### **Description of the Service:**

OFFICE OF DIVISION	Hospital Operatio	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL				
Classification						
Type of Transaction						
Who may avail		General Pu	blic			
CHECKLIST OF RE	OF REQUIREMENTS WHERE TO SECURE			CURE		
* REFERRAL SLIP, if necessary						
* HOSPITAL ID (YELLOW CARD) for Old patier	nts					
* PHIC CARD ( whom necessary )						
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE		
1) Register at OB Gyne, get priority number	1) Call priority number					
and wait for number to be called ( new patient			1 minutes	1) NURSING ATTENDANT		
must fill and informtion sheet)						
2) Old client Present Hospital ID / Yellow card.	1) Retrive client record on file, interview	]				
New client , submit accomplished information	client and take vital signs		10 minutes	2) MIDWIFE		
sheet	2) interview client, fill out form and take		15 minutes			
	vital sign					
	3) Examine client, perform necessary					
3) Undergo examination	procedure and issue going have		20 minutes	3) PHYSICIAN		
	instructions / prescriptions	1				
4) Listen to instructions receive supplies	4) Carry out Doctors Order / issue Family		15 minutes	2) MIDWIFE /NURSING		
The second supplies	Planning method supplies		15 minutes	ATTENDANT		

Schedule of Availability of Service:

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

Saturday 8-12 nn

### Description of the Service:

OFFICE OF DIVISION	Hernital Operations Department VALLA					
	Hospital Operations Department - VALLA	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL				
Classification						
Type of Transaction	RELEASE OF NEWBORN SCREENING RESU	RELEASE OF NEWBORN SCREENING RESULTS				
Who may avail	General Public	General Public				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E			
* REFERRAL SLIP, if necessary						
* HOSPITAL ID (YELLOW CARD)	for Old patients					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
			(under normal			
			circumstances)			
	1) Fill out hospital forms, interview client	Pls. Refer to	15 minutes	1) MIDWIFE / MED. TECH. LAB.		
		Provincial Tax		TECH. / LAB AIDE		
2) Receive Result	2) Release result and give going-home	Ordinance No. 07-	10 minutes	2) MIDWIFE / MED. TECH. LAB.		
	instructions	001		TECH. / LAB AIDE		

Schedule of Availability of Service:

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

Saturday 8-12 nn

## Description of the Service:

Description of the service.						
OFFICE OF DIVISION	Hospital Operations Department - VALLA	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL				
Classification						
Type of Transaction	IMMUNIZATION	IMMUNIZATION				
Who may avail	General Public	General Public				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E			
* REFERRAL SLIP, if necessary						
* HOSPITAL ID (YELLOW CARD) for Old	patients					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
			(under normal			
			circumstances)			
1) Register patient	1) Fill out hospital forms, interview client	Pls. Refer to	5 minutes	1) NURSE / MIDWIFE /		
	and get vital signs.	Provincial Tax		NURSING ATTENDANT		
2) Submit Patient for Immunization	2) Administer immunization and give	Ordinance No. 07-	10 minutes	1) NURSE / MIDWIFE /		
	going-home instruction	001		NURSING ATTENDANT		

Schedule of Availability of Service:

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

Saturday 8-12 nn

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLA	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL				
Classification						
Type of Transaction	CONSULTATION	CONSULTATION				
Who may avail	General Public					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE				
* REFERRAL SLIP, if necessary						
* HOSPITAL ID (YELLOW CARD) for Old	patients					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE		
1) Register patient	1) Fill out hospital forms, interview client	Pls. Refer to	1) 15 minutes	1) NURSE / MIDWIFE /		
	and get vital signs.	Provincial Tax		NURSING ATTENDANT		
2) Submit Patient for consultation /	2) Conduct consultation and issue	Ordinance No. 07-	2) 20 minutes	2) PHYSICIAN		
examination	prescription / instruction	001				
	TOTAL		35 minutes			

Schedule of Availability of Service: Monday-Friday; 8:00 AM- 12 NN; 1:00-5:00 PM Saturday 8-12 nn

