin Form	None	10 minutes	Nurse
13.	12. Transports and endorses the patient to the lobby Guard	None	5 minutes	Nurse Nursing Attendant Administrative Assistant
14. Arrives at the lobby, gives the Discharge Clearance Slip and	13. Removes patient's ID band and signs on	None	2 minutes	Security Guard

offers hand for the removal of ID band to the guard	the discharge clearance slip.			
	TOTAL:	**None**	**2 hours & 50 minutes**	

3. PRE-OPERATIVE NURSING CARE

This process covers the nursing care for pre-operative patients

Office or Division:	ORTHOPEDICS WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients who are scheduled for surgery
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	CVMC - Orthopedics Ward
Case Investigation Form (1 Original Copy)	CVMC - Orthopedics Ward
OPS-NPS Request (1 Original Copy)	CVMC - Orthopedics Ward
Written Informed Consent (1 Original Copy)	CVMC - Orthopedics Ward
OR Request Form (1 Original Copy)	CVMC - Orthopedics Ward
RT-PCR Test Result (1 Original Copy)	CVMC-Molecular Lab thru ward, LGU thru patient
Pre-operative Checklist (1 Original Copy)	CVMC - Orthopedics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Carries out the doctor's order for surgery	None	5 Minutes	Nurse
2.	2. Forwards Investigation Form, OPS-NPS request and other necessary ancillary requests as ordered and duly accomplished by the attending physician	None	15 Minutes	Nurse Nursing Attendant Administrative Assistant
3. Asks questions, verifies and participates	3. Ensures that the patient or watcher understood the surgical procedure discussed by the Attending Physician.	None	5 Minutes	Nurse
4. Verbalizes understanding and agrees to surgical procedure	4. Acts as witness on the written informed consent	None	5 Minutes	Nurse
5.	5. Verifies completeness of OR request form done by the physician	None	5 Minutes	Nurse

6. Understands and complies to health teachings	6. Performs pre-operative health teachings and instructions to patient relevant to the surgery.	None	5 Minutes	Nurse
7.	7. Ensures availability of pertinent ancillary results to include the Negatvie (-) RT-PCR test results of both patient and watcher and availability of blood products if any	None	10 Minutes	Nurse
8.	8. Verifies appropriate clearances for surgery (Cardiopulmonary clearance/ Pedia Clearance) and COVID status	None	10 Minutes	Nurse
9.	9. Receives call from Operating Room nurse to prepare patient	None	2 Minutes	Nurse
10. Participates and cooperates	10. Accomplishes pre-operative checklist.	None	5 Minutes	Nurse
11.	11. Checks the completeness of OR supplies	None	5 Minutes	Attending Physician Nurse
12. Participates and cooperates	12. Administers pre-operative medications as ordered.	None	30 Minutes	Nurse
13. Participates and cooperates	13. Retakes patient's vital signs 15 minutes after administration of preoperative medications.	None	5 Minutes	Nurse/ Nursing Attendant
14.	14. Documents and updates the chart	None	10 Minutes	Nurse
15.	15. Receives second call from Operating Room Nurse to transport patient to Operating room	None	2 Minutes	Nurse/ Nursing Attendant
16. Participates and cooperates in going to the	16. Transports patient safely to the Operating Room via roller stretcher/ wheelchair.	None	2 Minutes	Nurse/ Nursing Attendant/ Administrative Assistant

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Operating Room				
17. Submits self for surgery	17. Does proper endorsement to the Operating Room Nurse.	None	10 Minutes	Nurse
	TOTAL:	**None**	**2 hours & 42 minutes**	

4. RECEIVING OF ADMITTED PATIENT

This process covers the receiving of admitted patients for surgery

Office or Division:	ORTHOPEDICS WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients who are to be scheduled for surgery

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC - Orthopedics Ward
Hospital Daily Floor Census Report (2 Original Copies)	CVMC - Orthopedics Ward
Case Investigation Form (1 Original Copy)	CVMC - Orthopedics Ward
RT-PCR Test Result (1 Original Copy)	CVMC - Orthopedics Ward
KARDEX (1 Original Copy)	CVMC - Orthopedics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives a call and initial endorsement (to include accomplishment of the Case Investigation Form, RT-PCR testing of both patient and watcher)from ED/ OPD nurse	None	3 minutes	Nurse
2.	2. Prepares patient's bed (in the Isolation Room designed for patients admitted for Surgery) and necessary equipment (Oxygen, Oxygen Guard, IV stand, Droplight, etc.)	None	15 minutes	Nurse/ Nursing Attendant/ Administrative Assistant
3. Verifies, cooperates and participates	3. Receives patient and endorsement from the endorsing ED / OPD Nursing staff	None	3 minutes	Nurse
4.	4. Takes Vital Signs	None	3 minutes	Nurse
5.	5. Performs head-to-toe assessment on patient	None	10 minutes	Nurse
6.	6. Orients patient and/or watcher to hospital and ward policies	None	15 minutes	Nurse Nursing Assistant

7.	7. Transfers patient to designated bed	None	5 minutes	Nurse/ Nursing Attendant/ Administrative Assistant
8.	8. Informs the attending physician regarding admission of patient	None	1 minute	Nurse
	TOTAL:	**None**	**55 minutes**	

5. Post-Operative Nursing Care

This process covers the nursing care for post-operative patients

Office or Division:	ORTHOPEDICS WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Post-operative Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	CVMC - Orthopedics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call from PACU nurse for initial endorsement	None	2 minutes	Nurse
2.	2. Prepares patient's bed and necessary equipment (Oxygen, Oxygen Guard, IV stand, Droplight, etc.)	None	15 minutes	Nursing Attendant Administrative Assistant
3. Arrival of patient	3. Receives endorsement from PACU nurse, reviews and verifies Attending Physician's order	None	5 minutes	Nurse
4. Ask questions, verifies, and verbalizes understanding	4. Orients patient and watchers	None	10 minutes	Nurse Nursing Attendant

5. Cooperates and participates	5. Performs immediate and thorough nursing assessment of patient as to: ▪ Respiratory ▪ Circulatory ▪ Neurologic ▪ Drainage ▪ Comfort ▪ Psychological ▪ Safety ▪ Equipment	None	10 minutes	Nurse
6.	6. Provides post-operative care	None	1 hour	Nurse Nursing Attendant
	TOTAL:	**None**	**1 hour, 42 minutes**	

6. Transfer of Patients to Isolation Ward

This process covers the transferring of patients (COVID suspect/confirmed) to Isolation Ward

Office or Division:	ORTHOPEDICS WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients (COVID suspect/confirmed)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC - Orthopedics Ward
Hospital Daily Floor Census Report (2 Original Copies)	CVMC - Orthopedics Ward
KARDEX (1 Original Copy)	CVMC - Orthopedics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Carries out the doctor's order for transfer	None	5 minutes	Nurse
2. Proceeds to the Admitting Section and provides factual data	2. Accompanies the patient's watcher to the admitting section to retrieve an updated patient's clinical cover sheet	None	2 minutes	Nursing Attendant
3.	3. Provides an updated clinical cover sheet	None	2 minutes	Admitting Section clerk
4.	4. Checks the completeness of the patient's medical record, updates Kardex, Hospital	None	10 minutes	Nurse

	Daily Floor Census and patient's directory			
5. Verifies, cooperates and participates	5. Assesses and notifies/prepares patient regarding transfer	None	10 minutes	Nurse
6.	6. Makes initial endorsement to the receiving ward nurse thru telephone call	None	5 minutes	Nurse
7.	7. Coordinates with the security staff to secure the perimeter and housekeeping to disinfect the pathway	None	10 minutes	Nurse
8. Cooperates and participates while being transported	8. Dons complete PPE and transfers the patient from the bed to stretcher/ wheelchair then transports to the receiving unit or ward	None	10 minutes	Nurse Nursing Attendant Administrative Aide Utility Worker
9. Safe arrival at the Isolation ward	9. Does proper endorsement of patient to the receiving nurse at the designated area for endorsement	None	5 minutes	Nurse
	TOTAL:	**None**	**59 minutes**	

PAYWARDS

External Services

1. PREPARATION OF PATIENTS FOR ANCILLARY PROCEDURE DONE INSIDE THE HOSPITAL

This covers the process of preparation of patients for ancillary procedure done inside the hospital

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards
Informed Consent (1 Original Copy)	CVMC Nursing Division-Paywards
Request Form (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	1. Verifies and carries out Doctor's Order	None	5minutes	Nurse
2.	2. Accomplish and Send Ancillary Request Form	None	10 minutes	Consultant / Resident on Duty /Nurse Nursing Attendant/ Midwife
3. Transport of patient to Ancillary Department	3. Accompanies the patient to the Ancillary department	None	15 minutes	Nurse/ Nursing Attendant/ Midwife
4. Endorsement of patient to the Ancillary personnel	4. Endorses patient to the Ancillary personnel	None	10 minutes	Nurse Nursing Attendant Midwife Ancillary personnel
TOTAL:		**None**	**35 Minutes**	

2. PREPARATION AND CONDUCTION OF PATIENTS FOR ANCILLARY PROCEDURE DONE OUTSIDE THE HOSPITAL

This covers the process in preparation and conduction of patients for ancillary procedure done outside the hospital

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Coordinates with the Transport Unit Personnel	None	10 minutes	Nurse Transport Unit Personnel
2.	2. Informs resident on duty in charge to accompany the patient.	None	5 minutes	Nurse
3.	3. Prepares the patient for the conduction.	None	10 minutes	Nurse Nursing Attendant
4.	4. Secures signature from the patient/watcher for out on pass	None	5 minutes	Nurse
5.	5. Brings patient to hospital lobby	None	15 minutes	Nurse/ Nursing Attendant
6.	6. Endorses patient to the Resident on duty in charge for conduction	None	5 minutes	Nurse Resident on duty
	TOTAL:	**None**	**50 Minutes**	

3. Receiving of Admitted Patients

This covers the process of receiving admitted patients

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards

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

1

1. None	1 Receives call, initial endorsement	None	3 minutes	Nurse
2. None	2. Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen Guard, IV stand)	None	30 minutes	Nurse/ Midwife/ Nursing Attendant
3. None	3. Receives endorsement from ER / OPD Nurse	None	3 minutes	Nurse
4. Cooperates with the Nurse, Midwife/ Nursing attendant	4. Takes Vital Signs	None	10 minutes	Nurse
5. None	5. Performs patient assessment	None	10 minutes	Nurse
6. Ask questions, verifies, and participates	6. Orients patient and/or watcher	None	15 minutes	Nurse/ Nursing Attendant/ Midwife
7. Cooperates and participates with Nurse, Midwife/ Nursing attendant	7. Performs/ assists patient on wearing of hospital gown	None	5 minutes	Midwife Nursing Attendant
8. None	8. Transfers patient to bed	None	5 minutes	Midwife Nursing Attendant
9. None	9. Inform the attending physician regarding admission of patient	None	10 minutes	Nurse
TOTAL:		**None**	**1 hour, 31 minutes**	

4. DISCHARGE PROCESS

This covers the process in discharge of patient

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Verifies and carries out Doctor's Order	None	3 minutes	Nurse
2. None	2. Notifies the patient / SO regarding order for discharge	None	3 minutes	Nurse
3. None	3. Notifies the Co-Management Physician/Physicians regarding order of Discharge	None	5 minutes	Nurse
4. The patient/ SO returns excess medications to the Pharmacy Section	4. Checks any unused medications and supplies. Fill out unused drugs and supplies form and return to the pharmacy/CSR	None	10 minutes	Nurse **/** Nursing Attendant / Midwife
5. 1 None	5.1 Checks for completeness of the patient's chart	None	30minutes	Nurse
5.2 None	5.2 The Nursing Attendant/Midwife brings the Patient's Cinical Record to the following Sections for clearances: a. Blood bank Section b. Hemodialysis Section c. Pulmo Section	None	20 minutes	Nursing Attendants/Midwife
5.3 None	5.3 Forward chart and discharge notice to cashier for collection of Professional fee/s and billing		1 hour	Cashier Personnel Billing Clerk

1

6. The watcher receives discharge clearance slip and statement of account 7. The watcher proceeds to the following section for clearance: a. Billing and Claims Unit b. Cashier Section c. Admitting Section	6. The billing and claims section personnel issues discharge clearance slip and statement of account 7. Unit Section Personnel affixes signature for clearance	None None	10 minutes 1 hour	Billing Clerk Billing Clerk Cashier Personnel Admitting Personnel
8 None	8. Returns the patient's clinical record to the area.	None	10 minutes	Billing Personnel
9.1 None 9.2 Cooperates with the Nurse	9.1 Checks for the completeness of Professional Fees/signatories in the Discharge Clearance Slip and affixes his/ her signature. 9.2 Gives necessary discharge instructions to the patient/ SO using the Alagang Pinoy Tagubilin Form	None None	10 minutes 15 minutes	Nurse Nurse
9.3 Watcher gives the clearance slip and statement of account to the Nurse	9.3 Removes contraptions issues second copy of clearance slip and Tagubilin Form 9.4 Endorses the patient to	None None	10 minutes	Nurse

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	the Guard on duty for the removal of ID band and signs on the discharge clearance slip.		3 minutes	Nursing Attendant Midwife Security Personnel
		TOTAL:	**None**	**4 hours, 9 minutes**

5. PATIENT FOR MEDICAL PROCEDURE (DIALYSIS, ENDOSCOPY, COLONOSCOPY)

This covers the process of patient for medical procedure (Dialisys, Endoscopy, Colonoscopy)

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient for Dailysis, Endoscopy and Colonoscopy

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards
Informed Consent (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	1. Receives call from the Dialysis/Endoscopy Nurse	None	3 minutes	Nurse
2. None	2. Prepares the patient for the procedure	None	10 minutes	Nurse/ Nursing Attendant/ Midwife
3. None	3. Accompanies patient to Dialysis/ Endoscopy unit	None	10 minutes	Nurse/ Nursing Attendant/ Midwife
4. None	4. Endorses patient to the Dialysis/ Endoscopy Unit Staff	None	5 minutes	Nurse
TOTAL:		**None**	**28 Minutes**	

6. ENDORSEMENT OF PATIENTS TO O.R.

This covers the process of endorsement of patients to Operating Room

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients who were scheduled for operation

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards
Informed Consent for Procedure and Anesthesia Consent (1 Original Copy)	CVMC Nursing Division-Paywards
OR Request Form (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBL E
1. None	1. Receives call from Operating Room Nurse to prepare patient	None	5 minutes	Nurse/ Nursing Aide/ Midwife
2. None	2. Checks the completeness of OR supplies as ordered	None	10minutes	Nurse
3. Participates and cooperates	3. Administers preoperative medications as ordered	None	30minutes	Nurse
4. None	4. Documents and update the chart	None	10minutes	Nurse
5. None	5. Receives second call from Operating Room Nurse to transport patient to Operating room	None	2minutes	Nurse/ Nursing Aide/ Midwife
6. None	6. Transports patient safely to the Operating Room via roller stretcher/ wheelchair	None	15 minutes	Nurse/ Nursing Aide/ Midwife
7. None	7. Does proper endorsement to Operating Room Nurse.	None	15 minutes	Nurse
TOTAL:		**None**	**1 Hour, 22 Minutes**	

7. Referral to Attending Physician through Telephone and SMS

This covers the process of referral to Attending Physician through Telephone and SMS

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Client/ Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards
Telephone Order Logbook	CVMC Nursing Division-Paywards
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. None	1. Refers or updates the Attending physician on patient's condition, laboratory results and ancillary procedure results through telephone call or SMS.	None	10 minutes	Nurse
2.1 None	2.1 Reads back and verifies telephone order	None	5 minutes	Nurse
2.2 None	2.2 Writes the order on the telephone order logbook	None	10 minutes	Nurse
2.3 None	2.3 Transcribes the order on the Doctor's order sheet.	None	10 minutes	Nurse
2.4 None	2.4 Carries out Doctor's order	None	10 minutes	Nurse
TOTAL:		**None**	**45 minutes**	

8. TRANSFER OF SERVICE

This covers the process of transfer of service of patient

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards
Transfer of Service Request Form (1 Original Copy)	CVMC Nursing Division-Paywards
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Division-Paywards
Service Agreement (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE

1.	Watcher requests for transfer of service from Pay to Service	1.	Notifies the Attending Physician/Co Manage Physicians	None	15 minutes	Attending Physician Nurse
		1.1	Orders for transfer of service	None	10 minutes	Attending Physician
		2.	Carries out Doctor's order and facilitates accomplishment of Transfer of Service Request Form	None	15 minutes	Nurse
		3	Forward chart and discharge notice to cashier for collection of Professional fee/s and billing	None	1 hour	Nurse / Nursing Attendant / Midwife /Cashier Clerk
4.	The watcher brings the Transfer of Service request form to the Medical Center Chief or Senior House Officer for approval	4.	Secures signature of the Medical Center or Senior House Officer on the Request for transfer of Service Form	None	15 minutes	Nursing Attendant / Midwife
		4.1	Gets the Patient's clinical Record from the ward for processing	None	15 minutes	Nursing Attendant Midwife
		4.2	Instructs the watcher to proceed to the admitting section with the accomplished requirements for the transfer of service	None	15minutes	Nurse
5.	The watcher brings the duly accomplished and approved Transfer of Service Form, Clinical Cover Sheet and Service Agreement for processing in the admitting section	5.	Facilitates transfer of service and issue an updated Clinical Cover Sheet	None	10 minutes	Admitting Personnel
6.	The Watcher gives updated Clinical Cover Sheet to the Nurse	6.	Facilitates transfer to Service Ward	None	30 minutes	Nurse/ Nursing Attendant/ Midwife/ Administrative Aide
TOTAL:				**None**	**2 hours, 55 Minutes**	

9. TRANSFER OF PATIENT TO OTHER UNIT

This covers the process of transfer of patient to other unit

Office or Division:	PAYWARDS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients who are for transfer to other unit

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC Nursing Division-Paywards
Kardex (1 Original Copy)	CVMC Nursing Division-Paywards
Hospital Daily Floor Cen us (1 Original Copy)	CVMC Nursing Division-Paywards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
	1. Verifies, checks, and transcribes Doctor's Order	None	15 minutes	Nurse
	2. Accompanies patient's watcher to the admitting section to retrieve an updated clinical cover sheet	None	15 minutes	Nursing Attendant/Midwife
	3. Inform the receiving ward Nurse	None	5 minutes	Nurse
	3.1 Prepares the patient for transfer	None	15 minutes	Nurse/ Nursing Attendant/ Midwife
	3.2 Logs on the Hospital Daily Floor Census and update the Patient's Directory Board	None	5 minutes	Nurse
	4. Accompanies the patient to the receiving ward.	None	15 minutes	Nurse/ Nursing Attendant/ Midwife
	5. Endorses patient to the receiving nurse.	None	5 minutes	Nurse
TOTAL:		**None**	**1 hour, 15 minutes**	

PEDIATRICS WARD
External Services

1. Discharge Process

This covers the discharge process of Pediatrics Ward

Office or Division:	Pediatrics Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Client/ Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Verifies and carries out Doctor's Order	None	3 minutes	Nurse
2.1 None	2.1 Notifies the patient / SO regarding order for discharge	None	3 minutes	Nurse
2.2 The patient/ SO returns excess medications to the Pharmacy Section	2.2 Checks any unused medications and supplies and instruct SO to return to the pharmacy	None	10 minutes	Nurse
3.1 None	3.1 Checks for completeness of the patient's chart	None	60 minutes	Nursing Personnel Physician
3.2 None	3.2 Brings the Patient's Clinical Record to the following Sections for clearances: - Blood bank Section - Hemodialysis Section	None	20 minutes	Midwife Nursing Attendants Administrative Assistant
3.3 None	3.3 The Billing Clerk gets the Patient's clinical Record from the wards for processing	None	1 hour	Billing Clerk
a. The watcher receives discharge clearance slip and statement of account	4.1 The billing and claim section personnel issues discharge clearance slip and statement of account 4.2 Unit Section Personnel affixes signature for clearance	None None	10 minutes 1 hour	Billing Clerk Billing Clerk

1

b. The watcher proceeds to the following section for clearance: - Billing and Claims Unit - Cashier Section - Admitting and Information-watcher surrenders ID pass				Cashier Personnel Admitting Personnel
5. None	5. Returns the patient's clinical record to the area.	None	10 minutes	Billing Personnel
6.1 Cooperates with the Nurse	6.1 Checks for the completeness of signatories in the Discharge Clearance Slip and affixes his/ her signature.	None	5 minutes	Nurse Nurse
6.2 Watcher gives the clearance slip and statement of account to the Nurse	6.2 Gives necessary discharge instructions to the patient/ SO using the Alagang Pinoy Tagubilin Form and/or Newborn Discharge Summary (OB, Pedia, NICU)	None	15 minutes	Nurse
6.3 None	6.3 Removes contraptions issues second copy of clearance slip and Tagubilin Form and/or Newborn Discharge Summary	None	10 minutes	Nurse Midwife Nursing Attendant Administrative Assistant Security Personnel
6.4 None	6.4 Endorses the patient to the Guard on duty for the removal of ID band and signs on the discharge clearance slip.	None	3 minutes	

TOTAL:	**None**	**3 Hours, 59 minutes**

2. Medical or Surgical Procedure / Treatment

This covers the process of Medical or Surgical Procedure / Treatment of Pediatrics Ward

Office or Division:	Pediatrics Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward
Informed Consent (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward
Request Form (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Verifies, checks and transcribes Doctor's Order	None	5 minutes	Nurse
2.1 None	2.1 Explains the procedure	None	30 minutes	Nurse
2.2 None	2.2 Prepares the necessary equipment and supplies needed	None	30 minutes	Nurse Nursing Attendant Midwife
2.3 None	2.3 Performs and/or assist the procedure	None	2 hours	
3.1 None	3.1 Monitors the patient	None	1 hour	Nurse
3.2 None	3.2 Documents the procedure done	None	5 minutes	Nurse
3.3 None	3.3 Charges the supplies used	None	5 minutes	Nurse
TOTAL:		**None**	**4 Hours, 15 Minutes**	

3. NEWBORN SCREENING

This covers the process of Newborn Screening

Office or Division:	Pediatrics Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward

NBS FILTER CARD (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward
Request Form (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Orders and makes the request for Newborn Screening	None	5 minutes	Attending Physician
2. None	2. Carries out doctor's order	None	3 minutes	Nurse
3. None	3. Instructs the midwife/nursing attendant to send the request to the laboratory department	None	2 minutes	Nurse Midwife Nursing attendant
4. None	4. Accomplishes the Newborn Screening Filter Card	Php1,800.00	5 minutes	Nurse
5. None	5. Makes charge slip for the Newborn Screening Filter then detach the second copy of the filter card number and attach in the patient's medical record	None	3 minutes	Nurse
6. None	6. Gives the newborn screening filter card to the medical technologist	None	1 minute	Med Tech
7. The watcher hold the baby during the procedure	7. Facilitates extraction of blood	None	3 minutes	Med Tech
8. None	8. Educates the watcher on importance of newborn screening and instruct the watcher when to claim results at the Out-Patient Depatment	None	5 minutes	Nurse
	TOTAL:	**PHP 1,800.00**	**27 minutes**	

4. Receiving of Post-Operative Patient from OR

This covers the process of receiving of Post- Operative Patient from OR

Office or Division:	Pediatrics Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Medical Records (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward
Consent Forms (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward
Request Form (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Acknowledges and repares necessary supplies and equipment needed.	None	5 minutes	Circulating Nurse Unit Nurse
2. None	2. Receive patient and endorsement from anesthesiologist, surgeon and circulating nurse.	None	10 minutes	Surgeon Anesthesiologist Circulating Nurse Unit Nurse
3. Ask questions, verifies, orientation	3. Orients patient and watchers	None	15 minutes	Nurse Midwife Nursing Attendant Administrative Assistant
4. None	4. Perform independent and interdependent postoperative immediately: -hook to cardiac monitor -hook to oxygen therapy as ordered -initial assessment of vital signs at the documentation flowsheet for PACU -level of consciousness -cardiopulmonary	None	45 minutes	AROD Surgeon Nurse Midwife Nursing Attendant Administrative Assistant

		status -Bromage score -Contraptions -tubings -drainage			
5.	None	5. Carrying out post operative order of anesthesiologist, surgeon and interdepartmental orders - facilitate laboratory - diagnostic imaging procedure transfusion of blood products - requisition of medication at pharmacy section - medication and fluid administration	None	1 hour	Nurse Nursing Attendant
6.	None	6. Inform watchers regarding the presence of the patient at the unit	None	Within 10 minutes	Surgeon AROD Nurse
TOTAL:			**None**	**2 Hours, 25 Minutes**	

5. Pre-operative Nursing Care

This covers the process of Pre-operative Nursing Care for patients who are scheduled for operation

Office or Division:	Pediatrics Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients who are scheduled for operation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's record (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward
Informed Consent for Procedure and Anesthesia Consent (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward
OR Request Form (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward

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

1. None	1. Carry out Attending physician's written order for surgery.	None	5 minutes	Nurse
2. Ask questions, verifies and participates	2. Ensures that the patient or watcher understood the surgical procedure discussed by the Attending Physician.	None	10 minutes	Nurse
3. Understand and agree to surgical procedure	3. Witness in securing informed consent	None	5 minutes	Nurse
4. None	4. Verify completeness of OR request	None	5 minutes	Nurse
5. None	5. Carry out pre-anesthesia orders.	None	5 minutes	Nurse
6. Cooperates and conform to health teachings	6. Performs health teachings and instructions to patient relevant to the surgery.	None	15 minutes	Nurse
7. None	7. Verify appropriate clearance for surgery (Cardiopulmonary clearance, Pedia Clearance) and availability of blood products if any	None	15 minutes	Nurse
8. None	8. Receives call from Operating Room Nurse to prepare patient	None	2 minutes	Nurse Midwife Nursing Assistant
9. Participates and cooperates	9. Accomplishes pre-operative checklist.	None	5 minutes	Nurse
10. None	10 .Checks the completeness of OR supplies as ordered	None	5 minutes	Attending Physician Nurse
11. Participates and cooperates	11 Takes patient's vital signs before administration of pre-operative medications.	None	5 minutes	Nurse Midwife Nursing Assitant
12 Participates and cooperates	12. Administer pre-operative	None	30 minutes	Nurse

	medications as ordered.			
13. Participates and cooperates	13. Retakes patient's vital signs 15 minutes after administration of preoperative medications.	None	5 minutes	Nurse Midwife Nursing Assistant
14. None	14. Documents and update the chart	None	10 minutes	Nurse
15.1. None 15.2. None	15.1 Receives second call from Operating Room Nurse to transport patient to Operating room 15.2 Transports patient safely to the Operating Room via roller stretcher/ wheelchair.	None	2 minutes 30 minutes	Nurse Midwife Nursing Assistant Administrative Assistant Nurse Midwife Nursing Assistant Administrative Assistant
16. None	15 Do proper endorsement to Operating Room Nurse.	None	15 minutes	Nurse
	TOTAL:	**None**	**2 Hours, 49 minutes**	

6. Receiving of Admitted Patients

This process covers the receiving of admitted patients

Office or Division:	Pediatrics Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	1. Receives call, initial endorsement	None	3 minutes	Nurse
2. None	2. Prepares patient's bed/ bassinette and necessary equipment	None	30 minutes	Nurse Midwife Nursing Attendant Administrative

1

			(Oxygen, Oxygen Guard, IV stand, Droplight, Bililight)			Assistant
3.		3.	Receives endorsement from ER / OPD Nurse	None	3 minutes	Nurse
4.	Cooperates and participates with the Nurse, Midwife / nursing attendant	4.1	Takes Vital Signs	None	10 minutes	Nurse
4.2		4.2	Performs patient assessment	None	10 minutes	Nurse
5.	Ask questions, verifies, and participates	5.	Orients patient and/or watcher	None	15 minutes	Nurse
6.1	Cooperates and participates with the Nurse, Midwife / nursing attendant	6.1	Performs/ assists patient on wearing of hospital gown	None	5 minutes	Midwife Nursing Attendant Administrative Assistant
6.2		6.2	Transfers patient to bed	None	5 minutes	
6.3		6.3	Inform the attending physician regarding admission of patient	None	5 minutes	Nurse
TOTAL:				**None**	**1 Hour, 26 minutes**	

7. Transfer of Service

This covers the transfer of service of Client/Patient

Office or Division:	Pediatrics Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Client/ Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

Patient's Clinical Record (1 Original Copy)		CVMC/Nursing Division/Pediatrics Ward		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Requests for transfer of service from Service to Pay	1. Notifies the Attending Physician 1.1 Informs the Consultant then orders for transfer of service	None None	15 minutes 10 minutes	Attending Physician Nurse Attending Physician Consultant
	2. Carries out Doctor's order and facilitates accomplishment of Transfer of Service Request Form	None	5 minutes	Nurse
3. Brings the Transfer of Service request form to the Medical Center chief or Senior House Officer for approval	3. Signs and secures signature of Patient/ Watcher and Attending Physician on the Request for transfer of Service	None	15 minutes	Attending Physician Nurse
	4. Check for the availability of rooms in the admitting section	None	15 minutes	Nurse Midwife Nursing Attendant Admitting Clerk
	5. Informs the Billing Section to get the Patient's Clinical Record.	None	1 hour	Nurse Midwife Nursing Attendant
	6. Gets the Patient's clinical Record from the wards for processing	None	10 minutes	Nurse
7. Brings the duly accomplished and approved. Transfer of Service Form, Clinical Cover Sheet and Service Agreement for	7. Facilitates transfer of service and issue an updated Clinical Cover Sheet	None	5 minutes	Admitting Personnel

	processing in the admitting section				
8.	Gives updated Clinical Cover Sheet to the Nurse	8.	Facilitates transfer to Payward	None	30 minutes	Nurse Midwife Nursing Attendant Administrative Assistant
TOTAL:				**None**	**2 Hours, 45 Minutes**	

8. Purchasing of Breast Milk

This covers the procedure on how to purchase breast milk for out patients.

Office or Division:	Pediatrics Ward - Human Milk Bank
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Charge Slip (1 Original Copy)	CVMC/Nursing Division/Pediatrics Ward-Human Milk Bank

CLIENT STEPS		**AGENCY ACTIONS**		**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	None	1.	Verifies prescriptions and reason for request	None	10 minutes	Nurse Midwife
2.1	Instructs the patient's representative to settle the fees and to bring the cooldog with ice needed for transporting milk	2.1	Explains the fees to be paid	None	30 minutes	Nurse Midwife
2.2	None	2.2	Prepares the needed amount of breastmilk to be dispensed.	None	15 minutes	Nurse Midwife
3.1	None	3.1	Verifies the receipt.	None	5 minutes	Nurse Midwife
3.2	None	3.2	Instructs the representative on the proper transporting and	None	15 minutes	Nurse Midwife

			preparation of breastmilk.			
3.3	None	3.3	Documented the volume of milk dispensed.	None	5 minutes	Nurse Midwife
TOTAL:				**None**	**1 Hours, 20 Minutes**	

PEDIATRIC INTENSIVE CARE UNIT

EXTERNAL SERVICES

1. RECEIVING OF ADMITTED PATIENTS

This process covers the receiving of admitted patients

Office or Division:	PEDIATRIC INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients Health Record (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call, initial endorsement	None	3 minutes	Nurse
2.	2. Prepares patient's bed/bassinet and necessary equipment (oxygen, oxygen guard, IV stand, droplight, bililight)	None	15 minutes	Nurse/ Nursing Attendant
3.	3. Receives endorsement from ER/OPD Nurse	None	3 minutes	Nurse
4.	4. Takes Vital signs	None	10 minutes	Nurse
5.	5. Performs patient assessment	None	10 minutes	Nurse
6.	6. Orients patient and/or watcher	None	15 minutes	Nurse
7.	7. Performs/assists patient on wearing of hospital gown	None	5 minutes	Nurse/ Nursing Attendant
8.	8. Performs/assists patient on wearing of hospital gown	None	5 minutes	Nurse/ Nursing Attendant
9.	9. Transfers patient to bed	None	5 minutes	Nurse/ Nursing Attendant
10.	10. Inform the attending physician regarding admission of patient	None	5 minutes	Nurse
	TOTAL:	**None**	**1 Hour, 16 Minutes**	

2. Medical or Surgical Procedure/Treatment

This covers the process of Medical or Surgical Procedure/Treatment of Pediatric Intensive Care Unit

Office or Division:	PEDIATRIC INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patients Clinical Record (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
Informed Consent for Procedure (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verifies, checks, and transcribes the Doctor's order	None	5 minutes	Nurse
2. Asks questions, verifies and participates	2. Explains the procedure to the watcher	None	10 minutes	Attending Physician
3. Understands and agrees to surgical procedure	3. Signs the Consent Form	None	5 minutes	Attending Physician/ Nurse/ Patient/ Significant Other
	4. Prepares the necessary equipment and supplies needed	None	10 minutes	Nurse/ Nursing Attendant
	4. Performs and/or assist in the procedure	None	Variable	Nurse
	6. Monitors the patient	None	60 minutes	Attending Physician/ Nurse
	7. Documents the procedure	None	10 minutes	Nurse
	8. Charge the supplies	None	5 minutes	Nurse/ Nursing Attendant
	TOTAL:	**None**	**1 hour 45 minutes**	

3. DISCHARGE PROCESS

This covers the discharge process of Pediatric Intensive Care Unit

Office or Division:	PEDIATRIC INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patients Health Record (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
Doctor's Order (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
Discharge Clearance Slip (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
Alagang Pinoy Tagubilin Form (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
Newborn Discharge Summary (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Makes rounds and writes order for discharge	None	10 minutes	Attending Physician
2.	2. Gives advice regarding patient's health, schedules for follow- up check-up, prescribes home medication, and accomplishes the Alagang Pinoy Tagubilin Form and attached it to the chart.	None	30 minutes	Attending Physician
3.	3. Verifies and carry out Doctor´s order	None	15 minutes	Nurse
4.	4. Notifies the watcher regarding order for discharge	None	5 minutes	Nurse
5.	5. Checks all unused medicines and supplies and assist the watcher to return to the Pharmacy Section	None	15 minutes	Nurse/ Nursing Attendant
6.	6. Checks for the completeness of the patient´s medical record	None	30 minutes	Nurse
7.	7. Brings the Patient's Clinical Record to the following Sections for clearances: a. Blood Bank Section b. Pulmonary Section	None	20 minutes	Nursing Attendant
8.	8. Receives and process the patient´s clinical record from the unit	None	40 minutes	Billing Clerk

9. Receives discharge clearance slip and statement of account	9. Issues discharge slip and statement of account	None	5 minutes	Billing Clerk
10. Proceeds to the following section for clearance: a. Billing and Claims Section b. Cashier Section c. Admitting and Information Section- watcher surrenders ID pass	10. Affixes signature for clearance	None	30 minutes	Billing Clerk Cashier personnel Admitting personnel
11.	11. Retrieves the necessary documents from the Billing and Claims Section	None	10 minutes	Nursing Attendant
12. Gives the clearance slip and statement of account to the Nurse	12. Checks for the completeness of signatories in the Discharge Clearance Slip and affixes his/ her signature.	None	5 minutes	Nurse
13. Cooperates with the Nurse	13. Gives necessary discharge instructions to the patient/ watcher using the Alagang Pinoy Tagubilin form and/or Newborn Discharge Summary	None	15 minutes	Nurse
14.	14. Removes contraptions and issues	None	5 minutes	Nurse
15.	15. Accompanies the patient to the lobby	None	20 minutes	Nurse/Nursing Attendant
16.	16. Removes the patient´s ID and sign on the clearance slip	None	5 minutes	Security Personnel
	TOTAL:	**None**	**4 Hours, 10 minutes**	

4. NEWBORN SCREENING

This covers the process of Newborn Screening

Office or Division:	PEDIATRIC INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patients Health Record (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
Doctor's Order Sheet (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
NBS Filter Card (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit
Request Form (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Orders and makes request for newborn screening procedure	None	5 minutes	Attending Physician
	2. Carries out Doctor's order	None	3 minutes	Nurse
	3. Sends the request to the Laboratory Department	None	5 minutes	Nursing Attendant
	4. Accomplishes the newborn screening filter card	None	5 minutes	Nurse
	5. Charges the newborn screening filter, detaches the second copy of the filter number, and attach in the charge form	Php 1,800.00	5 minutes	Nurse
	6. Gives newborn screening filter card to the Medical Technologist	None	1 minute	Nurse
	7. Facilitates extraction of specimen	None	5 minutes	Medical Technologist
8. Asks questions, verifies and understands the instructions	8. Educates the watcher on the importance of newborn screening and instructs the watcher to claim the result at the Outpatient Department	None	5 minutes	Nurse/ Significant other/watcher
	TOTAL:	**Php 1,800.00**	**minutes**	

1

5. TRANSFER OF SERVICE

This covers the transfer of Service of Client/ Patient

Office or Division:	PEDIATRIC INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients Health Record (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Notifies the Attending Physician regarding the transfer	None	15 minutes	Nurse
2.	2. Informs the Consultant then orders for transfer of service	None	10 minutes	Attending Physician
3.	3. Carries out Doctor's order and facilitates accomplishment of transfer of service request form	None	10 minutes	Nurse
4. Understands and signs the request for transfer of service	4. Signs and secures signature of significant other/watcher and Attending Physician on the request for transfer of service	None	15 minutes	Nurse Significant other/ watcher
5.	5. Check for the availability of rooms in the Admitting Section	None	15 minutes	Nurse/ Admitting Clerk
6.	6. Receives and process the patient´s clinical record from the unit	None	60 minutes	Billing Clerk
7. Proceeds to the Admitting Section	7. Instructs the watcher to proceed to the admitting section with the accomplished requirements for the transfer of service	None	10 minutes	Nurse Significant other/ watcher
8.	8. Facilitates transfer of service and issue an updated clinical cover sheet	None	5 minutes	Admitting Clerk
9.	9. Facilitates the transfer to another unit	None	30 minutes	Nurse/ Nursing Attendant
	TOTAL:	**None**	**2 Hours, 50 Minutes**	

1

6. RECEIVING PATIENTS FROM COVID ISOLATION AREAS

This covers the process of receiving patients from COVID Isolation Areas

Office or Division:	PEDIATRIC INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	CLIENT/PATIENT

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patients Health Record (1 Original Copy)	CVMC Nursing Service Pediatric Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives initial call from COVID area, initial endorsements	None	3 minutes	Nurse
2.	2. Prepares patient's bed/bassinet and necessary equipment (oxygen, oxygen guard, IV stand, droplight, bililight)	None	10 minutes	Nurse/ Nursing Attendant
3.	3. Receives a call from COVID area that patient is ready to be fetched at the receiving point provided	None	5 minutes	Nurse
4.	4. Fetches patient with complete PPE following ICC protocols, and transfers to stretcher/ crib bed/ bassinette	None	5 minutes	Nurse/ Nursing Attendant
5.	5. Assesses patient's general appearance, vital signs	None	5 minutes	Nurse
6.	6. Receives handover/ endorsements from COVID ward nurse on duty	None	5 minutes	Nurse
7.	7. Transports to PICU	None	10 minutes	Nurse/ Nursing Attendant
8.	8. Transfers to bed, attaches to cardiac monitor and hooks to oxygen	None	10 minutes	Nurse/ Nursing Attendant
9.	9. Oriented significant others/watcher about hospital/unit protocols and policies as well as COVID 19 protocols for patients and	None	5 minutes	Nurse

1

	watchers in the unit including minimum health standards			
10.	10. Inform Attending Physician regarding admission	None	5 minutes	Nurse
	TOTAL:	**None**	**1 Hour, 14 Minutes**	

POST ANESTHESIA CARE UNIT
External Services

1. RECEIVING OF POST OPERATIVE PATIENTS

This covers the process of receiving post operative patients.

