1. ADMISSION OF PATIENTS

OFFICE OF DIVISION	Hospital Operations Department				
Classification					
Type of Transaction					
Who may avail	General Public				
CHECKLIST OF RE	QUIREMENTS		WH	HERE TO SECURE	
Doctor's (Order				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE	
1. PRESENT E.R / OPD RECORDS	New Patient: Provide New Hospital Number >>>Transcribe the initial patient information to Hospital informaion System (HIS)	N/A	3 - 5 MINUTES	ADMITTING CLERK/S ON DUTY	
1.a PRESENT HOSPITAL CARD	Old Patient: Retrieve old ER/OPD TREATMENT / TRIAGE RECORD		5 - 8 MINUTES	ADMITTING CLERK/S ON DUTY	
2. For ADMISSION					
PRESENT FACESHEET, IN - PATIENT SLIP, and NOTICE OF ADMISSION together with HOSPITAL CARD	Prepare chart for admission: * Fill in all necessary information (name, address, age, sex, etc.,) * Instruct patient/companion to see the Medical Social Worker for classification	N/A	10 MINUTES	ADMITTING CLERK/S ON DUTY	
	* Provide watcher's pass, name tag				

2. DISCHARGE OF PATIENTS

Description of the Service:

Description of the Service:				
OFFICE OF DIVISION	Hospital Operations Department			
Classification				
Type of Transaction				
Who may avail	All Admitted Patients			
CHECKLIST OF RE	QUIREMENTS		WH	IERE TO SECURE
Doctor's	Order			
			PROCESSING TIME	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	(under normal	PERSON RESPONSIBLE
			circumstances)	
Receive written order for discharge from the Physician	Return all remaining medicines at patient bedside to the pharmacy for final billing	Pls. Refer to Provincial Tax Ordinance No. 07- 001	15 minutes	Nurse/ Nursing Attendant
	Tag the patient as May go Home and indicate the complete diagnosis in the system (Hospital Information System) for billing.		2 minutes	Nursing Attendant
	Issue Statement of Account (SA) and clearance to the watcher/fcompanion and advice to settle account or refer to Social Welfare Officer for reclassification.		30 minutes	Billing Section
Pay amount due	Issue Official Receipt and sign clearance		10 minutes	Cashier
Present OR and clearance	Check OR/clearance and issue going-home instructions		10 minutes	Nurse/ Nursing Attendant
Submit clearance	Check and receive clearance		2 minutes	Security Guard
	TOTAL			

Schedule of Availability of Service:

24 hours a day, 7 days a week

3. DIAGNOSTIC SERVICES

Description of the Service:

Description of the Service:						
OFFICE OF DIVISION	Hospital Operations Department					
Classification						
Type of Transaction			X-Ray			
Who may avail		In a	nd Out Patients			
CHECKLIST OF RE	QUIREMENTS		WH	IERE TO SECURE		
X-Ray eque	est Form		Atte	ending Physician		
			PROCESSING TIME			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	(under normal	PERSON RESPONSIBLE		
			circumstances)			
1. Proceed to Radiology Department and submit requirement/s	Verify request and render in the Hospital Information System for charges		3 minutes	Radiologic Technologist/X-ray technologist		
2.Present X-ray request and pay amount due for our patient	Issue Official Receipt		3 minutes	Cashier		
3. Present x-ray request if NOCHP member for out patient	Verify x-ray request	Pls. Refer to Provincial Tax	5 minutes	NOCHP In-charge		
4. Present official receipt for out patient	Get OR details	Ordinance No. 07-	3 minutes	Radiologic Technologist/X-ray technologist		
5. Prepare for the Procedure	Perform procedure and issue claim slip	001	10 minutes	Radiologic Technologist/X-ray technologist		
6	Interpret radiographs and prepare results		10 minutes/patient	Radiologist		
7	Endorse results to ward for in patients		20 minutes	Radiologic Technologist/X-ray technologist		
6. Present Claim Slip	Release result	1	3 minutes	Radiologic Technologist/X-ray technologist		
	Total					

