# Ignacio L. Arroyo Memorial District Hospital HOSPITAL OPERATIONS DEPARTMENT

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## 1. ADMISSION OF PATIENTS

**Description of the Service:** The department of a hospital responsible for the provision of medical & surgical care to patients arriving at the

OFFICE OF DIVISION	!	Hospital Operations Department				
Classification		Simple				
Type of Transaction		Admission				
Who may avail		General Public				
CHECKLIST O	OF REQUIREMENTS		WHERE TO SEC	CURE		
Doct	tor's Order		Emergency ro	om		
			PROCESSING			
			TIME (under			
			normal			
1			circumstances			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	)	PERSON RESPONSIBLE		
	Present chart for admission, carry out					
	doctor's order and inform station of		1 hour	Nurse 1/ Nursing Attendant		
1. Present required documents	incoming patient			!		
				Station Nurse/ Nursing		
2	Receive patient for admission		15 minutes	Attendant		

## 2. DISCHARGE OF PATIENTS

**Description of the Service:** 

Prepare patient's bills and inform client regarding payment

OFFICE OF DIVISION	Hospital Operations Department			
Classification	Simple			
Type of Transaction	Discharge of patients			
Who may avail		Admitted Patients		
CHECKLIST OF R	EQUIREMENTS		WHERE TO SEC	CURE
Doctor's	Order		Billing section	on
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances )	PERSON RESPONSIBLE
Receive order for discharge from the Doctor	Forward client chart to billing section or list of patients for discharge to cost centers		30 minutes	Nurse/ Nursing Attendant
	Issue Statement of Account (SA) and inform Ward staff to pick up SA	20 minutes	Cost Centers/ Billing Section Staff	
	Distribute SA and advise watcher to settle account or refer to Social Welfare Officer for reclassification, if necessary	Ordinance No. 07-001	20 minutes	Ward Nurse/ Nursing Attendant
Pay amount due and secure clearance from cost centers	Issue Official Receipt and sign clearance		10 minutes	Cashier
Present OR and clearance	Check OR/clearance and issue going-home instructions		10 minutes	Station Nurse
Submit clearance	Check and receive clearance		2 minutes	Security Guard
	TOTAL		I Hour and 32 minutes	

#### 3. DIAGNOSTIC SERVICES

**Description of the Service:** 

Examination where you can see the bones, muscle and more without having to make an incision

OFFICE OF DIVISION		Hospital Operations Depart	ment	
Classification	Radiographic classification			
Type of Transaction	Referred OPD			
Who may avail		Admitted Patients		
CHECKLIST OF RE	QUIREMENTS		WHERE TO SEC	CURE
Request from atte	nding physician	X-RAY Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances )	PERSON RESPONSIBLE
Proceed to diagnostic room and submit requirement	Verify request andn issue Charge Slip			Radiologic Technician/Medical Equipment Technician (RT/MET)
2.Present Charge Slip and pay amount due	Issue Official Receipt	Pls. Refer to Provincial Tax	3 minutes	Cashier
3. Present OR and prepare for the procedure	Get OR details, perform procedure and issue Claim Slip	Ordinance No. 07-001	Variable	RT/MET
4	Process Film		30 minutes	RT/MET
5	Interpret radiographs and prepare results		30 minutes	Radiologist
6. Present Claim Slip	Release result		10 minutes	RT/MET
	TOTAL			

### • X-ray (Monday-Sunday) 24 hours

- o Teresita L. Jalandoni Provincial Hospital
- o Lorenzo D. Zayco District Hospital
- o Cadiz District Hospital
- O Valladolid District Hospital
- o Ignacio L. Arroyo Sr. Memorial District

#### Ultrasound

- o Lorenzo D. Zayco District Hospital ( OB Ultrasound) Sunday, Monday, Tuesday, Wednesday- 8am to 5pm
- o Teresita L. Jalandoni Provincial Hospital (per Schedule)

#### • CT-Scan

- o Don Salvador Benedicto Memorial Hospital
- o Eleuterio T. Decena Memorial Hospital
- O Merceditas J. Montilla District Hospital
- o Gov. Valeriano M. Gatuslao Memorial

## 4. OPD ROUTINE, NON-EMERGENCY LABORATORY SERVICES

**Description of the Service:** 

A room containing scientific equipment where analysis are carried out such us chemistry, hematology, microbiology are perform either in Emergency Room, outpatient Department or Admitted.