Office or Division:	POST ANESTHESIA CARE UNIT
Classification:	Simple
Type of Transaction:	G2C –Government to Citizen
Who may avail:	POST OPERATIVE PATIENTS
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients Clinical Record (1 Original Copy)	CVMC-Nursing Post Anesthesia Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	1. Receives initial endorsement	None	5 Minutes	Circulating Nurse PACU Nurse
2.	2. Acknowledge and prepares necessary supplies and equipment needed	None	10 Minutes	PACU Nurse
3	3. Receives patient and endorsement from Anesthesiologist, Surgeon and Circulating Nurse	None	15 Minutes	Anesthesiologist, Surgeon and Circulating Nurse PACU Nurse SICU Nurse and Nursing Attendant
4.	4. Assess the patient and performs independent and interdependent interventions post operatively: -Hooked to Cardiac Monitor -Hooked to oxygen therapy as ordered -Initial assessment of vital signs at the Documentation flow sheet at PACU -level of consciousness -Bromage Score -Contraptions -tubings -drainage	None	45 Minutes	PACU Nurse Midwife Nursing Attendant

5.	5. Reviews and Carries out Doctors order -Carrying out post operative order of anesthesiologist, surgeon, and interdepartmental orders -Facilitate laboratory -Diagnostic Imaging procedure -Transfusion of blood products -requisition of medication at pharmacy section Medication and fluid administration	None	1 Hour	Nurse Midwife ırsing attendant
6.	6. Informs the watcher regarding the presence of the patient at PACU	NONE	10 Minutes	Nurse Midwife Nursing Attendant
	TOTAL:	**None**	**2 Hours and 25 Minutes**	

2. Receiving of Newborn babies (Mother's bedside babies)

This covers the process of receiving of newborn babies at Post Anesthesia Care Unit

Office or Division:		POST ANESTHESIA CARE UNIT		
Classification:		Simple		
Type of Transaction:		G2C –Government to Citizen		
Who may avail:		Newborn babies delivered via C/S		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Doctor's Order (1 Original Copy)		CVMC-Nursing Post Anesthesia Care Unit		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	1. Receives patient and performs assessment	None	15 Minutes	Nurse
2.	2. Carries out Doctors Order	NONE	30 Minutes	Nurse Midwife

	Performs Essential Intrapartal Newborn Care -Initiate and assist initial breastfeeding to the mother -Administer Vitamin K -Gives Crede's Prophylaxis			
3.	3. Gives and instructs the watcher to bring E-Access Registration of the newborn to the Admitting section	None	10 Minutes	Nurse Midwife
4.Watcher brings back the accomplished E-Access Registration to the unit.	4. Attached to patients' clinical record	one	10 Minutes	Nurse
5.	5. Placed the baby at Mothers bedside while waiting for the trans out order	None	60 Minutes	
	TOTAL:	**None**	**2 Hours and 5 Minutes**	

3. Receiving of Newborn babies (Post NICU babies)

This covers the process of receiving of newborn babies at Post Anesthesia Care Unit

Office or Division:	POST ANESTHESIA CARE UNIT
Classification:	Simple
Type of Transaction:	G2C –Government to Citizen
Who may avail:	Newborn babies delivered via C/S

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's Order Consent Form (1 Original Copy)	CVMC-Nursing Post Anesthesia Care Unit

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

1.	1. Receives patient and performs assessment	None	Minutes	Nurse
2.	2. Carries out Doctors Order Performs Essential Intrapartal Newborn Care -Initiate and assist initial breastfeeding to the mother -Administer Vitamin K -Gives Crede's Prophylaxis	None	Minutes	Nurse Midwife
3. Watcher signs consent form for Hospital care and management	3. Gives and instructs the watcher to bring the accomplished admission slip and consent form to the Admitting section	None	Minutes	Nurse Midwife
4. Watcher brings back the accomplished Clinical Record of the patient from admitting section to Post Anesthesia Care Unit	4. Attached to patients' clinical record in the unit	one	Minutes	Nurse
5.	5. Informs the Post NICU area regarding transfer	None	Minutes	Nurse
6. Watcher participates/cooperates -Accompany the nurse incharge to the unit	6. Transfer the baby to Post NICU area and endorsed	None	Minutes	Nurse
	TOTAL:	**None**	**1 Hour and 30 Minutes**	

4. TRANS OUT OF PATIENTS

This covers the process of Trans out of patients from Post Anesthesia Care Unit

Office or Division:	POST ANESTHESIA CARE UNIT
Classification:	Simple
Type of Transaction:	G2C –Government to Citizen
Who may avail:	Post Operative patients for transfer to ICU's/ Wards
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record	CVMC-Nursing Post Anesthesia Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Recommends to the Anesthesiologist that the patient is ready for discharge	None	5 Minutes	Nurse
	2. Reassess by the Anesthesiologist using the following criteria: Aldretes Score Bromage Score	None	10 Minutes	Anesthesiologist
	3.1 Carries out order for trans out 3.2 Checks the completeness of Medical Records	None None	15 Minutes 10 Minutes	Nurse Nurse
	4. Calls the respective unit/area prior to trans out and make initial endorsement ICU's, WARDS	None	30 Minutes	Nurse
	5. Transfer to the stretcher for trans out	None	5 Minutes	Nurse Nursing Attendant
6.Participates/ cooperates -accompany the nurse in charge into the unit/area	6. Endorse the patient to the respective area/unit	None		Nurse Nursing Attendant
	TOTAL:	**None**	**1 Hour and 20 Minutes**	

5. Discharge Process (DEATH)

This covers the process of discharge of death patients

Office or Division:	POST ANESTHESIA CARE UNIT
Classification:	Simple
Type of Transaction:	G2C –Government to Citizen G2G – Government to Government
Who may avail:	DEATH Patients at SICU
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1 Original Copy of Doctor's order 1 Original Copy of Discharge Clearance Slip	CVMC-Nursing Post Anesthesia Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1.1 Carries out Doctor's order 1.2 Notifies the watcher regarding order of post mortem care and transfer to morgue 1.3 Performs Post mortem care	None None None	5 Minutes 10 Minutes 20 Minutes	Nurse Nurse Nurse/ Nursing Attendant
2.None	2. Notifies the Medical technologist assigned at Pathology section/Laboratory dept regarding the cadaver the will be brought to the morgue	None	10 Minutes	Nurse
3.Watcher participates/cooperates with the Nursing Attendant	3. Transfers the patient to morgue with name tag, Id band and with cadaver logbook.	None	15 Minutes	Nursing Attendant
4.None	4. Checks any unused medications and supplies and instruct the Nursing Attendant to return to the Pharmacy	None	Minutes	Nurse/Nursing Attendant

5.Awaits Bill	5.1 Checks for the completeness of the patient's Medical Records	None	Minutes	Nurse
	5.2 Brings the patient's Medical Record to the following sections for clearances: A.Blood bank B.Hemodialysis	None	Minutes	Nurse
	5.3 Calls the Billing Section to inform them of the chart for billing	None	Minutes	Nurse
	5.4 Checks for the completeness of signatories in the Discharge Clearncae slip and affixes signature	None	Minutes	Nurse
	5.5 Instruct the watcher to present the clearance slip to the guard on duty at morgue		Minutes	Nursing Attendant
	TOTAL:	**None**	**2 Hours and 25 Minutes**	

PROFESSIONAL EDUCATION AND TRAINING OFFICE

External Service

1. In-Service and Preceptorship Training

This covers the process of In-Service and Preceptorship Training of student affiliates in the different areas within Cagayan Valley Medical Center

Office or Division:	PROFESSIONAL EDUCATION, TRAINING, AND RESEARCH UNIT
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	All clients requiring training for their respective agency

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
3 Original copies of Updated MOA (if applicable)	Concerned Applicant
1 photocopy of Official Receipt from the cashier	Concerned Applicant
1 photocopy of Updated PRC	Professional Regulation Commission
1 photocopy of Preceptorship Certificate of Training (if applicable)	Concerned Applicant
1 photocopy of Certificate of employment	Concerned Applicant
1 Original copy of Plan of activities/Clinical Plan of Activities	Concerned Applicant

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent to Office of the Medical Center Chief	1. Receive letter of intent from requesting agency	None	2 minutes	Administrative Officer II
	2. Receive letter of intent of requesting agency from Office of the Medical Center Chief	None	2 minutes	Training Assistant II
	3. Endorse letter of intent to Chief Training Officer for action	None	2 minutes	Training Assistant II
	4. CTO will review the letter of intent then forward to the TS	None	2 minutes	Chief Training Officer
	5. TS coordinate to the concerned Division for their accommodation	None	2 minutes	Training Specialist IV
	6. Endorse Requirements to Division Training	None	5 minutes	Training Assistant II

	Coordinator for credential evaluation			
	7. Evaluate trainee's credentials and coordinate to PETRU that they can be accomodated	None	20 minutes	Division Training Coordinator
	8. Prepare recommendation letter	None	2 minutes	Training Specialist IV
	9. Forward recommendation letter to Office of the Medical Center Chief for hospital order	None	2 minutes	Training Specialist IV
	10. Issue hospital order of trainees	None	1 day	Administrative Officer IV
11. Pay at the Cashier	12. Issue a charge slip to be settled at the cashier office	Training Fee of P1,000	3 minutes	Training Specialist IV
	13. Inform trainees on the official start of duty	None	2 minutes	Training Assistant II
14. Request for Certificate of Training	15. Request for the proof of payment, accomplished training clearance, & training evaluation	100 pesos	3 minutes	Training Assistant II
	16. Issue the duly signed certificate of training then record it in the logbook & in the electronic database system	None	2 minutes	Training Assistant II
	TOTAL:	**1100 pesos/month**	**1 day & 49 mins.**	

1

2. APPRENTICESHIP

Office or Division:	PROFESSIONAL EDUCATION, TRAINING, AND RESEARCH UNIT
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	All clients requiring Apprenticeship training for their respective institution

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
3 Original Copy of MOA	Concerned Applicant AND CVMC
1 Original Copy of Training Plan/Plan of activities	Concerned Applicant
1 Original Copy of Charge Slip	Accounting/PETRU
1 Original Copy of List of Apprentice	HEI
1 Original Copy of Proposed Schedule	HEI

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent to Office of the Medical Center Chief	1.Receive letter of intent from requesting agency	None	2 minutes	OMCC
2.None	2.Receive letter of intent of requesting agency from Office of the Medical Center Chief	None	2 minutes	PETRU STAFF
3.None	3.Endorse letter of intent to Chief Training Officer	None	1 minute	PETRU STAFF
4.None	4.Chief Training Officer Endorse letter of intent to TS	None	1 minute	CTO
5.None	5.TS shall coordinate to the concerned division training officer if they can accommodate the request for training	None	3minutes	TS
6.Submit requirements fully signed and notarized MOA with the following requirements. - plan of activities -lists of Apprentice -Proposed schedule	6.If can be accommodated, TS shall Contact trainee and require submitting updated MOA fully signed and notarized with indicated plan of activities.	None 100	2 minutes 1 day	TS
7.Apprentice will attend to the orientation	7.TS shall conduct orientation regarding guidelines and protocols prior to their	None	30min.	TS

	apprenticeship			
8.None	8.TS shall inform and shall endorse the apprentice to the concerned division for their official start of their apprenticeship	None	5min	TS
9.Request for Certificate of Training	9.Submit the list of Apprentice who satisfactorily completed their Training	None	2 minutes	Division Training Coordinator
10.None	10.Prepare the Certificate of Training	None	2 minutes	PETRU Staff
11.None	11.Forward the Certificate of Training to the authorized signatories	None	2 minutes	PETRU Staff
12.None	12.Inform the trainees of the issuance of the Certificate of Completion	None	2 minutes	PETRU Staff
13.None	13.Issue the Certificate of Completion then record and store it in the electronic database system	None	2 minutes	PETRU Staff
	TOTAL:		**1 day & 56 mins.**	

3. PROCEDURE FOR AFFILIATING STUDENTS FROM HIGHER EDUCATIONAL INSTITUTIONS

Office or Division:	PROFESSIONAL EDUCATION, TRAINING, AND RESEARCH UNIT
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	All clients requiring training for their respective agency

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1 Original copy of Updated MOA (if applicable)	Concerned Applicant
1 Original copy of Official Receipt from the cashier	Concerned Applicant
1 Photocopy of Updated PRC	Professional Regulation Commission
1 Photocopy of Preceptorship Certificate of Training (if applicable)	Concerned Applicant
1 Original copy of Certificate of employment	Concerned Applicant
1 Original copy of Plan of activities/Clinical Plan of Activities	Concerned Applicant

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit letter of intent to Office of the Medical Center Chief	1.Receive letter of intent from requesting agency	None	2 minutes	OMCC Staff

	2.Receive letter of intent of requesting agency from Office of the Medical Center Chief	None	2 minutes	PETRU STAFF
	3.Endorse letter of intent to Chief Training Officer for action	None	2 minutes	PETRU Staff
	4.CTO will review and approve then forward the letter of intent to the TS	None	2 minutes	Chief Training Officer
5. Submit the specified requirements	5.TS shall Contact trainee and require submitting in triplicate the following Division/ section where training will be conducted. List of students 6.List of clinical instructors Clinical teaching plan If post graduate program triplicate copies of the following. Curriculum vitae Updated PRC card Training plan Schedule and area of training	None	10 minutes	TS IV
	6. TS shall Endorse Requirements to Division Training Coordinator for credential evaluation	None	5 minutes	PETRU Staff
	7.Evaluate trainee's credentials and coordinate to PETRU that they can be accomodated	None	20 minutes	Division Training Coordinator
	8.Instruct HEI representative training coordinator to proceed to FMO for assessment and settlement of fees	COA fee P1,000 Base hospital feeP10.000 Affiliation fee 50/8 per student Users Fee 100 per student		

	9. Contract of affiliation shall be prepared and signed.	None	1 day	PETRU staff
10.Secure signatories and let it be notarized	10.Contact HEI to accomplish the Contract Submit final schedule	None	5 minutes	PETRU Staff
11.Attendance of the affiliates	11.TS shall conduct orientation of all the affiliates then endorse to the respective department/division	none	45 min.	TS/ PETRU staff
	TOTAL:	**P11, 150.00**	**2 days and 30 min.**	

4. Filipino Post Graduate Medical Interns Training Processing and Approval

This covers the process of Filipino Post Graduate Medical Interns Training Processing and Approval

Office or Division:		PROFESSIONAL EDUCATION, RESEARCH AND TRAINING OFFICE		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All graduates of BS Medicine, certified by their respective Institution clients		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		None		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Apply at APMC for Internship Training thru ENIPS	1. Accept the Post-Graduate Interns matched to the CVMC	None	2 minutes	PETRU Staff
2. Walk in applicants	2. Require an endorsement letter from APMC and certificate of graduation	None	2 minutes	PETRU Staff
3. None	3. Prepare the acceptance letter addressed to APMC	None	2 minutes	PETRU Staff
4. None	4. Prepare the rotation of the	None	2 minutes	PETRU Staff Overall PGI

	schedule then forward it to the concerned Divisions			Coordinator
5. None	5. Conduct an Orientation	None	4 hours	Overall PGI Coordinator
6. None	6. Endorse the accepted PGI's in their respective of assignment	None	3 minutes	Overall PGI Coordinator
7. None	7. Verify the credentials of the matched Post-Graduate Interns by APMC thru E-NIPS	None	10 minutes	PETRU Staff
8. None	8. Endorse list of accepted Post-Graduated Interns to the PGI Coordinator	None	10 minutes	PETRU Staff
	TOTAL:	**None**	**4 hours and 11 minutes**	

5. Foreign Post Graduate Medical Interns Training Processing and Approval

This covers the process of Foreign Post Graduate Medical Interns Training Processing and Approval

Office or Division:		PROFESSIONAL EDUCATION, RESEARCH AND TRAINING OFFICE		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All foreign graduates of BS Medicine, certified by their respective Institution clients		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		None		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit the letter of intent to the OMCC	1. Forward the letter of intent to PETRU	None	5 minutes	OMCC Staff

2. None	2. Receive the letter of intent and document it in the logbook	None	2 minutes	PETRU Staff
3. None	3. Acknowledge the Foreign Medical Student by formally writing a letter of acceptance	None	3 minutes	Overall Internship Coordinator
4. None	4. Include their names in the schedule of rotation to be submitted in the different Departments	None	5 minutes	Overall Internship Coordinator
5. Payment of Internship	5. Issue a charge slips to be settled at the cashier office	2000 pesos	3 minutes	PETRU Staff
	TOTAL:	**None**	**18 minutes**	

6. Post Graduate Medical Interns Training Issuance of Certificate

This covers the process of Post Graduate Medical Interns Training Issuance of Certificate

Office or Division:		PROFESSIONAL EDUCATION, RESEARCH AND TRAINING OFFICE		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All clients requiring training for their respective agency		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Pink Form (1 original copy)		Professional Education and Training Office		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to PETO to receive the Pink Form	1. Issue Pink form	None	2 minutes	PETRU Staff
2. Log in the receiving logbook	2. Check the receiving logbook if properly filled and signed	None	2 minutes	PETRU Staff

3. Accomplish the Pink Form	3. None	None	1 day	Trainee
4. Submit accomplished Pink Form	4. Receive accomplished Pink Form	None	2 minutes	PETRU Staff
5. None	5. Prepare the Certificate of Completion	None	5 minutes	PETTRU Staff
6. None	6. Forward the Certificate of Completion to respective signatories	None	1 day	PETRU Staff Post-Graduate Intern's Coordinator Chief Training Officer Medical Center Chief II
7. None	7. Inform trainee for the issuance of the Certificate of Completion	None	3 minutes	PETRU Staff
8. Proceed to PETO to receive the Certificate of Completion	8. Issue Certificate of Completion	None	2 minutes	PETRU Staff
9. Sign in the Receiving Logbook	9. Record issuance in the Log Sheet and file Certificate in the Electronic Database System	None	5 minutes	PETRU Staff
	TOTAL:	**None**	**2 days, 21 minutes**	

7. Medical Clerks/Junior Interns Training Processing and Approval

This covers the process of Medical Clerks/Junior Interns Training Processing and Approval

Office or Division:	PROFESSIONAL EDUCATION, RESEARCH, AND TRAINING OFFICE
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen

Who may avail:		All clients requiring training for their respective agency		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Letter of Intent (1 Original Copy)		Concerned Agency		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit letter of intent to Office of the Medical Center Chief	1. Receive letter of intent from requesting agency	None	2 minutes	OMCC Staff
	2. Receive letter of intent of requesting agency from Office of the Medical Center Chief	None	2 minutes	PETRU Staff
	2. Endorse letter of intent to Chief Training Officer for action	None	2 minutes	PETRU Staff
	3. Review and approve letter of intent	None	10 minutes	Chief Training Officer
	3. Prepare Memorandum of Agreement and forward to respective signatories	None	1 day	PETRU Staff Chief Training Officer Medical Center Chief
4. Proceed to PETO to receive Memorandum of Agreement	4. Issue Memorandum of Agreement	None	2 minutes	PETRU Staff
5. Accomplish Memorandum of Agreement	5. None	None	1 day	School Coordinator

6. Submit fully signed and Notarized Memorandum of Agreement	6. Received fully signed and notarized Memorandum of Agreement	None	5 minutes	PETRU Staff
	TOTAL:	**None**	**2 days, 23 minutes**	

PUBLIC ASSISTANCE AND COMPLAINTS DESK
External Services

1. Giving Information on Hospital Services, Customer Navigation, Handling Complaints

This covers the process on giving information Hospital Services, Customer Navigation and Handling Complaints

Office or Division:		PUBLIC ASSISTANCE AND COMPLAINTS DESK		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		All clients requesting assistance		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Go to PACD and ask for information	1. Inform and orient client regarding requested hospital services	None	5 minutes	PACD Officer
2. Go to PACD and ask for assistance in navigation	2. Guide and assist customer to desired destination	None	10 minutes	PACD Officer
3. Go to PACD and ask assistance for complaint	3. Provide complaint form	None	2 minutes	PACD Officer
	4. Instruct complainant on how to properly fill-up the complaint form	None	5 minutes	PACD Officer
	5. Log into the complaint monitoring logbook	None	5 minutes	PACD Officer
	6. Forward accomplished complaint form to the OMCC	None	2 minutes	
	TOTAL:	**None**	**29 minutes**	

PULMONARY UNIT
External Services

1. SERVICE: HOOKING TO MECHANICAL VENTILATOR

This covers the process of hooking mechanical ventilator for in-patients.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	Patients admitted needing intensive care
CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Pulmonary Unit Request Form	CVMC- Special Areas and Wards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receive call from NOD informing that patient is needing mechanical ventilator.	None	5 minutes	Nurse on Duty Respiratory Therapist on Duty
2. Give the request form with mechanical ventilator settings.	2. Set up and calibrate the machine.	None	15 minutes	Nurse on Duty Respiratory Therapist on Duty
	3. Confirm the patient's MV parameters in the chart ordered by physician and set it up in the respirator.	None	2 minutes	Respiratory Therapist on Duty
	4. Explain the procedure to the patient and/or relative. Attach the ventilator to the patients Endotracheal or tracheostomy tube.	None	5 minutes	Respiratory Therapist on Duty
	5. Write patient's information and settings in the mechanical ventilator monitoring sheet.	None	2 minutes	Respiratory Therapist on Duty

	6. Observe the patient and note for the following: Breathing effort, vital signs taken by NOD, oxygen saturation.	None	3 minutes	Respiratory Therapist on Duty
	7. Inform the NOD when the procedure is done and also of any patient problem observed after MV hooking.	None	3 minutes	Respiratory Therapist on Duty
	8. Respiratory Therapist on duty shall write the patient name in the list of patients hooked to the logbook and on the endorsement form. Charge the patient in the charging system.	1600/day	5 minutes	Respiratory Therapist on duty
	TOTAL	**1600/day**	**40 MINUTES**	

2.SERVICE: WEANING FROM MECHANICAL VENTILATOR

This covers the process of weaning patient(s) connected to mechanical ventilator.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	Patients admitted needing intensive care
CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Pulmonary Unit Request Form	CVMC- Special Areas or wards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receive and note for the call from the ward and prepares for needed supplies (Tpiece, nebulizer).	None	5 minutes.	Nurse on Duty Respiratory Therapist on Duty

2. Give the request indicating the frequency and type of weaning.	2. Greet patient with smile, explain the procedure to patient.	None	3 minutes.	Nurse on Duty Respiratory Therapist on Duty
	3. Ask the nurse to take the patient's baseline vital signs.	None	5 minutes	Nurse on Duty Respiratory Therapist on Duty
	4. Place the patient on high back rest and inform the patient that he/she will start weaning.	None	2 minutes	Respiratory Therapist on duty
	5. Observe strictly patient's breathing pattern and vital signs.	None	10 minutes	Respiratory Therapist on duty
	6. Write on the weaning monitoring sheet the following: Blood pressure, heart rate, oxygen saturation, respiratory rate of the patient, if tolerated/not tolerated (NOD or attending physician will be notified) Name of RTOD in charge, frequency of weaning.	None	3 minutes	Respiratory Therapist on duty
	7. Inform the nurse on duty regarding the time due(if weaning is alternate) or time started (if weaning is tolerated).	None	2 minutes	Respiratory Therapist
	8. Write the patient on the endorsement form and charge the patient if weaning is on T-piece.	PHP 975.00	5 minutes	Respiratory Therapist on duty
	TOTAL	PHP975 .00	35 inutes	

3.SERVICE: MOBILIZATION OF SECRETIONS USING PERSCUSSION

This covers the process of mobilizing secretions using chest percussion for in-patients.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	In-patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Pulmonary Unit Request Form (1 original copy)	CVMC- Special Areas and Wards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present fully accomplished request indicating CPT procedure and its frequency.	1. Receive and check the request.	None	2 minute	Nursing Attendant Respiratory Therapist on Duty
2. Return to ward.	2. Introduce self to the patient with a smile and explain the procedure to the patient.	None	5 minutes	Respiratory Therapist on Duty
	3. Instruct the patient to use diaphragmatic breathing.	None	3 minutes	Respiratory Therapist on Duty
	4. Percuss on the right, then left part of the chest wall. Give priority on the segment identified with more secretions.	None	4 minutes	Respiratory Therapist on Duty
	5. Encourage patient to cough out secretions that have been mobilized after chest percussion.	None	2 minutes	Respiratory Therapist on Duty
	6. Repeat percussion as per order by the physician.	None	3 Minutes	Respiratory Therapist on
	7. Inform the nurse on duty once procedure is done.	None	3 minutes	Respiratory Therapist on Duty Nurse on Duty
	8. RTOD shall provide and write	None	3 minutes	Respiratory Therapist on Duty

	notes regarding the procedure in the RT notes form.			
	TOTAL	**NONE**	**25 INUTES**	

4.SERVICE: ARTERIAL BLOOD GAS (Out-Patient)

This covers the process for out-patient needing analyzation of arterial blood gas.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	Out Patients
CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Pulmonary Unit Request Form	CVMC- Out Patient Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present a fully accomplished ABG request in the unit	1. Provide charge slip	1000	2 minutes	Patient/Patient's watcher Respiratory Therapist on Duty
2. Watcher may proceed to the cashier to pay for the ABG fee or ask assistance to Malasakit Center	2. Introduce self to patient and explain the procedure	None	5 minutes	Respiratory Therapist on Duty
3. Present Official Receipt to RTOD	3. Extract blood sample	None	5 minutes	Respiratory Therapist on Duty
4. Wait for the ABG result	4. Analyse the blood sample to the ABG analyser machine	None	10 minutes	Respiratory Therapist on Duty
5. Receive the result and sign on the Receiving logbook	5. Releases the result to the patient or watcher	None	3 minutes	Patient/Patient's watcher Respiratory Therapist on Duty
	TOTAL	**1000**	**25 minutes**	

5.SERVICE: ARTERIAL BLOOD GAS (In-Patient)

This covers the process of patients admitted at Cagayan Valley Medical Center needing analyzation of arterial blood gas.

Office of Division		Pulmonary Unit		
Classification:		Simple		
Type of transaction:		G2C		
Who may avail of the service:		Patients		
CHECKLIST OF REQUIREMENTS:		**WHERE TO SECURE:**		
Pulmonary Unit Request Form		CVMC- Special Areas and Ward		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present a fully accomplished ABG request in the unit. Log to the receiving logbook for ABG request the personal information of the patient.	1. Receive and check the request.	None	2 minutes	Nurse attendant or other authorized hospital personnel
2. Return to the ward	2. Proceed to the requesting ward. Introduce self to patient and explain the procedure.	None	5 minutes	RTOD
3.	3. Extract blood sample and return to unit.	None	8 minutes	RTOD
4.	4. Analyze the blood sample to the ABG analyzer machine	None	10 minutes	RTOD
5. Receive the result and sign on the Receiving logbook	5. Release the result to the respective ward. Charge the procedure to patient using the charging system.	None 1,000	5 minutes	Patient/Patient's watcher
	TOTAL	**1,000**	**30 inutes**	

6.INCENTIVE SPIROMETRY

This elaborate the process of incentive spirometry procedure for patients admitted at CVMC.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	In-Patients
CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Pulmonary Unit Request Form	CVMC- Special Areas and Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present a fully accomplished IS request in the unit.	1. Receive and check the request.	None	2 minutes	Nursing Attendant II /Respiratory Therapist II
2. Return to the ward	2. Introduce self to the patient and relative 2.1 Explain and instruct the procedure to the patient	None	5 minutes	Respiratory Therapist II on Duty
	3. Note for the maximum inspired volume and instruct the patient to repeat the procedure based on physician's order.	None	10 minutes	Respiratory Therapist II on Duty
	5. Document the procedure in the Respiratory Therapist notes and attached it on the patient's chart. 6. Charge the Incentive Spirometry in the charging system or attach charge slip to the patient's chart	PHP 590	3 minutes	Respiratory Therapist II on Duty
	TOTAL	**PHP 590**		

7.HOOKING TO HIGH FLOW NASAL CANNULA MACHINE

This covers the process of hooking High Flow Nasal Cannula Machine for In-patients.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	In-Patients
CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Pulmonary Unit Request Form	CVMC- Special Areas and Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receive call from NOD informing that patient is needing High Flow Machine.	None	5 minutes	Nurse on Duty Respiratory Therapist on Duty
2. Give the request form with High Flow settings.	2. Set up and calibrate the machine.	None	15 minutes	Nurse on Duty Respiratory Therapist on Duty
	3. Confirm the patient's High Flow parameters in the chart ordered by physician and set it up in the HFNC machine	None	2 minutes	Respiratory therapist on duty
	4. Explain the procedure to the patient and/or relative. Attach the High Flow to the patient's nose and secure according to patient's comfort	None	5 minutes	Respiratory Therapist on Duty
	5. Write patient's information and settings in the monitoring sheet.	None	2 minutes	Respiratory Therapist on duty
	6. observe the patient and note for the following: Breathing effort, vital signs taken by NOD, and oxygen saturation.	None	3 minutes	Respiratory Therapist on duty

	7. Inform the NOD when the procedure is done and also of any problem observed after High Flow Nasal Cannula hooking.	None	3 minutes	Respiratory Therapist on duty
	8. Respiratory Therapist on Duty shall write the patient's name in the list of patients hooked logbook and on the endorsement form. Charge the patient in the charging system.	PHP 1,900.00/day	5 minutes	Respiratory Therapist on duty
	TOTAL	PHP 1,900.00/day	40 inutes	

8. PULMONARY FUNCTION TEST (Out-Patient)

This covers the process of Pulmonary Function Test for out-patient.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	Out Patients
CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Pulmonary Unit Request Form	CVMC- Out Patient Department

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present a fully accomplished PFT request in the unit.	1. Provide charge slip.	1200	2 minutes	Patient/Patient's watcher Respiratory Therapist on Duty
2. Watcher may proceed to the cashier to pay for the PFT fee or ask assistance to Malasakit Center	2. Introduce self to patient and explain the procedure.	None	5 minutes	Respiratory Therapist on Duty
3. Present Official Receipt to RTOD	3. Perform pre-bronchodilator therapy.	None	15 minutes	Respiratory Therapist on Duty

4. Provide medication nebule.	4. Nebulize the patient 5. Wait for the bronchodilator to take effect.	None	5 minutes 20 minutes	Respiratory Therapist on Duty
7.	6. Perform post-bronchodilator therapy.	None	10 minutes	Respiratory Therapist on Duty
8. Receive the result and sign on the Receiving logbook .	8. Prints out and Releases the result to the patient or watcher.	None	3 minutes	Patient/Patient's watcher Respiratory Therapist on Duty
	TOTAL	**1200**	60 inutes	

9.SERVICE: PULMONARY FUNCTION TEST (In-Patient)

This covers the process of Pulmonary Function Test for patients admitted at Cagayan Valley Medical Center.

Office of Division	Pulmonary Unit
Classification:	Simple
Type of transaction:	G2C
Who may avail of the service:	Patients
CHECKLIST OF REQUIREMENTS:	**WHERE TO SECURE:**
Pulmonary Unit Request Form	CVMC- Special Areas and Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receive and check the request.	None	2 minutes	Nurse-on-duty Respiratory Therapist on Duty
2	2. Call the requesting ward and instruct the Nurse-on-duty regarding patient preparation.	None	5 minutes	Respiratory Therapist on Duty
3.	3. Ask the Nurse to bring the patient to the unit.	None	5 minutes	Respiratory Therapist on Duty
4.	4. Perform pre-bronchodilator therapy.	None	15 minutes	Respiratory Therapist on Duty
5.	5. Nebulize the patient 4. Wait for the bronchodilator to take effect.	None	5 minutes 20 minutes	Respiratory Therapist on Duty

6.	6. Perform post-bronchodilator therapy.	None	10 minutes	Respiratory Therapist on Duty
7. Receive the result and sign on the Receiving logbook	7. Prints out and attaches the result to the Patient's Chart. 7. Charge the procedure to patient using the charging system.	None 1200	3 minutes	Patient/Patient's watcher Respiratory Therapist on Duty
	TOTAL	**1200**	65 minutes	

RADIATION ONCOLOGY
External Services

1. EXTERNAL BEAM RADIATION THERAPY (LINEAR ACCELERATOR)

This is a type of radiotherapy that directs a beam of ionizing radiation originating outside of the patient's body, targeting cancerous tissues inside the patient body.

Office or Division:	Radiation Oncology Unit
Classification:	Highly Technical Service
Type of Transaction:	Government to Client/Citizen (G2C)-For services whose client is the transacting public.
Who may avail?	All clients requiring consult with a Radiation Oncologist

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral letter (1 original copy)	Referring / Attending Physician
Chest X-ray result (1 Photocopy)	Any licensed hospital / clinic/ laboratory
Complete Blood Count (CBC) result (1 Photocopy)	Any licensed hospital / clinic/ laboratory
Creatinine result (1 Photocopy) for head and neck cases only	Any licensed hospital / clinic/ laboratory
Dental Clearance (for head and neck cases only	Any licensed hospital / clinic
Biopsy Result (1 Photocopy)	Any licensed hospital / clinic/ laboratory
Any Diagnostic Imaging Results (1 Photocopy of any) with images printout if any	Any licensed hospital / clinic/ laboratory
Any Previous Radiation Therapy records (1 Photocopy)	Any licensed hospital / clinic
PhilHealth ID card (1 Photocopy)	Philhealth Section
CT-Simulation Order sheet (1 original completely filled out by the attending Radiation Oncologist)	Radiation Oncology Unit
PhilHealth Forms and Attachments (1 original duly accomplished PHIC forms; 1 original attachment with Radiation Oncologist's signature)	Radiation Oncology Unit
Professional Fee Charge Slip (1 original duly accomplished form	Radiation Oncology Unit
Statement of Account (1 original SOA)	Radiation Oncology Unit
Official Receipt of Paid Professional Fee (1 original copy)	Cashier Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
7. Explaining the lists of requirements.	1. Assessment of requirements; and gives a possible schedule of consultation depending on the availability of a Radiation Oncologist.	none	5 minutes	Nurse, Unit Clerk
2. Completion of forms for patient charting;	2. Checks the completeness of pertinent forms;	none	20 minutes	Nurse,

Consultation; scheduling of CT-Simulation	explains in general the procedures to be done; consultation with a Radiation Oncologist.			Radiation Oncologist
3. Conduction of CT-Simulation/ Images acquisition procedure.	3. A staff explains the procedure to be done and executes the simulation order.	Procedural cost covered by Philhealth/ Malasakit Center	30 minutes	Nurse, Radiologic Technology Therapist/s
4. Treatment Planning	4. A Radiation Oncologist and a Health Physicist creates and optimizes a treatment plan appropriate for each patient.	Procedural cost covered by Philhealth/ Malasakit Center	10-15 working days	Radiation Oncologist, Health Physicist
5. Explanation of quotation for all procedural costs.	4. The Unit clerk prepares all necessary documents and explains the said quotation.	None	15 minutes	Unit clerk
6. Processing of PhilHealth Forms for CT-Simulation procedure and Treatment Planning at Billing Section	6. The Unit clerk prepares all necessary documents and forwards them to the billing section.	None	15 minutes	Unit clerk
7. Issuance of Charge Slip of Professional Fee to settle at Cashier Section and/or for assistance at Malasakit Center	7. Unit clerk prepares all necessary documents and forwards them to the billing section.	Case to case basis	15 minutes	Unit clerk
8. Conduct of Daily Treatment	8. The Radiologic Technology Therapist executes the approved radiotherapy plan for the patient.	Procedural cost covered by Philhealth/ Malasakit Center	30 minutes	Radiologic Technology Therapist/s
9. Processing of PhilHealth Forms				

for daily treatment fees at Billing Section and Issuance of Charge Slip of Professional Fee to settle at Cashier Section and/or for assistance at Malasakit Center once a week	9. Unit Clerk prepares all necessary documents and forwards them to the billing section.	Case to case basis	15 minutes	Unit clerk
10. Conduct weekly check-up	8. NOD monitors the patient's progress or any medical concerns related to the Radiotherapy procedure and coordinates with the attending Radiation Oncologist.	none	15 minutes	Nurse, Radiation Oncologist
11. Issuance of Treatment Summary	8. The health physicist prepares the treatment summary form of the patient; the RO reviews and signs it; the NOD releases it to the patient.	None	5 minutes	Health Physicist, Radiation Oncologist, Nurse
	TOTAL:	**Case to case basis**	**15days, 2 hours and 75 minutes**	

RADIATION ONCOLOGY RATES

CT-SIMULATION			PRICE
	TECHNIQUE	2D CONVENTIONAL	PHP 5,100.00
		3DCRT	PHP 6,100.00
		IMRT	PHP 7,000.00
	IMMOBILIZATION DEVICES and ACCESSORIES	HEAD and NECK	PHP 3,000.00
		HEAD, NECK and SHOULDER	PHP 5,000.00
		CUSTOMIZED ELECTRON BLOCKS	PHP 3,000.00
		WING BOARD(TBAR)	PHP 3,000.00
		BELLY BOARD	PHP 3,000.00
		HIP FIX	PHP 6,000.00
		BREAST BOARD	PHP 3,000.00
		KNEE WEDGE	PHP 1,000.00
		BOLUS	PHP 1,000.00
TREATMENT PLANNING and DOSIMETRY			PRICE
	TECHNIQUE	2D CONVENTIONAL	PHP 6,600.00
		3DCRT	PHP 10,900.00
		IMRT	PHP 25,000.00
DAILY TREATMENT			PRICE
	TECHNIQUE	2D CONVENTIONAL	PHP 2,200.00
		3DCRT	PHP 2,750.00
		IMRT	PHP 5,000.00

REHABILITATION MEDICINE

External Services

1. PHYSICAL THERAPY / OCCUPATIONAL THERAPY (NEW)

This covers the process of New Clients Needing Rehab Services

Office or Division:	Rehabilitation Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G– Government to Government
Who may avail:	Clients needing Rehab Services(New)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Doctor's Referral (1 Original Copy) Negative result of Rapid Antigen Test / RT-PCR valid for 72 hrs. from the time of specimen collection if with symptoms.	Referring clinic/ Hospital / Doctor DOH Accredited Testing Facility

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD triage area and present negative result of rapid antigen test valid for 72 hrs. from the time of specimen collection if with symptoms.	1. Issue Screening form and triage slip	None	5 minutes	Nurse
2. Proceed to Priority Lane window OPD Medical Records Section for Registration	2. Print Patient Medical Record	None	15 minutes	OPD Medical Records Clerk
3. Proceed to Department of Rehabilitation Medicine for Consultation and present screening form, triage slip	3. Receive and assess the patient	See Annex C	15 minutes	Physiatrist
4. Proceed to Rehabilitation Medicine Front desk area for Scheduling/Start of PT and/or OT treatment	4. Prepare patients Rehabilitation Record/ Start rehab session	None	5 minutes	Rehab staff on duty
5. Proceed to Cashier for payment of treatment fee (if for start of PT/OT session)	5. Issue Official Receipt	See Annex C	10 minutes	Cashier staff on duty
6. Proceed to Department of Rehabilitation Medicine	6. Deck patient to physical/ occupational therapist	None	5 Minutes	Rehab Staff on duty
7. Start Physical and/ or Occupational Therapy	7. Perform therapy	None	2 Hours	Physical and/or

				Occupational Therapist
8. For Scheduling of Physical and/or Occupational Therapy Session	8. Issue CVMC Rehabilitation Medicine Appointment Card, Instruct the patient on the schedule of next therapy.	None	5 minutes	Rehab Staff on Duty
	TOTAL:	**See Annex C**	**3 Hours**	

2. PHYSICAL THERAPY / OCCUPATIONAL THERAPY (OLD)

This covers the process of Old Clients Needing Rehab Services

Office or Division:	Rehabilitation Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G– Government to Government
Who may avail:	Clients needing Rehab Services(Old)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
CVMC Rehabilitation Medicine Appointment Card (1 Original Copy) Negative result of Rapid Antigen Test / RT-PCR valid for 72 hrs. from the time of specimen collection if with symptoms	Department of Rehabilitation Medicine DOH Accredited Testing Facility

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD triage on scheduled Rehab session and present CVMC Rehabilitation Medicine appointment card and negative result of rapid antigen test valid for 72 hrs. from the time of specimen collection if with symptoms.	1. Issue Screening form and triage slip	None	5 minutes	Nurse

2. Proceed to Priority Lane window OPD Medical Records Section for Registration	2. Print and retrieve Patient Medical Record	None	15 minutes	OPD Medical Records Clerk
3.Proceed to Rehabilitation Medicine Front desk area for issuance of charge slip	3. Retrieve patients Rehabilitation Record and Issue charge slip	See Annex C	5 minutes	Rehab staff on duty
4.Proceed to Cashier for payment of treatment fee	4. Issue Official Receipt	None	10 minutes	Cashier staff on duty
5.Proceed to Department of Rehabilitation Medicine for decking	5. Deck patient to physical/ occupational therapist	None	5 Minutes	Rehab Staff on duty
6.Start Physical and/ or Occupational Therapy	6. Perform therapy	None	2 Hours	Physical and/or Occupational Therapist
7.For Scheduling of Physical and/or Occupational Therapy Session	7. Issue CVMC rehabilitation Medicine Appointment Card, Instruct the patient on the schedule of next therapy.	None	5 minutes	Rehab Staff on Duty
	TOTAL:	**See Annex C**	**2 Hours 45 minutes**	

Annex C

CAGAYAN VALLEY MEDICAL CENTER
REHABILITATION MEDICINE

	Charity	**(Pay**
CONSULTATION FEE	NONE	PHP 400.00

1

BASIC THERAPY (HMP, TENS,US, THERA EX)	PHP 200.00	PHP 300.00
BASIC THERAPY 2 (IRR,ES,THERA EX)	PHP 185.00	PHP 250.00
SHOCKWAVE THERAPY/ DEEP PENETRATING ELECTROMAGNETIC STIMULATOR (DPES)	PHP 300.00	PHP 350.00
ES, THERA EX	PHP 150.00	PHP 200.00
ADDITIONAL AREA/MODALITY	PHP 50.00	PHP 50.00
TRACTION ONLY	PHP 200.00	PHP 200.00
PARAFFIN WAX BATH(PER AREA)	PHP 70.00	PHP 90.00
JOBST COMPRESSION UNIT	PHP 150.00	PHP 200.00
OCCUPATIONAL THERAPY	PHP 150.00	PHP 300.00

SURGICAL INTENSIVE CARE UNIT
External Services

1. Receiving of Admitted Patients (Post-operative only)

This covers the receiving of patients admitted patient's post-operative.

Office or Division:		SURGICAL INTENSIVE CARE UNIT		
Classification:		Simple		
Type of Transaction:		G2C –Government to Citizen		
Who may avail:		Client/ Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Patient's Clinical Record (1 Original Copy)		CVMC-Nursing Surgical Intensive Care Unit		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.	1.Receives call, initial endorsement	None	5 Minutes	PACU Nurse SICU Nurse
2.	2.Prepares necessary supplies and equipment needed.	None	15 Minutes	SICU Nurse Nursing Attendant
3.	3.Receives patient and endorsement from PACU Nurse	None	20 Minutes	PACU Nurse SICU Nurse and Nursing Attendant
4.	4.Performs independent and interdependent interventions	None	30 Minutes	Anesthesiologist, Surgeon SICU Nurse Nursing Attendant
5.	5.Check latest orders and do proper documentation	None	30 Minutes	SICU Nurse
6.	6.Orient patients and watchers regarding presence of patient at SICU	None	5 Minutes	SICU Nurse
	TOTAL:	**None**	**-1 Hour and 45 minutes**	

2. Medical or Surgical Procedure/Treatment

This covers the process of Medical/Surgical Procedure/Treatment of Surgical Intensive Care Unit

Office or Division:		SURGICAL INTENSIVE CARE UNIT		
Classification:		Simple		
Type of Transaction:		G2C-for services whose client is the transacting public		
Who may avail:		Client/Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Patient's Clinical Record (1 Original Copy) Informed Consent (1 Original Copy) Request Form (1 Original Copy)		CVMC-Nursing Surgical Intensive Care Unit		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES**	**PROCESSING**	**PERSON**

		TO BE PAID	TIME	RESPONSIBLE
1.	1. Verifies, checks and transcribes Doctor's Order	None	10 Minutes	Nurse
2. Agree with the intended procedure	2. Explain the procedure	None	10 Minutes	Surgeon Nurse
3. Sign Consent for the procedure	3. Countersigns consent form for the procedure	None	10 Minutes	Nurse
4.	4. Prepares the necessary supplies and equipment needed	None	30 Minutes	Nurse Nursing Attendant
5. Cooperates Participates With the procedure	5. Performs/Assists in the procedure	None	1 hour	Surgeon Nurse Nursing Attendant
6.	6. Monitors the patient	None	VS- 1 hour	Nurse
7.	7. Documents the procedure done	None	5 Minutes	Nurse
8.	8. Charges the supplies used	None	5 Minutes	Nurse Nursing Attendant
	TOTAL:	**None**	**3 hours and 10 minutes**	

3. Pre-operative Nursing Care

This covers the process on Pre-operative Nursing Care

Office or Division:	SURGICAL INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients for operation

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
- Patient's Record (1 Original Copy) - Consent for the procedure (1 Original Copy) - Anesthesia consent (1 Original Copy) - OR Request form (1 Original Copy)	CVMC-Nursing Surgical Intensive Care Unit

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

1.	1. Carries out Doctor's order	None	15 Minutes	Nurse
2. Asks questions, verifies and participates	2. Explains clearly the surgical procedure to be done by the Attending Physician and ensured that the patient or watcher understood the procedure.	None	10 Minutes	Surgeon Nurse
3. Understand and agree surgical procedure	3. Signs as witness in securing informed consent 3.1 Informed consent 3.2 Verifies completeness of OR request 3.3 Carries out Pre-op orders	 None None None	 5 Minutes 5 Minutes 10 Minutes	 Nurse Nurse Nurse
4. Cooperates and conforms to health teachings	4. Performs health teachings and instructions to patient relevant to the surgery	None	15 Minutes	Nurse
5.	5. Verifies appropriate clearance for surgery (Cardiopulmonary Clearance, Pedia Clearance) and availability of blood products if any.	None	15 Minutes	Nurse
6.	6. Receives call from the OR nurse to prepare the patient	None	3 Minutes	Nurse
7.	7. Accomplishes Pre-op checklist	None	10 Minutes	Nurse
8.	8. Checks the completeness of OR supplies as ordered	None	5 Minutes	Nurse

9.	9. Takes patient's vital signs before administration of pre-operative medications as ordered.	None	10 Minutes	Nurse Nursing attendant
10.	10. Administers pre-op medications as ordered	None	30 Minutes	Nurse
11.	11. Retakes patient's vital signs 15 minutes after administration of pre-operative medications	None	10 Minutes	Nurse Nursing attendant
12.	12. Document and update the chart	None	15 Minutes	Nurse
13.	13. Receive second call from OR nurse to transport patient to operating room	None	3 Minutes	Nurse Nursing attendant
14.	14. Transports patient safely to the operating room	None	20 Minutes	Nurse Nursing attendant
15.	15. Do proper endorsement to operating room nurse	None	15 Minutes	Nurse
	TOTAL:	**None**	**3 hours and 16 minutes**	

4. Trans out of patients

This covers the process of trans out of patient from Surgical Intensive Care Unit

Office or Division:		SURGICAL INTENSIVE CARE UNIT		
Classification:		Simple		
Type of Transaction:		G2C –Government to Citizen		
Who may avail:		Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Patient's clinical Record (1 Original Copy)		CVMC-Nursing Surgical Intensive Care Unit		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Inform the watcher regarding trans out of the patient	1. Carry out orders for trans out	None	10 Minutes	Surgeon Anesthesiologist SICU Nurse
2.	2. Checks the completeness of	None	10 Minutes	SICU Nurse

	the Medical Records			
3.	3. Arranges the Medical Records and follow the standard sequence	None	10 Minutes	SICU Nurse
4.	4. Calls the respective areas prior to trans-out (ICU, wards)	None	30 Minutes	SICU Nurse ICU Nurse Ward Nurse
5.	5. Transfers to stretcher for trans out	None	15 Minutes	SICU Nurse Nursing Attendant
	TOTAL:	**None**	**1 Hour and 15 minutes**	

5. Discharge Process (Discharge Against Medical Advice

This covers the process of Discharge Against Medical Advice

Office or Division:	SURGICAL INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C –Government to Citizen G2G – Government to Government
Who may avail:	Patients/watchers who do not want any more to continue hospitalization.
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly signed waiver for Discharge Against Medical Advice (1 Original Copy)	CVMC-Nursing Surgical Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Watcher requests for Discharge Against Medical Advice	1. Notifies the Attending Physician	None	10 Minutes	Nurse
2.	2. Carries out Doctor's order	None	10 Minutes	Nurse
3. Watcher signs waiver for Discharge Against Medical Advice	3. Facilitates accomplishments of Release from Responsibility	None	15 Minutes	Nurse
4.	4. Notifies the patient/watcher regarding order for discharge	None	10 Minutes	Nurse

5.	5. Checks any unused medications and supplies and instruct the Nursing Attendant to return to the Pharmacy	None	15 Minutes	Nurse Nursing Attendant
6.	6. Checks for the completeness of the patient's Medical Records	None	30 Minutes	Nurse
7. Awaits for the Bill	7. Brings the patient's Medical Record to the following sections for clearances: Blood bank Hemodialysis	 None None	 15 Minutes 10 Minutes	 Nurse/ Nursing Attendant
8.	8. Calls the Billing Section to inform them of the chart for billing	None	3 Minutes	Nurse
9.	9. Checks for the completeness of signatories in the Discharge Clearance slip and affixes signature	None	5 Minutes	Nurse
10.Patient/watcher cooperates with the nurse	10. Gives necessary discharge instructions (Tagubilin Form)	None	15 Minutes	Nurse
11.	11. Removes contraptions and issues second copy of clearance slip	None	10 Minutes	Nurse
12.	12. Transport and accompanies the	None	15 Minutes	Nurse/ Nursing Attendant

	patient to the lobby			
13.	13. Presents the Discharge Clearance slip to the Guard on duty and removes the ID Band	None	10 Minutes	Nurse/Nursing Attendant
	TOTAL:	**None**	**2 hours and 53 minutes**	

6. DISCHARGE PROCESS (Transfer to Hospital of Choice within the Municipality of Tuguegarao)

This covers the process of discharge of transfer to Hospital of choice within Tuguegarao

Office or Division:	SURGICAL INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patients/watchers who wanted to be transferred to other hospitals within Tuguegarao for the continuation of their hospitalization
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1 original copy of waiver for the Transfer to Hospital of Choice 1 original copy of Ambulance conduction form	CVMC-Nursing Surgical Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Watcher requests for Transfer to Hospital of Choice	1. Notifies the Attending Physician	None	10 Minutes	Nurse
2.	2. Carries out Doctor's Order	None	10 Minutes	Nurse
3. Watchers signs the waiver for Transfer to Hospital of Choice	3. Facilitates accomplishment of Release from Responsibility	None	15 Minutes	Nurse

4.	4. Checks any unused medications and supplies and instruct the Nursing Attendant to return to the Pharmacy	None	15 Minutes	Nurse/Nursing Attendant
5. Awaits Bill	5. Checks for the completeness of the patient's Medical Records	None	30 Minutes	Nurse
6.	6. Brings the patient's Medical Record to the following sections for clearances: A.Blood bank B.Hemodialysis	 None None	 15 Minutes 10 Minutes	 Nurse/ Nursing Attendant
7.	7. Calls the Billing Section to inform them of the chart for billing	None	3 Minutes	Nurse
8.	8. Checks for the completeness of signatories in the Discharge Clearance slip and affixes signature	None	3 Minutes	Nurse
9.	9. Coordinates with the Emergency Department Nurse of the Hospital of choice regarding the transfer	None	20 Minutes	Nurse

10. Participates with the accomplishment of the ambulance conduction form	10. Gives the accomplished ambulance conduction form and instruct the watcher to bring the form to the cashier for signature then brings back the signed form to SICU.	None	25 Minutes	Nurse
11. Gives the duly signed ambulance conduction form to the Nursing Attendant	11. Brings the accomplished ambulance conduction form to the transport unit	None	10 Minutes	Nursing Attendant
12.	12. Coordinates with the transport unit personnel regarding the transfer	None	10 Minutes	Nurse
13. Participates in the transfer	13. Prepares the patient and inform the attending physician	None	20 Minutes	Nurse
	TOTAL:	**None**	**3 Hours, 16 Minutes**	

7. Discharge Process (DEATH)

This covers the process of discharge of death patients

Office or Division:	SURGICAL INTENSIVE CARE UNIT
Classification:	Simple
Type of Transaction:	G2C –Government to Citizen G2G – Government to Government
Who may avail:	DEATH Patients at SICU
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1 Original Copy of Doctor's order 1 Original Copy of Discharge Clearance Slip	CVMC-Nursing Surgical Intensive Care Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	7. Carries out Doctor's order	None	5 Minutes	Nurse
2.	8. Notifies the watcher regarding order of postmortem care and transfer to morgue	None	10 Minutes	Nurse
3.	9. Performs Postmortem care	None	20 Minutes	Nurse/ Nursing Attendant
4.	10. Notifies the Medical technologist assigned at Pathology section/Laboratory dept regarding the cadaver the will be brought to the morgue	None	10 Minutes	Nurse
5. 3.Watcher participates/ cooperates with the Nursing Attendant	11. Transfers the patient to morgue with name tag and Id band	None	15 Minutes	Nursing Attendant
6.	12. Checks any unused medications and supplies and instruct the Nursing Attendant to return to the Pharmacy	None	15 Minutes	Nurse/Nursing Attendant
7. Awaits Bill	13. Checks for the completeness of the patient's Medical Records	None	30 Minutes	Nurse
8.	14. Brings the patient's Medical Record to the following sections for clearances: A.Blood bank B.Hemodialysis C.Pulmonary Unit	None	20 Minutes	Nursing Attendant

9.	15. Calls the Billing Section to inform them of the chart for billing	None	10 Minutes	Nurse
10.	16. Checks for the completeness of signatories in the Discharge Clearance slip and affixes signature	None	5 Minutes	Nurse
11.	17. Instruct the watcher to present the clearance slip to the guard on duty at morgue	None	5 Minutes	Nurse
	TOTAL:	**None**	**2 Hours and 25 Minutes**	

SURGERY WARD

External Services

1. SURGICAL PROCEDURE / TREATMENT

This process covers nursing care for patients who will undergo surgical procedure/treatment.