Schedule of Availability of Service

In Patients - 24/7

Out Patients - 8am-12nn; 1pm-5pm

3. DIAGNOSTIC SERVICES

Description of the Service:

OFFICE OF DIVISION		Hospital Operations Department				
Classification		Trospital Operations Department				
Type of Transaction			Ultrasound			
Who may avail		In a	nd Out Patients			
CHECKLIST OF RE	QUIREMENTS		WH	IERE TO SECURE		
Ultrasound red	quest Form		Atto	ending Physician		
CLIENT STEPS	AGENCY ACTION	AGENCY ACTION FEES TO BE PAID (under normal person responsible circumstances)				
Proceed to Radiology Department and submit requirement	Verify request and render in the Hospital Information System for charges		3 minutes	Radiologic Technologist/X-ray technologist		
2.Present Ultrasound request and pay amount due for our patient	Issue Official Receipt		3 minutes	Cashier		
3. Present Ultrasound request if NOCHP member for out patient	Verify Ultrasound request	Pls. Refer to Provincial Tax	5 minutes	NOCHP		
4. Present official receipt for out patient	Get OR details	Ordinance No. 07-	3 minutes	Radiologic Technologist/X-ray technologist		
5. Prepare for the Procedure	Perform procedure and issue claim slip	001	10 minutes	Radiologic Technologist/X-ray technologist		
6	Prepare results		5 minutes/patient	Radiologist / Sonologist		
7	Endorse results to ward for in patients		20 minutes	Radiologic Technologist/X-ray technologist		
6. Present Claim Slip	Release result		3 minutes	Radiologic Technologist/X-ray technologist		

Schedule of Availability of Service

Monday, Thursday, Friday and Saturday 8am - 12nn

Tuesday, Wednesday 1PM - 5PM

3. DIAGNOSTIC SERVICES

Description of the Service:

Description of the service.					
OFFICE OF DIVISION	Hospital Operations Department				
Classification					
Type of Transaction			CT-Scan		
Who may avail		In a	nd Out Patients		
CHECKLIST OF RE	QUIREMENTS		WH	IERE TO SECURE	
CT-Scan requ	est Form		Atte	ending Physician	
			PROCESSING TIME		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	(under normal circumstances)	PERSON RESPONSIBLE	
Proceed to Radiology Department and submit requirement	Verify request and render in the Hospital Information System for charges		3 minutes	Radiologic Technologist/X-ray technologist	
2.Present CT-Scan request and pay amount due for our patient	Issue Official Receipt		3 minutes	Cashier	
3. Present CT-Scan request if NOCHP member for out patient	Verify CT Scan request	Pls. Refer to Provincial Tax	5 minutes	NOCHP	
4. Present official receipt for out patient	Get OR details	Ordinance No. 07-	3 minutes	Radiologic Technologist/X-ray technologist	
5. Prepare for the Procedure	Perform procedure and issue claim slip	001	10 minutes	Radiologic Technologist/X-ray technologist	
6	Interpret image and prepare results		50 minutes/patient	Radiologist / Sonologist	
7	Endorse results to ward for in patients		20 minutes	Radiologic Technologist/X-ray technologist	
6. Present Claim Slip	Release result		3 minutes	Radiologic Technologist/X-ray technologist	

Schedule of Availability of Service

In Patients - 24/7

Out Patients - 8am-12nn ; 1pm-5pm

3. DIAGNOSTIC SERVICES - LABORATORY

OFFICE OF DIVISION	Hospital Operations Department			
Classification				
Type of Transaction				
Who may avail		In a	and Out Patients	
CHECKLIST OF RE	QUIREMENTS		WH	IERE TO SECURE
Request from atter	nding physician	Tagged	from the Hospital Info	rmation System at Admitting Section / OPD
CLIENT STEPS	AGENCY ACTION CLINICAL LABORATORY CLINICAL LABORATORY PROCESSING TIME (under normal circumstances)			PERSON RESPONSIBLE
1. Proceed to Clinical Laboratory	Verify and render request in the Hospital Information System		10 minutes	Medical Technologist / Lab Aide
2.	Direct to Cashier/ Medical Social Worker	Pls. Refer to Provincial Tax	10 minutes	Cashier/Medical Social Worker
3. Present Official Receipt and prepare for the procedure	Get Official Receipt details and perform procedure	Ordinance No. 07-	Variable	Medical Technologist
4.	Process and Examine	001	1 hour	Medical Technologist
5. Present Claim Slip	Release result after Turn-Around-Time		10 minutes	Medical Technologist
	TOTAL			