OFFICE OF DIVISION	Hospital Operations Department			
Classification		Simple		
Type of Transaction	Laboratory Examination			
Who may avail		General Public		
CHECKLIST OF REC	QUIREMENTS		WHERE TO SEC	URE
Laboratory F	Request		Laboratory Ro	om
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
1. Present Requirement	Advise client on the procedure to be undertaken and Issue Charge Slip		5 minutes	Medical Technologist/ Lab Aide/ Lab. Tech.
2. Present Charge Slip and pay amount due	Issue Official Receipt (OR)		5 minutes	Cashier
3. Present OR and submit self for the procedure	Conduct the procedure (extract, process and examine specimen)	Pls. Refer to Provincial Tax Ordinance No. 07-001	25 minutes per procedure	Medical Technologist
	Prepare and review results		20 minutes	Medical Technologist
4. Receive the results	Release the results		5 minutes	Medical Technologist/ Lab Aide/ Lab. Tech.

#### **Schedule of Availability of Service:**

Monday-Friday; 8:00 AM- 4:00 PM Saturday; 8:00 AM- 12:00 NN

## **5. OPD CONSULTATION AND TREATMENT**

**Description of the Service:** 

A part of Hospital of alloted physical facilities which provide care to patient who are not registered as inpatient. Patient receives diagnosis and do not stay overnight.

OFFICE OF DIVISION	Hospital Operations Department			
Classification		Simple		
Type of Transaction		Consultation		
Who may avail		Admitted Patients		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Referral Slip if a	ailale, yellow card	C	ut Patient Depar	tment
CLIENT STEPS	AGENCY ACTION	PROCESSING TIME (under FEES TO BE PAID normal PERSON RESPONS circumstances )		
1.Get priority number	Call priority number		10 seconds	Nursing Attendant
2. Old Client: Present Yellow Card New Client:			20 minutes	Nursing Attendant
Provide information	Interview client, fill out form and take vital signs		15 minutes	Nursing Attendant
3. Undergo consultation/treatment at designated department	Conduct consultation, issue prescription, apply appropriate treatment and order lab exam, if necessary, and give goinghome instructions	Pls. Refer to Provincial Tax Ordinance No. 07-001	Consultation- 30 minutes; Treatment Variable	Physician
4. Issue charge slip			5 minutes	OPD Staff
5. Pay amount due	Issue Official Receipt		10 minutes	Cashier
	TOTAL			

24 hours a day, 7 days a week (in patients) Monday-Friday; 8:00 AM- 12 NN; 1:00-5:00 PM (out patients)

## **6.NEWBORN SCREENING**

**Description of the Service:** 

The practice of testing all babies in their first day of life for certain disorder and conditions that can hinder their normal development

OFFICE OF DIVISION	Hospital Operations Department				
Classification		Simple			
Type of Transaction	Newborn Screening Test				
Who may avail		General Public			
CHECKLIST OF RE	QUIREMENTS		WHERE TO SEC	URE	
Referral Slip (for	out patients)	From primary care pl	nysician of the LG	GU, RHU, and Private clinic	
CLIENT STEPS	AGENCY ACTION	PROCESSING TIME (under FEES TO BE PAID normal PERSON RESPONSIBLE circumstances )			
Present Referral Slip and provide necessary information	Interview client, register newborn in the Logbook, fill out Newborn Screening (NBS) Filter Card and issue Charge Slip for OPD		35 minutes	Midwife	
2. Present Charge Slip and pay amount due	Issue Official Receipt	Die Defer te Drevinsial Tay	10 minutes		
3	Inform client of the schedule of collection of blood sample	Pls. Refer to Provincial Tax – Ordinance No. 07-001	5 minutes	Midwife	
4. Bring infant to the laboratory and present OR	Collect blood sample from teh infant and Issue Claim Slip		10 minutes	Medical Technologist	
	Prepare blood specimen for transmittal to NBS Center in Iloilo City			Nurse/Midwife	

TOTAL	1 Hour	
IOIAL	I Hour	

24 hours a day, 7 days a week (in patients) Monday-Friday; 8:00 AM- 12 NN; 1:00-5:00 PM (out patients)