Office or Division:	SURGERY WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Verifies, checks and transcribes Doctor's Order	None	5 minutes	Nurse
2. Understands and agrees to surgical procedure	2. Witnesses in securing informed consent	None	2 minutes	Nurse
3. Asks questions, verifies and submits self for the procedure	3. Explains the procedure	None	10 minutes	Nurse
4.	4. Prepares the necessary equipment and supplies needed	None	30 minutes	Nurse Nursing Attendant
5.	5. Assists during the procedure	None	1 hour	Nurse Nursing Attendant
6. Cooperates post-procedurally	6. Monitors the patient	None	1 hour	Nurse
7.	7. Documents the procedure done	None	5 minutes	Nurse
8.	8. Charges the supplies used	None	5 minutes	Nurse Nursing Attendant
	TOTAL:	**None**	**2 HOURS& 47 minutes**	

2. DISCHARGE PROCESS

This process covers the discharging of patients

Office or Division:	SURGERY WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	Cagayan Valley Medical Center- Surgery Ward
Alagang Pinoy Tagubilin Form (2 Original Copies)	Cagayan Valley Medical Center- Surgery Ward
Hospital Daily Floor Census Report (2 Original Copies)	Cagayan Valley Medical Center- Surgery Ward
KARDEX (1 Original Copy)	Cagayan Valley Medical Center- Surgery Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Review and carries out the doctor's order for transfer	None	3 minutes	Nurse
2. Asks questions/verifies 3.	2. Notifies the patient / watcher regarding physician's order for discharge	None	3 minutes	Nurse
Patient's watcher returns excess medications to the Pharmacy Section	3. Checks and notes in the return slip any unused medications/ supplies and instructs watcher to return to the pharmacy	None	10 minutes	Nurse Nursing Attendant
5.	4. Checks for completeness of the patient's chart	None	30 minutes	Nurse Nursing Attendant
6.	5. Brings the Patient's Clinical Record to the following Sections for clearances: a. Blood bank Section b. Lung and Heart Section c. Hemodialysis Unit (if indicated) d. Intensive Care Unit (if indicated)	None	15 minutes	Nursing Attendant

7.	6. Gets the patient's Medical Record from the ward for processing	None	10 minutes	Billing Clerk
8. The watcher receives discharge clearance slip and statement of account	7. Returns the patient's Medical Record to the area and issues Discharge Clearance Slip and statement of account to the watcher	None	1 hour	Billing Clerk
9. The watcher proceeds to the following section with the Clearance Slip for clearance: a. Billing and Claims Unit b. Cashier Section c. Admitting where watcher surrenders ID pass	8. Affixes signature on the Clearance Slip	None	15 minutes	Billing Clerk Cashier Admitting Personnel
10. Watcher gives the clearance slip and statement of account to the Nurse	9. Checks for the completeness of signatories in the Discharge Clearance Slip and affixes his/ her signature.	None	2 minutes	Nurse
11. Verifies and verbalizes understanding	10. Gives necessary discharge instructions to the patient/ watcher using the Alagang Pinoy Tagubilin Form	None	5 minutes	Nurse

1

12. Cooperates with the discharge procedure	11. Removes contraptions, issues second copy of Clearance Slip and Alagang Pinoy Tagubilin Form	None	10 minutes	Nurse
13.	12. Transports and endorses the patient to the lobby Guard	None	5 minutes	Nurse Nursing Attendant Administrative Assistant
14. Arrives at the lobby, gives the Discharge Clearance Slip and offers hand for the removal of ID band to the guard	13. Removes patient's ID band and signs on the discharge clearance slip.	None	2 minutes	Security Guard
	TOTAL:	**None**	**2 hours & 50 minutes**	

3. PRE-OPERATIVE NURSING CARE

This process covers the nursing care for pre-operative patients

Office or Division:	SURGERY WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients who are scheduled for surgery
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward
Case Investigation Form (1 Original Copy)	Cagayan Valley Medical Center-ED Ward
OPS-NPS Request (1 Original Copy)	Cagayan Valley Medical Center-ED Ward
Written Informed Consent (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward
OR Request Form (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward
RT-PCR Test Result (1 Original Copy)	CVMC-Molecular Lab thru ward, LGU thru patient
Pre-operative Checklist (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward

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

1.	1. Carries out the doctor's order for surgery	None	5 Minutes	Nurse
2.	2. Forwards Case Investigation Form, OPS-NPS request and other necessary ancillary requests as ordered and duly accomplished by the attending physician	None	15 Minutes	Nurse Nursing Attendant Administrative Assistant
3. Asks questions, verifies and participates	3. Ensures that the patient or watcher understood the surgical procedure discussed by the Attending Physician.	None	5 Minutes	Nurse
4. Verbalizes understandin g and agrees to surgical procedure	4. Acts as witness on the written informed consent	None	5 Minutes	Nurse
5.	5. Verifies completeness of OR request form done by the physician	None	5 Minutes	Nurse
6. Understands and complies to health teachings	6. Performs pre-operative health teachings and instructions to patient relevant to the surgery.	None	5 Minutes	Nurse
7.	7. Ensures availability of pertinent ancillary results to include the RT-PCR test results of both patient and watcher and availability of blood products if any	None	10 Minutes	Nurse
8.	8. Verifies appropriate clearances for surgery (Cardiopulmonary clearance/ Pedia Clearance) and COVID status	None	10 Minutes	Nurse

1

9.	9. Receives call from Operating Room nurse to prepare patient	None	2 Minutes	Nurse
10. Participates and cooperates	10. Accomplishes pre- operative checklist.	None	5 Minutes	Nurse
11.	11. Checks the completeness of OR supplies	None	5 Minutes	Attending Physician Nurse
12. Participates and cooperates	12. Administers pre-operative medications as ordered.	None	30 Minutes	Nurse
13. Participates and cooperates	13. Retakes patient's vital signs 15 minutes after administration of preoperative medications.	None	5 Minutes	Nurse/ Nursing Attendant
14.	14. Documents and updates the chart	None	10 Minutes	Nurse
15.	15. Receives second call from Operating Room Nurse to transport patient to Operating room	None	2 Minutes	Nurse/ Nursing Attendant
16. Participates and cooperates in going to the Operating Room	16. Transports patient safely to the Operating Room via roller stretcher/ wheelchair.	None	2 Minutes	Nurse/ Nursing Attendant/ Administrative Assistant
17. Submits self for surgery	17. Does proper endorsement to the Operating Room Nurse.	None	10 Minutes	Nurse
	TOTAL:	**None**	**2 hours & 42 minutes**	

4. RECEIVING OF ADMITTED PATIENT

This process covers the receiving of admitted patients for surgery

Office or Division:	SURGERY WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients who are to be scheduled for surgery

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward
Hospital Daily Floor Census Report (2 Original Copies)	Cagayan Valley Medical Center-Surgery Ward
Case Investigation Form (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward
RT-PCR Test Result (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward
KARDEX (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives a call and initial endorsement (to include accomplishment of the Case Investigation Form, RT-PCR testing of both patient and watcher)from ED/ OPD nurse	None	3 minutes	Nurse
2.	2. Prepares patient's bed (in the Isolation Room designed for patients admitted for Surgery) and necessary equipment (Oxygen, Oxygen Guard, IV stand, Droplight, etc.)	None	15 minutes	Nurse/ Nursing Attendant/ Administrative Assistant
3. Verifies, cooperates and participates	3. Receives patient and endorsement from the endorsing ED / OPD Nursing staff	None	3 minutes	Nurse
4.	4. Takes Vital Signs	None	3 minutes	Nurse
5.	5. Performs head-to-toe assessment on patient	None	10 minutes	Nurse

6.	6. Orients patient and/or watcher to hospital and ward policies	None	15 minutes	Nurse Nursing Assistant
7.	7. Transfers patient to designated bed	None	5 minutes	Nurse/ Nursing Attendant/ Administrative Assistant
8.	8. Informs the attending physician regarding admission of patient	None	1 minute	Nurse
	TOTAL:	**None**	**55 minutes**	

5. Post-Operative Nursing Care

This process covers the nursing care for post-operative patients

Office or Division:	SURGERY WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Post-operative Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 Original Copy)	Cagayan Valley Medical Center- Surgery Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call from PACU nurse for initial endorsement	None	2 minutes	Nurse
2.	2. Prepares patient's bed and necessary equipment (Oxygen, Oxygen Guard, IV stand, Droplight, etc.)	None	15 minutes	Nursing Attendant Administrative Assistant
3. Arrival of patient	3. Receives endorsement from PACU nurse, reviews and verifies Attending Physician's order	None	5 minutes	Nurse
4. Ask questions, verifies, and verbalizes understanding	4. Orients patient and watchers	None	10 minutes	Nurse Nursing Attendant

5. Cooperates and participates	5. Performs immediate and thorough nursing assessment of patient as to: ▪ Respiratory ▪ Circulatory ▪ Neurologic ▪ Drainage ▪ Comfort ▪ Psychological ▪ Safety ▪ Equipment	None	10 minutes	Nurse
6.	6. Provides post-operative care	None	1 hour	Nurse Nursing Attendant
	TOTAL:	**None**	**1 hour, 42 minutes**	

6. Transfer of Patients to Isolation Ward

This process covers the transferring of patients (COVID suspect/confirmed) to Isolation Ward

Office or Division:	SURGERY WARD
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients (COVID suspect/confirmed)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward
Hospital Daily Floor Census Report (2 Original Copies)	Cagayan Valley Medical Center-Surgery Ward
KARDEX (1 Original Copy)	Cagayan Valley Medical Center-Surgery Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Carries out the doctor's order for transfer	None	5 minutes	Nurse
2. Proceeds to the Admitting Section and provides factual data	2. Accompanies the patient's watcher to the admitting section to retrieve an updated patient's clinical cover sheet	None	2 minutes	Nursing Attendant/ Nurse
3.	3. Provides an updated clinical cover sheet	None	2 minutes	Admitting Section clerk

4.	4. Checks the completeness of the patient's medical record, updates Kardex, Hospital Daily Floor Census and patient's directory	None	10 minutes	Nurse
5. Verifies, cooperates and participates	5. Assesses and notifies/prepares patient regarding transfer	None	10 minutes	Nurse
6.	6. Makes initial endorsement to the receiving ward nurse thru telephone call	None	5 minutes	Nurse
7.	7. Coordinates with the security staff to secure the perimeter and housekeeping to disinfect the pathway	None	10 minutes	Nurse
8. Cooperates and participates while being transported	8. Dons complete PPE and transfers the patient from the bed to stretcher/ wheelchair then transports to the receiving unit or ward	None	10 minutes	Nurse Nursing Attendant Administrative Aide Utility Worker
9. Safe arrival at the Isolation ward	9. Does proper endorsement of patient to the receiving nurse at the designated area for endorsement	None	5 minutes	Nurse
	TOTAL:	**None**	**59 minutes**	

TB DOTS UNIT
External Services

1. PRESUMPTIVE TB SCREENING

This covers the process of presumptive TB Screening

Office or Division:	TB DOTS UNIT
Classification:	Simple
Type of Transaction:	G2C – for services whose client is the transacting public
Who may avail:	- All presumptive TB - All contacts of a confirmed TB patient, may it be Clinically Diagnosed or Bacteriologically Confirmed Pulmonary TB

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Commitment to undergo diagnosis and treatment for drug resistant TB (1 Original Copy)	CVMC TB DOTS
DR TB Screening Form (1 Original Copy)	CVMC TB DOTS
CVMC DS-TB Screening and Enrolment Form (1 Original Copy)	CVMC TB DOTS
CVMC Contract to Undergo treatment (1 Original Copy)	CVMC TB DOTS
Form 5. NTP Identification Card (1 Original Copy)	CVMC TB DOTS
Patient's Information Form (1 Original Copy)	CVMC TB DOTS
Patients Booklet (1 Original Copy)	CVMC TB DOTS
Treatment card (1 Original Copy)	CVMC TB DOTS
Letter of Acceptance (1 Original Copy)	CVMC TB DOTS
NTP Referral Form (1 Original Copy)	CVMC TB DOTS
Intra hospital TB Referral Form (1 Original Copy)	CVMC TB DOTS
Informed Consent for HIV Testing (1 Original Copy)	CVMC TB DOTS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Presumptive Drug Susceptible TB Screening 1.1. Check for the availability of attachment (Acid Fast Bacilli (at least within one month), Chest X-ray with official reading/ or initial reading (at least within 1 month), Biopsy (if applicable), CT scan (If applicable), fluid/ tissue analysis (if	None	20 minutes	TB DOTS Nurse

		applicable). 1.2 explain and obtain consent at the Commitment to undergo diagnosis and treatment for drug resistant TB form 1.3 Explain the possible results of Gene Xpert 1.4 Explain and demonstrate the proper way of collecting quality sputum specimen for Gene Xpert 1.5 advice to follow up Gene Xpert result after 3 working days 1.6 if no attachment, the NOD shall include AFB and/ or CXR in the procedure			
2.1	2.1 2.2.1 2.2.2 2.2.3 2.2.4	Presumptive Drug Resistant TB Screening Check for the availability of attachment (Acid Fast Bacilli (at least within one month), Chest X-ray with official reading/ or initial reading (at least within 1 month), Biopsy (if applicable), CT scan (If applicable), fluid/ tissue analysis (if applicable). Explain and obtain consent at the Commitment to undergo diagnosis and treatment for drug resistant TB form Explain the possible results of Gene Xpert Explain and	None	20 minutes	TB DOTS Nurse

1

		demonstrate the proper way of collecting quality sputum specimen for Gene Xpert			
	2.2.5	advice to follow up Gene Xpert result after 3 working days			
	2.2.6	Interview the patient or the SO			
	2.2.7	If no attachment, the NOD shall include AFB and/ or CXR in the procedure			

	TOTAL:	**None**	**40 Minutes**	

2. TREATMENT

This covers the process of treatment of all presumptive TB and all contacts of a confirmed TB patient, may it be Clinically Diagnosed or Bacteriologically Confirmed Pulmonary TB

Office or Division:	TB DOTS UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	- All presumptive TB - All contacts of a confirmed TB patient, may it be Clinically Diagnosed or Bacteriologically Confirmed Pulmonary TB

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Commitment to undergo diagnosis and treatment for drug resistant TB (1 Original Copy)	CVMC TB DOTS
DR TB Screening Form (1 Original Copy)	CVMC TB DOTS
CVMC DS-TB Screening and Enrolment Form (1 Original Copy)	CVMC TB DOTS
CVMC Contract to Undergo treatment (1 Original Copy)	CVMC TB DOTS
Form 5. NTP Identification Card (1 Original Copy)	CVMC TB DOTS
Patient's Information Form (1 Original Copy)	CVMC TB DOTS
Patients Booklet (1 Original Copy)	CVMC TB DOTS
Treatment card (1 Original Copy)	CVMC TB DOTS
Letter of Acceptance (1 Original Copy)	CVMC TB DOTS
NTP Referral Form (1 Original Copy)	CVMC TB DOTS
Intra hospital TB Referral Form (1 Original Copy)	CVMC TB DOTS

Informed Consent for HIV Testing (1 Original Copy)			CVMC TB DOTS		
CLIENT STEPS	**AGENCY ACTIONS**		**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.1 1.1.1 1.1.2 1.1.3 1.1.4 1.1.5 1.1.6 1.1.7 1.1.8 1.1.9 1.1.10 1.1.11	1.1 1.1.1 1.1.2 1.1.3 1.1.4 1.1.5 1.1.6 1.1.7 1.1.8 1.1.9 1.1.10 1.1.11	For DS TB Check for the availability of attachment Interview the patient utilizing the DSTB forms Explain and obtain consent at the contract Explain the importance of adherence to TB medication Explain the need for sputum follow ups Encourage to undergo HIV screening Obtain Consent for HIV screening test Check the weight Give medication every 2weeks for the 1st month then monthly thereafter Advice and encourage the need to submit Phil health requirement to avail the TB DOTS package Contact tracing	None	1hour	TB DOTS Nurse
2 2. 1 2.2 2.3	2 2. 1 2.2 2.3	For DR TB Check for the availability of attachment (Gene Xpert indicating RR TB) Counselling and health teachings Request for baseline laboratories, DSSM,	None	3 hours	TB DOTS Nurse

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		TBC, LPA, DST			
2.4	2.4	Interview the patient			
2.5	2.5	Explain the Patient's Information Form			
2.6	2.6	Obtain consent for DR TB treatment			
2.7	2.7	Encourage to undergo HIV screening			
2.8	2.8	Obtain Consent for HIV screening test			
2.9	2.9	Check the patient's weight			
2.10	2.10	Give medications every 2 weeks for the first month then monthly thereafter			
2.11	2.11	Explain the need for monthly sputum follow ups			
2.12	2.12	Contact tracing			

	TOTAL:	**None**	**4 Hours**	

3. MONTHLY FOLLOW UP

This covers the process of monthly follow up of all presumptive TB and all contacts of a confirmed TB patient, may it be Clinically Diagnosed or Bacteriologically Confirmed Pulmonary TB

Office or Division:	TB DOTS UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	- All presumptive TB - All contacts of a confirmed TB patient, may it be Clinically Diagnosed or Bacteriologically Confirmed Pulmonary TB

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Commitment to undergo diagnosis and treatment for drug resistant TB (1 Original Copy)	CVMC TB DOTS
DR TB Screening Form (1 Original Copy)	CVMC TB DOTS
CVMC DS-TB Screening and Enrolment Form (1 Original Copy)	CVMC TB DOTS
CVMC Contract to Undergo treatment (1 Original Copy)	CVMC TB DOTS
Form 5. NTP Identification Card (1 Original Copy)	CVMC TB DOTS
Patient's Information Form (1 Original Copy)	CVMC TB DOTS

Patients Booklet (1 Original Copy)	CVMC TB DOTS
Treatment card (1 Original Copy)	CVMC TB DOTS
Letter of Acceptance (1 Original Copy)	CVMC TB DOTS
NTP Referral Form (1 Original Copy)	CVMC TB DOTS
Intra hospital TB Referral Form (1 Original Copy)	CVMC TB DOTS
Informed Consent for HIV Testing (1 Original Copy)	CVMC TB DOTS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 None 1.1.1 None 1.1.2 None 1.1.3 None 1.1.4 None 1.1.5 None 1.1.6 None	1.1 For DSTB 1.1.1 Weight monitoring 1.1.2 Refill of meds 1.1.3 Health teachings 1.1.4 Facilitate AFB and/or chest X-ray as scheduled 1.1.5 Monitoring of ADR's 1.1.6 Checking of treatment card	None	1 Hour	TB DOTS Nurse TB DOTS Physician
2.1 None 2.1.1 None 2.1.2 None 2.1.3 None 2.1.4 None 2.1.5 None	2.1 For DR TB 2.1.1 Collection of sputum for DSSM/TBC 2.1.2 Request for laboratories and/or chest xray (as scheduled) 2.1.3 Checking of patients booklet 2.1.4 Monitoring of ADR's 2.1.5 Health teachings	None	1 Hour	TB DOTS Nurse TB DOTS Physician
TOTAL:		**None**	**2 Hours**	

4. WARD ROUNDS

This covers the process of ward rounds

Office or Division:	TB DOTS UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	- All presumptive TB

	- All contacts of a confirmed TB patient, may it be Clinically Diagnosed or Bacteriologically Confirmed Pulmonary TB

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Commitment to undergo diagnosis and treatment for drug resistant TB (1 Original Copy)	CVMC TB DOTS
DR TB Screening Form (1 Original Copy)	CVMC TB DOTS
CVMC DS-TB Screening and Enrolment Form (1 Original Copy)	CVMC TB DOTS
CVMC Contract to Undergo treatment (1 Original Copy)	CVMC TB DOTS
Form 5. NTP Identification Card (1 Original Copy)	CVMC TB DOTS
Patient's Information Form (1 Original Copy)	CVMC TB DOTS
Patients Booklet (1 Original Copy)	CVMC TB DOTS
Treatment card (1 Original Copy)	CVMC TB DOTS
Letter of Acceptance (1 Original Copy)	CVMC TB DOTS
NTP Referral Form (1 Original Copy)	CVMC TB DOTS
Intra hospital TB Referral Form (1 Original Copy)	CVMC TB DOTS
Informed Consent for HIV Testing (1 Original Copy)	CVMC TB DOTS

CLIENT STEPS		AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1	None	1.1	For treatment (DS TB)	None	30 minutes for Ward rounds (per patient)	TB DOTS Nurse
1.1.1	None	1.1.1	Check for the availability of attachment			
1.1.2	None	1.1.2	Counselling and health teachings			
1.1.3	None	1.1.3	Explain the possible side effects of the medication			
1.1.4	None	1.1.4	Countercheck doctor's order, check the weight and give to assigned NOD the patients medication			
1.1.5	None	1.1.5	Explain the importance of adherence to TB medication			
1.1.6	None	1.1.6	Explain that the TB DOTS unit will provide anti TB meds during confinement then Referral to nearby RHU will be given once for discharge			
1.2	None	1.2	For treatment (DR TB)	None	1 hour 30 minutes	TB DOTS Nurse
1.2.1	None	1.2.1	Check for the availability			

			of attachment (Gene Xpert indicating RR TB			
1.2.2	None	1.2.2	Counselling and health teachings			
1.2.3	None	1.2.3	Request for baseline laboratories, DSSM, TBC, LPA, DST			
1.2.4	None	1.2.4	Interview the patient			
1.2.5	None	1.2.5	Explain the Patient's Information Form			
1.2.6	None	1.2.6	Obtain consent for DR TB treatment			
1.2.7	None	1.2.7	Contact tracing			
1.3	None	1.3	For Referral to RHU	None	20 minutes	
1.3.1	None	1.3.1	Check for the availability of attachment			
1.3.2	None	1.3.2	Make a referral form			
1.3.3	None	1.3.3	Log the received referral form to RHU releasing logbook			
1.3.4	None	1.3.4	Instruct to return the reply slip once enrolled at the facility			
1.3.5	None	1.3.5	Health teachings			
1.3.6	None	1.3.6	Explain the importance of adherence to TB medication			

TOTAL:	**None**	**2 Hours 20 Minutes**

5. PROVIDER INITIATED COUNSELING AND TESTING (PICT)

This covers the process of Provider Initiated Counselling and Testing (PICT)

Office or Division:	TB DOTS UNIT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	- All presumptive TB - All contacts of a confirmed TB patient, may it be Clinically Diagnosed or Bacteriologically Confirmed Pulmonary TB

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Commitment to undergo diagnosis and treatment for drug resistant TB (1 Original Copy)	CVMC TB DOTS
DR TB Screening Form (1 Original Copy)	CVMC TB DOTS
CVMC DS-TB Screening and Enrolment Form (1 Original Copy)	CVMC TB DOTS

CVMC Contract to Undergo treatment (1 Original Copy)	CVMC TB DOTS
Form 5. NTP Identification Card (1 Original Copy)	CVMC TB DOTS
Patient's Information Form (1 Original Copy)	CVMC TB DOTS
Patients Booklet (1 Original Copy)	CVMC TB DOTS
Treatment card (1 Original Copy)	CVMC TB DOTS
Letter of Acceptance (1 Original Copy)	CVMC TB DOTS
NTP Referral Form (1 Original Copy)	CVMC TB DOTS
Intra hospital TB Referral Form (1 Original Copy)	CVMC TB DOTS
Informed Consent for HIV Testing (1 Original Copy)	CVMC TB DOTS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	**PROVIDER INITIATED COUNSELING AND TESTING (PICT)**	None	1 hour	TB DOTS Nurse
1.1	Provide PICT to enrolled DR TB and DS TB patient start counseling by lecturing about HIV	None		
1.2	Explain voluntary HIV testing	None		
1.3	Explain and obtain consent	None		
1.4	What to expect on the results	None		
1.5	Assure confidentially	None		
	TOTAL:	**None**	**1 Hour**	

BEHAVIORAL MEDICINE RECORDS UNIT

(HEALTH INFORMATION MANAGEMENT SECTION)

EXTERNAL SERVICES

1. Retrieval of Out-Patient Records for Scheduled Patients

This covers the BM Records-involved processes for the follow-up checkup of Scheduled Patients.

Office or Division:	Health Information Management Section – Behavioral Medicine Records
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient (if Minor, must be accompanied by a Direct Relative or Guardian at least 18 years of age)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
- Valid ID card/document of patient if at least 18 years old and valid ID card/document of direct relative/guardian if otherwise.	- Government Agencies; or Known/Recognized Private Companies, schools, etc...

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	1.Receive the OPD Follow-up checkup card from the Triage Area then retrieve patient's records. 1.1. If card is lost, client avails for replacement and a new card is prepared with charge slip.	None None	3-5 minutes 2-3 minutes	Triage Staff / BM Records Staff
	2.Log the patient's information then forward record and the replacement follow-up checkup card with charge slip (if any) to the Triage.	None	2-3 minutes	BM Records Staff
3. (if card is lost) Proceed with the charge slip to the Cashier Section for the payment and present the Official Receipt to the BM Records Staff.	Take note of the official receipt number and instruct client back to seat and await further instruction from the Triage.	PhP 100.00	1 minute (upon receiving of the Official Receipt)	Client / BM Records Staff
	TOTAL:	**PhP 100.00 (if card is lost)**	**- 12 minutes** (excluding payment processing time)	

2. Creation and Preparation of Documents for New Patients

This covers the BM Records-involved processes for the creation and preparation of documents for NEW patients.

Office or Division:	Health Information Management Section – Behavioral Medicine Records
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient (if Minor, must be accompanied by a Direct Relative or Guardian at least 18 years of age).

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
- Valid ID card/document of patient if at least 18 years old and valid ID card/document of direct relative/guardian if otherwise.	- Government Agencies; or Known/Recognized Private Companies, schools, etc...

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	Receive the completely filled-out New Patient's Information Form from the Triage, for checking and assessment.	None	1-2 minutes	Triage Staff / BM Records Staff
2.	2. If complete and correct, forward the same form to the assigned Physician for decking of patients.	None	1 minute	M Records Staff / Physician
3.	After the Physician decks the new patient, input the information into the spreadsheet database to generate patient record's coversheet.	None	3-5 minutes (upon receiving of the decked Information Sheet from Physician)	M Records Staff
4.	int coversheet and attach all pertinent documents (checkup forms, referral form, lab results, etc.)	None	2 minutes	M Records Staff
5.	epare new OPD follow-up checkup card, index card, and charge slip.	None	3-5 minutes	M Records Staff

6.	g the patient's information then forward the new patient's record and OPD follow-up checkup card with charge slip to the Triage.	None	1 minute	M Records Staff
7. Proceed with the charge slip to the Cashier Section for the payment and present the Official Receipt to the BM Records Staff.	ke note of the official receipt number and instruct client back to seat and await queue from the Social Service Section.	PhP 100.00	1 minute (upon receiving the Official Receipt)	Client / BM Records Staff
	TOTAL:	**PhP 100.00**	**- 17 minutes** (excluding Physician's decking time and payment processing at the Cashier)	

3. Preparation and Issuance of Medical Certificates

This covers the BM Records-involved processes for the preparation and issuance of Medical Certificates.

Office or Division:	Health Information Management Section – Behavioral Medicine Records
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient, if at least 18 years old or the Direct Relative/Guardian of the patient if otherwise.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
- Valid ID card/document of patient if at least 18 years old and valid ID card/document of direct relative/guardian if otherwise. - Authorization Letter (if necessary).	- Government Agencies; or Known/Recognized Private Companies, schools, etc... - Patient (if at least 18 years old) or the Direct Relative if the patient is either Minor or unable.

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

	Present the request slip, a valid form of Identification of the Patient, and all other necessary requirements to the BM Records Staff.	1.Receive the completely filled-out request slip and a valid form of Identification of the patient and of the direct relative (if the patient is a Minor), then proceed with the assessment and interview. In cases when guardian is not a direct relative, ID and authorization letter is required. 1.1. If purpose is for financial assistance for the purchase of Medications, instruct client to proceed to the Pharmacy Section instead, to avail free medicines, if available.	None	2-3 minutes	Client / BM Records Staff
2.		2. If request is valid, prepare charge slip then instruct client to pay amount at the Cashier Section.	None	1 minute	BM Records Staff
3.	Proceed with the charge slip to the Cashier Section for the payment and present the Official Receipt to the BM Records Staff.	Locate and retrieve the patient's record.	PhP 100.00	5-10 minutes	Client / BM Records Staff
4.		Take note of the official receipt number and prepare Medical Certificate.	None	3-5 minutes	BM Records Staff
5.		5.Take the printed Medical Certificate to the Physician, for signing.	None	1 minute	BM Records Staff / Physician
6.		6. Once the Physician signs the certificate, apply Hospital dry seal to the certificate and log details.	None	1-2 minutes	BM Records Staff
7.	Sign or place thumb mark in the copies of the Certificate and in the Logbook.	7.Issue the original copy of the Certificate to the claimant.	None	2-3 minutes	Client / BM Records Staff
		TOTAL:	**PhP 100.00**	**15 – 25 minutes** (excluding Physician's availability time and payment processing time)	

4. Preparation and issuance of Certificates of Confinement

This covers the BM Records-involved processes for the preparation and issuance of Certificates of Confinement.

Office or Division:	Health Information Management Section – Behavioral Medicine Records
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Direct Relative/Guardian of the patient.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
- Valid ID card/document of patient if at least 18 years old and valid ID card/document of direct relative/guardian if otherwise. - Authorization Letter (if necessary).	- Government Agencies; or Known/Recognized Private Companies, schools, etc... - Direct Relative/s of the Patient.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Proceed to the BM Records accompanied by the ward Staff who carries the Patient's chart.	Receive patient's chart from the Ward Staff and a valid form of Identification of the patient and of the direct relative, then proceed with the interview and assessment. In cases when guardian is not a direct relative, ID and authorization letter is required.	None	2-3 minutes	Ward Staff / BM Records Staff / Client
2.	2. If request is valid, prepare charge slip then instruct client to pay amount at the Cashier Section.	None	1 minute	BM Records Staff
3. Proceed with the charge slip to the Cashier Section for the payment and present the Official Receipt to the BM Records Staff.	Prepare the Certificate of Confinement.	PhP 100.00	3-5 minutes	Client / BM Records Staff

4.	ake the printed Certificate of Confinement to the Physician for signing.	None	1 minute	BM Records Staff / Physician
5.	nce the Physician signs the certificate, apply Hospital dry seal to the certificate and log details.	None	1-2 minutes	BM Records Staff
6. Sign or place thumb mark in the copies of the Certificate and in the Logbook.	ake note of the Official Receipt number and issue the original copy of the Certificate to the claimant and return the Patient's chart to the ward Staff.	None	2-3 minutes	Client / BM Records Staff
TOTAL:		**PhP 100.00**	**10 - 15 minutes** (excluding Physician's availability time and payment processing time)	

5. Issuance of other requested documents (Medical Abstract, Insurance Forms)

This covers the BM Records-involved processes for the preparation and issuance of other documents requested by clients.

Office or Division:	Health Information Management Section – Behavioral Medicine Records
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient, if at least 18 years old or the Direct Relative/Guardian of the patient if otherwise.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
- Valid ID card/document of patient if at least 18 years old OR valid ID card/document of direct relative/guardian if otherwise. - Authorization Letter (if necessary).	- Government Agencies; or Known/Recognized Private Companies, schools, etc... - Patient (if at least 18 years old) or the Direct Relative if the patient is either Minor or unable.

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

Present the request slip, a valid form of Identification of the Patient, and all other necessary requirements to the BM Records Staff.	Receive the completely filled-out request slip and a valid form of Identification of the patient and of the direct relative then proceed with the assessment and interview. In cases when guardian is not a direct relative, ID and authorization letter is required.	None	2-3 minutes	BM Records Staff
2.	2. If purpose is valid, prepare charge slip then instruct client to pay amount at the Cashier Section.	None	1 minute	BM Records Staff
3. Proceed with the charge slip to the Cashier Section for the payment and present the Official Receipt to the BM-Records Staff.	3. Retrieve patient's record, attach the request slip and endorse to the Physician who is then given at most 5 working days to prepare all requested documents.	PhP 100.00 per type of document	3-5 minutes	BM Records Staff / Physician
4.	4. Take note of the Official Receipt number then instruct the client to claim the requested document/s after 5 working days by presenting a valid form of Identification, Official Receipt and all other required documents.	None	2-3 minutes	BM Records Staff
5. After 5 working days, present a valid form of Identification, Official Receipt, and all other required documents to the BM Records Staff.	5. Log the details of the request.	None	2-3 minutes	Client / BM Records Staff

6. Sign or place thumb mark in the Logbook.	6. Issue the original copy of the document/s to the claimant.	None	2-3 minutes	Client / BM Records Staff
	TOTAL:	**hP 100.00 per type of document**	**12 - 18 minutes** xcluding 5 working days for Physician's preparation period of the requested document/s)	

6. Preparation and Issuance of Death Certificates

This covers the BM Records-involved processes for the preparation and issuance of Death Certificates.

Office or Division:	Health Information Management Section – Behavioral Medicine Records
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Direct Relative/Guardian of the patient.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
- Valid ID card/document of patient if at least 18 years old OR valid ID card/document of direct relative/guardian if otherwise. - Authorization Letter (if necessary)	- Government Agencies; or Known/Recognized Private Companies, schools, etc... - Direct Relative of the Patient.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present a valid form of Identification, authorization letter (if required), and other necessary documents.	1 Receive the documents from the direct relative/guardian/ authorized person then proceed with the assessment and interview. 1.1 If the request is valid, instruct client to fill-out a Death Certificate Request Slip.	None	2-3 minutes	Client / BM Records Staff
2. Completely fill-out the Death Certificate Request Slip then submit back to the BM Records.	2 Receive and check/verify information on the slip, then locate and retrieve patient's record.	None	5-10 minutes (upon receiving of the DC slip)	Client / BM Records Staff

3.	3 Prepare 4 copies of Death Certificates.	None	8-10 minutes	BM Records Staff
4.	4 Take the printed Death Certificates to the Physician for signing.	None	1 minute	BM Records Staff / Physician
5.	5 Once the Physician signs the certificates, log the details in the Death Certificate Logbook.	None	1-2 minutes	BM Records Staff
6. Review then signs or place thumb mark in the 4 copies of the Death Certificates and in the Logbook if no error or discrepancy is found.	6 Issue 2 original copies of the Death Certificates to the claimant.	None	3-5 minutes	Client / BM Records Staff
TOTAL:		**None**	**20 – 31 minutes** (excluding Physician's availability time)	

INTERNAL SERVICES

BLOOD BANK AND BLOOD TRANSFUSION SERVICES

Internal Services

1. ABO/RH BLOOD GROUPING /TYPING

This covers the process for ABO/Rh Blood Typing / Grouping for In-patient.

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	In Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Laboratory Request Form (1 original copy)	CVMC Bloodbank

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present duly accomplished Laboratory request Form by Nursing Attendant (NA).	1. Receive Laboratory Request Form and check for its completeness.	None	1 minute	Med Tech on duty
	2. Collect blood sample from patient.	None	15 minutes	Med Tech on duty
	3. Perform the procedure	None	25 minutes	Med Tech on duty
	4. Charge appropriate fee	*Blood Bank Service Fee:* >Forward Method Php 250.00 >Reverse Method Php 50.00	1 minute	Med Tech on duty
	5. Issue the official result.	None	3 minutes	Med Tech on duty
TOTAL:	*Blood Bank Service Fee:* >Forward Method Php 250.00 >Reverse Method Php 50.00		45 Minutes	

2. APHERESIS DERIVED PLATELET CONCENTRATE PROCUREMENT

This covers the process of Apheresis Derived Platelet Concentrate procurement for **INPATIENT** who need blood transfusion.

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	In Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Blood Product Requisition Form (BPRF) (1 original Copy)	CVMC Bloodbank

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present duly accomplished Blood Product Requisition Form (BPRF) by Significant Others (SO).	1.3 Receive BPRF and check for the completeness. 1.4 Advise SO to bring type specific blood donor. 1.5 Inform of the policy and procedures to be undertaken.	None	2 minutes	Advocacy Nurse/ Med Tech on duty
2. Bring Type Specific blood donor	2. Proceed with Physical Assessment of the donor.	None	15 minutes	Advocacy Nurse/ Med Tech on duty
	3. Perform pre-donation screening	None	25 minutes	Med Tech on duty
	4.1 Screen blood unit collected for the Five (5) Transfusion Transmissible Infections (TTIs) with Nucleic Acid Amplification test (NAAT.) 4.2 Process the blood into component needed.	None	5 hours	Med Tech on duty
5. After donation, the blood donor should rest for atleast 15 minutes and may leave if no post donation reactions are encountered.	5.Perform phlebotomy and provide post donation care to the blood donor.	None	2 Hours	Advocacy Nurse/ Med Tech on duty

	6. Collect blood sample from the patient	None	15 minutes	Med Tech on duty
	7. Perform Pre – transfusion processes	None	20 minutes	Med Tech on duty
	8. Charge appropriate fee	*Blood Screening Fees:* >Aphe Derived Php 18,000.00/Unit	1 minute	Med Tech on duty
	9. Inform the ward of the availability of blood. Issue the official result.	None	2 minutes	Med Tech on duty
TOTAL:	*Blood Screening Fees:* >Aphe Derived Php 18,000.00/Unit		8 Hours and 20 Minutes	

3. BLOOD TRANSFUSION REACTION INVESTIGATION

This covers the process for Blood Transfusion Reaction Investigation

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	In Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Laboratory Request Form (1 original copy)	CVMC Bloodbank

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present duly accomplished Blood Transfusion Reaction Form together with the blood unit by Nursing Attendant (NA).	1. Receive blood unit along with the Blood Transfusion Reaction Form and check for its completeness.	None	1 minute	Med Tech on duty
	1. Collect blood sample from patient	None	15 minutes	Med Tech on duty

1

	2. Perform the procedure accordingly.	None	70 minutes	Med Tech on duty
	3. Charge appropriate fee	*Blood Bank Service Fee:* >BTRI Fee Php 1,500.00	1 minutes	Med Tech on duty
	4. Issue the official result.	None	3 minutes	Med Tech on duty
TOTAL:	*Blood Bank Service Fee:* >BTRI Fee Php 1,500.00		1 hour, 30 minutes	

4. **COMPATIBILITY TESTING / CROSSMATCHING WITH OR WITHOUT LEUKOREDUCED**
This covers the process of compatibility testing /crossmatching, of blood unit with or without Leukoreduced for **INPATIENT** in need of Blood Transfusion

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	In Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Blood Product Requisition Form(BPRF) (1 original Copy)	CVMC Bloodbank

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present duly accomplished Blood Product Requisition Form (BPRF) by Nursing Attendant (NA)	1. Receive BPRF and check for the completeness.	None	1 minute	Advocacy Nurse/ Med Tech on duty
	1. Collect blood sample from the patient	None	15 minutes	Med Tech on duty
	2. Perform Pre – transfusion procedure.	None	70 minutes	Med Tech on duty
		Blood Screening Fees: >Whole Blood		

-	3.1 Charge respective fee	Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Plt Conc. FFP,Cryo Php 1,000.00/Unit *Blood Bank Services Fees*: >Xmatching fee Php 700.00 / Unit > Whole Blood Leukoreduced Php 3,800.00/unit >PRBC Leukoreduced Php 3,500.00/unit	1 minute	Advocacy Nurse/ Med Tech on duty
-	4. Inform ward of the availability of blood. Release official result.	None	3 minutes	Med Tech on duty
TOTAL	**:** *Blood Screening Fees:* >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Plt Conc. FFP,Cryo Php 1,000.00/Unit *Blood Bank Services Fees*: >Crossmatching fee Php 700.00 / Unit > Whole Blood Leukoreduced Php 3,800.00/unit >PRBC Leukoreduced Php 3,500.00/unit		**1 Hour, 30 minutes**	

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5. **COMPATIBILITY TESTING / CROSSMATCHING OF WASHED RED BLOOD CELLS**
This covers the process of compatibility testing of Washed Red Cells for **INPATIENT** in need of Blood Transfusion

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	In Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Blood Product Requisition Form(BPRF) (1 original Copy)	CVMC Bloodbank

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Present the duly accomplished Blood Product Requisition Form (BPRF) by Nursing Attendant (NA)	1. Receive BPRF and check for the completeness.	None	1 minute	Advocacy Nurse/ Med Tech on duty
	3. Collect a blood sample from the patient	None	15 minutes	Med Tech on duty
	4. Perform Pre – transfusion procedure.	None	100 minutes	Med Tech on duty
-	3.1 Charge appropriate fees	*Blood Screening Fees:* >Packed RBC Php *Blood Bank Services Fees*: >Washed RBC Php 3,000.00/Unit	1 minute	Med Tech on duty
-	5. Inform ward of the availability of blood. Release official result.	None	3 minutes	Med Tech on duty

TOTAL:	*Blood Screening Fees:* >Packed RBC Php *Blood Bank Services Fees*: >Washed RBC Php 3,000.00/Unit	**2 Hours**	

6. COMPATIBILITY TESTING / CROSSMATCHING WITH TYPE SPECIFIC DIRECT DONOR

This process covers the process of compatibility testing / crossmatching with type specific direct donor due to unavailability of blood needed for **INPATIENT** in need of blood transfusion

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	In Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Duly accomplished Blood Product Requisition Form(BPRF) (1 original Copy)	CVMC Bloodbank

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present duly accomplished Blood Product Requisition Form (BPRF) by Significant Others (SO).	1.1 Receive BPRF and check for the completeness. 1.2 Advise SO to bring type specific blood donor. 1.3 Inform of the policy and procedures to be undertaken.	None	1 minute	Advocacy Nurse/ Med Tech on duty
2. Bring Type Specific blood donor	2. Proceed with interview and Physical Assessment of the donor.	None	10 minutes	Advocacy Nurse/ Med Tech on duty
	3. Perform pre-donation screening	None	25 minutes	Med Tech on duty
	4. Screen blood unit collected for the Five			

	(5) Transfusion Transmissible Infections (TTIs) with Nucliec Acid Amplification Test (NAAT)	None	5 hours	Med Tech on duty
5. After donation, the blood donor should rest for atleast 15 minutes and may leave if no post donation reactions are encountered	5. Perform phlebotomy and post donation care to the blood donor	None	15 minutes	Advocacy Nurse/ Med Tech on duty
	6.1 Process the blood into component needed. 6.2 Collect blood sample from the patient	None	15 minutes	Med Tech on duty
	7. Perform Pre – transfusion procedure	None	50 minutes	Med Tech on duty
	8. Charge appropriate fees	*Blood Screening Fees:* >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Plt Conc. , FFP, Cryo Php 1,000.00/Unit *Blood Bank Services Fees:* >Xmatching fee Php 700.00 / unit	1 minute	Med Tech on duty
	9. Inform ward of the availability of blood. Release official result.	None	3 minutes	Med Tech on duty

1

TOTAL:	*Blood Screening Fees:* >Whole Blood Php 1,800.00/ Unit >Packed RBC Php 1,500.00/Unit >Plt Conc. , FFP, Cryo Php 1,000.00/Unit *Blood Bank Services Fees:* >Xmatching fee Php 700.00 / unit	**7 Hours**

7. COOMBS TESTING

This covers the process of COOMBS Testing for In-Patient

Office or Division:	Blood Bank and Blood Transfusion Services
Classification:	Simple
Type of Transaction:	G2C – GOVERNMENT TO CITIZEN G2G – GOVERNMENT TO GOVERNMENT
Who may avail:	In Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Laboratory Request Form (1 original copy)	CVMC Bloodbank

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present duly accomplished Laboratory request Form by Nursing Attendant (NA).	1. Greet the client. Receive Laboratory Request Form and check for the completeness.	None	1 minute	Advocacy Nurse/ Med Tech on duty
	2. Collect blood sample from patient.	None	15 minutes	Med Tech on duty
	3. Perform the procedure	None	60 minutes	Med Tech on duty
	4. Charge respective fee	*Blood Bank Service Fee:* >Coombs Fee Php 1,000.00	1 minutes	Med Tech on duty
	5. Release official result.	None	8 minutes	Med Tech on duty
TOTAL:	*Blood Bank Service Fee:* >Coombs Fee Php 1,000.00		**1 hour, 25 minutes**	

1

Budget Section
Internal Services

1. Processing of Requests For Availability of Fund

This covers the processing of requests for the availability of fund

Office or Division:	Budget Section
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Employees of the Medical Center

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
BURS/ORS and supporting documents (3 Original Copies)	Division Secretaries
SDC (3 Original Copies)	Budget Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request for Availability of Fund	Receive the Request	ne	1 minute	Administrative Assistant II/Administrative Officer I
	Evaluate the accuracy & Propriety of supporting documents and amount	ne	mple: 5 minutes omplex: 1 Day	Administrative Assistant II/Administrative Officer I
	Determine the Fund Availability based on Statement of Allotments, Appropriations, Obligations, Disbursements & Balances or Statement of Allotment Budget Utilizations, Disbursements & Balances and assign Obligation Request & Status/ Budget Utilization Request & Status serial number per request.	ne	minute	Administrative Assistant II/Administrative Officer I
	Print the particulars of the Obligation Request & Status/ Budget Utilization	ne	minutes	Administrative Assistant II/Administrative Officer I

		request & Status and attach Supporting Documents Checklist			
		Pre-audit of transaction and affix initial in Box B as to completeness and propriety of attached supporting documents	ne	mple: 5 minutes omplex: 10 minutes	Administrative Officer IV – Budget Section
		Review and certify the Box B as to the availability of Allotment/Budget and obligated for the purpose/ Adjustment necessary. a. If the document is complete (proceed to no.7) b. If the document is incomplete, return to end user	ne	mple: 20 minutes omplex: 1Day	Supervising Administrative Officer –Budget Section
		Release of the approved request to Accounting and Procurement Section	ne	minutes	Administrative Assistant II/Administrative Officer I
		TOTAL:	**ne**	**Simple: 36 Minutes** **Complex: 2 days**	

CENTRAL SUPPLY ROOM
INTERNAL SERVICES

1. REQUISITION OF SUPPLIES FROM THE MATERIALS AND MANAGEMENT SECTION (MMS)

This covers process of Requisition of Supplies from the MMS

Office or Division:	Central Supply Room
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Clinical Areas, Sections and Offices

CHECKLIST of REQUIREMENTS	**WHERE TO SECURE**
Requisition and Issuance Slip (RIS) 5 original copies *Purchase Request 6 original copies*	*Nursing Division – Central Supply Room*

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSONS RESPONSIBLE
1. Prepare five (5) copies of RIS.		None	20min.	CSR Custodian
2. Forwarded to the responsible person	2.1.for review and vetting of signature	None	15min.	CSR Custodian
	2.2. Approval of the RIS for Purchase request	None	20min	CSR Custodian
3.Send the approved copies of RIS to the MMS	3.1. MMS received the approved copies of RIS 3.1.1.For supply available inquiry items	None	30min	CSR Custodian
	3.2 In cases of unavailable supplies 3.2.1 Prepare Purchase Request 3.2.2 Submit Purchase Request	None	20min	CSR Custodian
	TOTAL	**None**	**1 hr. 45 mins.**	

2. ISSUANCE OF MINOR SET AND THE MEDICAL AND SURGICAL SUPPLIES

This covers process of Requisition of Supplies from **Clinical Areas, Sections and Offices**

Office or Division:	Central Supply Room
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Clinical Areas, Sections and Offices

CHECKLIST of REQUIREMENTS	**WHERE TO SECURE**
-Requisition and Issuance Slip two (2) original copies *-Request and Receipt Slip one (1) original copy* *- Minor Set Issue Slip two (2) original copy* *- Minor Set Borrower's Logbook*	*Nursing Division – Central Supply Room*

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSONS RESPONSIBLE
1. Forward accomplish two (2) copies of RIS including Consumption Report of the requesting clinical area/office.	1.1. Received the accomplished two (2) copies of RIS including Consumption Report of the requesting clinical area/office. 1.2. Available supplies be dispensed 1.3. Mark 'check' on RIS for available supplies	None	15-20 min.	CSR Staff on duty
2. Forward accomplish two (2) copies of RRS stating all the supplies and quantity needed by the patient that is not given in the RIS.	2.1. For unavailable medical and surgical supplies, staff on duty requires RRS and check the qualification of the patient as to: 2.2. For PhilHealth NBB, qualified MAP and PCSO patients, the CSR staff shall provide the supplies through outsourcing. 2.3. For Pay and Plain Philhealth, instruct the watchers buy from outside. 3.1. Purchased supplies outside CVMC based on the canvass form 3.2. Purchased items be inspected.	None	**Urgent-** 30 min **Elective-** 1 hour	CSR Staff on duty

	3.3. Available supplies be claimed			
ISSUANCE and RECEIVING MINOR SET FROM CLINICAL AREAS				
1. Ward staff on duty request minor set verbally.	1.1. Acknowledged the verbal request for minor set.	None	5 min	Staff on duty
2. Clinical staff fill up the minor set borrower's logbook upon release as well as upon return of the borrowed minor set	2. Acknowledge its integrity based on minor set issue slip	None	5 min	Staff on duty
3. Ward staff on duty returns the minor set borrowed.	3.1 Receives the returned minor set. 2.2. Clinical staff Counter checks with the CSR staff the condition and completeness of the returned minor set 2.3 Inspect the instruments based on the Minor Set Issue Slip. 2.4 Fill up the minor set borrower's logbook	None	10 mins	Staff on duty
	TOTAL	**NONE**	**1 hr. 40 mins.**	

3. REQUISITIONS OF MEDICAL SURGICAL SUPPLIES USING NBB FUNDS

This covers process of Requisition of Supplies from **Clinical Areas/Sections Offices**

Office or Division:	Central Supply Room
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Clinical Areas/Sections and Offices
CHECKLIST of REQUIREMENTS	**WHERE TO SECURE**
- *NNB LOGBOOK* - *RECEIPT OF PURCHASED ITEMS/SUPPLIES*	*Nursing Division – Central Supply Room*

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSONS RESPONSIBLE
1.Forward accomplished RRS	1.Staff on duty received accomplished RRS			
	1.1. Unavailable medical surgical supplies will be purchased outside CVMC using NBB funds	None	**Urgent-** 30 min **Elective-** 1 hour	Staff on duty Team Leader
	1.2. Purchased items with receipt will be inspected by the assigned inspector	None	15-20	Staff on duty
	1.3. Staff on duty will charge all items purchased in the charging system, based on RRS	None	Within the shift	Staff on duty
	TOTAL	NONE	1 hr. 20 mins – 2 hrs	

4. POINT OF CARE TESTING (POCT) GLUCOMETER

This covers process of Requisition of Supplies from **Clinical Areas/Sections**

Office or Division:	Central Supply Room
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Clinical Areas/Sections
CHECKLIST of REQUIREMENTS	**WHERE TO SECURE**
POCT glucometer Quality Control Logbook	*Nursing Division – Central Supply Room*

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSONS RESPONSIBLE
1. Ward staff submits glucometers for calibration together with glucometer logbook from clinical unit.	1.Staff on duty received glucometers for calibration and logbook from clinical unit 2.Trained staff on duty calibrates the glucometer every day at 3:30 PM to 7:30 PM 3. A sticker is being used as a quality control material for glucometer devices. 4. Accomplished the POCT glucometer Quality Control Logbook	None	15 min	Trained Staff on duty
	TOTAL	**15 minutes**		

Engineering and Facilities Management Section
Internal Services

1. Preventive Maintenance

This covers the process of preventive maintenance of Medical Center's Equipment

Office or Division:	Engineering and Facilities Management Section
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	End – User of Infrastructures and Equipment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Preventive Maintenance (1 Original Copy)	CVMC-HOPSS- Engineering and Facilities Management Section
Corrective Action Form (1 Original Copy)	CVMC-HOPSS- Engineering and Facilities Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	1. Inform the end-user about the Preventive Maintenance Activity	None	1 minute	Engineering Staff
2. None	2. Proceed to the actual Preventive Maintenance Activity	None	30 minutes / Equipment	Engineering Staff
3. None	3. Record the Activity Done	None	3 minutes	Engineering Staff
4. None	4. Affix signature in the form and logbook	None	1 minute	Engineering Staff
5. Affix signature in the form and logbook as countersign	5. None	None	1 minute	End-User
6. Record the Activity Done in the Preventive Maintenance Logbook of the End-User	6. None	None	3 minutes	End-User
7. None	7. Affix signature in the End – User's Logbook	None	1 minute	Engineering Staff
8 None	8. Reschedule activities for the unmet preventive Maintenance	None	1 week	Engineering Staff
	TOTAL:	**None**	**40 Minutes If rescheduled – 1 week and 40 minutes**	

2. Corrective Action

This process covers the process of corrective action.