3. DIAGNOSTIC SERVICES - MOLECULAR LABORATORY

OFFICE OF DIVISION	Hospital Operations Department				
Classification					
Type of Transaction					
Who may avail		In a	and Out Patients		
CHECKLIST OF RE	QUIREMENTS		WH	ERE TO SECURE	
Request from atter	nding physician Tagged from Hospital Information System at Admitting Section / OPD			ation System at Admitting Section / OPD	
CLIENT STEPS	AGENCY ACTION MOLECULAR LABORATORY PROCESSING TIME (under normal circumstances)		PERSON RESPONSIBLE		
1. Submit specimen	Receive and disinfect specimen	Pls. Refer to	30 minutes	Medical Technologist / Lab Aide	
2.	Log Case Investigation Form	Provincial Tax	variable	Medical Technologist	
	Process specimen	Ordinance No. 07-	3 hour	Medical Technologist	
3.	Examine at PCR machine	001	2 hours	Medical Technologist	
4.	Validate and Release Results	001	30 minutes	Medical Technologist	
	TOTAL				

3. DIAGNOSTIC SERVICES - HEMODIALYSIS

Description of the Service:

The service is performed on patients whose kidneys have ceased to function. Hemodialysis is a technique of removing waste materials from the patient's blood using the principle of Dialysis. The process takes place in an artificial kidney also known as a dialyzer where in the patient's blood taken from his/her artery, is circulated through the dialyzer on one side of a

OFFICE OF DIVISION	Hospital Operations Department			
Classification				
Type of Transaction				
Who may avail		Admitt	ed and OPD Patients	
CHECKLIST OF RE	QUIREMENTS		WH	HERE TO SECURE
1. Referral from attending Nephrologist				
2. Medical Abstract				
3. Latest Treatment Sheet Records (At least 3 u	pdated sessions)			
4. Blood Serology not later than 6 months (Anti-	-HBS, Anti-HBSAg, Anti-HCV)			
5. Diagnostic Results not later than 6 months (C	BC, Creatinine, Sodium, Potassium, SGPT,			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
1. Proceed to Dialysis Unit and submit requirement	Verify requirements		5 minutes	Nurse
2. Advice to Admitting section for Admission.	Input of patient's information through hospital information System		3 minutes	Admitting Personnel
3. Present documents to PhilHealth personnel	Verify documents and releasing of PhilHealth Slip	Pls. Refer to	5 minutes	PhilHealth Personnel
4. Return PhilHealth slip at Dialysis unit	Input of Charges	Provincial Tax	3 minutes	Nurse
5. Proceed to Social Services office	''	Ordinance No. 07- 001	5 minutes	Social worker in-charge
6. Present PhilHEalth slip to Billing section	Bill print out		5 minutes	Billing personnel in-charge
7. Bring printout to Cashier's office	For payment of excess charges		5 minutes	Casgier
8. Present OR and prepare for the procedure	Get OR details and perform procedure		5 minutes	Nurse
	TOTAL		36 minutes	

4. OPD ROUTINE, NON-EMERGENCY LABORATORY SERVICES

Description of the Service:

Description of the Service.					
OFFICE OF DIVISION		Hospital Operations Department			
Classification	Out Patient Department				
Type of Transaction					
Who may avail		G	ieneral Public		
CHECKLIST OF REC	QUIREMENTS		WHI	ERE TO SECURE	
Laboratory F	Request				
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)	Pls. Refer to	5 minutes	Cashier	
13. Present OR and submit self for the procedure	Conduct the procedure (extract, process and examine specimen)	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