## 7. UNDER-FIVE CLINIC AND PEDIATRIC OPD CONSULTATION

**Description of the Service:**NOT APPLICABLE

OFFICE OF DIVISION	Н	Iospital Operations Depart	ment		
Classification					
Type of Transaction					
Who may avail	5 years old a	and below- all services und	ler the program,		
vviio iliay avaii	Over 5 ye	ears old up to 15 years old-	consultation		
		General Public			
CHECKLIST OF RE	QUIREMENTS		WHERE TO SEC	URE	
Referral Slip, i	fnecessary				
Hospital ID Card (Yellow	Card) for old patients				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances )	PERSON RESPONSIBLE	
7.1 CONSULTATION					
Register patient	Fill out hospital forms, interview client and get vital signs		20 minutes	Nurse/Midwife/Nursing Attendant	
Submit patient for consultation/examination	Conduct consultation and issue prescription/instruction		20 minutes	Physician	
7.2 IMMUNIZATION					
Register patient	Fill out hospital forms, interview client and get vital signs	Dis Defer to Provincial Tay	5 minutes	Nurse/Midwife/Nursing Attendant	

Submit patient for consultation/examination	Administer immunization and give going- home instruction	Pis. Kelei to Provinciai Tax Ordinance No. 07-001	10 minutes	Nurse/Midwife/Nursing Attendant
7.3 RELEASE OF NEWBORN SCREENING RESULTS				
Present Claim Slip	Retrieve Newborn Screening Result		15 minutes	Nurse/Midwife/Nursing Attendant
Receive result	Release result and give going-home instructions		30 minutes	Nurse/Midwife/Nursing Attendant
	TOTAL			

24 hours a day, 7 days a week (in patients)

Monday-Friday; 8:00 AM- 12 NN; 1:00-5:00 PM (out patients)

## 8. ACCESS TO FAMILY PLANNING PROGRAM

Program whch allows access to family planning methods and practices in

**Description of the Service:** 

addition to contraception.

OFFICE or DIVISION	Hospital Operations Department				
Classification	Simple				
Type of Transaction		Family planning			
Who may avail	General Public				
CHECKLIST OF RE	QUIREMENTS		WHERE TO SEC	URE	
<ul><li>Referral Slip</li><li>Hospital ID/Yellow Card</li><li>PHIC Card (when necessary)</li></ul>		0	out Patient Depar	tment	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances )	PERSON RESPONSIBLE	
1. Register at OB Gyne, get priority number and wait for number to be called ( <i>New patients must fill out information Sheet</i> )	Call priority number	Pls. Refer to Provincial Tax Ordinance No. 07-001	1 minute	Nursing Attendant	
2. Old Client:  Present Hospital ID/Yellow Card	Retrieve client record on file, interview client and take vital signs		10 minutes	Midwife	
New Client: Submit Accomplished Information Sheet	Interview client, fill out form and take vital signs		15 minutes	Midwife	
3. Undergo examination	Examine client, perform necessary procedures and issue going home instructions/prescriptions		20 minutes	Physician	

4. Listen to instructions/Receive supplies	Carry out Doctor's Order/Issue Family Planning Method supplies	15 minutes	Midwife/Nursing Attendant
	TOTAL		

Monday-Friday; 8:00- 12NN; 1:00-5:00 PM

### 9. ISSUANCE OF MEDICAL AND MEDICO-LEGAL CERTIFICATES

**Description of the Service:** 

Releasing of a medical certificate or written statement from a physician which attest to the result of a medical examination of a patient or seek note or evidence of a health condition.

OFFICE OF DIVISION	Hospital Operations Department			
Classification	Simple			
Type of Transaction	Medical certificate			
Who may avail		Patients or their relative	es	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Letter-request from PNP/Legal counsel of cou	oncerned parties-for medico-legal certificate		Medical Recor	ds
CLIENT STEPS	AGENCY ACTION	PROCESSING TIME (under FEES TO BE PAID normal PERSON RESPOND Circumstances )		PERSON RESPONSIBLE
1. Fill out and present Request Slip	Issuance Order of Payment (OP) and Claim Slip for medico-legal certificate		10 minutes	Clerk
2. Present OP and pay amount due	Issue Official Receipt (OR)	Pls. Refer to Provincial Tax	10 minutes	Cashier
3	Retrieve records and prepare the document	Ordinance No. 07-001	30 minutes	Clerk
4. Sign the document	Sign the document		5 minutes	Physician
5. Present OR and receive the document	Log and release the document		5 minutes	Clerk

Schedule of Availability of Service:

Monday-Friday; 8:00 AM-12:00NN; 1:00-5:00

PM

## 10. PREPARATION OF CERTIFICATE OF LIVE BIRTH (For Registration with the Local Civil Registrar)

**Description of the Service:** Issuance & releasing of live birth for registration at the Local Civil Registrar

OFFICE OF DIVISION	Hospital Operations Department				
Classification	Simple				
Type of Transaction	Realeasing of live birth				
Who may avail	Parent/s or nearest relative, in the absence of both parents				
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
<ul> <li>Valid Identification of the requesting party</li> <li>Authenticated Marriage Contract-for married couples</li> <li>Community Tax Certificate- single mothers and unwed couples</li> </ul>		Medical Records Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances )	PERSON RESPONSIBLE	
1. Fill out Request Slip (RS) and present requirements	Validate information and notify client of additional requirements, if necessary; appraise client on the status of request	Pls. Refer to Provincial Tax Ordinance No. 07-001	30 minutes	Clerk II	
	Prepare certificate of live birth		30 minutes	Clerk II	
	Sign certificate of live birth		10 minutes	Physician / Record	
	Transmit certificate of live birth to LCR for registration		Within 15 days	Clerk II	

### **Schedule of Availability of Service**

Monday-Friday 8;00 AM-12NN; 1:00-5;00 PM

## 11. PREPARATION OF CERTIFICATE OF DEATH CERTIFICATE (For Registration with the Local Civil Registrar)

**Description of the Service:** Issuance & releasing of death certificate for registration at the Local Civil Registrar

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OFFICE OF DIVISION	Hospital Operations Department

Classification	simple			
Type of Transaction	releasing of death certificate			
Who may avail	Parent/s or nearest relative, in the absence of both parents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul> <li>Valid Identification of the requesting party</li> <li>Authenticated Marriage Contract-for married couples</li> <li>Community Tax Certificate- single mothers and unwed couples</li> </ul>		Medical Records		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances )	PERSON RESPONSIBLE
Fill out Request Slip (RS) and present requirements	Validate information and give Statement of Account		10 minutes	Clerk II
2. Pay amount due	Issue OR		10 minutes	Cashier
3	Prepare death certificate	Pls. Refer to Provincial Tax	45 minutes	Records Officer/Clerk II
4	Sign death certificate	Ordinance No. 07-001	10 minutes	Physician
5.Present OR	Release death certificate and instruct client to submit the same to the Local Civil Registrar for registration		5 minutes	Clerk II

Monday-Friday 8;00 AM-12NN; 1:00-5;00 PM

# 12. TRIAGE AREA ( EMERGENCY

ROOM)

**Description of the Service:**DETERMINING THE PRIORITY OF PATIENTS TREATMENTS BY THE SEVERITY OF THEIR CONDITION OR LIKELIHOOD OF RECOVERING WITH OR WITH OUT TREATMENT

OFFICE OF DIVISION	Hospital Operations Department				
Classification	Simple				
Type of Transaction	TRIAGING				
Who may avail	GENERAL PUBLIC				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
TRIAGE CHECKLIST					
HOSPITAL ID		EMERGENCY ROOM			
REFERRAL SLIP					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances )	PERSON RESPONSIBLE	
Triage of patient to be done by the nurse using Hospital checklist.	fill out checklist forms, interview clients & get vital signs.		2 minutes	Nurse / Nursing Attendant	
	Separate Covid-19 suspect from non-covid to isolation holding area.		2 minutes	Nurse / Nursing Attendant	
2. register patient	fill out hospital forms.		2 minutes	Clerk/ Nurse/ Nursing Attendant	
3. Submit patient for consultation/examination	Conduct consultation and issue prescription or instruction		5 minutes	Physician	
4. Doctors Disposition	Manage and treat non-covid patients.		1 hour	Physician/ Nurse	
	Coordinate/call with LGU/PESU for transport of Covid-19 suspect,Probable, and confirmed cases.		30 minutes	Physician/ Nurse	

Schedule of Availability of Service

24 hours, 7 days a week

## How to avail of the Service:

STEP	CLIENT	SERVICE PROVIDER	DURATION (Under Normal Circumstances )	RESPONSIBLE PERSON
1	Fill out Request Slip (RS) and present requirements	Validate information and give Statement of Account	10 minutes	Clerk II
2	Pay amount due	Issue OR	10 minutes	Cashier
3		Prepare death certificate	45 minutes	Records Officer/Clerk II
4		Sign death certificate	10 minutes	Physician
5	Present OR	Release death certificate and instruct client to submit the same to the Local Civil Registrar for registration	5 minutes	Clerk II

### VISSION

PROVINCIAL GOVERNMENT HOSPITAL ARE CENTERS OF EXCELENCE IN HEALTHCARE

## **MISSION**

PROVIDE AN ENABLING ENVIRONMENT SO THAT PROVINCIAL GOVERNMENT HOSPITALS SHALL BE CENTER OF EXCELLENCE IN HEALTHCARE