Office or Division:	Engineering and Facilities Management Section
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	End – User of Infrastructures and Equipment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Service Request Form (2 Original Copies)	CVMC-HOPSS- Materials Management Section
Activity Logbook	CVMC-HOPSS- Engineering and Facilities Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Receive the Service Request Form from the End-User together with the equipment that is needed to be repaired, if its handy	None	minutes	ead of Engineering
	2. Forward the Service Request Form together with the equipment to the EFM unit in-charge of the Infrastructure / Equipment	None	minutes	lministrative Assistant/Clerk
	3. Receive the Service Request Form together with the equipment that is hand held	None	minutes	Engineering Staff
	4. Proceed to the working area or concerned area	None	minutes	Engineering Staff
	5. Proceed to the corrective action Activity if there is an availability of	None	mple - 15 minutes omplex - 3 hours	Engineering Staff

		needed materials			
		6. If there's no availability of spareparts Process needed documents for the purchasing and wait for the availability before proceeding to the repair	None	mple - 1 day omplex – 1 week	Engineering Staff
		7. Record the Activity Done	None	minutes	Engineering staff
		8. Affix signature in the form and logbook	None	minute	Engineering Staff
9.	Affix signature in the form and logbook as countersign	None	None	minute	End - User
10.	Record the Activity Done in the appropriate End – User's Logbook	None	None	minutes	End - User
11.	None	) Affix signature in the End – User's Logbook	None	minute	Engineering Staff
12	None	. Accomplish the data needed in the Service Request Form	None	minutes	Engineering Staff
13	None	2 Affix signature in the Service Request Form	None	minute	Engineering Staff
14	Affix signature in the Service Request Form as countersign	3 None	None	minute	End - User
15	None	. Surrender one copy of the Service Request Form to the End User	None	minute	Engineering Staff

	TOTAL:	**None**	**If needed material is available:** **1. Simple – 46 Minutes** **2. Complex – 3 Hours and 31 minutes** **If needed material is not available:** **- Simple – 1 day 31 Minutes** **Complex – 1 week 31 minutes**

3. Installation and Fabrication

This process covers the installation and fabrication.

Office or Division:	Engineering and Facilities Management Section
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	End – User of Infrastructures and Equipment

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Service Request Form (2 Original Copies)	CVMC-HOPSS- Materials Management Section
Request Letter coming from the Office of the CAO (1 Original Copy)	CVMC-HOPSS- Chie Administrative Officer
Preventive Maintenance / Corrective Action Form, Activity Logbook	CVMC-HOPSS- Engineering and Facilities Management Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	Receive the Service Request Form from the End-User or Request Letter coming from the Office of the CAO	None	3 minutes	Head of Engineering
2. None	Forward the Service Request Form or Request Letter to the EFM unit in-charge of the Infrastructure / Equipment	None	5 minutes	Staff of the Head of Engineering
3. None	Receive the Service Request Form	None	minutes	Engineering Staff

			or Request Letter			
4.	None		Proceed to the working area or concerned area	None	minutes	Engineering Staff
5.1	None	1	Proceed to the installation or fabrication Activity if there is an availability of needed materials	None	days	Engineering Staff
5.2	None	2	If there's no availability of spare parts Process needed documents for the purchasing and wait for the availability before proceeding to the repair	None	20 days	Engineering Staff
6.	None		Record the Activity Done	None	minutes	Engineering Staff
7.	None		Affix signature in the form and logbook	None	minute	Engineering Staff
8.	Affix signature in the form and logbook as countersign		None	None	minute	End - User
9	Record the Activity Done in the Preventive Maintenance Logbook of the End-User		None	None	minutes	End - User
10	None	)	Affix signature in the Logbook	None	minute	Engineering Staff
11	None	.	Accomplish the data needed in the Service Request Form	None	minutes	End - User
12	None	?	Affix signature in the Service	None	minute	Engineering Staff

		Request Form			
13	Affix signature in the Service Request Form as countersign	None	None	minute	End - User
14	None	Surrender one copy of the Service Request Form to the End User	None	minute	Engineering Staff
		TOTAL:	**None**	**- If needed material is available: days and 31 minutes - If needed material is NOT available: days and 31 minutes**	

4. Calibration of Medical Equipment

This covers the process in the calibration of Medical Equipment

Office or Division:	Engineering and Facilities Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	End – User of Medical Equipment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Medical Equipment Calibration Report Form (2 Original Copies)	Concerned Calibration Section
Medical Equipment Calibration Logbook	CVMC-HOPSS- Engineering and Facilities Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	Inform the end-user about the Calibration Activity	None	minute	edical Equipment Technician
2. None	Proceed to the actual Calibration Activity	None	hour, 30 minutes / Equipment	edical Equipment Technician
3. None	Record the Activity Done by accomplishing needed data on the form and logbook	None	minutes	Medical Equipment Technician

4.	None	Affix signature in the form and logbook	None	minute	Medical Equipment Technician
5.	Affix signature in the form and logbook as countersign	None	None	minute	End - User
6.	Record the Activity Done in the Appropriate Logbook of the End-User	None	None	minutes	End - User
7.	None	Affix signature in the End – User's Logbook	None	minute	Medical Equipment Technician
8.	None	Surrender a copy of calibration report form to the end - user	None	minute	Medical Equipment Technician
	TOTAL:		**None**	**1 hour & 40 minutes / per equipment**	

5. Conduction of Patient

This covers the process in the conduction of patient

Office or Division:	Engineering and Facilities Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government
Who may avail:	Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Ambulance Form (1 Original Copy)	Concerned Ward
Trip ticket (2 Original Copies)	Transport Unit

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	1. Receive the Ambulance Form from the Requesting party	None	1 minute	Transport Staff
2. None	2. Deck the Request in	None	1 minute	Transport Staff

		First Come, First Serve Basis			
3.	None	3. Conduction of Patient	None	10 kilometers = 45 minutes	Driver
4.	Affix Signature in the Trip Ticket	4. None	None	1 minute	Requesting Party
5.	None	5. Accomplish Data and File the Trip Ticket	None	3 minutes	Driver
	TOTAL:		**None**	**45 minutes/10 kilometers + 6 Minutes**	

6. Conduction of Employees/Personnel

This process covers the conduction of employees/personnel

Office or Division:	Engineering and Facilities Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Employees/Personnel

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request Letter (1 Original Copy)	Concerned Employee/Personnel
Hospital Order (1 Original Copy)	CVMC-Outpatient Department Hospital Information Management Section
Pass Slip (1 Original Copy)	CVMC Human Resource Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	Receive either of the following: Approved Request Letter, Hospital Order or Pass Slip	None	minute	ansport Staff
2. None	Deck the Request in First Come, First Serve Basis especially in cases of unavailability of vehicle	None	minute	ansport Staff

3.	None	Coordinate to the Personnel regarding the Date and Time of departure	None	minutes	Driver
4.	None	Proceed to the departure Area	None	minutes	Driver
5.	None	Conduction of the Personnel	None	) kilometers = 45 minutes	Driver
6.	Affix Signature in the Trip Ticket	None	None	minute	Personnel
7.	None	Accomplish Data and File the Trip Ticket	None	minutes	Driver
		TOTAL:	**None**	**45 Minutes/10 kilometers+14 Minutes**	

HEALTH EMERGENCY MANAGEMENT STAFF
Internal Services

1. BASIC LIFE SUPPORT TRAINING / STANDARD FIRST AID TRAINING

Designed to build participants confidence in performing CPR Skills and provide information in rapid assessment, perform skills in BLS/SFA and rapid Defibrillation.

Office or Division:	Health Emergency Management Staff
Classification:	Complex
Type of Transaction:	G2B - Government to Business G2G – Government to Government
Who may avail:	All
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
➢ None	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
COMMUNICATION PROCESS				
	1. Sets schedule of training (BLS and/or SFA)	None	10 minutes	HEMS
	1 Submits request letter for participants to the Division Head/s	None	10 minutes	HEMS
1. Submits recommendation letter of participants	1 Receives recommendation letter of participants	None	2 minutes	HEMS
	1 Requests for Hospital Order	None	1 day	HEMS
PREPARATION OF ACTIVITY				
	1. Prepares purchase request for meals and venue	None	1 day	HEMS
	1 Prepares Logistics needed	None	2 hours	HEMS
CONDUCT OF TRAINING				
1. Attends the training	1. Conducts the training program thru ➢ Lecture ➢ Demo / Skills	None	BLS : 2 days SFA: 3 days	HEMS
1.1. Receives certificate of training and ID	1 Issues certificate of training and ID	None	1 hour	HEMS
	TOTAL:	**None**	**BLS : 4 days, 3 hours, 22 minutes SFA: 5 days, 3 hours, 22 minutes**	

2. EARTHQUAKE DRILL AND FIRE DRILL

Simulated emergency circumstances designed to test the ability of personnel to make the most appropriated decisions to ensure and prepare their safety during emergency disasters.

ffice or Division:	ealth Emergency Management Staff
assification:	mple
ype of Transaction:	2B - Government to Business 2G – Government to Government
ho may avail:	
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
➢ None	

CLIENT STEPS	AGENCY ACTIONS	EES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
COMMUNICATION PROCESS				
	1. Identifies area/s to participate in the drill	None	30 minutes	HEMS
	1.1. Submits letter asking permission to conduct drill on the identified area/s to MCC Thru: Division Head/s and Department Head/s	None	15 minutes	HEMS
	1.2. Coordinates with the concerned area/s for the arrangement of the drill	None	1 hour	HEMS
	1.3. Requests for Hospital Order	None	1 day	HEMS
PREPARATION OF ACTIVITY				
1. Attends the briefing	1. Orients staffs on what to do during and after an earthquake or fire	None	30 minutes	HEMS
ACTUAL DRILL				
1. Carry outs earthquake / fire drill	1. Monitors and evaluates the execution of the drill	None	10 minutes	HEMS
1.1. Attends the debriefing	1.1. Conducts post-evaluation	None	5 minutes	HEMS
	TOTAL:	**None**	**1 day, 2 hours, 30minutes**	

HUMAN RESOURCE MANAGEMENT SECTION
Internal Services

1

1. Issuance of Acceptance of Resignation and Certificate of No Administrative Case

Acceptance of Resignation and Certification of No Administrative Case is issued to employees to acknowledge the request to resign and certify that it has no administrative case. It serves as supporting documents for the approval of resignation.

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Employee with approved resignation letter

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Approved Resignation Letter (1 Original copy)	CVMC Office of the Medical Center Chief

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1 Submit Resignation Letter	1 Receive and Record Resignation Letter	None	2 minutes	Division Concerned Secretary
2	2 Recommend Resignation Letter	None	2 minutes	Division Head Concerned
3	3 Receive and Record Resignation Letter	None	2 minutes	Medical Center Chief Secretary
4	4 Take appropriate action	None	2 minutes	Medical Center Chief
5	5 Forward to Human Resource Management	None	2 minutes	Medical Center Chief Secretary
6	6 Prepare Acceptance of Resignation	None	5 minutes	HR Staff
7	7 Forward the Acceptance of Resignation and Certificate of No Administrative Case to the Supervising Administrative Officer for initial	None	1 minute	HR Staff
8	8 Forward the Acceptance of Resignation and	None	1 minute	HR Staff

		Certificate of No Administrative Case to the Chief Administrative Officer for initial			
9	9	Forward the Acceptance of Resignation and Certificate of No Administrative Case to the Chief Medical Center Chief for Approval	None	1 minute	HR Staff
10	10	Inform the Resigned Employee to receive Acceptance of Resignation and Certificate of No Administrative Case	None	1 minute	HR Staff
11 Received Acceptance of Resignation and Certificate of No Administrative Case	11	Release and File the Approved Resignation; Acceptance of Resignation and Certificate of No Administrative Case	None	2 minute	HR Staff
		TOTAL:	**None**	**21 Minutes**	

2. Optional Retirement

Processing of requirements for employees who opted to go optional retirement.

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Employees with >15 years in Service but not equal to 65 years old

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Application for Retirement (1 Original copy)	Employee with approved retirement letter

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

1. Submit Letter for Optional Retirement	1.	Receive and Record Resignation Letter	None	1 minute	Division Concerned Secretary
2.	2.	Recommend Approval to the Medical Center Chief	None	2 minutes	Division Head Concerned
3.	3.	Receive and Record	None	1 minute	Medical Center Chief Secretary
4.	4.	Take appropriate action	None	2 minutes	Medical Center Chief
5.	5.	Forward to Human Resource Management	None	1 minute	Medical Center Chief Secretary
6.	6.	Inform the concerned employee	None	1minute	HR Staff
7.	7.	Issue clearance form and application for Ombudsman	None	2 minutes	HR Staff
8. Accomplish Clearance and application for ombudsman and submit to HR	8.	Check and receive duly accomplish clearance and application for ombudsman	None	2 minutes	HR Staff
9.	9.	Forward the duly accomplished Application for Ombudsman for Initial of the Supervising Administrative Officer	None	1 minute	HR Staff
10	10	Sign the application for Ombudsman	None	1 minute	Medical Center Chief
11	11	Forward the application for Ombudsman for mailing	None	1 minute	HR Staff
12	12	Mail the application of Ombudsman	None	30 minutes	Mail-In-Charge

13		13	Release the application for Retirement	None	2 minutes	HR Staff
14	Accomplish the application for retirement	14	Receive the duly accomplish application for retirement	None	3minutes	HR Staff
15	Forward the duly accomplish application for retirement to GSIS	15		None	30 minutes	Employee concern
16		16	For 65 years old employees/Mandatory Retirement: Prepare Notice of Salary Increase and forward to Supervising Administrative Officer for signature	None	2 minutes	HR Staff
17		17	For 65 years old employees/Mandatory Retirement: Affix Initial to the Notice of Salary Increase	None	1 minute	Supervising Administrative Officer
18		18	For 65 years old employees/Mandatory Retirement: Forward the Notice of Salary Increase to the Chief Administrative Officer	None	1minute	HR Staff
19		19	For 65 years old employees/Mandatory Retirement: Affix signature to the Notice of Salary Increase	None	1 minute	Chief Administrative Officer
20		20	Prepare Terminal Leave	None	4 hours	HR Staff

			Benefits			
21		21	Route to concerned signatories	None	1 minute	HR Staff
22		22	Forward the duly signed Terminal Leave Benefit to Budget Section	None	1 minute	HR Staff
23		23	Forward to DBM	None	30 minutes	Budget Staff
24		24	Prepare voucher and submit to Accounting Section	None	5 minutes	HR Staff
25		25	File the duly signed clearance, voucher to 201 file of concern employee	None	1 minute	HR Staff
26		26	Inform the concerned employee to undergo exit interview	None	1 minute	HR Staff
27	Proceed to the Supervising Administrative Officer	27	Conduct Exit Interview	None	15 minutes	Supervising Administrative Officer
28	Affix Signature to Exit Interview form	28	File duly signed Exit Interview Form to 201 file of employee concern	None	3 minutes	HR Staff
			TOTAL:	**None**	**6 hours 22 minutes**	

3. Issuance of Pass Slip

A pass slip is issued to Employee upon leaving the premises of their respective offices on official and personal transactions.

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Pass Slip (1 Original copy)	Human Resource Management Section
Pass Slip Logbook	Human Resource Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Pass Slip and fill up information needed in the logbook	1. Issue Pass Slip and Instruct employee to proceed to Division Head concern	None	1minute	HR Staff
2. Proceed to the Office of the Division Head concern	2. Affix Signature to the Pass Slip	None	1 minute	Division Head Concern
3. Forward the Pass Slip to Guard on Duty	3. Affix Signature and record the time of departure on Pass Slip	None	1 minute	Guard on Duty
4. Retrieves the Pass Slip from the Guard on Duty	4. Records the time returned on the Pass Slip	None	1 minute	Guard on Duty
5. Submit Pass Slip to the HR	5. Record details on time departed and Arrival	None	1 minute	HR Staff
6.	6. Classify and Prepare summary	None	20 minutes	HR Staff
7	7 Forward Pass Slip to Leave in Charge for personal transaction	None	1 minute	HR Staff
8	8 Deduct total number of minutes to Leave Card	None	5 minutes	HR Staff
	TOTAL:	**None**	**31 minutes**	

4. Receiving of Applications

This procedure covers the checking, recording, and filing of applications.

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
Who may avail:	All Applicants

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Application Letter Specifying the Position Applied (1 Original Copy) Personal Data Sheet (1 Original Copy) Certificate of Training (1 Photocopy)	Concerned Applicants
Diploma (1 Photocopy) Transcript of Record (1 Photocopy)	School Last Attended
PRC License and Board Rating if applicable (1 Photocopy)	Professional Regulation Commission
Certificates of Employment if applicable (1 Photocopy)	Current or previous employer
Civil Service Commission Certificate of Eligibility (1 Photocopy)	Civil Service Commission

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete application documents and present Original copy of documents	1. Check, validate and Receive Applications	None	5 minutes	HR Staff
2.	2. For non-walk-in applicants Print out Requirements Check list and Affix Signature	None	2 minutes	HR Staff
3. Affix signature to the Requirements Checklist	3. Confirm correctness of the encoded information specified in the Checklist	None	1 minute	HR Staff
4. Receive duly signed Requirements Checklist (applicant's copy)	4. Attached duly signed Requirements Checklist and file application folder to designated dataman box	None	3 minutes	HR Staff
	TOTAL:	**None**	**11 minutes**	

5. Processing of More 1 month Leave of Absence

This procedure covers the processing of 1 month leave of absence of the employee of the Medical Center

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Employees holding Plantilla Positions

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly Accomplished Application for Leave of Absence (3 original copies)	Concerned CVMC Division

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Forward Duly Approved Application for Leave of Absence	1. Receive and Record Duly Approved Application for Leave	None	1 minute	HR Staff
2.	2. Prepare Clearance and Instruct the employee concern to route to concerned signatories	None	5 minutes	HR Staff
3. Forward duly signed clearance to the HR	3. Receive the duly signed clearance	None	1 minute	HR Staff
4.	4. Update leave card of the concerned employee and write leave credit balance in application for leave and forward Application for leave to the Supervising Administrative Officer	None	5 minutes	HR Staff
	TOTAL:	**None**	**12 Minutes**	

6. Processing of Leave Application for Abroad

This covers the processing of Leave Application for Abroad

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Employees holding Plantilla Positions

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Duly Signed Application for Leave of Absence (3 Original Copies)	Concerned CVMC Division

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide complete details of his/her travel	1. Receive the complete details provided	None	5 minutes	HR Staff
2.	2. Prepare International Travel Sponsorship Declaration Form and instruct the employee to affix his/her signature to the form and Update leave card of the concerned employee and write leave credit balance in application for leave and forward Application for leave to the Supervising Administrative Officer	None	5 minutes	HR Staff
3.	3. Prepare Clearance for more than 1 month travel and instruct the employee concern to route to concerned signatories	None	5 minutes	HR Staff

4.	Affix signature to the International Travel Sponsorship Declaration Form	4.	Forward the International Travel Sponsorship Declaration Form, Request for Travel Authority and Approved Application for Leave	None	5 minutes	HR Staff
5.	Forward duly signed travel authority approved leave and clearance to the HR	5.	Receive the duly sign signed travel authority , approved leave and clearance	None	3 minutes	HR Staff
6		6	Prepare Indorsement Letter to Secure Travel Authority and forward to the Medical Center Chief for Signature	None	1 minute	HR Staff
7		7	Submit the duly approved application for leave, duly signed endorsement letter, international travel sponsorship declaration form and clearance to DOH for approval	None	30 minutes	HR Staff
			TOTAL:	**None**	**54 minutes**	

7. Issuance of Employment Related Documents (Certificate of Employment/Take Home Pay/Service Record)

Certificate of employment is issued to verify the employment history of a former or current employee. Certificate of Net Take Home Pay is issued to breakdown the amount received by an employee after deductions have been removed from gross monthly salary. Service Record is issued to current or former employees which record years of service while serving as a member of a given organization.

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All employees (Regular and Service Contract Workers)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request Slip (1 Copy)	CVMC Human Resource Management Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit Request Slip	1. Receive Request Slip and Prepare Employment Related Documents	None	5 minutes	HR Staff
2.	2. Forward to the Supervising Administrative Officer for initial/Signature	None	1 minute	HR Staff
3.	3. For COE- Forward to the Chief Administrative Officer for Signature	None	1 minute	HR Staff
4.	4. Inform the employee concern on the availability of his/her request	None	1 minute	HR Staff
5. Received the requested employment related document	5. Release the requested employment related documents	None	1 minute	HR Staff
	TOTAL:	**None**	**9 Minutes**	

8. Issuance of Contracts for Service Contract Worker

Contracts are issued to Service Contract Workers which details the agreement in writing between the SCW and the Medical Center. It states the work that will be performed, payment of salaries, circumstances under which the contract can be terminated and how that will be handled and nny terms related to failed obligations

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Recommended Service Contract Worker

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Approved Manpower Request Form (1 Original copy)	Division concerned
Personal Data Sheet (1 Original Copy)	CVMC Human Resource Management Section
Diploma (1 Photocopy)	School last attended
Transcript of Records (1 Photocopy)	School last attended
Affidavit (1 Original Copy)	CVMC Human Resource Management Section
Medical Certificate (1 Original Copy)	CVMC Family Medicine
Police/NBI Clearance (1 Original Copy)	Police Station/NBI
Drug Test (1 Original Copy)	CVMC Drug Testing Lab

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive the requirements and Checklist	1. Issue Requirements with attach checklist; Instruct Recommended Service Contract Worker	None	3 minutes	HR Staff
2. Submit duly accomplished requirements	2. Check and Receive Requirements	None	5 minutes	HR Staff
3.	3. Issue Contract	None	1 minute	HR Staff
4. Fill up contract and attach 2x2 picture and Photocopy of PRC License for PRC Card Holders	4. Route Contract to Accounting Section	None	2 minutes	HR Staff
5.	5. Prepare indorsement to Division/Section	None	1 minute	HR Staff

			Head to inform SCW to report at HR			
6		6	Sign the indorsement	None	1 minute	Supervising Administrative Officer
7		7	Forward Indorsement to Division/Section Head concern	None	1 minute	HR Staff
8		8	Provide date of Entrance to Duty of SCW concern	None	1 minute	Division/Section Head Concern
9	Received duly signed contract for notary	9	Specify the Date of Entrance to Duty in the 1st Page of the Contract and Release duly signed contract and Instruct to photocopy the notarized contract	None	1 minute	HR Staff
10	Submit duly notarized contract	10	Received duly notarized contract	None	5 minutes	HR Staff
11	Fill-up information needed in the log book and affix signature.	11	Conduct Enrollment and Orientation of Biometric Machine Enroll to the Biometric Machine	None	10 minutes	HR Staff
12	Proceed to the Division/Section Head Concerned	12	Instruct the SCW to Accounting Section for other Requirements and to proceed to Division/Section Head for orientation	None	1 minute	HR Staff
			TOTAL:	**None**	**32 Minutes**	

9. Issuance of Appointments

Appointments are issued to newly appointed/promoted employees of the Medical Center

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Regular Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Approved Recommendation (1 Original copy)	Office of the Medical Center Chief

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	1. Issue Requirements with attached checklist	None	3 minutes	HR Staff
2. Receive the requirements and Checklist	2. Instruct Recommended Employee	None	10 minutes	HR Staff
3. Submit duly accomplished requirements	3. Check and Receive Requirements	None	10 minutes	HR Staff
4.	4. Prepare Appointment	None	15 minutes	HR Staff
5.	5. Check Appointment papers	None	10 minutes	HR Staff
6	6 Route Appointment Papers to concerned signatories	None	Within the day (depends on the availability of signatories)	HR Staff
7	7 Inform employee for the Oath Taking Ceremony	None	1 minute	HR Staff
8	8 Conduct Oath	None	5 minutes	Medical Center Chief II
9 Proceed to HR	9 Release copy of appointment	None	2 minutes	HR Staff
	TOTAL:	**None**	**Depends on the availability of signatories**	

10. Processing of LBP and DBP Loans

This covers the processing of loan application of employees for Landbank of the Philippines and Development Bank of the Philippines

Office or Division:	Human Resource Management Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Regular Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Whitelist (Land Bank) (1 original Copy)	CVMC Human Resource Management Section
DBP Form (1 Original Copy)	CVMC Human Resource Management Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Loan Form	1. Issue Requirements and Loan Form	None	1 minute	HR Staff
2. Submit duly accomplished Loan Form	2. Check and Receive duly accomplished Loan Form	None	1 minute	HR Staff
3.	3. Prepare Whitelist and forward to Supervising Administrative Officer for signature	None	2 minutes	HR Staff
4.	4. Forward to Medical Center Chief for Signature	None	1 minute	HR Staff
5.	5. Forward to HR the duly signed whitelist	None	1 minute	OMCC Secretary
6.1	6.1 For Land Bank Submit to LBP	None	1 minute	HR Staff
6.2	6.2 For DBP-Inform Employee concern to submit the requirements to the DBP	None	1 minute	HR Staff
	TOTAL:	None	7 minutes	

INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT PROGRAM UNIT

1.IT Equipment and Device Management

This covers the process to provide preventive and corrective actions of IT Equipment and Devices of the hospital.

Office or Division:	Integrated Hospital Operations and Management Program Unit
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	All units
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
None	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the IHOMP Staff of any occurrence of error/ trouble	1. Respond to the request of the unit	None	10 minutes	IHOMP staff on duty
	2. Apply troubleshooting and repair methods. *Provide comments and recommendation if repair is unsuccessful	None	2 Hours	IHOMP staff on duty
	3. Log all details of the event	None	1 minute	IHOMP staff on duty
4. Sign and rate the IHOMP staff		None	2 minutes	IHOMP staff on duty
	TOTAL:		**2 Hours and 13 minutes**	

2.Management of Hospital's Internet Connection

This covers the process of management of Hospital's Internet Connection.

Office or Division:	Integrated Operations Management Program Unit
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	All units
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
None	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for an internet connection	1. Obtaining the Media Access Control(MAC) address of the end-user's device 1.1 Register the MAC address to the nearest router or access point 1.2 Establish the connection between the device and the router 1.3 Verify that the device is connected to the internet 1.4 Provide network key, if necessary	None	3 minutes	IHOMP staff on duty
	2. Log all details of the event	None	1 minute	IHOMP staff on duty
3. Sign and rate the IHOMP staff		None	2 minutes	IHOMP staff on duty
	TOTAL:		**5 Minutes**	

3. Management of Emergency Room Health Information System

This covers the process of electronic data entry and storage of Emergency Room patients' health information.

Office or Division:	Integrated Operations Management Program Unit
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	Emergency Room Staff

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient Chart (1 original copy)	Emergency Room

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Audit and forward patient's chart	3. Receives patient chart	None	1 minute	IHOMP Staff on Duty
	4. Check the patient's name in the ER Monitoring System and enter the following patient's details: 4.1 Disposition Date and Time 2.2 Disposition Keyword (Diagnosis) 2.3 Disposition	None	3 minutes	IHOMP Staff on Duty
	5. Scan the chart and save the file in the Network Attached Storage	None	4 minutes	IHOMP Staff on Duty
	6. Mark the back of the chart as to date scanned.	None	1 minute	IHOMP Staff on Duty
	7. Return the chart to the Emergency room staff.	None	1 minute	IHOMP Staff on Duty
	TOTAL:		**10 minutes**	

LINEN AND LAUNDRY UNIT
INTERNAL SERVICE

1. Creation (cut and sew) of Requested Linens

This covers the process of creation of requested linens for clinical use.

Office or Division:	Linen and Laundry Section
Classification:	Highly Technical
Type of Transaction:	G2G – Government to Government
Who may avail:	End – Clinical Units

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Linen Request Form (1 Original Copy)	Linen and Laundry Section
Production of Linens Logbook	Linen and Laundry Section
Request and Issuance Slip (2 copies)	End User

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Submits completed Linen Request Form	Receives, Review and recommends approval of request Checks availability of needed materials	None	10 minutes	Head of Linen and Laundry Section and Seamstress
3. Forwards Request to the CNO for approval	Chief Nurse approves request	None	1 hour	Chief Nurse and end user
4.1 Submits approved request	Proceed to the cut and sew if needed materials are available request	None	2 minutes	End User and Seamstress
4.2 None	.1. If needed materials are not available: Process needed documents for the purchasing and wait for the availability before proceeding to the cut and sew	None	20 days	Head of Linen and Laundry Section
5. None	Cut and sew based on the request	None	1-5 days depending on the quantity of requested linens	Seamstress
6. None	Record the accomplishment in the Production of Linens Logbook and informs the Head of the Linen and Laundry that the	None	5 minutes	Seamstress

		request has been completed			
7.	Submit Request and Issuance Slip	Inform End User that the requested Linen is already available for pick up	None	10 minutes	Head of the Linen and Laundry and End-User
8.	Receives the Linen requested and affix name and signature at the RIS (get one copy for documentation purposes)	Release requested Linen and affix name and signature at the RIS (retains one copy for documentation purposes)	None	15 minutes	Head of the Linen and Laundry and End-User
		TOTAL:	**None**	**If resources needed is available:** **- 1-5 days and 1 hour** **If resources are not yet available:** **21-26 days and 1 hour**	

2. Collection of Dirty Linens

This process covers the process of collection of dirty linens in the clinical areas.

Office or Division:	Linen and Laundry Section
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	End – User of Linen and Laundry Section

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Collection of Soiled and Return of Clean Linen Logbook	Linen and Laundry Section
Linen Collection and Release Form (2 copies)	Linen and Laundry Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Place dirty linens to appropriate bins for dirty linens and record accordingly the quantity placed there in in the Linen Collection and Release Form. *Note: Specifically indicate the quantity of*	1. None	None	Performs activity within the shift	Clinical Unit Personnel

infectious/heavily soiled linen placed in the Infectious Linen Bin.				
2. Endorses a filled copy of the Linen Collection and Release	2. Gather Dirty Linen and receives one copy of the Linen Collection and Release Form	None	5 minutes	Nursing Attendant of Clinical Unit and Laundry Worker
3. None	3. Record gathered linen in the Collection of Soiled and Return Linen	None	5 minutes	Laundry Worker
4. None	4. Proceed to the working area for Segregation	None	1 hour and 30 minutes	Laundry Worker
5 Receives and correct the documented information in the Linen Collection and Release Form	5. Informs area for any inconsistencies in Linen collection and release Logbook and Release Form and update it as necessary	None	15 minutes	Laundry Worker and Nursing Attendant of Clinical Area
	TOTAL:	**None**	**If recorded linen is accurate: - 1 hour and 45 minutes** **If recorded linen has inconsistencies: hours**	

3. **Laundry of Linens and Distribution**

This process covers the laundry of Linens and distribution of clean linens

Office or Division:	Linen and Laundry Section			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	End – User of Linen and Laundry Section			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Collection of Soiled and Return of Clean Linen Logbook		Linen and Laundry Section		
Linen Collection and Release Form (2 copies)		Linen and Laundry Section		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE**	**PROCESSING**	**PERSON**

				PAID	TIME	RESPONSIBLE
1.	None	1.	Sort linen according to the degree of soiling and contaminatio n/infectious	None	1 hour	undry Worker
2.	None	2.	Soak heavily soiled/infectio us linens (pre- treat) with Hydrogen Peroxide/disi nfectant Solution	None	30 minutes to 1 hour	undry Worker
3.	None	2.1	For Slightly soiled weigh linens in weighing machine	None	5 minutes	Laundry Worker
4.	None	4.	Pre - wash	None	5 minutes	Laundry Worker
5.	None	5.	Rinse	None	3 minutes	Laundry Worker
6.	None	6.	Wash Linens (Heavily soiled/Infectious), wash with disinfectant powder and disinfectant solution.	None	1 hour and 30 minutes	Laundry Worker
7.	None	7.	Rinse	None	30 minutes	Laundry Worker
8.	None	8.	Squeeze	None	5 minutes	Laundry Worker
9	None	9	Sundry	None	3 minutes	Laundry Worker
10	None	10	Machine Dry	None	2 hours	Laundry Worker
11	None	11	Pre-Folding	None	30 minutes	Laundry Worker
12	None	12.	Ironing	None	30 minutes	Laundry Worker
13	None	13.	Folding	None	2 hours	Laundry Worker
14.	Pick up clean Linens (Regular	14.	Prepares Clean Linens	None	15 minutes	Laundry Worker

	Areas/Units) according to the Linen Collection and Release Form	for Pick-up in accordance to the Collection of Soiled and Return of Clean Linen Logbook			
14.1	Receive Linen (OR/DR) according to the Linen Collection and Release Form	14.1 Prepares and Distribute Clean Linens in accordance to the Collection of Soiled and Return of Clean Linen Logbook	ne	30 Minutes	OR and DR Nursing Attendant/Midwife and and Laundry worker
	TOTAL:		**None**	**9 hours and 36 minutes**	

NUTRITION AND DIETETICS SERVICE
Internal Services

1. Delivery of Meals (3 Meals and 2 Snacks)

This covers the process of delivery of meals to the in-patients.

Office or Division:		**NUTRITION AND DIETETICS SERVICE**		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		In-patients		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Diet List (1 Original Copy per ward)		NUTRITION AND DIETETICS SERVICE		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Admission of patients	1. Receives diet lists from all wards	None	30 minutes	Nursing Aide
2. None	2. Checks diet lists according to diet prescribed to get the census	None	30 minutes	Nutritionist Dietitian on duty, FSS, FSW
3. None	3. Lists food supplies needed	None		
4. None	4. Orders food supplies	None	30 minutes	Marketer ND
5. Deliver Food supplies	5. Receives food supplies	None	2 hours	Suppliers and assigned ND Marketer and FSW
6. None	6. Preparation and Production of meals	None	3 hours	Cooks, FSW, NDs
7. Receive meals	7. Distribute meals	None	45 minutes	Nursing Aide FSWs, Cooks
8. None	8. Washes food containers and dispose garbage	None	1 hour	FSWs, Cooks
	TOTAL:	**None**	**8 Hours, 15 minutes**	

2. Delivery of Special Meals/Snacks

This covers the process of delivery of meals/snacks

Office or Division:	**NUTRITION AND DIETETICS SERVICE**
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	Hospital Employees/ Stakeholders
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Special Meal Request (1)	Nutrition and Dietetics Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present duly accomplished Special Meal Request 5 days before the date	1. Receives accomplished Special Meal Request from the requesting office	None	5 minutes	Nutritionist Dietitian on duty
2. None	2. Endorses to Chief ND for evaluation and menu planning	None	10 minutes	Nutritionist Dietitian on duty
3. None	3. Chief ND endorses approved request to the ND Marketer	None	5 minutes	Chief ND, ND Marketer
4. None	4. Prepares market list	None	5 minutes	ND Marketer
5. None	5. Purchases Food supplies	None	5 minutes	ND Marketer
6. Delivers food supplies	6. Receives food supplies	Payment of food supplies	1 hr.	Suppliers, ND Marketer, FSW and Section Head
7. None	7. Preparation and Production of Meals/ snacks	None	2 hrs.	Cooks, FSWs, FSS
8. None	8. Delivers meals/ snacks to requesting office	None	10 minutes	FSWs
9. Receive Meals/ snacks, affix	9. Endorses meals/ snacks to requesting office	None	5 minutes	FWs, Staff of office requesting

signature in the logbook				
	TOTAL:	**None**	**3 Hours, 45 minutes**	

3. Provision of Meals to Hospital Employees

This covers the process of provision of meals to Hospital Employees

Office or Division:	**NUTRITION AND DIETETICS SERVICE**
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Hospital Employee on duty during force majeure
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Approved Schedule (1)	NUTRITION AND DIETETICS SERVICE

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of approved schedule and list of staff in every area	1. Receives approved schedule from Isolation ward, and different areas: Units/ Sections/ Departments	None	30 minutes	Chief Nutritionist Dietitian, Nutritionist Dietitian Marketer
2. None	2. Checks schedule and count number of employees scheduled for the day/ week	None	30 minutes	Nutritionist Dietitian on duty, assigned Team Leader
3. None	3. Make list and order food supplies needed	None	30 minutes	Assigned Nutritionist Dietitian Marketer
4. Delivers food supplies	4. Receives food supplies	Payment of food supplies	2 hours	Supplier, Nutritionist Dietitian marketer with FSW and Section Head
5. None	5. Preparation and	None	3 hours	FSWs, Cooks, FSS and Nutritionist Dietitian

	production of meals			
6. Receive meals	6. Pick up meals	None	1 hour	Representatives from different areas
7. None	7. Wash utensils used in the production of meals and dispose garbage	None	1 hour	FSWs, Cooks
	TOTAL:	**None**	**8 Hours, 30 minutes**	

4. Preparation of Tube Feeding

This covers the process of preparation of tube feeding.

Office or Division:	**NUTRITION AND DIETETICS SERVICE**
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	In-patients, Out-patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Diet Lists(1 Original Copy)	NUTRITION AND DIETETICS SERVICE

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of diet lists	1. Receives diet lists from all wards	None	30 minutes	FSW and Nursing Aide
2. None	2. Lists patients on tube feeding regimen	None	15 minutes	NDs and FSWs
3. None	3. Prepares Ingredients for tube feeding according to calories needed	None	30 minutes	FSWs, Cooks
4. None	4. Production of the Feeding	None	30 minutes	FSW assigned
5. Nurse on duty receives feeding	5. Delivers to wards	None	30 minutes	Nursing Aide on duty FSW assigned

6. Out-patient Watcher requests tube feeding, receives charge slip and pays to the cashier	6. Prepares Charge slip of feeding. 6.1 Prepare the requested tube feeding	PHP 50.00/feeding For OPD patients	5 minutes	Nutritionist Dietitian on duty
7. Receive Tube feeding	7. Receives Official Receipt from the client and give tube feedings to client	None	5 minutes	Nutritionist Dietitian on duty, Assigned FSW
	TOTAL:	**PHP 50.00/feeding For OPD patients**	**2 Hours and 25 minutes**	

5. Procurement of Nutritional Supplements

This process covers the procurement of Nutritional Supplements

Office or Division:		**NUTRITION AND DIETETICS SERVICE**		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen		
Who may avail:		In-patients, Out-patients, Hospital employees		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Charge slip (1 original copy)		Billing and Claims		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Ask availability of Nutritional Supplements	1. Answer query of Clients	None	5 minutes	Nutritionist Dietitian on duty
2. Receive Charge slip and pay to Cashier	2. Prepares Charge slip	PHP 1,030.30-1,200.00 (600 grams) Entrasol PHP 1,430.38-1,600.00 Diabetasol	10minutes	Nutritionist Dietitian on duty

3. Give official receipt to Nutritionist Dietitian on duty	3. Receives Official Receipt 3.1 Prepares and give nutritional supplements to clients	None	5 minutes	Nutritionist Dietitian on duty
4. None	4. Record in the logbook	None	3 minutes	Nutritionist Dietitian on duty / Administrative Assistant
	TOTAL:	**PHP 1,200.00- Entrasol PHP 1,600.00- Diabetaso**	**23 minutes**	

6. Diet Counselling

This covers the process of diet counselling.

Office or Division:		NUTRITION AND DIETETICS SERVICE		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		In-patients, Out-patients		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Nutrition and Dietetics Referral Form (1 Original Copy)		NUTRITION AND DIETETICS SERVICE		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	1. Prepares Nutrition and Dietetics Referral Form	None	5 minutes	ROD/ Nurse on duty
2. None	2. Calls Nutrition and Dietetics Service	None	5 minutes	Nurse on duty, NDs
3. Present duly accomplished Referral form for OPD Clients	3. Receives the Nutrition and Dietetics Referral Form	None	5 minutes	Nutritionist Dietitian on duty
4. None	4. Interviews and assess patients	None	10 minutes	Nutritionist Dietitian on duty

5. None	5. Computes DBW, TER and Meal plan	None	10 minutes	Nutritionist Dietitian on duty
6. Receive diet handouts	6. Conducts Diet Counselling	None	20 minutes	Nutritionist Dietitian on duty
7. None	7. Writes name of patient in the logbook	None	5 minutes	Nutritionist Dietitian on duty
	TOTAL:	**None**	**60 minutes**	

7. Nutrition Education

This covers the process of Nutrition Education.