#### PHILHEALTH SERVICES

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL			
Classification				
Type of Transaction	Philhealth			
Who may avail	OPD, Admitted , Patients			
CHECKLIST OF REQUIREMENTS	•	WHERE TO SECUR	E	
* PHILHEALTH MEMBER - MDR , Valid I.D.				
* NON-PHILHEALTH MEMBER - Valid I.D., Bir	th Certificate/ Marriage Contract			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
* For Philhealth Member	* Validate / check Philhealth status of member refer to medical social worker.	Depending upon the result of the validation	10 minutes / 15 minutes	Administrative Aide III (Clerk I)
1. Upon Admission, Folks/ Patient should go to Philhealth section for status verification	If eligible to avail, PPHILHEALTH BENEFITS;	verification		
	- Generate Data, - Prepared documents to be signed by member, If not eligible to avail of Philhealth benefits			
* For Non Philhealth Member	Refer to Medical Social Worker			

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLA		οσματ	
Classification				
Type of Transaction	Death Certificate			
Who may avail				
•			-	
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
			(under normal	
			circumstances)	
1. Prepares the draft copy of the Death	Interview the authorized next-of-kin for			Nurse-on- duty
Certificate.	needed demographic data for the Death			
	cert.			
* Coordinates with the family to identify the	* Forwards the prepared draft of the			
authorize next-to-kin to give data for the	Death Certificate to the Attending			
preparation and to sign the death cert.	Physician.			
2. Accomplishes the part of the Death Cert. pre-	Return the accomplished documents to			Attending Physician
form to be completed by him/her.	the Nurse-on-duty.			
* Affixs his/her signature on the pre-form as				
well as on the four copies of Official death				
certificates Forms.				
3. Recieves the accomplished documents from	Re-check documents for completeness of			Nurse-on- duty
the attending Physician.	data entry.			
	* Forwards the documents to the Medical			
	Record Section.			
Acknowledges receipt of the Death Cert. pre-	Checks accuracy of the transcribed			Medical Records Section
form and the signed official form.	document.			
	* Accomplish the Waiver for the release of			
	the four copies of the death certificate to			
	next-of-kin.			

* Transcribes the data from the Death Cert. pre- form into the Official Form.	* Remind the next-of-kin to register the death certificate within 48 hours upon receipt to the Local Civil Registrar's Office- Valladolid.			
Schedule of Availability of Service:				
MEDICAL RECORDS SERVICES				
Description of the Service:				
OFFICE OF DIVISION	Hospital Operations Department - VALLA	DOLID DISTRICT HO	SPITAL	
Classification				
Type of Transaction	Birth Certificate			
Who may avail				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
1. Fills up the Birth Certificate preform given by	Submit accomplishment B.C. preform			Parent (Father / Mother)
the nurse/midwife	(blanksheet) to the nurse/midwife			
1.Receives accomplishment BC preform	Forwards the accomplished preform with			Nurse/ Midwife
patient.	four copies of the blank official form of			
* Checks completeness and accuracy by	Birth Certificate to the Attending Physician			
nterviewing the patient. 1. Acknowledges receipt of the accomplished	Affix his/her signature on th eblank official			Attending Physician
Birth Certificate preform. * Checks and complete to be completed by him/her.	forms. Send back the completed form to Nurse/Midwife.			
1. Acknowledges receipt of the Birth Cert. pre- form from the Nursing Department.	Transcribe datafrom Birth Cert. for completeness, correct spelling of names, dates and other details.			Medical Records section
* Re-checks the preform for accuracy and completeness of data entry.	Prepares transmittal letter and forward with the attached Birth Cert. to Local Civil Registrar's Office-Valladolid.			

Description of the Service:				
OFFICE OF DIVISION	<b>Hospital Operations Departm</b>	ent - VALLADOLID DISTRICT HC	SPITAL	
Classification				
Type of Transaction	Issuuance of Medical Certific	ate - Medico Legal Certificate (	OPD)	
Who may avail				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
			(under normal	
			circumstances)	
1. OPD Record should be forwarded to the				
Medical Records Section for issuance of				
Medical Certificate				
2. Inform attending physician of the request to				
release information				
3. Patient and/ or authorized representative				
should secure police request addressed to the				
Chief of Hospital to get medico-legal certificate.				
4. Requesting party will go to the Cashier's				
Office to pay for medical certificate fee of P20.				
5.Requesting party should fill up medical				
certificate log book.				
6.Issuance of medical certificate for signature				
of attending physician.				
7. A copy should be retained by the medical				
reocrds section with specified signature of the				
person receiving for file.				