OFFICE OF DIVISION	Hospital Operations Department				
Classification					
Type of Transaction					
Who may avail		(General Public		
CHECKLIST OF REG	QUIREMENTS		WH	IERE TO SECURE	
Referral Slip (for	out-patients)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE	
Triago and till in hoalth doclaration form and	Interview client/folks thoroughly; patient with signs and symptoms related to COVID-19 is instructed to proceed to the Tent examination area for further evaluation, have patient/folks fill out health declaration form	Please refer to Provincial Tax Ordinance No. 07- 001	1 minute	Nurse	
Present hospital card/referral slip/may go home instruction	Conduct interview and take vital signs		3 minutes	Nurse/Midwife/Nursing Attendant	
New Patient/Client: Provide complete and correctd information	Conduct interview, fill out OPD form, encode patient details in Hospital Information System, provide hospital card and take vital signs		5 minutes	Nurse/Midwife/Nursing Attendant	
Undergo consultation / treatment / procedures at designated department room	Conduct consultation, issue prescription and laboratory request, apply appropriate treatment/procedure/ order and discuss/ issue/ give going-home instructions		10 minutes	Physician/Nurse	
	Issue charge slip for payment of treatment room rate		5 minutes	Nurse/Midwife/Nursing Attendant	
Pay amount due	Issue Official Receipt		10 minutes	Cashier	

Schedule of Availability of Services:					
Medicine/Surgery Consultation/Treatment Room (Injection/Catheterization/Minor Surgeries)	Monday to Friday 8AM-12PM and 1PM- 5PM				
Animal Bite Treatment Center	Tuesday and Friday 8AM-12PM and 1PM-5PM				
Urolgy Consultation	Tuesday to Friday				
ENT Consultation	Every Wednesday				
Diabetic Clinic	Every Wednesday				
Opthalmology Cosultation	Every Thursday				

5. OPD CONSULTATION AND TREATMENT

OFFICE OF DIVISION	Hospital Operations Department			
Classification				
Type of Transaction				
Who may avail	General Public			
CHECKLIST OF REC	QUIREMENTS		WHE	RE TO SECURE
Referral Slip (for o	out patients)			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
information	Interview client, register newborn in the Logbook, fill out Newborn Screening (NBS) Filter Card and issue Charge Slip for OPD	Pls. Refer to Provincial Tax Ordinance No. 07- 001	25 minutes	NBS Nurse/Midwife
2. Present Charge Slip and pay amount due	Issue Official Receipt		10 minutes	Cashier
3 Proceed to Newhorn Screening Office	Inform client of the schedule of collection of blood sample		5 minutes	NBS Nurse/Midwife
4. Bring intant to the laboratory and present ()R	Collect blood sample from the infant and Issue Claim Slip		5 minutes	Medical Technologists
	Prepare blood specimen for transmittal to NBS Center in Iloilo City		5 minutes	NBS Nurse/Nursing Attendant
	TOTAL		50 minutes	

7. UNDER-FIVE CLINIC AND PEDIATRIC OPD CONSULTATION

OFFICE OF DIVISION	Hospital Operations Department				
Classification	Out Patient Department				
Type of Transaction	Under Five Clinic and Pediatric Consultation				
Who may avail	General Public				
CHECKLIST OF I	REQUIREMENTS WHERE TO SECURE			RE TO SECURE	
Referral Letter/Slip, if referred		Referring Clinic/RH	U/MHO		
May go home instruction for post discharged		Station or Ward			
Hospital ID Card (Yellow Card) for old patients	5	Admitting Section/	OPD Registration Area		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE	
Triage and fill out health declaration form	Interview client/folks thorougly; patient with signs and symptoms related to COVID 19 is instructed to proceed to the Tent examination area for further evaluation, have patient/folks fill out health declaration form and instructed to proceed to Room Number 5	Please refer to Provincial Tax Ordinance No. 07- 001	1 minute	Nurse	
Old Client: Present hospital card/referral slip/may go home instruction	Conduct interview and take vital signs		3 minutes	Nurse/Midwife/Nursing Attendant	
New Client: Provide correct and complete information	Conduct interview, fill out OPD form, encode patient details to Hospital Information System, provide hospital card and take vital signs		5 minutes	Nurse/Midwife/Nursing Attendant	
Undergo Consultation	Conduct consultation, issue prescription and laboratory request and discuss/issue going home instruction		10 m inutes	Physician/Nurse	
	Immunize newborn baby at OB Ward		60 minutes	Nurse/Midwife/Nursing Attendant	