Office or Division:		NUTRITION AND DIETETICS SERVICE		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen		
Who may avail:		Out-patients		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Attendance Sheet (1 Original Copy)		Nutrition and Dietetics Service		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	1. Prepares EIC or power point presentation and Attendance sheet	None	5 minutes	Nutritionist Dietitian on duty
2. None	2. Informs the Nurse on duty of the lecture	None	5 minutes	Nutritionist Dietitian on duty
3. Write name on the attendance sheet	3. Greets Clients and ask them to fill up the attendance sheet	None	10 minutes	Nutritionist Dietitian on duty
4. None	4. Conducts Nutrition Education Lecture	None	15 minutes	Nutritionist Dietitian on duty
5. None	5. Conducts short Question and answer activity	None	5 minutes	Nutritionist Dietitian on duty
	TOTAL:	**None**	**40 minutes**	

Office of the Financial and Management Officer II
Internal Services

1. Receiving and Releasing of Office Correspondence

This covers the process of receiving and releasing of office correspondence.

Office or Division:	Office of the Financial and Management Officer II
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	CVMC Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Communication/Request Letter (1 Original Copy)	Requesting Office
Routing Slip (1 Original Copy)	Office of the Financial and Management Officer II
Incoming and Outgoing Logbook	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. The Financial and Management Officer Secretary shall receive office correspondence from the Office of the Medical Center Chief and Interdepartmental or Intradepartmental Office	None	1 minute	FMO Secretary
	2. The Financial and Management Officer Secretary shall record the correspondence in the log book	None	1 minute	MO Secretary
	3. The Financial and Management Officer Secretary shall attach endorsement slip and forward it to the FMO for appropriate action.	None	2 minutes	MO Secretary
	4. The FMO shall review the Office	None	2 minutes	FMO Secretary

	correspondence and make appropriate action.			
	5. The FMO shall forward the correspondence to the concerned division/section.	None	2 minutes	FMO Secretary
	TOTAL:	**None**	**8 Minutes**	

2. Funding and Preparation of BUR/ORS and Disbursement Vouchers for Transactions Under the Finance Division

This covers the process funding and preparation of BUR/ORS and Disbursement Vouchers for transactions under the Finance Division.

Office or Division:	Office of the Financial and Management Officer II
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Employees under the Finance Service

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Financial Documents (1 Original Copy)	Requesting Office
Charge Slip (1 Original Copy)	Office of the Financial and Management Officer II
BUR/ORS (1 Original Copy)	Office of the Financial and Management Officer II
Disbursement Voucher (1 Original Copy)	Office of the Financial and Management Officer II
BUR/ORS and Disbursement Vouchers Logbook	Office of the Financial and Management Officer II

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	The FMO Secretary shall receive and review the completeness of funding request for transactions under the Finance Service	None	3 minutes	FMO Secretary
2.	The FMO Secretary shall attach charge slip in the funding request and forward it to the FMO for funding.	None	2 minutes	FMO and FMO Secretary
3.	The FMO Secretary shall prepare	None	3 minutes	FMO and FMO Secretary

	BUR/ORS and Disbursement Voucher for signature by the FMO.			
4.	The FMO Secretary shall forward the BUR/ORS or Disbursement Voucher in the Budget/Accounting Section.	None	2 minutes	FMO Secretary
	TOTAL:	**None**	**10 Minutes**	

3. Funding and Releasing of Transactions from Other Divisions

This covers the process of funding and releasing of transactions from other divisions

Office or Division:	Office of the Financial and Management Officer II
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Other divisions

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Financial Documents (1 Original Copy)	Requesting Office
Charge Slip (1 Original Copy)	Office of the Financial and Management Officer II
Outgoing Logbook	Office of the Financial and Management Officer II

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	The FMO Secretary shall receive and review the completeness of funding request for transactions under the other divisions.	None	4 minutes	FMO Secretary
2. None	The FMO Secretary shall attach charge slip in the funding request and forward it to the FMO for funding.	None	3 minutes	FMO and FMO Secretary
3. None	The FMO Secretary shall record documents on the log book and forward it to the respective divisions the	None	3 minutes	FMO Secretary

	funded documents for preparation of BUR/ORS and voucher			
	TOTAL:	**None**	**10 Minutes**	

4. Funding and Releasing of Purchase Request (Bided), Abstract of Quotation and BAC Resolution of Other Divisions

This covers the process of funding and releasing of Purchase Request, Abstract of Quotation and BAC Resolution of other divisions.

Office or Division:	Office of the Financial and Management Officer II
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All divisions

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Purchase Request (3 Original Copy)	Requesting Office
Abstract of Quotation (2 Original Copy)	Bids and Awards Committee
BAC Resolution (1 Original Copy)	Bids and Awards Committee
PR, AOQ and Outgoing Logbook	Office of the Financial and Management Officer II

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	The FMO Secretary shall receive and review the completeness of funding request.	None	5 minutes	FMO Secretary
2. None	The FMO Secretary shall attach charge slip in the funding request and forward it to the FMO for funding.	None	2 Minutes	FMO and FMO Secretary
3. None	The FMO Secretary shall record documents on the logbook and forward it to the respective divisions.	None	3 minutes	FMO Secretary
	TOTAL:	**None**	**10 minutes**	

5. Funding and Releasing Purchase Request, Abstract of Quotation and BAC Resolution of Finance Division

This covers the process of funding and releasing of Purchase Request, Abstract of Quotation and BAC Resolution of Finance Division

Office or Division:	Office of the Financial and Management Officer II
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Finance Division

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Purchase Request (3 Original Copies)	Requesting Agency
Abstract of Quotation (2 Original Copies)	Bids and Awards Committee
BAC Resolution (1 original Copy)	Bids and Awards Committee

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. None	The FMO Secretary shall receive and review the completeness of funding request.	None	3 Minutes	FMO Secretary
2. None	The FMO Secretary shall attach charge slip in the funding request and forward it to the FMO for funding.	None	1 Minute	FMO and FMO Secretary
3. None	The FMO Secretary shall prepare BUR/ORS and the FMO shall affix his signature on the BUR/ORS	None	3 Minutes	FMO/FMO Secretary
4. None	The FMO Secretary shall record in the Logbook the signed BUR/ORS and forward it to the BUR/ORS.	None	3 Minutes	FMO Secretary
	TOTAL:	**None**	**10 Minutes**	

INTERNAL/ EXTERNAL SERVICES

AMETHYST WARD
External/ Internal Services

1. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving of admitted patients

Office or Division:	Amethyst Ward
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Amethyst Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Receives call, initial endorsement	None	30 minutes	Nurse
	1.1 Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen guard, IV Stand)	None	30 minutes	Nursing Personnel
	2. Receives endorsement from ER/ OPD Nurse	None	5 minutes	Nurse
2.1 Cooperates with the Nursing Personnel	2.1 Takes Vital Signs	None	10 minutes	Nurse
	2.2 Performs patient assessment	None	10 minutes	Nurse
2.3Ask questions, verifies, and participates	2.3 Orients patient and/or watcher	None	15 minutes	Nurse/Nursing Attendant
2.4 Cooperates and participates with Nursing Personnel	2.4 Performs/assists patient on wearing of hospital gown	None	5 minutes	Nursing Attedant
	2.5 Transfers patient to bed			
	2.6 Inform the Attending Physician regarding admission of patient.	None	10 minutes	Nursing Attendant
		None	10 minutes	Nurse
	TOTAL:	**None**	**2 Hours 40 Minutes**	

2. DISCHARGE PROCESS

This covers the process of discharge process

Office or Division:	Amethyst Ward
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Amethyst Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse
	2. Notifies the patient/ watcher regarding order for discharge.	None	10 minutes	Nurse
2.1 Returns excess medication to the Pharmacy Section.	2.1 Checks any unused medications and supplies and return it to the Pharmacy Section.	None	20 minutes	Nurse & Nursing Attendant
	3. Checks for completeness of the Patient's chart	None	30 minutes	Nurse
	3.1 The Nursing Attendant brings the Patient's Clinical Record to the following Sections for the clearances: a. Blood Bank Section b. Hemodialysis Section c. Pulmonary Unit	None	60 minutes	Nursing Attendant
	3.2 The Nursing Attendant forwards the Patient's Clinical Record to the Billing Section.	None	30 minutes	Nursing Attendant
4. The watcher receives discharge clearance	4. The Billing and Claims Section personnel issues discharge clearance slip and statement of	None	100 minutes	Billing Clerk

slip and statement of account.	account.			
4.1 The watcher proceeds to the following section for clearance: Billing and Claims Unit Cashier Section Admitting and Information – watcher surrenders ID pass	4.1 Unit Section Personnel affixes signature for clearance.	None	10 minutes	Billing Clerk; Cashier Personnel; Admitting Personnel
	5. Retrieves the Patient's Clinical Record from the Billing Section.	None	30 minutes	Nursing Attendant
6. Cooperates with the Nurse.	6. Checks for the completeness of signatories in the Discharge Clearance Slip.	None	10 minutes	Nurse
6.1 Watcher gives the clearance slip and statement of account to the Nurse.	6.1 Gives necessary discharge instructions to the patient/ watcher using Alagang Pinoy Tagubilin Form and affixes signature in the Discharge slip	None	20 minutes	Nurse
	6.2 Removes contraptions, issues second copy of clearance slip and Tagubilin Form.	None	20 minutes	Nurse
	6.3 Endorses the patient to the Guard on duty for the	None	10 minutes	Nurse/Nursing

1

	removal of ID band and surrenders the discharge clearance slip.			Attendant/ Security Personnel
	TOTAL:	**None**	**5 Hours**	

3. MEDICAL OR SURGICAL PROCEDURE / TREATMENT

This covers the process of medical or surgical procedure/treatment

Office or Division:	Amethyst Ward
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy) Informed Consent Request Form (1 Original Copy)	Amethyst Ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verifies, checks, and transcribes Doctor's Order.	None	15 minutes	Nurse
	1.1 Checks for consent for the procedure	None	5 minutes	Nurse
	2. Explains the procedure.	None	10 minutes	Nurse
	2.1 Prepares the necessary equipment and supplies needed.	None	30 minutes	Nursing Personnel
	3.1 Assist in the procedure	None	1Hour	Nursing Personnel
	4. Monitors the patient	None	1Hour	Nurse
	4.1 Document the procedure done	None	5 minutes	Nurse
	4.2 Charges the Supplies used	None	5 minutes	Nurse/Nursing Attendant
	TOTAL:	**None**	**3 hours, 10 minutes**	

CASHIER SECTION
EXTERNAL/ INTERNAL SERVICES

1. COLLECTION OF HOSPITAL FEES, BILLS AND PROFESSIONAL FEES (PF)

(This covers process of collecting hospital fees, bills and professional fees)

Office or Division:	CASHIER SECTION/FINANCE DIVISION
Classification:	SIMPLE
Type of Transaction:	G2C, G2B, G2G
Who may avail:	All clients/patients who needs to pay Fees, Bills and Professional Fee (PF)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Document 1: Order of Payment/Charge Slip/Doctor's PF	Accounting Section, Revenue Centers/Clinic/Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Smile and greet the client			Collecting Officer
2. Client shall present the order of payment/charge slip/Statement of Doctor's PF to the collecting officer on duty.	Check the completeness and correctness of the presented document and informed the client how much is the fee/bill/professional fee.	None	1 min.	Collecting Officer
3. Client shall give the payment to the collecting officer on duty.	Received the payment and prepare the Official Receipt (OR).	Variable	2 min.	Collecting Officer
4. Client received the Official Receipt (OR) and change (if any) from the collecting officer on duty.	Thank the client and advise to proceed to concerned office/ward.	None	1 min.	Collecting Officer
	TOTAL:		**4 min.**	

2. RELEASING OF CHECKS

(This covers process on releasing of checks to claimant)

Office or Division:	CASHIER SECTION/FINANCE DIVISION
Classification:	SIMPLE
Type of Transaction:	G2C, G2B, G2G
Who may avail:	All Concerned Client/Personnel/Supplier/Stakeholder
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Document 1 Valid ID, Official Receipt (OR)/Collection Receipt/Cash Invoice/Sales Invoice	Cashier Section, Person concerned

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Inform the concerned client regarding the availability of their check through call or text message.	None	2 min.	Disbursing Officer
2. Client shall present a valid Identification to claim the check to the disbursing officer on duty.	Verify the proof of identification and asked the Client for an Official Receipt based on the amount of check.	None	2 min.	Disbursing Officer
3. Client shall issue Official Receipt to the disbursing officer on duty.	Receive the Official Receipt.	None	2 min.	Disbursing Officer
4. Client shall affix his/her signature in the Disbursement Voucher form.	Attached the official receipt on the Disbursement Voucher.	None	2 min.	Disbursing Officer
5. Client shall log his/her name and other information needed in the appropriate logbook.	Check the completeness and correctness of the information provided and affix his/her signature.	None	2 min.	Disbursing Officer
6.	Release the check and thank the client.	None	2 min.	Disbursing Officer
	TOTAL:		10 mins.	

CONSIGNMENT PHARMACY SECTION

Internal Services/External Services

1

1. DISPENSING OF DRUGS

Giving the prescribed medication to the patient/ watcher.

Office or Division:	CONSIGNMENT PHARMACY SECTION
Classification:	Simple
Type of Transaction:	G2C – Government to Client
Who may avail:	Out-patient and In-patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
tient's prescription (1 Original Copy)	escribing physicians

CLIENT STEPS	AGENCY ACTIONS	EES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
-PATIENT (For available medicines in the Consignment Pharmacy)				
5. The MAIN pharmacy staff on duty will present the list of medicines that are not available at the main pharmacy	1. Receives, checks and evaluates the list from the pharmacy staff	None	2 minutes	Pharmacy staff on duty
	6. Prepares the medicines needed	None	5 minutes	Pharmacy staff on duty
	7. Files and encodes the medicines	None	2 minutes	Pharmacy staff on duty
	8. Dispenses the medicines to the MAIN pharmacy staff	None	2 minutes	Pharmacy staff on duty
OUT-PATIENT (For available medicines in the Consignment Pharmacy)				
2. The watcher/Patient will present the prescription to the pharmacist on duty	1. Receives, checks and evaluates the prescriptions from the watcher. (If under the Medical Assistance Program, the pharmacist on duty shall compute for the total amount of medicines to be approved by the Social Service.) (If cash, the pharmacist on duty shall compute for the total amount of medicines to be paid at the Cashier.)	None	2 minutes	armacy staff on duty Pharmacy staff on duty Pharmacy staff on duty
		Medicine fee	2 minutes	Pharmacy staff on duty
	2. Prepares and dispenses the patient's	Medicine fee	3 minutes	Pharmacy staff on duty

	medicines to the watcher/patient			
	3. Files and encodes the medicines	None	2 minutes	Pharmacy staff on duty
	TOTAL:	See Medicine Fee Table	**In-Patient:** 11 minutes **Out-Patient:** 9 minutes	

MEDICINE FEE

AGCC MARKETING				
Item No.	**General Description**	**UNIT**	**BRAND NAME**	**SELLING PRICE**
7	Amlodipine 10mg (as Besylate or Camsylate)	tablet	Amlothix	2.24
8	Amlodipine 5mg (as Besylate or Camsylate)	tablet	Amlothix	1.40
14	Ampicillin Sulbactam (500mg Ampicillin + 250mg Sulbactam) (IM,IV) (as Na salt)	vial	Ampinex Plus	89.50
15	Ampicillin 1g (IM,IV) (as Sodium salt)	vial	Corpilyn	30.80
25	Atorvastatin 40mg (as Calcium)	tablet	SITIvast 40	5.95
29	Azithromycin 500mg (as base/as dihydrate/as monohydrate)	tablet	Azcore	26.60
46	Cefazolin 1g (IM,IV) (as Sodium salt)	vial	Phizolin	92.10
48	Ceftazidime 1g (IM,IV) (as Pentahydrate)	vial	Zeftacare	128.50
49	Ceftriaxone 1g (as Disodium/ Sodium salt) + 10mL diluent	vial	Peftrin	81.70
50	Cefuroxime 1.5g IV Infusion (as Sodium salt)	vial	Execore	109.00
53	Celecoxib 200mg	capsule	Celekop	6.65
62	Clindamycin 150mg/ml (as Phosphate), 4ml (IM,IV)	ampule	Dalinc	228.60
113	Hydrocortisone 50mg/ml (as sodium succinate), 2ml (IM, IV)	vial	Qortisol	88.20
135	Losartan 50mg (as Potassium salt)	tablet	Zyltan 50	2.94
146	Metoprolol 50mg (as Tartrate)	tablet	Prolol	1.75
148	Metronidazole 5mg/ml, 100ml (IV Infusion)	vial	Siti-zole	54.60
157	Norepinephrine 1mg/ml, 4ml (IV infusion) (as Bitartrate)	ampule	Levopha	255.00
159	Omeprazole 20mg	capsule	Ometift	3.50
160	Omeprazole 40mg	capsule	Xoprazole Plus	9.10
161	Omeprazole 40mg powder for injection vial + 10ml solvent ampule/vial (IV)	amp/vial	Omeprob	88.20
165	Paracetamol 10mg/ml solution for infusion, 100ml (IV)	vial	Parabie	195.00
167	Paracetamol 150mg/ml solution for injection,2ml (IV,IM)	ampule	Amcetam	12.25
187	Rosuvastatin 10mg (as Calcium salt)	tablet	X- Plended	5.95
199	Spironolactone 25mg	tablet	Hairos	11.55
200	Tamsulosin 200mcg (as HCl)	cap/tab	Sultam	13.30
206	Tramadol 50mg/ml, 2ml (IM,IV, SC) (as HCl)	ampule	Ambidol	30.80

NATRAPHARM				
Item No.	**General Description**	**UNIT**	**BRAND NAME**	**SELLING PRICE**
71	Co-Amoxiclav (200mg Amoxicillin as trihydrate + 28.5mg potassium clavulanate/5ml granules/powder for suspension), 70ml	bottle	Natravox	224.41
3	Acetylcisteine 600mg effervescent	tablet	Pneumotyl	20.79

NORTHMED PHARMA				
Item No.	General Description	UNIT	BRAND NAME	SELLING PRICE
3	Acetylcisteine 600mg effervescent	tablet	Nactein	18.90
9	Amoxicillin 100mg/ml granules/ powder for drops (as trihydrate), 15ml	bottle	Moxylor	49.00
10	Amoxicillin 250mg (as Trihydrate)	capsule	Axiomace	2.73
11	Amoxicillin 250mg/5ml granules/ powder for suspension, 60ml (as Trihydrate)	bottle	Axmel	49.00
12	Amoxicillin 500mg (as Trihydrate)	capsule	Ambimox	3.50
13	Ampicillin Sulbactam (1000mg Ampicillin + 500mg Sulbactam powder for injection) (IM, IV)	vial	Ampinex Plus	115.50
16	Ampicillin 500mg (IM,IV) (as Sodium salt)	vial	Ambilin 500	39.20
19	Ascorbic Acid 100mg/ml, 15ml drops	bottle	Novacee	40.60
20	Ascorbic 250mg/ml, 2ml (IV)	ampule	Asco-C	16.80
21	Ascorbic Acid 500mg	tablet	Cevit	2.59
22	Aspirin 80mg	tablet	Scheeprin	2.66
24	Atorvastatin 20mg (as Calcium)	tablet	Fredtor	4.76
25	Atorvastatin 40mg (as Calcium)	tablet	SITIvast 40	5.88
26	Atorvastatin 80mg (as Calcium)	tablet	Trovipri	14.00
27	Atropine 1mg/ml, 1ml (IM,IV,SC) (as SO4)	ampule	Tropin	53.20
35	Bisacodyl 10mg (for adult)	suppository	Dulxative	65.80
36	Bisacodyl 5mg	tablet	Cophilax	8.12
37	Budesonide 250mcg/ml respiratory solution (for nebulization), 2ml (unit dose)	nebule	Respi-saph	40.60
39	Calcium Carbonate (equiv. to 500mg elemental ca)	tablet	Ambical	2.80
43	Captopril 25mg	tablet	Hyperstop	2.52
44	Carvedilol 25mg	tablet	Karvidol	8.40
45	Carvedilol 6.25mg	tablet	Karvidol	3.92
47	Cefoxitin 1g (IM,IV) (as Sodium salt)	vial	Blesofoxitin	231.00
51	Cefuroxime 500mg (as Axetil)	tablet	Execore	18.90
52	Cefuroxime 750mg (IM,IV) (as Sodium salt)	vial	Eroxime	63.00
53	Celecoxib 200mg	capsule	Emicox	6.30
54	Cetirizine 1mg/ml solution (as Dihydrochloride), 60ml	bottle	Generic	49.00
55	Cetirizine 10mg (as Dihydrochloride)	tablet	Tracen	2.80
56	Cetirizine 2.5mg/ml syrup (oral drops) (as Dihydrochloride), 10ml	bottle	Cetrikid	42.00
58	Ciprofloxacin 2mg/ml (as Lactate), 100ml (IV)	vial	Acipro	76.50
59	Ciprofloxacin 500mg (as Hydrochloride)	tablet	Cyfrox	5.95
61	Clarithromycin 500mg as base	tablet	Claritrol	27.30
64	Clobetasol 0.05% cream/ ointment (as propionate), 5g	tube	Clovate	96.00
65	Clonidine 150mcg (as HCl)	tablet	Clodin	12.60
66	Clonidine 75mcg (as HCl)	tablet	Clonisaph-75	10.92
72	Co-Amoxiclav (400mg Amoxicillin as trihydrate + 57mg potassium clavulanate/5ml granules/powder for suspension) ,70ml	bottle	Meoxiclav DS	192.60
73	Co-Amoxiclav (500mg Amoxicillin as trihydrate + 125mg potassium clavulanate)	tablet	Raniclav	16.80
74	Colchicine 500mcg	tablet	Curel	3.50
77	Dexamethasone 4mg /ml, 2ml (as Na PO4) (IM,IV)	ampule	Mohsidex	35.00
79	Digoxin 250mcg (0.25mg)	tablet	Cardoxin	5.57
80	Digoxin 250mcg/ml, 2ml (IM,IV)	ampule	Dixin	180.60
81	Diltiazem 60mg (as Hydrochloride)	tablet	Novoptin	9.80
84	Diphenhydramine 50mg (as HCl)	capsule	Histazyn	3.22
85	Diphenhydramine 50mg/ml (as hydrochloride), 1ml (IM,IV)	ampule	Hyphen	35.00
88	Enoxaparin Sodium 100mg/ml, 0.4ml (as sodium salt) (SC)	p. syringe	Lomoh 40	531.00
89	Eperisone 50mg (as HCl)	tablet	Perispa	28.00
90	Epinephrine 1mg/ml, 1ml (IM,IV,SC) (as Hydrochloride)	ampule	Maxiphrine	32.90
95	Ferrous Salt 15mg elemental iron/0.6ml drops,	bottle	Ferlum	25.20

	15ml			
96	Ferrous Sulfate syrup 30mg elemental iron/5ml, 60ml	bottle	Ferlum	35.00
97	Ferrous Salt (equiv to 60 mg elemental iron)	tablet	Ferricore	2.24
98	Ferrous Salt + folic acid 60mg elemental iron+ 400mcg FA)	tab/ cap/ fc	Ferrolic	2.66
103	Furosemide 10mg/ml, 2ml (IM,IV)	ampule	Furosam	25.20
104	Furosemide 20mg	tablet	Generic	2.80
106	Gentamicin 40mg/ml(as sulfate), 2ml (IM,IV)	ampule/vial	Gentam	21.00
108	Gliclazide 80mg (Immediate Release)	tablet	Glycinorm 80	4.20
111	Heparin Standard 1000IU/ml, 5ml (IV Infusion, SC)	vial	Nuparin	156.60
112	Hydralazine 20mg/ml, 1ml (IM,IV) (as HCl)	ampule	Sapharin	42.00
116	Ibuprofen 200mg	tablet	Penfro	3.92
120	Ipratropium + Salbutamol 500mcg ipratropium (as bromide anhydrous) +2.5 mg salbutamol (as base)x 2.5ml (unit dose) respiratory solution for nebulization	nebule	Relaxsaph	21.00
122	Isosorbide- 5- Mononitrate 30mg MR	cap/tab	Isolyte	8.40
124	Ketorolac 30mg/ml (as tromethamol), 1ml (IM,IV)	ampule	Ketoropors	35.00
125	Lactulose 3.3g/5ml syrup, 120ml	bottle	Accelac	180.60
127	Levetiracetam 500mg/5ml (100mg/ml) concentrate solution for IV Infusion in 5ml	vial	Masolev	915.00
129	Levetiracetam 500mg film coated tablet	tablet	Levetramed 500	21.00
130	Levofloxacin 5mg/ml solution for IV infusion, 100ml	vial	Laxin	243.00
132	Loperamide 2mg	capsule	Loperamed	2.52
134	Losartan 100mg (as Potassium salt)	tablet	Zosart 62.5	5.60
135	Losartan 50mg (as Potassium salt)	tablet	Antan	2.80
136	Mefenamic Acid 250mg	cap/tab	Mecid	2.24
137	Mefenamic Acid 500mg	cap/tab	Mecid	2.80
138	Metformin 500mg (as HCl)	tab/fc	Mymet	4.20
139	Methyldopa 250mg	tablet	Mydopa	12.60
147	Metronidazole 125mg base/ 5ml suspension, 60ml	bottle	Ambidazol	56.00
150	Multivitamins	cap	Myrevit	3.85
153	Mupirocin 2% ointment, 15g	tube	Mupors	128.50
154	Neostigmine 500mcg/ml solution for injection, 1ml (IM,IV,SC)	ampule	Gostigmine	141.00
155	Nicardipine 1mg/ml (as hydrochloride), 10ml (IV)	ampule	Nicarsaph	216.60
156	Nifedipine 10mg	capsule	Calcigard 10	7.00
157	Norepinephrine 1mg/ml, 4ml (IV infusion) (as Bitartrate)	ampule	Norfine	189.00
164	Oxacillin 500mg (IM,IV) (as Sodium Salt)	vial	Oxavin	85.60
167	Paracetamol 150mg/ml solution for injection,2ml (IV,IM)	ampule	Amcetam	12.60
169	Paracetamol 500mg	tablet	Philpara	1.40
172	Phytomenadione (Phytonadione, vit.K1)10mg/ml (as mixed micelle), 1ml (IM,IV)	ampule	Phytobas	42.00
173	Piperacillin+Tazobactam (4g Piperacillin+500mg Tazobactam)(IV infusion) (as Na)	vial	Philtam	237.00
175	Potassium Chloride 2mEq/ml, 20ml (IV infusion)	vial	Generic	53.20
178	Prednisone 5mg	tablet	Derpson	2.80
179	Prednisone 10mg	tablet	Generic	2.80
180	Prednisone 10mg/5ml suspension, 60ml	bottle	Lefesone	115.50
181	Prednisone 20mg	tablet	Prenisaph 20	6.30
182	Propranolol 10mg (as HCl)	tablet	Oranol	3.92
183	Propranolol 40mg (as HCl)	tablet	Oranol	8.40
185	Ranitidine 25mg/ml, 2ml (IM,IV,) (as HCl)	ampule	Ranitein	25.20
186	Risperidone 2mg	tablet	Rispesaph 2	16.80
188	Rosuvastatin 20mg (as Calcium salt)	tablet	Generic	7.00
189	Salbutamol 1mg/ml, 2.5ml (unit dose) (as Sulfate) respiratory solution for nebulization	neb/amp	Salbusaph	12.60

190	Salbutamol 2mg/5 mL syrup (as sulfate), 60mL	bottle	Nobutol	49.00
191	Sambong 500mg	tablet	Mia Forte	7.00
193	Silver Sulfadiazine 1% cream in 25g (topical)	tube	Faraderm	132.40
194	Simvastatin 20mg	tablet	Diastatin	2.63
201	Tamsulosin 400mcg (as HCl) prolonged-release FC	tablet	Tamdome	16.80
205	Tramadol 50mg (as HCl)	capsule	Rounox	4.20
207	Tranexamic Acid 100mg/ml, 5ml (IM,IV)	ampule	Hemobas	70.00
208	Tranexamic Acid 500mg	cap/tab	Haemorex	12.60
209	Trimetazidine 35mg (as HCl)	tablet	Trimebet	5.60
212	Vitamin B Complex (100mg+5mg+50mcg)	capsule	Amcovit B	4.90
213	Zinc Sulfate (equiv. to 10mg elemental zinc) drops (as monohydrate), 15ml	bottle	Zinlum	56.00

OXFORD DISTRIBUTIN INC.				
Item No.	**General Description**	**UNIT**	**BRAND NAME**	**SELLING PRICE**
127	Levetiracetam 500mg/5ml (100mg/ml) concentrate solution for IV Infusion in 5ml	vial	Lepixa	636.60
129	Levetiracetam 500mg film coated tablet	tablet	Lepixa 500	16.80
202	Telmisartan 40mg	tablet	Telgio	9.45
203	Telmisartan 80mg	tablet	Telgio	12.60

PHARMANORTH				
Item No.	**General Description**	**UNIT**	**BRAND NAME**	**SELLING PRICE**
18	Ascorbic Acid 100mg/5ml, 60ml syrup	bottle	Regicee	47.60
63	Clindamycin 300mg (as HCl)	capsule	Clin-Gen	11.20
102	Folic Acid 5mg	tablet/capsule	Folinc	4.90
115	Hyoscine (Hyoscyamine) 20mg/ml solution for injection, 1ml (IM,IV,SC)	ampule	Myomide	35.00
151	Multivitamins per 1ml, 15ml drops	bottle	Myrevit	44.80
164	Oxacillin 500mg (IM,IV) (as Sodium Salt)	vial	Peoxa	83.00

RC BRILLIANT PHARMA AND MEDICAL SUPPLIES TRADING				
Item No.	**General Description**	**UNIT**	**BRAND NAME**	**SELLING PRICE**
28	Azithromycin 500mg powder (IV infusion) (as base/ as Dihydrate)	vial	Zirocino	327.00
46	Cefazolin 1g (IM,IV) (as Sodium salt)	vial	Fazlin	89.50
67	Clopidogrel 75mg	tablet	Pidogrel	3.50
73	Co-Amoxiclav (500mg Amoxicillin as trihydrate + 125mg potassium clavulanate)	tablet	Raniclav	16.45
85	Diphenhydramine 50mg/ml (as hydrochloride), 1ml (IM,IV)	ampule	Hyphen	53.20
105	Furosemide 40mg	tablet	Uromid	4.90
124	Ketorolac 30mg/ml (as tromethamol), 1ml (IM,IV)	ampule	Ketoro-B	33.60
125	Lactulose 3.3g/5ml syrup, 120ml	bottle	Accelac	177.00
155	Nicardipine 1mg/ml (as hydrochloride), 10ml (IV)	ampule	Agynapin	231.00
211	Vitamin B Complex 100mg+100mg+1mg per 3ml (IV)	ampule	Neurobe	39.20

ZUELLIG PHARMA				
Item No.	**General Description**	**UNIT**	**BRAND NAME**	**SELLING PRICE**
7	Amlodipine 10mg (as Besylate or Camsylate)	tablet	Norvasc	5.60
8	Amlodipine 5mg (as Besylate or Camsylate)	tablet	Norvasc	4.20
24	Atorvastatin 20mg (as Calcium)	tablet	Lipitor	8.40
25	Atorvastatin 40mg (as Calcium)	tablet	Lipitor	9.80
26	Atorvastatin 80mg (as Calcium)	tablet	Lipitor	17.50
69	Clozapine 100mg	tablet	Leponex	11.20
70	Clozapine 25mg	tablet	Leponex	10.50
170	Phenytoin 100mg (as Sodium salt)	capsule	Dilantin	16.80

DEPARTMENT OF ANESTHESIA
Internal Services/External Services

1.PRE ANESTHETIC CARE

Care rendered to patient from the time of pre anesthetic visit until patient is brought to the Operating Room.

Office or Division:	**DEPARTMENT OF ANESTHESIA**
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
OR Request Form (1 original copy)	CVMC OR
Preoperative Evaluation Form (1 original copy)	CVMC Anesthesia Office
Anesthesia Consent Form (1 original copy)	CVMC Anesthesia Office
Anesthesia Record (1 original copy and 1 duplicate)	CVMC Anesthesia Office
Pre-Induction Checklist (1 original copy)	CVMC Anesthesia Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	The Anesthesiologist shall acknowledge the OR request received by the OR Nurse on duty	NONE	1 minute	Anesthesiologist/Resident on duty OR Nurse on duty
	The Anesthesiologist shall perform a preoperative evaluation of the patient using the Preoperative Evaluation Form **a.** after confirming a negative RT-PCR for SARS COV2, except in extreme emergency cases	NONE	30 minutes	Anesthesiologist/Resident on duty
	The Anesthesiologist shall secure informed consent for anesthesia from the patient or relative/s	NONE	5 minutes	Anesthesiologist/Resident on duty
	The Anesthesiologist shall write pre Anesthetic orders in the Doctor's Orders Sheet	NONE	10 minutes	Anesthesiologist/Resident on duty
	The Anesthesiologist shall instruct ward Nurse to carry out pre anesthetic order	NONE	5 minutes	Anesthesiologist/Resident on duty Ward Nurse on duty
	The Anesthesiologist shall communicate with the surgeon or other physicians involved with patient management in order to optimize	NONE	15 minutes	Anesthesiologist/Resident on duty

	perioperative anesthesia care			
	TOTAL:	NONE	1 hour 6 minutes	

2. INTRAOPERATIVE ANESTHESIA CARE

Care administered to the patient during the surgery/procedure. This includes maintenance of patient's anesthetic depth and hemodynamics.

Office or Division:	**DEPARTMENT OF ANESTHESIA**
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
OR Request Form (1 original copy)	CVMC OR
Preoperative Evaluation Form (1 original copy)	CVMC Anesthesia Office
Anesthesia Consent Form (1 original copy)	CVMC Anesthesia Office
Anesthesia Record (1 original copy and 1 duplicate)	CVMC Anesthesia Office
Pre-Induction Checklist (1 original copy)	CVMC Anesthesia Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	The Anesthesiologist shall do appropriate PPE	NONE	15 minutes	Anesthesiologist/Resident on duty
	The Anesthesiologist shall prepare all he equipment and drugs using the pre-induction checklist	NONE	15 minutes	-nesthesiologist/Resident on duty
	The Anesthesiologist shall receive patient and hook to monitors	NONE	5 minutes	Anesthesiologist/Resident on duty - Ward Nurse on duty
	The Anesthesiologist shall induce anesthesia	NONE	30 minutes	Anesthesiologist/Resident on duty
	The Anesthesiologist shall monitor and manage the patient intraoperatively	NONE	Depends on the procedure	Anesthesiologist/Resident on duty - Ward Nurse on duty
	The Anesthesiologist shall do appropriate post anesthesia management prior to transfer of patient to PACU	NONE	15 minutes	Anesthesiologist/Resident on duty
	TOTAL:	NONE	Depends on the procedure + 1 hour 5 minutes	

3. POST OPERATIVE CARE

Care rendered after surgery until recovery, at the Post Anesthesia Care Unit.

Office or Division:	**DEPARTMENT OF ANESTHESIA**
Classification:	Simple
Type of Transaction:	G2C-Government to Citizen
Who may avail:	Client/Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
OR Request Form (1 original copy)	CVMC OR
Preoperative Evaluation Form (1 original copy)	CVMC Anesthesia Office
Anesthesia Consent Form (1 original copy)	CVMC Anesthesia Office
Anesthesia Record (1 original copy and 1 duplicate)	CVMC Anesthesia Office
Pre-Induction Checklist (1 original copy)	CVMC Anesthesia Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. The Anesthesiologist shall endorse the patient to the admitting PACU nurse	NONE	5 minutes	- Anesthesiologist Resident on duty - PACU Nurse On duty
2.	2. The Anesthesiologist shall write additional post anesthetic orders in the Doctor's Order Sheet	NONE	5 minutes	Anesthesiologist Resident on duty
3.	3. The Anesthesiologist shall request for diagnostic laboratory work-ups deemed necessary	NONE	2 minutes	Anesthesiologist Resident on duty
4.	4. The Anesthesiologist shall assess and manage the patient and record the significant findings in the patient PACU Record	NONE	2 hours	- Anesthesiologist Resident on duty - PACU Nurse On duty
5.	5. The Anesthesiologist shall discharge patient from the PACU to the ward once discharge criteria are met; or the NICU, PICU, SICU or MICU for further monitoring and management as deemed necessary.	NONE	5 minutes	Anesthesiologist Resident on duty
	TOTAL:	NONE	2 hours 17 minutes	

Department of Family & Community Medicine

Internal Services/External Services

1. WALK-IN PATIENT CONSULTATION

This covers the performance of thorough history, examination and requests for cost-effective diagnostic procedures and therapeutic interventions to address biomedical complaints of the patient. Performs biopsychosocial assessment and implements intervention as necessary.

Office or Division:	Department of Family & Community Medicine
Classification:	Simple
Type of Transaction:	G2C – Government to Client
Who may avail:	Anyone who seeks medical services under the services provided by Family Medicine

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Medical Certificate	Family Medicine Clinic Out-patient Department (2nd Floor, Room 208)

REGULAR/FACE-FACE CONSULTATION*

* All patients must undergo Rapid Antigen Test (RAT) before proceeding to the OPD Family Medicine Clinic.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the OPD Triage and secure Triage Slip for registration.	1. Check the data on the triage slip and direct the patient to the Registration area for data encoding	None	30minutes	OPD Triage Nurse
2. Proceed to the waiting area of OPD Family Medicine Clinic		None		
3. Wait until name will be called by the	3. Retrieve the patient's clinical record from the OPD Medical Records Section	None	15 minutes	Nursing Attendant on duty
4. Proceed to the consultation room when called	4. Calls the name of the patient and facilitate registration in the Patients' Logbook and the Nurse shall get the patient's baseline data 4.1 Get the vital signs of the patient	None	5 minutes	Nurse on duty/ Nursing Attendant on duty
5. Proceed to the Family Medicine physician on duty	5. Directs the patient to the Family Medicine Physician on duty	None		Nurse on duty

6. Provides information necessary for the consultation process	Interview the patient and get his/her medical history and perform thorough physical examination and if necessary, orders patient to undergo additional laboratory/diagnostic procedure	No Consultation fee*	hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician)	Physician on duty
7. Proceed to Ancillary units to undergo all necessary laboratory/diagnostic procedures as directed by the attending physician	7. Wait for the results of the laboratory and diagnostic procedures ordered to the patient	*Ancillary/Medical Procedures fee to be charged by the ancillary services provider (ex. laboratory/x-ray/ECG, etc.)		
8. Proceed to the Attending Physician once results of the laboratory and diagnostic procedures we	8. Provides "Tagubilin" for other medical interventions and prescriptions	None		
	TOTAL	**Ancillary/Medical Procedures fee to be charged by the ancillary services provider (ex. laboratory/x-ray/ECG, etc.)**	**1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician) + 20 minutes**	
ONLINE/TELEMEDICINE				

Follow the CVMC OPD Telemedicine Procedure*

* Only those scheduled patients for the day shall be entertained by the concerned department were the patient is being triaged or referred based on the list of patients forwarded by the CVMC Telemedicine Manager/Nurse in-Charge.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Opens Messenger account and wait for the call	Physician in charge for Telemedicine calls the patient	None	1 minute	Physician on duty
2. Provides necessary information needed on the consultation process	Interviews the patient and get his/her medical history and if necessary, orders patient to undergo additional laboratory/ Diagnostic procedure which shall be sent online or shall be secured at the OPD Guard on duty.	None	1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician)	Physician on duty
3. Proceed to Ancillary units to undergo all necessary laboratory/diagnostic procedures as directed by the attending physician *	Wait for the results of the laboratory and diagnostic procedures ordered to the patient	*Ancillary/Medical Procedures fee to be charged by the ancillary services provider (ex. laboratory/x-ray/ECG, etc.)*		Ancillary Unit staff
* If all procedures were accomplished w/in the day patient shall follow the same process for OPD Telemedicine for the schedule of follow-up.				
4. Send to the physician on duty all laboratory and diagnostic results.	Re-assess patient based on the laboratory/ diagnostic results	None	1 hour	Physician on duty
5. Receive prescriptions and instructions through the Messenger app	Issues medicine prescription if necessary	None	5 minutes	Physician on duty

	TOTAL	**Ancillary/Medical Procedures fee to be charged by the ancillary services provider (ex. laboratory/x-ray/ECG, etc.)**	**1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician) + 7 minutes**	

2. EMPLOYEE HEALTH SERVICES CLINIC

Provision of medical services for employees of Cagayan Valley Medical Center regardless of their status of appointment.

ffice or Division:	epartment of Family & Community Medicine
assification:	mple
pe of Transaction:	2G – Government to Government
ho may avail:	/MC Employees
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
edical Certificate	mployee Health Service (EHS) Clinic (2nd floor, Room 201)

REGULAR/FACE-FACE CONSULTATION*

* All patients must undergo Rapid Antigen Test (RAT) before proceeding to the Employee Health Services Clinic.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	ROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the OPD Triage Area for Registration	Issue Triage slip	None	2 minutes	OPD Triage Nurse/Nursing Attendant
2. Proceed to the Family Medicine Employees' Health Services Clinic (EHS) waiting area	Retrieve the Employee's clinical record/chart from the OPD Medical Records Section	None	1 minute	Nursing Attendant
3. Wait until called by the EHS nursing personnel	Verify the client's identity by checking his/her ID and countercheck the employees name on	None	2 minutes	Nurse/Nursing Attendant

	the CVMC Employees Database or thru the Human Resources Management Section			
4. Register on the DFCM-EHS Logbook	Facilitate registration on the DFCM-EHS Clinic and get the baseline data of the employee	None	3 minutes	Nurse/Nursing Attendant
5. Proceed to the EHS Consultation Room	Direct the employee to proceed to the EHS Consultation Room	None	1 minute	Nurse
6. Provides necessary information needed on the consultation process	Interview the patient and get his/her medical history and perform thorough physical examination and if necessary, orders patient to undergo additional laboratory/diagnostic procedure	No consultation fee	1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician)	Physician on duty
7. Proceed to OPD Laboratory, X-ray, (if necessary to ECG/Dental, etc.) to accomplish all laboratory, diagnostic or other ancillary services requests given	Affix EHS Stamp on the Laboratory/Diagnostic Requests and Instruct the client to accomplish it	All fees are free (based on the Hospitalization & Medical Benefit Guidelines)	hours (if laboratory requires fasting, etc. w/in 24 hours)	Nurse on duty
8. Proceed to Family Medicine Employee's Health Services Clinic if all laboratory/diagnostic procedures accomplished.	Re-assess patient based on the laboratory/diagnostic results	None	30 minutes	hysician on duty
9.	Issues medicine prescription if necessary	None	2 minutes	hysician on duty
10. Proceed to the Nurse/Nursing Attendant on duty	Affix EHS stamp on the prescription and gives further instructions such as follow-up check-ups	None	2 minutes	Nurse on duty

	TOTAL	**NONE**	**1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician) + 43 minutes.**	
ONLINE/TELEMEDICINE				
1. CVMC employee who wish to seek consult should send the following details to the EHS Facebook Account messenger (NAME,AGE, SEX, ADDRESS, CVMC AREA, PURPOSE OF CONSULT, CVMC ID (as proof of employment)	Physician on duty for the day will forward the patient's details to the CVMC OPD Records Section for the retrieval of patient's chart.	None	2 minutes	Patient (Employee)
2. Read and agree to the Online Consultation Terms and Conditions and Privacy Policy to proceed.	Retrieve employee's clinical record from the OPD Records Section	None	5 minutes	Nurse/Nursing Attendant
3. Provides necessary information needed on the consultation process	Interview the patient and get his/her medical history and if necessary, orders patient to undergo additional laboratory/diagnostic procedure which shall be sent online.	None	1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician)	Physician on duty
4. Proceed to OPD Laboratory, X-ray, (if necessary to ECG/Dental, etc.) to accomplish all laboratory, diagnostic or other ancillary services requests given*	Affix EHS Stamp on the Laboratory/Diagnostic Requests and Instruct the employee to accomplish it	All fees are free (based on the Hospitalization & Medical Benefit Guidelines)		Physician on duty

* if all procedures were accomplished w/in the day before the cut-off time (12noon), employee will go back tomorrow and follow the same process on Step 1				
5. Send all laboratory/ diagnostic results to the EHS Messenger Account	Re-assess patient based on the laboratory/diagnostic results	None	1 hour	Physician on duty
6. Receive prescriptions and instructions through the Messenger app	Issues medicine prescription if necessary, affix EHS stamp and send the same to the employee	None	5 minutes	Physician on duty
	TOTAL	**NONE**	**1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician) + 12 minutes**	

3.AGENCY HEALTH SERVICES (AHS)

Provision of medical services for employees of external agencies (private/public) who enters into Memorandum of Agreement w/ Cagayan Valley Medical Center (CVMC).

ffice or Division:	epartment of Family & Community Medicine
assification:	mple
pe of Transaction:	2B – Government to Business 2G – Government to Government
ho may avail:	ivate Companies/Government Agencies w/ accomplished Memorandum of Agreement (MOA) w/ Cagayan Valley Medical Center (CVMC)
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
edical Certificate	nployee Health Service (EHS) Clinic (2nd floor, Room 201)

I. Client Registration and Securing of Laboratory/Diagnostic Request Forms

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE	ROCESSING TIME	PERSON

		PAID		RESPONSIBLE
1. Proceed to the Family Medicine Employees' Health Services Clinic	Verify the client's identity by checking his/her ID and countercheck the name on the agency List of Employees submitted by the Agency Coordinator	None	2 minutes	Nurse on duty
2. Accomplish OPD Triage Slip and submit to the Nurse on duty for registration at the OPD Medical Records Section	Check and verify data entries in the OPD Triage Slip accomplished by the client and register the patient at the OPD Medical Records Section	None	2 minutes	Nurse on duty
3. Secure all laboratory and diagnostic requests based on the list submitted by the Agency Coordinator and acknowledge receipt at the **DFCM Agency's Monitoring Form**	Issue laboratory and diagnostic requests stamped with **Agency Health Service (AHS)** and instruct client to affix signature at the **DFCM Agency Monitoring Form**	None	5 minutes	Nurse on duty
4. Proceed to OPD Laboratory, X-ray, (if necessary to ECG/Dental, etc.) to accomplish all laboratory, diagnostic or other ancillary services requests given	Instruct the client to accomplish all the laboratory and diagnostic request given	None	hours (if laboratory requires fasting, etc. w/in 24 hours)	Nurse on duty
5. Proceed to Family Medicine Employee's Health Services Clinic if all laboratory/diagnostic procedures accomplished.	Instruct the client to come back on scheduled consultation to be further relayed to the Agency Coordinator	None	2 minutes	Nurse on duty
	TOTAL	**NONE**	**1 hour for Consultation process; 6 hours with ancillary/medical procedure to**	

			include waiting time for the release of the results & interpretation by the attending physician) + 11 minutes	
II. Client Consultation (based on the schedule coordinated thru the Agency Coordinator)				
1. Proceed to the Family Medicine Employee Health Services Clinic **(Room 201)**	Verify client's identity and confirm schedule at the Agency's Monitoring Form	None	2 minutes	Nurse on Duty
2. Proceed to the EHS patients' waiting Area	Facilitates registration and retrieval medical chart of client at the OPD Medical Records Section	None	20 minutes	Nursing Attendant on duty
3. Proceed inside the EHS Clinic when directed by the Nursing Attendant	Calls the patient. Get the baseline data and directs him/her to the physician on duty	None	10 minutes	Nurse on duty
4. Proceed to the Physician on duty as directed by the Nursing personnel	Get the patient's medical history and perform thorough physical examination and if necessary, orders patient to undergo additional laboratory/diagnostic procedure		1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician	Physician on duty
5. Request for medical certificate	Issue Medical Certificate *(If it is for government employment, CSC Form No. 211 to be used)*	None	3 minutes	Physician on duty

6. Proceed to OPD Medical Records Section for encoding of the Medical Certificate	Issue medical certificate draft form *(Either for Private/Government employment as prescribed by the prospect employer)*	Php 100.00	5 minutes	Physician on duty
7. Return the encoded medical certificate to the Employee Health Services Clinic for the signature of the Attending Physician	Affix signature on the medical certificate	None	1 minute	Physician on duty
	TOTAL	**PHP 100.00**	**1 hour for Consultation process; 6 hours with ancillary/medical procedure to include waiting time for the release of the results & interpretation by the attending physician + 41 minutes**	

DEPARTMENT OF MEDICINE

GERIATRIC CARE

Internal Services/External Services

1. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving of admitted patients

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Prepares patient's bed and necessary equipment (Oxygen, Oxygen guard, IV Stand)	None	5 minutes	Nursing Personnel
None	2. Receives patient and endorsement from ER Nurse	None	10 minutes	Nurse
	2.1 Takes Vital Signs	None	5 minutes	Nursing Personnel
	2.2 Orients patient and/or watcher	None	5 minutes	Nurse
	2.3 Performs patient assessment	None	30 minutes	Nurse
	2.4 Transfers patient to bed	None	5 minutes	Nursing Personnel
	2.5 Carries out doctor's order	None	30 minutes	Nurse
	TOTAL:	**None**	**1 Hour 30 Minutes**	

2. DISCHARGE PROCESS

This covers the process of discharge process

Office or Division:		Department of Medicine		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen G2G - Government to Government		
Who may avail:		Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Patient's Clinical Record (1 original copy)		Department of Medicine		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSIN G TIME**	**PERSON RESPONSIB LE**
None	1. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse
2.1 Returns Excess medication to the Pharmacy Section.	2. Notifies the patient/ watcher regarding order for discharge. 2.1 Checks any unused medications and supplies and instructs the watcher to return it to the Pharmacy Section.	None None	5 minutes 10 minutes	Nurse Nurse
None	3. Checks for completeness of the Patient's chart	None	30 minutes	Nursing Personnel

	3.1 Brings the Patient's Clinical Record to the following Sections for the clearances: a. Blood Bank Section b. Hemodialysis	None	30 minutes	Nursing Attendant

	Section c. Pulmonary Unit 3.2 Forwards the Patient's Clinical Record to the Billing Section.	None	30 minutes	Nursing Attendant
4. Receives discharge clearance slip and statement of account.	4. Issues discharge clearance slip and statement of account.	None	1 hour	Billings and Claims Staff
4.1 Proceeds to the following section for clearance: Billing and Claims Unit & Cashier Section	4.1 Unit Section Personnel affixes signature for clearance.	None	5 minutes	Billing and Claims Staff Cashier Section Staff
4.2 Proceeds to Admitting Section and surrenders ID Pass	4.2 Receives ID Pass and affixes signature for clearance.	None	5 minutes	Admitting Section Staff
None	5. Retrieves the Patient's Clinical Record from the Billing Section.	None	30 minutes	Nursing Attendant
6. Gives the clearance slip and statement of account to the Nurse.	6. Checks for the completeness of signatories in the Discharge Clearance Slip.	None	5 minutes	Nurse

	6.1 Gives necessary discharge instructions to the patient/ watcher using Alagang Pinoy Tagubilin Form and affixes signature in	None	10 minutes	Nurse

	the Discharge slip 6.2 Removes contraptions, issues second copy of clearance slip and Tagubilin Form. 6.3 Endorses the patient to the Guard on duty for the removal of ID band and surrenders the Discharge clearance slip.	None None	15 minutes 5 minutes	Nurse Nursing Attendant Security Guard
	TOTAL:	**None**	**4 Hours 10 Minutes**	

3. MEDICAL OR SURGICAL PROCEDURE / TREATMENT

This covers the process of medical or surgical procedure/treatment

Office or Division:		Department of Medicine		
Classification:		Simple		
Type of Transaction:		G2C - Government to Citizen G2G - Government to Government		
Who may avail:		Patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Patient's Clinical Record (1 original copy) Informed Consent Request Form (1 Original Copy)		Department of Medicine		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
None	1. Verifies, checks, and transcribes Doctor's Order. 1.1 Checks for consent for the procedure	None None	5 minutes 5 minutes	Nurse Nurse

None	2. Explains the procedure. 3. Prepares the necessary equipment and supplies needed. 2.2 Assists in the procedure	None None None	10 minutes 30 minutes 1 Hour	Nurse Nursing Personnel Unit Nurse Manager
None	3. Monitors the patient 3.1 Documents the procedure done 3.2 Charges the Supplies used	None None None	1 Hour 5 minutes 5 minutes	Unit Nurse Manager Unit Nurse Manager Unit Nurse Manager
	TOTAL:	**None**	**3 hours**	

HIV / AIDS TREATMENT HUB – HACT UNIT
(Haven of Hope)
Internal Services/External Services

1. HIV TESTING AND COUNSELLING

The various processes and steps involved in HIV testing, counseling, and related services.