#### **Description of the Service:**

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL			
Classification				
Type of Transaction	Issuuance of Medical Certifica	ate - Out Patient Department		
Who may avail				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
			(under normal	
			circumstances)	
1. OPD Record should be forwarded to the				
Medical Records Section for issuance of				
Medical Certificate				
2. Inform attending physician of the request				
3. Requesting party will go to the Cashier's				
Office to pay for medical certificate fee of P20.				
4. Requesting party should fill up the request				
form and record in the logbook.				
5.Issuance of medical certificate for signature				
of attending physician.				
6.OPD record will be returned to Out Patient				
Department for safekeeping.				

#### Description of the Service:

DFFICE OF DIVISION	Hospital Operations Departm	ent - VALLADOLID DISTRICT HC	SPITAL	
Classification			91 11/1E	
Type of Transaction	Issuuance of Medical Certific	ato - Admitted Patients		
Who may avail		ale - Auffilleu Pallenis		
· · · · · · · · · · · · · · · · · · ·			-	
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	AGENCIACIÓN		(under normal	
			circumstances)	
1. Inform nurse on duty about the request for			circumstances)	
1. Inform nurse on duty about the request for				
issuance of medical certificate.				
2. Ask consent from the attending Physician				
3. Nurse on duty should bring the chart with				
final diagnosis to the record section for the				
preparation of medical certificate.				
4. Requesting party will go to the Cashier's				
Office to pay for medical certificate Fee. Of				
P20.00.				
5.Requesting party should fill up the request				
form for a copy of medical certificate and				
record in the logbook.				
6.Issuance of medical certificate for signature				
of attending physician.				

### **EMERGENCY ROOM SERVICES**

<b>Description of the Service:</b>	
------------------------------------	--

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL				
Classification	mergency Case's				
Type of Transaction	Consultation	onsultation			
Who may avail	General Public				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E		
* Emergency Room is Open 24hours a day, 7	days a week	Emergency Depart	ment		
* Emergency Room will Cater to patients. When	nich requires immidiate / urgent medical				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE	
1. Upon Arrival of Patient at the emergency room, ER Nurse on duty will get patients general imformation & complaints	Staff will assess the patients vital sign and record it on patients chart. He /she will give approfriate nursing care when necessary. Patient will be referred to Resident on duty for evaluation and approfriate treatment The physician/ health can provide shall inform the patient of the possible management or procedure to be done and possible consequences of his/her decission.	* Emergency Room Fee -P200 * EGC Fee - P200 Oxygen Fee - (depends of oxygen use )	3-5 minutes	Billing	
2.Transfer to other Hospital * If the patienti unconsious, incapable of giving consent and or unaccompanied.	The Physician can transfer patient even without his consent, provided that such The Physician will decide whether the patient will be admitted, observed further, referred to higher levels, Facility, or dischagre without the Physician order	OBS Fee- P300			

3. Observation	Patient in the observation unit maybe given short term treatment, assessment and reassessment before decission can be made regarding whether patient will require further treatment on in-patient discharged from the hospital	
4. For Suturing	Patient are assess by Nurse on duty if in need of suture and referred to ROD for the procedure needed. Doctor on duty is responsible of the procedure.	

Schedule of Availability of Service:

NEWBORN SCREENING SERIVCES

Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL			
Classification				
Type of Transaction				
Who may avail				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
			(under normal	
			circumstances)	
1. Prepare the necessary materials.				
2. Warm the baby's heel				
3. Clean the puncture site.				
4. Dry the puncture site.				
5. Prick the heel.				
6.Wipe the first drop of blood with a clean				
cotton swab.				
7. Apply intermittent pressure to the area				
surrounding the puncture site.				
8. Place blood drops onto the filter card				

9. Dry the samples.		
10. Pack the samples and send out to the NSCV		
Laboratory		

#### **OPERATING ROOM SERVICES**

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL			
Classification				
Type of Transaction	Operation ( Major, Minor)			
Who may avail	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
* Out Patient Record (OPD)				
* In-patient Adm. Record (admitted) Conse	nt.			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
<pre>OPD  * OPD Record  * Patients signed consent  * V / S  * Bring patient to Minor / OR Room prepare sit-up.</pre>	Verify Doctor's order proper information , requesting operation after procedure issue charge slip	PHIC / NOCHP / SWA	consult	NURSING ATTENDANT / NURSE OPERATION - SURGION PREPARTION - NURSE