Schedule of Availability of Service:

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

Immunization Monday - Friday every Monday

8. ACCESS TO FAMILY PLANNING PROGRAM

OFFICE or DIVISION		Hospital Operations Department				
Classification	Out Patient Department					
Type of Transaction	Access to Family Planning Program					
Who may avail		Ó	General Public			
CHECKLIST OF RE	QUIREMENTS		WH	ERE TO SECURE		
Referral Letter/Slip if referred		Referring Clinic/RH	U/MHO			
 May go home instruction for post discharged 		Station or Ward				
 Hospital card for old patient 		Admitting Section/	OPD Registration Area			
CLIENT STEPS	AGENCY ACTION	PROCESSING TIME				
Triage, fill in health declarattion from and enlist for consultation	Interview client/folks thoroughly; patient with signs and symptoms related to COVID-19 is instructed to proceed to the Tent examination area for further evaluation, have patient/folks fill out health declaration form	Please refer to Provincial Tax Ordinance No. 07- 001	1 minute	Nurse		
Old Client: Present hospital card/referral slip/may go home instruction	Conduct interview and take vital signs		3 minutes	Nurse/Midwife/Nursing Attendant		
New Client: Provide correct and complete information	Conduct interview, fill out OPD form, encode patient details to Hospital Information System, provide hospital card and take vital signs		5 minutes	Nurse/Midwife/Nursing Attendant		

Undergo Consultation	Conduct consultation, issue prescription and laboratory request and discuss/issue going home instructions	15 minutes	Physician/Nurse
	Total	24 minutes	

Schedule of Availability of Service:

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

9. ISSUANCE OF MEDICAL AND MEDICO-LEGAL CERTIFICATES

Description of the Service:

Description of the Service.					
OFFICE OF DIVISION		Hospital Operations Department			
Classification					
Type of Transaction					
Who may avail	Patients or their relatives	atients or their relatives			
CHECKLIST OF	REQUIREMENTS	UIREMENTS WHERE TO SECURE			
Letter-request from PNP/Legal counsel of o	oncerned parties-for medico-legal certificate				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal 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	10 minutes	Cashier	
3	Refer to Hospital Information System for retrieval of records and prepare the document	Provincial Tax Ordinance No. 07- 001	30 minutes	Clerk	
4. Sign the request	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:

OFFICE OF DIVISION		Hospital Operations Department			
Classification					
Type of Transaction					
Who may avail	Parent/s or nearest relative, in the absence of both parents				
CHECKLIST OF	REQUIREMENTS		WH	ERE TO SECURE	
 Valid Identification of the requesting party 					
 Authenticated Marriage Contract-for marr 	ed couples				
 Community Tax Certificate- single mothers 	and unwed couples				
			PROCESSING TIME		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	(under normal	PERSON RESPONSIBLE	
			circumstances)		
1. Fill out Request Slip (RS) and present	Validate information and notify client of				
requirements	additional requirements, if necessary;		30 minutes	Clerk II	
	appraise client on the status of request	Pls. Refer to	50 minutes	CIEIKII	
	appraise client on the status of request	Provincial Tax			
	Prepare certificate of live birth	Ordinance No. 07-	30 minutes	Clerk II	
	Sign certificate of live birth	001	10 minutes	Physician / Record	
	Transmit certificate of live birth to Local		\\/\;\thin 15 do:	Clark	
	Civil Registrar for registration		Within 15 days	Clerk II	

Schedule of Availability of Service

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

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

Description of the Service:

OFFICE OF DIVISION		Hospital Operations Department			
Classification					
Type of Transaction					
Who may avail	Pare	Parent/s or nearest relative, in the absence of both parents			
CHECKLIST O	F REQUIREMENTS		WHI	ERE TO SECURE	
 Valid Identification of the requesting par Valid Identification of the deceased (e.g. Authenticated Marriage Contract-for ma 	SSS, GSIS or PHIC Card)				
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	
Pay amount due	Issue OR	Please refer to	10 minutes	Cashier	
	Prepare death certificate	Provincial Tax	45 minutes	Records Officer/Clerk II	
	Sign death certificate	Ordinance No. 07-	10 minutes	Physician	
Present OR	Release death certificate and instruct client to submit the same to the Local Civil Registrar for registration	001	5 minutes	Clerk II	

Schedule of Availability of Service

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

5. MEDICAL SOCIAL SERVICE

Description of the Service:

Medical Social Work in hospitals is a specialized area of social worker that resolves around the development of patients and their families.

The medical social services adopts policies and procedures contained in the 1994 Manual for Medical Social Workers of the Department of Health,

which is applicable to its present operations.

OFFICE OF DIVISION	Hospital Operations Department			
Classification				
Type of Transaction				
Who may avail		Admitted	l patients/outpatients	
CHECKLIST OF RE	QUIREMENTS		WH	ERE TO SECURE
<u>PLEASE SEE</u>	BELOW			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
A.1. IN PATIENT (admission/confinement period)		Please refer to		
present patients chart/provide information	1. Assessment/classification		5 minutes	Medical Social Worker
Secure/submit requirements for possible assistance	 checklist/instructions given Check/validate submitted requirements 		5-10 minutes	Medical Social Worker
Submit duly accomplished PMRF	Conduct interview/assessment enrolment to Point Of Service (POS)		10-20 minutes	Medical Social Worker
A.2. DISCHARGE A. Settle hospital bill/clearance	Non NBB patients:			
	Discounting of Hospital Bill/Application of possible assistance		10 minutes	Medical Social Worker
B. OUTPATIENT/EMERGENCY ROOM	NBB patients: Settled hospital bill		2 minutes	Medical Social Worker
Present charge slip	Patient classification/discounting of bill		5 minutes	Medical Social Worker

Secure/submit requirements for possible assistance	Checklist for possible assistance given to patient c/o watcher		
	Check/validate documents submitted	20 minutes	Medical Social Worker
	Application of possible assistance to hospital bill		
Setle hospital bill/clearance		N/A	

Schedule of Availability of Service

16 hours a day, 7days a week (in and out patients)

Sunday-Saturda; 8AM-10PM

MAIP ASSISTANCE	PCSO ASSISTANCE	POINT OF SERVICE ENROLMENT
Original Copies	1. Medical Abstract	1. PMRF
Certificate of indigency (Bgry. Captain) Certificate of confinement (records	(Original/certified true copy)	May need any of the following for validation of d
section)/Medical Abstract (Attending Physician)/Medical Certificate (Records Section)	2. Original copy of Hospital Bill (with signature of billing head)	a. Birth Certificate
3. Hospital Bill	3. Valid ID of patient and patients representative (photocopy)4. Original copy e.g. vehicular accident, gunshot/stab wound)	b. Baptismalc. Marriage Contract2. MDR (if patient has inactive PHIC)

EMERGENCY SERVICES

OFFICE OF DIVISION	Hospital Operations Department				
Classification					
Type of Transaction					
Who may avail		G	General Public		
CHECKLIST OF RE	QUIREMENTS WHERE TO SECURE			ERE TO SECURE	
Hospital	Card		Adr	mitting Section	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE	
SCREENING					
1. Triage Area	Triage personnel instruct to perform handwashing, interview with necessary questions and fill up the health declaration form.		3 minutes	Triage Officer	
REGISTRATION					
1. Departmental counters	Accomplish ER Record and check vital signs		5 minutes	ER Nurse	
2. Admitting Section	Admitting personnel encodes patient's data and activates in the Health Information System (Bizbox)		1 minute	Admitting personnel	
3.Records Section	Records section personnel locates old chart for referencing and filing of documents in the ER.		5 minutes	Record section personnel	
ASSESSMENT					
1.Patient wait comfortably in bed or wheelchair	ER Nurse refer patient to physician on duty. Physician sees and examines patient and writes order to patient's chart.		10 minutes	ER Nurse/Physician	
TREATMENT AND MANAGEMENT					