Office or Division:	HIV /AIDS Treatment Hub -HACT Unit (Haven of Hope)
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C)
Who may avail:	Registered Sex Workers on-Registered Sex Workers MSM (Men having sex with Men Injecting Drug Users Blood Donors Pregnant Mothers Transgenders PrEP Clients Others

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral from Other Institution: Referral Form (1 Original Copy) **For In-Patient:** HIV Testing Form (HTS) (1 Original Copy) **For Out-Patient:** V Testing Form (HTS) (1 Original Copy),Valid ID (1 Photocopy, for proof of patient/ client's identification) **Medication Initiation/ Refill:** Health Regimen Booklet (1 Original, for medication refill)	HIV/AIDS Treatment Hub - HACT Unit (Haven of Hope)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Out-Patient: Proceed to HACT Unit for: 1. Testing Services 2. Consultation 3. Medication Initiation/ Refill 4. HIV Prophylaxis 5. Medical Certificate/ Abstract and Certificate of Appearance/ Appointment	1. Provide the HTS form for completion. 2. Offer pre- and post-HIV ounselling 3. Test performed to detect the presence of and HIV antibody. This antibody indicates whether an	None	30 minutes	HACT Physician HACT Nurse HIV Counselor Nursing Attendant Pharmacist Data Manager

For In-Patient, awaits to be endorsed by the ward Physician/ Nurse to HACT Staff for: 1. Testing Services 2. Medication Initiation/ Refill	4. **Medication Initiation/ Refill**: 4.1 Refer the patient to the HACT Nurse for assessment. 4.2 Refer the patient to the HACT Pharmacist for medication refill (with prescription and health regimen booklet).	None	30 Minutes	HACT Physician HACT Nurse HIV Counselor Nursing Attendant Pharmacist Data Manager
For Consultation, Informs the HACT Physician by the HACT Nurse	Complete history and physical examination among: 1. Newly diagnosed Patient Living with HIV (PLHIV) 2. Old Patient (PLHIV) for Consultation, ARV/ Other Medication Refill 3. PrEP/ PEP Patient 4. The HACT Physician shall do the check-up and order the following: - CBC - CXR-PA - SGOT/SGPT - BUN/CREA - UA/FA - AFB Culture 1 & 2 Determination - RPR - HBsAG - Anti-HBs - Anti-HCV - CD4 Count	- CBC = P300 - CXR = None (Charge to PBSP) - SGOT = P260 - SGPT = P260 - BUN = P200 - CREA = P200 - UA = 200 - FA = 100 - AFB = 300 - RPR = 400 - HBsAg (Chem) = 700 - Anti-HBS = 800 - Anti-HCV = 800 - Blood Typing = 300 - Sputum Gene Xpert - None - CD4 Count: ● Enrolled at HACT Unit = None ● Referral from Private Physician not enrolled at HACT Unit CD4 Count = P2,500 ● With updated PhilHealth OHAT membership = None - Viral Load =	3 Hours	HACT Physician HACT Nurse HIV Counselor Nursing Attendant PrEP Trained Staff Pharmacist Data Manager

	- Blood Typing (Forward and Reverse Type) - Sputum Gene Xpert	Enrolled at HACT Unit = None - Referral from Private Physician not enrolled at HACT Unit Viral Load = 5,000 - With updated PhilHealth OHAT membership = None - rHIVda (Confirmatory Test) None		
	TOTAL:	Out-Patient Laboratory Procedures: PHP 12,230.00 In-Patient HIV Testing: PHP 600.00	Initial Assessment: 30 Minutes Testing Services: - Pre-Test Counseling: 30 Min - HIV Testing: 30 Min - Post-Test Counseling: 40 Min Consultation: 3 Hour Medication Initiation/ Refill: - ART Enrollment: 2 Hours - ART Refill: 30 Min HIV Prophylaxis: - PrEP/ PEP Enrollment: 2 Hours - Refill: 30 Min	

			Medical Certificate/ Abstract and Certificate of Appearance/ Appointment: 30 Minutes	

INFECTIOUS DISEASE AND TROPICAL MEDICINE

DIAMOND
JADE
FLORENCE NIGHTINGALE

Internal Services/External Services

1. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving of admitted patients

Office or Division:	Isolation Wards
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients' Clinical Record (1 original copy)	ISOLATION WARDS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Admission	6 Receives call, initial endorsement	None	15 minutes	Nurse on Duty
	6.2 Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen guard, IV Stand, Suction machine, Turn on the negative pressure, Mechanical Ventilator, Infusion Pump, Cardiac monitor)	None	15 minutes	Nurse / Nursing Atttendant / Midwife on Duty
2.1 Total patient care 2.3 Ask's questions, verifies, and orient's. a. Cooperates and participates with Nursing Personnel	7 Receives endorsement from ER/Garnet/ OPD Nurse/Referring Hospital/	None	10 minutes	Nurse on Duty
	7.2 Takes Vital Signs	None	10 minutes	Nurse/Nursing Atttendant/Mid wife on Duty
	7.3 Performs patient assessment			
	7.4 Orients patient and/or watcher on the protocol and policies of isolation wards.	None	10 minutes	Nurse on Duty
		None	5 minutes	Nurse/Nursing Atttendant/Mid wife on Duty
	7.5 Performs/assists patient on wearing of hospital gown	None	5 minutes	Nursing Attendant/Midw ife on Duty
	7.6 Transfer and assist patient to bed	None	10 minutes	Nurse/Nursing Attendant/Midw ife on Duty

	7.7 Inform the Attending Physician regarding admission of patient.	None	5 minutes	Nurse on Duty
	TOTAL:	**None**	**1 Hour 25 Minutes**	

2. RECEIVING PATIENTS FROM REFERRING HOSPITAL

Office or Division:	Isolation Wards
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients' Clinical Record (1 original copy)	ISOLATION WARDS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.Receives call from the Team Leader(ROD)	None	5 minutes	Nurse on Duty
	1.1 Receives call from the referring hospital	None	10minutes	Nurse on Duty
	1.2 Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen guard, IV Stand, Suction machine, Turn on the negative pressure, Mechanical Ventilator, Infusion Pump, Cardiac monitor)		15 minutes	Nurse /Nursing Attendant/Midwife on Duty
1.3Cooperates with the Nursing Personnel	1.3 Takes Vital Signs	None	10 minutes	Nurse /Nursing Attendant/Midwife on Duty
1.4Asks questions, verifies, and participates	1.4 Performs patient assessment	None	10 minutes	Nurse on Duty
1.5Cooperates and participates with Nursing Personnel	1.5Performs/assists patient on wearing of hospital gown	None	5 minutes	Nursing Attendant/Midwife on Duty
	1.6Transfers patient to bed	None	10 minutes	Nurse/Nursing Attendant/Midwife on Duty
	1.7Orients patient and/or watcher on the protocol and policies of isolation wards.	None	5 minutes	Nurse on Duty

1.6 Admission	1.8Inform the Attending Physician regarding admission of patient. 1.9 Facilitate admission. 1.9.1 ROD asses the patient and makes order. 1.9.2 Carries out Doctors Order 1.9.3 Secures consent for admission 1.9.4 Coordinates with the billing section for the cover sheet and service agreement form.	None None	5 minutes 20 minutes	Nurse on Duty ROD/Nurse on Duty
	TOTAL:	**None**	**1 Hour 35 Minutes**	

3.DISCHARGE PROCESS

This covers the process of discharge process

Office or Division:	Isolation Wards
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients' Clinical Record (1 original copy)	Isolation Wards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	2. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse on Duty
4.3 Returns excess medication to the Pharmacy Section.	5. Notifies the patient/ watcher regarding order for discharge. 5.1 Checks any unused medications and supplies return it to the Pharmacy Section.	None None	5 minutes 10 minutes	Nurse on Duty Nurse / Nursing Attendant/Midwife on Duty
	6. Checks for completeness of the Patient's chart (Official Results(swab result),severity form,CF4,CF3, X-Ray official reading, Blood procurement form,	None	30 minutes	Nurse on Duty

	Pulmonary Clearance form, Tagubilin, Operative Technique	None	30 minutes	Nursing Attendant/ Midwife on Duty
	6.1 The Nursing Attendant brings the Patient's Clinical Record to the following Sections for the clearances: d. Blood Bank Section e. Hemodialysis Section f. Pulmonary Unit	None	10 minutes	Nursing Attendant/ Midwife on Duty
	6.2 The Nursing Attendant forwards the Patient's Clinical Record to the Billing Section.			
7. The watcher receives discharge clearance slip and statement of account.	7. The Billing and Claims Section personnel issues discharge clearance slip and statement of account.	None	60 minutes	Billing Clerk/Cashier Personnel on Duty
	8. Retrieves the Patient's Clinical Record from the Billing Section.	None	15 minutes	Nursing Attendant/ Midwife on Duty
9. Cooperates with the Nurse.	7. Checks for the completeness of signatories in the Discharge Clearance Slip.	None	5 minutes	Nurse on Duty
	8. If the patient is RTPCR positive; Coordinate with the social service regarding the transportation and referral to the MHO	None	10 minutes	Nurse on Duty
	8.1 Gives necessary discharge instructions to the patient/ watcher using Alagang Pinoy Tagubilin Form and emphasize instructions regarding isolation and quarantine protocols and affixes signature in the Discharge slip	None	15 minutes	Nurse on Duty
	8.2 Removes contraptions, issues second copy of clearance slip and Tagubilin Form.	None	10 minutes	Nurse on Duty

	8.3 Transport and endorse the patient to the Guard on duty for the removal of ID band and surrenders the discharge clearance slip.	None	5 minutes	Nurse/ Nursing Attendant,Midwife/ Security Personnel on Duty
	TOTAL:	**None**	**3 Hours 35 Minutes**	

4. TRANS-IN FROM OTHER WARDS

Office or Division:	Isolation Wards
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients' Clinical Record (1 original copy)	ISOLATION WARDS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.Receives call from the ROD Regarding the transfer of patient.	None	5 minutes	Nurse on Duty
	2.Receives call, initial endorsement	None	5 minutes	Nurse on Duty
	2.1Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen guard, IV Stand, Suction machine, Mechanical Ventilator, Turn on the negative pressure, Infusion Pump)	None	15 minutes	Nurse/Nursing Atttendant/Midwife on Duty
	2.2 Receives patient from other wards.	None	10 minutes	Nurse on Duty
2.2 Cooperates with the Nursing Personnel	2.3 Takes Vital Signs	None	10 minutes	Nurse /Nursing Atttendant/Midwife on Duty
2.2Ask questions, verifies, and participates	2.4Performs patient assessment	None	10 minutes	Nurse on Duty
	2.5Orients patient and/or watcher on the protocol and policies of isolation wards.	None	5 minutes	Nurse /Nursing Attendant/ Midwife on Duty
2.6 Cooperates and participates with Nursing	2.6Performs/assists patient on wearing of hospital gown	None	5 minutes	Nursing Attendant/ Midwife on Duty

Personnel	2.7 Transfers and assists patient to bed.	None	10 minutes	Nurse/Nursing Attendant/ Midwife on Duty
	2. 8 Inform the Attending Physician regarding Trans in of patient.	None	5 minutes	Nurse on Duty
	TOTAL:	**None**	**1 Hour 30 Minutes**	

5. TRANS OUT TO OTHER WARDS

Office or Division:		Isolation wards		
Classification:		Simple Transaction		
Type of Transaction:		G2C - Government to Citizen G2G - Government to Government		
Who may avail:		Patients		
		WHERE TO SECURE		
Patients'		Isolation Wards		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
	3. Verifies and Carries Out Doctor's Order.	None	15 minutes	Nurse on Duty
	3.1 Notifies the patient or watcher regarding the order for trans out of the patient	None	5 minutes	Nurse on Duty
	3.2 Informing receiving wards regarding the transfer of patient	None	5 minutes	Nurse on Duty
	4. Checking the completeness of the chart and proper documentation	None	30 minutes	Nurse on Duty
	4.1 Initial endorsement via phone	None	10 minutes	Nurse on Duty
	4.4 Prepares the patient for transfer a.Contraptions and IV sites b. Vital signs c. Gown d. Oxygen if needed e. Yellow ribbons (For risk for fall) f. Medicines with medication card g. Kardex and clinical records	None	30 minutes	Nurse/ Nursing Attendant/Midwife on Duty

	5. Inform the pulmo unit for the preparation and transport of mechanical ventilator(if needed)	None	5 minutes	Nurse on Duty
	4. Coordinating with the ambulance driver for the transfer of patient.	None	5 minutes	Nurse on Duty
	5. Endorses patient to the receiving ward	None	20 minutes	Nurse on Duty
	TOTAL:	**None**	**2 hours 5 minutes**	

6. DISCHARGED AGAINST MEDICAL ADVICE

Office or Division:	Isolation Wards
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients'Clinical Record (1 original copy)	Isolation Wards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse on Duty
	2. Explains to the significant others and patients regarding the risk of DAMA and facilitate the signing of DAMA form.	None	10 minutes	ROD
3. Returns excess medication to the Pharmacy Section.	3. Checks any unused medications and supplies and return it to the Pharmacy section/Supply section	None	10 minutes	Nurse / Nursing Attendant/Midwife on Duty
	4. Checks for the completeness of the Patient's clinical records (Official Results (swab result), severity form, CF4, CF3, X-Ray official reading, Blood procurement form, Pulmonary Clearance form, Tagubilin, Operative Technique	None	30 minutes	Nurse on Duty
	7.1 The Nursing Attendant brings the Patient's Clinical	None	30 minutes	Nursing Attendant/ Midwife on Duty

	Record to the following Sections for the clearances: g. Blood Bank Section h. Hemodialysis Section i. Pulmonary Unit 7.2 The Nursing Attendant forwards the Patient's Clinical Record to the Billing Section.	None	10 minutes	Nursing Attendant/ Midwife on Duty
8. The watcher receives discharge clearance slip and statement of account.	5. The Billing and Claims Section personnel issues discharge clearance slip and statement of account.	None	60 minutes	Billing Clerk/ Cashier Personnel on Duty
	6. Retrieves the Patient's Clinical Record from the Billing Section.	None	15 minutes	Nursing Attendant/ Midwife on Duty
10. Cooperates with the Nurse.	7. Checks for the completeness of signatories in the Discharge Clearance Slip.	None	5 minutes	Nurse on Duty
	7.1 If the patient is RTPCR positive; Coordinate with the social service regarding the transportation, referral to the MHO and quarantine isolation protocols.	None	10 minutes	Nurse on Duty
	7.2 Removes contraptions, issues second copy of clearance slip and instruct patient regarding isolation protocol.	None	10 minutes	Nurse on Duty
	7.3 Transport and endorses the patient to the Guard on duty for the removal of ID band and surrenders the discharge clearance slip.	None	5 minutes	Nurse/ Nursing Attendant, Midwife/ Security Personnel on Duty
	TOTAL:	**None**	**3 Hours 25 Minutes**	

7. TRANSFER OF HOSPITAL OF CHOICE

Office or Division:	Isolation Wards
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patients' Clinical Record (1 original copy)	Isolation Wards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. ROD explains to the watcher/patients the THOC procedure, secures consent, facilitates ambulance conduction, and coordinates with the receiving hospital and endorses patient.	None	20 minutes	ROD
	2. Facilitates and witnesses the THOC Consent.	None	5 minutes	Nurse on Duty
	3. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse on Duty
4. Returns excess medication to the Pharmacy Section.	4. Checks for any unused medications and supplies, return it to the Pharmacy section/Supply section	None	10 minutes	Nurse / Nursing Attendant on Duty
	5. Checks for completeness of the Patient's chart (Official Results (swab result),severity form,CF4,CF3, X-Ray official reading, Blood procurement form, Pulmonary Clearance form, Tagubilin ,Operative technique, Clearance from ICC if applicable.	None	30 minutes	Nurse on Duty
	8.1 The Nursing Attendant brings the Patient's Clinical Record to the following Sections for the clearances: j. Blood Bank Section k. Hemodialysis Section l. Pulmonary Unit	None	30 minutes	Nursing Attendant/ Midwife on Duty

	8.2 The Nursing Attendant forwards the Patient's Clinical Record to the Billing Section.	None	10 minutes	Nursing Attendant/ Midwife on Duty
6. The watcher receives discharge clearance slip and statement of account.	6. The Billing and Claims Section personnel issues discharge clearance slip and statement of account. 6.1 Bring the settled ambulance conduction form to the transportation unit	None None	60 minutes 10 minutes	Billing Clerk/ Cashier Personnel on Duty Nursing Attendant/ Midwife on Duty

Note: Ambulance conduction will be coordinated by the ROD to the hospital of choice of the patient. Other hospitals/institution will provide the ambulance conduction. If not, we will cater the ambulance conduction within the Tuguegarao premises only. Outside Tuguegarao will be coordinated to the top management.

	7. Retrieves the Patient's Clinical Record from the Billing Section.	None	15 minutes	Nursing Attendant/ Midwife on Duty
11. Cooperates with the Nurse.	8. Checks for the completeness of signatories in the Discharge Clearance Slip. 9. Transport and endorses the patient to the Guard on duty for the removal of ID band and surrenders the discharge clearance slip.	None None	5 minutes 5 minutes	Nurse on Duty Nurse/ Nursing Attendant, Midwife/ Security Personnel on Duty
	TOTAL:	**None**	**3 Hours 30 Minutes**	

8. TRANSFER OF SERVICE

This covers the transfer of service of patient from service to pay once negative RTPCR result.

Office or Division:	Isolation wards
Classification:	Simple Transaction
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patients
	WHERE TO SECURE
Patients'	Isolation Wards

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for transfer of service from service to pay	1.Notifies the attending physician	None	10 minutes	Nurse on Duty
	2. Check for the Availability of rooms in the admitting section	None	5 minutes	Nurse on Duty
	3. ROD explains the transfer policy, procedure and facilitates signing of request for transfer of service.	None	10 minutes	ROD
	4. The ROD inform the Consultant regarding the transfer of service.	None	10 minutes	ROD
	5. Verifies and Carries out Doctor's order and facilitates the accomplishment of transfer of service Request Form	None	15 minutes	Nurse on Duty
	6. Instructs the watcher for the updating of the clinical cover sheet to the admitting section	None	5 minutes	Nurse on Duty
	7. Checking the completeness of the chart and proper documentation	None	30 minutes	Nurse on Duty
	8. Initial endorsement via phone	None	10 minutes	Nurse on Duty
	8.1 Preparing the patient for transfer. a. Contraptions and IV sites b. Vital signs c. Gown d. Oxygen if needed e. Yellow ribbons (For risk for fall)	None	30 minutes	Nurse/ Nursing Attendant/ Midwife on Duty

	f. Medicines g. RTPCR result			
	9. Inform the pulmo unit for the preparation and transport of mechanical ventilator(if needed)	None	5 minutes	Nurse on Duty
	10. Notifies the ambulance driver for the transfer of patient.	None	5 minutes	Nurse on Duty
	11. Facilitates the transfer and endorses patient to the receiving ward	None	20 minutes	Nurse on Duty
	TOTAL:	**None**	**2 hours 35 minutes**	

MEDICAL WARD
Internal Services/External Services

1. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving of admitted patients

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	m. Receives call, initial endorsement	None	30 minutes	Nurse Staff on duty
	a. Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen guard, IV Stand)	None	30 minutes	
	n. Receives endorsement from ER/ OPD Nurse	None	5 minutes	Nurse Staff on duty
2.3 Cooperates with the Nursing Personnel	a. Takes Vital Signs	None	10 minutes	Nurse Staff on duty
	b. Performs patient assessment	None	10 minutes	Nurse Staff on duty
2.3Ask questions, verifies, and participates	c. Orients patient and/or watcher	None	15 minutes	Nurse Staff on duty
b. Cooperates and participates with Nursing Personnel	d. Performs/assists patient on wearing of hospital gown	None	5 minutes	Nurse Staff on duty
	e. Transfers patient to bed	None	10 minutes	Nurse Staff on duty
	f. Inform the Attending Physician regarding admission of patient.	None	10 minutes	Nurse Staff on duty
	TOTAL:	**None**	**2 Hours 40 Minutes**	

2.DISCHARGE PROCESS

This covers the process of discharge process

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	3. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse Staff on duty
	9. Notifies the patient/ watcher regarding order for discharge.	None	5 minutes	Nurse Staff on duty
5.1 Returns excess medication to the Pharmacy Section.	9.1 Checks any unused medications and supplies and return it to the Pharmacy Section.	None	10 minutes	Nurse Staff on duty
	10. Checks for completeness of the Patient's chart	None	30 minutes	Nurse Staff on duty
	10.1 The Nursing Attendant brings the Patient's Clinical Record to the following Sections for the clearances: o. Blood Bank Section p. Hemodialysis Section q. Pulmonary Unit	None	30 minutes	Nurse Staff on duty
	10.2 The Nursing Attendant	None	30 minutes	Nurse Staff on duty

	forwards the Patient's Clinical Record to the Billing Section.			
11. The watcher receives discharge clearance slip and statement of account.	12. The Billing and Claims Section personnel issues discharge clearance slip and statement of account.	None	60 minutes	Billing Unit Staff
11.1 The watcher proceeds to the following section for clearance: Billing and Claims Unit Cashier Section Admitting and Information	12.1 Unit Section Personnel affixes signature for clearance.	None	10 minutes	Billing Unit Staff, Cashier Staff Admitting Staff
	13. Retrieves the Patient's Clinical Record from the Billing Section.	None	30 minutes	Nurse Staff on duty
14. Cooperates with the Nurse.	9. Checks for the completeness of signatories in the Discharge Clearance Slip.	None	5 minutes	Nurse Staff on duty
6.2 Watcher gives the clearance slip and statement of account to the Nurse.	9.1 Gives necessary discharge instructions to the patient/ watcher using Alagang Pinoy Tagubilin Form and affixes signature in the Discharge slip	None	10 minutes	Nurse Staff on duty
	9.2 Removes contraptions, issues second copy of clearance slip and Tagubilin Form.	None	15 minutes	Nurse Staff on duty
	9.3 Endorses the patient to the Guard on duty for	None	5 minutes	Nurse Staff on duty

	the removal of ID band and surrenders the discharge clearance slip.			
	TOTAL:	**None**	**3 Hours 10 Minutes**	

3.MEDICAL OR SURGICAL PROCEDURE / TREATMENT

This covers the process of medical or surgical procedure/treatment

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 original copy) Informed Consent Request Form (1 Original Copy)	Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	5. Verifies, checks, and transcribes Doctor's Order.	None	15 minutes	Nurse Staff on duty
	5.1 Checks for consent for the procedure	None	5 minutes	Nurse Staff on duty
	6. Explains the procedure.	None	10 minutes	Nurse Staff on duty
	6.1 Prepares the necessary equipment and supplies needed.	None	30 minutes	Nurse Staff on duty
	a. Assist in the procedure	None	1Hour	Nurse Staff on duty
	4. Monitors the patient	None	1Hour	Nurse Staff on duty
	a. Document the procedure done	None	5 minutes	Nurse Staff on duty
	b. Charges the Supplies used	None	5 minutes	Nurse Staff on duty
	TOTAL:	**None**	**3 hours, 10 minutes**	

OFFICE OF THE ASSISTANT CHIEF NURSE

Internal and External Services

Office of the Chief Administrative Officer
Internal Services/External Services

1. Management of Incoming and Outgoing Office Correspondence

This covers the process of management of incoming and outgoing correspondence.

Office or Division:	Office of the Chief Administrative Officer
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business Entity G2G – Government to Government
Who may avail:	Concerned Office/Department/Section/ Staff

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Complete and Correct Office Correspondence (1 Original Copy)	Concerned Office/Department/Section/ Staff

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards office correspondence	1. Receives and checks the completeness and correctness of the office correspondence including its attachments (if any); If the documents are incomplete or there are incorrect entries found, the said documents are returned to the concerned staff	None	1 minute	CAO Secretary
	2. Affixes signature, date and time of receipt on the concerned staff's logbook/receiving copy; Returns the logbook/receiving copy	None	1 minute	CAO Secretary
	3. Records the office correspondence on the appropriate logbook and attaches endorsement slip if necessary attachments (if any); If the documents are incomplete or there are incorrect entries found, the said	None	1 minute	CAO Secretary

	documents are returned to the concerned staff			
	4. Assesses and sorts office correspondence according to priority and forwards to the Chief Administrative Officer	None	2 minutes	CAO Secretary
	5. Acts/Reviews on the office correspondence and returns it to the secretary for appropriate action	None	5 minutes	Chief Administrative Officer
6. Receives the acted office correspondence and affixes signature, date and time of receipt on the logbook of CAO Secretary	Records the action taken by the Chief Administrative Officer and releases the office correspondence to the concerned staff/office	None	5 minutes	CAO Secretary
	TOTAL:	**None**	**15 minutes**	

2. Management of Financial Documents for Approval

This covers the process of management of financial documents for approval

Office or Division:	Office of the Chief Administrative Officer
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business Entity G2G – Government to Government
Who may avail:	Concerned Office/Department/Section/ Staff

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Complete and Correct Financial Documents for Approval (1 Original Copy)	Concerned Office/Department/Section/ Staff

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forwards request for payment	1. Receives and checks the completeness and correctness of the financial documents for approval including its attachments (if any); If the documents are incomplete or there are incorrect	None	1 minute	CAO Secretary

	entries found, the said documents are returned to the concerned staff			
	2. Affixes signature, date and time of receipt on the concerned staff's logbook/receiving copy; Returns the logbook/receiving copy	None	1 minute	CAO Secretary
	3. Records the financial documents on the appropriate logbook	None	1 minute	CAO Secretary
	4. Assesses and sorts financial documents according to priority and forwards to the Chief Administrative Officer	None	2 minutes	CAO Secretary
	5. Acts/Reviews on financial documents and returns it to the secretary for appropriate action	None	5 minutes	Chief Administrative Officer
6. Receives the acted financial documents and affixes signature, date and time of receipt on the logbook of CAO Secretary	6. Records the action taken by the Chief Administrative Officer and releases the financial documents to the concerned staff/office	None	5 minutes	CAO Secretary
	TOTAL:	**None**	**15 minutes**	

3. Management of Funded Financial Documents

This covers the process on management of funded financial documents.

Office or Division:	Office of the Chief Administrative Officer			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business Entity G2G – Government to Government			
Who may avail:	Concerned Office/Department/Section/ Staff			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Complete Funded Financial Documents (1 Original Copy)		Concerned Office/Department/Section/ Staff		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO**	**PROCESSING**	**PERSON**

			BE PAID	TIME	RESPONSIBLE
	Issues the funded financial documents	Receives and checks the completeness and correctness of the funded financial documents including its attachments (if any); If the documents are incomplete or there are incorrect entries found, the said documents are returned to the concerned staff	None	1 minute	CAO Secretary
2.	None	Affixes signature, date and time of receipt on the concerned staff's logbook/receiving copy; Returns the logbook/receiving copy	None	1 minute	CAO Secretary
3.	None	Prepares Budget Utilization Request and Status and/or Disbursement Voucher and records on the appropriate logbook	None	5 minutes	CAO Secretary
4.	None	Sorts the acted financial documents according to priority and forwards to the Chief Administrative Officer	None	2 minutes	CAO Secretary
5.	None	Acts/Reviews on the financial documents and returns it to the secretary for appropriate action	None	5 minutes	Chief Administrative Officer

6. Receives the acted financial documents and affixes signature, date and time of receipt on the logbook of CAO Secretary	Records the action taken by the Chief Administrative Officer and releases the acted financial documents to the concerned staff/office	None	1 minute	CAO Secretary
	TOTAL:	**None**	**15 minutes**	

4. Handling of Incident Report/Complaint

This covers the process of handling of incident report/complaint

Office or Division:	Office of the Chief Administrative Officer
Classification:	Simple, Complex
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business Entity G2G – Government to Government
Who may avail:	Concerned Office/Department/Section/ Staff

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
incident report/ complaint (1 Original Copy)	Concerned Office/Department/Section/ Staff

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Issues the incident report/complaint	1. Receives incident report/complaint	None	1 minute	CAO Secretary
2. None	2. Affixes signature, date and time of receipt on the concerned staff's logbook/receiving copy; Returns the logbook/receiving copy	None	1 minute	CAO Secretary
3. None	3. Attaches endorsement slip to the incident report/complaint and forwards to the Chief Administrative	None	1 minute	CAO Secretary

		Officer			
4.	None	4. Acts/reviews the incident report/complaint and returns it to the secretary for appropriate action	None	5 minutes	Chief Administrative Officer
5.	Receives the acted incident report/complaint or memorandum and affixes signature, date and time of receipt on the logbook of CAO Secretary	5. Forwards the acted incident report/complaint or issues a memorandum to the concerned staff/section/unit for appropriate action	None	2 minutes	CAO Secretary
6.	Issues the response to the memorandum or acted incident	6. Receives the response to the memorandum or acted incident report/complaint; Affixes signature, date and time of receipt and forwards to the Chief Administrative Officer for appropriate action	None	1 minute	CAO Secretary
7.	None	7. Acts on the response to the memorandum or acted incident and gives instruction to the secretary to issue notice of meeting to the concerned section if	None	5 minutes	Chief Administrative Officer

		necessary for possible reconciliation/ settlement			
8	None	8 Submits findings and recommendations to the Office of the Medical Center Chief for his information or action if necessary	None	4 minutes	Chief Administrative Officer
		TOTAL:	**None**	**20 minutes**	

OFFICE OF THE CHIEF HEALTH PROGRAM OFFICER
(Internal Services and External Services)

1. **RECEIVING AND RELEASING OF OFFICE CORRESPONDENCE**

Office or Division:		Office of the Chief Health Program Officer		
Classification:		Simple		
Type of Transaction:		G2C – Government to Citizen G2G - Government to Government		
Who may avail:		All Concerned Client/ Personnel		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None		Not Applicable		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client shall forward the office correspondence to the CHPO office.	Receive office correspondence with stamp received and affix signature and date received.	None	inute	CHPO Secretary
2. None	Assess and sort correspondence according to its urgency and confidentiality and attached endorsement slip to the office correspondence and forward to CHPO	None	minutes	CHPO Secretary
3.	Review and act on the office correspondence.	None	minutes	CHPO
4.	Inform concerned clients regarding the office correspondence through text messages or phone call and forward the correspondence.	None	working day	CHPO Secretary
5. Client shall receive the office correspondence and log his/her name and other information needed in the appropriate logbook.	Check the completeness and correctness of the information logged in the logbook.	None	min.	CHPO Secretary
	TOTAL:		1 working day and 12 minutes	

2. **PROCESSING OF DISBURSEMENT VOUCHER/BURS/ORS**

fice or Division:	fice of the Chief Health Program Officer
assification:	mple
pe of Transaction:	2G – Government to Government
ho may avail:	/MC Personnel under Allied Health Division

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
nancial Documents with charge slip: -Disbursement Voucher (4 Original Copies) -Budget Utilization Request Status (3 Original Copies) -Obligation Report Status (3 Original Copies)	counting/ Originating Office

CLIENT STEPS	AGENCY ACTIONS	EES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client shall forward the funded financial documents to the CHPO office.	Receive funded financial documents provided with charged slip.	ne	inute	CHPO Secretary
2.	Check the completeness and correctness of the financial documents and prepare BURS, ORS and DV if necessary	ne	minutes	CHPO Secretary
3.	Forward the financial documents to CHPO for signature.	None	minute	CHPO Secretary
4.	Affix signature on the DV, BURS AND ORS	None	minutes	Chief Health Program Officer
5.	Forward financial documents to the concerned clients	None	working day	CHPO Secretary
6. Client shall receive the financial documents and log his/her name and other information needed in the appropriate logbook.	Check the completeness and correctness of the information logged in the logbook	None	minute	CHPO Secretary
	TOTAL:		1 working day and 11 minutes	

OFFICE OF THE CHIEF MEDICAL PROFESSIONAL STAFF

(Internal Services and External Services)

1. Issuance of Prescription Pads

Office or Division:	Office of the Chief Medical Professional Staff
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	Internal Clients

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

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. The requesting Physician shall go to the CMPS office for prescription pads.	1. Verifies if the physician is currently employed in this institution and let the physician fill-out the request form.	None	1 minute	Secretary
2. Physician shall fill-out the prescription pad request form.	2. Issues the prescription pad.	None	1 minute	Secretary
	Total:	**None**	**2 minutes**	

Office of the Medical Center Chief (OMCC)
Internal Services/External Services

1.RECEIVING OF CUSTOMER/ CLIENTS COMPLAINTS (Notarized Complaint Letter/ Form or those filed with the Contact Center ng Bayan or the Presidential Complaint Center or the DOH Complaint Unit)

This covers the process of receiving complaints.

Office or Division:	Office of the Medical Center Chief (OMCC)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business Entity G2G – Government to Government
Who may avail:	Patients/ watchers/ visitors/ other clients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Notarized Complaint Letter/ Form or those filed with the Contact Center ng Bayan, Presidential Complaint Center, or the DOH Complaint Unit	Contact Center ng Bayan DOH Complaint Unit Presidential Complaint Center

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. The Client may directly proceed to the Office of the Medical Center Chief, or may opt to forward the complaint thru the official e-mail address, or lodge with the DOH Complaint Unit, *Contact Center ng Bayan* or the Presidential Complaint Center.	1. The OMCC Secretary shall receive and log the complaint, and forward the same to the Medical Center Chief for her appropriate action.	**None**	NA	Secretary Medical Center Chief (MCC)
2.	2. The MCC shall forward the complaint to the Office of the Legal Officer or the unit/ division concerned for appropriate	**None**		OMCC Secretary Legal Office Division/ Unit Concerned

	action.			
	TOTAL:	**None**		

2. Request and Release of Certificate of Appearance (CA)

This covers the process of requesting and releasing of Certificate of Appearance (CA).