#### LABORATORY SERVICES

### Description of the Service:

OFFICE OF DIVISION	<b>Hospital Operations Department - VALLAI</b>	DOLID DISTRICT HOS	SPITAL		
Classification					
Type of Transaction					
Who may avail	General Public				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE	
1. Present Requirement	Advice client on the procedure to be undertaken & issue charge slip or if with	Pls. Refer to Provincial Tax	5 minutes	Med.tech/Lab. Aide/Lab.tech.	
2. Present charge slip and pay amount due, * if with NOCHP, have it stamped @ the NOCHP	Issue official reciept (OR) present request w/ stamp from NOCHP	Ordinance No. 07- 001	5-10 minutes	Cashier/NOCHP office	
3. Present ODP/ NOCHP stamped request & submit self for the procedure	Conduct the procedure (extract,process & examine specimen )		2 hrs.	Medtech.	
	Prepare & review results	1	30 minutes	Medtech.	
5. Receive the results	Release the results		5 minutes	Medtech/Lab. Aide/Labtech.	

### DENTAL SERVICES

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL			
Classification				
Type of Transaction				
Who may avail	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
* Referral Slip (if necessary) photocopy of Seni	or Citizen ID for Senior Citizen			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
1. Register Patient	Interview patient, Fill out dental form and get vital signs (BP and Temp)	Pls. Refer to Provincial Tax	10 minutes	Dental Aide and OPD Nurse
2. Submit patient for consultation / Examination	Conduct consultation / Examination and issue prescription or change slip if procedure is necessary	Ordinance No. 07- 001	10 minutes	Dentist
3. Present charge slip and pay amount due	Issue Official Receipt		5 minutes	Cashier
4. Present Receipt and submit for Treatment	Perform Procedure		20 minutes	Dentist
5. Listen to post treatment instructions	Issue prescription and give going home instruction	1	5 minutes	Cashier

Schedule of Availability of Service:

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

#### X-RAY SERVICES

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL			
Classification				
Type of Transaction				
Who may avail	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E	
* X-ray Request from Attending Physician				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE
1. Proceed to X-ray Room and Submit request.	Verify Request and Issue Charge slip		3 minutes	Rad. Tech.
2. Present charge slip and pay amount	Issue Official Recial Receipt	1	5 minutes	Cashier
3. Present receipt, and ready for procedure	Get Receipt details, procedure, process films, Issue claim slip	]	30 minutes	Rad. Tech.
4. Present claim slip	Interpret Radiograph and prepare result,	]	3 Days	Radiologist
	Release Result			Rad. Tech.

#### DILIVERY ROOM SERVICES

### **Description of the Service:**

OFFICE OF DIVISION	<b>Hospital Operations Department - VAL</b>	LADOLID DISTRICT HOS	SPITAL	
Classification				
Type of Transaction				
Who may avail	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
* Out Patient Record		* OPD / Labor Ro	oom	
* Admitting Record		* Labor Room		
* Lab result		* Laboratory, RHU, OPD		
* Prenatal Booklet				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
			(under normal	
			circumstances)	
1. OPD Record	Verify Patient Identify	Pls. Refer to	5 minutes	NURSE / N.A / Midwife
2. Notify ROD	Inform ROD That a Patient is waiting	Provincial Tax	2 minutes	NURSE / N.A / Midwife
3. Request Lab. If Necessary	Request Lab. and Result Laboratory	Ordinance No. 07-	2 minutes	NURSE / N.A / Midwife
4. Admission / Consultation	According to ROD Situation	001	5 minutes	ROD

Schedule of Availability of Service:

### DIETARY SERVICES

### Description of the Service:

OFFICE OF DIVISION	J	Hospital Operations Departme	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL		
Classification					
Type of Transaction	)				
Who may avail		Inpatient & Outpatient			
CHECKLIST OF REQ	UIREMENTS		WHERE TO SECUR	E	
* Inpatient	> Diet List				
* Out Patient	> Request from the	ne Doctor			
CLIENT STEPS		AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
				(under normal	
				circumstances)	
Service Offered for	the patient				
A. Meals	-				> Dietary Staff