1.Proceed to the pharmacy and central supply room and present hospital card	Nurse carries out doctor's order and encodes in the Hospital Information System: medications, hospital supplies, laboratory and radiologic tests ordered by the physician.	Refer to Provincial Tax Ordinance	10 minutes	ER Nurse
2.Present requested medications and spplies to the nurse on duty	Nurse on duty prepares and administers needed medications.		5 minutes	ER Nurse
3.Laboratory section	Performs blood extraction if ordered		10 minutes	Medical technologists
4.Radiology section	Performs imaging if ordered		10 minutes	Radiology technician
EVALUATION				
1.Secure complete laboratory results and available radiologic image	Physician evaluates patient based on his/her laboratory result, xray result and current clinical presentation.		2 hours	ER nurse Medical Technologist Radiology technician
2.Listens and recognizes the disposition explained by the physician	Physician explains to the patient whether there is a need for observation, to be admitted, to be transferred or to be discharged.		10 minutes	Physician
DISCHARGE				
Natchers go to Medical Social Services for interview, patient classification and possible discount	Nurse on duty tags patient in Hospital Information System as May Go Home(MGH) Provide clearance slip to folks to be presented to Security Guard upon discharge		3 minutes	ER Nurse
2. Folks pay the bill and ask for receipt	Issuance of Official Receipt		3 minutes	Cashier
Folks present Official Receipt and clearance slip to nurse on duty. Patient/companion/s listen to comprehensive discharge instruction given by Nurse.	Nurse removes all contraptions from the patient prior to discharge and provides comprehensive discharge instruction to the patient and/or folks.	None	10 minutes	ER Nurse

Availability of Service: 24/7

PHIC/ BILLING SECTION

Description of the Service:

Preparation of Patients Statement of Account

OFFICE OF DIVISION	Hospital Operations Department				
Classification		-	-		
Type of Transaction					
Who may avail		(General Public		
CHECKLIST OF RE	QUIREMENTS		WH	ERE TO SECURE	
TAGS PATIENT AS GOING HOME AS PER DOCTOR	R'S ORDER IN THE HOSPITAL INFORMATION S				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (Under Normal Circumstances)	PERSON RESPONSIBLE	
	* PREPARE STATEMENT OF ACCOUNT (SOA) OF TAGGED PATIENTS WITH GOING HOME ORDER		3 - 5 MINUTES	BILLING CLERK	
1. WAIT FOR BILLING SECTION TO RELEASE BILL ACCORDING TO THE SCHEDULE OF RELEASING	* FORWARD SOA TO RELEASING WINDOW		1-2 MINUTES	BILLING CLERK	
	*ENCODE NAME OF PATIENTS IN THE RELEASING FORM AND ATTACH CLEARANCE TO THEIR SOA		5-10 MINUTES	BILLING CLERK	
- PRESENT HOSPITAL CARD TO BILLING WINDOW	A.) SOA WILL BE RELEASED TO PATIENTS WITH: A1) PHIC STICKER/OK SLIP A2) NON-PHIC/ NOT QUALIFIED TO FILE PHIC/TRANSFER B.) SOA WILL NOT BE RELEASED TO PATIENTS WITHOUT PHIC OK SLIP		5-10 MINUTES	BILLING CLERK	
2. FILING/ RECEIVING OF PHIC DOCUMENTS					
*GET THE PMRF FORM FROM SECURITY GUARD ON DUTY (OBW PATIENTS NEED TO GET BIRTH CERTIFICATE OF BABY)	CLERK IN WINDOW 3 SENDS PAPERS TO PHILHEALTH VIA EMAIL	N/A	3-5 MINUTES	PHILHEALTH CLERK	
*CLERK RELEASES MDR SENT BY PHILHEALTH BACOLOD	SECURITY GUARD GIVES MDR TO WATCHER	N/A	3-5 MINUTES	SECURITY GUARD-ON-DUTY	