Office or Division:	Office of the Medical Center Chief (OMCC)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business Entity G2G – Government to Government
Who may avail:	Division/ Department/ Sections/ Government Agencies/ Private Offices/ Individuals

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Log sheet	Office of the Medical Center Chief (OMCC)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to the Office of the Medical Center Chief to request for the Certificate of Appearance (CA).	1. The OMCC Secretary shall collect and log the following information for the preparation of the CA: ● Name ● Agency ● Date of Visit ● Purpose of Visit The drafted CA shall be forwarded to the Medical Center Chief (MCC) for signature, and release the same to the requesting individual once	None	15 minutes	Office of the Medical Center Chief (OMCC) Secretary

	signed.			
	Total:	**None**	**15 minutes**	

OUT PATIENT DEPARTMENT
Internal Services and External Services

1.OUTPATIENT SERVICES

Specialty and subspecialty services provided on an outpatient basis

Office or Division:	Outpatient Department
Classification:	Simple Transactions
Type of Transaction:	G2C – for services whose client is the transacting public G2G – for services whose client is another government agency, government employee or official
Who may avail:	Out patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Triage Slip (Green Triage Slip/ Red Triage Slip/ White Triage Slip/ Blue Triage Slip) (1 Original Copy)	Triage Area
OPD Clinical Record (1 Original Copy)	OPD Records
Informed Consent to medical or Surgical Procedures/ Treatment (1 Original Copy)	OPD Clinic concerned
Charge Slip/ Official Receipt (1 Original Copy)	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEW CLIENT				
9. <u>REGULAR CLIENT</u> Gets Green/ White triage slip Fills-out patient's information slip	1. Assesses patients' condition (including vital signs) 1.1 Issues green/ white triage slip 1.2 Instructs/Assists patient in filling-out patient's information slip 1.3 Instructs patient to proceed to the patient's waiting area and wait for his/her green/white triage slip (with corresponding number) to be called for registration	None	10 minutes	Nurse/ Nursing Attendant/ Midwife on duty
10. Proceeds to the patient's waiting area and wait for your green/white triage slip (with corresponding number) to be called for registration	1. Verifies from computer if patient has an existing clinical record 2.1 Enters patient's personal information into the computer if he/she is a new patient	None	15 minutes	Outpatient Department (OPD) Records Clerk on duty

Proceeds to the registration window (1) for green card and window (3) for white card and present your respective triage slips.	2.2 Generates patient's OPD clinical record			
11. Proceeds to the patient's waiting area and waits for your name to be called for consultation Complies with the discharge/ admission/ referral according his/her proper disposition	3. Retrieves existing/previous clinical record of patient, if any. 3.1 Places OPD clinical record of patients to the different pigeon holes 3.2 Logs the borrower's code and scan the barcode of the clinical record. 3.3 Calls and instructs patient to proceed to the clinic concerned 3.4 Calls patient's name inside the clinic concerned. 3.5 Performs nursing/ medical management. 3.6 Issues Alagang Pinoy Tagubilin for discharged patient 3.7 Refers patient to concerned clinic/ department if for referral 3.8 Refers patient to Emergency Department if for emergency admission or Observation (OBS)	None Refer to: "for special OPD procedures table	15 minutes 7hours 15 minutes if with ancillary/ medical procedures (20minutes–30minutes Consultation process); to include waiting time for the release of results and the interpretation by the attending physician 1hour 15minutes without ancillary/ medical	OPD Records Clerk on duty Nurse on duty (NOD) Nursing attendant on duty Midwife on duty Resident on duty (ROD)

	3.9 Facilitates admission of elective cases		procedure	
	TOTAL:	None unless with procedure (Refer to OPD Procedures table)	8 hours (with ancillary procedure) 2 hours (without ancillary procedure)	
1. <u>CALL & SMS REGISTERED CLIENT</u> 1. Presents your confirmation SMS to the triage officer Gets blue card triage slip	1. Assesses patients' condition (including vital signs) 1.1 Verifies patient's information 1.2 Coordinates with the Record's personnel for patient's registration. 1.3 Instructs patient to proceed immediately to the window (1,2,3) and presents blue card triage slip	5 minutes	None	OPD Records Clerk on duty
2. Proceeds to the registration window (1, 2, 3) and presents your card.	3. Verifies from computer if patient has an existing clinical record. 2.1 Generates patient's OPD clinical record.	None	5 minutes	OPD Records Clerk on duty

3.Proceeds to the patient's waiting area and wait for your name to be called for consultation Complies with the discharge/ admission/ referral according his/her proper disposition	3. Retrieves existing/ previous clinical record of patient, if any. 3.1 Places OPD clinical record of patients to the different pigeon holes. 3.2 Logs the borrower's code and scan the barcode of the clinical record. 3.3 Calls and instructs patient to proceed to the clinic concerned 3.4 Calls patient's name inside the clinic concerned. 3.5 Performs nursing/ medical management. 3.6 Issues Alagang Pinoy Tagubilin for discharged patient 3.7 Refers patient to concerned clinic/ department if for referral 3.8 Refers patient to Emergency Department if for emergency admission or OBS 3.9 Facilitates admission of elective and-cases	None Refer to: "for special OPD procedures table	15 minutes 7 hours if with ancillary/ medical procedures (20minutes to 30minutes – Consultation process); to include waiting time for the release of results and the interpretation by the attending physician). 1 hour if without ancillary/ medical procedure	OPD Records Clerk on duty Nurse on duty Nursing attendant / Midwife on duty Resident on duty Nurse/ Nursing Attendant/ Midwife on duty
	TOTAL:	None unless with procedure (Refer to OPD Procedures table)	7 hours 30 minutes (with ancillary procedure) 1 hour 30 minutes (without ancillary procedure)	
OLD CLIENT				
1. **REGULAR CLIENT** Presents your		None	10 minutes	Nurse/ Nursing

OPD card (Red/ white triage slip) to the Triage Officer Receives	1. Assesses patients' condition (including vital signs) 1.1 Fills-out patients triage slip 1.2 Issues accomplished triage slip 1.3 Instructs patient to proceed to the patient's waiting area and wait for his/her red/white triage slip (with corresponding number) to be called for registration			Attendant/ Midwife on duty
2. Proceeds to the patient's waiting area and wait for your red/white triage slip (with corresponding number) to be called for registration Proceeds to the registration window (2) for red triage slip and window (3) for white triage slip and present your triage slip.	2.Generates OPD clinical record 3.1 Instructs patient to proceed to the patient's waiting area and wait for his/her name to be called to clinic concerned for consultation	None	5 minutes	OPD Records Clerk on duty
3. Proceeds to the patient's waiting area and waits for your name to be called for consultation Complies with the discharge/ admission/ referral according his/her proper disposition	3. Retrieves existing/ previous clinical record of patient. 3.1 Places OPD clinical record of patients to the different pigeon holes 3.2 Logs the borrower's code and scan the barcode of the clinical record.	None	15 minutes	OPD Records Clerk on duty

	3.3 Calls and instructs patient to proceed to the clinic concerned 3.4 Calls patient's name inside the clinic concerned 3.5 Performs nursing/ medical management. 3.6 Issues Alagang Pinoy Tagubilin for discharged patient 3.7 Refers patient to concerned clinic/ department if for referral 3.8 Refers patient to Emergency Department if for emergency admission or OBS 3.9 Facilitates admission of elective cases	Refer to: "for special OPD procedures table	7 hours if with ancillary/ medical procedures (20-30 minutes – Consultation process); to include waiting time for the release of results and the interpretation by the attending physician). 1 houFNonr if without ancillary/ medical procedure	Nurse on duty Nursing attendant on duty Midwife on duty Resident on duty
	TOTAL:	None unless with procedure (Refer to OPD Procedures table)	7 hours 30 minutes (with ancillary procedure) 1 hour 30 minutes (without ancillary procedure)	
2. <u>CALL & SHORT MESSAGE SERVICE (SMS) REGISTERED CLIENT</u> 1. Presents your confirmation SMS to the triage officer	1. Assesses patients' condition (including vital signs) 1.1 Verifies patient's information 1.2 Informs the Records personnel to register patient 1.3 Instructs patient to proceed to the patient's waiting area and waits for his/her name to be called to	None	5 minutes	Call and SMS Triage Nurse on duty

	clinic concerned for consultation			
2. Proceeds to the patient's waiting area and waits for your name to be called for consultation. Complies with the discharge/ admission/ referral according his/her proper disposition	2. Generates patient's OPD clinical record 2.1 Attaches retrieved clinical record and place it in the pigeon hole 2.2 Logs the borrower's code and scan the barcode of the clinical record 2.3 Call and instructs patient to proceed to the clinic concerned 2.4 Calls patient's name inside the clinic concerned. 2.5 Performs nursing/ medical management. 2.6 Issues Alagang Pinoy Tagubilin for discharged patient. 2.7 Refers patient to concerned clinic/ department if for referral 2.8 Refers patient to Emergency Department if for emergency admission or OBS 2.9 Facilitates admission of elective cases	None Refer to: "for special OPD procedures" table	15 minutes 6 hours 50minutes if with ancillary/ medical procedures (20-30 minutes – Consultation process to include waiting time for the release of results and the interpretation by the attending physician). 50 minutes if without ancillary/ medical procedure	OPD Records Clerk on duty Nurse on duty Nursing attendant on duty Midwife on duty Resident on duty
	TOTAL:	None unless with procedure (Refer to OPD Procedures table)	7 hours 10 minutes (with ancillary procedure) 1 hour 10 minutes (without ancillary procedure)	
FOR ADMISSION				

1. **EMERGENCY DEPARTMENT (ED) ADMISSION** Complies with the admission and asks questions	1. Explains the need for admission. 1.1 Makes order for admission and endorses to clinic NOD. 1.2 Calls and informs the ED ROD regarding the admission. 1.3 Accomplishes documentation including OPD Endorsement Slip 1.4 Calls and informs the ED NOD 1.5 Transports and endorses the patient	None	15 minutes	Resident on duty Nurse on duty
	TOTAL:	None	15 Minutes	
2. FOR OPD ADMISSION 1. Complies with the admission and asks questions. Brings admission slip to Admitting & Information Unit	1. Explains the need for admission. 1.1 Makes order for admission, accomplishes admission slip and instructs client/ watcher to the Admitting & Information Unit	None	30 minutes	Resident on duty Resident on duty Nurse on duty
2. Presents admission slip to Admitting Clerk	2. Receives Admission Slip, prepares admission records and instructs watcher to proceed to Medical Social Service and/ or PhilHealth Section.	None	45 minutes	Admitting Clerk Social Service Worker PhilHealth Staff
3. Brings admission record to OPD clinic concerned	3. Receives admission records	None	5 minutes	Nurse on duty

4. Awaits for completion of documents	4. Prescribes necessary medications 4.1 Completes orders and additional requests 4.2 Carries out doctor's order 4.3 Logs patient's data in Daily Admission Logbook and completes data on the Daily patient's logbook. 4.4 Forwards prescription to Pharmacy Section 4.5 Calls and informs the ward NOD on the admission 4.6 Transports and endorses the patient and his clinical record	None	1 hour	Resident on duty Nurse on duty Nurse on duty Midwife/Nursing attendant on duty
	TOTAL:	None	1 hour 20 minutes	

FOR SPECIAL OPD PROCEDURES				
1. Asks questions, verifies and cooperates	1. Explains the need for procedure to the client 1.1 Secures consent for the procedure 1.2 Witnesses the signing of consent/ refusal 1.3 Prepares the materials/ supplies equipment to be used for the procedure 1.4 Performs the procedure	**MINOR OR**: - AVF Creation- ₱ 2,000 - Breast Mass Excision- ₱ 1.000 - Cauterization of Wart- ₱ 300 -Circumcision- ₱ 1,000 - Excision of Cyst- ₱ 850 -Incision & Curettage- ₱ 400 - Incision & Drainage- ₱ 400	3 hours	Resident on duty Nurse on duty Nurse on duty/ Nursing attendant on

Pays the charges incurred and presents official receipt to the nursing personnel	1.5 Assists/ performs procedure 1.6 Prepares charge slip, instructs client/ watcher to pay at the cashier section and present the official receipt to the nurse on duty	-Lipoma/ Granuloma/ Sebaceous Cyst Excision- ₱ 500 -Removal of Foreign Body (Bullet) – ₱ 500 -Removal of Foreign Body (Penile Area) – ₱ 2,000 -Tendon Cyst Excision- ₱ 800 -Excision of Pterygium- ₱ 7,750 **OTHER PROCEDURES**: **OB-GYN Clinic** OPD Supplies/Internal Examination/Pap smear-₱ 100 -IUD Insertion-₱ 150 -IUD Removal-₱ 120 Endometrial Biopsy- ₱ 500 -NST- ₱ 150 **OPTHA /ENT Clinic** -OPD Supplies (Cotton balls w/ alcohol, OS, Syringe) ₱60 -Cotton balls w/ alcohol, OS, Syringe, gloves- ₱ 100 -YAG Laser Capsulotomy/ YAG Laser Iridoplasty- ₱ 2,500/eye -YAG Laser Iridotomy- ₱ 2,000/eye -UBM- ₱ 1,000/ eye -A Scan Biometr 5y- ₱ 300/eye -B Scan Ocular UTZ- ₱ 500/eye -Visual Field Biometry- ₱ 650/eye -Punch Biopsy- ₱ 180		duty/ Midwife on duty Resident on duty Nurse on duty Nursing attendant on duty Midwife on duty

		-Laryngoscopy- ₱ 250 -Ear Piercing Closure- ₱ 180 Adult Hearing Screening- ₱ 350 -Newborn Hearing Screening- ₱ 350 **PEDIA CLINIC** -OPD supplies for vaccination ₱ 60 -NBS w/supplies ₱1, 800 **MEDICINE CLINIC** **-**HGT Monitoring/rectal examination -₱ 60 **TREATMENT ROOM** -IM injection w/ O2 inhalation -₱ 100 -SC injection- ₱ 80 -ID injection- ₱ 80 -ECG-₱ 300 -Nebulization w/ kit-₱ 120 -Nebulization w/o kit -₱ 80 -HGT monitoring-₱ 60 -Heplock insertion-₱100 **SURGERY/ORTHO Clinic** -FNAB-₱ 150 -IFC Insertion-₱ 200 -Wound dressing-₱ 120 -ROS-₱ 100 -Proctoscopy-₱ 550 -Core Needle Biopsy-₱ 150 -I & D-₱ 140 -Digital Rectal Examination-₱ 50 Anascopy-₱ 60 -Wound GS/CS- ₱1,680		
	TOTAL:	Depends on the procedure	hours	

OPD SCHEDULE

OPD Operation:	Mondays to Fridays except Saturdays, Sundays and Holidays
Consultation Schedule:	Triage time is from 7am to 11am.
	Consultation is from 8am to 5pm.
	Consultation schedule of patients depends on the places (towns/districts) they came from: ● Mondays – Wednesdays – Fridays (except Holidays) ○ Towns and Cities from the 3rd District of Cagayan: ▪ Tuguegarao ▪ Amulung ▪ Enrile ▪ Solana ✦ Tuao ✦ Penablanca ✦ Iguig ○ Towns and Cities from the province of Isabela ● Tuesdays – Thursdays (except Holidays) ○ Towns and Cities from the 1st and 2nd District of Cagayan ▪ Lal-lo ▪ Alcala ▪ Aparri ▪ Baggao ▪ Buguey ▪ Camalaniugan ▪ Gattaran ▪ Gonzaga ▪ Sta. Ana ▪ Sta. Teresita ▪ Sto. Niño ✦ Abulug ✦ Allacapan ✦ Ballesteros ✦ Claveria ✦ Lasam ✦ Pamplona ✦ Piat ✦ Rizal ✦ Sanchez Mira ✦ Sta.Praxedes ○ Towns and Cities from the province of Kalinga and Apayao ● Mondays – Fridays (except Holidays) ○ All patients who will seek consultation from the Otorhinolaryngology – Head and Neck Surgery department or those who have illnesses in the Ear, Nose, Mouth and Neck. ○ All clients from Calayan and other towns and/or provinces not mentioned.
	Consultation for General IM patients starts at 12 noon onwards.
Subspecialty Schedule:	● All patients under the Subspecialty clinics of the Internal Medicine department will follow the Subspecialty schedule. ● All pregnant clients under the High-Risk category and new consultations will be catered every Wednesdays only regardless of their town/city.

	• All Pediatric patients who will seek consultation at the Orthopedic department will be catered every Wednesdays and Fridays only regardless of their town/city. • Ophthalmology Clinic schedule is every Mondays, Wednesdays and Thursdays except holidays.

For any procedures:

- ✓ **No fees will be charged for Philhealth members**
- ✓ **Indigent patient, will be referred to OPD Malasakit Center/ Social Service**

LEGEND:
OPD – Outpatient Department
ROD – Resident on duty
NOD – Nurse on duty
ED – Emergency Department
OBS – Observation
SMS - Short message service

* Ancillary Procedures:
  - Laboratory Examination
  - Radiologic Examination (X-Ray, Ultrasound, ECG, EEG, 2D Echo, CT scan)

* Medical Procedures: (examples)
- Digital Rectal Examination
- Pap Smear
- Nebulization
- Medication Administration
- Wound Dressings/ Removal of Sutures
- Intrapartal Monitoring
- HGT Monitoring
- Breast Examination
- Other surgical and OB GYNE procedures

*Referral to other clinics

2. TELEMEDICINE SERVICES

This Tele-health/Telemedicine is pursuant to Republic Act 11223: “Universal Health Care Act” particularly in making a responsive health system. It also supports the achievement of the National Objectives for Health 2017- 2022: (Specific Objective 5) Equitable access to quality health facilities ensured – “the DOH will consider appropriate innovations in health like telemedicine and digital health tools that can help those with chronic illness manage their health” and in response to the health care needs of our clienteles who are unable to go for physical/walk-in consultation as we are still embattled with the global pandemic.

Office or Division:	Outpatient Department
Classification:	Simple Transactions
Type of Transaction:	G2C – for services whose client is the transacting public

		G2G – for services whose client is another government agency, government employee or official		
Who may avail:		Out patients		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Telemedicine Consent (1 copy- Printed) Triage Slip (Green Triage Slip/ Red Triage Slip/ White Triage Slip) (1 Original Copy) OPD Clinical Record (1 Original Copy) Informed Consent to medical or Surgical Procedures/ Treatment (1 Original Copy) Charge Slip/ Official Receipt (1 Original Copy)		CVMC Telemedicine Facebook Messenger CVMC Telemedicine Center OPD Records Section CVMC Telemedicine Center		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
NEW CLIENT				
1. <u>TELEMEDICINE CLIENTS</u> Requests for online consultation through SMS / messenger by typing Telekonsulta (space) full name (space) old/ new patient (space) contact number send it to the provided cellphone contact number or at CVMC Telemedicine messenger Reads, understands and agrees to the Telemedicine Consent or clarifies if necessary Provides necessary information.	1. Receives client's message 1.1 Informs the client of the availability of face to face and online consultation and both of its policies and protocols 1.2 Instructs the client to ask for Telemedicine Consent at the CVMC Telemedicine Facebook Messenger for clients who uses Short Messaging Services (SMS) 1.3 Sends a copy of the Telemedicine Consent 1.4 Calls the client to get and log the following information: 1.4.1 Complete Name 1.4.3 Age 1.4.3 Address 1.4.4 Old/New	None None	5 minutes 15 minutes *Starts after receiving agreement to	Nurse on duty Nurse on duty

	1.4.5 Concern 1.4.6 Contact Details (contact number and or Facebook account) 1.4.7 personal information as needed in the registration of client. 1.5 Assesses the chief complaint/ concern of the client and triage the client accordingly. 2.1.1 For client assessed as an emergency case, instructs client to go to the nearest emergency room or nearest practicing physician in their locality. 2.1.2 For client with COVID or any epidemic/ endemic/ pandemic related symptoms, instructs to go to their Rural Health Center/Private Medical Institution of choice/ CVMC Garnet Ward for proper assessment and disposition. 1.5.3 For clients with concerns/		consent	

Accepts the schedule or choose a more convenient schedule	inquiry outside of OPD services, gives the contact details of the department/ section/ unit concerned or coordinate for the client whichever is applicable 1.6 Schedule the client on the nearest available schedule 1.7 Forwards schedule to the Telemedicine Secretary 1.8 Prepares the triage slip of the patient 1.9 Forwards the accomplished triage slip to the OPD Records Section Personnel a day prior to the scheduled date of teleconsultation 1.10 Informs the respective clinical department of the scheduled teleconsultation a day prior to consultation	None None	5 minutes 3 minutes	Telemedicine Secretary Nurse on duty
2. Logs in to 10 to 15 minutes prior to expected time of consultation.	2. Verifies from computer if patient has an existing clinical record	None	15 minutes	Outpatient Department (OPD) Records Clerk on duty

	2.1 Enters patient's personal information into the computer 2.2 Generates patient's OPD clinical record Retrieve the OPD Clinical Record 2.3 Retrieves existing/previous clinical record of patient, if any. 2.4 Places OPD clinical record of patients to the different pigeon holes 2.5 Logs the borrower's code and scan the barcode of the clinical record. 2.6 Add the client's Facebook Messenger account on the Department's Facebook Messenger.	None	5 minutes	Telemedicine Secretary/ Nurse on duty
3. Answers the call and honestly answer all the doctor's inquiry and complies with the instructions. Complies with the discharge/ admission/ referral according his/her proper disposition	3. Calls the client through video teleconferencing/ video call via messenger or through regular call if not applicable 3.1 Performs medical management. 3.2 Issues e-Alagang Pinoy Tagubilin for discharged patient 3.3 Refers patient to concerned clinic/	None None	15 minutes 30minutes	Resident on duty (ROD) Resident on duty (ROD)

	department if for referral 3.4 Advices patient to Emergency Department if for emergency admission or Observation (OBS) 3.5 Issues necessary discharge needs such as prescription, laboratory/ ancillary requests. 3.6 Sends the necessary prescriptions/ requests/ Medical certificate through messenger and endorses to the guard on duty for pick-up anytime convenient to the client.	Depends on the requested diagnostic procedures	2 minutes	Telemedicine Secretary/ Nurse on duty
	TOTAL:	None unless with procedure (Refer to Laboratory/ ancillary Procedures Charter)	1 hour and 35 minutes	
OLD CLIENT				
1.TELEMEDICINE CLIENTS 1. Requests for online consultation through SMS / messenger by typing Telekonsulta (space) full name (space) old/ new patient (space) contact number send it to the provided cellphone contact number or at CVMC	1. Receives client's message 1.4 Informs the client of the availability of face to face and online consultation and both of its policies and protocols 1.5 Instructs the client to ask for Telemedicine Consent at the CVMC Telemedicine	None	5 minutes	Nurse on duty

Telemedicine messenger Reads, understands and agrees to the Telemedicine Consent or clarifies if necessary Provides necessary information.	Facebook Messenger for clients who uses Short Messaging Services (SMS) 1.6 Sends a copy of the Telemedicine Consent 1.4 Calls the client to get and log the following information: 1.4.1 Complete Name 1.10.3 Age 1.4.3 Address 1.4.4 Old/New 1.4.5 Concern 1.4.6 Contact Details (contact number and or Facebook account) 1.4.7 personal information as needed in the registration of client. 1.5Assesses the chief complaint/ concern of the client and triage the client accordingly. 1.5.1 For client assessed as an emergency case, instructs client to go to the nearest emergency room or nearest practicing physician in their locality. 1.5.2 For client with Covid or any	None	10 minutes *Starts after receiving agreement to consent	Nurse on duty

	epidemic/ endemic/ pandemic related symptoms, instructs to go to their Rural Health Center/Private Medical Institution of choice/ CVMC Garnet Ward for proper assessment and disposition. 1.5.3 For clients with concerns/ inquiry outside of OPD services, gives the contact details of the department/ section/ unit concerned or coordinate for the client whichever is applicable 2.2 Schedule the client on the nearest available schedule 2.3 Forwards schedule to the Telemedicine Secretary 2.4 Prepares the triage slip of the patient 2.5 Forwards the accomplished triage slip to the OPD Records Section Personnel a day prior to the scheduled date of teleconsultation			
Accepts the schedule or choose a more convenient schedule		None	5 minutes	Telemedicine Secretary

	2.6 Informs the respective clinical department of the scheduled teleconsultation a day prior to consultation	None	3 minutes	Nurse on duty
2. Logs in to 10 to 15 minutes prior to expected time of consultation.	2.Verifies from computer if patient has an existing clinical record 2.1 Generates patient's OPD clinical record Retrieve the OPD Clinical Record 2.2 Retrieves existing/previous clinical record of patient, if any. 2.3 Places OPD clinical record of patients to the different pigeon holes 2.4 Logs the borrower's code and scan the barcode of the clinical record. 2.5 Add the client's Facebook Messenger account on the Department's Facebook Messenger.	None None	5 minutes 5 minutes	Outpatient Department (OPD) Records Clerk on duty Telemedicine Secretary/ Nurse on duty

3.Answers the call and honestly answer all the doctor's inquiry and complies with the instructions.	3. Calls the client through video teleconferencing/ video call via messenger or through regular call if not applicable	None	15 minutes	Resident on duty (ROD)
4.Complies with the discharge/ admission/ referral according his/her proper disposition	2. Performs medical management. 3. Issues e-Alagang Pinoy Tagubilin for discharged patient 4. Refers patient to concerned clinic/ department if for referral 5. Advices patient to Emergency Department if for emergency admission or Observation (OBS) 6. Issues necessary discharge needs such as prescription, laboratory/ ancillary requests. 7. Sends the necessary prescriptions/ requests/ Medical certificate through messenger and endorses to the guard on duty for pick-up anytime convenient to the client.	None Depends on the requested diagnostic procedures	30minutes 2 minutes	Resident on duty (ROD) Telemedicine Secretary/ Nurse on duty
	TOTAL:	None unless with procedure (Refer to Laboratory/ ancillary Procedures Charter)	1 hour and 20 minutes	

OUT PATIENT DEPARTMENT
Internal Services and External Services
PANDEMIC

1.OUTPATIENT SERVICES

Specialty and subspecialty services provided on an outpatient basis for epidemic/endemic/pandemic

Office or Division:	Outpatient Department
Classification:	Simple Transactions
Type of Transaction:	G2C – for services whose client is the transacting public G2G – for services whose client is another government agency, government employee or official
Who may avail:	Out patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Triage Slip (Green Triage Slip/ Red Triage Slip/ White Triage Slip/ Blue Triage Slip) (1 Original Copy)	Triage Area
OPD Clinical Record (1 Original Copy)	
Informed Consent to medical or Surgical Procedures/ Treatment (1 Original Copy)	OPD Records OPD Clinic concerned
Charge Slip/ Official Receipt (1 Original Copy)	

CLIENT STEPS	**AGENCY ACTIONS**	**EES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
NEW CLIENT				
A. <u>REGULAR CLIENT</u> 1. Gets pre-screening checklist and the Fall Risk Assessment from Step 1.	1. Instructs patient to fill-out pre-screening form and Fall Risk Assessment and wait for the number to be called prior to triaging.	None	2 minutes	Nurse/ Nursing Attendant/ Midwife on duty
2. Gets Green/ White triage slip.	1. Assesses patients' condition (including vital signs, as needed), verify for presence of symptoms and/or exposure to any communicable illnesses/ diseases and assess the patient's Risk for Fall 2. If patient has known symptoms, exposure to communicable illnesses/diseases, emergency-related concerns, refers to ICC, Command Centers or Emergency Room. 3. If patient is cleared and/or without symptoms, issues green/ white triage slip	None	15 minutes To include waiting time for the referral process and the response from the Attending Physician for patient's final disposition)	Nurse/ Nursing Attendant/ Midwife on duty

Fills-out patient's information slip	4. Instructs/Assists patient in filling-out patient's information slip. 5. Instructs patient to proceed to the patient's waiting area and wait for his/her green/white triage slip (with corresponding number) to be called for registration			
3. Proceeds to the patient's waiting area and wait for your green/white triage slip (with corresponding number) to be called for registration. Proceeds to the registration window (1) for green card and window (3) for white card and present your respective triage slips.	1. Verify from computer if patient has an existing clinical record. 2. Enters patient's personal information into the computer if he/she is a new patient. 3. Generates patient's OPD clinical record.	None	minutes	Outpatient Department (OPD) Records Clerk on duty
4. Proceed to the patient's waiting area and waits for your name to be called for consultation.	1. Retrieves existing/previous clinical record of patient, if any. 2. Places OPD clinical record of patients to the different pigeonholes 3. Logs the borrower's code and scan the barcode of the clinical record. 4. Calls and instructs patient to proceed to the clinic concerned. 5. Calls patient's name inside the clinic concerned. 6. Performs nursing/ medical management. 7. Issues Alagang Pinoy Tagubilin for discharged patient	None Refer to: "For special	15 minutes 7hours 8 minutes if with ancillary/ medical procedures (20minutes–30minutes Consultation process). o include waiting time for the release of	OPD Records Clerk on duty Nurse on duty (NOD) Nursing attendant on duty Midwife on duty Resident on duty (ROD)

Complies with the discharge/ admission/ referral according his/her proper disposition	8. Refers patient to concerned clinic/ department if for referral. 9. Refers patient to Emergency Department if for emergency admission or Observation (OBS) 10. Facilitates admission of elective cases	OPD procedures table	results and the interpretation by the attending physician 1hour 15minutes without ancillary/ medical procedure	
	TOTAL:	None unless with procedure (Refer to OPD Procedures table)	8 hours (with ancillary procedure) 2 hours 7 minutes (without ancillary procedure)	
B. <u>CALL & SMS REGISTERED CLIENT</u> 1. Presents your confirmation SMS to the triage officer. Gets blue card triage slip	2. Assesses patients' condition (including vital signs, as needed), verify for presence of symptoms and/or exposure to any communicable illnesses/ diseases and assess the patient's Risk for Fall 2.1 If patient has known symptoms, exposure to communicable illnesses/diseases, emergency-related concerns, refers to ICC, Command Centers, or Emergency Room 2.2 Verifies patient's information. 2.3 Coordinates with the Record's	None	10 minutes To include waiting time for the referral process and the response from the Attending Physician for patient's final disposition)	OPD Records Clerk on duty

	personnel for patient registration. 2.4 Instructs patient to proceed immediately to the window (1,2,3) and presents blue card triage slip			
4. Proceeds to the registration window (1, 2, 3) and presents your card.	1.Verifies from computer if patient has an existing clinical record 4.1 generates patient's OPD clinical record.	None	5 minutes	OPD Records Clerk on duty
5. Proceeds to the patient's waiting area and wait for your name to be called for consultation. Complies with the discharge/ admission/ referral according to his/her proper disposition.	2.Retrieves existing/ previous clinical record of patient, if any. 5.1 Places OPD clinical record of patients to the different pigeonholes. 5.2 Logs the borrower's code and scan the barcode of the clinical record. 5.3 Calls and instructs patients to proceed to the clinic concerned. 5.4 Calls patient's name inside the clinic concerned. 5.5 Performs nursing/ medical management. 5.6 Issues Alagang Pinoy Tagubilin for discharged patient 5.7 Refers patient to concerned clinic/ department if for referral. 5.8 Refers patient to Emergency Department if for emergency admission or OBS.	None Refer to: "For special OPD procedures table	15 minutes 7 hours if with ancillary/ medical procedures (20minutes to 30minutes – Consultation process). to include waiting time for the release of results and the interpretation by the attending physician). 1 hour if-without ancillary/ medical procedure	OPD Records Clerk on duty Nurse on duty Nursing attendant / Midwife on duty Resident on duty Nurse/ Nursing Attendant/ Midwife on duty

	5.9 Facilitates admission of elective and-cases			
	TOTAL:	None unless with procedure (Refer to OPD Procedures table)	7 hours 35 minutes (with ancillary procedure) 1 hour 35 minutes (without ancillary procedure)	
OLD CLIENT				
A. <u>REGULAR CLIENT</u> 1. Gets pre-screening checklist and the Fall Risk Assessment from Step 1.	1. Instructs patient to fill-out pre-screening form and Fall Risk Assessment and wait for the number to be called prior to triaging.	None	2 minutes	Nurse/ Nursing Attendant/ Midwife on duty
2. Presents your OPD Triage slip (Red/ white triage slip) to the Triage Officer	2. Assesses patients' condition (including vital signs, as needed), verify for presence of symptoms and/or exposure to any communicable illnesses/ diseases and assess the patient's Risk for Fall 5.10 If patient has known symptoms, exposure to communicable illnesses/diseases, emergency-related concerns, refers to ICC, Command Centers, or Emergency Room 5.11 Fill-out patients triage slip. 5.12 Issues accomplished triage slip. 5.13 Instructs patient to proceed to the patient's waiting area and wait for his/her red/white triage slip (with	None	15 minutes (To include waiting time for the referral process and the response from the Attending Physician for patient's final disposition)	Nurse/ Nursing Attendant/ Midwife on duty

	corresponding number) to be called for registration			
3. Proceeds to the patient's waiting area and wait for your red/white triage slip (with corresponding number) to be called for registration. Proceeds to the registration window (2) for red triage slip and window (3) for white triage slip and present your triage slip.	a. Generates OPD clinical record. b. Instructs patient to proceed to the patient's waiting area and wait for his/her name to be called to clinic concerned for consultation	None	5 minutes	OPD Records Clerk on duty
4. Proceed to the patient's waiting area and waits for your name to be called for consultation. Complies with the discharge/ admission/ referral according his/her proper disposition.	4. Retrieves existing/ previous clinical record of patient. a. Places OPD clinical record of patients to the different pigeonholes b. Logs the borrower's code and scan the barcode of the clinical record. c. Calls and instructs patient to proceed to the clinic concerned. d. Calls patient's name inside the clinic concerned. e. Performs nursing/ medical management. f. Issues Alagang Pinoy Tagubilin for discharged patient g. Refers patient to concerned clinic/ department if for referral. h. Refers patient to Emergency Department if for emergency admission or OBS. i. Facilitates admission of elective cases	None Refer to: "For special OPD procedures table	15 minutes 7 hours if with ancillary/ medical procedures (20-30 minutes – Consultation process). to include waiting time for the release of results and the interpretation by the attending physician). hour if without ancillary/ medical procedure	OPD Records Clerk on duty Nurse on duty Nursing attendant on duty Midwife on duty Resident on duty
	TOTAL:	None unless	7 hours 30 minutes (with ancillary	

		with procedure (Refer to OPD Procedures table)	procedure) 1 hour 30 minutes (without ancillary procedure)	
B. <u>CALL & SHORT MESSAGE SERVICE (SMS) REGISTERED CLIENT</u> 1. Present your confirmation SMS to the triage officer.	3. Assesses patients' condition (including vital signs) 3.1 Verifies patient's information. 3.2 Informs the Records personnel to register patients. 3.3 Instructs patient to proceed to the patient's waiting area and waits for his/her name to be called to clinic concerned for consultation	None	5 minutes	Call and SMS Triage Nurse on duty
C. Proceed to the patient's waiting area and waits for your name to be called for consultation. Complies with the discharge/ admission/ referral according his/her proper disposition.	3. Generates patient's OPD clinical record. 3.1 Attaches retrieved clinical record and place it in the pigeonhole. 3.2 Logs the borrower's code and scan the barcode of the clinical record. 3.3 Call and instructs patient to proceed to the clinic concerned. 3.4 Calls patient's name inside the clinic concerned. 3.5 Performs nursing/ medical management. 3.6 Issues Alagang Pinoy Tagubilin for discharged patient. 3.7 Refers patient to concerned clinic/	None Refer to: "For special OPD procedures" table	15 minutes 6 hours 50minutes if with ancillary/ medical procedures (20-30 minutes – Consultation process to include waiting time for the release of results and the interpretation by the attending physician).	OPD Records Clerk on duty Nurse on duty Nursing attendant on duty Midwife on duty Resident on duty

	department if for referral. 3.8 Refers patient to Emergency Department if for emergency admission or OBS. 3.9 Facilitates admission of elective cases		50 minutes if without ancillary/ medical procedure	
	TOTAL:	None unless with procedure (Refer to OPD Procedures table)	7 hours 10 minutes (with ancillary procedure) 1 hour 10 minutes (without ancillary procedure)	
FOR ADMISSION				
5. **EMERGENCY DEPARTMENT (ED) ADMISSION** Complies with the admission and asks questions	1. Explains the need for admission. 2.7 Make order for admission and endorses to clinic NOD. 2.8 Calls and informs the ED ROD regarding the admission. 2.9 Accomplishes documentation including OPD Endorsement Slip 2.10 Calls and informs the ED NOD 2.11 Transports and endorses the patient	None	15 minutes	Resident on duty Nurse on duty
	TOTAL:	None	minutes	
6. **FOR OPD ADMISSION** Complies with the admission and asks questions. Brings admission slip to Admitting & Information Unit	2. Explains the need for admission. 2.1 Makes order for admission, accomplishes admission slip and instructs client/ watcher to the	None	30 minutes	Resident on duty Resident on duty Nurse on duty

	Admitting & Information Unit			
7. Presents admission slip to Admitting Clerk	3. Receives Admission Slip, prepares admission records and instructs watcher to proceed to Medical Social Service and/ or PhilHealth Section.	None	45 minutes	Admitting Clerk Social Service Worker PhilHealth Staff
8. Brings admission record to OPD clinic concerned	4. Receives admission records	None	5 minutes	Nurse on duty
9. Waits for completion of documents	5. Prescribes necessary medications 4.7 Completes orders and additional requests 4.8 Carries out doctor's order 4.9 Logs patient's data in Daily Admission Logbook and completes data on the Daily patient's logbook. 4.10 Forwards prescription to Pharmacy Section 4.11 Calls and informs the ward NOD on the admission 4.12 Transports and endorses the patient and his clinical record	None	1 hour	Resident on duty Nurse on duty Nurse on duty Midwife/Nursing attendant on duty
	TOTAL:	None	1 hour 20 minutes	

FOR SPECIAL OPD PROCEDURES				
2. Asks questions, verifies and cooperates Pays the charges incurred and presents official receipt to the nursing personnel	3. Explains the need for procedure to the client 3.1 Secures consent for the procedure 3.2 Witnesses the signing of consent/ refusal 3.3 Prepares the materials/ supplies equipment to be used for the procedure 3.4 Performs the procedure 3.5 Assists/ performs procedure 3.6 Prepares charge slip, instructs client/ watcher to pay at the cashier section and present the official receipt to the nurse on duty	**MINOR OR**: - AVF Creation- ₱ 2,000 - Breast Mass Excision- ₱ 1.000 - Cauterization of Wart- ₱ 300 -Circumcision- ₱ 1,000 - Excision of Cyst- ₱ 850 -Incision & Curettage- ₱ 400 - Incision & Drainage- ₱ 400 -Lipoma/ Granuloma/ Sebaceous Cyst Excision- ₱ 500 -Removal of Foreign Body (Bullet) – ₱ 500 -Removal of Foreign Body (Penile Area) – ₱ 2,000 -Tendon Cyst Excision- ₱ 800 -Excision of Pterygium- ₱ 7,750 **OTHER PROCEDURES**: **OB-GYN Clinic** OPD Supplies/Internal Examination/ Papsmear- ₱ 100 -IUD Insertion-₱ 150 -IUD Removal-₱ 120 Endometrial Biopsy- ₱ 500 -NST- ₱ 150 **OPTHA /ENT Clinic** -OPD Supplies (Cotton balls w/ alcohol, OS, Syringe) ₱60 -Cotton balls w/ alcohol, OS, Syringe, gloves- ₱ 100 -YAG Laser Capsulotomy/ YAG Laser Iridoplasty- ₱ 2,500/eye -YAG Laser Iridotomy- ₱ 2,000/eye -UBM- ₱ 1,000/ eye	3 hours	Resident on duty Nurse on duty Nurse on duty/ Nursing attendant on duty/ Midwife on duty Resident on duty Nurse on duty Nursing attendant on duty Midwife on duty

		-A Scan Biometr 5y- ₱ 300/eye -B Scan Ocular UTZ- ₱ 500/eye -Visual Field Biometry- ₱ 650/eye -Punch Biopsy- ₱ 180 -Laryngoscopy- ₱ 250 -Ear Piercing Closure- ₱ 180 Adult Hearing Screening- ₱ 350 -Newborn Hearing Screening- ₱ 350 **PEDIA CLINIC** -OPD supplies for vaccination ₱ 60 -NBS w/supplies ₱1, 800 **MEDICINE CLINIC** **-**HGT Monitoring/rectal examination -₱ 60 **TREATMENT ROOM** -IM injection w/ O2 inhalation -₱ 100 -SC injection- ₱ 80 -ID injection- ₱ 80 -ECG-₱ 300 -Nebulization w/ kit-₱ 120 -Nebulization w/o kit - ₱ 80 -HGT monitoring-₱ 60 -Heplock insertion- ₱100 **SURGERY/ORTHO Clinic** -FNAB-₱ 150 -IFC Insertion-₱ 200 -Wound dressing-₱ 120 -ROS-₱ 100 -Proctoscopy-₱ 550 -Core Needle Biopsy-₱ 150 -I & D-₱ 140 -Digital Rectal Examination-₱ 50 Anascopy-₱ 60 -Wound GS/CS- ₱1,680		
	TOTAL:	Depends on the procedure	3 hours	

OPD SCHEDULE

OPD Operation:	Mondays to Fridays except Saturdays, Sundays and Holidays
Consultation Schedule:	Triage time is from 7am to 11am.
	Consultation is from 8am to 5pm.
	Consultation schedule of patients depends on the places (towns/districts) they came from: ● Mondays – Wednesdays – Fridays (except Holidays) ○ Towns and Cities from the 3rd District of Cagayan: ▪ Tuguegarao ✦ Tuao ▪ Amulung ✦ Penablanca ▪ Enrile ✦ Iguig ▪ Solana ○ Towns and Cities from the province of Isabela ● Tuesdays – Thursdays (except Holidays) ○ Towns and Cities from the 1st and 2nd District of Cagayan ▪ Lal-lo ✦ Abulug ▪ Alcala ✦ Allacapan ▪ Aparri ✦ Ballesteros ▪ Baggao ✦ Claveria ▪ Buguey ✦ Lasam ▪ Camalaniugan ✦ Pamplona ▪ Gattaran ✦ Piat ▪ Gonzaga ✦ Rizal ▪ Sta. Ana ✦ Sanchez Mira ▪ Sta. Teresita ✦ Sta.Praxedes ▪ Sto. Niño ○ Towns and Cities from the province of Kalinga and Apayao ● Mondays – Fridays (except Holidays) ○ All patients who will seek consultation from the Otorhinolaryngology – Head and Neck Surgery department or those who have illnesses in the Ear, Nose, Mouth and Neck. ○ All clients from Calayan and other towns and/or provinces not mentioned.
	Consultation for General IM patients starts at 12 noon onwards.
Subspecialty Schedule:	● All patients under the Subspecialty clinics of the Internal Medicine department will follow the Subspecialty schedule. ● All pregnant clients under the High-Risk category and new consultations will be catered every Wednesdays only regardless of their town/city. ● All Pediatric patients who will seek consultation at the Orthopedic department will be catered every

	Wednesdays and Fridays only regardless of their town/city. ● Ophthalmology Clinic schedule is every Mondays, Wednesdays and Thursdays except holidays.

For any procedures:

- ✓ **No fees will be charged for Philhealth members**
- ✓ **Indigent patient, will be referred to OPD Malasakit Center/ Social Service**

LEGEND:
OPD – Outpatient Department
ROD – Resident on duty
NOD – Nurse on duty
ED – Emergency Department
OBS – Observation
SMS - Short message service

* Ancillary Procedures:
  - Laboratory Examination
  - Radiologic Examination (X-Ray, Ultrasound, ECG, EEG, 2D Echo, CT scan)

* Medical Procedures: (examples)
- Digital Rectal Examination
- Pap Smear
- Nebulization
- Medication Administration
- Wound Dressings/ Removal of Sutures
- Intrapartal Monitoring
- HGT Monitoring
- Breast Examination
- Other surgical and OB GYNE procedures

*Referral to other clinics

2.TELEMEDICINE SERVICES

This Tele-health/Telemedicine is pursuant to Republic Act 11223: “Universal Health Care Act” particularly in making a responsive health system. It also supports the achievement of the National Objectives for Health 2017- 2022: (Specific Objective 5) Equitable access to quality health facilities ensured – “the DOH will consider appropriate innovations in health like telemedicine and digital health tools that can help those with chronic illness manage their health” and in response to the health care needs of our clienteles who are unable to go for physical/walk-in consultation as we are still embattled with the global pandemic.

Office or Division:	Outpatient Department
Classification:	Simple Transactions
Type of Transaction:	G2C – for services whose client is the transacting public G2G – for services whose client is another government agency, government employee or official

Who may avail:	Out patients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Telemedicine Consent (1 copy- Printed) Triage Slip (Green Triage Slip/ Red Triage Slip/ White Triage Slip) (1 Original Copy) OPD Clinical Record (1 Original Copy) Informed Consent to medical or Surgical Procedures/ Treatment (1 Original Copy) Charge Slip/ Official Receipt (1 Original Copy)	CVMC Telemedicine Facebook Messenger CVMC Telemedicine Center OPD Records Section CVMC Telemedicine Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEW CLIENT				
4. <u>TELEMEDICINE CLIENTS</u> Requests for online consultation through SMS / messenger by typing Telekonsulta (space) full name (space) old/ new patient (space) contact number send it to the provided cellphone contact number or at CVMC Telemedicine messenger Reads, understands and agrees to the Telemedicine Consent or clarifies if necessary Provides necessary information.	2. Receives client's message 1.7 Informs the client of the availability of face to face and online consultation and both of its policies and protocols 1.8 Instructs the client to ask for Telemedicine Consent at the CVMC Telemedicine Facebook Messenger for clients who uses Short Messaging Services (SMS) 1.9 Sends a copy of the Telemedicine Consent	None	5 minutes	Nurse on duty
	1.4 Calls the client to get and log the following information: 1.4.1 Complete	None	15 minutes *Starts after receiving agreement to consent	Nurse on duty

	Name 2.4.3 Age 1.4.3 Address 1.4.4 Old/New 1.4.5 Concern 1.4.6 Contact Details (contact number and or Facebook account) 1.4.7 personal information as needed in the registration of client. 2.5 Assesses the chief complaint/ concern of the client and triage the client accordingly. 1.5.1 For client assessed as an emergency case, instructs client to go to the nearest emergency room or nearest practicing physician in their locality. 1.5.2 For client with Covid or any epidemic/ endemic/ pandemic related symptoms, instructs to go to their Rural Health Center/Private Medical Institution of choice/			

Accepts the schedule or choose a more convenient schedule	CVMC Garnet Ward for proper assessment and disposition. 1.5.3 For clients with concerns/ inquiry outside of OPD services, gives the contact details of the department/ section/ unit concerned or coordinate for the client whichever is applicable 2.6 Schedule the client on the nearest available schedule 2.7 Forwards schedule to the Telemedicine Secretary 2.8 Prepares the triage slip of the patient 2.9 Forwards the accomplished triage slip to the OPD Records Section Personnel a day prior to the scheduled date of teleconsultation 2.10 Informs the respective clinical department of the	None None	5 minutes 3 minutes	Telemedicine Secretary Nurse on duty

	scheduled teleconsultation a day prior to consultation			
5. Logs in to 10 to 15 minutes prior to expected time of consultation.	3. Verifies from computer if patient has an existing clinical record 3.1 Enters patient's personal information into the computer 3.2 Generates patient's OPD clinical record Retrieve the OPD Clinical Record 3.3 Retrieves existing/previous clinical record of patient, if any. 3.4 Places OPD clinical record of patients to the different pigeon holes 3.5 Logs the borrower's code and scan the barcode of the clinical record. 3.6 Add the client's Facebook Messenger account on the Department's Facebook Messenger.	None None	minutes 5 minutes	Outpatient Department (OPD) Records Clerk on duty Telemedicine Secretary/ Nurse on duty
6. Answers the call and honestly answer all the doctor's inquiry and complies with the instructions.	4. Calls the client through video teleconferencing/ video call via messenger or	None	15 minutes	Resident on duty (ROD)

Complies with the discharge/ admission/ referral according his/her proper disposition	through regular call if not applicable 4.1 Performs medical management. 4.2 Issues e-Alagang Pinoy Tagubilin for discharged patient 4.3 Refers patient to concerned clinic/ department if for referral 4.4 Advices patient to Emergency Department if for emergency admission or Observation (OBS) 4.5 Issues necessary discharge needs such as prescription, laboratory/ ancillary requests. 4.6 Sends the necessary prescriptions/ requests/ Medical certificate through messenger and endorses to the guard on duty for pick-up anytime convenient to the client.	None Depends on the requested diagnostic procedures	30minutes 2 minutes	Resident on duty (ROD) Telemedicine Secretary/ Nurse on duty
	TOTAL:	None unless with procedure (Refer to Laboratory/ ancillary Procedures Charter)	1 hour and 35 minutes	
OLD CLIENT				

1. <u>TELEMEDICINE CLIENTS</u> Requests for online consultation through SMS / messenger by typing Telekonsulta (space) full name (space) old/ new patient (space) contact number send it to the provided cellphone contact number or at CVMC Telemedicine messenger Reads, understands and agrees to the Telemedicine Consent or clarifies if necessary Provides necessary information.	2. Receives client's message 1.10 Informs the client of the availability of face to face and online consultation and both of its policies and protocols 1.11 Instructs the client to ask for Telemedicine Consent at the CVMC Telemedicine Facebook Messenger for clients who uses Short Messaging Services (SMS) 1.12 Sends a copy of the Telemedicine Consent 1.4 Calls the client to get and log the following information: 1.4.1 Complete Name 2.10.3 Age 1.4.3 Address 1.4.4 Old/New 1.4.5 Concern 1.4.6 Contact Details (contact number and or Facebook account) 1.4.7 personal information	None None	minutes minutes tarts after receiving agreement to consent	Nurse on duty Nurse on duty

	as needed in the registration of client. 2.11 Assesses the chief complaint/ concern of the client and triage the client accordingly. 1.5.1 For client assessed as an emergency case, instructs client to go to the nearest emergency room or nearest practicing physician in their locality. 1.5.2 For client with Covid or any epidemic/ endemic/ pandemic related symptoms, instructs to go to their Rural Health Center/Private Medical Institution of choice/ CVMC Garnet Ward for proper assessment and disposition. 1.5.3 For clients with concerns/ inquiry outside of OPD services,			
Accepts the schedule or choose a more convenient schedule				

	gives the contact details of the department/ section/ unit concerned or coordinate for the client whichever is applicable 2.12 Schedule the client on the nearest available schedule 2.13 Forwards schedule to the Telemedicine Secretary 2.14 Prepares the triage slip of the patient 2.15 Forwards the accomplished triage slip to the OPD Records Section Personnel a day prior to the scheduled date of teleconsultation 2.16 Informs the respective clinical department of the scheduled teleconsultation a day prior to consultation	None None	5 minutes 3 minutes	Telemedicine Secretary Nurse on duty
10. Logs in to 10 to 15 minutes prior to expected time of consultation.	4. Verifies from computer if patient has an existing clinical record 4.1 Generates patient's OPD	None	minutes	Outpatient Department (OPD) Records Clerk on duty

	clinical record Retrieve the OPD Clinical Record 4.2 Retrieves existing/previous clinical record of patient, if any. 4.3 Places OPD clinical record of patients to the different pigeon holes 4.4 Logs the borrower's code and scan the barcode of the clinical record. 4.5 Add the client's Facebook Messenger account on the Department's Facebook Messenger.	None	minutes	Telemedicine Secretary/ Nurse on duty
11. Answers the call and honestly answer all the doctor's inquiry and complies with the instructions.	5. Calls the client through video teleconferencing/ video call via messenger or through regular call if not applicable	None	15 minutes	Resident on duty (ROD)
Complies with the discharge/ admission/ referral according his/her proper disposition	4.7 Performs medical management. 4.8 Issues e-Alagang Pinoy Tagubilin for discharged patient 4.9 Refers patient to concerned clinic/ department if for referral	None	30minutes	Resident on duty (ROD)

	4.10 Advices patient to Emergency Department if for emergency admission or Observation (OBS) 4.11 Issues necessary discharge needs such as prescription, laboratory/ ancillary requests. 4.12 Sends the necessary prescriptions/ requests/ Medical certificate through messenger and endorses to the guard on duty for pick-up anytime convenient to the client.	Depends on the requested diagnostic procedures	2 minutes	Telemedicine Secretary/ Nurse on duty
	TOTAL:	None unless with procedure (Refer to Laboratory/ ancillary Procedures Charter)	hour and 20 minutes	

PEARL FACILITY QUARANTINE
Internal Services/External Services

1. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving of admitted patients

Office or Division:	All Departments
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	All Departments