B. Diet Counseling			> Nutritionist - Dietitian
C. Oral Tube Feeding Prepartion			> Nutritionist - Dietitian
for Out patient			
A. Diet Counseling			> Nutritionist - Dietitian
B. Nutrition Education			> Nutritionist - Dietitian

#### PHARMACY

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VAL	LADOLID DISTRICT HOSP	ITAL	
Classification				
Type of Transaction				
Who may avail				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
* PRESCRIPTION				
* RIS				
* CO / CR				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
			(under normal	
			circumstances)	
Present Prescription	Dispensing	PHIC, PAY, NOCHP,	5 minutes	Pharmacist
Deliveries of Drugs & Medicines	Check Expiry date check Quantity	SWA	30 minutes	Pharmacist / Pharmacy Aide /
				Clerk

### MEDICAL SOCIAL WORK DEPARTMENT SERVICES

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL				
Classification					
Type of Transaction					
Who may avail	Admitted patients classified according to a	administrative order	<sup>.</sup> no. 51-A s 2001 per e	rollment and non-admitted	
		WHERE TO SECUR	E		
* Valid Identification Card or any valid docu	ments (Birth certificate, Baptismal and marriag	e			
* Certifcate of Indigency					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE	
1. Interview / assess patients or clients	Validate information from other family member of patient		20 minutes	Medical Social Worker	
2. Classification of patients	Enrollment of patient to the program (point of service) and other medical		15 minutes	Medical Social Worker	
	Preparation, of Registration slip		10 minutes	Medical Social Worker	
	Releasing of certifcate of eligibility and medical assistance.		5 minutes	Medical Social Worker	

#### AMBULANCE SERVICES

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL					
Classification	Ambulance Services Provider					
Type of Transaction	Ambulance Services					
Who may avail	Patients Confined @ Valladolid District Hospital					
CHECKLIST OF REQUIREMENTS	·	WHERE TO SECUR	E			
* REFERRAL (to other Hospital)		Nurse on Duty				
* DOCTORS REQUEST (citi scan, Ultra Sound)						
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME (under normal circumstances)	PERSON RESPONSIBLE		
1.Present Referral Slip to Guard on Duty at ER	1.Advice Client on the procedure how to avail of the Ambulance service		5 minutes	Ambulance Driver on Duty		
2. ER Guard will inform the Ambulance Driver	2. Driver will take hold on the referral slip.			Ambulance Driver % Nurse on Board		
<ol> <li>Driver will transport the patient to their Hospital choice</li> </ol>	3.Driver will now transport the patient		30 minutes CLMMH	Driver		

#### CASHIER SERVICES

### Description of the Service:

OFFICE OF DIVISION	Hospital Operations Departmen	Hospital Operations Department - VALLADOLID DISTRICT HOSPITAL			
Classification					
Type of Transaction					
Who may avail					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Lab. Request, X-ray Request, Patie	ent Bill, Drs. Prescription	Lab. Dept. , X-ray D	ept. , Billing Clerk, Ph	rmacy	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
			(under normal		
			circumstances)		
Pay amount due	Issue Official Reciept,	Lab. X-ray, Patient	Lab. X-ray, Patient 3 minutes twice a Cashier I		
	Remit to PTO	bll medicines	wk		