*WATCHER GETS PRIORITY NUMBER FROM SECURITY GUARD-ON-DUTY	RELEASES PRIORITY NUMBER	N/A	30 SECONDS- 1MINUTE	SECURITY GUARD-ON-DUTY
*SUBMIT THEIR PHIC PAPERS TO PHIC RECEIVING CLERK TOGETHER WITH THEIR HOSPITAL CARD (WINDOWS 1 AND 3)	CHECK PHIC STATUS OF MEMBER THROUGH ONLINE PORTAL	N/A	3-5 MINUTES	PHIC RECEIVING CLERK
* LISTEN TO INSTRUCTIONS GIVEN BY CLERK-IN- CHARGE, SIGN NECESSARY DOCUMENTS	A.) OMPLETE PHIC PAPERS: - PRINT PBEF AND CSF AND ISSUE A PHIC "OK SLIP" B.) INCOMPLETE PHIC PAPERS:	N/A	3-5 MINUTES	PHIC RECEIVING CLERK
	- INSTRUCT THE MEMBER WHAT TO COMPLY	N/A		PHIC RECEIVING CLERK
	- PHIC "OK SLIP" WILL BE ISSUED TO PHIC MEMBERS WHO SUBMITTED COMPLETE SET OF DOCUMENTS	N/A	1-2 MINUTES	PHIC RECEIVING CLERK

Schedule of Availablity of Service: Monday to Sunday : 8AM - 5PM

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

VALLADOLID DISTRICT HOSPITAL

HOSPITAL OPERATIONS DEPARTMENT

Contact Person:

LEONARDO C. EUSEBIO MBA, CHA, Ph.D

Department Head

Contact Nos.:

(034)-707-4521; 458-9855

Location: 3/F Provincial Capitol Building

Chief of Hospitals:

MA. ESTRELLA R. LEDESMA, M.D.

Chief of Hospital II- Teresita L. Jalandoni Provincial Hopsital Silay City, Tel. No. 714-6234; Email add: tjph_silay@yahoo.com

MA. GIRLIE H. PINONGAN, M.D

Chief of Hospital II- Cadiz District Hospital
Cadiz City, Tel. No. 213-0239; Email add: cdh.eedd@gmail.com

CLAUDELLA JOSEFA S. PABILLO, M.D.

Chief of Hospital II- Lorenzo D. Zayco District Hospital Kabankalan City, Tel. No. 471-3635; Email add: lzdhcom@gmail.com

MYRE G. PARPA, M.D.

Chief of Hospital- Valladolid District Hospital
Municipality of Valladolid, Tel. No. 461-0360; Email add: vdh_eedd2012@yahoo.com

MIGUELITO A. AQUINO, M.D.

OIC-Chief of Hospital- Don Salvador Benedicto Memorial District Hospital La Carlota City, Tel. No. 4603-360; Email add: dsbh40@yahoo.com

LALAINE L. TEORIMA, M.D.

Chief of Hospital I- Ignacio L. Arroyo Memorial District Hospital Municipality of Isabela, Tel. No. 3872-691; Email add: ilasmdh@yahoo.con

GLICERIO A. JAVELLANA, M.D.

Chief of Hospital I- Gov. Valeriano M. Gatuslao Memorial Hospital Himamaylan City, Tel. No. 3883-783; Email add: vgathospital@yahoo.com

JIJI LUCIL FELICITAS D. VERZOSA, M.D.

Chief of Hospital I- Eleuterio T. Decena Memorial District Hospital Municipality of Hinoba-an; Email add: drigzcubid_etdmh@yahoo.com

LEONILO DEL CARMEN, M.D.

Acting Chief of Hospital- Merceditas J. Montilla District Hospital Sipalay City; Email add: mmdh121613.hospital@yahoo.com