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	3. Receives call, initial endorsement.	None	30 minutes	Nurse
	3.1 Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen guard, IV Stand)	None	30 minutes	Nursing Personnel
	4. Receives endorsement from ER/ Cancer Center Nurse	None	5 minutes	Nurse
	4.1 Takes Vital Signs			
2.4 Cooperates with the Nursing Personnel		None	10 minutes	Nurse
	4.2 Performs patient assessment.			
2.2Ask questions, verifies, and participates		None	10 minutes	Nurse
	4.3 Orients patient and/or watcher			
2.3Cooperates and participates with Nursing Personnel		None	15 minutes	Nurse/Nursing Attendant
	4.4 Performs/assists patient on wearing of hospital gown	None	5 minutes	Nursing Attendant
	4.5 Transfers patient to bed			
	4.6 Inform the Attending Physician regarding admission of patient.	None	10 minutes	Nursing Attendant
		None	10 minutes	Nurse
	TOTAL:	**None**	**2 Hours 40 Minutes**	

2. DISCHARGE PROCESS

This covers the process of discharge process

Office or Division:	All Departments
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	All Departments

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	5. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse
	12. Notifies the patient/ watcher regarding order for discharge.	None	5 minutes	Nurse
a. Returns excess medication to the Pharmacy Section.	12.1 Checks any unused medications and supplies and return it to the Pharmacy Section.	None	10 minutes	Nurse & Nursing Attendant
	13. Checks for completeness of the Patient's chart	None	30 minutes	Nurse
	13.1 The Nursing Attendant brings the Patient's Clinical Record to the following Sections for the clearances: r. Blood Bank Section s. Hemodialysis Section t. Pulmonary Unit	None	30 minutes	Nursing Attendant
	13.2 The Nursing Attendant forwards the Patient's Clinical Record to the Billing Section.	None	30 minutes	Nursing Attendant
14. The watcher receives discharge clearance slip and statement of account.	15. The Billing and Claims Section personnel issues discharge clearance slip and statement of account.	None	60 minutes	Billing Clerk
14.1 The watcher proceeds to the following section for clearance:	15.1 Unit Section Personnel affixes signature for clearance.	None	10 minutes	Billing Clerk; Cashier Personnel; Admitting Personnel

Billing and Claims Unit Cashier Section Admitting and Information – watcher surrenders ID pass				
	16. Retrieves the Patient's Clinical Record from the Billing Section.	None	30 minutes	Nursing Attendant
17. Cooperates with the Nurse. 6.3 Watcher gives the clearance slip and statement of account to the Nurse.	10. Checks for the completeness of signatories in the Discharge Clearance Slip. 10.1 Gives necessary discharge instructions to the patient/ watcher using Alagang Pinoy Tagubilin Form and affixes signature in the Discharge slip 10.2 Removes contraptions, issues second copy of clearance slip and Tagubilin Form. 10.3 Endorses the patient to the Guard on duty for the removal of ID band and surrenders the discharge clearance slip.	None None None None	5 minutes 10 minutes 15 minutes 5 minutes	Nurse Nurse Nurse Nurse/ Nursing Attendant/ Security Personnel
	TOTAL:	**None**	**4 Hours 10 Minutes**	

3. MEDICAL OR SURGICAL PROCEDURE / TREATMENT

This covers the process of medical or surgical procedure/treatment

Office or Division:	All Departments
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy) Informed Consent Request Form (1 Original Copy)	All Departments

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	7. Verifies, checks, and transcribes Doctor's Order. 7.1 Checks for consent for the procedure	None None	15 minutes 5 minutes	Nurse Nurse
	8. Explains the procedure. 8.1 Prepares the necessary equipment and supplies needed. b. Assist in the procedure	None None None	10 minutes 30 minutes 1Hour	Nurse Nursing Personnel Nursing Personnel
	6. Monitors the patient a. Document the procedure done b. Charges the Supplies used	None None None	1Hour 5 minutes 5 minutes	Nurse Nurse Nurse/ Nursing Attendant
	TOTAL:	**None**	**3 hours, 10 minutes**	

PEARL WARD

Internal Services/External Services

1. RECEIVING OF ADMITTED PATIENTS

This covers the process of receiving of admitted patients

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Pearl Ward- Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	1. Receives call, initial endorsement.	None	30 minutes	Nurse
	1.1 Prepares patient's bed/ bassinette and necessary equipment (Oxygen, Oxygen guard, IV Stand)	None	30 minutes	Nursing Personnel
2.	2.Receives endorsement from ER/ OPD Nurse	None	5 minutes	Nurse
2.1 Cooperates with the Nursing Personnel	2.2 Takes Vital Signs	None	10 minutes	Nurse
2.3Ask questions, verifies, and participates	2.3 Perform patient assessment.	None	10 minutes	Nurse
2.4 Cooperates and participates with Nursing Personnel	2.4 Orients patient and/or watcher	None	15 minutes	Nurse/Nursing Attendant
	2.5 Performs/assists patient on wearing of hospital gown	None	5 minutes	Nursing Attendant
	2.6 Transfers patient to bed	None	10 minutes	Nursing Attendant
	2.7 Inform the Attending Physician regarding admission of patient.	None	10 minutes	Nurse
	TOTAL:	**None**	**2 Hours 40 Minutes**	

2. DISCHARGE PROCESS

This covers the process of discharge process

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Patient's Clinical Record (1 original copy)	Pearl Ward- Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Verifies and carries out Doctor's Order.	None	10 minutes	Nurse
2.1 Returns excess medication to the Pharmacy Section.	2. Notifies the patient/ watcher regarding order for discharge. 2.1 Checks any unused medications and supplies and return it to the Pharmacy Section.	None None	5 minutes 10 minutes	Nurse Nurse & Nursing Attendant
	3. Checks for completeness of the Patient's chart. 3.1 The Nursing Attendant brings the Patient's Clinical Record to the following Sections for the clearances: a. Blood Bank Section b. Hemodialysis Section c. Pulmonary Unit	None None	30 minutes 30 minutes	Nurse Nursing Attendant
	3.2 The Nursing Attendant forwards the Patient's Clinical Record to the Billing Section.	None	30 minutes	Nursing Attendant

4. The watcher receives discharge clearance slip and statement of account. 4.1 The watcher proceeds to the following section for clearance: Billing and Claims Unit Cashier Section Admitting and Information – watcher surrenders ID pass	4. The Billing and Claims Section personnel issues discharge clearance slip and statement of account. 4.1 Unit Section Personnel affixes signature for clearance.	None None	60 minutes 10 minutes	Billing Clerk Billing Clerk; Cashier Personnel; Admitting Personnel
None	5. Retrieves the Patient's Clinical Record from the Billing Section.	None	30 minutes	Nursing Attendant
6. Cooperates with the Nurse. 6.1 Watcher gives the clearance slip and statement of account to the Nurse.	6. Checks for the completeness of signatories in the Discharge Clearance Slip. 6.1 Gives necessary discharge instructions to the patient/ watcher using Alagang Pinoy Tagubilin Form and affixes signature in the Discharge slip	None None	5 minutes 10 minutes	Nurse Nurse

	6.2 Removes contraptions, issues second copy of clearance slip and Tagubilin Form. 6.3 Endorses the patient to the Guard on duty for the removal of ID band and surrenders the discharge clearance slip.	None None	15 minutes 5 minutes	Nurse Nurse/ Nursing Attendant/ Security Personnel
	TOTAL:	**None**	**4 Hours 10 Minutes**	

3. MEDICAL OR SURGICAL PROCEDURE / TREATMENT

This covers the process of medical or surgical procedure/treatment

Office or Division:	Department of Medicine
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Patient's Clinical Record (1 original copy) Informed Consent Request Form (1 Original Copy)	Department of Medicine

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Verifies, checks, and transcribes Doctor's Order. 1.1 Checks for consent for the procedure	None None	15 minutes 5 minutes	Nurse Nurse
None	2. Explains the procedure. 2.1 Prepares the necessary equipment and supplies needed	None None	10 minutes 30 minutes	Nurse Nursing Personnel
None	2.2 Assist in the procedure	None	1Hour	Nursing Personnel

None	3. Monitors the patient	None	1Hour	Nurse
	3.1 Document the procedure done	None	5 minutes	Nurse
	3.2 Charges the Supplies used	None	5 minutes	Nurse/ Nursing Attendant
	TOTAL:	**None**	**3 hours, 10 minutes**	

PHARMACY SECTION
(MAIN/ BEHAVIOURAL MEDICINE/ OUTPATIENT DEPT)
Internal/External Services

1. DISPENSING OF DRUGS

This covers the process of giving the ordered medication to the Patient/Watcher

Office or Division:	PHARMACY SECTION
Classification:	Simple
Type of Transaction:	G2C – Government to Client
Who may avail:	Out-patient and In-patient
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prescription (1 Original Copy)	Prescribing Physicians per ward

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
IN-PATIENT (For available medicines in the Main Pharmacy)				
1. The Nursing Attendant (NA) on duty brings the prescription/s to the Pharmacy.	1. Receives and checks the prescriptions from the ward.	None	1 minute	Pharmacy Staff
	2. Encodes the medicine/s prescribed to Form 1 system. (Per patient)	None	2 minutes	Pharmacy Staff
	3. Prepares the patient's medicine/s.	None	5 minutes	Pharmacy Staff
4. Pharmacy staff delivers the prepared medicine/s to the ward.	4. Dispenses the medicines to the ward.	None	15 minutes	Pharmacy Staff
OUT-PATIENT (For available medicines in the Main Pharmacy)				
1. The patient/ watcher proceeds to the Pharmacy holding the prescription.	1. Receives and checks the prescription/s.	None	1 minute	Pharmacy Staff
2. The pharmacy staff receives the prescription/s.	2. Writes the corresponding price per medicine and indicate the total cost of medicines and asks the patient/watcher to proceed to the cashier section/refer to Social Service	Medicine fee	5 minutes	Pharmacy Staff/Cashier/Social Worker
3. The patient/ watcher waits for the medicines for dispensing.	3. Prepares and dispense the medicines.	None	5 minutes	Pharmacy Staff
	TOTAL:	**Medicine fee**	**In-Patient: 23 minutes Out-Patient: 11 minutes**	

GENERAL DESCRIPTION	UNIT	SELLING PRICE
Acetylcisteine 200mg	sachet/or effarvescent tablet	20.44
Acetylcisteine 200mg/ml, 25ml (IV infusion)	bottle	2,109.30
Acetylcisteine 600mg	sachet/or effarvescent tablet	46.20
Acetylcysteine 100mg/ml,3ml solution for inhalation	ampule	122.26
Acyclovir 25mg/mL, 10mL IV infusion	vial	1,187.92
Acyclovir 400mg	tablet	42.56
ALL-IN-One Admixtures (3 in 1)1,400Kcal	pack	3,743.90
Aminophylline 25mg/ml, 10ml (IV)	ampule	63.00
Amiodarone 50mg/ml, 3ml (IV) (as HCl)	ampule	552.60
Amlodipine 10mg (as Besylate or Camsylate)	tablet	6.72
Amlodipine 5mg (as Besylate or Camsylate)	tablet	4.20
Amoxicillin 500mg (as Trihydrate)	capsule	8.40
Amphotericin B 50mg lyophilized powder, vial (Non-Lipid)	vial	2,807.80
Amphotericin B(Lipid Complex) 50mg, vial	vial	12,653.66
Ampicillin 1g (IM,IV) (as Sodium salt)	vial	67.20
Ampicillin 500mg (IM,IV) (as Sodium salt)	vial	75.20
Ampicillin Sulbactam (1000mg Ampicillin + 500mg Sulbactam) (as Sodium salt)	vial	387.00
Ampicillin Sulbactam (500mg Ampicillin + 250mg Sulbactam) (IM,IV) (as Na salt)	vial	267.00
Anti Rabies serum (equine) 200 IU/mL, 5ml	vial	1,710.00
Aripiprazole 10mg	tablet	82.40
Ascorbic Acid 100mg/5ml, 60ml syrup	bottle	98.60
Ascorbic Acid 100mg/ml, 15ml drops	bottle	68.60
Ascorbic Acid 500mg	tablet	5.60
Asparaginase 10,000 IU Lyophilized powder	vial	1,415.75
Aspirin 80mg	tablet	5.60
Atenolol 50mg	tablet	7.70
Atorvastatin 20mg	tablet	19.60
Atorvastatin 80mg	tablet	29.57
Atracurium Besylate 10mg/ml, 2.5ml (IV)	ampule	291.00
Azathioprine 50mg tablet	tablet	53.79
Azithromycin 500mg (as base/as dihydrate) **or monohydrate**	tablet	108.57
Azithromycin 500mg powder (IV infusion) (as base/ as Dihydrate)	vial	618.41
Benzathine Benzyl Penicillin 1.2M units	vial	243.00
Betahistine 8mg	tablet	33.60

Betahistine 16mg	tablet	48.30
Betahistine 24mg	tablet	59.50
Betamethasone cream 0.1%, 5g	tube	193.80
Bisacodyl 10mg adult	suppository	82.35
Bisacodyl 5mg	tablet	14.00
Brimonidine eye drops 0.15%, 5ml as tartrate	bottle	1,095.00
Brinzolamide 1% eye drops, 5mL	bottle	1,285.40
Budesonide 250mcg/ml, 2ml (unit dose)	nebule	76.50
Budesonide + Formoterol 160/4.5mcg/ unit dose	MDI	965.52
Bupivacaine 0.5%, 10ml/amp (as Hcl)	ampule	401.70
Bupivacaine 0.5%, 4ml (spinal) w/ 8 dextrose	ampule	563.40
Calcium Carbonate + Vitamin D3 600mg tab	tablet	8.68
Calcium Gluconate 10%, 10ml (IV)	ampule	211.80
Capecitabine 500mg	tablet	70.00
Captopril 25mg	tablet	4.20
Carboplatin 450mg	vial	2,002.30
Carboprost 125mcg/0.5ml solution for injection 0.5ml	ampule	361.80
Carvedilol 25mg	tablet	10.16
Carvedilol 6.25mg	tablet	7.00
Cefazolin 1g (IM,IV) (as Sodium salt)	vial	273.00
Cefepime 1g (IM,IV) (as Hcl)	vial	390.00
Cefixime 100mg/5ml, 60ml granules suspension, 60ml	bottle	215.10
Cefixime 200mg	capsule	43.40
Cefotaxime 500mg (as Sodium salt)+ 2ml diluent	vial	903.60
Cefoxitin 1g (IM,IV) (as Sodium salt)	vial	975.00
Ceftazidime 1g (as Pentahydrate)	vial	267.00
Ceftriaxone 1g (as Disodium/ Sodium salt)	vial	456.60
Cefuroxime 1.5g	vial	136.08
Cefuroxime 500mg (as Axetil)	tablet	61.60
Cefuroxime 750mg (IM,IV) (as Sodium salt)	vial	122.00
Celecoxib 200mg	capsule	26.60
Celecoxib 400mg	capsule	35.00
Cetirizine 10mg (as Dihydrochloride)	tablet	6.30
Cetirizine 10mg/ml drops, 10ml (as Dihydrochloride)	bottle	98.76
Chlorpromazine 100mg (as HCl)	tablet	7.88
Chlorpromazine 200mg (as HCl)	tablet	11.82
Cilostazole 100mg	tablet	31.50
Cilostazole 50mg	tablet	15.96
Ciprofloxacin 2mg/ml, 100ml (as Lactate) IV infusion	vial	304.30
Clarithromycin 250mg/5ml, 50ml powder for suspension	bottle	639.00
Clarithromycin 500mg as base	tablet	60.06

Clarithromycin 250mg as base	tablet	28.00
Clindamycin 150mg/ml, 4ml (IM,IV) (as PO4)	ampule	459.00
Clindamycin 300mg	capsule	51.80
Clindamycin 75mg/5ml granules for suspension, 60ml (as Palmitate HCl)	bottle	482.14
Clonazepam 2mg	tablet	12.03
Clonidine 150mcg (as HCl)	tablet	18.33
Clonidine 75mcg (as HCl)	tablet	73.25
Clopidogrel 75mg	tablet	25.90
Clozapine 100mg	tablet	11.54
Co-Amoxiclav 400mg/57mg/5ml,70ml granules/powder for suspension	bottle	389.40
Co-Amoxiclav 625 mg (as Trihydrate)	tablet	26.60
Colchicine 500mcg	tablet	5.74
Cyclophosphamide 1g (IV)	vial	435.00
Cyclophosphamide 500mg (IV)	vial	279.00
Dextran 70 6% dextran 70 in 0.9% NaCl, 500ml	bottle	490.20
Dextrose 10% in Water 500ml (D10W)	bottle	75.17
Dextrose 5% 0.3 NaCl 500ml (D5 0.3NaCl)	bottle	102.50
Dextrose 5% 0.9 NaCl 1L (D5NSS)	bottle	122.00
Dextrose 5% Balance multiple maint.sol'n 500ml (D5IMB)	bottle	102.50
Dextrose 5% Balanced Multiple Maint. Sol'n. 1000Ml (D5NM)	bottle	95.71
Dextrose 5% Balanced Multiple Replacement. Sol'n. 1000Ml (D5NR)	bottle	89.50
Dextrose 5% in Lactated Ringers 1000ml (D5LRS)	bottle	115.50
Dextrose 5% in Water 1000ml (D5W)	bottle	115.50
Dextrose 5% in Water 500ml (D5W)	bottle	124.99
Dextrose 5% in Water 500ml (Glass)	bottle	109.00
Dextrose 50% in Water 50ml (D50-50)	bottle	40.60
Diazepam 5mg/ml, 2ml (IM,IV)	ampule	180.86
Digoxin 250mcg (0.25mg)	tablet	9.80
Digoxin 250mcg/ml, 2ml (IM,IV)	ampule	387.00
Digoxin 50mcg (0.05mg)/ml elixir, 60ml	bottle	896.76
Diltiazem 60mg (as Hydrochloride)	tablet	25.90
Dobutamine 50 mg/ml, 5ml (IV) (as HCl)	vial/**amp**	603.00
Docetaxel 20mg/0.5ml, 0.5ml	vial	1,330.50
Docetaxel 40mg/ml, 2ml	vial	3,657.00
Dopamine 40mg/ml, 5ml (IV) (as HCl)	amp/vial	296.40
Doxorubicin 50mg (IV) as HCl	vial	674.78
Doxycycline 100mg (as Hyclate)	capsule	19.84
Enalapril 5mg	tablet	12.18
Enoxaparin Sodium 100mg/ml, 0.2ml	p. syringe	589.80
Enoxaparin Sodium 100mg/ml, 0.4ml	p. syringe	967.80
Enoxaparin Sodium 100mg/ml, 0.6ml	p. syringe	948.60

Epinephrine 1mg/ml, 1ml (IM,SC) (as Hydrochloride)	ampule	109.00
Epoetin Alfa 10,000 IU/ml (Recombinant Human erythropoetin)	p. syringe	1,718.80
Epoetin alfa 4000iu/0.4ml,IV,SC(recombinant human erythropoetin) **or 1ml**	p.syringe	681.00
Ertapenem 1g vial (as sodium salt) (IM,IV)	vial	3,215.88
Escitalopram 10mg	tablet	252.60
Esmolol (as Hcl) 10mg/ml, 10ml	vial	507.36
Fenofibrate 160mg	tablet	42.35
Fentanyl 50mcg/ml, 10ml (IV) (as Citrate)	ampule	292.20
Fentanyl 50mcg/ml, 2ml (IV) (as Citrate)	ampule	464.33
Ferrous Salt + folic acid 60mg elemental iron+ 400mcg FA)	tab	1.27
Ferrous Salt 15mg elemental iron/0.6ml drops, 15ml	bottle	33.38
Ferrous Sulfate syrup 30mg elemental iron/5ml, 60ml syrup	bottle	-
Filgrastim 300mcg +1.2ml	vial	1,864.00
Finasteride 5mg	tablet	16.80
Fluconazole 200mg	capsule	455.03
Fluoxetin 20mg dispersal	tab/cap	32.16
Fluphenazine 25 mg/mL (as decanoate), 1 mL ampule	ampule	101.43
Fluticasone + Salmeterol 250mcg+25mcgx120 actuations	MDI	485.40
Fluticasone + Salmeterol 250mcg+50mcgx28 doses and 60 doses with dispenser	DPI	524.54
Fluticasone propionate nasal spray	spray	805.80
Fondaparinux 2.5mg/0.5ml solution (as Sodium salt)	p.syringe	1,385.50
Fosfomycin 3g granules for solution	bottle	510.00
Furosemide 10mg/ml,2ml soln for inj.	ampule	28.00
Gabapentine 100mg	capsule	28.00
Gabapentine 300mg	capsule	28.00
Gadobutrol 1.0 mmol/mL	vial	2,535.00
Gemcitabine 1g	vial	3,400.70
Gemcitabine 200mg	vial	881.40
Gentamycin 40mg/ml, 2ml (IM,IV) (as SO4)	amp/vial	20.83
Gliclazide 30mg MR	tablet	9.30
Gliclazide 80mg	tablet	7.00
Haloperidol 5mg	tablet	37.65
Haloperidol 5mg/ml, 1ml	ampule	891.00
Heparin Standard 1000IU/ml, 5ml (IV as Sodium salt)	ampule/**vial**	177.00
Hepatitis B Vaccine (Recombinant DNA) 20mcg/ml, 1ml (pedia)	vial	390.00
Human Albumin 20%, 50ml	vial	2,425.00
Hydralazine 20mg/ml, 1ml (IM,IV) (as Hcl)	ampule	293.40
Hydrocortisone 125mg/ml, 2ml (IV) (as Sodium Succinate)	vial	378.00
Hydrocortisone 50mg/ml, 2ml (IV) (as Sodium Succinate)	vial	212.34
Hydroxyethylstarch 6% solution 500ml bottle IV	bottle/**bag**	951.00

Hyoscine 20mg/ml, 1ml (IM,IV,SC) (as N-Butyl Bromide)	ampule	49.00
Ibuprofen 200mg	tablet	5.32
Ibuprofen 400mg	tablet	4.34
Immunoglobulin Normal, Human 50ml (IVIG)	bottle	7,815.00
Influenza Polyvalent Vaccine 0.5 ml vial+ prefilled syringe	p. syringe	735.72
Iopamidol 755mg/ml equiv. to 370mg iodine, 50ml	vial	1,985.00
Ipratropium + Salbutamol 500 mcg+2.5 mg, 2.5ml/ unit dose	nebule	45.50
Ipratropium + Salbutamol 20mcg+ 100mcg x 200 doses x 10ml	MDI	1,435.00
Iron Sucrose 20mg/ml,5ml	ampule	255.00
Isoflurane 100ml	bottle	2,645.00
Isoniazid + Rifampicin + Pyrazinamide + Ethambutol 75mg + 150mg +400mg + 275mg	tablet	12.60
Isoniazid + Rifampicin 75mcg+150mg	tablet	15.40
Isosorbide- 5- Mononitrate 30mg MR	capsule	7.70
Isosorbide- 5- Mononitrate 60mg MR	capsule	10.78
Isosorbide dinitrate 10mg	tablet	13.86
Isosorbide dinitrate 5mg SL	tablet	13.73
Isoxsuprine 5mg/ml, 2ml	ampule	327.00
Ketamine HCl 50mg/ml, 10ml (IM,IV)	vial	1,763.90
Ketorolac 30mg/ml, 1ml (IM,IV) (asTrometamol)	ampule	35.00
Lactulose 3.3g/5ml (66% syrup), 120ml	bottle	267.00
Lagundi 300mg	tablet	3.78
Lamotrigine 100mg	tablet	26.60
Latanoprost 50mcg/2.5mL (0.005%) eye drops	bottle	1,083.00
Levetiracetam 250mg tablet	tablet	28.49
Levetiracetam 500mg tablet	tablet	47.60
Levetiracetam 500mg/5ml	vial	2,213.80
Levodopa + Carbidopa 100mg + 25mg tablet	tablet	21.56
Levodopa + Carbidopa 250mg + 25mg tablet	tablet	34.71
Levofloxacin 500mg	tablet	53.20
Levofloxacin 5mg/ml solution for IV infusion, 100ml	vial	1,173.00
Levofloxacin 750mg	tablet	58.80
Levofloxacin eye drops 5mg/ml	bottle	407.04
Levothyroxine 100mcg (as Anhydrous Sodium)	tablet	11.20
Levothyroxine 50mg	tablet	8.40
Lidocaine 2%, 5ml (as HCl)	ampule	64.40
Lidocaine spray 10%, 50ml (as HCl)	bottle	2,970.60
Linezolid 2mg/ml (600 mg/300ml) solution for infusion IV	vial	4,682.75
Linezolid 600 mg film coated tablet	tablet	4,437.12
Lipids 20% 250ml	bottle	1,064.40
Loperamide 2mg	capsule	5.32
Loratadine 10mg	tablet	12.60

Losartan + Hydrochlorothiazide 50mg +12.5mg	tablet	8.40
Losartan 100mg (as Potassium salt)	tablet	11.90
Losartan 50mg (as Potassium salt)	tablet	12.60
Magnesium Sulfate 250mg/ml, 20ml (IM,IV) (as Heptahydrate)	vial	30.80
Mannitol 20%, 500ml (IV)	bottle	201.00
Medroxyprogesterone Acetate 10 mg tablet	tablet	104.10
Mefenamic Acid 250mg	capsule	4.40
Mefenamic Acid 500mg	capsule	15.12
Meropenem 1g (IV) (as Trihydrate)	vial	1,035.00
Meropenem 500mg (IV) (as Trihydrate)	vial	675.00
Metformin 500mg (as HCl)	tablet	10.61
Methimazole 5mg tablet	tablet	15.33
Methyldopa 250mg	tablet	26.60
Methylergometrine Maleate 200mcg/ml, 1ml(IM,IV) (as Hydrogen Maleate or Maleate)	ampule	88.20
Methylprednisolone 125mg/ml, 2ml + diluent (IM,IV) Iv infusion (as Na succinate)	vial	825.16
Methylprednisolone 1g/16ml	vial	3,593.75
Methylprednisolone 500mg/7.7ml + Diluent Vial	vial	2,758.85
Methyprednisolone 16mg	tablet	37.80
Methyprednisolone 4mg	tablet	18.03
Metoclopromide 10mg	tablet	11.20
Metoclopromide 5mg/ml, 2ml (IM,IV) (as Base & HCl)	ampule	30.80
Metoprolol 100mg (as Tartrate)	tablet	6.30
Metoprolol 50mg (as Tartrate)	tablet	4.20
Metronidazole 500mg	tablet	27.99
Metronidazole 5mg/ml, 100ml IV infusion	vial	79.10
Midazolam 1mg/ml, 5ml (IM,IV)	ampule	114.98
Midazolam 5mg/ml, 3ml (IM,IV)	ampule	722.98
Montelukast 10mg (as Sodium)	tablet	12.14
Montelukast 5mg (as Sodium)chewable tablet	tablet	16.80
Morphine 10mg/ml, 1ml (IM,IV,SC) (as Sulfate)	ampule	96.00
Multivitamins cap	cap	6.86
Multivitamins per 1ml, 15ml drops	bottle	-
Mycophenolate Mofetil 500mg	tablet	83.65
Nalbuphine 10mg/ml, 1ml (IM,IV,SC) (as HCl)	ampule	138.34
Naloxone 400mcg/ml, 1ml (IM,IV,SC) (as HCl)	ampule	341.98
Nicardipine 1mg/ml, 10ml (IV) (as HCl)	ampule	807.00
Nifedipine 10mg	capsule	9.80
Norepinephrine 1mg/ml, 2ml (IV infusion) (as Bitartrate)	ampule	267.00
Norepinephrine 1mg/ml, 4ml (IV infusion) (as Bitartrate)	ampule	495.00
Norepinephrine Bitartrate 2mg/ml, 4ml	ampule	1,986.72

Octreotide 100mcg/mL(as acetate), 1mL IV infusion	ampule	795.00
Octreotide 500mcg/mL(as acetate), 1mL IV infusion	ampule	2,708.80
Olanzapine 10mg ODT	tablet	42.70
Omeprazole 20mg	capsule	26.74
Omeprazole 40mg	capsule	118.49
Omeprazole 40mg + 10ml solvent (IV)	ampule	417.00
Ondansetron 2mg/ml, 2ml (IM,IV)	ampule	891.00
Ondansetron 2mg/ml, 4ml (IM,IV)	ampule	555.00
Ondansetron 8mg tablet (as Hydrocloride dihydrate)	tablet	96.00
Oxacillin 500mg	vial	171.00
Paclitaxel 30mg (6MG/ML,5ML)	vial	1,133.40
Paclitaxel 6mg/ml,16.7ml (100mg vial)	vial	1,710.00
Paliperidone 150 mg/1.5 mL prolonged-release suspension for injection (IM	ampule	8,335.74
Paracetamol 10mg/ml, 100ml solution for infusion (IV)	vial	255.00
Paracetamol 500mg	tablet	3.15
Penicillin G Crystalline (Benzylpenicillin) 1M "u" vl. (IM,IV) (as Sodium)	vial	25.20
Pethidine (Meperiden) 50mg/ml, 2ml (Im, IV, SC) (as HCl)	ampule	198.46
Phenytoin 100mg (as Sodium salt)	capsule	43.40
Phenytoin 125mg/5mL, 120mL as sodium salt	bottle	463.80
Phenytoin 50mg/ml, 2ml (IV)(as Sodium salt)	ampule	795.00
Phytomenadione (Phytonadione, vit.K1)10mg/ml, 1ml (IM,IV)	ampule	64.25
Piperacillin+Tazobactam (2g Piperacillin+250mg Tazobactam)	vial	387.00
Piperacillin+Tazobactam (4g Piperacillin+500mg Tazobactam)(IV infusion) (as Na)	vial	369.00
Plain Lactated Ringers Solution 1000ml (PLRS)	bottle	97.95
Polymixin B 500,000 IU powder solutions for injection (as sulfate) 5mL (Intrathecal,IM,IV)	vial	2,996.01
Potassium (as citrate) 10Meq	tablet	16.80
Potassium Chloride 2mEq/ml, 20ml (IV infusion)	vial	79.10
Propofol 10mg/ml, 20ml IV	amp/vial	549.00
Propranolol 10mg (as HCl)	tablet	8.89
Propranolol 40mg (as HCl)	tablet	33.60
Propylthiouracil 50mg	tablet	18.20
Quetiapine 100mg	tablet	37.10
Quetiapine 200mg	tablet	45.02
Quetiapine 25mg	tablet	24.50
Rabies Vaccine, Chick embryo cell(purified,inactivated) 2.5 iu/mL, 1 dose vial+1mL diluent (ID,IM)	vial	1,577.89
Ranitidine 25mg/ml, 2ml(IM,IV, IV infusion) (as HCl)	ampule	33.29
Rifaximin 200mg	tablet	95.38
Risperidone 2mg	tablet	36.69
Rocuronium Bromide 10mg/ml, 5ml (IV)	amp/vial	276.82
Ropivacaine 10mg/ml, 10ml (IV)	ampule	465.17

Rosuvastatin 10mg	tablet	20.37
Rosuvastatin 20mg	tablet	31.28
Sacubitril+Valsartan 100mg	tablet	76.81
Sacubitril+Valsartan 50mg	tablet	76.81
Salbutamol 1mg/ml, 2.5ml (unit dose) (as Sulfate)	nebule	25.20
Salbutamol 2mg/5ml, 60ml syrup (asSulfate)	bottle	58.80
Salbutamol 100mcg per dose x 200 actuations	MD!	177.00
Sambong 500mg	tablet	9.10
Setraline 50mg	tablet	11.09
Sevelamer 800mg film coated	tablet	54.31
Sevoflurane 250ml	vial	9,465.00
Silver Sulfadiazine Cream 1% 500g (micronized)	jar	1,170.58
Simvastatin 20mg	tablet	5.60
Simvastatin 40mg	tablet	8.40
Sodium Bicarbonate 1mEq/ml, 50ml(IV)	amp/vial	144.60
Sodium Bicarbonate 1mEq/ml, 20ml(IV)	amp/vial	80.63
Sodium chloride 0.9% (Plain NSS) 1000ml, for irrigation	bottle	115.50
Sodium chloride 0.9% (Plain NSS) 1000ml, IV	bottle	115.50
Sodium chloride 0.9%, 50ml	ampule	63.00
Sodium Chloride 2.5mEq/ml, 20ml	vial	33.88
Sodium Chloride 9% (PNSS) 500ml	bottle	159.00
Sodium chloride 9% bottle 100mL (Plain NSS 100ml)	bottle	88.20
Sodium Hyaluronate Ophthalmic Solution (0.1%) (mg/ml), 5ml bottle	bottle	292.44
Spironolactone 100mg	tablet	48.17
Spironolactone 25mg	tablet	189.00
Spironolactone 50mg	tablet	38.44
Succinylcholine 20mg/ml, 10ml (Suxamethonium)	vial	375.00
Sucralfate 1g	tablet	46.20
Tamsulosin 200mcg (as HCl)	tablet/**capsule**	59.19
Tamsulosin 400mcg (as HCl) prolonged release Film coated	tablet/**capsule**	30.45
Tetanus Toxoid 0.5ml (IM)	ampule	109.00
Thiopental Sodium 500mg powder for injection	vial	1,276.60
Timolol eye drops solution 0.5%,5ml	bottle	465.00
Tiotropium 18mcg/dose (as Br) w/ appropriate accompanying dispenser	canister	88.47
Tobramycin + Dexamethasone 0.3/0.1 5ml eyedrops	bottle	603.00
Tobramycin + Dexamethasone 0.3/0.1 eye ointment	tube	559.00
Tobramycin Ophthalmic drops 0.3%, 5ml	bottle	435.00
Tocilizumab 20mg/ml 20ml (400mg)	vial	21,615.00
Topiramate 25mg	tablet	38.50
Tramadol 50mg (as HCl)	capsule	25.20
Tramadol 50mg/ml, 2ml (IM,IV, SC) (as HCl) **or Tramadol 100mg/2ml**	ampule	128.50

Tranexamic Acid 100mg/ml, 5ml (IM,IV)	ampule	171.00
Tranexamic Acid 500mg	capsule	68.59
Trimetazidine 35mg	tablet	18.66
Tropicamide + Phenylephrine HCl 5mg/5ml (fixed dose combination) eye drop 10ml	bottle	602.81
Ursodeoxycholic Acid 250mg	capsule	61.04
Valproic acid 250mg	tablet	26.59
Valproic acid 500mg	tablet	21.00
Vancomycin 1g (IV) (as HCl)	vial	1,655.00
Vancomycin 500mg (IV) (as HCl)	vial	1,209.00
Verapamil 240mg (as Hydrochloride)	tablet	82.18
Vitamin B Complex 100mg+100mg+1mg per 3ml (IV)	ampule	49.00
Voriconazole 200mg lyophillized powder for solution, 30mL IV infusion	vial	5,799.58
Water for injection (Sterile Water for Injection), 50ml vial	vial	109.00
Zinc (equiv. to 10mg elemental/mL),15mL oral drops	bottle	89.50
Zinc (equiv. to 20mg elemental/mL),60mL syrups	bottle	115.50
Zoledronic Acid 4mg/5ml for IV infussion	vial	4,515.00

2. RETURNING OF MEDICINES

This covers the process of the return of unused drugs and medicine of In-Patients from the wards and Out-Patient

Office or Division:		PHARMACY SECTION		
Classification:		Simple		
Type of Transaction:		G2C – Government to Client		
Who may avail:		Out-patient and In-patient		
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
None				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
IN-PATIENT				
1. Nursing staff proceeds to Pharmacy	1. Receives and checks the returned medicine/s in good condition.	None	5 minutes	Pharmacy Staff
2. The Nursing staff fills-out the return form for Unused Drugs and Medicines (PH-028-2)	2. Verify the returned medications versus the Unused Drugs and Medicines (PH-028-2)	None	3 minutes	Pharmacy Staff
	3. Return of medicines to Form 1 System.	None	3 minutes	Pharmacy Staff
OUT-PATIENT				
1. Patient/watcher	1 Receives and checks	None	5	Pharmacy Staff

proceeds to Pharmacy	. the returned medicine/s.		minutes	
2. Patient/watcher waits for the instruction	2 Prepares the . reimbursement form	None	5 minutes	Pharmacy Staff
3. Patient/watcher submits the reimbursement form and official receipt	3 Instructs the . Patient/watcher to proceed to cashier.	None	1 minute	Cashier
	TOTAL:	**None**	**In-Patient: 11 minutes Out-Patient:11 minutes**	

PLANNING AND MANAGEMENT UNIT
Internal and External Services

1. **RECEIVING AND RELEASING OF OFFICE CORRESPONDENCE**

This covers the process of receiving and releasing of Office Correspondence

Office or Division:	PLANNING AND MANAGEMENT UNIT (PMU)
Classification:	Simple
Type of Transaction:	G2C G2G
Who may avail:	External and Internal Clients
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
None	Not Applicable

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client shall forward the office correspondence to the PMU office.	1. Receive office correspondence with stamp received and affix signature and date received.	None	1 minute	Planning Assistant
	2. Assess and sort correspondence according to its urgency and confidentiality and attached endorsement slip to the office correspondence and forward to Unit Head	None	5 minutes	Planning Assistant
	3. Review and act on the office correspondence.	None	5 minutes	Planning Officer III (Unit Head)
	4. Inform concerned clients regarding the office correspondence through text messages or phone call and forward the correspondence.	None	1 working day	Planning Assistant
2. Client shall receive the office correspondence and log his/her name and other information needed in the appropriate logbook.	1. Check the completeness and correctness of the information logged in the logbook.	None	1 min.	Planning Assistant
	TOTAL:	none	1 working day and 12 minutes	

PROCUREMENT SECTION
Internal Services/ External Services

1. Preparation of Purchase Orders / Job Order

This covers the process of preparation of Purchase Orders / Job Order

Office or Division:	Procurement Section
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Internal / External Clients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Bid Items/Supplies	
Performance Bond (1 Original Copy)	BAC Office
BAC Resolution for Award as LCRB(1 Original Copy)	BAC Office
Notice of Award (1 Original Copy)	BAC Office
Approved Purchase Request (PR) (1 Original Copy)	BAC Office
Budget Utilization Request (BUR) (1 Original Copy)	Budget Office
Duly accomplished Requisition and Issue Slip (RIS) (1 Original Copy)	End User
For bid equipment	
Performance Bond (1 Original Copy)	BAC Office
BAC Resolution for Award as LCRB (1 Original Copy)	BAC Office
Notice of Award (1 Original Copy)	BAC Office
Evaluation report (1 Original Copy)	BAC Office
Supplemental bid bulletin (if any) (1 Original Copy)	BAC Office
Eligibility documents (1 Original Copy)	BAC Office
Budget Utilization Request (BUR) (1 Original Copy)	Budget Office
Approved Purchase Request (PR) (1 Original Copy)	BAC Office
Duly accomplished Requisition and Issue Slip (RIS) (1 Original Copy)	End User
For Other modes or procurement:	
For purchases below P50,000.00	Budget Office
Budget Utilization Request (BUR) (1 Original Copy)	BAC Office
Requests for Quotation (RFQ) (1 Original Copy)	BAC Office
Abstract of Quotation (AOQ) (1 Original Copy)	BAC Office
Approved Purchase Request (PR) (1 Original Copy)	End User
Duly accomplished Requisition and Issue Slip (RIS) (1 Original Copy)	BAC Office
For purchases above P50,000.00 – P 999,999.00	BAC Office
BAC Resolution for Award as LCRB (1 Original Copy)	BAC Office
Philgeps Posting (1 Original Copy)	Budget Office
Philgeps Certificate (1 Original Copy)	BAC Office
Budget Utilization Request (BUR) (1 Original Copy)	BAC Office
Requests for Quotation (RFQ) (1 Original Copy)	BAC Office
Abstract of Quotation (AOQ) (1 Original Copy)	End User
Approved Purchase Request (PR) (1 Original Copy)	
Duly accomplished Requisition and Issue Slip (RIS) (1 Original Copy)	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Budget Staff gives the BUR and other pertinent documents to Procurement Staff	1. 1. Receives BUR and checks completeness of documents	ne	15 minutes	Procurement Staff-in-Charge
2. None	2. Prepares Purchase Order/Job Order	None	Hour	Procurement Staff-in-Charge
3. None	3. Records the Purchase Order/Job Order and forward to Accounting Section	None	minutes	Procurement Staff-in-Charge
	TOTAL:	**None**	**1 Hour, 30 Minutes**	

2. Release of Purchase Orders / Job Order

This covers the process of release of Purchase Orders / Job Order

Office or Division:	Procurement Section
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Suppliers / Contractors
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Purchase order (1 Original Copy)	Procurement Office

CLIENT STEPS	GENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. OMCC Staff gives the approved Purchase Order/ Job Order	1. Receives approved Purchase Order/Job Order	None	15 minutes	Procurement Staff-in-Charge

2. Client goes to Procurement to receive approved Purchase Order/ Job Order	2. Releases approved Purchase Order/Job Order to client	None	15 minutes	Procurement Staff-in-Charge
3. None	3. Records the received Purchase Order/Job Order and forwards to Materials Management Section	None	1 hour	Procurement Staff-in-Charge
	TOTAL:	**None**	**1 Hour, 30 minutes**	

3. Preparation and Release of Notice to Proceed (if applicable)

This covers the process of preparation and release of Notice to Proceed (if applicable)

Office or Division:	Procurement Section
Classification:	Highly Technical
Type of Transaction:	G2C - Government to Citizen G2G - Government to Government
Who may avail:	Suppliers / Contractors
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Purchase order (7 Original Copies)	Procurement Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. OMCC Staff gives the approved Purchase Order/ Job Order	1. Receives approved Purchase Order/Job Order	None	15 minutes	Procurement Staff-in-Charge
2. None	2. Prepares Notice to Proceed	None	7 days after approval of Purchase Order	Procurement Staff-in-Charge
3. Client goes to Procurement to	3. Releases approved	None	15 minutes	Procurement Staff-in-Charge

receive approved Purchase Order with Notice to Proceed	Purchase Order to client			
4. None	4. Records the received Purchase Order with Notice to Proceed and forwards to Materials Management Section	ne	1 hour	Procurement Staff-in-Charge
	TOTAL:	**None**	**7 days, 1 hour, 30 minutes**	

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Fill-up feedback form and drop it to the designated drop boxes
How feedback is processed	Feedbacks are collated by each section. The ARTA Compliance Team shall collect, summarize and submit it to the ARTA Chair for Recommendation to the Medical Center Chief. Negative comments shall be acted immediately by informing the concerned section.
How to file a complaint	Fill up complaint form and submit to the Public Assistance and Complaint Desk or file directly to the Office of the Medical Center Chief.
How complaints are processed	An investigation will be conducted. Complainant will be informed on the action taken through text/email/letter.
Contact Information of CCB, PCC, ARTA	CCB-09088816565 PCC-8888 ARTA-02-4785093

HOSPITAL DIRECTORY

Office	Address	Contact Information
ACCOUNTING SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1074,1075,8009
ADMITTING SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1051,1050
BILLING AND CLAIMS UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1052,1053,1054
BLOOD BANK AND BLOOD TRANSFUSION SERVICES	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6502,6503
BUDGET SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1073,8008
CASHIER SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1045,1046,8010
CENTRAL SUPPLY ROOM	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1011,1013,8020
CONSIGNMENT PHARMACY SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1089
DELIVERY ROOM	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1010,1009
DENTAL SERVICE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6026,6033
DEPARTMENT OF ANESTHESIOLGY	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2043,1037
DEPARTMENT OF BEHAVIORAL MEDICINE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6100,6106,6105
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 Local 6038,6003
DEPARTMENT OF MEDICINE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1000
DEPARTMENT OF NUCLEAR MEDICINE SERVICES	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	09350748543 078-302-0000 local 3019
DEPARTMENT OF OPHTHALMOLOGY	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6012
DEPARTMENT OF ORTHOPEDICS	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6013
DEPARTMENT OF OTORHINOLARYNGOLOGY-HEAD AND NECK SURGERY	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6002
DEPARTMENT OF PATHOLOGY AND LABORATORY SERVICES	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1015, 6501
DEPARTMENT OF PEDIATRICS	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 8014,6014
DEPARTMENT OF RADIOLOGY	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1066, 1067
DEPARTMENT OF SURGERY	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1003, 6020

EMERGENCY DEPARTMENT (ED)	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1047,1061,1057
ENDOSCOPY UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2037
ENGINEERING AND FACILITIES MANAGEMENT SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 4006
GERIATRICS WARD	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6506, 6413
CVMC TREATMENT HUB-HACT UNIT (CAGAYAN VALLEY HAVEN OF HOPE)	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1084
HEMODIALYSIS UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2027
HEALTH EMERGENCY MANAGEMENT STAFF	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1088
HEALTH INFORMATION MANAGEMENT SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2022
HUMAN RESOURCE MANAGEMENT SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2029
INTEGRATED HOSPITAL OPERATIONS MANAGEMENT PROGRAM UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2009
INTENSIVE CARE UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2034
LINEN AND LAUNDRY UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 4007
LUNG/PULMONARY UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1019,6509
CARDIOVASCULAR UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1022, 6510
MATERIALS AND MANAGEMENT SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 4000, 4001, 4004
MED ONCOLOGY UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 loc 3004, 3010
MEDICAL WARD	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1025
NEONATAL INTENSIVE CARE UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1004, 1005
NIGHTINGALE WARD	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 3022
NUTRITION AND DIETETICS SERVICE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6500
OB-GYNE DEPARTMENT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 8016, 1029
OFFICE OF THE ASSISTANT CHIEF NURSE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6516
OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2019, 2020
OFFICE OF THE CHIEF MEDICAL AND PROFESSIONAL STAFF II	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6027
CHIEF NURSING OFFICE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2013,2014

OFFICE OF THE FINANCIAL AND MANAGEMENT OFFICER II	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1076
OFFICE OF THE MEDICAL CENTER CHIEF (OMCC)	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2024, 2025
OPD MEDICAL RECORDS UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6018, 6017
OPERATING ROOM	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2046, 2048
OUTPATIENT DEPARTMENT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6001, 6010, 8007
PAYWARDS	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 6511
PEDIATRICS WARD	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1027, 1028
PHARMACY SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1077, 1079,1078
PEDIATRIC INTENSIVE CARE UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1006
POST ANESTHESIA CARE UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2047
PROCUREMENT SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2011
PROFESSIONAL EDUCATION AND TRAINING OFFICE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2017, 2018
PUBLIC ASSISTANCE AND COMPLAINTS DESK	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1065
RADIATION ONCOLOGY	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 3010
REHABILITATION MEDICINE	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2044, 2045
SURGICAL INTENSIVE CARE UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 2054
MEDICAL SOCIAL SERVICE SECTION	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1063, 1064
SURGERY WARD	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 1001, 1002
TB DOTS UNIT	Cagayan Valley Medical Center, Carig Sur Tuguegarao City	078-302-0000 local 3021