#### NOCHP SERVICES

#### Description of the Service:

OFFICE OF DIVISION	NOCUD					
	NOCHP					
Classification	Health Insurance					
Type of Transaction	Consultation / OBS / Inpatient					
Who may avail	NOCHP member (Indegent Family) Senior					
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR				
NOCHP MEMBER-NOCHP ID		- Member or NOC	HP office or coordinate	ors		
<ul> <li>not yet member (for enrolment)</li> </ul>						
<ul> <li>a) Indegent PHIC -government sponsore</li> </ul>	ed PHIC undate MDR	- Philhealth office	!			
b) Senior citizen ID if senior		- Senior citizen ass	sociation/LGU			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
			(under normal			
			circumstances)			
after or during		NONE	1-2 minutes	NOCHP Coordinator		
* OPD - Any Laboratory request from VDH	NOCHP office for verification stamping of	-				
doctors	request					
* Inpatient - Drug prescription for THM - meds.	NOCHP office for verification stamping of	-	1-2 minutes	NOCHP Coordinator		
	available drugs.					
Schedule of Availability of Service:		•		-		
7. UNDER-FIVE CLINIC AND PEDIATRIC OPD CO	DNSULTATION					
Description of the Service:						
OFFICE OF DIVISION	Hospital Operations Department					
Classification						
Type of Transaction						
Who may avail	5 years old and below- all services under	the program.				
····· <b>································</b>	Over 5 years old up to 15 years old- consu					
	General Public					
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	F			
Referral Slip, if necessary						
Hospital ID Card (Yellow Card) for old patients						
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
			(under normal			
			circumstances)			
	1	I	[circuitistalices]	I		

7.1 CONSULTATION		Pls. Refer to		
Register patient	Fill out hospital forms, interview client and	Provincial Tax	20 minutes	Nurse/Midwife/Nursing
	get vital signs	Ordinance No. 07-		Attendant
Submit patient for consultation/examination	Conduct consultation and issue	001	20 minutes	Physician
	prescription/instruction			
7.2 IMMUNIZATION				
Register patient	Fill out hospital forms, interview client and		5 minutes	Nurse/Midwife/Nursing
	get vital signs			Attendant
Submit patient for consultation/examination	Administer immunization and give going-		10 minutes	Nurse/Midwife/Nursing
	home instruction			Attendant
7.3 RELEASE OF NEWBORN SCREENING RESULT	S			
Present Claim Slip	Retrieve Newborn Screening Result		15 minutes	Nurse/Midwife/Nursing
				Attendant
Receive result	Release result and give going-home		30 minutes	Nurse/Midwife/Nursing
	instructions			Attendant

Schedule of Availability of Service:

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

Description of the Service:

Description of the Service:				
OFFICE or DIVISION	Hospital Operations Department			
Classification				
Type of Transaction				
Who may avail	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURI		
Referral Slip				
<ul> <li>Hospital ID/Yellow Card</li> </ul>				
<ul> <li>PHIC Card (when necessary)</li> </ul>				
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> )		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

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:**

OFFICE OF DIVISION	Hospital Operations Department				
Classification					
Type of Transaction					
Who may avail	Patients or their relatives				
CHECKLIST OF REQUIREMENTS		WHERE TO SECUR	E		
Letter-request from PNP/Legal counsel of co	ncerned parties-for medico-legal certificate				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
			(under normal		
			circumstances)		
1. Fill out and present Request Slip	Issuance Order of Payment (OP) and Claim	Pls. Refer to	10 minutes	Clerk	
	Slip for medico-legal certificate	Provincial Tax			
		Ordinance No. 07-			
2. Present OP and pay amount due	Issue Official Receipt (OR)	001	10 minutes	Cashier	
3	Retrieve records and prepare the	]	30 minutes	Clerk	
	document				
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:

OFFICE OF DIVISION	Hospital Operations Department	Hospital Operations Department				
Classification						
Type of Transaction						
Who may avail	Parent/s or nearest relative, in the absen	Parent/s or nearest relative, in the absence of both parents				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURI				
• Valid Identification of the requesting party						
• Authenticated Marriage Contract-for marr	ied couples					
• Community Tax Certificate- single mothers	and unwed couples					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
			(under normal			
			circumstances)			
1. Fill out Request Slip (RS) and present	Validate information and notify client of	Pls. Refer to	30 minutes	Clerk II		
requirements	additional requirements, if necessary;	Provincial Tax				
	appraise client on the status of request	Ordinance No. 07-				
		001				
	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		Within 15 days	Clerk II		
	registration					

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	Hospital Operations Department					
Classification							
Type of Transaction							
Who may avail	Parent/s or nearest relative, in the absend	Parent/s or nearest relative, in the absence of both parents					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE					
• Valid Identification of the requesting party	1						
• Authenticated Marriage Contract-for marr	ied couples						
• Community Tax Certificate- single mothers	and unwed couples						
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
			(under normal				
			circumstances)				
1. Fill out Request Slip (RS) and present	Validate information and give Statement	Pls. Refer to	10 minutes	Clerk II			
requirements	of Account	Provincial Tax					
2. Pay amount due	Issue OR	Ordinance No. 07-	10 minutes	Cashier			
3	Prepare death certificate	001	45 minutes	Records Officer/Clerk II			
4	Sign death certificate	1	10 minutes	Physician			
5.Present OR	Release death certificate and instruct	1	5 minutes	Clerk II			
	client to submit the same to the Local Civil						
	Registrar for registration						

Schedule of Availability of Service

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

## How to avail of the Service:

STEP	CLIENT	SERVICE PROVIDER	DURATION	RESPONSIBLE PERSON
			(Under Normal	
			Circumstances)	
1	Fill out Request Slip (RS) and present	- Validate	10 minutes	Clerk II
	requirements	information and		
		give Statement of		
		Account		
2	Pay amount due	- Issue OR	10 minutes	Cashier

3			45 minutes	Records Officer/Clerk II
		certificate		
4		- Sign death	10 minutes	Physician
		certificate		
5	Present OR	- Release death	5 minutes	Clerk II
		certificate and		
		instruct client to		
		submit the same		
		to the Local Civil		
		Registrar for		
		registration		

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



Provincial Capitol North Capitol Road, Bacolod City Tel. No. (034)4341152; (034)4242201 Telefax (034)4346442

NOTARY PUBLIC

1= 12.7

ETTY, MURCIA,

DEC. 31/ 2021

ACOLDO CITY

974253 Stale 1, J2, 2019 Stale 1, V1-0302299 Stale 2022

#### CERTIFICATE OF COMPLIANCE

Pursuant to Republic Act No. 11032: An Act Promoting Ease of Doing Business and Efficient Delivery of Government Services, amending for the purpose Republic Act No. 9485, otherwise known as the Anti-Red Tape Act of 2007, and for Other Purposes

I, EUGENIO JOSE V. LACSON, Filipino, of legal age, GOVERNOR of the PROVINCIAL GOVERNMENT OF NEGROS OCCIDENTAL (PGNO), the person responsible and accountable in ensuring compliance with Section 6 at the Ease of Doing Business and Efficient Government Service Delivery Act of 2018, hereby declare and certify the following facts:

- The Provincial Government of Negros Occidental (PGNO) including its 19 Service Offices and 11 Hospitals, has
  established its services standards known as the Citizen's Charter that enumerates the following:
  - a. Vision and mission of the agency;
  - B. Government services offered;
    - Comprehensive and uniform checklist of requirements for each type of application or request;
      - II. Step-by-step procedure to obtain a particular service;
      - III. Person responsible for each step;
      - IV. Maximum time needed to conclude the process;
      - V. Documents to be presented by the applicant or requesting party, if necessary;
      - VI. Amount of fees, if necessary; and
  - c. Procedure for filing complaints.
- 2.) The Citizen's Charter is posted as an Information billboard through Interactive Information kiosks, electronic billboards, posters, tarpaulin standees, or any other readable materials that could be easily understood by the public.
- 3.) The Citizen's Charter is posted at the main entrance of the office or at the most conspicuous place of all the said service offices.
- 4.) The Citizen's Charter is written either in English, Filipino, and/or in the local dialect and published as an information material.
- 5.) The Citizen's Charter is uploaded on the agency's website through a tab or link specifically for the Citizen's Charter, located at the most visible space or area of the website, or as a link under the Transparency Seal.
- 6.) The posted Citizen's Charter has been updated within the calendar year of 2018 to 2019.
- 7.) There is an established Client Satisfaction Measurement per service in the respective offices.

This certification is being issued to attest to the accuracy of all the foregoing based on available records and information that can be verified.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_\_ 2 2020 In Bacolod City, Negros Occidental, Philippines. EVGENIO JOSE V. LACSON GOVERNOR 9 PROVINCIAL BOVERNMENT OF NEGROS OCCIDENTAL SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_ JUL 2 2 2020 in Bacolod City, Negros Occidental, Philippines, with affiant exhibiting to me his/her \_\_\_\_\_\_\_ PGNO\_\_IO\_\_\_\_\_\_ in Bacolod City, Negros Occidental, Philippines,

Doc. No. <u>414</u> Page No. <u>83</u> Book No. <u>XIII</u> Series of <u>202</u>